

*Process Evaluation of the
South St. Louis Adult Drug Court Program*

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INTRODUCTION

This report summarizes process-related information gathered by researchers at the University of Minnesota Duluth, in concert with drug court staff, as part of an ongoing evaluation of the South St. Louis Drug Court Program. The presentation and discussion of data is divided into four sections, each based on basic research questions. First, to shed light on whether the drug court program is enrolling the type of clients it was intended to serve, we discuss the drug court sample in terms of demographics, criminal history, and drug/alcohol issues. The second section addresses available information with regard to how participants are progressing through the program. For example, we examine retention rates, treatment provision, and measures of supervision and punishment. The third section reviews the data on intermediate outcomes. We look here at whether drug court has reduced substance use and overall risk for recidivism among graduates. The final section summarizes the attitudes of drug court clients based on their responses to a self-report survey. Before launching into a discussion of the data, however, we believe it useful to offer a brief summary of the St. Louis Adult Drug Court Program.

The South St. Louis Adult Drug Court Program

The South St. Louis Adult Drug Court Program is a collaborative effort between the 6th Judicial Court, Public Defenders, St. Louis County Prosecutors, Arrowhead Regional Corrections, and local service providers. Modeled after previous drug courts, the primary goal of the program is to divert drug offenders out of the traditional criminal

justice system, and into residential or outpatient treatment drug treatment. Drug treatment (both residential and outpatient) are provided by private vendors.

Each client is monitored by the drug court team, consisting of the drug court judge, probation officers, a prosecutor, and treatment staff. The drug court team meets weekly to review cases, and the judge then follows through with recommendations during the court reviews. The ultimate goal of the South St. Louis drug court is for participants to abstain from illicit drugs, and from other criminal behavior.

At its inception, the drug court allowed only those convicted of 5th degree felony drug charges (possession), but since has relaxed the criteria to include all those convicted of 3rd-5th degree felony drug charges (assuming they meet other drug court criteria). Also, members of the drug court team (defense attorney) can bring forward a non-drug offense (e.g., theft, prostitution) for screening, if there is evidence of a connection between drug abuse and the offense.

The cases are screened by the drug court team to make sure the offender meets the drug court inclusion criteria. For example, those with a prior conviction for a violent offense and non-residents are excluded from the drug court pool.¹ Remaining offenders are interviewed by the “Rule 25 assessor”² to see whether they meet the criteria for “chemical abuse,” or “chemical dependency.” Those who meet the criteria are eligible for publicly funded drug treatment. Even if they do not meet these addiction criteria, however, they are admitted into drug court. If circumstances dictate (e.g., positive UA’s, admit problems/use), participants can be reassessed at any time.

¹ For a full description of the drug court program, including exclusion criteria, see “South St. Louis County Drug Court,” the program protocol.

² In Minnesota, offenders are eligible for public funding for substance abuse if they meet the criteria, as judged by an assessor, of “chemical abuse” or “chemical dependency.” Rule 25 refers to the legislation that authorizes this funding.

Participants in the drug court program proceed through three stages, where restrictions, reviews, and drug testing become less frequent from phase 1 to phase 3. For example, in phase 1, participants appear in court for weekly reviews, and by phase 3, the reviews are conducted on a monthly basis. Drug court guidelines specify that in order to graduate, participants must spend at least one year in the program, and must have one year since their last positive UA.

PROFILE OF DRUG COURT CLIENTS

The sample of drug court participants used in this research consists of all individuals who were, at any time after conviction, supervised in drug court from its inception (April, 2002) until June, 2004 (N = 62). Individuals who were still on pre-trial release status on at the end of this time frame are not included in the sample. Table 1 provides a profile of the drug court sample, including demographic, criminal history, and drug/alcohol characteristics. Of primary importance here is whether those admitted into drug court are the type of individuals the court was designed to serve. Specifically, concern was expressed during the planning stage that while the intent of the program is to serve those with serious addictions, the program might end up enrolling low risk (e.g., young, petty, first time) offenders. This concern raises two related research questions. First, what is the “risk” level of drug court clients? Second, what is the “addiction level” of drug court clients? Finally, members of the steering committee raised concern about maintaining a screening process that was not racially biased.

Inspection of Table 1 reveals that the average age of a drug court participant was 34 years, and that racial minorities make up a substantial proportion (27%) of drug court clients. With respect to the risk level of drug court clients, the average risk score, as

measured by the Level of Supervision Inventory-Revised (hereinafter, LSI) was 29.³ The distribution of scores ranged from a low of 12 to a high of 48. The maximum score on the LSI is 54, and a score of 29 falls in the “moderate” risk category. Based on their LSI score, all probationers are assigned to a supervision level consistent with their risk. The supervision level of those in the court sample falls mostly in the low (40%) and medium (55%) levels, with a few (5%) cases assigned to a high supervision level. Regarding specific measures of criminal history, the average number of prior convictions is just under three, and 43% of the sample was incarcerated for a prior offense. Overall then, with regard to risk for recidivism and prior record, offenders enrolled in drug court are not young, first time, petty offenders. Rather both criminal history (prior convictions, prior incarceration) and the total LSI score suggest a medium to medium-low risk group.

Because of the unique focus of drug courts, (e.g., targeting addiction), it is important to inspect the degree to which drug court participants evidence drug and alcohol problems. The LSI provides a drug/alcohol problem scale derived from a number of items regarding alcohol and drug use (e.g., current and past problems with drugs and alcohol, whether drug offenses contributed to law violations, marital/family problems, or school/work problems). The maximum drug scale score is 9, and the average score on this scale for drug court clients was 5.8. Therefore, drug court participants evidenced, on average, roughly 65% of possible risk indicators in this section.

The specific illicit drugs that those in the sample report abusing are outlined in Figure 1. Over half of the sample (55%) evidenced problems (e.g., job, family, law problems) related to marijuana. The remainder of the sample report abusing a variety of

³ The LSI-Revised is a quantitative instrument that predicts risk for recidivism. The instrument is completed by a probation officer, with information coming from a structured interview with the offender, and from outside sources (arrest report, case file).

other drugs, most notably methamphetamine (16%) and cocaine (11%). The “other” category (3%) includes primarily prescription drugs (e.g., Lortab). This information, obtained from the LSI, is consistent with the offense for which drug court clients were arrested. Figure 2 details the type of illicit drug involved in the offense, regardless of whether the crime was for possession or sales. Again, the highest proportion of arrests involved marijuana (44%), followed by methamphetamine (22%) and cocaine (10%).

With regard to addiction levels, then, there is a mixed picture. On the one hand, the drug score in the LSI indicates substantial levels of substance abuse (mean score of 5.8 out of 9). These are individuals for whom drug use has caused considerable problems in core areas of their life. On the other hand, for the majority of drug court clients, the drug of choice is marijuana, which is not physiologically addictive, and doesn't have a clear link with non-drug related crime (e.g., violence due to pharmacological effects). The picture is further complicated when we consider the provision of residential and outpatient drug treatment, which we discuss in the next section.

Aside from issues of risk and addiction, members of the drug court team also expressed interest in measuring how clients were selected for drug court. In particular, they were concerned about the possibility of racial bias in the selection of drug court clients. To help assess the screening process, basic information (e.g., age, race, gender, whether defendant met drug court criteria) was collected for every drug case forwarded to the prosecutors' office. The data discussed below come from a total of 110 drug cases, forwarded to the prosecutor between April, 2002 and April 2003. This data allows us to compare the profile of all those arrested (and subsequently forwarded for prosecution) with the drug court sample.

