

# **THE USE OF EVIDENCE-BASED PRACTICES IN WISCONSIN ADULT DRUG COURTS: AN OVERVIEW**

Institute for Court Management  
ICM Fellows Program  
2011-2012 Phase III Project

Mary Beth Kirven  
Senior Court Management Consultant  
National Center for State Courts  
Court Consulting Services  
Denver, Colorado

## **Acknowledgements**

The author would like to acknowledge her NCSC colleagues Suzanne Tallarico , Fred Cheesman and Matt Kleiman for their work on the Effective Justice Strategies in Wisconsin Research Project from which this paper flows. Acknowledgement also to other NCSC colleagues who assisted me with the writing of this paper, especially Laura Klaversma for giving me time and space to work on this project. Thanks to the many criminal justice professionals who responded to the survey, allowed the NCSC team to observe their programs and ask questions. And, of course, the ICM staff for their support and encouragement and patience in seeing me through this process. Thank you.

## Table of Contents

Acknowledgements .....	ii
Abstract .....	1
Introduction .....	3
Literature Review .....	9
Drug Courts .....	9
Evidence-Based Principles .....	12
Principle 1: Assess Actuarial Risk/Needs .....	18
Principle 2: Enhance Intrinsic Motivation .....	23
Principle 3: Target Interventions .....	24
Principle 4: Use of Cognitive Behavioral Treatment Methods.....	25
Principle 5: Increase Positive Reinforcement .....	27
Principle 6: Engage In Ongoing Support In Natural Communities .....	28
Principle 7: Measure Relevant Processes/Practices .....	29
Principle 8: Provide Measurement Feedback .....	30
Evaluations .....	31
Methodology.....	38
Findings.....	39
Conclusion .....	58
References.....	63

## **List of Figures**

Figure 1: Comparison of the Advantages and Disadvantages of Outcome Evaluations.....	35
Figure 2: Comparison of the Advantages and Disadvantages of Impact Evaluations ..	36
Figure 3: Program Assessments: Principle 1 – Assess Actuarial Risk .....	41
Figure 4: Program Assessments: Principle 1 – Assess Criminogenic Needs.....	43
Figure 5: Program Assessments: Principle 1 – Assess Responsivity.....	44
Figure 6: Program Assessments: Principles 2, 3 and 4.....	46
Figure 7: Program Assessments: Principle 5 – Increase Positive Reinforcements-Sanctions .....	49
Figure 8: Program Assessments: Principle 5 – Increase Positive Reinforcement-Incentives .....	50
Figure 9: Program Assessments: Principle 6 – Community Ties as Positive Reinforcement.....	52
Figure 10: Program Assessments: Principle 7 – Measure Relevant Processes/ Practices - Offender Outcome Data .....	53
Figure 11: Program Assessments: Principle 8 – Provide Measurement Feedback-Type of Evaluation .....	55
Figure 12: Summary of Percentages of Implementation .....	57

## **List of Appendices**

Appendix A: Wisconsin Evidence-Based Program Survey .....	66
Appendix B: Correlation of Evidence-Based Principle to Survey Question .....	84

# **THE USE OF EVIDENCE-BASED PRACTICES IN WISCONSIN ADULT DRUG COURTS: AN OVERVIEW**

**By Mary Beth Kirven**

## **Abstract**

The Wisconsin Supreme Court's Planning and Policy Advisory Committee (PPAC) has undertaken an examination of practices and programs state-wide that provide successful outcomes for criminal offenders whose cases are tried in the circuit courts. To assist in this process PPAC contracted with the National Center for State Courts (NCSC) to "identify court-related evidence-based strategies that enhance public safety, reduce recidivism, and address criminal and addictive behaviors . . ." In undertaking this charge NCSC examined the role and effectiveness of problem solving courts in Wisconsin by conducting on site visits and interviews and surveys. Data gathered from these sources are used in this paper to provide (a) an extensive review of literature for use by program coordinators and managers; (b) an overview of the responses to the survey; and (c) a copy of the survey which problem solving courts and programs can use to identify the extent to which they have implemented the evidence-based principles. The research strongly supports the use of eight widely evidence-based principles (EBPs) in the operation of programs directed at meeting the criminogenic needs of offenders. And the results obtained from a survey of all 24 adult drug courts (54% response rate) indicate that Wisconsin drug courts are aware of the evidence-based principles and have implemented them to some degree.

The range of implementation is very broad with some courts having implemented all of them while others having implemented only one or two. The survey designed to capture this information was carefully tailored to illicit data on the extent to which programs were actually utilizing each of the eight widely accepted EBPs, therefore, the survey instrument itself is useful for other courts/programs to use to gauge their adherence to the EBPs. Included in the appendices are the survey instrument and a table correlating the survey questions to specific EBPs allowing the courts to take and then “self-score” the survey. The presentation of the data provides other courts with a useful guide to interpreting their data. Regardless of whether they responded to the survey, all adult drug courts should compare their practices with the eight evidence-based principles supported by the research and make appropriate changes. Whether courts responded to the survey the evidence-based principles should compare their compliance with current and make changes as necessary.

## **Introduction**

This paper was written concurrently with a much larger National Center for States Court's (NCSC) report commissioned by the Wisconsin Supreme Court in 2010. The purpose of the NCSC report was to provide a high-level overview of evidence-based sentencing alternatives in the Wisconsin criminal justice system that enhance public safety, reduce recidivism, and address criminal and addictive behaviors (Tallarico, Cheesman, Kirven, Kleiman, 2012) (henceforth NCSC report). Data generated from an NCSC survey in 2011 of all Wisconsin programs designed to address the criminogenic needs of offenders for the NCSC report forms the basis of this paper, which presumes as its audience program managers, program coordinators, treatment providers, judges, other stakeholders, and criminal justice agencies involved in treatment programs, specifically, adult drug courts. Three purposes support this paper: (1) present data to adult drug courts that responded to the NCSC survey; (2) provide a literature review of the scientific evidence that provides the basis for the widely accepted eight evidence-based principles (especially for the risk-needs-responsivity principle (Principle 1) and the evaluation principle (Principle 8); and (3) to provide the survey itself, which although not an evaluative tool, can be used by program staff as an initial step in determining where their court stands in relation to proven principles for program effectiveness.

The results shown here and the survey itself do not serve as an evaluation of whether the principles are appropriately used, but whether the court is moving towards integration of the eight widely accepted evidence-based principles (EBP). Some courts may look at these results and realize the extent to which they have implemented the principles while still others may not have implemented the principles to the extent

intended. For those courts that have unintentionally implemented EBPs or that do not know the value of these principles, these results can give them a starting point for taking stock of their program as it relates to EBPs. The results of the survey may be an indicator to individual courts where their weaknesses are as they relate to evidence-based practices and may also allow courts to communicate with each other about the implementation of specific principles. It was not the intent of the NCSC report, nor is it the intent of this paper, to evaluate any of the problem solving courts or programs in Wisconsin.

Although written concurrently with the NCSC report, certain distinctions between that report and this paper should be noted: (1) this paper was not undertaken at the request of the Wisconsin Supreme Court or any of its committees or any other agency of the judiciary; (2) this is an unfunded paper written by the author in fulfillment of the requirements of the Institute for Court Management's ICM Fellows Program; (3) this report provides a statistical analysis of data collected for problem solving courts in the course of the development of the NCSC report; (4) the data presented here was not presented in detail but more as a high-level overview in the NCSC report; (5) this report does not provide extensive background information on all evidence-based practices contained in the NCSC report; and (6) the audience for this paper is local problem solving programs and drug court coordinators and stakeholders. This paper is intended to be a stand-alone report independent of the NCSC report. The author of this paper was also the author of the problem solving court section of the NCSC report. Both reports rely on the best scientific research available to accurately portray the use of evidence-based practices in the criminal justice system; therefore, some background



information on evidence-based practices will be familiar to readers of both reports. Because this paper is directed to a different audience, some repetition is necessary so that local programs will have ready access to the most up-to-date scientific research and to provide a context for the survey, which is based on the eight EBPs.

The data that form the basis of this report was collected through a survey conducted by NCSC in September 2011. While the survey results were included as an Appendix in the NCSC report, the discussion of the results was very limited and provided only the very broadest statement on whether the eight evidence-based principles appeared to be employed by the various programs that responded to the survey. This paper examines the statistical values of the data collected by the survey, which was couched in terms designed to illicit responses from problem solving programs regarding the implementation of the eight evidence-based principles. In no way can the survey serve as an evaluation tool; however, it is useful for identifying questions that each court should be asking itself when implementing the evidence-based principles. These questions do not serve as an evaluation because they do not measure the effectiveness of the method of implementation and whether the data is being used appropriately.

Although not the primary purpose of this report, the data collected through the survey may also assist the state of Wisconsin as it undertakes two new endeavors. First, at the time of this paper, Wisconsin and NCSC had formed a partnership to seek an enhancement grant from the Bureau of Justice Assistance (BJA) for the purpose of establishing performance measures and planning future evaluations. The profile of the

courts' implementation of evidence-based practices provides a snapshot of how the courts are currently operating, which can then be used as a baseline for measuring the effectiveness of policies and procedures implemented for future evaluations and inform which performance measures would be most effective for its adult drug court programs. Second, the Wisconsin Association of Treatment Court Professionals (WATCP) is in the process of establishing quality standards for problem solving courts to encourage use of evidence-based practices and promote quality. In developing a set of 15 quality standards, WATCP intends to rely on established best practices, evidenced based practices and practical experience.<sup>1</sup> Data showing where courts stand now in the implementation of evidence-based practices will provide WATCP with valuable knowledge regarding present delivery of services in Wisconsin and whether they reflect the proposed quality standards.

The value of ensuring the implantation of EBP cannot be underestimated, especially since Wisconsin intends to enhance its commitment to integrating problem solving programs as an important facet of its criminal justice system. With the incarceration rate of offenders ever increasing, Wisconsin is faced with the serious and overwhelming problem of how offenders can be managed, especially those offenders who are caught in the revolving door of offending, serving “time” and then reoffending. The best solution to this problem is to treat the underlying cause of criminal behavior, which is what effective drug courts do. Since 1996 when the first drug court was started

---

<sup>1</sup> WATCP is developing a set of quality standards covering 15 drug court processes: (1) planning process, (2) balancing the non-adversarial approach with the due process concerns and community safety, (3) treatment, (4) assessment, (5) eligibility and screening, (6) referral, (7) case planning, (8) training, (9) teams (composition and training), (10) judicial interaction, (11) participant accountability, (12) fidelity, (13) coordinated response to compliance, (14) program evaluation, and (15) partnerships with community organizations.

in Dane County, 43 other problem solving courts have been established in Wisconsin. Wisconsin now has 44 problem solving courts with 8 more in the planning stage.<sup>2</sup> Local jurisdictions are heavily invested in problem solving courts, therefore it is essential that they operate effectively and efficiently to justify the expenditure of resources and achieve the desired outcomes of sobriety, reduced recidivism and enhanced public safety.

Wisconsin's primary reason for investing in effective drug courts is the staggering increase in criminal offenses by substance abusing offenders, which is reflected in the ever increasing incarceration rate and the lack of prison/jail space and funds to house offenders. In its weekly report on the number of incarcerated offenders, the Department of Corrections (DOC) reported that it housed a total of 22,200 offenders.<sup>3</sup> The total number of offenders under supervision as parolees and probationers is 67,345.<sup>4</sup> In an effort to resolve the issue of prison/jail beds, the DOC commissioned a study in 2009 to examine and plan the need for expanding jail and prison facilities within the state. The resulting report stated very directly Wisconsin's need to make "further investment in the use of alternatives to incarceration and changes in incarceration policies and practices must also be aggressively pursued. . . ." (Mead and Hunt, 2009). In support of this statement, the researchers provided some sobering statistics on the consequences of drug and alcohol abuse in the state. Wisconsin's incarcerated population tripled in the

---

<sup>2</sup> The problem solving courts include: (a) twenty-four adult drug courts; (b) nine OWI courts; (c) two hybrid courts that treat both drug and OWI offenders; (d) four juvenile drug courts; (e) six veterans courts; (f) two mental health courts; and (g) one family dependency treatment court. In the planning stage are two veterans' courts, two OWI courts, one mental health court and one hybrid court.

<sup>3</sup> Week of March 16, 2012 at [http://www.wi-doc.com/index\\_community.htm](http://www.wi-doc.com/index_community.htm).

<sup>4</sup> As of December 31, 2011 at [http://www.wi-doc.com/index\\_community.htm](http://www.wi-doc.com/index_community.htm).

