
**Research and program evaluation in Illinois:
Studies on drug abuse and violent crime**

**An Evaluation of the Madison County
Assessment and Treatment Alternative Court**

November 1998

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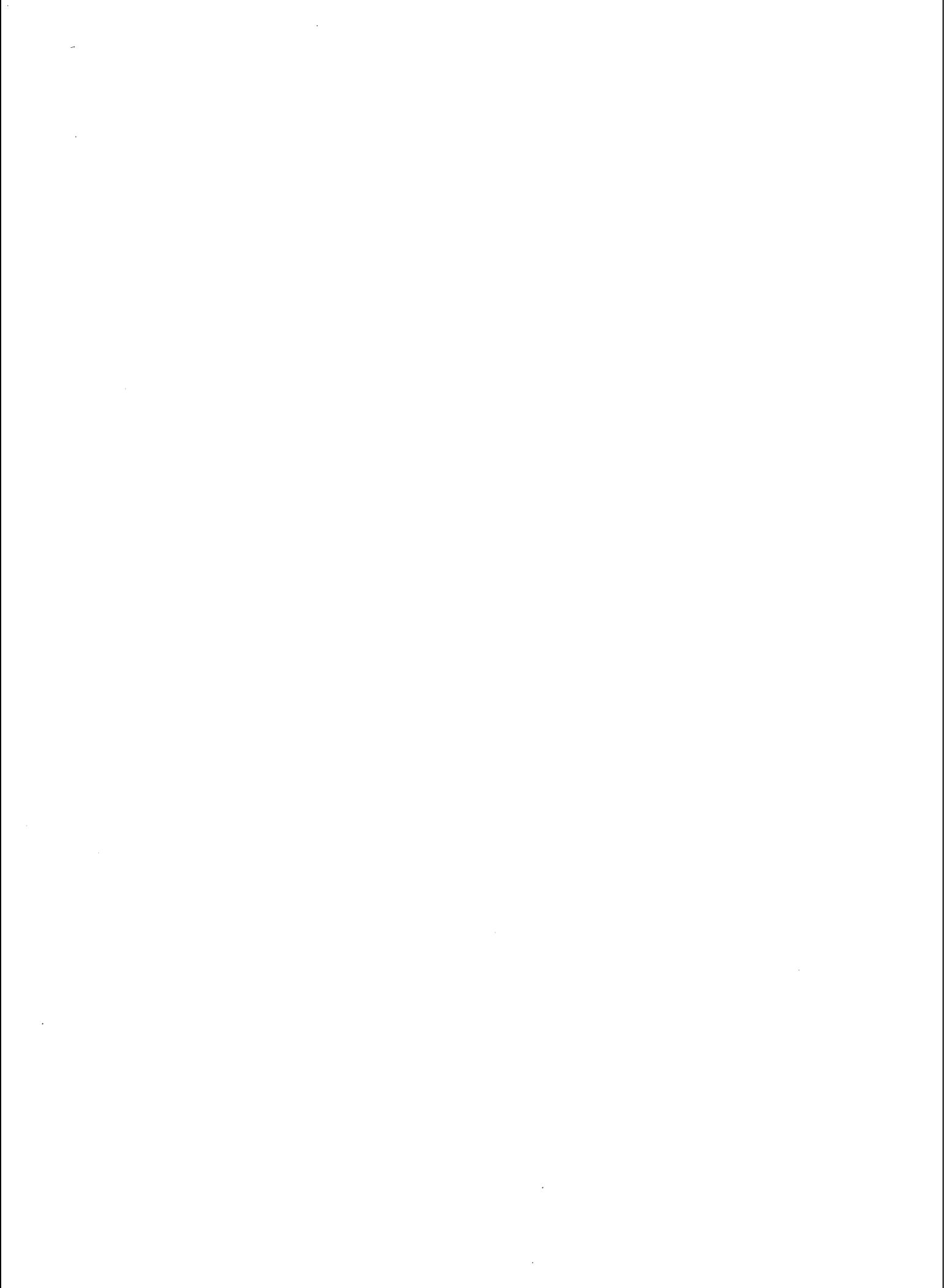
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**ILLINOIS
CRIMINAL JUSTICE
INFORMATION AUTHORITY**



Madison County Assessment and Treatment Alternative Court

Final Evaluation Report

Prepared for the
The Illinois Criminal Justice Information Authority

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Madison County Assessment and Treatment Alternative Court Final Evaluation Report

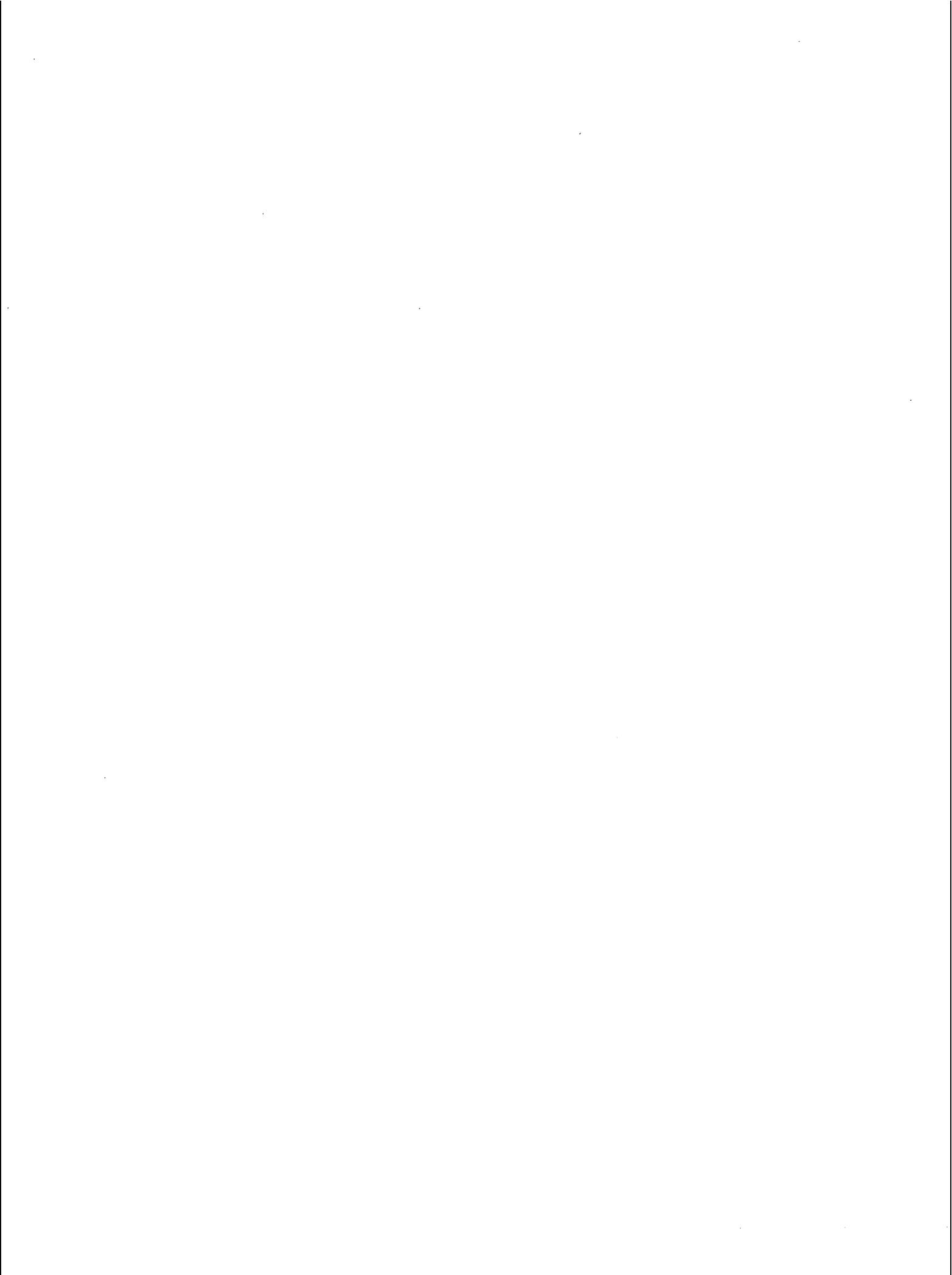
Executive Summary

The evaluation of the Madison County Assessment and Treatment Alternative Court (also referred to as the Madison County Drug Court or "drug court," or "the program") was funded by the Illinois Criminal Justice Information Authority (ICJIA) through federal Anti-Drug Abuse Act funds. Funding for this evaluation began in March of 1996 and most data collection was completed in May, 1998.

This final report is designed to give ICJIA and other readers a comprehensive view of the Madison County Drug Court for the time period of the funded evaluation: the first two years of the drug court operations. This report documents both the formative evaluation findings and the client outcomes and, whenever possible, findings are supplemented by qualitative data collected through a series of interviews with clients and stakeholders.

Fueled by a 437% increase in the number of arrests for violations of the Controlled Substances Act between 1988 and 1992 and the 50% increase in drug-related felonies filed between 1993 and 1994, the Madison County Drug Court came into existence with a strong sense of urgency. The program has committed judicial leadership as well as a host of willing collaborators including the state's attorney, probation department, public defender, 708 mental health board, county board, TASC, and the local drug treatment provider.

Results of the two year evaluation of the Madison County Drug Court show that the project followed a pattern of implementation characterized by stakeholder commitment to the goals of helping participants discontinue drug use and criminal activity and become employed, productive members of society. It is encouraging to note that throughout the two year study stakeholder commitment remained high and focused on producing better interagency coordination and problem solving all geared toward improving the drug court operations and services to its clients.



The use of "steering committee meetings" for the purpose of dealing with issues and concerns in operating procedures was sustained throughout the study period and served as a major problem solving mechanism for the stakeholder agencies. The evaluation team attended these meetings and was encouraged by their willingness to pay attention to the management information reports and use the data to promote program improvement. Nowhere was this more evident than the issue of client recruitment. After several management information reports documenting less than hoped for enrollment figures, the steering committee agreed to start a Track II drug court as a method of getting more people into drug court services. Even though this second program track did not improve overall recruitment it did prove that positive results could be achieved with a group of offenders with more serious criminal justice involvement. Moreover, it offset reductions in Track I enrollment that occurred toward the end of the evaluation study. The lack of increased enrollment combined with the work burden on drug court and treatment staff may indicate a need to increase staff in order to effectively enroll and handle significantly more than 100 participants per year.

With respect to effectiveness, the project clearly succeeded with program graduates, made substantial progress with Track II participants and late dropouts in Track I (participants staying longer than 3 months but did not graduate), but was unable to provide effective assistance to a relatively small group of clients who dropped out early (prior to 3 months of participation). Criminal recidivism was significantly reduced and the number of participants who became drug-free and employed significantly increased. The program merits commendation for its commitment to improving the lives of its participants and making Madison County a safer community.

Areas requiring additional attention and study include improving the retention and graduation rates, greater attention to young African American male participants and women, and taking a close look at whether additional case management and treatment capacity are necessary in order to maintain and increase enrollment.

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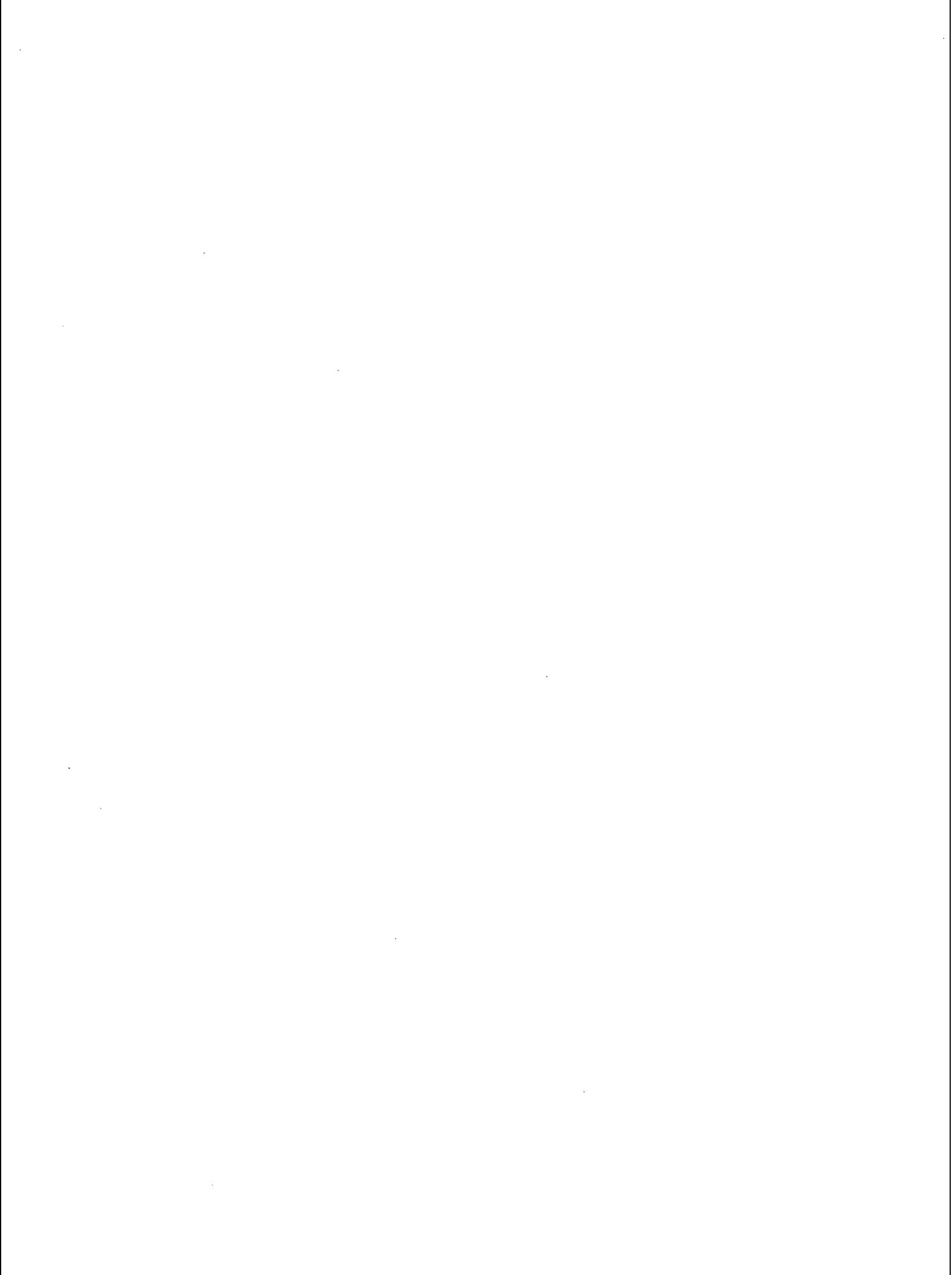
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1.0 Introduction

The evaluation of the Madison County Assessment and Treatment Alternative Court (also referred to as the Madison County Drug Court or drug court, or "the program") was funded by the Illinois Criminal Justice Information Authority (ICJIA). Funding for this evaluation began in March of 1996 and most data collection was completed in March, 1998, although several follow-up interviews with participants were completed in April and May, 1998. This is the final report for the Madison County Drug Court evaluation and it includes both quantitative and qualitative data regarding the implementation and effectiveness of the drug court.

1.1 Overview of Final Report

This final report is designed to give ICJIA and other readers a comprehensive view of the Madison County Drug Court for the time period of the funded evaluation: the first two years of the drug court operations. Toward this end, Chestnut Health Systems has focused its time and resources during the two-year study on the twin goals of implementation and outcome evaluation. An objective of the implementation evaluation was to provide ongoing feedback to project stakeholders regarding implementation problems and progress in the hopes that evaluation data would help them make program corrections and improvements where indicated.

The interim report (May, 1997) focused primarily on implementation evaluation findings with some analysis of proximal drug court outcomes during the first year of operations. This final report is a compilation of all findings with special emphasis on program effectiveness. Accordingly, the report is directed at both an internal audience of the drug court stakeholders (including personnel in ICJIA, Madison County Drug Court, probation, the state's attorney and public defender's offices, Treatment Alternatives for Safer Communities (TASC), as well as treatment personnel) and those with a general or specific interest in drug court effectiveness. Readers interested in drug court implementation may also find this report useful and gain a better understanding of implementation issues such as difficulties of screening and enrolling adequate numbers of clients and implementing health screening services.

During the first year of this study, virtually all of our evaluation work focused on providing stakeholders with rapid feedback regarding several key implementation issues. Toward this end, we structured routine quarterly feedback on key client and program variables. This process proved so useful that stakeholders requested monthly reports to approximate "real time" information feedback. The evaluation team agreed and for the next several months provided monthly management reports. This example clearly illustrates the significance of formative evaluation in Madison County's drug court experience. The second year of the evaluation provided quarterly feedback to stakeholders, but saw increased activity in client follow-up tracking and interviewing, collection of criminal history data (with much assistance from the pretrial investigation staff in the Madison County Probation Office), and analysis of all the outcome data.

This report documents both the formative evaluation findings and the client outcomes and, whenever possible, findings are supplemented by qualitative data collected through a series of interviews with clients and stakeholders. The outcomes section of this report (Section 4) attempts to address many of the key areas and concerns highlighted in the federal government's 1997 Government Accounting Office (GAO) report on drug court's, but goes a step forward in addressing some relatively unknown issues identified by the GAO such as post-program client outcomes and utilization costs.

1.2 Organization

This report is organized according to several key implementation and outcome evaluation questions posed by ICJIA (ICJIA, 1995) and addressed in Chestnut's proposal to evaluate the drug court (Godley, Dennis, & Weisheit, 1996). A summary of these questions can be found in Appendix C, "Crosswalk of Summary Questions, Issues, and Data Sources." This report uses those questions as subheadings for organizing sections of this evaluation report. We have addressed each of these key questions for which we have either qualitative or quantitative data.

2.0 Context, Organization and Components of the Madison County Drug Court

2.1 What is the context in which the program was implemented?

Since the early 1980s state and federal courts have seen a dramatic rise in the number of drug-related cases due to increasing rates of chronic use and tougher drug laws enacted to counteract both drug use and drug-related crimes. One way that court systems have responded to these demands has been to create special drug courts to handle drug-related offenses. The two main approaches used in these drug courts have focused on either (a) the speedy disposition of drug-related cases or (b) diverting offenders into treatment as an alternative to trial and potential incarceration. The Madison County Drug Court program was implemented along the lines of the latter approach. Fueled by a 437% increase in the number of arrests for violations of the Controlled Substances Act between 1988 and 1992 and the 50% increase in drug-related felonies filed between 1993 and 1994, it has come into existence with a strong sense of urgency. The program has committed judicial leadership as well as a host of willing collaborators including the state's attorney, probation department, public defender, 708 mental health board, county board, TASC, and the drug treatment provider. During the first year of drug court operations, there were implementation and coordination problems, and at times, personality conflict, but none appears to have diminished stakeholder resolve or commitment to the drug court. The second year of drug court was characterized more by problem solving, correction and fine tuning. The information reported in this section comes from stakeholder and client interviews as well as from evaluation field notes.

Program operation context (geography, demographics, economics, etc.): Funding for the drug court was local. Stakeholders attributed the willingness of the county board to tolerate the lower-than-expected numbers of clients to the generally strong local economy, with hope that the drug court would be effective, and enrollment would climb given additional time.

A key element of the drug court was employment for clients. Stakeholders generally believed that employment opportunities were available in the area and that drug court clients were employable. At the same time, it was also believed that most of the available jobs were in fast food or similar

service industries, and that the income from these jobs would probably not provide a living wage. Hence, the need for the drug court treatment program to include a vocational component to assist clients in finding better jobs or entering GED and/or training programs was recognized. Two specific services designed to assist lower-income clients in maintaining program attendance and facilitating program completion were transportation to drug court treatment programs and child care during treatment sessions for clients who did not have these services available.