Table 1. Demographic, criminal history and drug/alcohol characteristics for drug court sample (N = 40).

Variable	Category	N	Percent	Mean
Demographics				
Age				34
Gender	Male	38	61%	
	Female	24	39%	
Race	White	42	68%	
	Black	10	16%	
	Native American	7	11%	
	Unknown	3	5%	
Education	Less than grade 12	29	48%	
	Less than grade 10	3	5%	
Rely on Public Financial Assistance		36	58%	
Criminal History/Risk				
LSI Total Score				29
Supervision Level	Low	25	40%	
	Medium	34	55%	
	High	3	5%	
Number of Prior Convictions				2.7
Any Prior Incarceration		26	43%	
Felony Level of Instant Offense	Fifth Degree	52	84%	
	Third Degree	9	16%	
Drug and Alcohol Use				
LSI Drug Score				5.8
Type of Drug Offense	Sales	23	37%	
	Possession	33	53%	
	Fraudulent Procurement	4	6%	
	Non-Drug	2	3%	

Figure 1. Type of Current Drug Addiction from the Level of Supervision Inventory

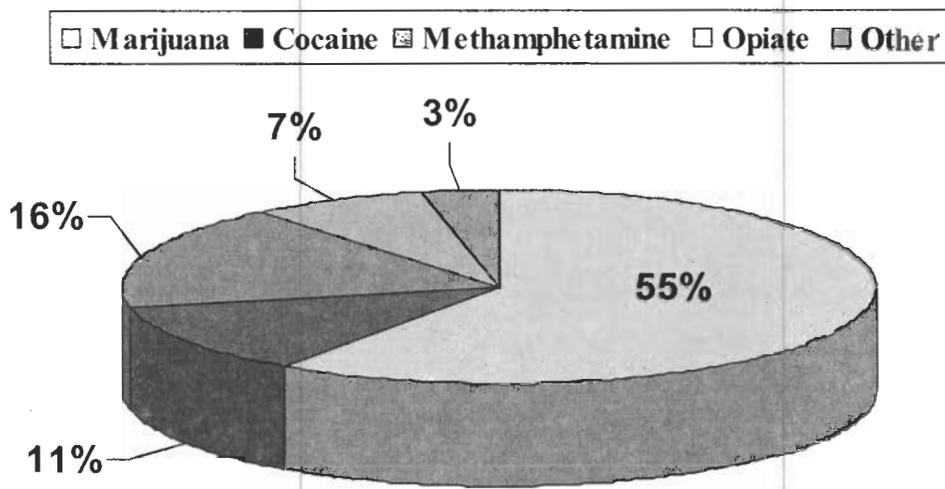
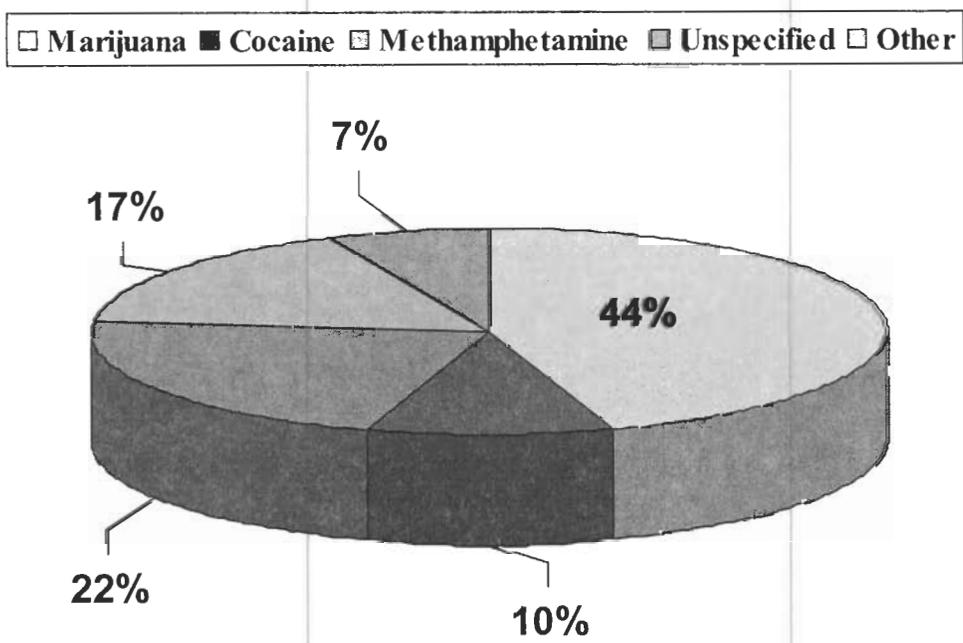


Figure 2. Type of illicit drug involved in the arrest that led to drug court.



Comparisons reveal few substantive differences between the overall pool of drug court candidates with the sample of drug court clients. Both the drug court sample and all those referred to the prosecutor for drug charges averaged 34 years of age. The majority of those in drug court (61%) and in the overall pool (72%) are male, although the drug court has a higher proportion of females. Similarly, the majority of both drug court clients (68%) and the overall pool of drug offenders (66%) were white. Looking within categories of racial minorities, the drug court sample is again similar to the overall pool of offenders. Specifically 16% of the drug court sample, and 20% of the overall pool of offenders are black. The corresponding percentages for Native Americans are 11% (drug court sample) and 8% (overall pool).

We should point out that this is a rough comparison designed to uncover gross racial disparities. Data limitations preclude precise comparisons between the drug court sample and the overall population of drug offenders. That said, it does not appear that there are any large racial disparities that result from the drug court selection process. Also, because the drug court team now screens all offenders convicted of 3rd to 5th degree drug crimes (rather than those nominated by other parties), the possibility for racial bias has narrowed.

DRUG COURT PROCESS—SUPERVISION, TREATMENT AND SANCTIONS

Program evaluations typically distinguish “intermediate objectives,” (e.g., What is the target for change, and was it indeed changed?) from outcome goals. The primary outcome goal of the drug court is to reduce criminal offending. The primary intermediate objective is to reduce/eliminate substance abuse. Because illicit drug use is in itself a crime, however, reductions in substance abuse can also be considered an outcome

measure of program effectiveness. The strategy for reducing substance abuse in the South St. Louis Drug Court (like other drug courts) is a combination of residential or outpatient substance abuse treatment, and urinalysis (UA) with quick, graduated consequences for failed UA's or other non-compliance. Additionally, supervision and guidance are provided both by the drug court judge and probation officers.

This section of the report provides an overview of how the sample progressed (or is progressing) through the drug court. The section begins with the most obvious question—how many of the sample have graduated, failed, or are still “in progress?” Next, we discuss specific measures related to supervision (probation contacts, court reviews, urinalysis). Here the issue is whether drug court participants are receiving the level of supervision envisioned by the drug court team. Then, the report moves to sanctions, outlining the type and frequency of sanctions used in the drug court. Finally, we discuss measures of treatment.

Current Status and Retention Rate of the Drug Court Sample

Figure 3 outlines the current status of those in the sample. As the graph shows, 40% of the sample has graduated, and an additional 39% are spread across phases one, two, and three. Those who graduated took, on average, 16 months to complete the program. The remaining individuals are either on warrant status (11%), or were either terminated from (7%), or “opted out” (3%) of drug court. The option to voluntarily withdraw (“opt out”) from drug court was a part of the original program protocol that has been rescinded. In other words, clients are no longer allowed to voluntarily leave the program. Of the four individuals terminated from drug court, two were arrested for new drug-related offenses (3rd degree sale of cocaine, 5th degree possession of cocaine) and

one for 5th degree assault. The final termination was a result of repeated failures (positive UAs, non-compliance) over an extended period of time.