1990s so that the total number of incarcerated offenders jumped from 7,554 at the end of 1990 to 22,690 at the end of 2007. Drug and alcohol offenders accounted for more than 20 percent of the incarceration growth from 1996 to 2006, and operating while intoxicated (OWI) offenders were responsible for more than 60 percent of the growth from 2001 to 2006. During that time, the state was building or opening a new prison on average every two years (Mead, 2009). In July, 2011 the Wisconsin Office of Justice Assistance (OJA) reported 21,655 adult arrests for drug offenses (up 3% from 2009) and 4,059 arrests of juveniles for drug offenses. Drunk driving is a major problem in Wisconsin, as evidenced by recent statistics released by the Department of Transportation showing that 220 people died in the state in 2010 as a result of drunk driving; and that nearly 6,000 crashes were attributed to intoxicated motorists. These statistics make the obvious case that incarceration of all individuals with a substance abuse problem is not feasible – alternatives must be implemented to divert substance abusing offenders back into the community as healthy, law abiding citizens.

Drug courts are proving to be the best alternative to the traditional processing for offenders who have substance abuse as the underlying cause of criminal behavior. If the programs incorporate the findings of the scientific literature and implement widely accepted evidence-based practices then the resources dedicated to drug courts will be effective at decreasing recidivism, decreasing the number of prison/jail beds while increasing sobriety, and public safety. Now that the eight evidence-based principles have been defined, they seem relatively straightforward and can, in fact, be implemented by the vast majority of problem solving courts and programs. Courts may

have to determine which principles can most easily be put in place now and develop a strategic plan for implementation of all eight of the principles at a later date.

### **Literature Review**

This literature review focuses on three topics: (1) studies on the effectiveness of adult drug courts; (2) descriptions of eight evidence-based principles; and (3) background on drug court evaluations.

### **Drug Courts**

Early results from drug court studies and evaluations show that adult drug courts are having a positive impact on the lives of offenders and victims and may in some instances save jail and prison costs by providing offenders with services and treatments to address the specific needs of offenders which traditional courts do not address. The typical adult drug court program is a non-adversarial approach that integrates substance abuse treatment with the justice system through a treatment team consisting of a judge, treatment provider, prosecutor, defense counsel, law enforcement, and parole and probation officers. This approach to resolving criminal behavior resulting from the inappropriate use of drugs and alcohol provides offenders a truly new opportunity to change their lifestyles and prevents them from entering the criminal justice system through the revolving door of repeated offenses. An important aspect of drug courts is the dynamic relationship the participant has with the criminal justice system in general and the staff of the drug court in particular. This form of handling cases eliminates the static response of the criminal justice system which relies on the number of contacts rather than the quality of contacts. Drug courts differ from traditional courts in six ways

as: (1) focus on outcomes; (2) rely heavily on judicial involvement; (3) work collaboratively with community providers for services; (4) rely on non-traditional roles for major stakeholders; (5) use assessment tools to determine offender risk and needs; and (6) advocate for system-wide change.

These differences to traditional courts are embedded in the ten key components, which adult drug courts need to adhere to in order to be effective. The ten key components developed in 1997 and rigorously researched over the last two decades give guidance for drug courts by setting out the essential elements for effective problem solving court programs.<sup>5</sup> The ten key components also emphasize the need for ongoing assessment of the program to ensure that the goals of the court are met and relationships between the court and treatment providers work together to achieve optimal results for all participants. Drug courts work because eligible participants are identified early and promptly placed in a program where they receive a spectrum of treatment services to work towards abstinence and recovery. Treatment progress is

---

<sup>5</sup> The accepted ten key components of effective drug courts are as follows: Drug Courts integrate alcohol and other drug treatment services with justice system case processing.

1. Using a non-adversarial approach, prosecution and defense counsel promote public safety. Participants must waive their due process rights to a speedy trial and sign a pre-emptive confession before being allowed to participate.
2. Eligible participants are identified early and promptly placed in the Drug Court program.
3. Drug Courts provide access to a continuum of alcohol, drug and other related treatment and rehabilitation services.
4. Abstinence is monitored by frequent alcohol and other drug testing.
5. A coordinated strategy governs Drug Court responses to participants' compliance.
6. Ongoing judicial interaction with each Drug Court participant is essential.
7. Monitoring and evaluation measure the achievement of program goals and gauge effectiveness.
8. Continuing interdisciplinary education promotes effective Drug Court planning, implementation, and operations.
9. Forging partnerships among Drug Courts, public agencies, and community-based organizations generates local support and enhances Drug Court effectiveness.
10. Forging partnerships among drug courts, public agencies, and community-based organizations generates local support and enhances drug court program effectiveness.

monitored by frequent drug testing, counseling, frequent court appearances and completion of other program requirements.

Drug courts are most effective for high risk/high needs offenders who are compulsively addicted to drugs and/or alcohol and have failed other treatment or supervisory interventions (Lowenkamp, Holsinger, & Latessa, 2005; Marlowe, et al., 2006, 2007; Festinger, Marlowe, Lee, Kirby, Bovasso, & McLellan, 2002). Research indicates that the benefits for low risk/low needs offenders are minimal, and participation in such programs may even be harmful (Marcus, 2009); (Lowenkamp & Latessa, 2002); (Lowenkamp and Latessa, 2002 and 2004); (Hanley 2003) in (Lowenkamp & Latessa, 2004); (Andrews and Bonta, 2006). Drug courts seek to reduce recidivism by assisting offenders to stop using drugs through treatment, drug testing, legal pressure, judicial review, and the systematic use of sanctions and rewards. Drug courts are an effective means for stopping the revolving door for addicts who offend, receive jail time and then re-offend. In addition to stopping the revolving door, recent research reports that drug court programs produce cost savings to local criminal justice systems (Marchand, Waller, & Carey, 2006a and 2006b); (Carey, Finigan, Waller, Lucas, & Crumpton, 2005); Crumpton, Brekhus, Weller, & Finigan, 2004); (Carey & Finigan, 2003); Fomby & Rangaprasad, 2002). Limited research has also shown that drug courts may be cost beneficial in impacting other publicly supported services: child welfare, physical health care, mental health care, and employment security (Finigan, 1998); (Crumpton, Worcel, & Finigan, 2003). Some drug courts have even been shown to cost less to operate than processing offenders through business-as-usual (Carey & Finigan, 2003); (Carey, et al., 2005).

The research on the effectiveness of drug courts is mounting and a myriad of research and evaluation reports have been published. Two of the seminal papers on the effectiveness of drug courts are from Multnomah County, Oregon which shows the outcomes of the drug court program over a ten year span and the Multi-site Adult Drug Court Evaluation (MADCE) through the National Institute of Justice, which looks at evaluations completed by a number of drug courts. Both reports provide an overview of the effectiveness of drug courts in enhancing different aspects of the participant's lives and the cost savings that can be accrued through the implementation of these courts. These are only two reports from a plethora of reports showing the effectiveness of drug courts. (See Finigan, M., Carey, S., Cox, A., 2007; Huddleston, C. West., Douglas B. Marlowe, and Rachel Casebolt, 2008; Wilson, Mitchell, and MacKenzie, 2002).

Multnomah County Drug Court in Portland, Oregon is the second oldest drug court in the country. An evaluation of the court was conducted to examine the effectiveness of the court over a ten year period of the court's operation and compared drug court participants with those adjudicated through the traditional process. The study analyzed the overall impact of the drug court model on criminal recidivism and developed a cost benefit estimate for the impact of the drug court during a ten year period from 1991 to 2001. The study showed consistent levels of success in reducing re-arrest each year of the ten year period. However, the author cautioned about the first two years of the program. While overall demonstrating a positive effect over the ten year period, the drug court had better years and worse years. The study concluded that the early years of implementation for a drug court are not the best years to choose to examine the court's effectiveness. For the most part, the court showed significant



results in reduction of re-arrest rates during the later five year period (Finnigan, et al. 2007).

The study developed a cost benefit estimate for the impact of the drug court, specifically, the investment costs in drug courts and the costs invested in the non-drug court comparison group. The study revealed substantial cost savings in outcomes for drug court participants across every transaction. The greatest benefit is due to less use of jail days by drug court participants followed by less use of prison beds. For Multnomah County, the total outcome cost savings is nearly \$7,000 for each drug court participant. The data from over ten years of operation showed that the drug court process costs less than a non-drug court process, specifically about \$1,392 per participant less. Drug court sessions are generally short in duration, and less preparation time is required for the attorneys and the judge for each court appearance. This drug court saved the taxpayers more than \$9 million over the ten year period (Finnigan, et al. 2007).

Efforts to determine the efficacy of drug courts have been limited by methodological challenges and inconsistent implementation of key drug court strategies. The objective of the Multi-Site Adult Drug Court Evaluation (MADCE) was to analyze the effects of different drug court models on participant outcomes. The five-year MADCE was designed to compare court participants to offenders with similar addiction and drug use profiles and criminal history in comparison jurisdictions that do not offer drug courts. The sample included nearly 1,800 drug court and non-drug-court probationers from 29 rural, suburban and urban jurisdictions across the United States (23 drug court sites and 6 comparison group sites in 8 states: Florida, Georgia, Illinois, New York, Pennsylvania,

North Carolina, South Carolina and Washington). The analyses examined the influence of both individual and court-level characteristics in testing the hypothesis that drug court participants have lower rates of drug use and criminal activity and show improved functioning compared to similar offenders not offered drug court.

The Center for Court Innovation, at the annual NIJ Conference in June of 2010, reported the following summary results on drug court participants: (a) drug use is significantly lower; (b) crime rates are lower; (c) incarceration rates are lower; (d) positive change in employment status; (e) school enrollment status is unchanged; and (f) annual income is higher. This data gives a clear indication that drug courts have a profound effect on more than just recidivism rates. Drug courts have the desired impact in the areas it seeks to promote change: drug use; employment, re-arrest rates, and incarceration rates. This is the first study that measures these factors across more than one court and one state. Prior to this study, doubts arose about the effectiveness of courts to substantially impact a participant's life beyond just reducing recidivism. Additional studies will need to be done to verify these results but the study adds ample weight to the discussion on the effectiveness of drug courts.

### **Evidence-Based Principles**

In addition to the accepted ten key components for effective drug courts, scientific evidence indicates that some practices are stronger than others. Specifically, problem-solving courts should use the eight widely accepted evidence-based principles: (1) assessing actuarial risks/needs; (2) enhancing intrinsic motivation; (3) targeting interventions appropriately; (4) using cognitive behavioral treatment methods; (5)

increasing the use of positive reinforcement; (6) engaging ongoing support in natural communities; (7) measuring relevant processes/practices; and (8) providing measurement feedback (Clawson, Bogue, Joplin, 2004).

Evidence-based practices (EBP) are strategies that have been shown through current scientific research to provide services that are proven effective. EBPs have been developed and used in a variety of fields, most commonly in the medical field where they were first developed. In corrections, evidence-based practice is the breadth of research and knowledge around processes and tools which can improve correctional outcomes, such as reduced recidivism. Tools and best practices are provided with a focus on both decision making and implementation.<sup>6</sup>

Meta-analyses by a number of researchers have provided the criminal justice system with concrete and scientifically proven methods for reducing offender recidivism which are now recognized as evidence-based practices. In the criminal justice system, evidence-based principles are a set of rehabilitation program components and characteristics that, when incorporated effectively into the corrections field, help to reduce the criminogenic attitudes, associations, and behaviors of offenders. Minimally, EBP involves: (a) developing employees' knowledge, skills, and attitudes congruent with current research-supported practice; (b) implementing offender programming consistent with research recommendations; (c) sufficiently monitoring employee actions and offender programming to identify discrepancies or fidelity issues; and (d) routinely obtaining verifiable outcome evidence associated with employee performance and

---

<sup>6</sup> NICI retrieved March, 2012 <http://nicic.gov/EvidenceBasedPractices>.

offender programming. EBPs contrast with the traditional approach to supervision which did not provide offenders with the skills, tools or resources science indicates are necessary to address criminogenic needs and reduce recidivism (Clawson, et al., 2004). Instead, the traditional approach relied on minimal contact standards that emphasized the number of contacts rather than content of the contacts, which must focus on changing behavior.

Despite a growing awareness of evidence-based practices, criminal justice practitioners rarely used these practices consistently and to their full potential. Evidenced-based practices are those practices that have a definable outcome; are measureable; and are defined according to practical realities (e.g., recidivism, victim satisfaction), which need to be distinguished from best practices. Best practices are those practices that are based on the collective experience of the field rather than scientifically tested knowledge, and do not imply attention to outcomes, evidence or measurable standards.

In 2004, the National Institute of Corrections (NIC) examined published reports supporting the basic tenets of evidence-based practices that had been widely researched and accepted but had not been formalized. NIC used the accumulated data on evidence-based practices to compose a set of eight evidence-based principles that could be used in the field of corrections. The eight evidence-based practices provide criminal justice practitioners a basic definition such that each principle could be used in a coherent, precise and effective fashion. The NIC organized the research on evidence-based practices into eight core principles: (1) assess actuarial risks/needs; (2) enhance intrinsic motivation; (3) target interventions; (4) use cognitive behavioral

treatment methods; (5) increase positive reinforcement; (6) engage ongoing support in natural communities; (7) measure relevant processes/practices; and (8) provide measurement feedback (Clawson, Bogue and Joplin, 2004). Implementation of these principles is now considered imperative for the success of a drug court to reduce recidivism, help participants achieve and maintain sobriety, reduce prison costs, and reduce the costs of other criminal justice agencies.