Nature of law enforcement, drug problem, community service picture (history/interventions): As was the case at the time of the interim report, nothing in the interviews provided insights into law enforcement practices, except it was noted that anti-drug efforts were heavily focused on the poorest minority citizens in the county. Some indirect support for this comes from the fact that the pool of arrestees from which drug court clients are drawn appears to over-represent minorities and the poor -- a situation similar to that in most cities. One problem throughout the period of the evaluation was the failure of the drug court to develop a close working relationship with local law enforcement. Several of the stakeholders recognized this shortcoming, attributed inaction to the demands of program start-up and fine tuning, and presented a strong interest in pursuing it in the near future.

Description/assessment of program community-wide social/political context: Stakeholders believed there was general support in the community for the drug court, even though local politicians are generally conservative. The only initial objections came from the sheriff, who believed the money should be spent on law enforcement rather than treatment. However, that vocal opposition faded when the sheriff was made aware that the funds were restricted and could not be used for enforcement. Local defense attorneys were also slow to embrace the drug court. The judge and drug court staff gave a presentation to the local bar, and it is believed that this presentation successfully addressed the concerns of defense attorneys. Despite this, by the time of the year two interviews there was still no sign of cooperation from the local bar. It is suspected that police had strong reservations about the drug court, although they have not expressed their opinion. It was suggested that more needs to be done to educate police, but that has not happened to date. The fact that the court is funded through the county board, as well as the local 708 board, is a good reflection of the drug court's support among those with local political influence. At the

time of the second year's interviews, stakeholders reported that one member of the county board voiced some concerns, but the board as a whole continued to be very supportive.

2.2 What are the components of the Madison County Drug Court Program?

Madison County Drug Court Program summary (features, dates, key stages, etc.): See the document entitled "The Madison County Assessment and Treatment Court: A Brief Overview of the Court, Treatment Program and Evaluation Designs" found in Appendix B of this report. This "design document" provides descriptions of both the drug court operations and the evaluation. Updated through April 1997 it is an essential document to understanding the Madison County Drug Court and its components.

Description of program coordination/management: As originally planned, the drug court is run by the presiding judge, who does a good job of keeping abreast of issues and problems as they arise. The court also seems to do a good job of quickly adapting and modifying procedures when necessary. A key figure in the process is the drug court coordinator, who is generally responsible for making certain that the judge's requests are carried out in detail and for "troubleshooting" when minor problems arise. During the first year interviews with stakeholders the coordinator, on occasion, was perceived as somewhat demanding by other stakeholders. It is quite possible that a somewhat aggressive approach was necessary to ensure prompt and full cooperation. Although the coordinator's approach and commitment to the success of the court seemed consistent over the course of the evaluation period, by the second year's interviews additional concerns were not expressed. Generally, the coordination among agencies appeared to be good.

Program participation description/assessment (competition, conflict, cooperation, mobilization): For the most part, the various agencies involved work together very well. There is widespread support for the concept of a drug court and participating agencies seem committed to making it work. Some conflicts arose early in the process when pretrial services were under pressure to quickly conduct and verify criminal history checks with little or no notice. Similarly, the effort to quickly assess and admit clients to the drug court put a strain on TASC personnel, who were sometimes required to put aside other work to immediately attend to drug court clients. This was

a serious problem at the very beginning, when a large number of cases might be admitted simultaneously, but by year two this problem had largely subsided for the following reasons: (1) the flow of cases became more predictable and steady, and the number of cases admitted at any one time became more manageable; and (2) both pretrial and TASC took the drug court demand into account in scheduling their other activities. There were some differences of opinion between treatment providers and the judge noted in the interviews during both years. In particular, treatment providers saw the judge as too tolerant of missteps by drug court clients -- too hesitant to impose short jail stays or to terminate uncooperative clients. Treatment providers recognized that some of this difference was a matter of perspective, and several mentioned that it might be helpful to provide more training to drug court personnel regarding the behaviors of addicts and strategies for dealing with them in treatment. There was no evidence of conflict or competition among any of the drug court stakeholders that would threaten the successful operation of the drug court.

Decision-making/problem solving techniques used by program administrators: Perhaps the most frequently-used problem solving technique grew out of the manner in which the drug court was originally formed in Madison County. It began with the cooperation of many agencies, with each being given a chance to contribute and make suggestions. Over the course of the evaluation, periodic meetings were held by representatives of the various agencies involved in the drug court, and these meetings appeared to be very helpful in bringing areas of disagreement to light and developing strategies for dealing with these disagreements. These face-to-face meetings appeared to be more effective than telephone discussions or other strategies.

Qualitative analysis of implementation and operational priorities: Stakeholders all saw the primary focus of the drug court and their work with it as providing treatment to, and facilitating a lifestyle change for, clients and were highly committed to these objectives. In fact, the evaluator conducting the stakeholder year two interviews was surprised by the continued high level of commitment still expressed at that time. Several stakeholders have examples of cases in which they had serious disagreements with other agencies, but set those aside "for the good of the client." Both treatment and court staff are to be commended for not allowing day-to-day operational details to take priority over the larger goals of the drug court.

General assessment of extent to which initiative did or did not work as intended: Focus groups and stakeholder interviews suggested that the drug court was operating as intended. The Madison County Drug Court did go through a number of changes, both in court procedures and in the treatment program, but these changes were reasonable responses to problems that arose. In some studies we have observed model changes being made for the convenience of the program staff or to cut down on expenses. This was not the case in the drug court project. The organizational response to problems seemed to be a healthy one in which changes were made without losing sight of the larger objectives of the court.

3.0 Implementation (Process) Evaluation

3.1 What appeared to help or hurt the program's implementation?

Assessment of factors that facilitated or inhibited implementation: Three factors seem to be key to the successful implementation of the program. First, was the decision early on to give all interested agencies a voice in the development of the drug court, and to do this through frequent regular meetings, which continued after the drug court began. This was essential in getting the necessary "buy in" from participating agencies, but also proved important as a mechanism for airing concerns and problems after the drug court was in operation. A second factor that facilitated implementation was the active leadership of the judge. When bringing together many very different agencies, it is important to have a single person with a vision of the whole, as well as the authority to compel others to cooperate. The third factor that was important to the successful implementation of the drug court is the energy and persistence of the drug court coordinator, who must have the broader vision of the judge but must also work with the day-to-day details of the court. Not all stakeholders appreciated the style of the drug court coordinator, although this did not dampen their commitment to the drug court concept.

There were several impediments to the successful implementation of the drug court. By far the most serious problem was the much smaller than expected number of clients entering the program. Ironically, the small number of clients was probably a positive development in the

earliest stages of implementation because early on the court and treatment staff would not have had the personnel or the physical space to give a large number of clients intensive and relatively personal treatment. In this sense, the earliest graduates probably had a better experience than they would have if the court had met its early projected numbers. The original projection of 200 drug court clients per year was never approached. By year two, a second track of clients had been added -- drug-involved offenders who had violated the terms of their probation and were given a choice of the drug court or prison. This second track was expected to produce a far larger number of clients than the original Track I clients. At the end of the evaluation a total of 165 Track I and 62 Track II clients had participated in the drug court since its inception. Surprisingly, the addition of Track II did not increase appreciably the enrollment numbers in the second year relative to year one. In the second year of the evaluation 42 Track II clients entered drug court compared to 52 in Track I for a total of 94 clients. In year one the total number entering was 104 (101 in Track I and 3 in Track II). During the last two months of the evaluation period (January and February of 1998) another 12 clients entered Track I and 17 entered Track II. By the end of the study a trend for Track II admissions to outpace Track I admissions was emerging. Adding a juvenile track was also discussed at the time of the year two interviews, although no one expected this to produce a large number of cases.

Another impediment to the program was the much longer than expected implementation of the computerized information system. At the time of the year two interviews the system was still not fully operational (or stakeholders did not know how to operate it). Given the importance that other successful drug courts have placed on having such an information system, this is an impediment of some concern.

Another problem was that health screenings were not immediately implemented. By year two health screenings were being conducted, but there was no mechanism for providing health services to treat any identified problems. In other words, clients learned they had medical problems, but no treatment was available. A related client health problem that may have made participation difficult for some was dental care. It was thought that, for at least some clients, drug use was a form of self-medication, making successful treatment more difficult.

Assessment of factors not included or eliminated and explanation of such factors: The first year of the drug court saw a fine-tuning of the process. One change was the decision to stop using the Substance Abuse Subtle Screening Instrument (SASSI) as a preliminary screening instrument in the jail because the drug court caseworker had experience working with offenders and felt that a few oral questions would be simpler and just as useful as the SASSI form. Since the pressure on the drug court staff is to include rather than exclude potential clients, and since a more thorough screening is almost immediately conducted by TASC, it is unlikely that dropping the SASSI has had much impact on the process or outcome of the drug court.

Description of deviations from original program design; assessment of how these helped/hindered: On the court side, there were several minor deviations from the original design, each of which were designed to encourage enrollment or keep participants in the program. In February 1997, arrestees who declined to participate in the drug court were required to sign a declination form themselves. This was a response to discovering that some private defense attorneys had declined for their clients, without the client's knowledge. Since most cases are handled by a public defender, and since most private attorneys did not decline for their clients without their knowledge, this change probably had a negligible impact on the court or the size of its client population.

Another change in procedures occurred near the end of year one. Arrest warrants were issued against clients who stopped attending treatment and could not be reached. However, the sheriff's office was very slow in pursuing these cases and the clients were often at liberty for weeks. The drug court coordinator made arrangements with the U.S. Marshall's office to enforce these warrants, and clients who absconded were usually picked up within a day or two. The operation of the system was improved, but relations with the sheriff were not helped. Thus, this practice was ended not long after it began. The primary reason for cessation involved a case in which U.S. Marshalls, in enforcing a warrant, found a client in possession of drugs and proceeded to bring federal drug charges against them rather than return the person to drug court.

Finally, a minor change in procedures to redefine clients for whom intensive inpatient treatment was thought necessary. Originally, these clients were sent to inpatient treatment, and upon their release from inpatient, were admitted to the drug court. This procedure was changed so that clients diagnosed as in need of inpatient treatment were officially admitted to the drug court, sent to inpatient treatment, and upon their release from inpatient, joined other drug court clients in outpatient treatment. This became a much more substantial issue with the addition of Track II, as these clients generally had more serious drug problems and were more likely to require inpatient services. This modification increased the number of clients who were officially in the drug court. The effectiveness of drug court with Track II clients is discussed in Section 4.

In addition to these minor changes, there was a major change in December 1996, nine months after the drug court began: the development of a second drug court track. Track II clients were those who were already on probation and faced probation revocation. For many, the choice was between prison or drug court. Since the court was dealing with offenders who had already been sentenced, adding this track simplified things for court personnel by eliminating the need for screening by offense type, doing away with the need for a hurried offense history check (as it was already done when they were sentenced to probation), and eliminating the need for an immediate assessment. There were no explicit criteria for being included in this track; participation was determined on a case-by-case basis depending on the wishes of the prosecutor. Eligibility for the original drug court Track I clients depended heavily on their current offense and offense history, neither of which automatically excluded anyone from Track II, where decisions were made on a case-by-case basis. This new track simplified things for court workers and had the promise of substantially increasing the number of clients served by the drug court -- a promise that was still not realized by the time of the year two interviews, nearly one year after Track II began. Specifically, by the end of 1997 (almost two full years of recruitment for the drug court) there were 198 participants enrolled in Track I and Track II. Of these, 104 had entered in 1996 (52.5%), while 94 (47.5%) entered in 1997. Of those 94 in 1997, 52 were Track I and 42 were Track II. Apparently, half of the enrollment in Track I from 1996 was offset in 1997 by Track II participants. This finding requires additional analysis. From the early drug court planning document stakeholders had hoped to create a static capacity of 200 participants. It is clear from our observations and interviews that staff were fully utilized and that this could never be achieved

with the current staffing levels in the drug court office or the treatment program. Moreover, the fact that the drug court served about 100 participants per year in spite of efforts to boost numbers suggests that they were already close to capacity.

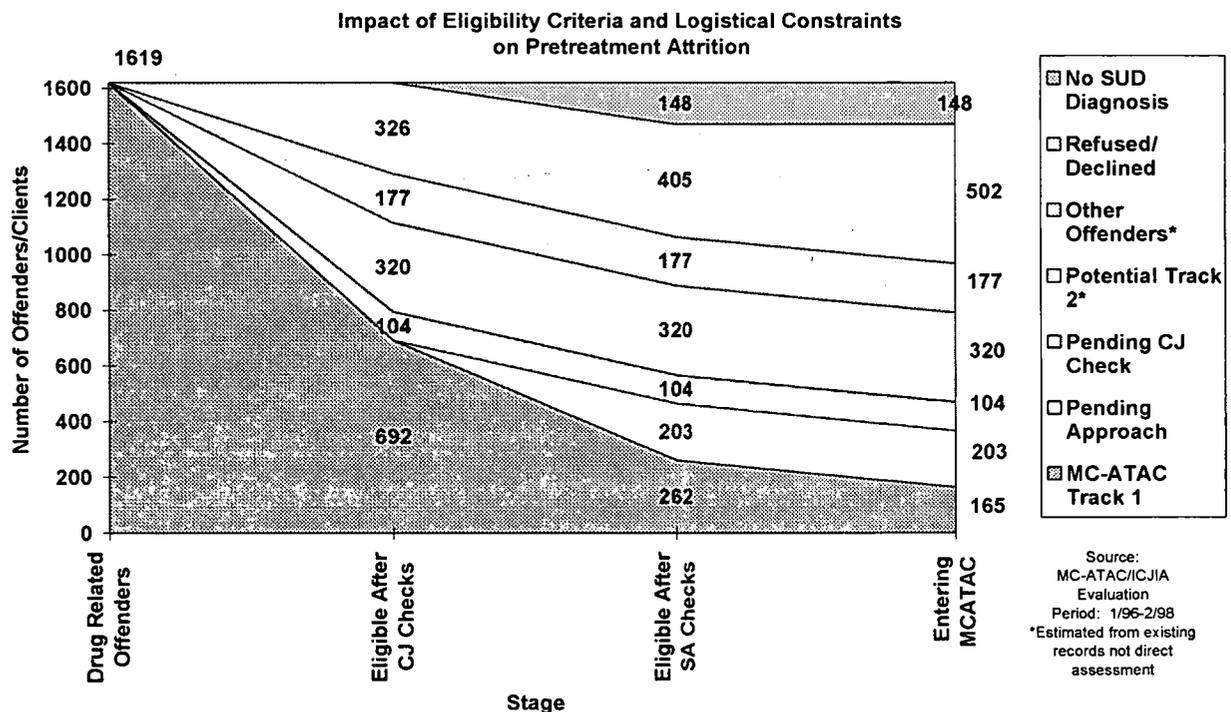
Regarding treatment, the biggest change occurred in June 1997, more than a year after the program began. Partly as a response to concerns raised by clients, the treatment program was modified to allow clients to better tailor treatment topics to their particular problems. In addition, the new treatment program placed increased emphasis on life skills such as anger management. While treatment staff were initially apprehensive about the sweeping nature of the changes, by the time of the year two interviews, about six months after the new program was put in place, the staff saw it as a much improved alternative to the original treatment design.

Assessment of relevant key technologies that facilitated program success: Two technologies were essential to the drug court process. First, the ability to conduct urine screens was an important way to keep clients honest in treatment and to monitor their drug-using behavior. Since these were individuals who, for the most part, did not seek treatment, dishonesty could be a serious problem without the ability to verify their reports through urine screens. In fact, it was not unusual for a client to deny drug use to the judge who then confronted them with the results of their dirty urine screen. The second technology essential to the process was a good information system. The delays in setting up the Tracker system were a problem, but even the more primitive system set up to temporarily handle the information was vital. The judge could not access all parts of the system by the time of the year two interviews, but he could bring up information about urine screens and treatment attendance - two vital pieces of information for determining whether to administer sanctions or incentives during a status hearing. Finally, the information system implemented by the evaluation team for the purpose of tracking key drug court performance measures provided useful information to the stakeholders at monthly intervals during year one and quarterly thereafter. Much of the information and figures provided in this report were generated from the information system the evaluation team used to provide these feedback reports. A comprehensive management report can be found in Appendix A.

3.2 Who was served by the demonstration?

The pipeline: Not everyone who commits a drug-related crime is a substance abuser, in addition, those who have committed violent crimes are considered inappropriate for the kind of treatment diversion that is at the core of the drug court. Since the literature suggested that drug courts often serve only a small percentage of the people committing drug crimes, we carefully examined where people dropped out of the pipeline in the process of entering drug court related treatment. As illustrated in Figure 3-1, from January 1996 to February 1998, Madison County Drug Court personnel identified 1,619 people with drug-related crimes. Court personnel found that 326 (20%) of these people refused or had to decline participation because of logistical problems; 177 (11%) people were ruled out because of a history of violent crimes or weapons offenses; and another 320 (20%) were initially ruled out because they were currently on probation, had a prior conviction or multiple prior probations. This latter group turned out to include many people who were very similar to the target population, and starting in December 1996, became the source for clients recruited into the new "Track II." At the time that data collection ended, there were still 104 (6%) with pending criminal history checks.

Figure 3.1



Of the remaining 692 people who passed criminal history checks, 148 (21%) people were subsequently ruled out because they did not have a substance use disorder (SUD) diagnosis; 203 (29%) absconded, having pending motions and/or are still pending contact; and an additional 79 (11%) refused to participate in the screening process. Of the remaining 262 people who passed both the criminal history and substance use disorder checks, 165 (63%) went through the full orientation and initially agreed to participate and accept the drug court's challenge. This is 10% of all the initially-identified pool, and 24% of the pool of people clearing the criminal history checks. Of the 320 potential Track II people, 62 (19%) entered the program.

Offender/Client Characteristics: The majority of offenders who become clients were being prosecuted for Class 3 and 4 drug possession (64%), followed by forgery (8.5%), Class 3 and 4 theft (8%), retail theft (7%), and all other charges (12.5%). For Track II, a majority of offenders who become clients were being prosecuted for Class 3 and 4 drug possession (64.5%), followed by forgery (6.5%), retail theft (5%) Class 3 and 4 theft (2%), and all other charges (22%). In terms of substance use, almost half the clients met Diagnostic and Statistical Manual IV (American Psychiatric Association, 1994) criteria for cocaine dependence (44%), followed in order by one or more diagnoses of cannabis dependence (31%), alcohol dependence (27%), cannabis abuse (2.4%), alcohol abuse (2%), cocaine abuse (1.2%) and one or more other substance use disorders (9.6%). Approximately 40% of the clients had a prior history of substance abuse treatment and 24% had a prior history of mental health treatment. Almost half of Track II clients met criteria for cocaine dependence (48%), followed in order by one or more diagnoses of cannabis dependence (29%), alcohol dependence (16%), opioid dependence (3%) and one or more other substance use disorders (2%). Over 82% of the Track II clients had a prior history of substance abuse treatment and 27% had a prior history of mental health treatment.

Demographically, the majority of drug court clients were male (65%), white (62%), aged 18-35 (69%), single (64%), living on non-salary income (70%) and residents of Madison county (83%). Track II clients were mostly male (73%), aged 18-35 (71%), single (60%), living on non-salary income (68%) and residents of Madison County (95%). Track II clients were split, 50% white, 50% African American.

Overall, the people the drug court is recruiting into treatment appear to be very consistent with its initially-proposed target population. The additional people recruited for Track II so far also seem to be legally and clinically appropriate. Most of the differences in their profiles appear to be associated with Track II having more prior substance abuse treatment, slightly more males and more African Americans.

3.3 What court and treatment intervention did they actually receive?

Treatment Placement and Status: A major problem in past drug courts has been clients who agree to enter treatment but never show up. The drug court team has, therefore, closely monitored attendance, and is continuing to make several changes to improve it. In accordance with the placement guidelines of the American Society of Addiction Medicine (ASAM, 1994; 1996), the initial goal was to schedule clients for approximately three to five intensive outpatient sessions per week (12 to 20 per month), with each session lasting about three to four hours. Though movement is based on the individual's response to treatment, this first phase typically lasted one to three months. Clients then graduated to Phase 2 in which they had two to three one-hour sessions per week, usually for 8 to 12 months. Phase 3, reserved for stable functioning clients, required clients to come to treatment every other week for a one- to two-hour session while maintaining employment, attending school, or vocational training. Some clients who responded well to the drug court treatment progressed through these stages in a timely manner, others who were unemployed and/or unable to consistently produce "clean" urine screens needed much longer periods of time within the early phase. Hence, the matriculation of clients through the phases was variable, with some clients staying in Phase 1 up to six months prior to promotion to Phase 2.

