

NATIONAL CENTER FOR STATE COURTS

**NINTH JUDICIAL CIRCUIT OF
MISSOURI
LINN, SULLIVAN, AND CHARITON
COUNTIES**

DRUG COURT PROGRAM

**PROCESS EVALUATION
INTERIM REPORT**

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Submitted pursuant to the grant requirements of the
Bureau of Justice Assistance Drug Court Programs Office

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I. INTRODUCTION

A. Purpose of Interim Report

This *Interim Report* discusses the results of the process evaluation of the Ninth Judicial Circuit Drug Court. The process evaluation is a requirement of the Drug Court Program Office of the Bureau of Justice Assistance, Office of Justice Programs, Bureau of Justice Assistance pursuant to Grant Number XXX. The process evaluation focuses on the Drug Court's effectiveness in meeting its operational and administrative goals. It is designed to document not only the history of program planning and implementation, but also specific elements of program operation, such as screening and assessment, treatment resources, drug testing, and sanctions and incentives.

B. The Ninth Judicial Circuit Drug Court

The Ninth Judicial Circuit is comprised of Linn, Sullivan, and Chariton Counties. The drug court program has been operational in Linn County since September 2001 and in Chariton County since December 2002. The implementation of the adult drug court in the Ninth Judicial Circuit is supported by a grant from the Drug Courts Program Office (DCPO) of the Bureau of Justice Assistance, Office of Justice Programs, United States Department of Justice.

The drug court program is a post-plea, court-supervised, comprehensive treatment program for non-violent, felony offenders, with minimal prior convictions. There are three tracks: (a) post-adjudication, (b) probation revocation, and (c) 120-day re-entry. The treatment program is provided by Preferred Family Healthcare (PFH) and includes drug testing, individual and group counseling, and regular attendance at 12-step meetings (Narcotics Anonymous and Alcoholics Anonymous). Participants are also expected to obtain/maintain employment or involvement in vocational or educational programs. The program is divided into three phases, and drug court sessions are held on a weekly basis. Staff of the Probation and Parole Office of the State Department of Corrections provides coordination of the drug court program.

The stated objectives of the program are to reduce recidivism among drug-involved offenders, decrease alcohol and other drug abuse, and improve the social, economic, and psychological health of participants as indicated by selected measures.

C. Process Evaluation Methodology

In order to complete the process evaluation, the NCSC project team conducted site visits in January 2003 and August 2003. During the site visits, the NCSC project team interviewed members of the drug court team, which included the drug court judge(s), the drug court caseworkers, the drug court tracker, probation officers, treatment providers, the public defender, the prosecuting attorney, and other stakeholders, to document the current practices and the overall operations of the drug court. In August 2003, NCSC project team members observed Linn County drug court operations, drug court staffings, and attended drug court sessions. Moreover, in August 2003, the NCSC project team performed an intensive review of the drug court client case files in Linn County. Specifically, the files of graduates and terminations were reviewed for compliance with treatment services, urinalysis/drug screening results, and incentives/sanctions information. Finally, the NCSC project team reviewed the numerous documents and informational materials provided by members of the drug court team. These included drug court brochures, drug court referral forms, the weekly status sheet template, treatment screening information forms (Addiction Screening Index), AA/NA meetings list, tracker notes template and a newspaper article covering the first drug court graduates.

Based upon these contacts with the Ninth Judicial Circuit Drug Court, the NCSC project team analyzed the various issues that have implications on the efficiency and effectiveness of drug court operations. In this evaluation, the project team referenced national standards and practices for drug court operations. Specifically, the collected data and information were compared to the characteristics of national standards such as *Defining Drug Courts: The Key Components*¹ and to statistics, information, and guidelines maintained by the Drug Courts Program Office of the Bureau of Justice Assistance, Department of Justice.