The critical triumvirate of evidence-based practices in corrections is: (1) using a valid risk and needs assessment; (2) matching the level of risk and need to the appropriate sentence and supervision practices and services; and (3) ensuring that the services provided improve outcomes. The growing body of research is demonstrating that neither punishment-only nor deterrence-only programs do much to reduce recidivism among adult offenders. Increasing evidence is showing that programs that focus on individual behavior change — as opposed to straight deterrence or punishment — significantly reduce recidivism rates (Tallarico, et al., 2012).

This critical triumvirate underlies the basis for the eight principles developed by the NICI. Each of the eight principles as put forth by Clawson, et al., 2004 is discussed below. However, because targeting the right offenders – those with high risk /high needs (Principle 1) - is fundamental to the establishment of an effective drug court and an evaluation of the program to measure the extent effectiveness (Principle 8) is essential, a more in-depth discussion of these two principles is provided in the below.

### **Principle 1: Assess Actuarial Risk/Needs**

Determining whether an offender is likely to reoffend is essential in targeting the right population for drug court and for effective management of supervision and treatment options. Offender assessments are most reliable and valid when: (1) staff are formally trained to administer screening tools; (2) screening and assessment tools focus on dynamic and static risk factors and profile criminogenic needs; and (3) have been validated on similar populations. Offender assessment is as much an ongoing function as it is a formal event. Case information that is gathered informally through routine interactions and observations with offenders is just as important as formal assessment guided by instruments. Formal and informal offender assessments should reinforce one another and drive case decisions and working relations between practitioners and offenders as long as the offender participates in the drug court program (Clawson et al., 2004). Drug court practitioners that adhere to the principle of measuring risk, needs and responsivity (RNR principle) are essential in determining whether the right offenders are admitted to drug court programs (Clawson, et al., 2004; Lowenkamp and Latessa, 2004).

The risk-needs-responsivity (RNR) principle was first put forth by Bonita and Andrews, 1990. The importance of integrating the RNR principle into treatment programs has been well documented and widely accepted as an evidence-based practice in treating high-risk offenders. The RNR principle integrates the psychology of criminal conduct into an understanding of how to reduce recidivism (Andrews and Bonta, 1994). Using this concept, the three principles guide the assessment and

treatment of offenders to advance rehabilitative goals as well as reduce risk to society (Bonta, Andrews and Wormith, 2006).

The risk principle states that offenders vary by level of probability of recidivism. Risk factors that increase the probability of recidivism include: age, criminal history, age at first arrest, number of prior escapes from custody and other historical factors that cannot be decreased but do have the potential to increase. These risk factors are generally static. Factors that reflect the criminogenic needs of a participant are generally dynamic and will change as behavior changes. These factors include: substance abuse, anti-social personality traits, pro-criminal attitudes, pro-criminal friends, family/marital problems and problems with school or work. Like risk factors, criminogenic needs contribute to an offender's probability of recidivism. Unlike risk factors, however, needs factors are amenable to change and thus represent areas that should be targeted by treatment to reduce overall risk of recidivism.

The principle of responsivity requires that the delivery of services be consistent with the abilities and learning styles of the offender. By identifying the individual personal and cognitive styles of learning and delivering treatment in a way that is sensitive to these styles, practitioners can better match offenders to an appropriate treatment program with the expectation of even greater improvements in outcomes (Taxman 2003). Responsivity is best accomplished by embracing the tenets of both general and specific responsivity:

- General responsivity calls for the use of cognitive-behavioral approaches to treatment as such approaches have been shown to be most effective with offenders as a whole.

- Specific responsivity acknowledges that non-criminogenic needs may help or hinder the provision of and response to treatment, thus they need to be addressed in order to maximize recidivism reduction (Bonta and Andrews, 2007).

The responsivity principle states that treatment outcomes can be maximized by tailoring treatment modalities to individual criminogenic needs for treatment as well as non-criminogenic needs such as sex, race and ethnicity (Bonta, Andrews & Worthim, 2006; Andrews & Bonta, 1998; Elliott, Hatot & Sirovatka, 2001; Harland, 1996).

The RNR principle is considered an evidence-based practice for corrections (Taxman, 2006) and has been shown to effectively reduce recidivism by as much as 35 percent when implemented in certain settings (Bonta & Andrews, 2007). According to the criminal justice concept of the risk principle, intensive interventions such as drug court are believed to be best suited for offenders who are high risk and have more severe criminal propensities or drug use histories (Marlowe, et al., 2006; Lowenkamp & Latessa, 2005). Intensive interventions may be ineffective or contraindicated for low risk offenders (Marlowe, et al., 2006; Gendreau & Goggin, 1997; Andrews & Bonta, 1998). Although judges and criminal justice professionals may be tempted to focus intervention services on low-risk offenders in the hope of stopping further penetration into the system, this strategy has not been found effective in terms of recidivism reduction or system costs (Casey, et al., 2011). In a study conducted by Lowenkamp & Latessa, 2004 where 13,000 offenders in 53 community-based correctional treatment facilities were tracked, the majority of programs were associated with increased recidivism for low-risk offenders and decreased recidivism for high-risk offenders. In that study, the authors cite one program that showed a decrease in recidivism of 32



percent for high-risk offenders while recidivism for low-risk offenders increased by 29 percent. The increase in recidivism rates for low-risk offenders is likely due to the interaction of low-risk offenders with high-risk offenders thereby altering the low risk offenders' behavior.

Studies have revealed that high-risk participants with antisocial personality disorder or a history of drug abuse treatment performed significantly better in drug court when they were scheduled to attend frequent (weekly or bi-weekly) judicial status hearings in front of the judge (Marlowe, et al., 2006). A study conducted by Marlowe, et al., 2006 matched misdemeanor drug court clients to the optimal schedule of court hearings based upon the assessment of their risk status, and compared outcomes to those of clients randomly assigned to the standard schedule of court hearings. Results confirmed that high-risk participants graduated at a higher rate, provided more drug-negative urine samples at six months post-admission, and reported significantly less drug use and alcohol intoxication at six months post-admission when they were matched to bi-weekly hearings as compared to the usual schedule of hearings (Marlowe, et al., 2006).

Evidence for the positive impact of the RNR principle on reducing recidivism and enhancing public safety is strongly supported by a variety of studies and meta-analyses. However, the key to the success of the RNR principle is identifying the risk level of offenders as soon as they enter the system. Therefore, a reliable risk assessment tool is needed to determine the risk level of offenders upon entry into the system. The level of services/supervision offered to offenders depends on the level of risk identified by the risk assessment tool - higher levels of supervision for high risk offenders. Assessment

tools are used to predict the risk of probation/parole violations and recidivism. The assessment tools predict the likelihood for recidivism by assessing offenders' needs, and evaluating the impact of rehabilitative programming. Such tools are used because it has been shown across a variety of disciplines that objective instruments are more effective than human judgment, even though many judges and other stakeholders find this counterintuitive.

Wisconsin is in the process of implementing a new state-wide assessment tool. The Wisconsin Department of Corrections (DOC) has implemented a new assessment tool - the COMPAS (Correctional Offender Management Profiling for Alternative Sanctions). Programs state-wide will move to the COMPAS for uniformity between the DOC, the court and community corrections. NorthPoint, which developed the COMPAS tool, worked with Wisconsin to determine that the COMPAS will be an effective risk assessment tool for the various criminal justice programs, including corrections and jails and community corrections. The COMPAS assessment tool measures both static and dynamic risk factors, which means the COMPAS assesses both risk and criminogenic needs. The LSI-R, which measures only static risk factors, was a widely used assessment tool in Wisconsin prior to the implementation of the COMPAS. Unlike the LSI-R and other risk assessment instruments, which provide a single risk score, the COMPAS provides separate risk estimates for violence, recidivism, failure to appear, and community failure. In addition to the Overall Risk Potential, as represented by those four scales, the COMPAS provides a Criminogenic and Needs Profile for the offender. This profile provides information about the offender with respect to criminal history, needs assessment, criminal attitudes, social environment, and additional factors

such as socialization failure, criminal opportunity, criminal personality and social support (Fass, Heilbrun, et al., 2008). With the implementation of the COMPAS, Wisconsin will have an assessment tool that is shown to be effective in measuring both risk and criminogenic needs. With this tool, criminal justice programs will be better able to identify high risk offenders and enhance the potential of drug courts.

A more in-depth discussion of the risk-needs-responsivity (RNR) principle can be found in the NCSC report in the discussion regarding the implementation of AIM pilot programs (Tallarico, et al., 2012).

### **Principle 2: Enhance Intrinsic Motivation**

Humans respond better when motivated - rather than persuaded - to change their behavior. Therefore, it is essential that the treatment team recognize the need for motivation and the use of proven motivational techniques. Motivation to change is dynamic and the probability that change may occur is strongly influenced by interpersonal interactions. Staff should relate to offenders in interpersonally sensitive and constructive ways to enhance intrinsic motivation in offenders. Feelings of ambivalence that usually accompany change can be explored through motivational interviewing, a style and method of communication used to help people overcome their ambivalence regarding behavior changes. Research strongly suggests that motivational interviewing techniques, rather than persuasion tactics, effectively enhance motivation for initiating and maintaining behavior changes (Clawson, et al., 2004).

### **Principle 3: Target Interventions**

Target intervention requires the application of what was learned in the assessment process under Principle 1. Research shows that targeting three or fewer criminogenic needs does *not* reduce recidivism. Targeting four to six needs (at a minimum), has been found to reduce recidivism by 31 percent. Research indicates that supervision and treatment resources that are focused on lower-risk offenders tend to produce little if any net positive effect on recidivism rates. Shifting these resources to higher risk offenders promotes harm-reduction and public safety because these offenders have greater need for pro-social skills and thinking, and are more likely to be frequent offenders. Reducing the recidivism rates of these higher risk offenders has a much greater impact. Successfully addressing this population requires smaller caseloads, the application of well developed case plans, and the placement of offenders into sufficiently intense cognitive behavioral interventions that target their specific criminogenic needs. Implementation methods, as described by Clawson, include the following:

- **Ensure adequate program dose and duration.** Many efficacy studies have found that high-risk offenders should spend 40 to 70 percent of their time in highly structured activities and programming for 3 to 9 months prior to release. Higher risk offenders require significantly more initial structure and services than lower risk offenders. During the initial 3-9 months post release, 40-70 percent of their free time should be clearly occupied with a delineated routine and appropriate services (e.g., outpatient treatment, employment assistance, education, etc.). Certain offender subpopulations (e.g., severely

mentally ill, chronic dual diagnosed, etc.) commonly require strategic, extensive, and extended services. However, too often individuals within these subpopulations are neither explicitly identified nor provided a coordinated package of supervision/services. The evidence indicates that incomplete or uncoordinated approaches can have negative effects, often wasting resources.

- **Implement the treatment principle.** Treatment, particularly cognitive-behavioral types, should be applied as an integral part of the sentence/sanction process. A proactive and strategic approach to supervision and case planning that delivers targeted and timely treatment interventions will provide the greatest long-term benefit to the community, the victim, and the offender. This does not necessarily apply to lower risk offenders, who should be diverted from the criminal justice and corrections systems whenever possible.

#### **Principle 4: Use of Cognitive Behavioral Treatment Methods**

Cognitive-behavioral programs attack the thinking patterns that promote and support criminal conduct by training offenders in pro-social thinking and behavioral skills. They teach offenders ways to solve problems without resorting to violence, how to negotiate with authority, how to make deliberate choices before they act, and self-control. The characteristics of effective cognitive-behavioral programs include the following:

1. They focus on the offender's current risk and needs factor.

2. Skills are not just taught; they are role-played. The offender is required to regularly practice pro-social behavioral skills.
3. The treatment professional is interpersonally warm, socially skilled, firm, and consistent.
4. The treatment professional models appropriate behaviors.
5. The treatment professional provides feedback. Pro-social behavior is reinforced and antisocial behavior is discouraged (Warren NCSC, CJI, NIC, 2007) <http://static.nicic.gov/Library/023358.pdf>.

Offenders demonstrating problems with responsible self-regulation generally respond positively to reasonable application of additional structure and boundaries. Evidence-based programming emphasizes cognitive-behavior strategies and is delivered by well-trained staff. Staff must coach offenders to learn new behavioral responses and thinking patterns. In addition, offenders must engage in role playing and staff must continually and consistently reinforce positive behavior change. While this principle should not interfere with the need for administrative responses to disciplinary violations, the principle is best applied with clear expectations and descriptions of behavior compliance. Furthermore, consequences for failing to meet expectations should be known to the offender as part of the programming activity. Clear rules and consistent consequences that allow offenders to make rewarding choices can be integrated into the overall treatment approach. For best outcomes, staff must understand antisocial thinking, social learning, and appropriate communication techniques. Skills are not just taught to the offender, but are practiced or role-played and the resulting pro-social attitudes and behaviors are positively reinforced by staff.