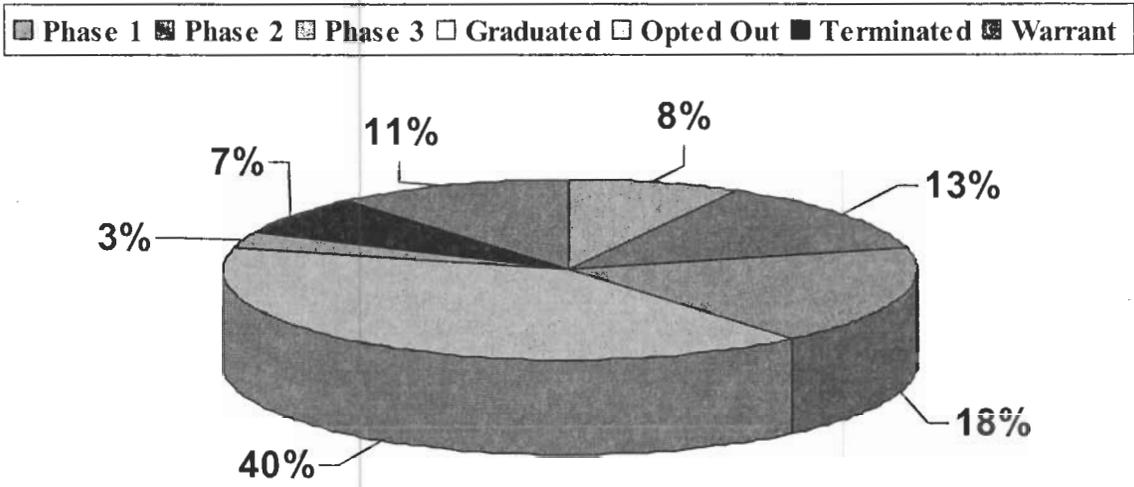
The individuals on warrant status have absconded from the drug court. Their time on warrant status ranges from 7 to 76 weeks, with a mean of 36 weeks. Warrant status is relatively common for any community supervision program, and creates some difficulty in calculating the overall retention rate of the drug court. Retention rates are an important baseline measure of any treatment program. Most program evaluators would agree that a program in which a large portion of the participants fail (e.g., they are revoked, or kicked out) is ineffective. This is an especially salient issue for those addicted to drugs and alcohol. Prior research strongly suggests that some failure (such as positive UA's) should be expected before progress is evident. In that sense, retention rates and graduation rates are key issues. So, what is the retention rate for the drug court sample?

If one assumes that those on warrant status will not return to drug court, then they must be included as "failures," and the retention rate becomes 79%. Conversely, if the assumption is that these individuals will be returned to the program, the retention rate is 90%. Since the inception of the drug court, all 11 individuals who were on warrant status (from 2 to 42 weeks) and picked up were returned to the drug court. Because of this track record, the latter assumption (and retention rate) is probably more accurate.

Time Between Arrest and Involvement in Drug Court

A key feature that distinguishes most drug courts from traditional criminal justice sanctions is processing speed. Specifically, drug court advocates suggests capitalizing on the disorienting effect of arrest, as offenders will be more open to change.

Figure 3. Current Status of Drug Court Sample.



Retention Rates:

Assuming Those on Warrant Status Are Returned to Drug Court = 90%

Assuming Those on Warrant Status Are Not Returned to Drug Court = 79%

In the South St. Louis Drug Court, individuals arraigned on 3rd-5th degree drug charges are set for the next available drug court session. To gauge the speed at which cases move from arrest to drug court supervision, we computed two measures of time. The first measure is the number of days between arrest and the first drug court appearance. The typical drug court case, as measured by the median, takes 97 days from arrest to first appearance. Because “first court appearance” is not a measure readily available in the control group data, we computed a second measure—the time between arrest and conviction. The median time here is 139 days, which compares favorably to the median of 168 days for a control group of drug cases. In other words, drug court clients are moving through the system more quickly than similar cases were prior to the drug court’s existence. Nevertheless, it still takes the typical drug court case roughly three months to move from arrest to entry into the drug court.

Level of Supervision—Probation Contacts, Court Appearance, and Urinalysis

The main issue here is whether drug court participants are being supervised at the levels outlined in the drug court protocol. Drug court participants are supervised by the drug court team, primarily through weekly staff meetings and courtroom reviews. Additionally, they are supervised by a probation officer through office, phone, and field visits. Finally, the drug court team depends upon the results of drug testing (urinalysis, or UA), to help supervise participants. The drug court protocol specifies the level of supervision, including the number of UAs, expected for each phase of the drug court process. These supervision levels are summarized, where possible, in the first three columns from the left (“Protocol Phase 1 through 3”) of Table 2. For example, the

protocol (first column from left) specifies one UA, plus additional “random UA’s,” per week. Phase two requires one random UA per week, and phase three calls simply for random UA’s.

The last two columns in Table 2 indicated the actual levels of supervision. Unfortunately the data does not allow us to specify the level of supervision during each phase. For example, we know the number probation contacts that a drug court client has, but not *when* (e.g. what phase) those contacts occurred. The data does allow us to calculate overall levels of supervision for the sample, or for sub-groups of the sample. To attempt to mirror the protocol, we describe actual mean supervision levels using both the whole sample (who have moved through all phases) and a sub-sample of those who are still in phase one or phase two. We would expect that those in the sub-sample would show higher levels of supervision, consistent with the drug court protocol.

The drug court protocol specifies a minimum of one weekly UA for phase one and phase two of the drug court program. Thereafter, only random UA’s are required. Inspection of Table 2 reveals that drug court clients in phase one and two are being tested for illicit drug use an average of almost twice per week. The full sample (many of whom are either in phase three or have graduated), still averages 1.4 UA’s per week. With regard to urinalysis then, the level of supervision is consistent with (or greater than) that outlined in the protocol.

The drug court protocol specifies that the probation officer will see clients at least once weekly in the “home, office, or work” during phase one. Further, probation officers are to make “random work and home checks in person or by phone.” In phases two and three, the protocol mandates only random home/work checks by the probation officer.

The data do not permit us to distinguish “home checks” or “work checks.” Rather, contacts are categorized as field visits, phone contacts, or office contacts. On a monthly basis then, we would expect a minimum of four non-phone probation contacts per month during phase one. After phase one, that number should decline. The data suggest that regardless of phase, drug court clients are averaging about one field or office contact per month, and one phone contact per month. While not conclusive, the data suggest that actual probation supervision is less than what is outlined in the drug court protocol. We should note, however, that the probation contact information does not include either the cognitive skills group sessions, or the weekly/bi-weekly/monthly court reviews (where a probation officer is present).

Court reviews, in which participants discuss their progress with the judge in open court, are a central component to drug courts. During the review, the judge receives updates on the participants’ progress, and rewards or punishes clients based upon their progress and the results of their drug tests. Participants move from weekly to monthly court reviews as they progress from phase one to phase three. The data indicates that the court reviews are progressing as envisioned. The sub-sample of early phase participants average three court reviews per month, and the full sample (because it contains a mix of graduates, dropouts, and those in other phases) averages two court reviews per month.