D. The Ten Key Components

An important development for the drug court movement was the establishment of the ten key components as aspirational goals upon which drug courts could organize

their operations. Developed in 1997 by a diverse group of drug court professionals and experts assembled by the National Association of Drug Court Professionals, the ten key components serve as inspirational benchmarks that depict the very best practices for the design and operation of drug courts. Drawn from the successes and failures of early drug court efforts, the components serve, not as a rigid checklist, but rather as a functional framework for the development and implementation of drug court operations. The ten key components are listed in Table I. The NCSC project team used the ten key components to perform the process evaluation of the Ninth Judicial Circuit Drug Court.

Table I. The Ten Key Components

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

¹ *Defining Drug Courts: The Key Components*, Drug Courts Program Office, U.S. Department of Justice, Washington, DC.

II. FINDINGS

The NCSC project team analyzed the information collected during the site visits and data received from interviews, court observation, staffings, and file reviews. The resulting discussion is first broken down by qualitative and quantitative information and then the findings are compiled by themes.

A. Qualitative Information

1. Screening and Eligibility Criteria

As stated previously, the Ninth Judicial Circuit's drug court program is a post-plea, court-supervised, comprehensive treatment program for non-violent, felony offenders, with minimal prior convictions. While the drug court program has not changed much since its inception, one significant change in the operation of the drug court involved the decision to open up the drug court to Class B felonies during Spring 2003.

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

2. Treatment Options

While each treatment plan is individualized, once admitted into the drug court, the defendants generally must complete a course of drug treatment (i.e. individual and group counseling, Alcoholics Anonymous (AA), and Narcotics Anonymous (NA)) and remain drug/alcohol free as monitored by frequent drug and alcohol testing for the duration of their participation in drug court. Based on the needs of the client and

recommendations of the drug court probation officer, the drug court may impose additional terms and conditions upon the offender, such as educational and employment/vocational requirements.²

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

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

3. Compliance with Key Components

In order to complete the process evaluation, the question must be asked, “How well does the operation of the Ninth Judicial Circuit’s Drug Court meet the ten key indicators defined as national standards in *Defining Drug Courts: The Key Components?*” Each of the individual components is listed below. Comments under each component discuss the progress of the drug court in achieving these important benchmarks.

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

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

- ◆ Treatment elements include alcohol/drug dependency assessment, individual counseling, group counseling, Narcotics Anonymous, Alcoholics Anonymous, drug court caseworker contacts/sessions, tracker contacts.
- ◆ A successful drug court graduate will have transitioned through three distinct phases (Phase 1-Stabilization, Phase 2-Intensive Treatment, and Phase 3-Transition) in which court supervision and monitoring will decrease in frequency as the drug court participant moves through the phases.

² Employment or vocational training is a condition of moving from Phase 1 into Phase 2.

- ◆ Prior to the court hearings, the drug court team meets to discuss the status of each participant and a recommended course of action.
- ◆ The Office of Court Administration has promulgated some documents relating to the operations of the drug court. For example, the *Program Outline* publishes the goals, mission, eligibility criteria, program rules, treatment phases, graduation requirements, sanctions/incentives, drug testing requirements, and the client contract.
- ◆ A primary goal of the drug court is that the participant remains drug free and law abiding during the intensive judicial supervision. Additionally, participants are expected to comply with additional terms of probation as needed. Drug court participants sign a contract to acknowledge their obligations as a drug court participant.

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

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

- ◆ The prosecutor and the public defender participate in the referral process either by the initial referral or in assessing referrals from other drug court team members.
- ◆ The public defender represents 65 percent to 75 percent of the drug court clients. The public defender, due to the demands of a multiple county region, is unable to attend the weekly drug court staffings and hearings. Generally, the public defender is only in a county on "law day," which is once a month. A public defender will be notified, however, if a drug court participant is in danger of being terminated from the program.

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

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

- ◆ Most of the referrals to the drug court enter due to probation violations. Probation violations are admitted promptly and will generally appear in court for the next drug court session.