Essentially, cognitive skills training (teaching offenders to think responsibly and productively) and cognitive restructuring programs (changing destructive attitudes and thinking habits that lead to criminal behavior into new pro-social attitudes) work to move offenders from anti-social thinking and behavior to pro-social thinking and behaviors. Incorporating the use of pro-social thinking into all phases of correctional supervision and interventions strengthens the likelihood of reducing recidivism through lasting offender change (Tallarico, et al., 2012).

### **Principle 5: Increase Positive Reinforcement**

Offender behavior can be affected by the imposition of sanctions and incentives, especially if they are immediate, swift and proportionate. When sanctions are not imposed for violations of program requirements then the impact on behavior, especially negative behavior, is diminished as is the likelihood of reduced recidivism. While having a participant handbook laying out the policies for sanctions and incentives has long been a best practice, it is now clear that having a policy on when and how severe sanctions should be is an evidence-based practice. Problem solving program staff need to work closely with the courts to define specific sanctions for specific violations while still having the flexibility to address individual circumstances. Courts are often too focused on sanctions and frequently forget the power of incentives and rewards. The research clearly indicates that people are motivated more by incentives than sanctions and that incentives have an enduring impact whereas sanctions fail to produce long term benefits, especially after the threat of sanction is lifted. Most people are motivated by acceptance and satisfaction with progress rewarded, and rewards reinforce these behaviors. Research supports that forced offender treatment can work, but to be most

effective, there must be motivation, on the offender's part, to change. Judges, probation, and parole agents and others whose authority is respected by the offender can greatly impact such motivations by communicating in a positive manner at sentencing as well as throughout an offender's sentence (Warren 2007; Miller & Rollnick, 2002; Miller & Mount, 2001; Harper & Hardy, 2000; Ryan & Deci, 2000).

### **Principle 6: Engage In Ongoing Support In Natural Communities**

Although offenders who initially enter a problem solving program tend to think that they can "go it alone," this is seldom the case. People need to have support to achieve any change in lifestyle and for the offender with an underlying addiction this is even truer. The problem solving program cannot be the only help for an offender, the offender needs to have community support. That support can come from family members, twelve step program mentors, pastors or church members, other programs, or friends. These supports are especially important to have in place before a program participant returns to the same environment from which they came with all its pitfalls and dysfunctional relationships, which is when relapse is most likely to occur. Replacing criminal associates, anti-social peers and other addicts, and dysfunctional family members is essential to success while in the program but especially once the program is completed and the participant no longer has the network of drug court staff offering positive reinforcement. The most effective way of maintaining decreasing criminal behavior, and living a healthy lifestyle is a positive community support system of positive, pro-social, reliable and caring associates, and family members. Many successful treatment interventions, therefore, actively recruit participation by pro-social supporters in the offender's immediate environment to positively reinforce the offender's



desired new behaviors. This community reinforcement approach has been found effective for a variety of behaviors, including unemployment, alcoholism, and substance abuse. More recently, twelve-step programs, religious activities, and restorative-justice initiatives aimed at improving connections with pro-social members of the community have also been found successful. As with continuity of care, judges must also insist that local treatment programs incorporate the necessary family and community reinforcement opportunities (Tallarico, 2012).

### **Principle 7: Measure Relevant Processes/Practices**

Measurement of relevant processes and practices is directed at both the staff and the participant. Whether a participant is progressing through the program depends not only on the participant but on the quality of the services provided and fidelity to program requirements. An accurate and detailed documentation of case information and staff performance, along with a formal and valid mechanism for measuring outcomes, is the foundation of evidence-based practice. Quality control and program fidelity play a central and ongoing role to maximize service delivery. If services are to remain effective, agencies must routinely assess changes in offenders' cognitive and skill development, and recidivism. In addition to routinely measuring and documenting offender changes, staff performance should also be regularly assessed. Staff that are periodically evaluated for performance achieve greater fidelity to program design, service delivery principles, and outcomes. Staff whose performance is not consistently monitored, measured, and subsequently reinforced work less cohesively, more frequently at cross-purposes and provide less support to the agency mission.

Evidence-based practices are founded on sound measurement of practices and outcomes. Measuring what is done and how that activity translates into outcomes is critical to understanding whether and how well a program works. Peggy McGarry and Becki Ney from the Center for Effective Public Policy developed an excellent document for building a multiagency collaborative effort (see *Getting it Right: Collaborative Problem Solving for Criminal Justice*, June 2006). *Getting it Right* lays out a very clear plan for developing an understanding of the criminal justice system that helps to identify gaps in knowledge and services, as well as to develop the beginning of a feedback loop based on identifying, measuring, and adjusting practices to improve outcomes. Just as it is important to develop system-based measures of outcomes, measuring staff performance, at the agency level, is an important way to ensure that work is completed in the expected manner and that fidelity to program models is maintained. It is imperative that changes in cognitive and skill development and offender recidivism get measured routinely if offender outcomes are expected to improve.

### **Principle 8: Provide Measurement Feedback**

Effective outcomes for problem solving court participants require accountability, fidelity and integrity in the administration of the program. Participants need feedback on how effective their efforts to change behavior have been and staff need feedback on whether the programs are producing the most effective outcome. Once a method for measuring relevant processes / practices is in place (principle seven), the information must be used to monitor process and change. Providing feedback to offenders regarding their progress builds accountability, and is associated with enhanced motivation for change, lower treatment attrition, and improved outcomes (e.g., reduced

drink/drug days, treatment engagement, goal achievement). The same is true within an organization. Monitoring delivery of services and fidelity to procedures helps build accountability and maintain integrity to the agency's mission. Regular performance audits and case reviews with an eye toward improved outcomes, keep staff focused on the ultimate goal of reduced recidivism through the use of evidence-based principles (Clawson, 2004).

Years of research have gone into the development of these evidence-based principles and they are now the established guide for criminal justice program development, implementation and evaluation. When applied appropriately, these principles provide community based corrections, including drug courts with the greatest potential for improving the lives of participants, reducing cost to the criminal justice system and related agencies and increasing public safety.

### **Evaluations**

As stated above Principle 8, measurement feedback is essential in determining whether a program is effective and where weaknesses in the program exist. Whether a drug court is effective at changing an offender's criminal behavior and reducing recidivism must be measured against what a conventional court process would achieve. Through periodic evaluations of the program measuring as many of the aspects of the court as feasible, it is possible to make this comparison. Every drug court should conduct four evaluations to determine the effectiveness of the court: (a) process evaluation; (b) outcome evaluation; (c) impact evaluation; and (d) cost-benefit analysis. A process evaluation documents a program's actual caseflow, service delivery and resources in relation to its planned target population, policies and procedures over time.

An outcome evaluation measures the program's influence on graduation, criminal recidivism and relapse among cohorts of participants. If information is available on comparable defendants or offenders outside the program, an impact evaluation gauges the effect of the intervention on the target population. Costs benefit analysis indicates what impact the program intervention has on public resource expenditures, and whether program investment yields savings over the status quo or some alternative.

Evidence-based principles are only as good as the programs and individuals who implement them. When implemented with fidelity, EBPs work extremely well for participants and the community. In order to ensure that evidence-based principles are implemented with fidelity, an agency must have a way to collect, analyze, and act upon data that measures the processes and outcomes of implementation. Key Component 8 (Monitoring and evaluation measure the achievement of program goals and gauge effectiveness) of the ten key components and evidence-based principle 7 (Measure Relevant Processes/Practices) and principle 8 (Provide Measurement Feedback) encourage drug court programs to monitor their progress towards their stated goals and evaluate the effectiveness of their practices. Through implementation of these measures, courts establish program accountability to funding agencies, policymakers, and participants. Regular monitoring and evaluation provides programs with the information needed to make adjustments in program practices that will increase effectiveness and efficiency. Effective monitoring and evaluation depend on the data collected and analyzed by the program: therefore, the elements of the evidence-based drug courts must be tracked and recorded for use in internal and external evaluations.

BJA states what programs, funded through its grants, need to identify and collect to meet the requirements of the grant. These include:<sup>7</sup>

- Identify the costs and benefits of the program to identify areas to target for cost-efficiency improvements.
- Sufficient detail on drug court and non-drug court participants during the program to facilitate comparisons.
- Outcomes of participants within a drug court to determine what factors, if any, are associated with program completion.
- Data on drug court components to determine the effects of these components on program completion.

Collection of this data will allow for a variety of evaluations and assessment of the drug court. Although all this data needs to be collected, not all evaluations need to be undertaken at the same time or within the same time span. A number of factors should be weighed when determining when and what type of evaluation should be conducted. These factors include such things as the age of the program, the number of participants, and funding source requirements. A program must have a sufficient data base to make comparisons to like offenders who did not go through the program; however, a process evaluation to determine if the court is following its own procedures and meets national standards may be conducted first.<sup>8</sup> A process evaluation focuses on how a program was implemented and how it operates: (a) identifies the procedures undertaken and the decisions made in developing the program and (b) 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

---

<sup>7</sup> BJA website.

<sup>8</sup> Recommendation of earlier paper on the need for state coordinator and the development of state standards.

operation, it allows an assessment of the reasons for successful or unsuccessful performance, and provides information for potential replication.<sup>9</sup>

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.<sup>10</sup> 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. (Rubio & Cheesmen, 2008) An impact evaluation is a type of outcome evaluation that focuses on the broad, long-term impacts or results of program activities.<sup>11</sup> Comparison of the advantages and disadvantages for outcome and impact evaluations are shown in Figures 1 and 2. (Rubio & Cheeseman, 2008)

---

<sup>9</sup> [http://www.ojp.usdoj.gov/BJA/evaluation/glossary/glossary\\_o.htm](http://www.ojp.usdoj.gov/BJA/evaluation/glossary/glossary_o.htm).

<sup>10</sup> [http://www.ojp.usdoj.gov/BJA/evaluation/glossary/glossary\\_o.htm](http://www.ojp.usdoj.gov/BJA/evaluation/glossary/glossary_o.htm).

<sup>11</sup> [http://www.ojp.usdoj.gov/BJA/evaluation/glossary/glossary\\_o.htm](http://www.ojp.usdoj.gov/BJA/evaluation/glossary/glossary_o.htm).

**Figure 1: Comparison of the Advantages and Disadvantages of Outcome Evaluations**

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

Some of the disadvantages of an outcome study can be overcome by maintaining accurate records. Measuring outcome variables at program entry and program exit is Evidence-Based Principle 7 which should be adhered to for the duration of the program for each participant. The advantages of an outcome evaluation usually outweigh the disadvantages because most of the processes and data collection requirements should be identified in the process evaluation and adjustments made so that the proper data is collected.

**Figure 2: Comparison of the Advantages and Disadvantages of Impact Evaluations**

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 reasonable expect effects
	5. Requires a carefully chosen comparison group

Disadvantages of an impact study can be overcome if the drug court is mindful of the need for the study and starts collecting data or sets out processes for collecting data at the implementation phase of the court. Since the overarching reasons for implementing a drug court is to prevent recidivism, it is imperative that the long term impact of the program be accessed. If the impact of the court proves too minimal then the court needs to go back and review its policies and procedures to determine why the court is not delivering on long term goals.

In addition to process, outcome and impact evaluations, drug courts need to conduct cost benefit and cost effectiveness analysis which measure a drug court's



efficiency rather than the court's effectiveness. 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-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 costs.<sup>12</sup> Recent research has also reported that drug court programs have been cost beneficial in local criminal justice systems (Marchand, Waller, & Carey, 2006a and 2006b; Carey, Finigan, Waller, Lucas, & Crumpton, 2005; Crumpton, Brekhus, Weller, & Finigan, 2004; Carey & Finigan, 2003; Fomby & Rangaprasad, 2002). Limited research has also shown that drug courts may be cost beneficial in impacting other publicly supported services: child welfare, physical health care, mental health care, and employment security (Finigan 1998; Crumpton, Worcel, & Finigan, 2003). Some drug courts have even been shown to cost less to operate than processing offenders through business-as-usual (Carey & Finigan, 2003; Carey, et al., 2005).

Although courts do not have to (and perhaps cannot) implement all eight evidence-based principles at once, undertaking evaluations of the court on a regular basis should be implemented first so that the proper data is collected and the progress of the court can be effectively monitored. To truly avoid wasting valuable resources and under-serving the drug court population, all four types of evaluations need to be done as the court matures and sufficient data is collected to undertake a specific evaluation.

---

<sup>12</sup> [http://www.ojp.usdoj.gov/BJA/evaluation/glossary/glossary\\_o.htm](http://www.ojp.usdoj.gov/BJA/evaluation/glossary/glossary_o.htm).

## **Methodology**

To gather the data that forms the basis of this report, two surveys were distributed by NCSC. The first survey was distributed to all district court administrators for the purpose of determining what problem solving programs were operational in their district to develop a registry of criminal justice coordinating councils, problem solving courts and miscellaneous programs that addressed the criminogenic needs of offenders to improve outcomes for the offenders and the community. The response to this first survey was very good with over 200 programs identified as functional across the state.