Table 2. Drug court supervision data—expected and actual levels of supervision

	Protocol Phase 1	Protocol Phase 2	Protocol Phase 3	Sample Mean (Phase 1&2) N = 13	Sample Mean (Full Sample) N = 62
Urinalyses Per Week	1 +	1	Random	1.8	1.4
Probation Contacts Per Month					
Office Contacts	n/a	n/a	n/a	0.4	0.55
Field Contacts	n/a	n/a	n/a	0.5	0.35
Office + Field Contacts	4	Random	Random	1.0	1.0
Phone Contacts	Random	n/a	n/a	1.2	0.8
Total Probation Contacts	n/a	n/a	n/a	2.2	1.8
Court Contacts Per month	4	2	1	3.0	2.2

Treatment—Substance Abuse and Cognitive Skills

Another distinguishing feature of drug courts, in general, is the provision of substance abuse treatment. In the South St. Louis Drug Court, both residential and outpatient drug treatment is provided by private vendors. To qualify for public funding of treatment, drug court clients must be found to be “chemically dependent” (addicted) or be engaging in “chemical abuse.” Individuals are assessed by a county social worker, based on criteria outlined by the state of Minnesota, and are to be offered the “least restrictive referral consistent with sound clinical judgment.”

Regardless of whether they qualify for substance abuse treatment, drug court participants can also be ordered to attend cognitive oriented group treatment. These sessions focused on both “criminal thinking errors” and cognitive skills. Although substance abuse is not a primary focus, these programs target the rationalizations and attitudes that support both criminal behavior and substance abuse. Further, within the cognitive journaling, there is one section that focuses explicitly on chemical dependency.

None of these treatments are mutually exclusive. That is, drug court participants can progress from residential to outpatient treatment, or in the case of a setback, from outpatient to residential. Further, many of the participants completed the cognitive-oriented treatment independent of their drug treatment.

Of primary interest in this evaluation is the number of drug court offenders participating in, and successfully completing substance abuse treatment. Treatment participation for the drug court sample is outlined in Table 3. The top half of Table 3 speaks to substance abuse treatment. The data indicate that 32% of the sample attended residential treatment for an average of about 60 days. Of those 20 individuals, all either

successfully completed the treatment or are currently in progress. One half of the drug court sample participated in outpatient drug treatment. The vast majority of these individuals (69%) successfully completed treatment, with the remainder being either in progress (17%), or unsuccessfully terminated (14%). The unsuccessful terminations resulted from either (a) the client being terminated from drug court, or (b) the client being moved from outpatient to residential treatment. When residential and outpatient substance abuse treatment are combined, (see, “any drug treatment” in Table 3) we find that roughly two-thirds (65%) of the drug court sample went through some form of drug treatment.

A 65% treatment rate is substantial. Nevertheless, that leaves roughly one third of the sample, within a program designed for drug offenders, without any treatment specifically tailored to substance abuse. We therefore compared those who received some form of drug treatment with those who did not on a number of factors (LSI score, arrest offense, etc.) to determine whether these two groups differed in any measurable way. Of note, we found that a smaller percent (56%) of those charged with sales offenses received drug treatment than those who were charged with other offenses (70%). Regarding the LSI, those who received drug treatment scored higher on the total LSI score (mean = 30), as well as the drug score (mean = 6.0) than those not receiving treatment (mean LSI = 25, mean drug score = 5.2).⁴ Thus, in all comparisons where the groups differed, the group receiving treatment was higher risk/need than the group that did not receive treatment. Still, these differences were not particularly large, and those not receiving treatment evidenced considerable problems with drug use.

⁴ Of these comparisons, only the difference in LSI scores was statistically significant ($t = 2.3, p < .05$). Nevertheless, given the exploratory nature of this research, we were more interested in the substantive differences across groups, independent of statistical significance.

In consulting members of the drug court team, as well as the St. Louis County Rule 25 assessor, it appears that most of the treatment gap stems from a disparity between state criteria for public funding (which pays for drug treatment) and the drug court team's assessment of substance abuse. In other words, one third of drug court participants (whom the drug court team feel have significant substance abuse problems) do not meet the Rule 25 threshold to receive public funding.

The drug court team, in conjunction with a private vendor, started the cognitive outpatient treatment as a method to provide some treatment to those who did not qualify for public funding. Since that time, it has expanded to include those who had already completed residential or outpatient drug treatment. As indicated on Table 3, over 70% of the drug court sample attended this treatment. By combining the general cognitive treatment with drug specific treatment, we find that 90% of those in the sample received some form of correctional treatment. Looking only at drug court graduates, which recognizes that some individuals were terminated prior to treatment, we find that 24 of the 25 graduates in the sample (96%) received some treatment.

Drug Court Rewards and Sanctions

Most drug courts operate using a philosophy of immediate, graduated sanctions to respond to positive urinalysis results or non-compliance with other drug court rules. In the South St. Louis Drug Court, the judge has a variety of sanctions (or "consequences") available, ranging in severity from mandatory attendance at alcoholics anonymous (or similar) meetings to lockup in a secure facility. In most cases, the non-compliance issues are discussed by the drug court team prior to the court review, and decisions on punishments are made at this time. Drug courts also emphasize the importance of

Table 3. Drug court treatment data

Type of Treatment		N	Percent	Mean
Residential Drug Treatment	Attended Treatment	20	32%	
Treatment Progress	Successful Completion	18	90%	
	Termination	0	0%	
	In Progress	2	10%	
Days in treatment				62
Outpatient Drug Treatment	Attended Treatment	31	50%	
Treatment Progress	Successful Completion	20	69%	
	Termination	5	14%	
	In Progress	4	17%	
Any Drug Treatment		39	65%	
Cognitive Treatment	Attended Treatment	44	71%	
Treatment Progress	Successful Completion	34	77%	
	Termination	4	9%	
	In Progress	6	14%	
Any Treatment		56	90%	
Any Treatment (Drug Court Graduates Only)		24	96%	

positively reinforcing participants' pro-social behavior. In the South St. Louis Drug Court, positive reinforcement is obvious within the court reviews. Examples include verbal praise from the judge and probation officer, applause, and a plaque and cake upon graduation. From time to time, participants also receive small, tangible rewards (e.g., gift certificate, tickets for a sporting event).

While no systematic record of rewards exists, data is available regarding the use of sanctions. As used here, sanctions refer to punishments handed down by the drug court judge, typically after conferring with the drug court team. This does not include, for example, secure custody resulting from a police contact (e.g., a new arrest).

Table 4 illustrates the type of consequences imposed by the drug court, and the frequency at which they are used. For example, the most common consequence (42%) for a transgression is mandatory attendance at alcoholics anonymous (or similar) meetings. Typically, the drug court judge orders attendance at a specific number of meetings in a specific time frame (e.g., 7 meetings in 7 days). Secure confinement (jail, treatment center, work release) comprises 45% of all sanctions. For both jail and secure treatment, the number of days ranges from 3 to 90. Most of these secure confinement sanctions, however, are for two weeks or less.

The types of behaviors that drew sanctions are presented in Table 5. Unsurprisingly, the most common reason (62%) for sanctioning is drug use (positive UA, admit use, other evidence of use). Other common reasons for sanctions included failing to call or report for a UA (10%), missing a court review or treatment session (17%) and absconding from drug court (6%). Another way to view the data on sanctions is to look at how often individuals in drug court are sanctioned.

Table 4. Type of sanctions for Full Sample.