- ◆ There is conflicting information on how quickly those referrals in the post-adjudication track are admitted and appear in court. This may be due, in part, due to the lack of a full time public defender.
- ◆ Several factors may be affecting the referral process. There has been a significant turnover in drug court staff. Only one member of the drug court team attending the initial drug court training (the Linn County judge) remains.
- ◆ In order to increase referrals to the drug court, all probationers (not just probation violators) will be screened for eligibility for drug court.
- ◆ A uniform drug court referral form was developed for use by drug court team members including the prosecutor and the probation officers.
- ◆ Efforts are underway to educate all judges, prosecutors, and public defenders about drug court to enhance the likelihood of early identification and admission into drug court.
- ◆ Preferred Family Healthcare screeners have been trained in the detection of AOD problems and are generally responsible for the initial screening and subsequent referral to the next stage of the process—treatment services.

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

Preferred Family Healthcare provides the majority of drug treatment services to the drug court. Each drug court participant is administered a drug dependency assessment. An individualized treatment plan is developed based upon the results of the assessment and the specific needs of the participant. Preferred Family Healthcare treatment services include individual and group counseling. These services are monitored to determine whether drug court participants are suitably matched and receiving the appropriate treatment services throughout the participation in drug court.

- ◆ Twelve step programs such as AA and NA are significant components of the drug court program.
- ◆ In-patient treatment may take up to one month to locate.
- ◆ Location of employment and vocational services is likely the most difficult to access.
- ◆ The area does not have resources for mental health services. Oftentimes, dual diagnosis issues do not present themselves until the participant has been accepted into the drug court.
- ◆ According to many drug court team members, there are insufficient opportunities for community service.

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

AOD testing is performed at frequent, continuing, and random intervals during the drug court program.

- ◆ All participants are administered the BAC with a standard Breathalyzer unit.
- ◆ Three panel tests indicating positive or negative presence of drug (not diminishing presence) are administered via a urinalysis screen. The equipment tests for the presence of THC, cocaine, and opiates.
- ◆ Drug court participants are screened (in the immediate presence of the drug court caseworker or the drug court tracker) before court hearings, during office sessions with the drug court caseworker, and randomly by the drug court tracker.
- ◆ Urinalysis and/or BACs are administered three times per week during Phase 1, one time per week during Phase 2, and as directed during Phase 3.
- ◆ The promulgated graduation requirements indicate a six-month abstinence guideline for graduation.

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

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

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

- ◆ There are formalized written policies regarding sanctions. Generally, the sanctions are within the judge's discretion but the judge will entertain recommendations from the drug court team members. Sanctions vary by phase. Graduated sanctions may include: (1) more frequent AOD testing, (2) increased reporting to drug court caseworker, (3) imposition of a curfew, (4) community service, (5) placement in home detention, (6) jail time, (7) return to earlier program phase, (8) termination from drug court program, and (9) delayed graduation.
- ◆ There has been a shift from a graduated sanction approach in recent months to direct jail time imposition. Drug court team members indicate that participants were not responding to non jail sanctions effectively. There is some agreement, however, that jail is used too frequently.

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

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

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

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

The Ninth Judicial Circuit Drug Court actively monitors its performance and is in the process of assessing its achievement of program goals and effectiveness. The drug court program has already implemented some evaluation activities pursuant to the requirements of DCPO. Forms for data collection have been developed or adapted from other sources and enhancements to the automated information system are planned to better provide information for management, monitoring, and evaluation. These efforts include:

- ◆ The drug court caseworkers are responsible for manually maintaining program statistics and information on a standardized template. There is, however, no centralized automated interagency database for the various

agencies involved in the drug court. Efforts are now underway to develop a drug court management information subsystem that will include case management, treatment, compliance, and statistical reporting capacities.