Clients exit treatment in one of three ways: termination by the court (discussed further below), choosing to withdraw, and graduation. Figure 3-2 shows the monthly census in each of the phases and the cumulative number of clients who departed in each of these ways. Of the 165 clients who entered Track I, 34 (21%) are currently in Phase 1, 15 (10%) in Phase 2, and none in Phase 3. Twenty-five (15%) clients graduated, 51 (31%) have withdrawn to date, and 39 (24%) have been terminated (discussed further below). Figure 3-3 shows the monthly census for Track II clients. The

program is just starting to move clients into Phases 2 and 3. Of the 62 clients who entered Track II, 42 (68%) are currently in Phase 1, 7 (11%) in Phase 2 and 2 (3%) in Phase 3. There were 11 (18%) terminated from the program.

Figure 3-4 shows the mean number of sessions scheduled, attended, and with absences. The mean number of sessions scheduled (9.3) and attended (6.5) was lower than planned in the first month because, under the revised procedures, several clients were in detoxification, residential treatment, jail or another controlled environment. They then rose to a peak in month two as the majority of clients were actively involved in Phase 1, and then declined to a little over 11 as most clients were in Phase 2, and fell even further as clients approached Phase 3 and/or graduation and employment increased (discussed further below). Actual compliance (mean number of sessions attended) mirrored this pattern and the rate of excused absences was relatively constant at a rate of one to two sessions per month. Unexcused absences, however, ranged from a low of 1.3 to a high of 3.7 sessions per month and less than 0.1% of the clients mandated to treatment had no scheduled sessions in a month. Figure 3-5 shows the attendance for Track II. The pattern of scheduled and number of sessions attended is similar to that for Track I. There is a wider range of unexcused absences for Track II, from 1.1 to 5.5.

Figure 3.2

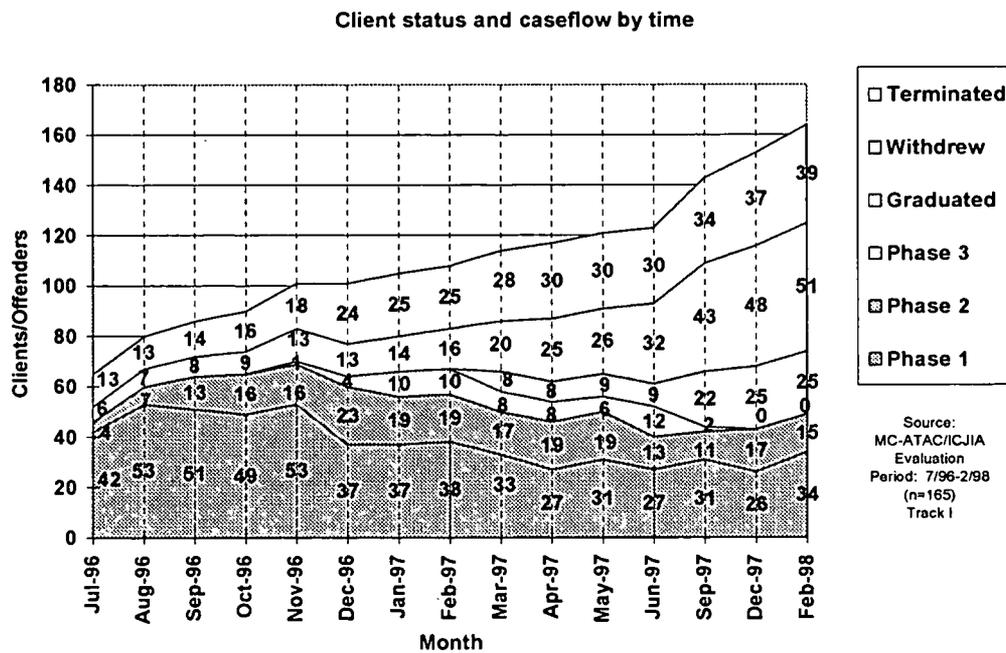


Figure 3.3

Client status and caseflow by time for Track II

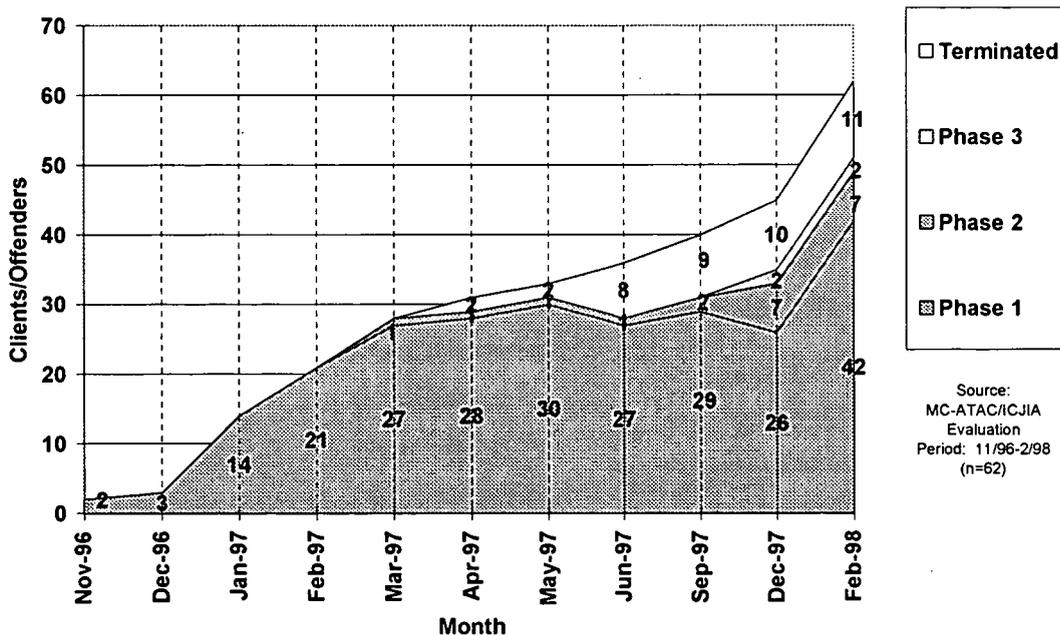


Figure 3.4

Treatment Attendance by Time in Treatment Since Intake Track I

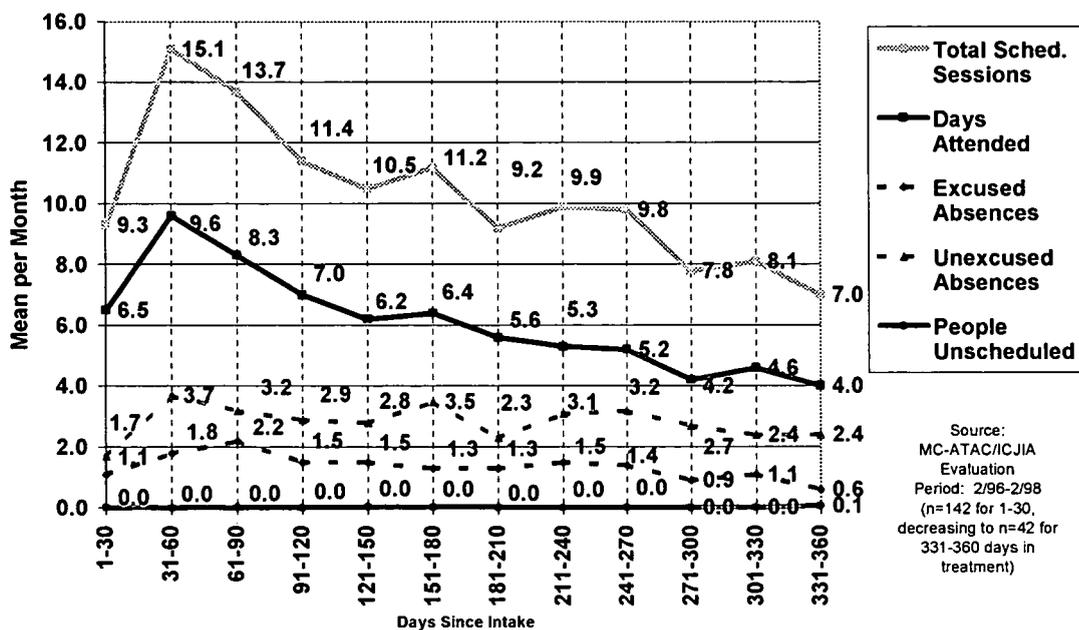
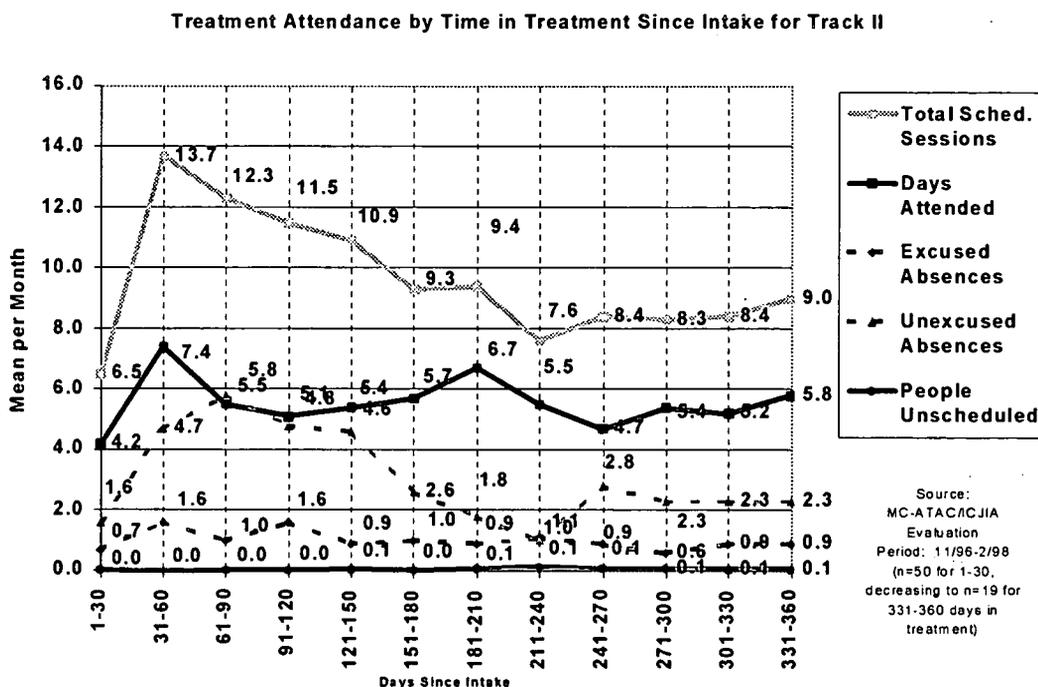


Figure 3.5



Court compliance. Out of the 165 Track I clients, 39 (24%) were terminated by the court. This includes 14 (9%) for failing to attend treatment, 20 (12%) for absconding, 2 (1.2%) who were rearrested, 1 (0.6%) who became violent at the treatment site and 2 (1.2%) who were terminated for other reasons. Of the 62 Track II clients, 11 (17.7%) have been terminated by the court -- 6 (10%) for absconding and 5 (8%) for other reasons.

Completion and Retention. In the 1997 GAO report on drug courts, formulas were presented for calculating rates of completion and retention. The rate of completion is the total number of graduates as a percentage of the total number of clients admitted to the program less those that are still enrolled in the program. The retention rate is the number of graduates and those still enrolled in the program as a percentage of the total number of clients admitted to the program. Retention rate is used as an indicator of the extent to which a program retains its participants. Using these formulas, Track I had a completion rate of 22% with a retention rate of 46%. While there were not any graduates in Track II as of the end of data collection, there was a high retention rate of 82%. The large difference in retention rates between tracks could be due to the fact that clients were not

allowed to voluntarily withdraw from Track II (31% of the total number of Track I clients withdrew). Nationally, for 56 of 62 drug court programs in operation for 18 months, the completion rate ranged from 8% to 95%, with an average of 48%. Retention rates for 131 of 134 drug court programs surveyed ranged from 31% to 100%, with an average of 71% (GAO, 1997). These comparisons indicate that Track I completion and retention rates under-perform the average while Track II retention rates exceed the national average.

Client subgroup differences in retention and completion. Client subgroup analyses were conducted to determine if there were differences in demographic and other client characteristics at baseline that would predict drop out status. Results from chi-square analyses indicated that African American males ($p=.039$) who were unemployed ($p=.000$) were statistically more likely to drop out than other participants. An interview with the drug court treatment coordinator corroborated this finding. The coordinator also added that female participants were more challenging to work with due to histories of dysfunctional relationships, which may have involved victimization. Quite often these participants were harmfully involved in relationships during their drug court participation which distracted them from full engagement in the program.

4.0 Drug Court Outcomes

4.1 To what extent did the program reduce individual negative behaviors, and increase positive behaviors, and other areas of individual functioning?

In the GAO report on drug courts issued in 1997, it was noted that most drug courts studied to date failed to report on post-discharge criminal recidivism or drug use. Although several reasons exist for this lack of data, we believe the primary reason is a combination of factors. First, most drug courts are new and like most new programs, must work through a variety of implementation problems in order to achieve appropriate delivery of monitoring and treatment services. These implementation issues argue against beginning an outcome evaluation right away since it takes time to get the program running properly. Second, as reported by the GAO (1997) the minimum

length of most drug court programs is 12 months. Given these two facts, we believe it would take a minimum of two years from program inception before a sufficient number of clients could be successfully discharged and a follow-up study *initiated*. This being the case, we would only now (May, 1998) be implementing a follow-up study and the number of graduates in May was 25 (with another 17 scheduled to graduate in June, 1998). Given recent emergence of drug court programs it is not surprising that post-program follow-up studies are rare. In addition, it is costly to undertake client follow-up interviews.

While the GAO report is well-aimed to call for *post-program* follow-up studies, we believe there is much to learn about program effectiveness during the participants' active year of enrollment. Since most drug court programs (including the Madison County program) are outpatient programs, participants, for the most part, are not in controlled environments like inpatient treatment facilities and are, therefore, subject to all the environmental factors that might encourage drug use and criminal activity. The goal of drug court treatment and monitoring is to help the client discontinue drug use and find constructive alternatives such as employment and pro-social leisure activities that help them maintain a lifestyle free of drug use and crime. Because this goal must be substantially realized in order for them to graduate, we believe that the 12-month period following drug court intake is a vital period to study participants' responses to drug court monitoring and treatment. Subsequent follow-up studies are only justifiable if program evaluation studies indicate measurable client improvement during the first 12 months following intake. The Madison County Drug Court evaluation focused on a study of outcomes in the first 12 month period after intake and included a 3 month post-program follow-up for Track I drop outs. These outcomes provided us with a wealth of information and data to study. The drug court outcome findings are presented below.

Length of Stay Cohorts: Length of stay is an important variable in drug treatment studies.

Several national drug abuse longitudinal studies of treatment outcome (Treatment Outcomes Prospective Study-TOPS, Drug Abuse Treatment Outcomes Study-DATOS) have observed that drug abuse clients discharged prior to three months of services do not fare as well as those receiving longer term services. In the Madison County Drug Court data we observe much the

same pattern. In addition, and as recommended in the GAO Report (1997), we have included a large sample of Madison County Drug Court decliners in the analyses. Drug court decliners are individuals who were invited to participate in the Drug Court program but declined involvement. Unfortunately, their declinations occurred prior to the intake interview and our use of this group for comparison purposes is limited to criminal history data and basic demographics. Below is a summary of each of the length of stay (LOS) cohorts and the decliner group:

- Early Drop Outs (clients dropping out or terminated prior to 90 days of participation)
- Late Drop Outs (clients staying longer than 90 days but not graduating); and
- Graduates (those who successfully complete the program)
- Decliners (clients who qualified for drug court screening due to their most recent criminal charge but refused further involvement with the project).

Criminal Recidivism. One of the main goals of the Madison County Drug Court planners and stakeholders was to prevent or reduce criminal recidivism among drug court participants. This goal was tied to reducing the economic burden on the court system and the cost of crimes against property and residents of Madison County. In order to test the question of whether drug court participation reduced criminal recidivism, the evaluation team enlisted the cooperation of the Director of Court Pretrial Services and her staff. The director's office ably produced criminal history data for all participants and decliners considered between January 1996 and January 1997. For each defendant, criminal histories covered the one-year period prior to being offered the Madison County Drug Court program *and* the one-year period following this event (the time participants would be enrolled in the program).

For this analysis we compared 104 drug court clients (Track I and Track II) and 150 drug court decliners. For the 12-month pre-drug court time period we found an average of 1.3 arrests per drug court participant compared to an average 1 arrest per decliner. The difference between these two groups on "pre-drug court arrests" was not statistically significant, demonstrating that these two groups were approximately equivalent on criminal history. The 12-month post-drug court entry period revealed a statistically significant decrease in arrests for drug court participants when

compared to decliners ($F[1,252]=4.483, p=.035$). Figure 4-1 demonstrates the superiority of drug court participants in reducing their arrests by nearly 70% over their pre-drug court level.

A second analysis focusing solely on drug charges was then conducted with the same samples. In this analysis, we observed that drug court participants average .6 drug charges per individual prior to enrollment while the decliner group averaged .3 charges per individual. This pre-drug court difference is statistically significant ($F[1,252]=6.150, p=.014$) and suggests that the drug court program was more likely to enroll clients with drug arrests than to have them decline. At the 12-month post-enrollment period, we observed a significant decline in drug-related charges for drug court participants compared to a slight, insignificant reduction for decliners. The drug court participants experienced a 58% reduction in drug-related charges. Figure 4-2 illustrates the changes over time in drug charges for participants and decliners.

We looked closer at the criminal recidivism outcomes by breaking the drug court participant group into three distinct LOS groups (as described above). The early dropouts (<3 months in drug court) showed virtually no change in criminal arrests or drug charges over time. Late dropouts (3months - ~12months) decreased from 1.2 arrests to about .34 arrests per individual (an improvement of 72%) while the drug court graduates decreased from 1.3 to less than .1 arrests per individual (an improvement of 92%). See Figure 4-3 for these results.