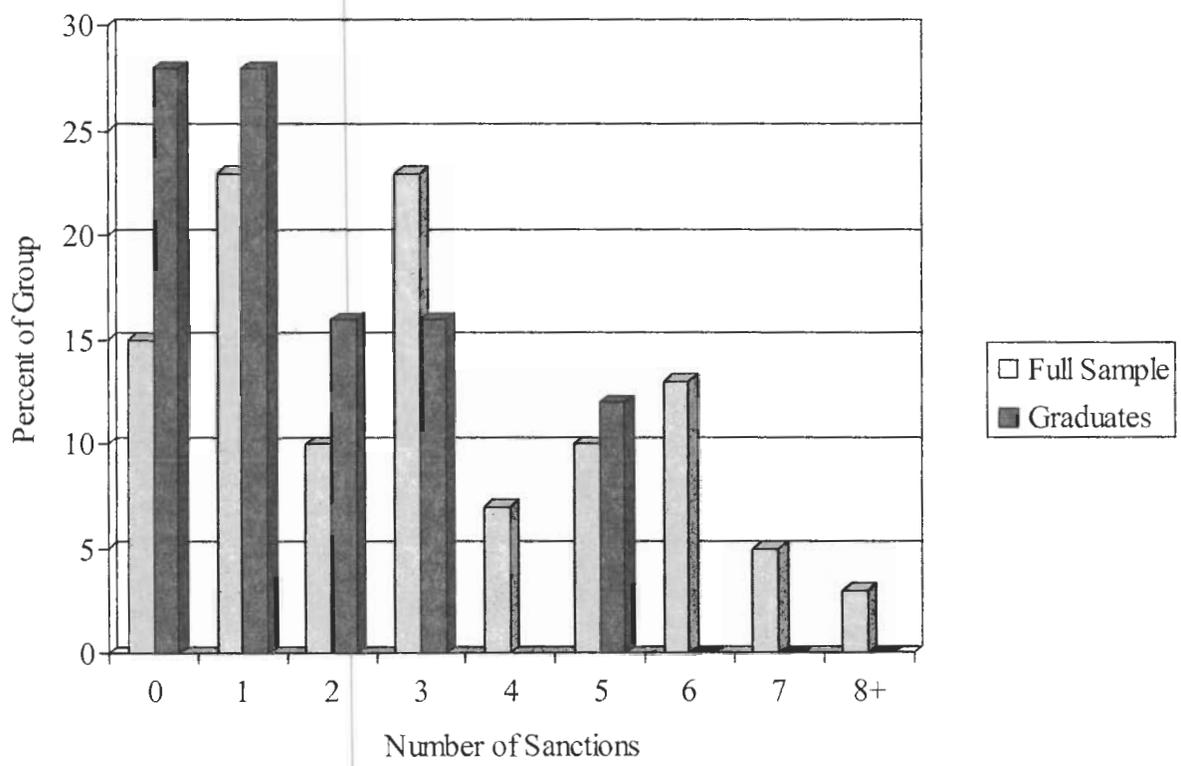
Type of Consequence	N	Percent	Days in Secure Confinement	
			Range	Mean
Attend AA or Equivalent Meetings	68	42%		
Weekend at Bethel	9	6%		
Jail	34	21%	3-90	14
To Inpatient Treatment	24	15%	3-90	23
Bethel Work Release	5	3%		
Treatment Restrictions	5	3%		
Community Service	9	6%		
Electronic Monitoring	2	1%		
Attend Extra Drug Court	2	1%		
Termination From Drug Court	3	2%		
Total	161	100%		

Table 5. Reasons for Sanctions for Full Sample.

Reason for Sanction	N	Percent
Positive UA or Evidence of Use	95	62%
Miss UA Call or Fail to Show	15	10%
Noncompliance with Treatment	5	3%
Miss Court Review or Treatment	27	17%
Abscond (Two Weeks Minimum)	10	6%
New Crime	3	2%
Total	155	100%

This information is summarized for the full drug court sample, and for the sample of drug court graduates, in Figure 4. Specifically, this chart indicates the percent of each group (full sample or graduates) that received each level of sanctions (none, one, etc.). The average number of sanctions for the full sample was just under 3, while drug court graduates averaged almost 2 sanctions.

Figure 4. Frequency of Sanctions for Full Sample and Drug Court Graduates



Mean number of Consequences:
Full Sample = 2.8
Graduates = 1.7

DRUG COURT GRADUATES—INTERMEDIATE OUTCOMES

Thus far, we have discussed primarily process measures—whether the program served the intended population and whether the level of service and supervision provided to participants is appropriate. We turn now to some outcome measures for those who have graduated the drug court (N = 25). That is, we look at whether drug court reduced the risk that these individuals will recidivate. We strongly caution against drawing firm conclusions from this data, for two reasons. First, the sample size is relatively small. Second, because this is the first cohort of graduates, these individuals moved more quickly through the phases (e.g., had fewer set-backs) than other participants. In other words, they may be the “cream of the crop,” and may not be representative of future drug court graduates.

A major objective of drug court is to reduce or eliminate the use of illicit substances among clients. The most obvious measure of this objective is data from urinalysis screens. Indeed, the drug court protocol specifies that in order to graduate, participants have clean UA's for at least one year. Among graduates, seven individuals had no positive UA screens throughout the drug court process. The remaining 18 individuals had at least one positive UA prior to graduation. For those individuals with at least one positive UA, the average time between their last positive UA and graduation was roughly one year (368 days). However, two clients did graduate without attaining one year of sobriety (both had roughly 10 months of drug-free UAs). Overall then, there is evidence that drug court did reduce substance use among graduates.

Given this reduction of substance use, we anticipated that both the LSI drug score and the total LSI score would be diminished for those who were re-tested. Of the 25

graduates, 16 were administered the LSI near their graduation date.⁵ The LSI scores for entry into and exit from (and the difference in those scores) drug court are illustrated in Table 6. As expected, both the average total LSI score and the sub-score dealing with substance use were lower upon graduation than entry. Further, because various components of the drug court program sought to affect both the attitude (cognitive treatment) and employment of clients, we include the LSI sub-scores measuring these components. The attitude/orientation scale of the LSI contains four items that tap whether an individual has attitudes that support crime, are unfavorable toward convention or poor toward the sentence or supervision. The employment scale includes items measuring recent and past employment stability, as well as education. In both scales, the average scores for drug court clients improved as they progressed through drug court.

Table 6. Mean LSI Scores for Select Drug Court Graduates (N = 16).

	LSI Total Score	LSI Drug Score	LSI Attitude Score	LSI Employment Score
Drug Court Entry	27.8	5.7	1.4	5.4
At Drug Court Exit	18.9	2.0	0.5	3.5
Difference in Mean Scores	8.9*	3.7*	0.9	1.8*

* Statistically significant mean difference (paired t-test), $p < .01$

⁵ We could detect no bias in who was or was not re-administered the LSI. Some were not administered the LSI upon graduation due to resource limitations.

The LSI re-test data support the contention that drug court has had a positive effect on drug court graduates. Caution is warranted, however, for at least two reasons. First, this finding is based on the scores of very few (16) individuals. Second, in most cases, the LSI was administered in both time periods by the probation officer who is assigned to the drug court. We have no reason to suspect that these scores were (consciously or unconsciously) biased, but cannot rule out that possibility.