- ◆ Summary descriptive data on drug court participants and case processing variables is compiled and reported on a quarterly basis. This data collection system includes a fairly comprehensive set of indicators of program functioning and participant progress. This system and the resulting report provide useful “snapshot” information on the status of the program and current participants. Commentary included with the report compares the current quarterly results with previous reporting periods.
- ◆ Threshold values or benchmarks have been established for the indicators that are reported in the quarterly report. While based in experience, they are also aspirational.
- ◆ The drug court program developed a stakeholder survey, based on a prototype developed by the State Justice Institute, which is designed to elicit perspectives and opinions on how the program compares and contrasts to the traditional court process and the degree of intra-agency collaboration achieved. The results of the first distribution of this survey to current team members have been made available to the evaluator. This survey or some variation will be re-distributed to team members periodically during the evaluation period, and the results will be incorporated into the process evaluation.
- ◆ Each drug court participant completes a program satisfaction survey immediately following their exit from the program, whether by termination, withdrawal, or graduation. It includes a rating scale for various program components.
- ◆ The program has also developed a questionnaire that will be distributed to drug court graduates three months after graduation and at other post-program intervals in order to gather self-report information on criminal activities, drug use, treatment, employment, educational, and other social, economic, and physical/mental health indicators.
- ◆ While the aggregate statistics currently being compiled are useful, data will need to be collected at the individual case level to complete all the analyses required for the evaluation. Only individual case data will allow for the examination of relationships and interrelationships; for instance, the links between certain outcomes and demographic/social characteristics and/or program history, or the differences between graduates and terminations on such variables as prior record, sanctions, and drug test results.
- ◆ A process evaluation is “in process.” The drug court program has retained internal (Preferred Family Healthcare) and external evaluators (the National Center for State Courts) to conduct its process and outcomes evaluation.

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

While there have been some opportunities for education, most of the team members indicated that it is ad hoc and insufficient to promote effective drug court operations. There are no standardized requirements for the continuing education of drug court team members. Most agree, however, that ongoing education and training is a necessity.

- ◆ In Spring 2003, several drug court team members attended the educational program of the Missouri Association of Drug Court Professionals.
- ◆ Several members of the drug court team attended the 2003 National Association of Drug Court Professional Conference in Reno, Nevada.
- ◆ Only one of the current drug court team members attended the initial National Drug Court Institute sponsored training on drug court implementation.
- ◆ The drug court caseworkers attended training on confidentiality sponsored by the Office of the State Court Administrator in Jefferson City.

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

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

- ◆ There are no regularly scheduled administrative meetings of the drug court team agencies. The most recent meeting of all of the drug court agencies took place in May 2003. Instead of discussing operational issues, the meeting evolved into a discussion of drug court personnel issues. Admittedly, the drug court is "not very good at meetings."
- ◆ The drug court program does not utilize a steering committee to encourage community participation nor does it have a community forum to discuss operations, needs of the community, and the intersection of the two. Most of those interviewed indicate that this would likely be an effective mechanism for gaining community support and increased funding for the effort.
- ◆ The population served by the drug court primarily consists of young adult males. The drug court staff is not reflective of the drug court population in terms of education and life experience. However, the drug court staff appears

to relate to the participants very well, having developed an understanding of the challenges faced by the participants in coming to terms with addiction. The drug court does not provide ongoing cultural competency training.

B. Quantitative Information

1. Number of Drug Court Participants

According to the most recent quarterly reports (June 2003 - September 2003), a total of 28 people have participated in the drug court since its inception in Linn County. Of these 28 clients, three have successfully graduated and six were unsuccessfully discharged from the program. Currently, there are 18 clients participating in the drug court program in Linn County. In Chariton County, there are a total of four clients currently participating in the drug court. A total of five people have participated in the drug court in Chariton County. Of these five, one was unsuccessfully discharged from the program. Only two people screened and determined eligible for drug court have declined participation.

2. Data on Graduates and Terminations

The NCSC project team reviewed the Linn County Court's case files to obtain data on the graduates and terminations of the drug court program with respect to demographic information, urinalysis and drug screen frequencies, treatment component frequencies, sanctions and violations frequencies, and length of time in program and phases. Much of this information was recorded from the *Defendant Status Sheet* maintained in the Court's case files. The data from the file review process were then analyzed to determine central tendencies for these two, albeit small, client populations.

a. Demographics

Table 1 highlights specific demographic information of the graduates and terminations of the drug court. This information includes the age, gender, race, marital status, education, offense at program entry, and drug of choice. While no specific conclusions can (or should) be drawn from a comparison of such small populations, it is of interest to note the mean age difference between the graduates and the terminations.