Figure 4.1

Average Arrest Episodes from 12 Months Prior to Entering/Declining Treatment to 12 Months After Clients Versus Decliners

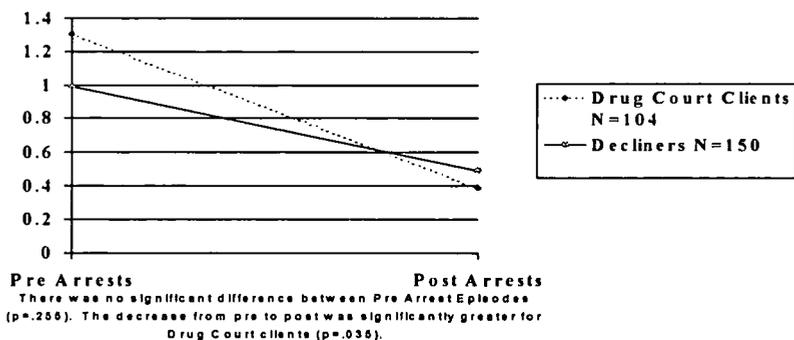


Figure 4.2

Average Drug Charges from 12 Months Prior to Entering/Declining Treatment to 12 Months After Clients Versus Decliners

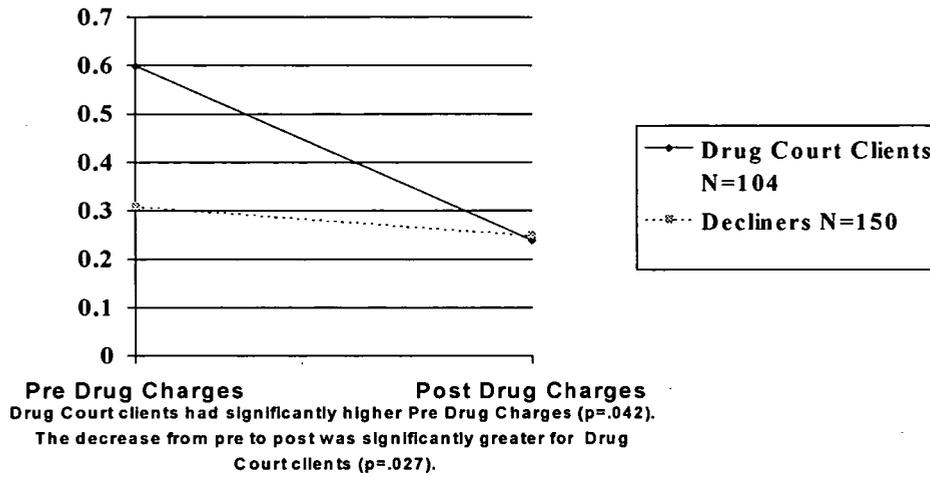
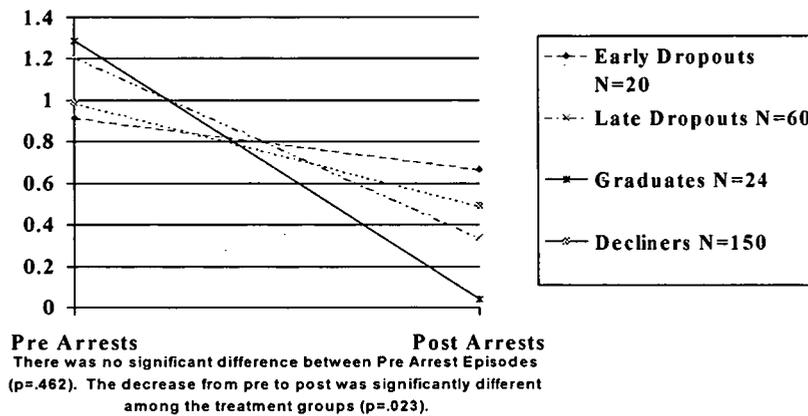


Figure 4.3

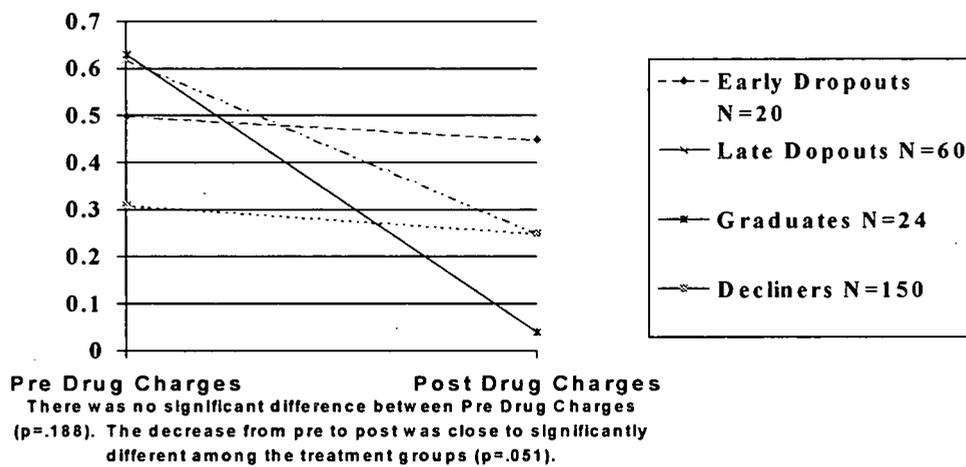
Average Arrest Episodes from 12 Months Prior to Entering/Declining Treatment to 12 Months After By Treatment Groups



Similarly, we looked at drug charges by LOS group as well. In this analysis we found that the early drop outs had a slight (10%) improvement, the late drop outs demonstrated a 60% improvement, while the graduates experienced nearly a 94% decrease in drug charge recidivism (see Figure 4-4).

Figure 4.4

Average Drug Charges from 12 Months Prior to Entering/Declining Treatment to 12 Months After By Treatment Groups



Taken together, these findings suggest the Madison County drug court program was successful in reducing criminal recidivism even when compared against a control group of less drug-involved offenders (decliners). Moreover, the textbook "fanspread" effect of a "dose-response" relationship is present, i.e., the more treatment provided, the better the effect on reducing criminal recidivism. These results provide relatively strong evidence that the drug court program is more effective depending on the length of time spent in the program. At the same time the results beg the question: "What can program officials do to strengthen and increase participant retention and program completion?" Recommendations on this and other issues will be presented in the last chapter.

Drug Use. Two different measurement methods were employed to analyze the effects of drug court involvement on participants' post-enrollment drug using behavior. The first method was used throughout the project and reported in all the monthly/quarterly drug court management reports. This method relied on urine tests conducted by drug court personnel. The second method, outlined in our drug court evaluation proposal and reported for the first time, involved three-month post-discharge follow-up interviewing with early and late drop outs. Graduates were excluded from this analysis because (a) there would not be a sufficient number with a three-month post-discharge period to follow up; and (b) the focus of this sub analysis as outlined in our proposal was on dropouts.

Main Findings from the Urine Test Data (by Track I and Track II). Except when clients are in detoxification, residential treatment, jail or another controlled environment, the program staff regularly do random urine testing (four to five times per client each month) during Phases 1 and 2 and three to four times per month during Phase 3. Samples are sent to TASC for independent testing using Fluorescent Polarization Aminuno Assay for seven main drugs: amphetamines, barbiturates, benzodiazepines, cannabis, cocaine, PCP, and opiates. This seven-panel screen is conducted on the initial test. Thereafter, urine testing is conducted on the client's top three drugs of choice. For the evaluation, we focused on the rate of average percent of urine tests that were negative on *all* drugs (i.e., clean-no illicit drug use). In the interim drug court report it was stated that during the course of treatment the percentage of clean urine screens increased significantly for the overall group of drug court participants. In the present report, Figure 4-5 breaks out urine test results by our three LOS cohort groups. Of these groups, both the graduates and late dropout groups improved over the duration of their participation in drug court. Only the graduates achieved statistical significance ($C_{(9)}=0.82$, $p=.004$). It can be seen that during the first 90-day period there are substantial differences between the three LOS groups with early dropouts achieving only one out of five clean urine tests. The late dropouts had just over two out of five clean urine tests and the graduates achieved 3.5 out 5 clean urine tests. After one year, however, graduates were for all practical purposes drug free, while late dropout's urine tests were half to two-thirds clean. These results demonstrate the clear superiority of drug court graduates and gives further validity and support to the efforts of the drug court judge and his staff in that they are indeed graduating only the most deserving participants.

Urine test results for Track II clients demonstrate a pattern of dramatic improvement during the first 120 days and steadily increasing improvement for the duration of their participation. Track II participants have initial rates of positive (dirty) urine tests only slightly better than the Track I early dropout group. This finding underscores the significance of their substantial improvement and suggests that drug court stakeholders should look at programming differences (if any) for these clients and extend these changes to clients fitting the Track I early dropout profile. For example, clients with only 20% clean urines tests in Track I are at high risk for dropping out within the first 90 days and should be treated more like Track II clients. Finally, the initial high rates of improvement in "clean" urines demonstrated over the first four months for Track II clients maintains and improves to 86% "clean" at 12 months. Figure 4-6 shows the statistically significant improvement for drug-free urines as a function of length of time in the program ($C_{(8)}=0.76$, $p=.007$). To control for any selection bias, there is a second line on the Track II graphs that excludes clients who were terminated from the program. The lines are very similar and it is still a significant increase in clean urine screens ($C_{(8)}=0.75$, $p=.008$). If dropouts were the reason for the increase, the two lines would diverge. Instead, the trend lines are similar, indicating that the rate of clean urine screens is improving for both those clients staying in the program and dropouts.

Figure 4.5

**Percent of Clean Urine Screens by Time In Treatment Cohorts
March, 1996 to February, 1998**

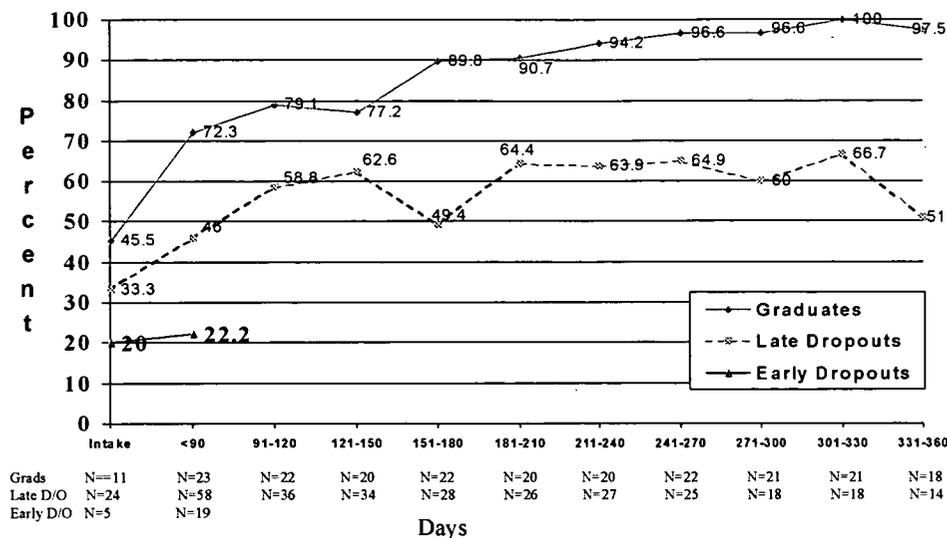
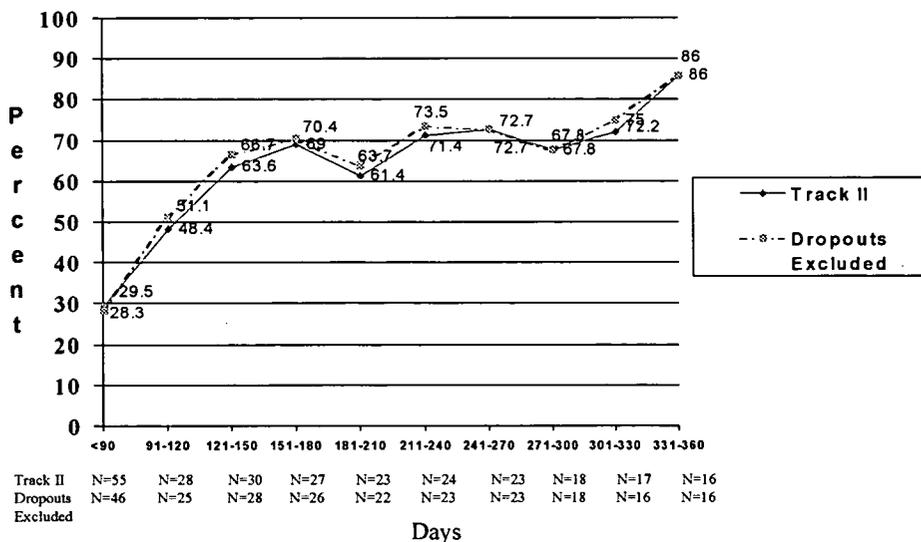


Figure 4.6

**Percent of Clean Urine Screens by Length of Time in the Program for Track II
November, 1996 to February, 1998**



Employment: One of the stated goals of the Madison County Drug Court is to restore or initiate employment or improved vocational functioning for program participants. This goal is instrumental in three ways: (1) it reduces or eliminates the costs of personal and property crimes committed by clients; (2) clients contribute to society by meeting their financial obligations and paying taxes; and (3) employment and improved vocational functioning are important milestones in the recovery process.

The Madison County Drug Court, like many others, emphasizes vocational exploration and enhancement by employing a full-time vocation counselor. During the course of their participation in drug court, 44 % (n=49) of clients who were previously unemployed found employment as a result of the drug court vocational emphasis. Figure 4-7 shows that employment improved substantially for both the late dropout group and the graduates. Every graduate was employed or in school at the time of graduation. Even though a substantially higher percentage of clients in the graduate group were employed at the time of intake, this group significantly improved over the course of their participation in the program to the point of nearly doubling their rate of employment ($C_{(9)}=0.76$, $p=.006$). The late dropout group improved over the course of drug court involvement from 16% employment to 40% employment while the early dropout group performed poorly, dropping from 25% employment to 5% at the time of their departure from the program. This result is one indication of the poor prognosis for members in this group and again suggests the need for closer monitoring and possibly more intensive programming for those clients who remain unemployed and have a high percentage of urine screens indicating drug use.

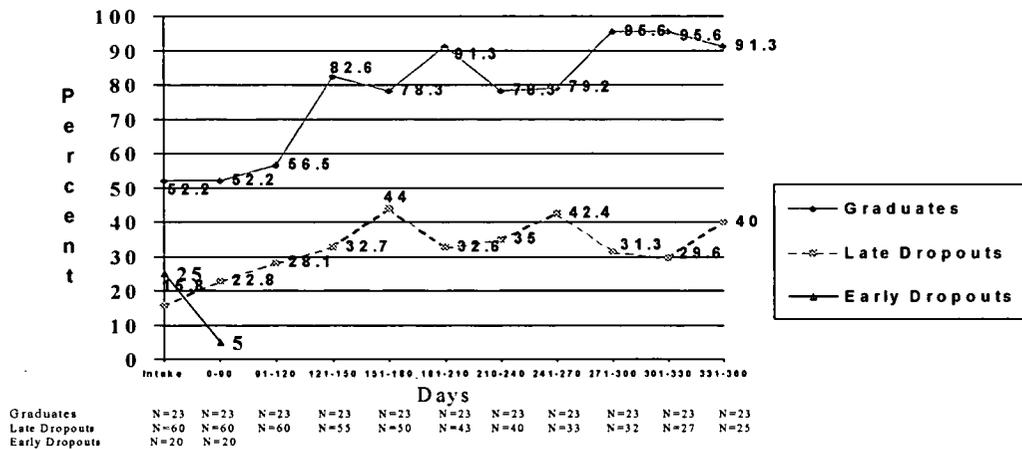
Poor employment performance for Track II clients was noted in the interim report. In fact, Track II clients lost employment over the first 90 days of their participation. This trend completely reversed itself as more clients enrolled in Track II. Figure 4-8 demonstrates a statistically significant rise in employment among Track II clients ($C_{(9)}=0.59$, $p=.032$). Employment improves from 33% at intake to approximately 60% at one year. These figures, while not as good as the graduate group in Track I, are substantially better than the late dropout group. Track II still has a significant increase in employment over time in the program ($C_{(9)}=0.59$, $p=.032$) when dropouts were excluded. The trend analysis excluding dropouts was useful in order to rule out the possibility of a selection bias that

might have occurred if their inclusion served to suppress employment rates early in their enrollment only to have employment rise significantly once the “drop outs” left drug court. Figure 4-8 clearly demonstrates that this possibility did not exist.

Figure 4.7

**Percent Employed by Time in Treatment Cohorts
March, 1996 to February, 1998**

Clients who are full-time students, homemakers, in residential care, or on medical leave were not included in computing the percents.

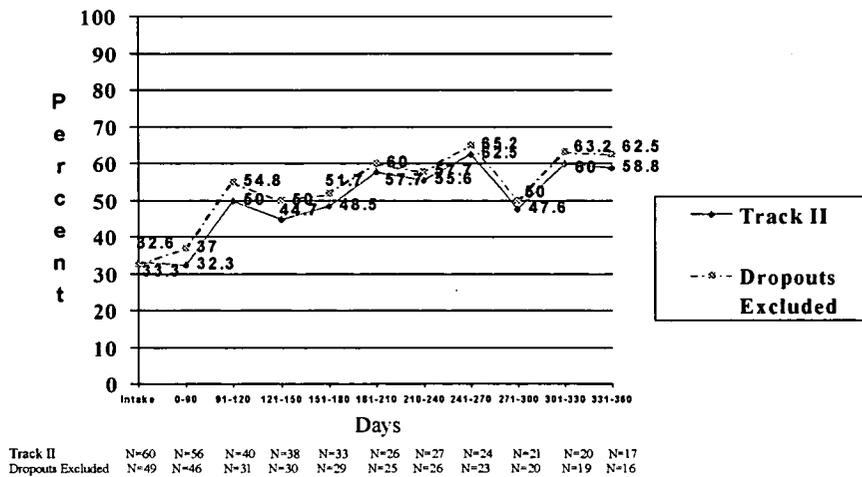


Interpretation: There is a significant improvement in drug court graduates finding and keeping employment ($C_{(9)} = 0.76, p < .05$). The trend is close to significance for the late dropouts ($C_{(9)} = .53, p = .052$).

Figure 4.8

**Percent Employed by Length of Time in the Program For Track II
November, 1996 to February, 1998**

Clients who are full-time students, homemakers, in residential care, or on medical leave were not included in computing the percents.



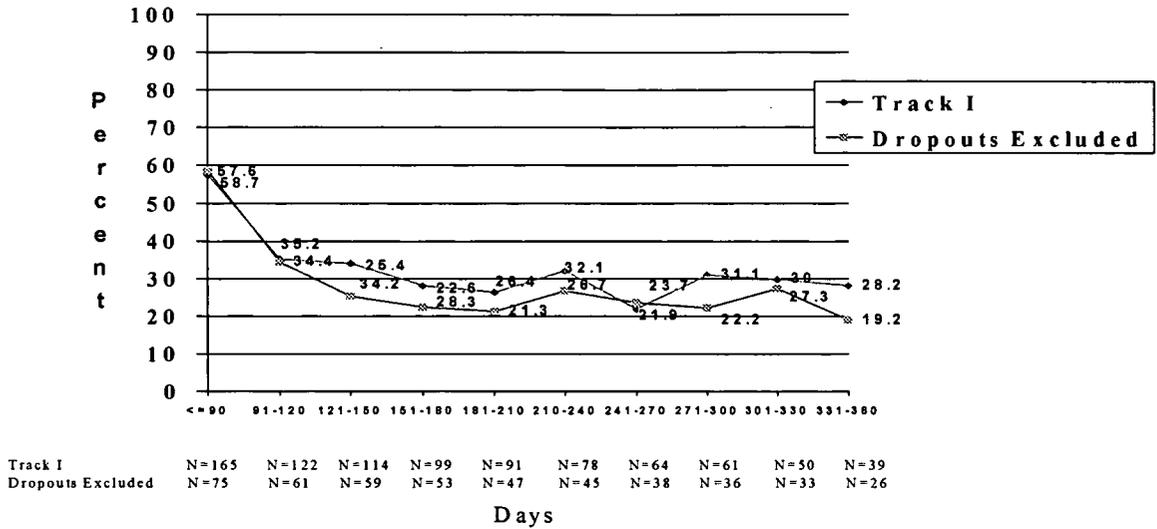
Interpretation: There is a significant improvement in drug court clients finding and keeping employment ($C_{(9)} = 0.59, p < .05$). The trend is still significant after excluding dropouts ($C_{(9)} = .59, p < .05$).

Comparison of Track I and Track II: Comparisons on urine screens and employment were made to see if they are improving at the same rate. Chi-squares for the initial urine and employment showed no significant differences between the two tracks. A C-statistic was then calculated on the difference in percentages at each time period. The C-statistic was not significant for either urines or employment, suggesting that the program is having the same effect for both Track I and Track II. Even though Track II clients were not initially eligible to participate in drug court (Track I) by virtue of their prior criminal history, it is apparent from these data that the drug court program was able to help many Track II clients return to employment as well as improve their drug-free status.