DRUG COURT PARTICIPANTS' ATTITUDES TOWARDS DRUG COURT

Drug court clients were surveyed to assess their attitudes towards drug court processes and specific drug court staff. The participants were surveyed initially in November 2003, and later in April 2004. The surveys were distributed by drug court staff during one of the weekly court review sessions. The survey respondents were explicitly told that the survey was anonymous, and that they should not put their name or any identifier on the survey. Respondents placed completed surveys in box in the back of the courtroom, further insuring anonymity. Of the 40 individuals enrolled in drug court during the time of the first survey, 35 individuals turned in usable surveys. For the second survey, 41 out of 47 individuals returned usable surveys. The high response rates (87% and 88%) suggest that the results discussed below accurately reflect the overall attitudes of drug court clients.⁶

The participants were asked a variety of questions regarding (a) the drug court judge, (b) the drug court probation officer, (c) the general drug court process, and (d)

⁶ It should be noted that all drug court clients who were attending the weekly or bi-weekly drug court hearings returned usable surveys. Those who were unable to attend the meetings, however, were not given the opportunity to complete surveys. These individuals were in secure confinement because of sanctions or their treatment phase.

specific components of the drug court. Response categories for these questions included “strongly agree,” “agree,” “disagree,” and “strongly disagree.” To illustrate the findings concisely, the answers were collapsed to indicate whether the respondent agreed or disagreed with the statement.

Overall, drug court clients had a favorable impression of drug court generally, and specifically expressed favorable attitudes towards the drug court judge, and the probation officer assigned to handle drug court cases. Participants’ attitudes towards the drug court judge are displayed in Figure 5. In both surveys, over 80% of drug court clients agreed that visits with the judge helped them to stay drug free, and over 90% of those surveyed agreed that the judge was fair, respectful, and concerned about them. Similar attitudes are apparent for the probation officer assigned to drug court clients. Inspection of Figure 6 reveals that drug court participants almost universally agreed that their probation officer was fair (93%, 97%), concerned (90%, 100%), and respectful (95%, 100%). Additionally, the vast majority agreed that the probation officer helped them to stay drug free (85%, 88%) and that expectations were reasonable (82%, 77%).

With regard to general attitudes toward the drug court, as well as towards specific components of the program, the results are again largely positive. Inspection of Figure 7 reveals, for example, that in both surveys, over 80% of respondents agreed that they were personally helped through drug court, that they were better off in drug court than in other sanctioning programs, and that drug court would help them avoid future drug use. Further, the vast majority of offenders agreed that drug court helped them to appear for treatment (82%, 77%), probation officer meetings (93%, 91%), and court review sessions (89%, 83%) on a regular basis.

Turning to specific drug court components, Figure 8 indicates that most (over 80%) drug court participants believed that the cognitive skills program, weekly/bi-weekly court reviews, and incentives were helpful. A substantial minority (37%) of respondents, however, believed that some clients were getting special treatment regarding sanctions, and that the consequences were too harsh.

Apart from the closed ended (e.g., agree/disagree) questions, survey respondents were asked in an open ended format, what they liked most and least about the drug court. In describing what they liked most about the drug court, respondents generally pointed to one of three areas:

- The staff and the team atmosphere (e.g., “support from the team and the people in drug court,” “concern about your well-being,” “the involvement of the drug court team”)
- Keeping sober/straight (e.g., “getting a chance to straighten my life out,” “being sober,” “getting chance to put my life back together”)
- The legal benefits of drug court (e.g., “not in jail,” “felony conviction won’t be on my record”)

In contrast to statements about what they liked most about drug court, their response to what they like least had one overriding theme—the amount of time they spent reporting for drug court-related activities such as court reviews, “call ins,” treatment, and urinalyses. Responses included, “all of the requirements,” “time consuming UA’s,” and “showing up too much.”

Figure 5. Drug Court Participants' Attitude Towards the Drug Court Judge.

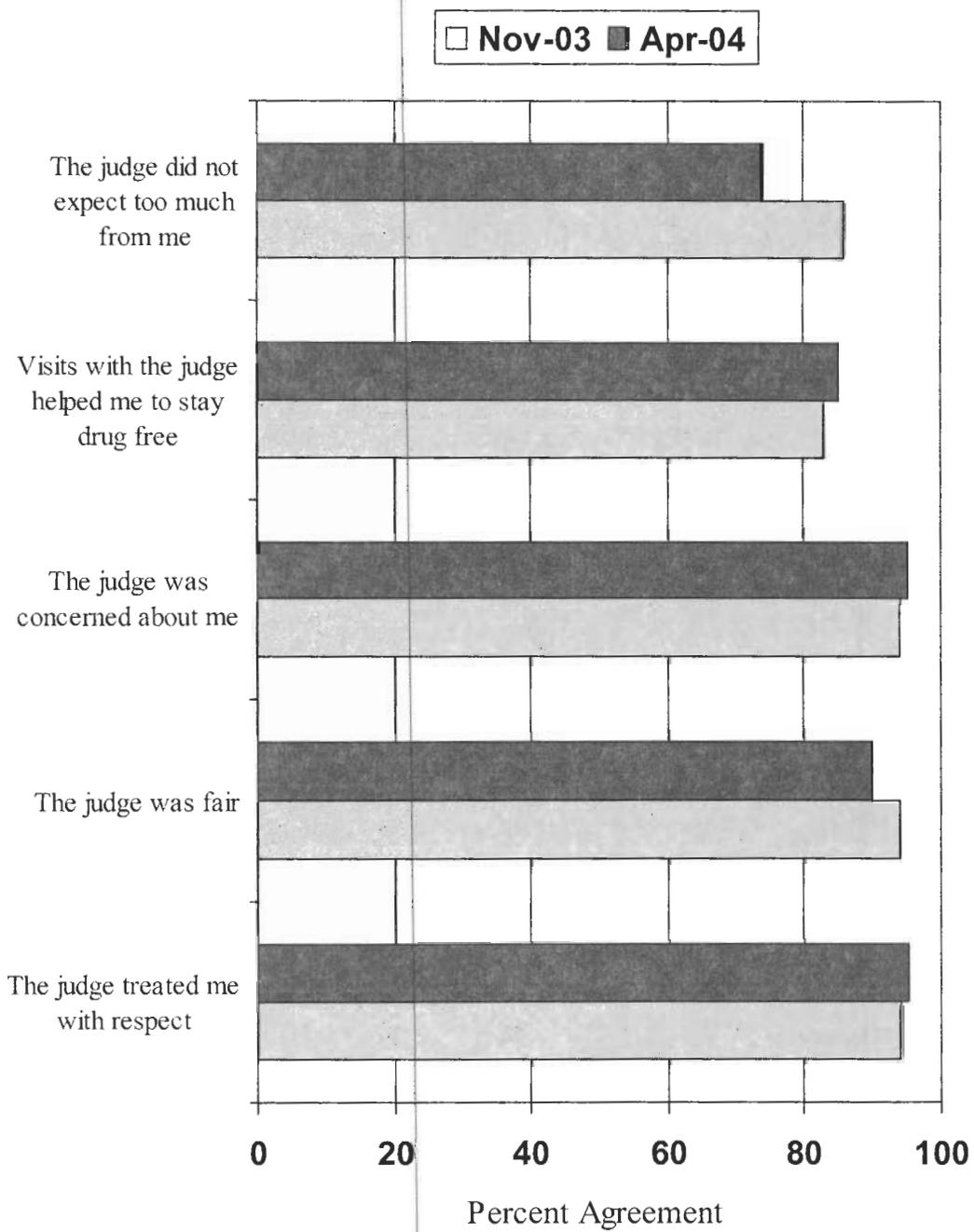


Figure 6. Drug Court Participants' Attitudes Toward the Drug Court Probation Officer (PO).