Table 1
Linn County Drug Court Participant Demographics

		<u>Graduates</u> (n=3)	<u>Terminations</u> (n=6)
Age of Participant			
	Average Age at Entry	32	24
	Minimum Age at Entry	30	19
	Maximum Age at Entry	36	37
Gender			
	Male	2	5
	Female	1	1
Race			
	Caucasian	3	5
	African-American	0	1
Marital Status			
	Single	2	5
	Married	1	1
Education			
	Less than high school		2
	High school diploma	3	2
	GED		2
Offense at program entry			
	DWI	2	1
	Probation violation (drugs)		2
	Sale of controlled substance	1	1
	Possession of controlled substance		2
Drug of Choice			
	Alcohol	2	1
	Cocaine		1
	Marijuana	1	2
	Polysubstance Use (marijuana and methamphetamine)		2

b. Urinalysis/Drug Screens

Table 2 identifies the frequency of urinalysis and drug screen testing and results between graduates and terminations. A total of 108 urinalysis/drug screens were administered to all graduates while 311 were administered to all terminations. The average number of urinalysis/drug screens per graduate totaled 36 while the average

number per termination numbered 52. On average, terminations tested positive for drug or alcohol six times per participant. No graduates tested positive for drugs or alcohol during the urinalysis/drug screens.

Table 2

	<u>Graduates</u>	<u>Terminations</u>
Urinalysis/Drug Screens		
Total Required	108	311
Average Required	36	52
Total Negative UAs	112*	296*
Total Positive UAs	0	13
<i>Minimum Positive UAs Per Participant</i>	<i>0</i>	<i>0</i>
<i>Maximum Positive UAs Per Participant</i>	<i>0</i>	<i>6</i>

*Participants screened more frequently than required in some cases

c. Treatment Component

Table 3 indicates the frequency of required attendance and participation in the drug court treatment components including probation officer sessions/contacts, NA/AA sessions, individual treatment sessions, and group treatment sessions between graduates and terminations. Overall, on average, each graduate required and participated in a fewer number of treatment components than each termination. This includes: (1) the average number of probation officer sessions per graduate totaled 87 compared to 109 per termination, (2) the average number of NA/AA sessions per graduate totaled 69 compared to 118 per termination, (3) the average number of individual treatment sessions per graduate totaled 40 compared to 61 per termination, and (4) the average number of group treatment sessions per graduate totaled 39 compared to 62 per termination. Again while no specific conclusions can (or should) be drawn from a comparison of such small populations, it is of interest to note that, generally, the terminations completed a higher percentage of treatment components than graduates when comparing required to attended sessions than graduates.

Table 3
Drug Court Treatment Components by Program Status

		<u>Graduates</u> (n=3)			<u>Terminations</u> (n=6)		
		Required	Attended	% Completed	Required	Attended	% Completed
Probation Officer Sessions							
	Total	266	260	97.7%	665	652	98.0%
	Mean	89	87		111	109	
	Minimum	51	51		27*	27*	
	Maximum	128	126		152	149	
NA/AA Sessions							
	Total	228	207	90.8%	724	710	98.0%
	Mean	76	69		121	118	
	Minimum	64	64		18*	19**	
	Maximum	90	74		235	242**	
Individual Treatment Sessions							
	Total	126	121	96.0%	383	366	95.6%
	Mean	42	40		64	61	
	Minimum	32	32		15*	14*	
	Maximum	60	56		91	83	
Group Sessions							
	Total	126	116	92.1%	403	373	92.6%
	Mean	42	39		67	62	
	Minimum	32	30		16*	15*	
	Maximum	60	54		102	94	

*This number reflects a participant who was terminated from drug court in less than 4 months

**Three of the 6 participants who were terminated attended *more* NA/AA sessions than required

d. Sanctions and Violations

Table 4 shows the frequency of sanctions and violations between graduates and terminations. Only one of the graduates committed a violation and was sanctioned while each of the six terminations committed a violation(s) and was sanctioned. In total, graduates were sanctioned for violations on two occasions while the terminations were sanctioned for 22 violations. On average, the court sanctioned each termination 3.5

times. The most frequently occurring reason for violation and sanction involved drug or alcohol use (11 occurrences).