After identifying the programs, the NCSC team made site visits to each of the 10 Wisconsin judicial districts to interview district court administrators, program managers, program coordinators, judges, treatment providers and other stakeholders and current participants and graduates of the programs.<sup>13</sup> The purpose of these site visits was to observe the programs first-hand and to collect data that would serve as the basis of a survey conducted by NCSC. The team visited drug courts in the following counties: Ashland, Brown, Dane, Eau Claire, LaCrosse, Marathon, Milwaukee, Outagamie, Ozaukee, Portage, Racine, Rock, St. Croix, Waukesha, and Winnebago. It should be noted that not all of these counties responded to the survey. Therefore, a strong tie between what was observed and the responses to the survey cannot be inferred. These site visits focused on whether and to what extent the programs were implementing evidence-based practices.

The site visits were followed up with a second survey to all of the programs in the registry. The response rate for the second survey was poor as it pertained to problem

---

<sup>13</sup> Members of the project team were Suzanne Tallarico, Fred Cheesman, Mary Beth Kirven and Matthew Kleiman.

solving programs as a whole; however, the response rate for the adult drug court community was high with 13 of the 24 (54%) of adult drug courts completing the survey.

The second survey drafted by the NCSC project team consisted of 53 questions designed to elucidate the extent to which problem solving programs were evidence-based. To achieve this goal, in some instances, several questions were designed to illicit information on each of the eight principles. Therefore, rather than asking an overarching broad question, several detailed questions were asked. Instead of asking whether criminogenic risk was being assessed, sub-questions such as whether the assessment was done before or after the participant enrolled in the program were asked. This is true of many of the questions so that the data collected is more precise than the mere question of whether the principle was employed and allows for groups of questions on a specific principle. The majority of questions were multiple-choice so that responses could be tallied into uniform sets of data. The entire survey can be found in Appendix A. Appendix B illustrates which questions correspond with each principle. The spreadsheet showing the results is presented such that the question and answer for each principle can easily be read without referral to the survey.

## **Findings**

Since each principle was described in full in the literature review, only a short reminder of the principle is provided here. The results are shown in graphic form followed by a brief explanation of the data. For a more in-depth analysis, the data is broken out by principle and additional detail regarding how the courts are implementing the principles is provided. Each figure shows the responses to the survey with the

percent of positive responses on the last line of the figure. A summary of the data is provided below in Figure 3.

### **Principle 1: Assess Actuarial Risks/Needs**

Principle 1 identifies the target population by assessing participants for three factors: risk, criminogenic needs, and responsiveness. Data for each factor is shown in a separate table. For all three factors, three questions were asked: (a) was screening conducted; (b) was screening completed before admission; and (c) which screening instrument used to measure the factor. An additional question for actuarial risks was asked – what percent of those screened were high risk/high needs offenders and what percent were low risk/low needs offenders?

**Figure 3: Program Assessments: Principle 1 - Assess Actuarial Risk**

County	Title	Screening	Risk	Criminogenic Risk Assessment			
				Before Admission	Instrument(s)	% High Risk	% Low Risk
Ashland	Adult Drug Court	■	■	■	●	●	●
Burnett	Burnett County Drug and Alcohol Court	■	■	■	LSI-R	100%	0%
Chippewa	Chippewa County Drug Court						
Dane	Dane County Drug Treatment Court	■	■	■	COMPAS; LSI-R;	0%	72%
Eau Claire	Eau Claire County Drug Court	■	■	■	COMPAS; PROXY	100%	0%
Milwaukee	Milwaukee County Drug Treatment Court	■	■	■	LSI-R	50%	5%
Pierce	Pierce County Drug Court	■	■	■	COMPAS	85%	15%
Polk	Intensive Treatment group	■	■	■	COMPAS	35%	65%
Sawyer	First Step Drug Court	■	■	■	WRN	100%	.
St. Croix	St. Croix County Drug Court	■	■	■	COMPAS	85%	0%
Trempealeau	Trempealeau County OWI/Drug Court	■					
Washburn	Washburn County Drug and Alcohol Progra	■	■	■	LSI-R	50%	50%
Washburn	Washburn County Drug and Alcohol Court	■	■	■	COMPAS; LSI-R	50%	50%
% of Positive Results		92	85	85		50*	44**

Note: "●" Indicates a non-response to the survey item

\* Response greater than 50% were calculated

\*\* Responses equal to 50% or less were calculated

- Eighty-five percent of the courts screen for actuarial risks.
- The LSI-R and COMPAS are the most widely used instruments.
- Eighty-five percent of courts screen participants before admission to the program.
- Only thirty percent have more than fifty percent of screened offenders in the high risk category.
- Forty-four percent have at least fifty percent of screened offenders in the low risk category.

The data shows that even though all but one court screens for risk, not every court that screens admits only high risk/high needs offenders. In fact of the 12 courts that screen, 44 percent have more than half of their participant population in the low risk category. The majority of courts use COMPAS as their screening instrument. This is

not surprising given that Wisconsin is now in the process of implementing COMPAS as the preferred screening instrument across the state. COMPAS has already been implemented by the Department of Corrections and implementation is now proceeding throughout the courts and community corrections programs.

The second element of the RNR principle is the assessment of criminogenic needs. These are needs that are dynamic and can be changed with the proper treatment: therefore the importance of this assessment cannot be underestimated. If a program does not meet the criminogenic needs of the participant, then the likelihood of long term success is undermined.

**Figure 4: Program Assessments: Principle 1 - Assess Criminogenic Needs**

County	Title	Criminogenic Needs Assessment		
		Needs?	Before Admission?	Instrument(s)
Ashland	Adult Drug Court	■		
Burnett	Burnett County Drug and Alcohol Court	■	■	LSI-R
Chippewa	Chippewa County Drug Court			
Dane	Dane County Drug Treatment Court	■	■	COMPAS; LSI-R; Partner Abuse Scale; TCU Alcohol and Drug Screen; Socrates; Beck Depression Inventory
Eau Claire	Eau Claire County Drug Court	■	■	COMPAS; AODA
Milwaukee	Milwaukee County Drug Treatment Court	■	■	LSI-R
Pierce	Pierce County Drug Court	■	■	COMPAS
Polk	Intensive Treatment group	■		COMPAS
Sawyer	First Step Drug Court	■	■	WRN
St. Croix	St. Croix County Drug Court	■	■	COMPAS
Trempealeau	Trempealeau County OWI/Drug Court			
Washburn	Washburn County Drug and Alcohol Program	■	■	LSI-R
Washburn	Washburn County Drug and Alcohol Court	■	■	COMPAS
% of Positive Responses		85	70	

Note: "■" Indicates a non-response to the survey item

- Eighty-five percent of the courts screen for criminogenic needs.
- Seventy percent screen prior to admission.
- COMPAS was the screening instrument of choice for all but one of the courts.

The courts that did not screen for risk are the same courts that did not screen for criminogenic risk. The same issues that arise from not screening for risk are raised by the failure to adequately screen for criminogenic needs. As previously mentioned, some statistics that rely on the effective measure of risk and need will be skewed because the wrong population may be targeted. The need to screen for criminogenic

needs is more important than screening for risk because criminogenic needs are those factors that are dynamic and can be changed through proper treatment. If courts do not screen for criminogenic needs they are wasting valuable resources on improper treatment and hindering the potential for participants to succeed in the program.

**Figure 5: Program Assessments: Principle 1 - Assess Responsivity**

County	Title	Responsivity		
		Responsivity?	Before Admission?	Instrument(s)
Ashland	Adult Drug Court	■		●
Burnett	Burnett County Drug and Alcohol Court	■	■	SOCRATES
Chippewa	Chippewa County Drug Court			
Dane	Dane County Drug Treatment Court	■	■	SOCRATES
Eau Claire	Eau Claire County Drug Court	■		URICA
Milwaukee	Milwaukee County Drug Treatment Court	■	■	SOCRATES
Pierce	Pierce County Drug Court	■	■	Other
Polk	Intensive Treatment group	■		URICA
Sawyer	First Step Drug Court			
St. Croix	St. Croix County Drug Court	■	■	●
Trempealeau	Trempealeau County OWI/Drug Court			
Washburn	Washburn County Drug and Alcohol Program			
Washburn	Washburn County Drug and Alcohol Court			
% of Positive Responses		62	39	

Note: "●" Indicates a non-response to the survey item

- Sixty-two percent of courts do not screen for responsivity.
- Thirty-nine percent of courts do not screen before admission.
- Three courts use SOCRATES as the screening instrument while two use URICA.

The third element of the RNR principle is responsivity. Courts may be correctly identifying high risk/high needs participants, however if programs are not designed to be implemented in a manner that is congruent with the participants' cultural, gender,



and ethnic characteristics and their cognitive development and learning styles then effectiveness of the treatment programs are diminished and will not result in sobriety and reduced recidivism. Although many drug courts are screening for risk and criminogenic needs, far fewer screen for responsivity. Again, the two courts that did not screen for risk and needs also did not screen for responsivity.

**Principle 2 (Enhance Intrinsic Motivation); Principle 3 (Target Interventions); and Principle 4 (Use Cognitive Behavioral Treatment Methods)**

These three principles are discussed together as they all relate to treatment of the participant.

**Figure 6: Program Assessments: Principles 2, 3 and 4.**

County	Title	Principle 2 - Enhance Intrinsic Motivation	Principle 3 - Target Interventions	Principle 4 - Skill Train with Directed Practice		
		Motivational Techniques?	Percent of Structured Time for High Risk	Cognitive Behavioral Therapy?	Criminal Errors Addressed ?	Behaviors to Overcome Errors?
Ashland	Adult Drug Court	●	●	■	■	■
Burnett	Burnett County Drug and Alcohol Court	■	> 70%	■	■	■
Chippewa	Chippewa County Drug Court	●	●	●	■	■
Dane	Dane County Drug Treatment Court	■	> 70%	■	■	■
Eau Claire	Eau Claire County Drug Court	■	40 to 70%	■	■	■
Milwaukee	Milwaukee County Drug Treatment Court	■	> 70%	■		
Pierce	Pierce County Drug Court	■	> 70%	■	■	■
Polk	Intensive Treatment group	■	> 70%	■	■	■
Sawyer	First Step Drug Court		> 70%	■	■	■
St. Croix	St. Croix County Drug Court	■	40 to 70%	■	■	■
Trempealeau	Trempealeau County OWI/Drug Court		> 70%			■
Washburn	Washburn County Drug and Alcohol Program	■	> 70%	■	■	■
Washburn	Washburn County Drug and Alcohol Court		40 to 70%	■	■	■
% of Positive Results		73	100	92	85	92

- Seventy-three percent of the courts do not use motivational techniques such as motivational interviewing.
- The survey indicates that the vast majority of courts still train with directed practice.
- One hundred percent of courts responding to the survey have at least 40 percent of a participant's daily time structured.

The reason for reviewing these three principles together is the fact that they are so intertwined that separating them out is difficult. The success of Principles 3 and 4 is highly dependent on Principle Two - using motivational techniques. The need for internal motivation is essential for skill training and for providing the proper dose of treatment. If a participant cannot find motivation from within to change, then efforts to

provide additional skills with an enduring impact will be truncated and only short term changes are possible, which dramatically reduces the ultimate goals of sobriety and reduced recidivism. In three courts, intrinsic motivation techniques are not used but these same courts offer skill training with directed practices within the recommended dosage. This presents a potential problem for these courts. Without intrinsic motivation, skill training efforts may be a waste of valuable resources because intrinsic motivation is required for the success of any therapy or life-changing program. Therefore, offering skill training to participants without the participant's desire to change is not productive. A further potential waste of resources is the dosage of skill training exercises. Dosage refers to the amount of time a participant spends in structured behaviors such as individual and group therapy sessions; community based services such as AA or NA; court appearances; community service; and working towards education or employment goals. All courts reported providing doses of therapy within the daily recommended range of 40 to 70 percent structure. The three courts not engaging in motivational techniques also have participants with the proper dosage. If participants in these structured programs do not have any motivation to change their lives, then the resources are wasted and could be used on other participants that may be motivated. Spending resources on programs when participants may not be motivated to change is not warranted and reduces the benefits of therapeutic and educational programs.

### **Principle 5: Increase Positive Reinforcement**

Sanctions and incentives are fundamental to the drug court paradigm. Much of the success of drug courts is attributed to quick and sure sanction for non-compliance and rewards for compliance with the program. Imposition of sanctions should be swift

and immediate – if the sanction is not enforced until a considerable time after the breach of the requirement then it does not have the desired impact. Delay in the imposition of sanctions decreases the participant from connecting the behavior with the response and the impact of the sanction is minimal. Although sanctions need to be timely, incentives can be offered at any time in the course of the program. However, research indicates that the ideal ratio of incentives to sanctions is 4:1.