Drug Court Sanctions: Drug court sanctions are an important component of the drug court experience. In most drug courts, sanctions are used as a consequence for failure to comply with urine testing procedures, repeated urine tests showing drug use, failure to appear in court, and failure to attend treatment sessions. Sanctions include, warnings from the judge, community service, failure to promote to the next phase of drug court treatment, more frequent status hearings, and weekend or longer jail time. In one study of drug courts, sanctions were criticized as not having the desired effect on participants because the sanctions were ignored by participants and not sufficiently enforced by drug court personnel. In the present study, we expected that sanctions should be inversely related to performance on urine tests. That is, the lower the percentage of clients with "clean" urine tests, the higher the percentage of clients receiving sanctions. Indeed, Figure 4-9 demonstrates this pattern of sanctions. Sanctions show a statistically significant decrease from the first 90 days to the 12-month mark of program retention ($C_{(8)}=0.54$, $p=.029$). The result is even more dramatic for the Track II clients, ($C_{(8)}=0.73$, $p=.009$) (see Figure 4-10). The significant decline in sanctions compared to the significant increase in clean urine tests and employment is an important source of divergent validity (Cook and Campbell, 1979) in support of drug court effectiveness. The divergent trends provide evidence that sanctions were being implemented when participants were not complying with program rules. Conversely, sanctions decreased when clients' program compliance improved.

Figure 4.9

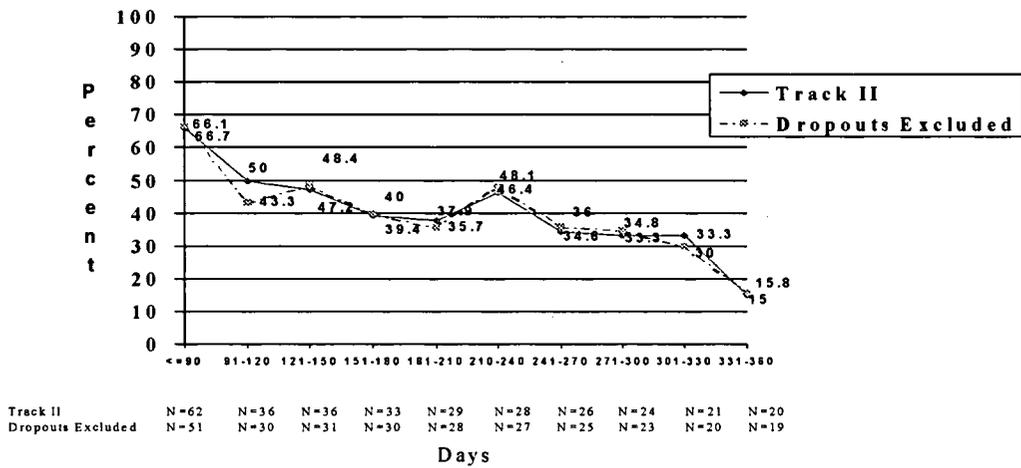
Percent of Clients Receiving Sanctions by Length of Time in the Program for Track I
March 1996 to February, 1998



Interpretation: There were significant decreases over time in percent of clients receiving sanctions:
For Track I, $C_{(8)}=.54$, $p<.05$ and for dropouts excluded, $C_{(8)}=.66$, $p<.05$.

Figure 4.10

Percent of Clients Receiving Sanctions by Length of Time in the Program for Track II
November, 1996 to February, 1998



Interpretation: There were significant decreases over time in percent of clients receiving sanctions:
For Track II, $C_{(8)}=.73$, $p<.05$ and for dropouts excluded, $C_{(8)}=.63$, $p<.05$.

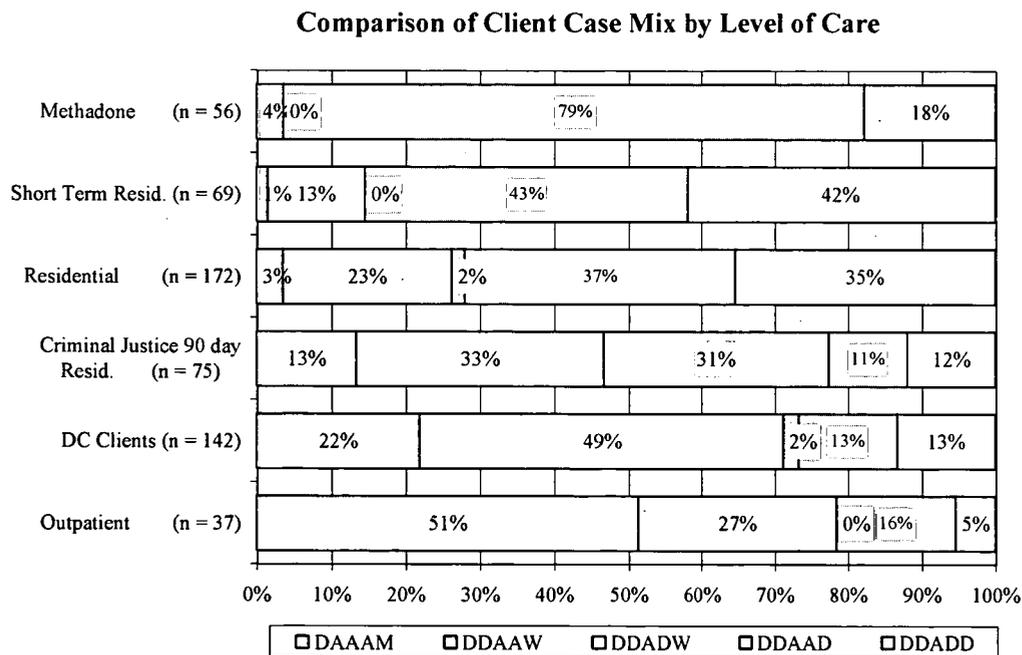
Findings From Post-discharge Follow-up Interviews: The GAO (1997) identified that about one third of the drug court programs collected post-discharge drug use outcomes. Of those studies reporting follow-up results, the majority focused on criminal recidivism. For the final report of the Madison County Drug Court evaluation we were able to follow up 73% of the clients who left the program prior to graduation. The follow-up cohort was limited to the program dropouts since (a) few graduates would be eligible for any kind of follow-up due to their length of stay; and (b) both ICJIA and the GAO reports have expressed interest in finding out additional details of how dropouts do. Interpretation of the data reported here is heightened by comparing the drug court drop-outs to a sample of criminal justice clients who failed to complete a residential (non-drug court) program. For this sample we obtained a 93% follow-up rate. Follow-up results for both samples are reported for the 90-day period following their program departure.

Both the drug court and other criminal justice sample of clients were measured using the Global Appraisal of Individual Needs (GAIN) developed by Dennis and his colleagues (1996). This biopsychosocial assessment instrument can be either self-administered or interviewer-administered and has several face-valid scales dealing explicitly with substance use, consequences of use, and services utilized by respondents (for cost-analysis). For detailed information and psychometric properties of the GAIN the reader is referred to the website (www.chestnut.org). Clients were again interviewed at 90 days using a reduced monitoring version of the instrument known as the GAIN-M90. All interviewers were trained by the principal investigators and their colleagues in tracking, locating, and interviewing clients. For both samples \$25.00 incentives were offered for completing the follow-up interview either in person or by telephone.

Client case mix severity at intake was calculated from a discriminant rule based on data from the GAIN, for all adult levels of care and the drug court group. These case mix groups include: those clients meeting criteria for drug abuse plus alcohol abuse and using monthly (DAAAM), those with drug dependence, alcohol abuse and report weekly use (DDAAW), those with drug dependence, alcohol dependence and weekly use (DDADW), those with drug dependence, alcohol abuse and daily use (DDAAD), and those with drug dependence, alcohol dependence and daily use (DDADD). Figure 4-11 shows the case mix membership by levels of care. The drug court group case mix distribution most closely resembles the distribution for the criminal justice 90-day residential program. Both groups have similar proportions in the two most severe groups, DDAAD and DDADD. There are 23% of the criminal justice sample in both groups compared to

26% of the drug court group. In the mid-severity range, DDAAW and DDADW, the criminal justice sample had 64% to 51% for drug court. In the least severe group, DAAAM, both criminal justice's 13% and drug court's 22% fall between the 51% for outpatient and 3% for residential.

Figure 4.11



Findings from this follow-up study are necessarily limited to those who fail to complete a prescribed treatment program. In the case of the drug court, clients who dropped out prior to a 12-month minimum period for graduating are included. For the other criminal justice sample, clients who dropped out prior to completing a 90-day residential treatment program are included.

Unfortunately, the study carries this limitation. Other lines of evidence from this study strongly suggests that outcomes for program graduates would be significantly better. Results from this study of dropouts (reported below) provides outcome information with respect to drug use, illegal activity, employment, post-program service utilization and cost-analysis data.

Clinical Outcomes: Table 4-1 reports on the outcomes from four key variables. Out of the 90 day post-discharge period (adjusted for time-at-risk) we can see that the drug court group used more alcohol and other drugs than the criminal justice sample. However, only the days of illegal drug use were statistically significant ($t(96)=3.071, p=.003$). In addition, the drug court sample engaged in more days of illegal activity (committing criminal offenses) and showed more average days of

employment, but neither of these differences were statistically significant. These results indicate that while some of the clients are able to maintain employment, they are still engaged in antisocial and counterproductive behaviors. These behaviors have consequences and costs, which are the subject for the next analysis.

Table 4.1

Clinical Outcomes at 90 days post-discharge

In Past 90 Days	DC Clients N=48		Criminal Justice Sample N=50		P.	ES
	Mean	St. Dev.	Mean	St. Dev.		
Days of Alcohol Use	14.58	21.47	6.34	17.38	0.092	0.33
Days of any drug use	27.98	29.39	9.36	17.90	0.003	0.56
Days of illegal activity	16.50	31.00	7.74	19.29	0.296	0.20
Days Employed	38.88	40.46	29.72	32.19	0.260	0.21

Service Utilization and Costs: In Table 4-2 we report the days of utilization of various institutions including county jail time, hospitals, and behavioral health units. In addition we have taken from French and Martin (1996) and Zarkin (personal communication) standard per diem or episode costs for each of these services and multiplied them by the days/episodes of utilization. This information provides the basis for assessing the cost implications of drug court and drug treatment dropouts. First, it should be mentioned that statistically more clients are on probation in the criminal justice sample than the drug court sample. Since there were 48 clients in the drug court group, the results for both groups are standardized on a sample of 48 (average multiplied by 48). Results of the service utilization analyses demonstrate that, overall, a total of 354 days/episodes were used by the drug court sample while the criminal justice sample used a total of 567 day/episodes. Further inspection of each service shows that only the days incarcerated (in county jail) is statistically significant ($t(96)=2.017, p<.05$). The costs of the services used for each group were \$132,168 (drug court) and \$144,057 (criminal justice sample) – a difference of \$11,889.

Table 4.2Service Utilization at 90 Days Post Discharge

Days used services	Cost /unit	Drug Court N=48		Criminal Justice Sample N=50		Net cost	P	ES
		Total/48	Cost	Total/48	Cost			
Hospital day	\$920	22	\$20,225	0	\$0	\$20,225	0.149	0.21
Inpatient Care	415	165	68,410	184	76,431	(8,021)	0.891	(0.03)
Substance Abuse Treatment								
Mental Health hospital day	555	14	7,779	0	53	7,726	0.345	0.14
Emergency Room Episode	458	37	16,950	13	6,156	10,794	0.091	0.29
Outpatient hospital visit	82	9	736	12	1,023	(287)	0.630	(0.11)
Mental Health outpatient visit	54	2	109	6	311	(202)	0.546	(0.27)
Incarcerated	171	105	17,959	351	60,083	(42,123)	0.049	(1.11)
Total		354	132,168	567	144,057	(11,889)		

These results are useful in that they document a picture of relatively high utilization of public and private services over a 90-day period and, although the utilization patterns vary by group, both groups of dropouts are relatively high service users. While we strongly believe that a study of program graduates would demonstrate significantly fewer days of drug use and service utilization, empirical evidence would be helpful.

4.2 What experiences did the various stakeholders have with the program?

A detailed description of interview methods, questions, stakeholders interviewed, and findings can be found in Appendix D. The following sections summarize answers to specific research questions posed in the RFP.

Agency staff perceptions of program value: By the time of the year two interviews, drug court staff were still very committed to the idea of the drug court and their focus continued to be on the

possible benefits of the program for drug court clients. Staff and administrators who participated in stakeholder interviews for the evaluation were not merely employees doing their jobs, but were "true believers" in the drug court concept and worked hard to make it succeed. Administrators especially shared the view that the inter-agency cooperation required to develop the drug court was itself a positive outcome that would have benefits for future cooperative projects. There were few differences between administrators and staff in their perceptions of the program's overall value. As might be expected, administrators tended to discuss the "big picture" while non-administrative employees focused more on day-to-day operations. However, both groups shared a common vision of what the drug court was about and both were very positive about the general idea of a drug court. This was in fact demonstrated not only by their commitment to "fine tuning" their own program, but by chairing a statewide committee on drug courts and providing resources and information to other counties contemplating starting a drug court.

Community service provider experience with understanding of program activities and impact:

Treatment providers are firmly committed to working with the drug court and, in general understand the intentions of the program and the impact it is supposed to have on clients. During each of the interview periods, however, it was clear that treatment and drug court staff had different interpretations of how noncompliance or misbehavior of clients should be handled. Generally, treatment staff were less tolerant and more willing to eject clients from the program if they were not fully cooperating with treatment. By the time of the year two interviews some of the treatment staff recognized that there were clients who were eventually helped by remaining in the program, but there were still areas in which they felt the judge had been too tolerant of misbehavior.

By the time of the second year's interviews, a new group of community service providers had become important to the drug court. This group had nothing to do with the original planning of the drug court and probably had a very poor understanding of the overall drug court program. This group consisted of several inpatient service providers. The number of inpatient beds in Illinois is limited and space is at a premium. By the time of the year two interviews, after Track II clients had been added to the program, there were a growing number of drug court clients who required inpatient services. Agencies had been willing to provide inpatient beds on relatively short notice as a favor to the drug court, to the local TASC office, and to the local treatment providers. However, these beds are generally in other counties and the agencies have no

obligation to make space for Madison County Drug Court clients. There were concerns raised that court staff, by calling these agencies and demanding space, would damage relations and eventually make it more difficult to obtain their cooperation. The problem is compounded by the number of new drug courts being opened throughout the state, courts which themselves will require inpatient services. If the Madison County Drug Court intends to continue using the services of these agencies, steps must be taken to establish more formal relations with them and engage in cross-training so that drug court staff understand the rules of inpatient treatment and, conversely, that inpatient treatment agencies understand the operation of the drug court. One potentially positive development for drug courts in Madison County and elsewhere is that as managed care continues to reduce utilization in residential treatment facilities, these agencies may be increasingly motivated to work with and serve drug courts.

Program participants' perceptions of program and impact on quality of life/employability:

Four indices were created to evaluate drug court participants' treatment satisfaction (see Appendix D for copy of instrument). The first was based on questions specific to client-counselor interactions: the other three were based on factor analysis of all 34 questions. The Counselor Satisfaction Index ($\alpha=.82$) was created using the first 12 questions that are specifically related to client-counselor interaction and pertain to areas directly under the counselor's control. Therapeutic Alliance Index ($\alpha=.88$) questions reflect the extent to which the counselor and staff have created a therapeutic alliance, in which the client believes that the counselor understands his/her problems, has an effective way of addressing them and, in fact, is helping address them. Staff Dissonance Index ($\alpha=.84$) questions reflect the clients' belief that the staff are not communicating, are being unfair, or are not meeting their needs. Staff Sensitivity Index ($\alpha=.84$) questions reflect how much the clients perceive their counselors as being "sensitive" to problems, background and feelings.

Included in this report are four separate graphs (Figure 4-12 to Figure 4-15) comparing client responses based on whether they are in drug court or another treatment program operated by the provider organization. Each horizontal bar represents the range of scores on the scale for the entire sample, for those clients in the drug court program, and for those clients not in the program. The black vertical bar indicates the average or mean score on the scale. The two vertical solid lines are

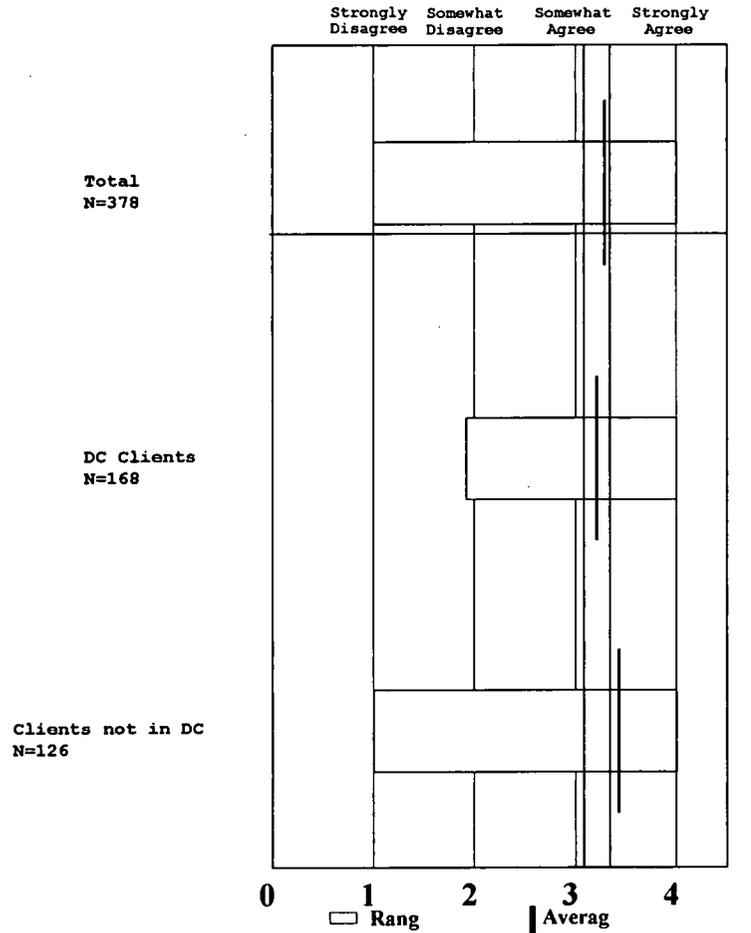
the upper and lower bounds of the 95% confidence intervals around the mean for drug court clients. If the black vertical bar for the total group of clients, or for non-drug court clients, fall outside of these two lines, it indicates that the mean is significantly different from the mean for the drug court sample. If the black vertical bar is to the left of both lines, that mean is significantly lower than the mean for the drug court sample. If the black vertical bar is to the right of both lines, that mean is significantly higher than the mean for the drug court sample.

A score closer to 4 on the Counselor Satisfaction Index indicates higher satisfaction with the counselors. On the Therapeutic Alliance Index, a score closer to 4 indicates a greater perception of an alliance between clients and staff. On the Staff Dissonance Index, a score closer to 1 indicates less perceived dissonance between staff and clients. On the Staff Sensitivity Index, a score closer to 4 indicates a higher perception of sensitivity of the staff toward the clients.

Statistical Analyses of Participant Satisfaction: The drug court program did have significantly lower scores on the Counselor Satisfaction Index, with an average of 3.21 for drug court clients, and 3.43 for those who were not, $t(292)=3.69, p=.000$. The same was true for the Staff Sensitivity Index, with an average of 3.27 for drug court clients and 3.44 for those who were not, $t(292)=2.65, p=.008$. Close to significant was the difference in the Therapeutic Alliance Index, with drug court clients having an average of 3.17 to 3.29 for non-drug court clients, $t(292)=1.94, p=.054$. The drug court program scored significantly higher on the Staff Dissonance scale, with an average of 2.05 to 1.80 for non-clients, $t(292)=3.27, p=.001$.