Table 4
Linn County Drug Court Participations Sanctions/Violations by Program Status

	<u>Graduates</u> (n=3)	<u>Terminations*</u> (n=6)
No. of Participants Sanctioned	1	6
Total Violations	2	22
Mean Violations	0.7	3.5
Mode of Violations	0.0	4,5*
Minimum Violations Per Participant	0	1**
Maximum Violations Per Participant	2	5
Reason for Sanctions:		
BAC detection		2
Drug/alcohol use	1	11
Laws/Directives/Other		2
Failure to contact sponsor		1
Association with alcoholic		1
New arrest/probation violation		1
Failure to locate employment	1	
Absconded from treatment facility		1
Missed required program meetings		3

*Bimodal occurrence of violations for those terminated

**Three participants were terminated due to violations of the terms of drug court contract regarding previous (3 or more) violations; 1 due to new arrest/criminal charges; 1 for absconding from treatment facility and requesting removal from drug court; 1 is unknown.

***Specific violation information not available on one participant beyond reason for termination

e. Time in Program

Table 5 delineates the length of time in the drug court program (entry through graduation date), the length of time in each phase, and the number of entries into each phase. The length of time by phase includes returns to "earlier" phase time due to violations and sanctions and aggregates the time for total time in phase. On average, graduates participated in the drug court program for 459 days compared to an average of 429 for terminations. The mean aggregate number of days by phase per graduate

was 69 days (Phase 1), 199 (Phase 2), and 191 (Phase 3). The mean aggregate number of days by phase per termination was 132 days (Phase 1), 185 days (Phase 2) and 112 (Phase 3).

Table 5
Linn County Drug Court Participants Program Time Statistics

	<u>Graduates</u> (n=3)	<u>Terminations</u> (n=6)
Total Aggregate Days in Program	1377	2576
Minimum Days in Program	392	84
Maximum Days in Program	574	624
Mean Aggregate Days in Program	459	429
Total Aggregate Days in Phase 1	206	794
<i>Total Entries into Phase 1</i>	5	11
<i>Mean Days Per Entry in Phase 1</i>	41	72
<i>Mean No. of Entries into Phase 1</i>	1.67	1.83
<i>Mode of Phase 1 Entries</i>	1	2
Minimum Days Per Entry into Phase 1	28	29
Maximum Days Per Entry into Phase 1	108	161
Mean Aggregate Days in Phase 1	69	132
Total Aggregate Days in Phase 2	597	1109
<i>Total Entries into Phase 2</i>	5	10
<i>Mean Days Per Entry in Phase 2</i>	119	111
<i>Mean No. of Entries into Phase 2</i>	1.67	1.67
<i>Mode of Phase 2 Entries</i>	1	2
Minimum Days Per Entry into Phase 2	8	27
Maximum Days Per Entry into Phase 2	196	273
Mean Aggregate Days in Phase 2	199	185
Total Days in Phase 3	574	673
<i>Total Entries into Phase 3</i>	3	3*
<i>Mean Days Per Entry in Phase 3</i>	191	224
<i>Mean No. of Entries into Phase 3</i>	1.00	0.50
<i>Mode of Phase 3 Entries</i>	1	0,1**
Minimum Days Per Entry into Phase 3	182	0
Maximum Days Per Entry into Phase 3	210	301
Mean Aggregate Days in Phase 3	191	112

*Three participants were terminated prior to reaching Phase 3, or ever having successfully completed previous phases