**Figure 7: Program Assessments: Principle 5 - Increase Positive Reinforcements-Sanctions**

County	Title	Sanctions for Non-Compliance?	Sanctions Used							
			Jail?	Increase Treatment?	Increase Court Time?	Essay Writing?	Verbal Reprimand?	Increase Drug Tests?	Community Service?	Other?
Ashland	Adult Drug Court	■	■	■	■		■	■	■	■
Burnett	Burnett County Drug and Alcohol Court	■	■	■		■	■	■	■	
Chippewa	Chippewa County Drug Court	■	■	■		■	■	■	■	
Dane	Dane County Drug Treatment Court	■	■	■	■	■	■	■	●	
Eau Claire	Eau Claire County Drug Court	■	■		■	■	■	■	●	
Milwaukee	Milwaukee County Drug Treatment Court	■	■	■	■	■	■	■	●	
Pierce	Pierce County Drug Court	■	■	■	■	■	■	■	●	■
Polk	Intensive Treatment group	■	■	■		■	■	■	●	
Sawyer	First Step Drug Court	■	■	■	■	■	■	■	●	
St. Croix	St. Croix County Drug Court	■	■		■	■	■	■	■	
Trempealeau	Trempealeau County OWI/Drug Court	■	■	■	■	■	■	■	■	
Washburn	Washburn County Drug and Alcohol Program	■	■	■	■	■	■	■	■	■
Washburn	Washburn County Drug and Alcohol Court	■	■	■	■	■	■	■	●	
% Positive Responses		100	100	85	77	92	100	100	100	

Note: "●" Indicates a non-response to the survey item

- All courts impose sanctions for noncompliance.
- Sanctions imposed by every court include: jail, verbal reprimand.
- All but two courts imposed increased treatment as a sanction.
- All but one court imposed essay writing as a sanction.
- All but three courts imposed increased court time as a sanction.

Sanctions are imposed by the judge and should be immediate and meaningful. If too much time lapses from a deviation from the program requirements, then the impact of the sanction is minimal. The mere fact that sanctions are imposed does not indicate that they are employed in the most effective manner possible. Evidence-based practices require that sanctions be imposed within a very short time of the offense. For example, if the offense occurred immediately following a court appearance, then the

corrective action for that behavior must be imposed the following week and have a definitive time frame for completion.

**Figure 8: Program Assessments: Principle 5 – Increase Positive Reinforcement - Incentives**

Title		Incentives Used							Ratio Incentives to Sanctions	Ratio Based on Data?
		Incentives for Compliance?	Verbal Praise?	Decreased Treatment?	Decreased Court Time?	Reduced Drug Testing?	Tangible Incentives?	Other?		
Ashland	Adult Drug Court	■	■	■	■	■	■			
Burnett	Burnett County Drug and Alcohol Court	■	■	■	■	■	■		Unknown	
Chippewa	Chippewa County Drug Court	■	■		■		■		1:2	
Dane	Dane County Drug Treatment Court	■	■	■	■	■	■	■	Unknown	
Eau Claire	Eau Claire County Drug Court	■	■	■	■	■	■		4:1	■
Milwaukee	Milwaukee County Drug Treatment Court	■	■	■	■		■		1:1	
Pierce	Pierce County Drug Court	■	■	■	■	■	■		3:2	
Polk	Intensive Treatment group	■	■	■	■	■	■		Unknown	
Sawyer	First Step Drug Court	■	■	■	■	■	■		5:1	
St. Croix	St. Croix County Drug Court	■	■				■		4:1	■
Trempealeau	Trempealeau County OWI/Drug Court	■	■		■	■	■		5:1	
Washburn	Washburn County Drug and Alcohol Program	■	■				■		10:1	
Washburn	Washburn County Drug and Alcohol Court	■	■	■	■	■	■		1:1	
% Positive Responses		100	100	69	85	69	100		55*	

Note: "■" Indicates a non-response to the survey item

\* Based on positive response of 4:1 or greater

- All courts responded that they used incentives to reward good behavior.
- All courts responded that they use verbal praise and tangible incentives.
- All but three courts use decreased treatment and reduced drug testing as incentives.
- All but two courts used decreased court time as an incentive.

Rewarding good behavior or recognizing compliance may be more important than the imposition of sanctions. Rewards appear effective when they are tangible and applied frequently throughout the drug court process. Although research is limited, it indicates the rewards should be tangible, given frequently and escalated as the participant moves through the various phases of the program. As the previous figure shows, most courts give some kind of incentive but some courts only give one or two

incentives for every sanction. An evidence-based practice is a ratio of four incentives for every one sanction. Fewer incentive options reduces the likelihood that the ratio of 4:1 is being met. Two courts use only two incentives – verbal praise and tangible incentives. These two incentives may not be as rewarding and incentivizing as reduced court time or fewer drug tests. These same courts impose all of the available sanctions such as jail time, increased drug testing and increased court time. Offering to decrease these same requirements may provide improved compliance with the program and motivate participants. Courts using only one or two incentives should evaluate the ratio of incentives to sanctions and determine if it could be optimized by adding additional incentives. Courts were also asked if the ratio of incentives to sanctions was derived from data. Only two courts based the ratio on hard data. Given the importance of the use of sanctions and rewards, courts should track how many sanctions and rewards are given to each participant to ensure the proper ratio.

## **Principle 6: Community as Positive Reinforcement:**

**Figure 9: Program Assessments: Principle 6 – Community Ties as Positive Reinforcement**

County	Title	Cases That Use Family Members for Positive Reinforcement
Ashland	Adult Drug Court	None
Burnett	Burnett County Drug and Alcohol Court	Some
Chippewa	Chippewa County Drug Court	None
Dane	Dane County Drug Treatment Court	Half
Eau Claire	Eau Claire County Drug Court	Most
Milwaukee	Milwaukee County Drug Treatment Court	Some
Pierce	Pierce County Drug Court	All
Polk	Intensive Treatment group	All
Sawyer	First Step Drug Court	Some
St. Croix	St. Croix County Drug Court	All
Trempealeau	Trempealeau County OWI/Drug Court	Most
Washburn	Washburn County Drug and Alcohol Program	Most
Washburn	Washburn County Drug and Alcohol Court	Some
% Positive Results (Those with "Most" or "All")		46

Note: " ." Indicates a non-response to the survey item

- Based on the response of “most” or “all,” 46 percent of courts used family or community based relationships as positive reinforcement.

Preservation and/or maintenance of family relationships or other community ties can be very effective in motivating participants to stay on track. Many times participants will come to see how relationships in their lives have been impacted through the destructive use of drugs. This can be leveraged into an incentive for success. Going through drug court alone with only the support of staff is very difficult; therefore, courts should find ways to include families and community ties to support the participant.



## Principle 7: Measure Relevant Processes/Practices

**Figure 10: Program Assessments: Principle 7 – Measure Relevant Processes/Practices - Offender Outcome Data**

		Measure Relevant Processes/ Practices						
		Offender Outcome Data Retained						
County	Title	Automated Database?	% Successful Recidivism?	% Successful Completions?	% Failure to Complete?	Substance Abuse?	Employment ?	Education? Other?
Ashland	Adult Drug Court	■	■	■	■	■	■	■
Burnett	Burnett County Drug and Alcohol Court		■	■	■			
Chippewa	Chippewa County Drug Court			■	■			
Dane	Dane County Drug Treatment Court	■	■	■	■	■		
Eau Claire	Eau Claire County Drug Court		■	■	■		■	■ ■
Milwaukee	Milwaukee County Drug Treatment Court	■	■	■	■	■	■	■
Pierce	Pierce County Drug Court		■	■	■	■		
Polk	Intensive Treatment group		■	■	■	■	■	■ ■
Sawyer	First Step Drug Court	■		■	■			
St. Croix	St. Croix County Drug Court		■	■	■	■	■	■
Trempealeau	Trempealeau County OWI/Drug Court		■	■	■			
Washburn	Washburn County Drug and Alcohol Program	■		■	■	■	■	■
Washburn	Washburn County Drug and Alcohol Court			■	■		■	■
% Positive Responses		39	69	100	100	54	54	54 15

Note: "■" Indicates a non-response to the survey item

- All of the courts collected data on the percent of successful completions and the percent of unsuccessful completions.
- A much smaller percentage (54%) of courts reported tracking information on participant employment and education status and whether substance abuse continued.
- A slightly higher percent (69%) tracked recidivism.
- Only 39 percent of the reporting courts have an automated database for data collection and analysis.

Collecting data on the percentage of failures and successes provides insight into the ability to retain participants in the program but says little about whether participants developed changes with regard to education, employment or substance abuse goals.

Without these numbers, courts have a difficult time discerning the long term impact of their programs and whether the agencies assigned to deliver services are delivering them in an effective manner. Although recidivism reduction is one goal of drug courts it is not the only goal. The other goal is to integrate the participant back into society so that the participant maintains a healthy lifestyle, which includes sufficient cognitive skills, education and opportunities for employment, and sobriety. Therefore, agencies offering these services must routinely measure changes in skill development, along with recidivism, to maintain an effective program.

## Principle 8: Provide Measurement Feedback

**Figure 11: Program Assessments: Principle 8 – Provide Measurement Feedback-  
Type of Evaluation**

County	Title	Principle 8 - Provide Measurement Feedback			
		Type of Evaluation			
		External	outcome/impact	Process	Cost Benefit
Ashland	Adult Drug Court				
Burnett	Burnett County Drug and Alcohol Court	■		■	
Chippewa	Chippewa County Drug Court				
Dane	Dane County Drug Treatment Court				
Eau Claire	Eau Claire County Drug Court	■	■		
Milwaukee	Milwaukee County Drug Treatment Court	■	■		
Pierce	Pierce County Drug Court				
Polk	Intensive Treatment group				
Sawyer	First Step Drug Court	■	■	■	■
St. Croix	St. Croix County Drug Court				
Trempealeau	Trempealeau County OWI/Drug Court				
Washburn	Washburn County Drug and Alcohol Program				
Washburn	Washburn County Drug and Alcohol Court				
% Positive Responses		31	23	15	8

Note: "■" Indicates a non-response to the survey item

- The percentage of courts that have completed an evaluation of their program is very small.
- One court had all three evaluations completed by an external evaluator.
- Two other courts had an outside evaluator conduct outcome evaluations.
- Aside from the court that did a complete evaluation only one did a process evaluation.
- Only three courts have done an outcome evaluation and only four courts have had their court evaluated by an external evaluation
- Only one court had all three evaluations completed by an external evaluator.

The data presented here and the data presented for Principle 7 appear to have some inconsistencies. One of the main determinants of an outcome/impact evaluation

is recidivism rate. Although 69 percent of the courts stated that they collect data on recidivism rates, only three courts have done an actual outcome/impact study. This indicates that there may be some confusion as to what data needs to be collected and analyzed to determine recidivism. Furthermore, when the NCSC project team was on site and requested recidivism data, the courts were unable to provide recidivism information but instead provided information on graduation rates, termination rates, enrollment rates, etc. It appears that many courts have not defined what recidivism means in their program and have failed to collect the required data.

**Figure 12 – Summary of Percentages of Implementation**

<b>Principle</b>	<b>% of Courts Implementing the Principle*</b>
Principle 1 - Actuarial Risks	
Screening	92
Before Admission	85
% High Risk	50
% Low Risk	44
Principle 1 - Criminogenic Needs	
Screening	85
Before Admission	70
Principle 1 - Responsivity	
Screening	62
Before Admission	39
Principle 2 -Intrinsic Motivation	73
Principle 3 - Targeted Intervention	100
Principle 4 - Cognitive Behavioral Treatment	
Cognitive Behavioral Therapy	92
Criminal Errors Addressed	85
Behaviors to Overcome Errors	92
Principle 5 - Reinforce Positive Intervention	
Sanctions	100
Incentives	100
Principle 6 - Use Community as Positive Reinforcement	46
Principle 7 - Measure Relevant Processes/Practices	
Automated Database	39
Recidivism	69
% Successful Completions	100
% Failure to Complete	100
Substance Abuse	54
Education	54
Employment	54
Other	15
Principle 8 - Provide Measurement Feedback	
External Evaluation	31
Process	23
Outcome/ Impact	15
Cost Benefit	8

\*Includes Only Courts That Responded to the Questions

## **Conclusions and Recommendations**

### **Conclusion 1: Adult drug courts responding to the survey conducted by NCSC are aware of the eight evidence-based principles for drug courts.**

The results of the survey indicate that many Wisconsin adult drug courts are aware of the evidence-based principles and are trying to implement them. The range of implementation is very broad with some courts implementing almost no evidence-based principles while others implement almost all eight principles. This is not unexpected as the courts are in different stages of development and obviously, the mature courts have more experience and are more apt to have gone through many trials and errors to find their way as well as rely on the literature. However, the research shows that trial and error does not have to be the learning tool for many drug courts today since strong research supports the use of evidence-based principles. The literature review also illustrates that the eight EBPs are straight forward and can be implemented in a recipe-like fashion by taking very concrete steps that build on the experience of other programs. Armed with the research provided in this paper and good strategic planning, all courts, including those still in the planning stage, can become very effective programs if they adhere to the ten key components and these eight EBPs.

To realize the full value of the information provided here each court must examine its program in light of the literature presented. The research on the effectiveness of drug courts as reviewed from a number of studies is solid that if drug courts maintain fidelity with the ten key components they will have a positive impact on the offender, the criminal justice system and the public. And now, the research

overwhelmingly supports the use of eight evidence-based principles to maximize the effectiveness of courts/programs that seek to address the criminogenic needs of offenders.