Figure 4.12

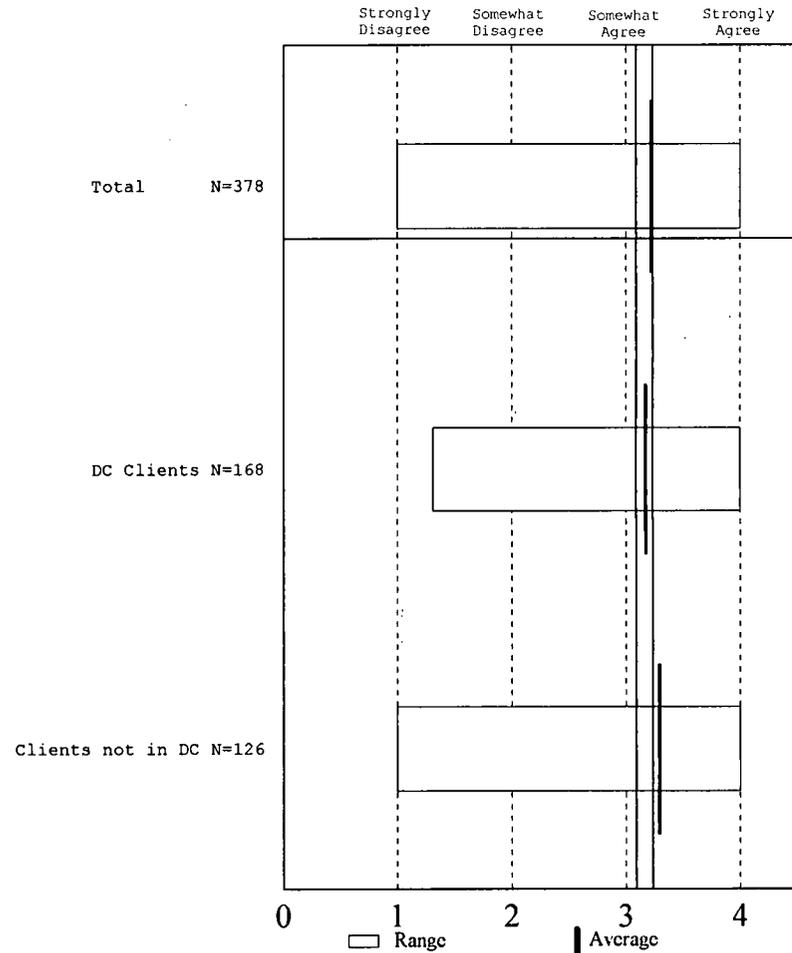
Client Satisfaction with Counselors



Eighty four clients failed to designate whether they were in the Drug Court program or not.

Figure 4.13

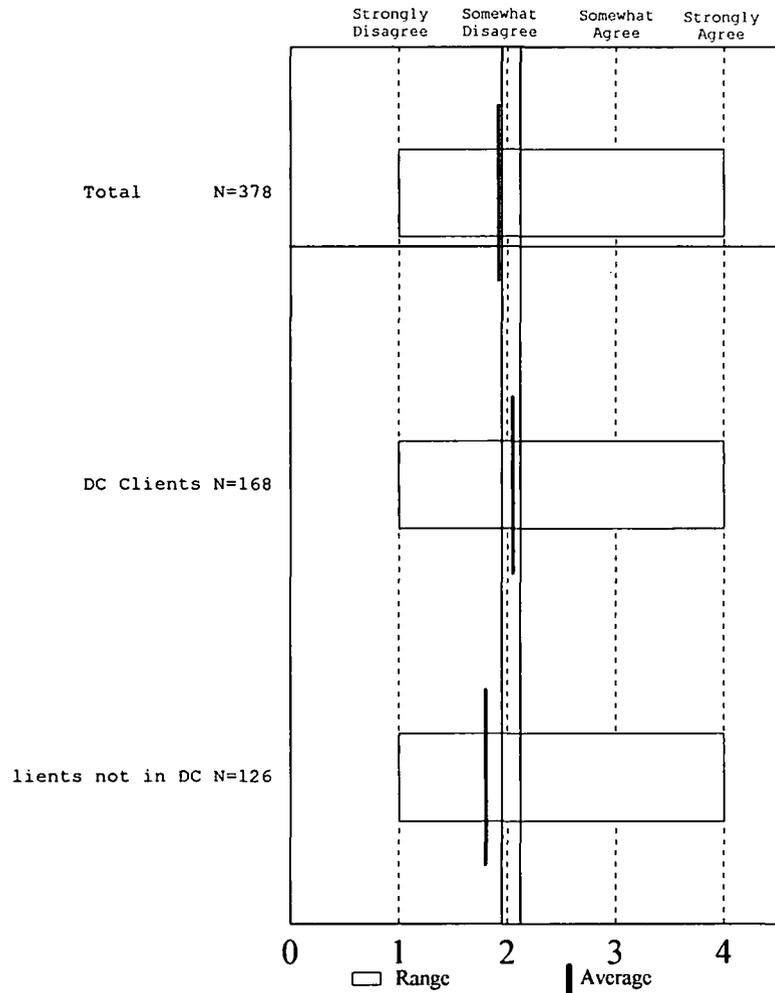
Therapeutic Alliance Index



Eighty four clients failed to designate whether they were in the Drug Court program or not.

Figure 4.14

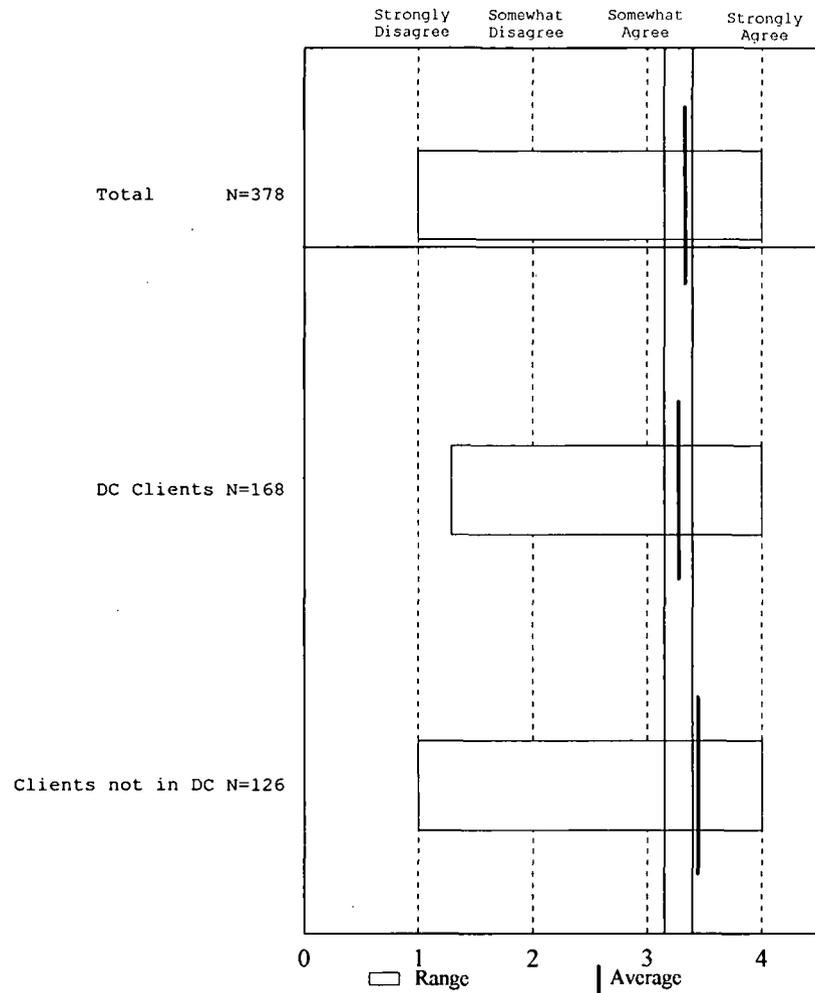
Staff Dissonance Index



Eighty four clients failed to designate whether they were in the Drug Court program or not.

Figure 4.15

Staff Sensitivity Index



Eighty four clients failed to designate whether they were in the Drug Court program or not.

Discussion of Satisfaction Results: Overall, the scores were very good across program and staff. It can be seen from these figures that both drug court clients and non-drug court clients were satisfied with their counselor's concern and the help provided. This said, it is not uncommon to find differences in satisfaction between clients who voluntarily enroll in programs versus those who are compelled to attend (Godley, Fiedler, & Funk, 1998). Tests of significance reported above show that there were statistically significant differences between the two groups. Thus, although it can be said that both groups were satisfied, the voluntary clients appear more so. Theories based on cognitive consonance/dissonance have been used to describe this phenomenon. For example, cognitive consonance theory supports the notion that a person who would voluntarily enroll in a service would likely be more satisfied because they wish to validate their personal decision to enroll. Conversely, an involuntary participant could easily justify feeling more dissonant about their participation since they did not seek the service on their own. These differences notwithstanding, we find that the overall results of the satisfaction surveys are consistent with focus group interviews, which suggested that clients generally saw the drug court as a useful tool for improving their quality of life and their chances for employment.

Adequacy of information exchange between criminal justice agencies and program participants:

The information flow between clients and criminal justice agencies appeared good. Clients entering the program did not always fully appreciate what the program entailed and the demands it would make on their time, even though this was explained to them at intake. A more likely explanation for their lack of understanding is that while sitting in the jail, they were provided with more information than they could process. From their perspective, the choice was between staying in jail for an unknown length of time and agreeing to take part in a program that would let them out within a few hours. Some clients seemed to understand the rest of the description, while others did not. While those who did not understand may be said to be making a decision that is less than fully informed, concerns about this are mitigated by the fact that, after entering the program, they have 90 days in which they can change their mind. Overall, the flow of information was good. Clients were kept informed of what they were expected to do and staff seem receptive to hearing client concerns. Additional information can be found in the focus group interviews report in Appendix D.

1. Adequacy of information exchange between criminal justice agencies and assessment/service provider agencies: The flow of information is good. Although the criminal justice and treatment agencies sometimes have a different perspective on how clients should be handled, these differences are not because of poor communication. The TASC office, by its nature, provides a bridge between criminal justice and treatment. Both court officials and treatment providers spoke very highly of TASC and the job it is doing. Regular meetings of drug court stakeholders, along with interactions at the status hearings, serve as important points for information exchange. Differences were not the result of poor communication, rather they reflect differing views about how addicts should be handled. While this problem may never be fully solved, continued meetings between court and treatment staff will be important to a continued improvement in their working relationship.

5.0 Conclusions

Results of the two year evaluation of the Madison County Drug Court show that the project followed a pattern of implementation characterized by stakeholder commitment to the goals of helping participants discontinue drug use and criminal activity and become employed, productive members of society. It is encouraging to note that throughout the two year study stakeholder commitment remained high and focused on producing better interagency coordination and problem solving all geared toward improving the drug court operations and services to its clients. The use of "steering committee meetings" for the purpose of dealing with issues and concerns in operating procedures was sustained throughout the study period and served as a major problem solving mechanism for the stakeholder agencies. The evaluation team attended these meetings and was encouraged by their willingness to pay attention to the management information reports and use the data to promote program improvement. Nowhere was this more evident than the issue of client recruitment. After several management information reports documenting less than hoped for enrollment figures, the steering committee agreed to start Track II as a method of getting more people into drug court services. Even though this second program track did not improve recruitment it did prove that positive results could be achieved with a group of offenders with more serious criminal justice system involvement. Moreover, it offset reduction in Track I enrolment that occurred toward the end of the evaluation study. The lack of increased enrollment

combined with the work burden on drug court and treatment staff may indicate a need to increase staff in order to effectively enroll and handle significantly more than 100 participants per year.

With respect to effectiveness, the project clearly succeeded with program graduates, made substantial progress with Track II and late drop outs (participants staying longer than 3 months) in Track I, but was unable to provide effective assistance to a small group of clients who dropped out early (prior to 3 months of participation). Criminal recidivism was significantly reduced and overall, the number of participants who became drug free and employed significantly increased. The program merits commendation for its commitment to improving the lives of its participants and making Madison County a safer community.

Areas requiring additional attention and study include improving the retention and graduation rates, greater attention to young African American male participants and women, and taking a close look at whether additional case management and treatment capacity are necessary in order to increase enrollment.

6.0 Recommendations

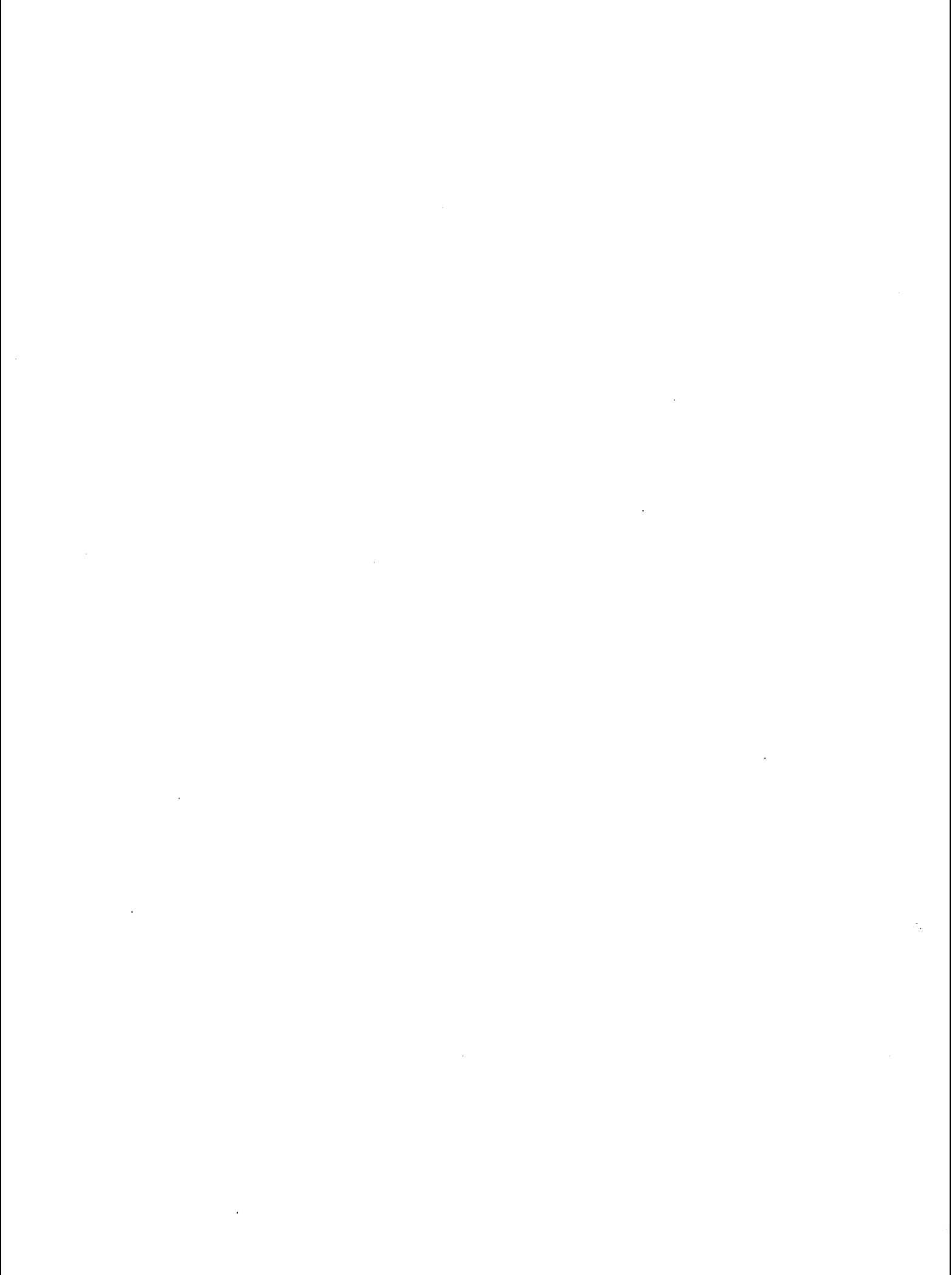
- Track II drug court participants are prevented from dropping out without consequences. Consequently, their rate of drop out is significantly less than in Track I. We recommend that drug court staff increase their efforts to reduce early (less than 90 days) dropping out of Track I. Several approaches should be considered including: (a) invoking graduated sanctions within the first 90 days for noncompliance including jail time; (b) using inpatient treatment quickly (e.g., if the first four out of five urine tests are positive then referring the client to inpatient), and (c) other judicial methods to promote compliance.
- Individualization of case management and treatment is useful and should target young African American males as they are statistically more likely to drop out of drug court earlier (less than 90 days) than other client subgroups.

- Non-completers are likely to use costly health and human services after dropping out and should be re-offered drug court participation after a "cooling off period" as a way of minimizing or preventing further unplanned hospitalizations, criminal charges, and other costs related to their substance use.
- There appears to be disagreement between drug court staff and treatment staff as to how quickly clients should be terminated for poor performance. Our findings suggest that the longer they stay in the program the more likely they are to have better outcomes. We empathize with the frustrations treatment staff experience with "using" clients but suggest that they examine and redouble their efforts to retain and engage participants. Longer retention is attained by most drug courts (GAO, 1997) and could produce even better outcomes for the project.
- We would recommend that future studies focus on post-program interviews of graduates, as well drop-outs, in order to determine the durability of program effects on drug use and employment outcomes.
- The lack of an online information system prevented the rapid transmission of time-sensitive information between drug court stakeholders. As of this writing the Tracker information system is still not fully implemented. This should be accomplished and full training and ongoing "help-desk" support should be made available to staff.
- A surprise finding was that Track II clients demonstrate nearly as much improvement as Track I clients on urine tests and employment during their participation in the drug court. Moreover, they are retained at a significantly higher rate in the program. This is an important finding and should be disseminated to other drug courts that exclude these more criminal justice-involved clients.
- We commend the stakeholder agencies and staff for their willingness to use the steering committee process to solve problems. This practice should be continued.

- Participants were often successful in finding employment and maintaining it through their participation period. We commend the vocational staff and encourage them to seek out additional ways to promote job finding/employment opportunities at their earliest opportunity with drug court clients. Reducing the time to find or improve employment situations is a way to build on the present successes.
- Drug court decision makers should assess the extent to which potentially eligible Track I participants are opting for “1410 probation” (i.e., probation with minimal court monitoring) instead of enrolling in drug court. As long as the defendant does not mind having the charge on their criminal record they may view 1410 probation as a less intrusive, easier option. While the extent to which this may be true is unknown it could be a factor in the decline in Track I enrollment observed in the closing months of the drug court evaluation.