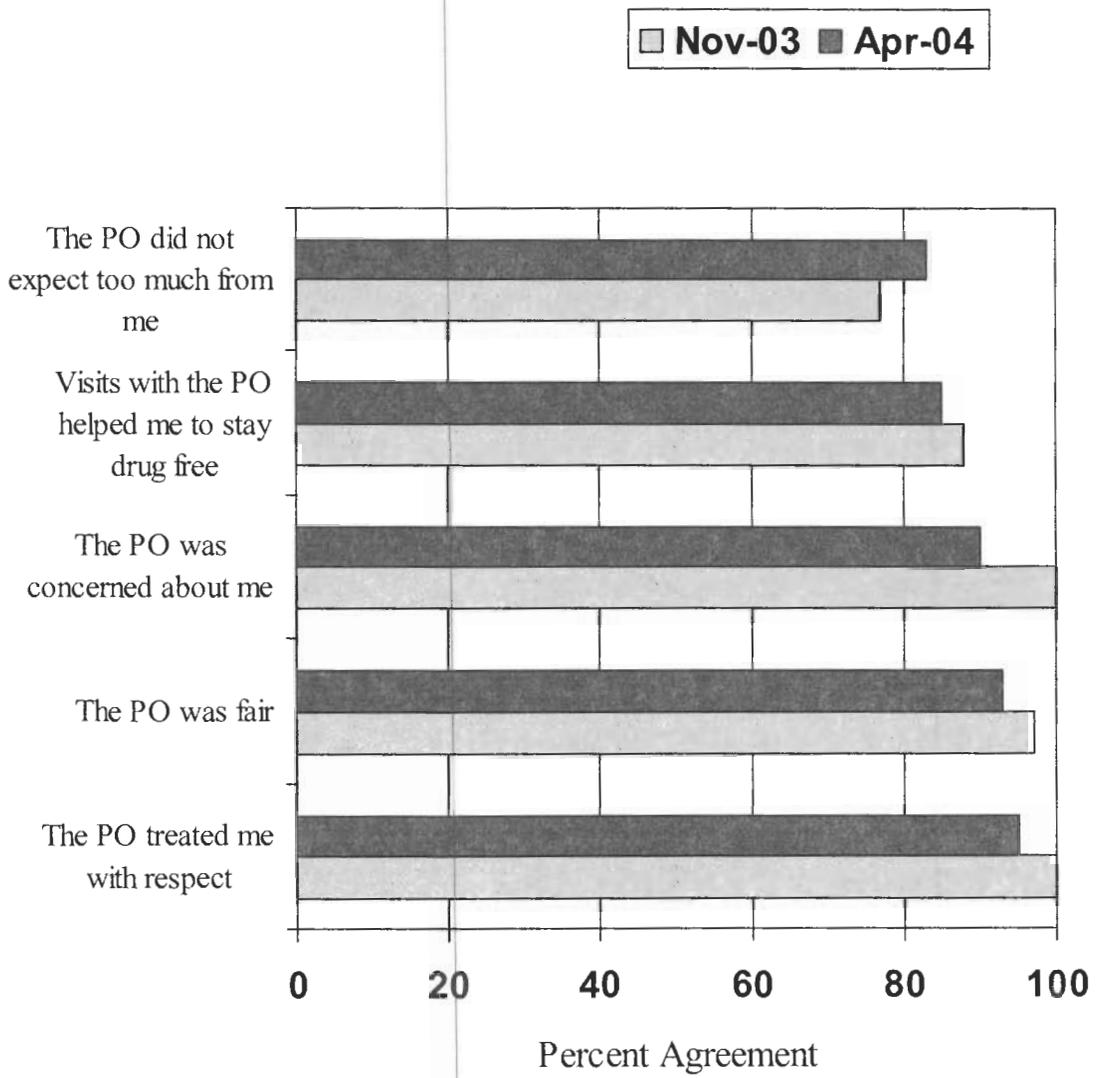


Figure 7. Drug Court Participants' General Attitudes toward the Drug Court

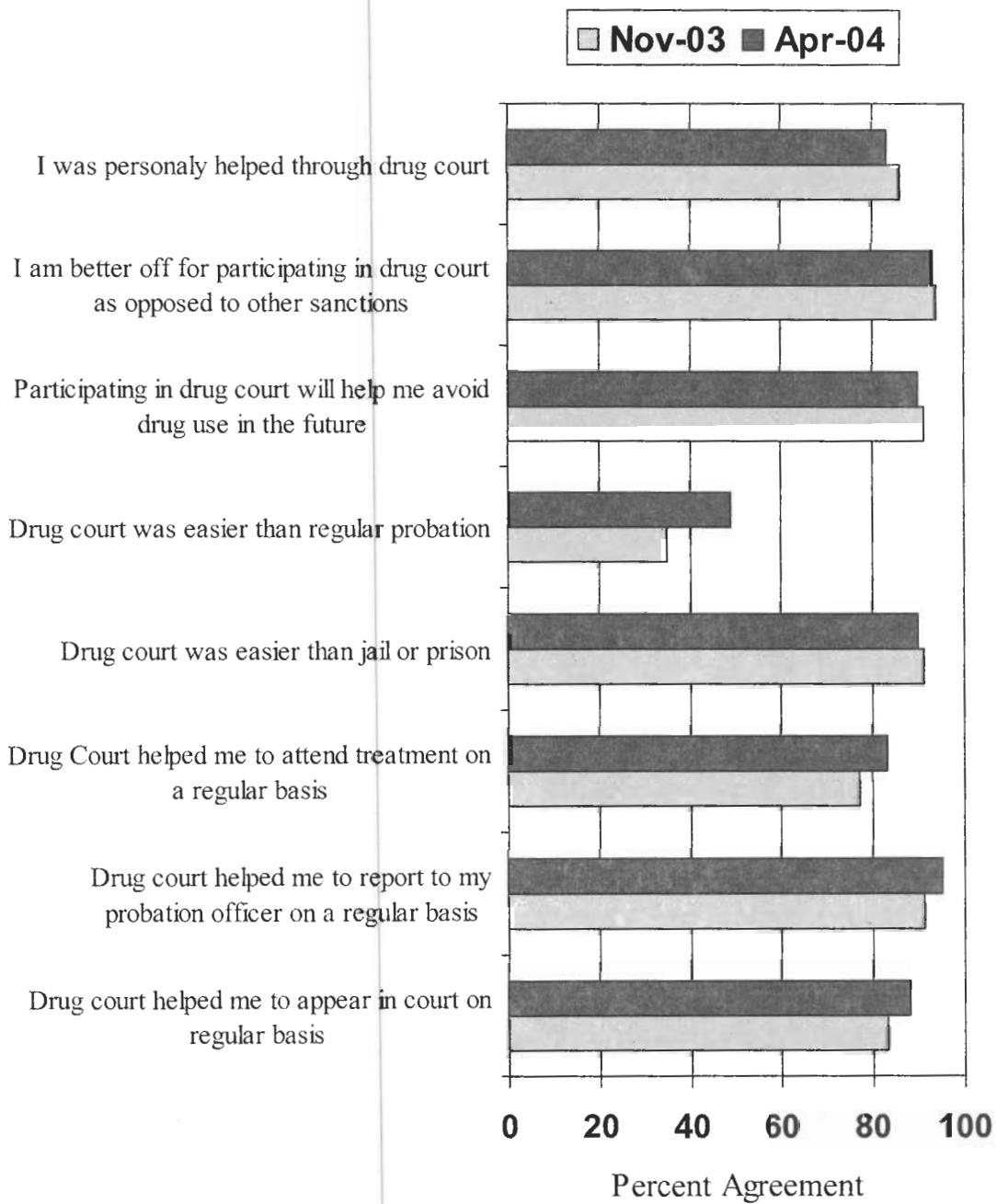
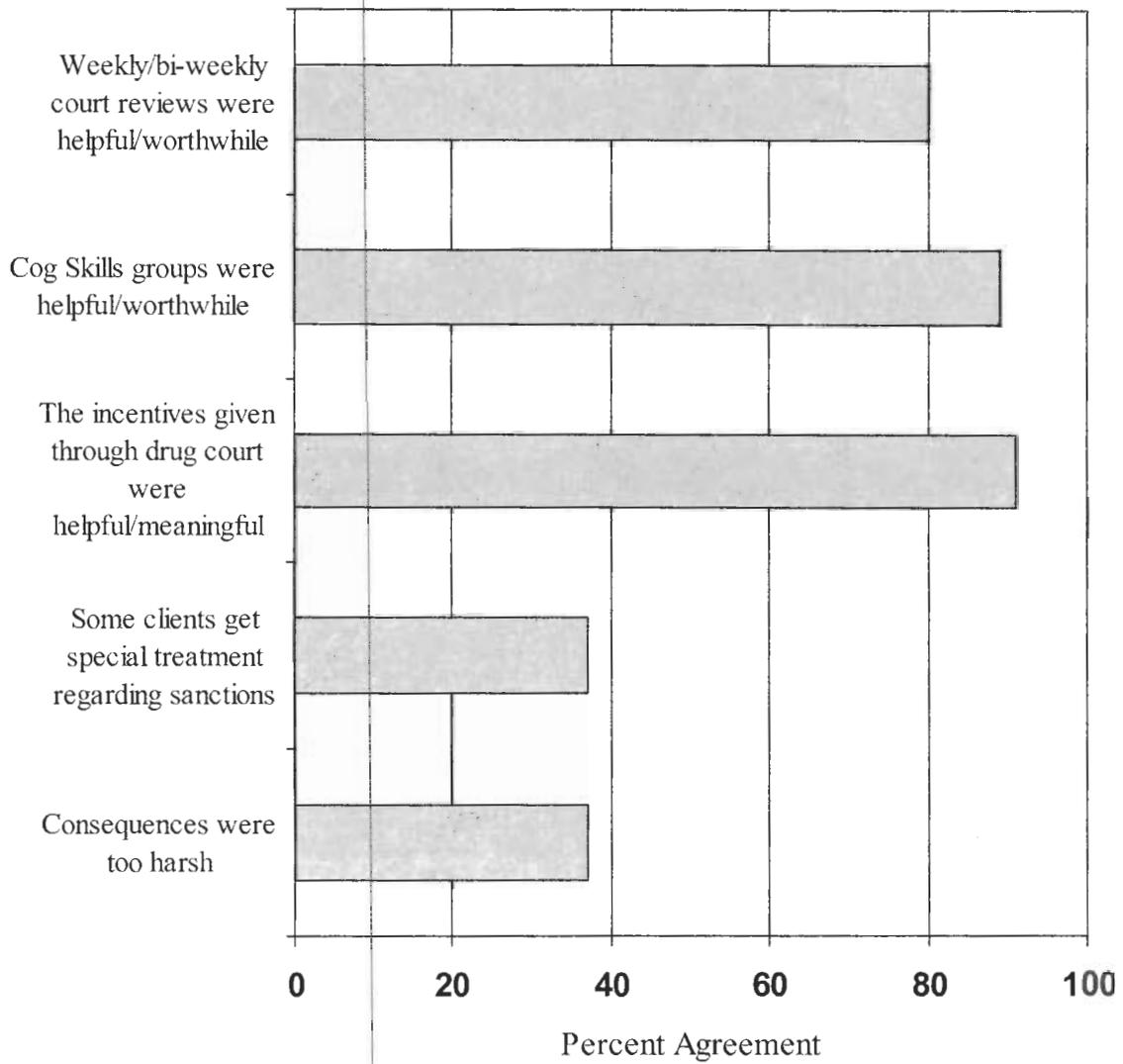