**Recommendation 1: All drug courts responding to the survey should determine if their implementation of the evidence-based principles is congruent with current research.**

All adult drug courts, whether they responded to the survey or not, should review their practices to ensure that they are implementing the principles in accordance with the research. As previously state, some drug courts may be implementing some or all of the evidence-based practices without full knowledge of the research, therefore, to enhance the performance of their court they should review the research and determine where improvements to their court can be gained. A heightened awareness of the research and what is proven to be effective will help drug courts achieve the overall goals of the court and provide maximum value of the resources dedicated to meeting the criminogenic needs of participants. Although the only sure way of determining whether a program is operating effectively and achieving its desired goals is through an evaluation, drug courts can enhance their performance by being aware of the latest research and implementing that research to the extent possible.

**Conclusion 2: Only a few of the responding drug courts conducted an evaluation of their court processes, outcomes or cost-benefit.**

Only one of the responding courts reported having done an outcome, process and cost-benefit evaluation. Two others reported doing an outcome evaluation and only

one other court reported doing a process evaluation. An evaluation of the processes and outcomes of a drug court can determine how effectively the court is implementing evidence-based principles. Research strongly supports evaluation of drug courts to determine if the courts are achieving the goals of sobriety and reduced recidivism for the participant and increased public safety through the reduction of criminal activity and increased savings to the criminal justice system for the public.

**Recommendation 2: All drug courts need to collect the appropriate data and prepare for an evaluation.**

In order to ensure that evidence-based principles are implemented with fidelity, a drug court must have a way to collect, analyze, and act upon data that measures the processes and outcomes of implementation. Therefore, each court should begin preparation for an evaluation by collecting the necessary data. The survey gives guidance on what type of information should be collected. For example, for an outcome evaluation the court should be collecting data on graduation rates, termination rates, recidivism rates, etc. Courts should use an experienced external evaluator to ensure an objective review of the data.

**Conclusion 3: Forty-four percent of adult drug courts are accepting low risk/low needs offenders.**

Survey results show that 92% of the responding courts screen for criminogenic risks and 85% for criminogenic needs, however, 44% of the courts are accepting low risk/low needs offenders. The weight of research strongly supports adult drug courts for high risk/high needs offenders and indicates that drug courts can be harmful for low



risk/low needs offenders. The target population for any adult drug court should be high risk/high needs offenders. To maximize scarce resources only offenders within the target population should be admitted to the program. Those drug courts admitting low risk/low needs offenders are not focusing on the offenders that can benefit the most from the services offered.

**Recommendation 3: Adult drug courts should target high risk/high needs offender populations.**

Drug courts must focus on those participants who can benefit the most from the drug court regimen. Although accepting low risk/low needs offenders may occur when a drug court is in the early stage of development or has the capacity to enroll such offenders, such practices should be avoided. The purpose of screening tools is to identify those offenders that are most appropriate for a specific program. Drug courts should review their procedures for selecting offenders for admission, including training staff conducting the assessment, the staff interpreting the assessment, and the staff selecting the participants. With the institution of the COMPAS assessment instrument more coordination among the programs addressing criminogenic needs of offenders will be possible.

**Conclusion 4: Only 54% of the adult drug courts in Wisconsin responded to the survey but all courts can use the survey to gauge their performance.**

With only just over half of the adult drug courts in Wisconsin responding to the survey it is not possible to determine the extent to which other adult drug courts are implementing evidence-based principles. It is important that all of the drug courts

examine whether they are using evidence-based practices, therefore, those courts should undertake some measure to determine their fidelity with the eight evidence-based principles.

**Recommendation 4: The survey created by NCSC can be used by all programs addressing criminogenic needs as a starting point for implementing evidence-based practices.**

Although the results shown here are responses from the specific drug courts that responded to the survey, all adult drug courts, in fact all problem solving programs that address the criminogenic needs of offenders can benefit from answering the survey questions. The questions can be used to gauge where a program stands in relation to a particular evidence-based principle. The survey is not an evaluation tool but it can provide courts with guidance on which evidence-based principles are in place and how they may be improved, especially when viewed in light of the research presented in this report. Appendix B provides a table correlating survey questions to each principle. Using this tool courts can “self-score” their programs as they relate to each of principle and determine their strengths and weaknesses. The survey instrument is not an evaluative tool but a help in getting in position for real improvement in drug court effectiveness which leads to better outcomes for the offender, the criminal justice system and the public. Courts that did not respond to the survey should take the survey and use the results to inform how best to move towards integration of evidence-based principles.

## References

- Andrews, D. A., & Bonta, J. (1994). *The psychology of criminal conduct*. Cincinnati, OH: Anderson.
- Andrews, D., & Bonta, J. (2006). *The Psychology of Criminal Conduct (4<sup>th</sup> Ed.)* Cincinnati: Anderson
- Andrews, D., Bonta, J., & Hoge, R. (1990). Classification for Effective Rehabilitation Rediscovering Psychology. *Criminal Justice and Behavior*, 19-52.
- Andrews, D., Bonta, J., & Wormith, J. (2006). The Recent Past and Near Future of Risk and/or Need Assessment. *Crime and Delinquency*, 7-27.
- BJA & NADCP (1997). *Defining Drug Courts: The Ten Key Components*. Department of Justice, Bureau of Justice Assistance.
- Bonta, J., & Andrews, D., (2003). A Commentary on Ward and Stewart's Model of Human Needs. *Psychology, Crime and Law*, 215-218.
- Cary, S.M., Finigan, M. W. (2004). A Detailed Cost Analysis in a Mature Drug Court Setting: A Cost-Benefit Evaluation of the Multnomah County Drug Court. NPC Research, *Journal of Contemporary Criminal Justice*. Vol. 20 no. 3 315-338.
- Cary, S. M., Crumpton, D., Finigan, M. W., Waller, M. (2005). California Drug Courts: A Methodology for Determining Costs and Benefits Phase II: Testing the Methodology *Final Report*.  
<http://www.npcresearch.com/Files/CADC%20Cost%20Study%20Phase%20II%20final%20report%20August%202005.pdf>
- Crumpton, D., Brekhus, J. Weller, J., Finigan, M. (2004). Cost Analysis of Baltimore City Maryland Drug Treatment Court: Includes Outcome Findings, Cost Analysis and Summary and Conclusions Only.  
[http://scholar.google.com/scholar?hl=en&q=Crumpton%2C+Brekhus%2C+Weller%2C+%26+Finigan%2C+2004&btnG=Search&as\\_sdt=0%2C6](http://scholar.google.com/scholar?hl=en&q=Crumpton%2C+Brekhus%2C+Weller%2C+%26+Finigan%2C+2004&btnG=Search&as_sdt=0%2C6)
- Fass, T. L., Heilburn, K., DeMatteo, D., & Fretz, R. (2008) The LSI-R and the COMPAS: Validation data on two risk-needs tools. *Criminal Justice and Behavior*, 35, 1095-1108.
- Finigan, M. W., Carey, S. M., & Cox, A. A. (April 2007). The Impact of a Mature Drug Court Over 10 Years of Operation: Recidivism and Costs: Final Report. NPC Research: Portland OR.  
[Http://www.npcresearch.com/Files/10yr\\_STOP\\_Court\\_Analysis\\_Final\\_Report.pdf](http://www.npcresearch.com/Files/10yr_STOP_Court_Analysis_Final_Report.pdf)

- Gendreau, P., & Goggin, C. (1997). Correctional Treatment: Accomplishments and Realities. In P. VanVoorhis, M. Braswell, & D. Lester, *Correctional Counseling and Rehabilitation*. Cincinnati: Anderson.
- Green, Mia and Rempel, Michel (June 2010). *Do Adult Drug Courts Work? National Results from the Multi-Site Adult Drug Court Evaluation (MADCE)*. PowerPoint presentation given at the annual NIJ Conference 2010, Arlington, VA. Center for Court Innovation. <http://www.urban.org/publications/412151.htm>
- Harland, A. T. (1996). *Choosing Correctional Options that Work: Defining the Demand and Evaluating the Supply*. Thousand Oaks: Sage.
- Huddleston, W., & Marlowe, D. (2011). *Painting the Current Picture: A National Report on Problem Solving Courts in the United States*. National Drug Court Institute; BJA; DOJ.
- Lowenkamp, C. T., & Latessa, E. J. (2004). Understanding the risk principle: How and why correctional interventions can harm low-risk offenders. *Topics in Community Corrections*.
- Lowenkamp, C. T., Holsinger, A. M., & Latessa, E. J. (2005). Are drug courts effective? A meta-analytic review. *Journal of Community Corrections*, Fall, 5-28.
- Lowenkamp, C., & Latessa, E. (2002). *Evaluation of Ohio's Community Based Correctional Facilities and Halfway House Programs*. Cincinnati: University of Cincinnati.
- Marchand, G., Waller, M., Carey, S. M. (2006). Barry County Adult Drug Court Outcome and Cost Evaluation: *Final Report*.
- Mead and Hunt, Inc. (2009). *Offender Population Projections and System Capacity*. Wisconsin Department of Corrections.
- Mitchell, O., MacKenzie, D. L., Wilson (2002) A Systematic Review of Drug Court Effects on Recidivism. Report. [www.sas.upenn.edu/jerrylee/programs/2005symposium\\_wilson\\_drugcourt.pdf](http://www.sas.upenn.edu/jerrylee/programs/2005symposium_wilson_drugcourt.pdf)
- Rubio, D. M., Cheesman, F. (2008) Florida Statewide Technical Assistance Project: Development of a Plan for the Statewide Evaluation of Florida's Drug Courts. National Center for State Courts.
- Rubio, D. M., Cheesman, F., & Federspiel, W. (2008). *Statewide Technical Assistance Bulletin, Vol. 6*. Williamsburg: National Center for State Courts.

Tallarico, S., Cheesman, F., Kirven, M., Kleiman, M. (2012). *Effective Justice Strategies in Wisconsin: A Report of Findings and Recommendations*. Report.

Taxman, F., & Marlowe, D. (2006). Risk, Needs, Responsivity: In Action or Inaction? *Crime and Delinquency*, 3-6.

Warren, R. (2007). *Evidence-Based Practice to Reduce Recidivism: Implications for State Judiciaries*. Crime and Justice Institute, National Institute of Justice & National Center for State Courts.

## **Appendix A**

### **WISCONSIN EVIDENCE-BASED PROGRAM SURVEY**

#### **Direction**

Your program has been identified as an Evidence-Based program potentially worthy of replication in other jurisdictions. Please supply the requested information about you and your program or problem-solving court (PSC).

#### **Program**

##### **Q1**

Title of your program:

##### **Q2**

Street address of your program:

##### **Q3**

Phone number for your program (enter as xxx-xxx-xxxx):

##### **Q4**

Category label that best describes your program:

**Q4a**

**Problem Solving Court**

- ☐ adult drug court
- ☐ juvenile drug court
- ☐ family drug court
- ☐ tribal drug court
- ☐ reentry
- ☐ veterans
- ☐ mental health
- ☐ Domestic Violence
- ☐ Other type of Problem-solving Court; Please specify:\_\_\_\_\_

**Categories other than Problem Solving Court:**

- ☐ OWI intensive supervision
- ☐ OAR driver reinstatement
- ☐ AODA assessment and treatment
- ☐ Pre-trial Service Programs
- ☐ Day Reporting Centers
- ☐ Mentoring (VIP)
- ☐ Diversion Program (DPA or other)
- ☐ Mental Health Programs
- ☐ Cognitive Behavior Programs
- ☐ Educational Programs (e.g. literacy, employment, independent living)
- ☐ Youth Programs (e.g., parenting, underage drinking, truancy). Please specify:\_\_\_\_\_
- ☐ Other type of program; Please specify:\_\_\_\_\_

**Q4b**

For any of the Programs you selected above, please indicate whether they are in-patient, out-patient, or both:

	In- Patient	Out- Patient	Both
OWI intensive supervision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OAR driver reinstatement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AODA assessment and treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pre-trial Service Programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Day Reporting Centers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mentoring (VIP)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diversion Program (DPA or other)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental Health Programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cognitive Behavior Programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Educational Programs (e.g. literacy, employment, independent living)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Youth Programs (e.g. parenting, underage drinking, truancy). Please specify: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other type of program; Please specify: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q5**

Information about person responding to this survey: Are you the program manager?



- ☐ Yes  
☐ No

**Q5a**

Name: \_\_\_\_\_

Job title: \_\_\_\_\_

e-mail address: \_\_\_\_\_

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

**Q6**

When did your program admit its first participant?

Month (please enter as a number 1 - 12): \_\_\_\_\_

Year (please enter as XXXX): \_\_\_\_\_

**Q7a**

What is the capacity of your program, (i.e, What is the maximum number of clients that your program is designed to serve at a single time (the entire program capacity))?

**Q8**

How many participants does your program serve as of today's date?

**Q9**

Please answer the following questions using data from Calendar Year (CY) 2010.