7.0 References

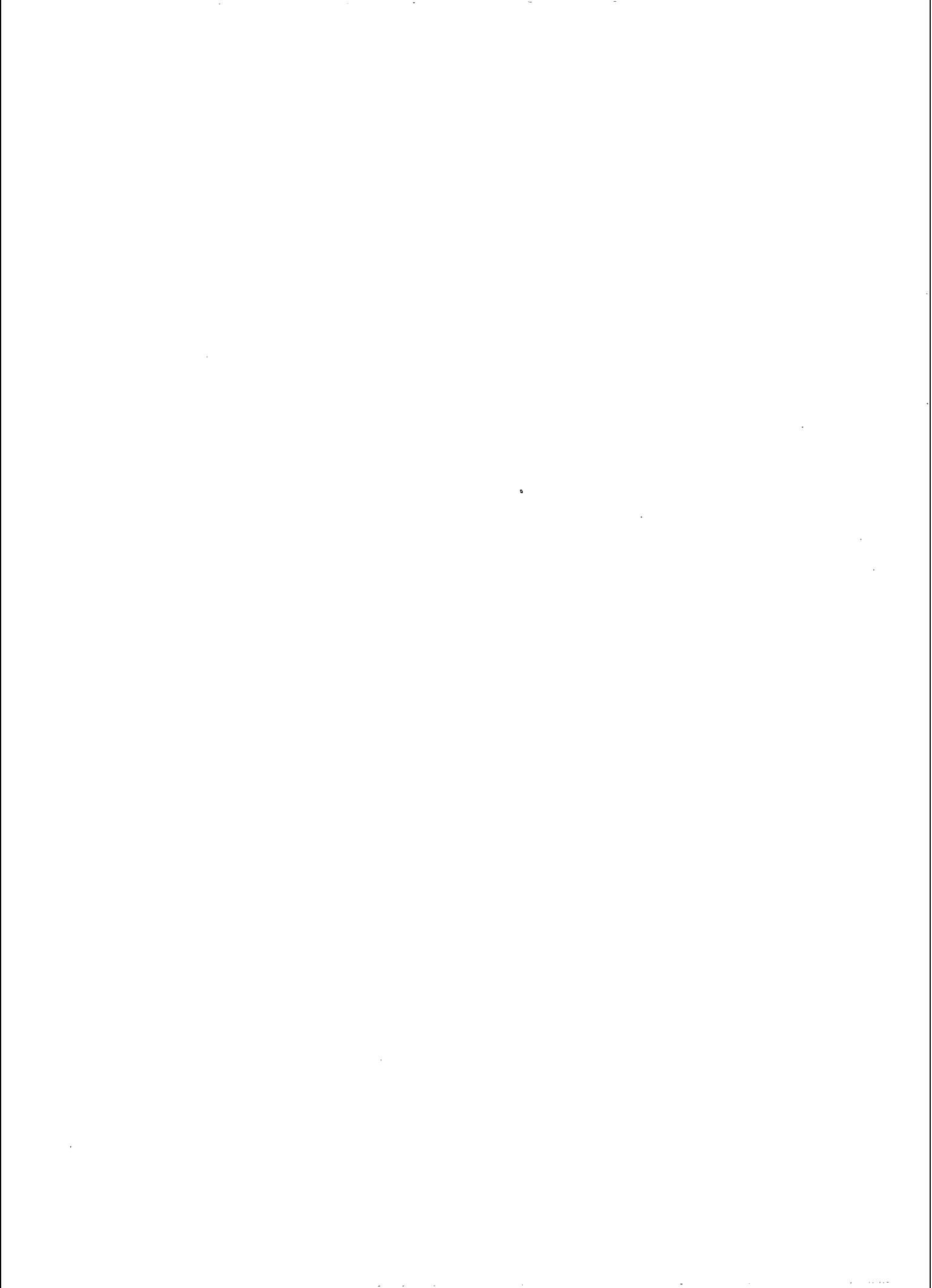
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Appendix A



**Lighthouse Institute
Chestnut Health Systems**



Madison County Assessment and Treatment Alternative Court (MC-ATAC)
MANAGEMENT REPORT
Track I

Date of Report: April 17, 1998
 Current Period: January 1, 1998 - March 2, 1998
 Cumulative Period: March 3, 1996 - March 2, 1998

Primary Measures	No. of Defendants	Current Period %	No. of Defendants	Cumulative Period %
1. Total number of defendants with MC-ATAC eligible charges	114 ¹		1619 ¹	
2. Total number of defendants with MC-ATAC eligible charges after criminal history check	17 ²	14.6%	692	42.3%
3. Total number of defendants eligible after MC-ATAC screening	11 ³	9.6%	262 ³	16.1%
4. Total number of defendants with eligible charges and/or criminal history not screened/assessed because not approached yet by MC-ATAC (Track I)	0	0.0%	203	13.5%
5. Total number of defendants entering MC-ATAC by Track I	12 ⁴	10.5%	165 ⁴	10.2%

Primary Measure	No. of Clients	Current Period %	No. Of Clients	Cumulative Period %
7. Total number of MC-ATAC clients who have had warrants for arrest filed due to non compliance during:	N = 56		N = 165	
First 90 day period: # of warrants	0		61	
# of clients	0	0.0%	47	28.5%
91 - 180 day period: # of warrants	4		37	
# of clients	4	7.1%	27	16.4%
181 - 270 days: # of warrants	0		18	
# of clients	0	0.0%	16	9.7%
Over 270 days: # of warrants	2		16	
# of clients	2	3.6%	12	7.3%
8. Total number of unemployed clients finding employment	N = 60		N = 111	
	2	3.3%	49	44.1%
9. Total number of clients entering school/GED since MC-ATAC enrollment with less than 12 years education	N = 37		N = 71	
	1	2.7%	8	11.3%
10. Total number of MC-ATAC clients receiving:	N = 56		N = 165	
0 incentives	49	87.5%	123	74.5%
1 incentive	4	7.1%	26	15.8%
2 incentives	3	5.4%	14	8.5%
3 incentives	0	0.0%	2	1.2%
4 incentives	0	0.0%	0	0.0%
> 4 incentives	0	0.0%	0	0.0%
during the first 45 days of MC-ATAC				
11. Total number of MC-ATAC clients receiving:	N = 49		N = 148	
0 incentives	43	87.8%	101	68.2%
1 incentive	6	12.2%	29	19.6%
2 incentives	0	0.0%	14	9.5%
3 incentives	0	0.0%	4	2.7%
4 incentives	0	0.0%	0	0.0%
> 4 incentives	0	0.0%	0	0.0%
during the 46-90 days of MC-ATAC				

Primary Measures	No. Of Clients	Current Period %	No. Of Clients	Cumulative Period %
12. Total number of MC-ATAC clients receiving:	N = 43		N = 125	
0 incentives	30	69.8%	60	48.0%
1 incentive	7	16.3%	39	31.2%
2 incentives	4	9.3%	11	8.8%
3 incentives	2	4.7%	11	8.8%
4 incentives	0	0.0%	2	1.6%
>4 incentives	0	0.0%	2	1.6%
during the 91-180 days of MC-ATAC				
13. Total number of MC-ATAC clients receiving:	N = 30		N = 92	
0 incentives	12	40.0%	33	35.9%
1 incentive	9	30.0%	7	7.6%
2 incentives	6	20.0%	20	21.7%
3 incentives	3	10.0%	12	13.0%
4 incentives	0	0.0%	7	7.6%
>4 incentives	0	0.0%	13	14.1%
during the 181-365 days of MC-ATAC				
14. Total number of MC-ATAC clients terminated from program	N = 56		N = 165	
	2	3.6%	39	23.6%
15. Total number of MC-ATAC clients withdrawing from program				
	3	5.4%	51	30.9%
16. Total number of clients successfully completing MC-ATAC				
	0	0.0%	25	15.1%

¹ These are the N sizes used for computing percents for items 2-7. They include 5 clients who are repeated due to new charges for the cumulative period.

² Data about eligibility after criminal history check is missing for 26 with eligible charges.

³ There were 11 from the criminal history checks this quarter that were screened. A total of 42 clients were screened and found eligible, the other 31 from past criminal history checks, so 42 was added to the cumulative total.

⁴ This number includes those who were arrested before 1996 and qualified after meeting TASC requirements. One person who entered this quarter in Track I was in the program and withdrew and just re-entered. This will be treated as one treatment episode for that client.

Client Descriptors	Current Period		Cumulative Period		Client Descriptors	Current Period		Cumulative Period	
Race	N	%	N	%	Client Income Source:	N	%	N	%
1 - African American	8	66.7	61	37.0	1. Salary	3	25.0	50	30.3
2 - Hispanic	0	0.0	0	0.0	2. Disability	0	0.0	6	3.6
3 - White (not Hispanic)	4	33.3	103	62.4	3. Public Aid	0	0.0	14	8.5
4 - Other	0	0.0	1	0.6	4. SSI	0	0.0	3	1.8
5 - Missing	0	0.0	0	0.0	5. Other	0	0.0	1	0.6
					6. None	8	66.7	84	50.9
					7. Missing	1	8.3	7	4.2
Age					Education Completed				
1 - <= 17	1	8.3	9	5.5	1. < 9th grade	0	0.0	7	4.2
2 - 18 - 24	5	41.7	52	31.5	2. 9th grade	1	8.3	3	1.8
3 - 25 - 35	2	16.7	64	38.8	3. 10th grade	1	8.3	18	10.9
4 - 36 - 55	4	33.3	39	23.6	4. 11th grade	1	8.3	29	17.6
5 - > 55	0	0.0	1	0.6	5. 12th grade	4	33.3	67	40.6
6 - Missing	0	0.0	0	0.0	6. > 12th grade	2	16.7	27	16.4
					7. Unknown	3	25.0	14	8.5
Gender					Annual Income				
1 - Female	1	8.3	58	35.2	None	8	66.7	89	53.9
2 - Male	11	91.7	107	64.8	\$0 - \$5,000	0	0.0	14	8.5
3 - Missing	0	0.0	0	0.0	\$5,001 - \$10,000	1	8.3	31	18.8
					\$10,001 - \$15,000	1	8.3	12	7.3
					\$15,001 - \$20,000	0	0.0	2	1.2
					> \$20,000	0	0.0	5	3.0
					Missing	2	16.7	12	7.3
Marital Status					Living Situation				
1-Single	10	83.3	105	63.6	-Living alone	1	8.3	14	8.5
2-Married	2	16.7	27	16.4	-Living w/ friends	0	0.0	20	12.1
3-Separated	0	0.0	1	0.6	-Living w/ family	10	83.3	120	72.7
4-Divorced	0	0.0	30	18.2	-Other	0	0.0	4	2.4
5-Widower/Widow	0	0.0	2	1.2	-missing	1	8.3	7	4.2
6-Missing	0	0.0	0	0.0					
Location of Residence					Employment Status				
1 - Madison County	10	83.3	137	83.0	-unemployed	6	50.0	103	62.4
2 - St. Clair County	1	8.3	17	10.3	-employed part-time	1 ³	8.3	8	4.8
3 - Jersey County	0	0.0	1	0.6	-employed full-time	2	16.7	37	22.4
4 - Monroe County	0	0.0	1	0.6	-homemaker	1	8.3	2	1.2
5 - Other	1	8.3	9	5.5	-student	1	8.3	7	4.2
					-missing	1	8.3	8	4.8

Client Descriptors	Current Period		Cumulative Period		Client Descriptors	Current Period		Cumulative Period	
	N	%	N	%		N	%	N	%
Current Charges of MC-ATAC Clients									
1. Class 3 and 4 possession	9	75.0	106	64.2	Prior Treatment Episodes:				
2. Deceptive practice	0	0.0	1	0.6	Substance Abuse				
3. Forgery	1	8.3	14	8.5	0	7	58.3	99	60.0
4. Criminal Offense	0	0.0	0	0.0	1	3	25.0	34	20.6
5. Class 3 and 4 theft	1	8.3	13	7.9	2	1	8.3	13	7.9
6. Retail theft	0	0.0	12	7.3	>2	0	0.0	10	6.1
7. Other	1	8.3	19	11.5	missing	1	8.3	9	5.5
					Mental Health				
Substance Abuse Disorder⁴					0	11	91.7	126	76.4
1 - Alcohol dependence	1	8.3	45	27.3	1	0	0.0	21	12.7
2 - Cannabis dependence	4	33.3	51	30.9	2	0	0.0	4	2.4
3 - Cocaine dependence	6	50.0	73	44.2	>2	0	0.0	7	4.2
4 - Alcohol abuse	0	0.0	3	1.8	missing	1	8.3	7	4.2
5 - Cannabis abuse	0	0.0	4	2.4	Number of Referrals to other Types of Service				
6 - Cocaine abuse	0	0.0	2	1.2	Arch House	2		7	
7 - Hallucinogen disorder	0	0.0	0	0.0	Bloomington	0		37	
8 - Opioid disorders	1	8.3	4	2.4	Maryville	0		3	
9 - Polysubstance dep	0	0.0	6	3.6	Metro Center	0		8	
10 - Polysubstance abuse	0	0.0	1	0.6	Smart's Res.	2		5	
11 - Other	0	0.0	5	3.0	St. Mary's	0		6	
					Wells	1		5	
					Other	3		16	

³ This part-time employee is also a full time student.

⁴ Clients can be dependent on or abusing more than one drug, so they are entered for each drug that they abuse or are dependent on.

Supplemental Measures

Supplemental Measures	Current Period	Cumulative Period	Supplemental Measures	Current Period	Cumulative Period
<p>Reasons why defendants were ineligible after criminal history check:⁵</p> <p>1. Previous Class I felony</p> <p>2. Previous felony violent offense</p> <p>3. Previous felony probation on two or more occasions or a combination of one probation and one DOC commitment</p> <p>4. Previous felony weapons offense</p> <p>5. Previous felony offense while armed with a deadly weapon</p> <p>6. Defendant is a juvenile</p> <p>7. Defendant has other pending felony charges in other jurisdictions</p> <p>8. Defendant is on felony probation</p> <p>9. Other</p>	<p>N = 71</p> <p>N %</p> <p>3 4.2</p> <p>10 14.1</p> <p>33 46.5</p> <p>1 1.4</p> <p>0 0.0</p> <p>0 0.0</p> <p>29 40.8</p> <p>18 35.4</p> <p>7 9.9</p>	<p>N = 823</p> <p>N %</p> <p>93 11.3</p> <p>130 15.7</p> <p>520 63.2</p> <p>36 4.4</p> <p>21 2.6</p> <p>0 0.0</p> <p>166 20.2</p> <p>360 43.7</p> <p>39 4.7</p>	<p>Total number of clients being terminated for the following criteria:</p> <p>1. Possession of drugs at treatment site</p> <p>2. Violence at treatment site</p> <p>3. Rearrest for violent offenses</p> <p>4. Rearrest for drug trafficking charges</p> <p>5. Failure to attend treatment after sanctions</p> <p>6. Failure to attend status hearings after sanctions applied</p> <p>7. Absconding</p> <p>8. Other</p>	<p>N = 56</p> <p>N %</p> <p>0 0.0</p> <p>0 0.0</p> <p>0 0.0</p> <p>0 0.0</p> <p>1 1.8</p> <p>0 0.0</p> <p>1 1.8</p> <p>0 0.0</p>	<p>N = 165</p> <p>N %</p> <p>0 0.0</p> <p>1 0.6</p> <p>1 0.6</p> <p>1 0.6</p> <p>14 8.5</p> <p>0 0.0</p> <p>20 12.1</p> <p>2 1.2</p>
<p>Reasons why defendants were ineligible after MC-ATAC screening, denied screening, or did not move on to the assessment phase:</p> <p>1. No drug dependency/Defendant denies problem</p> <p>2. Transportation issues</p> <p>3. Intends to plead not guilty</p> <p>4. Refuses treatment</p> <p>5. Implied</p> <p>6. Other</p> <p>7. Missing data</p>	<p>N = 22</p> <p>10 45.5</p> <p>3 13.6</p> <p>2 9.1</p> <p>0 0.0</p> <p>0 0.0</p> <p>7 31.8</p> <p>0 0.0</p>	<p>N = 474</p> <p>148 31.2</p> <p>19 4.0</p> <p>28 5.9</p> <p>9 1.9</p> <p>207 43.7</p> <p>62 13.1</p> <p>1 0.2</p>	<p>Client : Tx Counselor ratio</p> <p>Client: Case Manager ratio</p>	<p>11.49 : 1</p> <p>56 : 1</p>	<p>13.91 : 1</p> <p>165 : 1</p>

Supplemental Measures	Current Period	Cumulative Period	Supplemental Measures	Current Period	Cumulative Period
Number of days between arrest and entry into drug treatment for those incarcerated at first contact:	N = 6	N = 83	Total number of positive urine screens for:		
	N %	N %	1. PCP	0	0
0-4 work days	1 16.7	49 59.0	2. Opiates	1	26
5-8 work days	0 0.0	17 20.5	3. Cannabis	87	644
9-12 work days	2 33.3	7 8.4	4. Amphetamines	0	22
>12 work days	3 50.0	9 10.8	5. Barbiturates	0	16
Missing	0 0.0	1 1.2	6. Benzodiazapine	0	19
			7. Cocaine	55	484
			8. Other	0	8
Number of days between arrest and entry into drug treatment for those <u>not</u> incarcerated at first contact:	N = 6	N = 76	Number of clients dropping out during Phase I of treatment	3 ⁶	81
	N %	N %			
0-4 work days	3 50.0	7 9.2			
5-8 work days	0 0.0	5 6.6			
9-12 work days	1 16.7	7 9.2			
>12 work days	2 33.3	57 75.0			
Number of days between arrest and entry into drug treatment for those on pretrial supervision:	N = 0	N = 6	Number of clients dropping out during Phase II of treatment	2	8
	N %	N %			
0-4 work days	0 0.0	0 0.0			
5-8 work days	0 0.0	0 0.0			
9-12 work days	0 0.0	3 50.0	Number of clients dropping out during Phase III of treatment	0	1
>12 work day	0 0.0	3 50.0			

⁵ Clients may have multiple reasons for being ineligible after the criminal history check or after the TASC Assessment. That is why the percents do not add to 100.

⁶ Not counted here, there was also another client that died during Phase I of treatment.

Madison County Assessment and Treatment Alternative Court (MC-ATAC)
MANAGEMENT REPORT
Track II

Date of Report: April 17, 1997
 Current Period: January 1, 1998 - March 2, 1998
 Cumulative Period: November 1, 1996 - March 2, 1998

Primary Measures	No. of Defendants	Current Period %	No. of Defendants	Cumulative Period %
1. Total number of defendants eligible after MC-ATAC screening	27	26.2%	154	13.3%
2. Total number of defendants entering MC-ATAC by Track II	17 ¹		62	5.4%
3. Total number of MC-ATAC clients who have had warrants for arrest filed due to non compliance during:	N = 53		N = 62	
First 90 day period: # of warrants	5		14	
# of clients	4	7.5%	11	17.7%
91 - 180 day period: # of warrants	0		4	
# of clients	0	0.0%	4	6.5%
181 - 270 days: # of warrants	4		5	
# of clients	4	7.5%	4	6.5%
Over 270 days: # of warrants	7		11	
# of clients	6	11.3%	8	12.9%
4. Total number of unemployed clients finding employment	N = 34 1	2.9%	N = 40 12	30.0%
5. Total number of clients entering school/GED since MC-ATAC enrollment with less than 12 years education	N = 27 0	0.0%	N = 28 5	17.9%

Primary Measure	No. of Clients	Current Period %	No. Of Clients	Cumulative Period %
10. Total number of MC-ATAC clients receiving:	N = 53		N = 62	
0 incentives	47	88.7%	38	61.3%
1 incentive	4	7.5%	15	24.2%
2 incentives	2	3.8%	6	9.7%
3 incentives	0	0.0%	3	4.8%
4 incentives	0	0.0%	0	0.0%
>4 incentives	0	0.0%	0	0.0%
during the first 45 days of MC-ATAC				
11. Total number of MC-ATAC clients receiving:	N = 44		N = 54	
0 incentives	43	97.7%	42	77.8%
1 incentive	1	2.3%	7	12.9%
2 incentives	0	0.0%	2	3.7%
3 incentives	0	0.0%	3	5.6%
4 incentives	0	0.0%	0	0.0%
>4 incentives	0	0.0%	0	0.0%
during the 46-90 days of MC-ATAC				
12. Total number of MC-ATAC clients receiving:	N = 32		N = 40	
0 incentives	29	90.6%	10	25.0%
1 incentive	0	0.0%	5	12.5%
2 incentives	2	6.3%	11	27.5%
3 incentives	1	3.1%	8	20.0%
4 incentives	0	0.0%	3	7.5%
>4 incentives	0	0.0%	3	7.5%
during the 91-180 days of MC-ATAC				
13. Total number of MC-ATAC clients receiving:	N = 29		N = 29	
0 incentives	7	24.1%	0	0.0%
1 incentive	9	31.0%	6	20.7%
2 incentives	12	41.4%	4	13.8%
3 incentives	1	3.4%	5	17.2%
4 incentives	0	0.0%	2	6.9%
>4 incentives	0	0.0%	12	41.4%
during the 181-365 days of MC-ATAC				
14. Total number of MC-ATAC clients terminated from program	N = 53 2	3.8%	N = 62 11	17.7%
15. Total number of clients successfully completing MC-ATAC				

¹ This number includes 5 clients who dropped out of Track I and re-entered in Track II. These shall be treated as separate treatment episodes.