**Bimodal phase 3 entries based on 3 participants' termination before phase 3

III. IMPRESSIONS, ISSUES, AND RECOMMENDATIONS

The Ninth Judicial Circuit Drug Court serves an invaluable purpose for all of its citizens, both those participating in drug court and those receiving the indirect benefit from the reduction in drug-related offenses and recidivism rates. In its approach to program implementation and operation, the drug court has embraced the problem solving courts model, that is, one that attempts to address the participant's underlying drug or alcohol addiction associated with criminal activity in order to eliminate the addiction, enhance his/her quality of life, reduce recidivism, and increase public safety. . Overall, the Ninth Judicial Circuit Drug Court is operating very well given its current status of funding, staffing levels, and treatment program resources. The strength of the Ninth Judicial Circuit Drug Court lies in its commitment to the ten key components that are related to the underlying conceptual framework of any drug court (e.g., treatment services coupled with intensive judicial supervision, service delivery to the participant, delivery of sanctions and incentives, and frequent AOD testing).

After eighteen months of operation, how is the Ninth Judicial Circuit Drug Court performing? Has it fully realized its potential? In response to a perceived need for change, there have been two significant operational shifts since the inception of the drug court program. These include: (1) opening up the drug court to Class B felonies to increase the number of drug court participants and (2) the shift from a graduated sanctions to a pro jail approach as a sanction for violators when other less severe sanctions appeared historically ineffective. Other than these two policy and operational shifts, there has been little change to the basic policies and procedures developed at the outset of the drug court.

During the early stages of the evaluation of the Ninth Judicial Circuit Drug Court, it is apparent that there is indeed a solid operational foundation upon which to build and enhance operations. This includes, specifically, interested and committed drug court team members. There are, while few, opportunities for improvement in the overall operations and management of the drug court. These areas and subsequent recommendations are discussed below and include: (A) Identification of Drug Court Clients, (B) Graduated Sanctions and, (C) Information and Records Management.

A. Identification of Drug Court Participants

As indicated several times throughout this report, there are three entry tracks into the drug court: (a) post-adjudication, (b) probation revocation, and (c) 120-day re-entry. Anecdotally, most drug court team members report that most referrals are made through the probation revocation process with only occasional referrals at post adjudication. There are, however, no routinely maintained statistics to confirm this assertion though it was indicated that the referral source information could be created, if necessary.

Currently, efforts are underway to review all probationers for eligibility for drug court rather than through a revocation process. The referral mechanism should be reviewed to identify gaps in the process. It should not take a sweep of probationers to identify eligible participants. Drug court participants should be identified as early in the process as possible, preferably at the filing of the charges and the assessment of the defendants' criminal and drug history.

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

B. Graduated Sanctions

The Ninth Judicial Circuit Drug Court states in its published materials that it employs a series of graduated sanctions for non compliance with the terms and conditions of the drug court program. In fact, as listed, sanctions vary by program phase. In recent months, however, there has been a shift in the application of sanctions moving from a graduated approach to a pro jail approach for non compliance such as positive urinalysis/drug screens, missed meetings, missed contacts with the drug court caseworker, and missed counseling sessions.

Members of the drug court team indicate that the pro jail approach was utilized when the graduated approach became ineffective and participants' did not take non compliance seriously. Unfortunately, however, this pro jail approach deviates from the phase-based sanction approach that is articulated in the written materials, as well as those "best practices" suggested by the ten key components. Additionally, it sends the

message that all offenses carry the same weight and the drug court is “uneven handed” in its penalties. While this may have been necessary for the drug court participants at the time, it appears that the pendulum may have swung too far in the opposite direction. It is time to revisit that blanket jail as a sanction approach.

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

C. Information and Records Management

The drug court relies on the paper case files and completes reports and management reports manually. Summary descriptive data on drug court participants and case processing variables is compiled and reported on a quarterly basis. This data collection system includes a fairly comprehensive set of indicators of program functioning and participant progress. There is, however, no standardized data dictionary that identifies terms. This becomes increasingly important as data reporting duties change hands and additional personnel assume data collection duties.

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

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

Recommendation 3: The Ninth Judicial Circuit Drug Court should review its data and information reporting processes. This should include (1) the development of a standardized data dictionary, (2) the development of an improved data reporting format that is able to capture trends and program

progress as the program matures, and (3) continue to explore the use of management information systems for capturing drug court operations and performance information.