**Q9a**

How many participants exited your program?

**Q9b**

How many of those who exited successfully completed the program requirements?

**Q9c**

How many of those who exited were terminated from your program for failure to comply with program requirements?

**Q10**

What was the average length-of-stay in months that a participant who exited in CY 2010 spent in your program (measured from admission or acceptance to exit)?

**Q11**

How often is your program in session?

- ☐ Daily
- ☐ More than once a week but less than daily
- ☐ Weekly
- ☐ More than once a month but less than weekly
- ☐ Monthly
- ☐ Other: \_\_\_\_\_

**Q12**

Has a mission statement and/or goals and objectives been articulated for your program?

- ☐ Yes
- ☐ No

**Q12a**

Please list mission statement and/or goals and objectives below:

**Q13**

At what point(s) in the justice system process are participants admitted into your program/court?  
Please check all that apply:

- ☐ Pre-charge
- ☐ Pre-plea
- ☐ Post-plea/pre-sentence
- ☐ Post-plea/condition of sentence
- ☐ Post-conviction/pre-sentence
- ☐ Post-sentence, Post-release
- ☐ Other; Please specify: \_\_\_\_\_

**Q14**

Does your program/court have an active oversight/advisory group? (If your program/court has/had one but it has not met within the past 12 months, select No.)

- ☐ Yes
- ☐ No

**Q15**

Information about the program manager:

Name: \_\_\_\_\_

Job title: \_\_\_\_\_

Professional affiliation (e.g., probation officer): \_\_\_\_\_

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

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

**Personnel**

**Q16**

What degrees and professional certifications has the Program Manager earned?

--

**Q17**

How long has the program manager served in this capacity?

- ☐ Less than six months
- ☐ Six months to one year
- ☐ One to Two years
- ☐ More than two years

**Q18**

What function does the program manager have in the operation of the program, currently and historically? Check all that apply:

- ☐ Set up or designed the program
- ☐ Modified an existing program
- ☐ Trains personnel
- ☐ Ensures that program is operating in accordance with accepted evidence-based practices
- ☐ Supervises case managers
- ☐ Carries a small caseload
- ☐ Other; Please specify:\_\_\_\_\_

**Q19**

How many staff does your program employ?

**Q20**

What are staff personnel's qualifications? Please fill in the following:

Percent with Bachelor's degree \_\_\_\_\_

Percent with Master's degree \_\_\_\_\_

Percent with Ph.D. degree \_\_\_\_\_

Percent with at least 2 years prior experience working  
with offenders \_\_\_\_\_

Percent that have been with the program for at least two  
years \_\_\_\_\_

**Q21**

Does your program provide formal training about the program and its objectives to every new team member?

- ☐ Yes  
☐ No

**Q22**

Are staff members provided opportunities for professional training on an annual basis?

- ☐ Yes  
☐ No

**Q23**

What percent of your staff received professional training during the last year?

**Referral**

**Q24**

Who refers potential participants to your program? Please check all that apply:

- ☐ Courts
- ☐ Prosecutors
- ☐ Defense bar
- ☐ Probation
- ☐ Police
- ☐ Self-referrals
- ☐ Families of potential participants
- ☐ Other; Please specify:\_\_\_\_\_

**Q25**

Does your program use a validated screening instrument to identify appropriate candidates for admission to your program?

- ☐ Yes
- ☐ No

**Q26a**

What is the average amount of time from referral to admission for your program (please specify the number of months)?

**Assessment**

**Q27**

Does your program conduct formal assessments of offenders?

- ☐ Yes
- ☐ No

**Q28**

Does your program use assessment information about the offender that is supplied by another agency or program?

- ☐ Yes  
☐ No

**Q29a**

What offender behaviors are assessed? Please check all that apply:

- ☐ Criminogenic risk  
☐ Criminogenic needs  
☐ Responsivity  
☐ Addiction or substance dependence  
☐ Mental health status

**Q30**

When do the assessments occur, before or after admission to your program? Please check one for each type of assessment:

	Before Admission	After Admission
Type of Assessment		
Criminogenic Risk	<input type="checkbox"/>	<input type="checkbox"/>
Criminogenic Needs	<input type="checkbox"/>	<input type="checkbox"/>
Responsivity	<input type="checkbox"/>	<input type="checkbox"/>
Addiction or substance dependence	<input type="checkbox"/>	<input type="checkbox"/>
Mental health status	<input type="checkbox"/>	<input type="checkbox"/>

**Q31**

Are personnel formally trained to conduct the assessment interview?

- ☐ Yes  
☐ No

**Q32**

What assurances are in place to determine that assessments are done appropriately? Please check all that apply:

- ☐ Supervisor periodically reviews assessments  
☐ Other staff periodically assess same offender and compare results  
☐ External agency or firm reviews assessments periodically  
☐ Other; Please specify:\_\_\_\_\_



**Q33**

Does your staff use Motivational Interviewing techniques during the assessment process?

- ☐ Yes
- ☐ No

**Q34**

Which of the following instruments do you use to measure criminogenic risk? Please check all that apply:

- ☐ COMPAS
- ☐ LSI-R
- ☐ LS-CMI
- ☐ PROXY
- ☐ SARA
- ☐ Wisconsin Risk/Needs (WRN)
- ☐ Other; Please Specify: \_\_\_\_\_

**Q35**

How is the risk assessment information used? Please check all that apply:

- ☐ To determine whether the offender should be admitted to the program
- ☐ To determine the offender's level of supervision
- ☐ Other; Please specify: \_\_\_\_\_

**Q36**

Please indicate the extent of your agreement with the following proposition. Professional judgment should always override objective risk assessments:

- ☐ Strongly agree
- ☐ Agree
- ☐ Neither agree nor disagree
- ☐ Disagree
- ☐ Strongly disagree

**Q37**

What percent of your current population are classified as:

High risk? \_\_\_\_\_

Low risk? \_\_\_\_\_

**Q38**

Which of the following instruments do you use to measure criminogenic needs? Please check all that apply:

- ☐ COMPAS
- ☐ LSI-R
- ☐ ASUS
- ☐ LS-CMI
- ☐ ASI
- ☐ ASAM
- ☐ AODA
- ☐ Wisconsin Risk/Needs (WRN)
- ☐ Other; Please specify: \_\_\_\_\_

**Q39**

How is the needs assessment information used? Please check all that apply:

- ☐ To determine whether the offender should be admitted to the program
- ☐ To determine the offender's level of supervision
- ☐ To identify appropriate services/treatment programs for the offender
- ☐ To determine the intensity of services/treatment programs
- ☐ To prioritize the criminogenic needs based on the level of need indicated
- ☐ Other; Please specify: \_\_\_\_\_

**Q40**

Please indicate the extent of your agreement with the following proposition: Professional judgment should always override objective needs assessments:

- ☐ Strongly agree
- ☐ Agree
- ☐ Neither agree nor disagree
- ☐ Disagree
- ☐ Strongly disagree

**Q41**

Which of the following instruments do you use to measure offender responsivity? Please check all that apply:

- ☐ URICA
- ☐ SOCRATES
- ☐ Other; Please specify: \_\_\_\_\_

**Q42**

How is the responsivity information used? Please check all that apply:

- ☐ To determine whether the offender should be admitted to the program
- ☐ To determine the offender's level of supervision
- ☐ To identify appropriate services/treatment programs for the offender
- ☐ To determine the intensity of services/treatment programs
- ☐ To identify an appropriate teaching/counseling approach for the offender
- ☐ To identify an appropriate case manager/counselor/treatment agent
- ☐ Other; Please specify: \_\_\_\_\_

**Q43**

Please indicate the extent of your agreement with the following proposition (please check one):  
Professional judgment should always override objective responsivity assessments:

- ☐ Strongly agree
- ☐ Agree
- ☐ Neither agree nor disagree
- ☐ Disagree
- ☐ Strongly disagree

**Q44**

Please indicate the extent of your agreement with the following proposition (please check one):  
Offender temperament, learning style, motivation, culture, and gender should be considered when developing case management and treatment plans.

- ☐ Strongly agree
- ☐ Agree
- ☐ Neither agree nor disagree
- ☐ Disagree
- ☐ Strongly disagree

**Q44a**

Comment (if you desire to clarify your response):

**Program Operations**

**Q45**

To what extent do case management/treatment plans structure high risk offenders' time for the first 3 to 9 months of participation?

- ☐ Less than 40%
- ☐ 40-70%
- ☐ More than 70%

**Q46**

Does your program maintain a schedule of sanctions for noncompliance?

- ☐ Yes
- ☐ No

**Q47**

What types of sanctions are used? Check all that apply:

- ☐ Jail
- ☐ Increased treatment requirements
- ☐ Increase number of court appearances
- ☐ Essay writing
- ☐ Verbal reprimand
- ☐ Increase number of weekly drug tests
- ☐ Other; Please specify:\_\_\_\_\_

**Q48**

What types of incentives are used? Check all that apply:

- ☐ Verbal praise
- ☐ Decreased treatment requirements
- ☐ Decreased number of court appearances
- ☐ Reduce number of weekly drug tests
- ☐ Tangible incentives (e.g., movie passes, tokens, gift cards, etc.)
- ☐ Other; Please specify:\_\_\_\_\_

**Q49**

What is the ratio of incentives to sanctions?

**Q49a**

Is this ratio...

- ☐ Based on actual data?
- ☐ An estimate?

**Q50**

Does your program incorporate the principles of Cognitive Behavioral Therapy?

- ☐ Yes
- ☐ No

**Q51**

Are criminal thinking errors identified and addressed?

- ☐ Yes
- ☐ No

**Q52**

Are participants given the opportunity to practice new behaviors designed to overcome criminal thinking errors?

- ☐ Yes
- ☐ No

**Q53**

In how many cases does the program actively recruit and use family members, spouses, and supportive others in the offender's immediate environment to positively reinforce desired new behaviors?

- ☐ All cases
- ☐ Most cases
- ☐ About half of the cases
- ☐ Some cases
- ☐ None of the cases

## **Services Offered**

### **Service1**

Please identify which of these services are offered by your program. Please check all that apply:

☐ **A. OFFENDER/VICTIM SERVICES:**

- ☐ Batterer program
- ☐ Anger management
- ☐ Prostitution program
- ☐ Victim-defendant mediation
- ☐ Other offender/victim services:\_\_\_\_\_

☐ **B. COUNSELING OR TREATMENT SERVICES:**

- ☐ Treatment readiness program
- ☐ Individual counseling
- ☐ Emergency psychiatric services (crisis stabilization)
- ☐ Inpatient mental health treatment
- ☐ Outpatient mental health treatment
- ☐ Substance abuse treatment – less than 90 days
- ☐ Substance abuse treatment – 90 days or more
- ☐ Integrated substance abuse and mental health treatment
- ☐ Medication (e.g., methadone, buprenorphin) as a treatment strategy
- ☐ Cognitive behavioral therapy
- ☐ Other counseling/treatment services:\_\_\_\_\_

☐ **C. ADJUNCT or ANCILLARY SERVICES:**

- ☐ Employment readiness program
- ☐ Health education
- ☐ Decision-making
- ☐ Life skills
- ☐ GED-related class
- ☐ Financial counseling services
- ☐ Assistance in locating housing
- ☐ Assistance in financing housing
- ☐ Assistance in accessing benefits (e.g., Medicaid, SSI, SSDI, veterans)
- ☐ Transportation (e.g., bus fare, rides to program-related appointments)
- ☐ Child care during program appointments
- ☐ Supported employment
- ☐ Court sponsored "alumni" groups
- ☐ Civil (legal) services assistance
- ☐ Other supportive services:\_\_\_\_\_

**Service2**

OTHER SERVICES. Please specify:

**Data and Evaluation**

**Data1**

Does your program record data on participants in an automated database?

- ☐ Yes  
☐ No

**Data2**

For which of the following offender outcomes does your program retain data? Please check all that apply:

- ☐ Recidivism  
☐ Percentage of participants that successfully complete program requirements  
☐ Percentage of participants that are terminated from the program for failure to comply  
☐ Substance abuse  
☐ Employment  
☐ Education  
☐ Other outcomes; Please specify\_\_\_\_\_

**Data3**

Has your program ever been formally evaluated by an external party?

- ☐ Yes  
☐ No

**Data4**

What type of evaluation was conducted? Please check all that apply:

- ☐ Process  
☐ Outcome/ Impact  
☐ Cost Benefit

## **Appendix B**

### **Correlation of Evidence-Based Principles to Survey Question**

<b>Principle</b>	<b>Question Number from Survey</b>
1. Assess Actuarial Risk/Needs.	25, 27-32, 34-44
2. Enhance Intrinsic Motivation.	33
3. Target Interventions.	45
4. Skill Train with Directed Practice	50, 51, 52
5. Increase Positive Reinforcement.	46, 47, 48, 49, 49a
6. Engage Ongoing Support in Natural Communities.	53
7. Measure Relevant Processes/Practices.	Data 1, Data 2
8. Provide Measurement Feedback.	Data 3, Q6a