Figure 8. Drug Court Participants' Attitudes toward Specific Components of the Drug Court (November, 2003).



SUMMARY OF FINDINGS AND RECOMMENDATIONS

Appropriateness of Target Population

Although the drug court team did not identify a target “risk level” for drug court participants, concern was expressed that the program might enroll low-risk offenders, and that the selection process might be biased against racial minorities. In regard to the latter concerns, we found no evidence of racial bias in the selection of drug court clients.

Regarding general risk, the total LSI score, supervision level, and specific criminal history information suggest that this is a medium to medium-low risk population. The information concerning the level of substance abuse problems generates a mixed picture. On the one hand, the LSI drug score suggests that illicit drugs have created substantial problems in the lives of drug court clients. On the other hand, marijuana appears to be the drug of choice for roughly half of the drug court sample. Further, one third of the drug court sample did not qualify for public funding for drug treatment, largely because they failed to meet the state criteria for chemical dependency or substance abuse.

Recommendation: As currently constituted, the drug court takes all 3rd through 5th degree drug offenders, subject to other drug court criteria. In that sense, the drug court team has little control over drug of choice or risk level of participants. Because enrollment is starting to reach a predefined cap, however, the drug court team may soon find itself in a position to exercise more control over these factors. We recommend that the drug court team consider both risk level and addiction criteria if and when they are confronted with such decisions. Specifically, we recommend targeting individuals who are higher risk, and those addicted to “harder” (e.g., cocaine, methamphetamine) drugs.

Retention, Timing, and Supervision

At issue here is whether the process envisioned by the drug court team, and codified in the drug court protocol, plays out in the drug court sample. By and large, the answer appears to be yes.

Retention and Timing

The retention rate for the drug court sample is between 80 and 90 percent, depending upon how one views those on warrant status. Given past practice regarding warrants, the true retention rate is probably closer to 90% than 80%. Further, graduates progressed through the three phases of drug court in a timely manner. With regard to the time between arrest and drug court entry, the median time is roughly three months.

Recommendation: To the extent that the drug court team feels that a quick turnaround from arrest to drug court is an important aspect of the program (empirical evidence supporting this contention is lacking), we encourage them to identify barriers to quick criminal justice processing.

Supervision Issues

The supervision of drug court clients includes probation contacts, court review sessions, and urinalysis. With regard to urinalysis, the data indicate that testing meets or exceeds the drug court protocol. Individuals are also attending court reviews at a rate consistent with the protocol. Probation contacts, however, appear to be substantially below what is envisioned in the drug court guidelines.

Recommendation: We recommend that the drug court team explicitly take up this issue to find out whether additional resources, or perhaps reallocation of resources, could lead to increase in probation contacts.

Treatment

Roughly one-third of the drug court sample received neither residential nor outpatient substance abuse treatment. To the extent that this issues arises from state criteria regarding chemical abuse, it may not be amenable to action by the drug court team. On the positive side, all but one of the drug court graduates received some correctional treatment (either cognitive therapy or drug treatment).

Recommendation: If/when the drug court reaches the population cap, the drug court team should use Rule 25 eligibility to determine whether a case is admitted to drug court. In other words, if a client does not qualify for substance abuse treatment, they should not be admitted into drug court.

Intermediate Outcomes

Although caution is warranted due primarily to the small sample size, the intermediate outcomes for drug court graduates appear promising. All drug court graduates had a period of at least nine months (most had a full year) without a positive urinalysis. Given that a substantial portion of these individuals had positive UAs at the start of drug court, it is clear that drug court has had an effect on the use of illicit substances. Further, drug court graduates evidenced a substantial drop in LSI scores over the course of their participation. This suggests that drug court is reducing the risk that participants will engage in future criminal behavior.

Recommendation: We recommend that all graduates be administered the LSI upon graduation (currently, scores are available for 16 of 25 graduates). For those who have already graduated, we recommend an LSI assessment as soon as possible.