Client Descriptors	Current Period		Cumulative Period		Client Descriptors	Current Period		Cumulative Period	
	N	%	N	%		N	%	N	%
Race					Client Income Source:				
1 - African American	14	82.4	31	50.0	1. Salary	2	11.8	20	32.3
2 - Hispanic	0	0.0	0	0.0	2. Disability	0	0.0	0	0.0
3 - White (not Hispanic)	3	17.6	31	50.0	3. Public Aid	0	0.0	4	6.5
4 - Other	0	0.0	0	0.0	4. SSI	0	0.0	1	1.6
5 - Missing	0	0.0	0	0.0	5. Other	1	5.9	2	3.2
					6. None	13	76.5	32	51.6
Age					7. Missing	1	5.9	3	4.8
1 - <= 17	0	0.0	0	0.0	Education Completed				
2 - 18 - 24	8	47.1	19	30.6	1. < 9th grade	0	0.0	3	4.8
3 - 25 - 35	6	35.3	25	40.3	2. 9th grade	1	5.9	1	1.6
4 - 36 - 55	3	17.6	18	29.0	3. 10th grade	2	11.8	4	6.5
5 - > 55	0	0.0	0	0.0	4. 11th grade	4	23.5	11	17.7
6 - Missing	0	0.0	0	0.0	5. 12th grade	3	17.6	27	43.5
					6. > 12th grade	1	5.9	7	11.3
Gender					7. Unknown	6	35.3	9	14.5
1- Female	3	17.6	17	27.4	Annual Income				
2- Male	14	82.4	45	72.6	None	13	76.5	32	51.6
3 -Missing	0	0.0	0	0.0	\$0 - \$5,000	0	0.0	6	9.7
					\$5,001 - \$10,000	1	5.9	8	12.9
Marital Status					\$10,001 - \$15,000	0	0.0	6	9.7
1-Single	9	52.9	37	59.7	\$15,001 - \$20,000	0	0.0	1	1.6
2-Married	3	17.6	8	12.9	> \$20,000	0	0.0	3	4.8
3-Separated	0	0.0	2	3.2	Missing	3	17.6	6	9.7
4-Divorced	5	29.4	13	21.0	Living Situation				
5-Widower/Widow	0	0.0	0	0.0	-Living alone	0	0.0	1	1.6
6-Missing	0	0.0	2	3.2	-Living w/ friends	3	17.6	13	21.0
					-Living w/ family	12	70.6	42	67.7
Location of Residence					-Other	1	5.9	3	4.8
1 - Madison County	16	94.1	59	95.2	-missing	1	5.9	3	4.8
2 - St. Clair County	1	5.9	2	3.2	Employment Status				
3 - Jersey County	0	0.0	0	0.0	-unemployed	13	76.5	37	59.7
4 - Monroe County	0	0.0	0	0.0	-employed part-time	0	0.0	1	1.6
5 - Other	0	0.0	1	1.6	-employed full-time	2	11.8	19	30.6
					-homemaker	0	0.0	0	0.0
					-student	1	5.9	2	3.2
					-missing	1	5.9	3	4.8

Client Descriptors	Current Period		Cumulative Period		Client Descriptors	Current Period		Cumulative Period	
Current Charges of MC-ATAC Clients	N	%	N	%	<u>Prior Treatment Episodes:</u>	N	%	N	%
1. Class 3 and 4 possession	13	76.5	40	64.5	Substance Abuse	6	35.3	17	27.4
2. Deceptive practice	0	0.0	0	0.0	0	5	29.4	19	30.6
3. Forgery	0	0.0	4	6.5	1	2	11.8	12	19.4
4. Criminal Offense	0	0.0	0	0.0	2	3	17.6	9	14.5
5. Class 3 and 4 theft	0	0.0	1	1.6	>2	1	5.9	5	8.1
6. Retail theft	1	5.9	3	4.8	missing				
7. Violate Probation	0	0.0	0	0.0	Mental Health	15	88.2	45	72.6
8. Other	3	17.6	14	22.6	0	1	5.9	7	11.3
					1	0	0.0	4	6.5
					2	0	0.0	3	4.8
					>2	0	0.0	3	4.8
					missing	1	5.9	3	4.8
Substance Abuse Disorder¹									
1 - Alcohol dependence	1	5.9	10	16.1	Number of Referrals to other Types of Service				
2 - Cannabis dependence	9	52.9	18	29.0	Arch House	1		4	
3 - Cocaine dependence	6	35.3	30	48.4	Bloomington	0		7	
4 - Alcohol abuse	0	0.0	0	0.0	Maryville	0		0	
5 - Cannabis abuse	0	0.0	0	0.0	Metro Center	0		5	
6 - Cocaine abuse	0	0.0	0	0.0	Smart's Res.	0		6	
7 - Hallucinogen disorder	0	0.0	0	0.0	St. Mary's	0		1	
8 - Opioid disorders	0	0.0	2	3.2	Wells	0		3	
9 - Polysubstance dep	1	5.9	1	1.6	Other	0		2	
10 - Polysubstance abuse	0	0.0	0	0.0					
11 - Other	0	0.0	1	1.6					

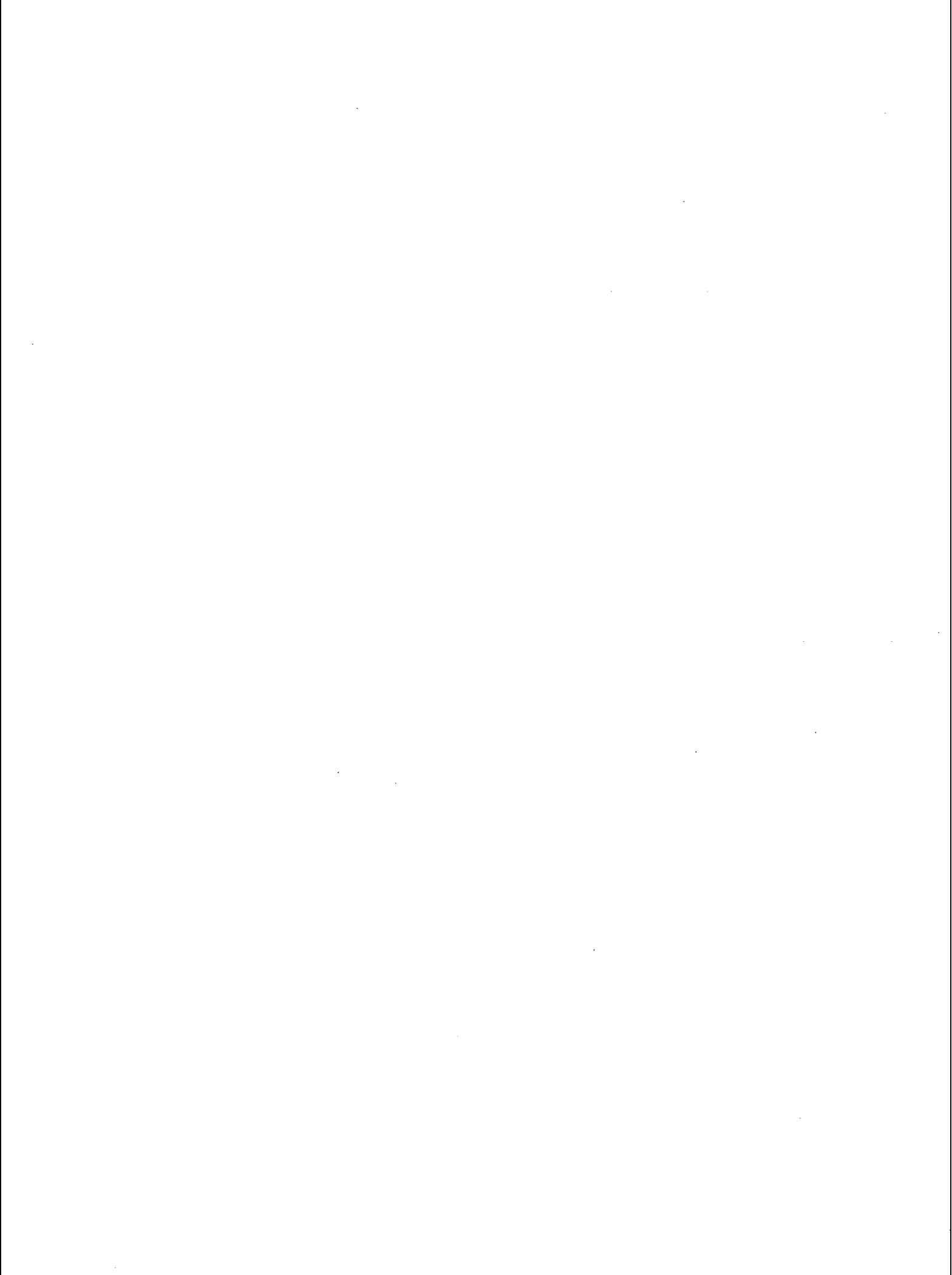
¹ Clients can be dependent on or abusing more than one drug, so they are entered for each drug that they abuse or are dependent on.

Supplemental Measures

Supplemental Measures	Current Period	Cumulative Period	Supplemental Measures	Current Period	Cumulative Period
Total number of positive urine screens for:			Total number of clients being terminated for the following criteria:	N = 53	N = 62
1. PCP	0	0	1. Possession of drugs at treatment site	N % 0 0.0	N % 0 0.0
2. Opiates	0	21	2. Violence at treatment site	0 0.0	0 0.0
3. Cannabis	38	215	3. Rearrest for violent offenses	0 0.0	0 0.0
4. Amphetamines	1	3	4. Rearrest for drug trafficking charges	0 0.0	0 0.0
5. Barbiturates	0	0	5. Failure to attend treatment after sanctions	0 0.0	0 0.0
6. Benzodiazapine	2	8	6. Failure to attend status hearings after sanctions applied	0 0.0	0 0.0
7. Cocaine	34	206	7. Absconding	1 1.9	6 9.7
8. Other	0	0	8. Other	1 1.9	5 8.1
Reasons why defendants were ineligible after MC-ATAC screening, denied screening, or did not move on to the assessment phase:			Client : Tx Counselor ratio ²	13.14 : 1	13.91 : 1
1.No drug dependency/Defendant denies problem	N = 22	N=474	Client: Case Manager ratio ²	53 : 1	62 : 1
2. Transportation issues	10 45.5	148 31.2			
3. Intends to plead not guilty	3 13.6	19 4.0			
4. Refuses treatment	2 9.1	28 5.9			
5. Implied	0 0.0	9 1.9			
6. Other	0 0.0	207 43.7			
7. Missing data	7 31.8	62 13.1			
	0 0.0	1 0.2			

Supplemental Measures	Current Period	Cumulative Period	Supplemental Measures	Current Period	Cumulative Period
			Number of clients terminated during Phase I of treatment	2	11
			Number of clients terminated during Phase II of treatment	0	0
			Number of clients terminated during Phase III of treatment		

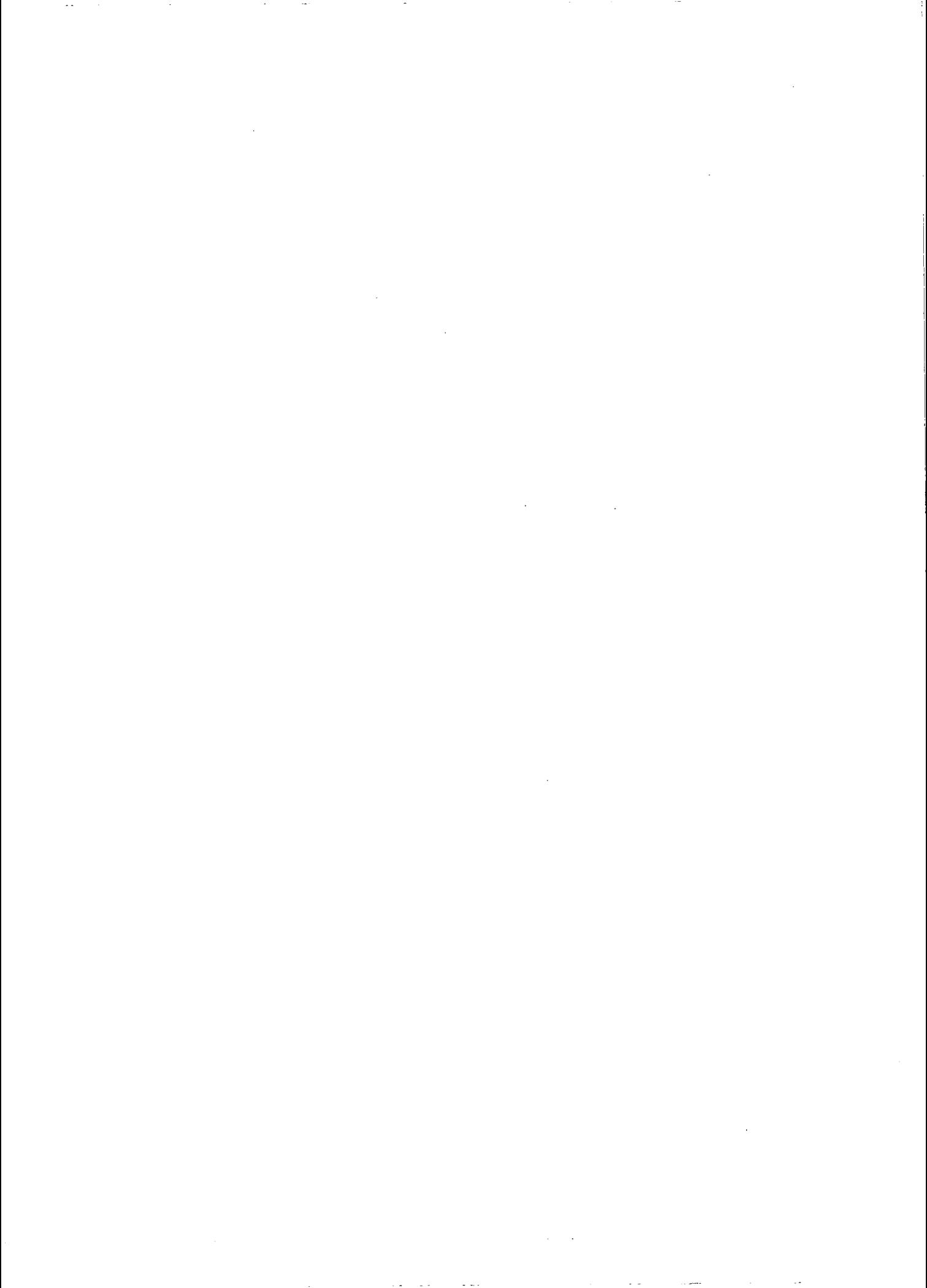
² The ratios of counselors and case managers to clients includes clients from both track I and Track II.



Appendix B



Lighthouse Institute
Chestnut Health Systems



**THE MADISON COUNTY ASSESSMENT AND TREATMENT COURT:
A BRIEF OVERVIEW OF THE COURT, TREATMENT
PROGRAM AND EVALUATION DESIGN**

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THE MADISON COUNTY ASSESSMENT AND TREATMENT COURT: A BRIEF OVERVIEW OF THE COURT, TREATMENT PROGRAM AND EVALUATION DESIGN

Drug courts have been established in a number of jurisdictions as a response to a growing caseload of offenders who face drug charges, or who have a history of drug use. One such court was started in Madison County, Illinois in early 1996. The Madison County Drug Court, like many experimental projects, is undergoing continuous process of evolution. To facilitate this process, the Illinois Criminal Justice Information Agency (ICJIA) has set up a formative evaluation designed provide concurrent feedback to both the court and policy makers. The purpose of this document is to provide a brief overview of the drug court movement in general, the specific court/treatment program being developed in Madison County, and the formative evaluation process designed to support it.

I. THE RISE OF DRUG COURTS

Large numbers of drug-involved offenders is not a new problem to the criminal justice system. In the 1970s, New York City established special courts to hear only cases involving drug charges and a number of other large cities did the same. The purpose of these courts was to speed the flow of cases through the criminal justice system by using early classification, short court dates, cooperation between defense and prosecution, and quick dispositions. The term "drug court" was applied to these special courts in which the emphasis was on case flow. Treatment, when it was provided, was of only secondary consideration. The idea of treatment as a major objective of drug courts was not given serious consideration until the late 1980s.

The Miami Drug Court: The contemporary model for drug courts began in the summer of 1989 when Chief Judge Gerald Weatherington in Miami, Florida, began a drug court in which the primary emphasis was on treating the offender rather than rapid case disposition. This new form of "drug court" has been widely imitated, although the details of operation may vary from one jurisdiction to the next. The Miami Drug Court screened offenders to include those with a drug use problem and to exclude persons with a history of violent crime, an arrest for drug trafficking, or who had more than two previous non-drug felony convictions.

Offenders who entered the Miami drug court program could expect to participate for at least one year, which was broken into three phases. In Phase I the offender went through detoxification, the success of which was verified through urine screens. Phase II emphasized counseling, accompanied by urine screens. Finally, in Phase III continued counseling and drug testing were supplemented with educational and vocational assessment and training.

The drug court judge in Miami closely monitored the progress of each defendant and met with them individually about once a month to review their progress. It was expected that some drug offenders would slip, but this was met with graduated penalties and sometimes a return to an earlier phase of the process. Twelve months after completing the program, clients with no previous felony convictions had their arrest records sealed by the court, providing they had not been re-arrested and had paid the program fee.

Variations on the Miami Model: While the majority of drug courts are modeled after the Miami Drug Court, there are substantial variations. Most contemporary drug courts are diversion programs, imposing conditions of treatment in exchange for dropping or reducing charges. However, a few make treatment part of the sentence, and adjust the length of the sentence to reflect progress in treatment. Most drug courts focus on drug users who have few prior criminal justice contacts, though some programs accept a wider range of offender types. Finally, there is substantial variation in the extent to which the presiding judge is actively involved with monitoring each offender's progress.

Evaluations of Drug Courts: Assessments of the Miami Drug Court found that most cases initially referred to the drug court were screened out early in the process. Further, over half of the drug court defendants referred to treatment did not complete it. Compared with drug offenders who did not go through the drug court, drug court clients who completed at least one month of treatment were less likely to be re-arrested. For those who were re-arrested, the length of time to their re-arrest was two to three times longer than that of offenders not processed through the drug court. Because the court delayed final dispositions for drug court clients until they either completed the program or dropped out, the operation of the treatment-oriented drug court led to substantially longer times to disposition. Importantly, these assessments of the Miami Drug Court did not include measures of the quality of treatment received by the clients.

Successful Drug Courts: Experience with drug courts in a number of cities suggests that successful drug courts seem to share several features. These include:

- Strong Judicial Leadership, which is required to bring together various agencies, many of which are accustomed to working somewhat independently. Strong judicial leadership is also necessary to provide a meaningful threat of punishment to clients who continue to use drugs.
- Cooperation Among Officials, in particular, there must be cooperation among the judge, prosecution, defense, and probation.
- A Contract with the Offender in which expectations for the client are clearly laid out, as are the punishments if those expectations are violated.
- Graduated Penalties are essential. Penalties for those who violate the rules of drug court must be swift and certain, but they should also begin small and become more serious with additional violations.
- Monitoring Offenders is also essential. Attendance at treatment programs must be verified and periodic urine tests must be given. This generally also requires establishing an information system to keep track of offender progress.
- Specialized Staff are also important. This requires having specific people assigned to work in the drug court from the agencies involved. There may be a public defender, for example, who deals only with drug court cases.

Thus, modern drug courts seek to reduce the future criminality of arrested drug users by confronting them with their drug problem early in their criminal careers and providing drug treatment. Experiments in Miami and elsewhere suggest that successful drug courts have certain characteristics in common. Having described the essential elements of a drug court, and the features that characterize successful drug courts, our attention now shifts to the Madison County Drug Court.

II. THE MADISON COUNTY DRUG COURT

The Madison County Drug Court's formal name is "The Madison County Assessment and Treatment Alternative Court" and is referred to locally as MC-ATAC. The Court was officially begun in March of 1996 and had its first "graduating class" in April 1997. What follows is brief overview of the context and operation of the MC-ATAC.

The Context: Madison County is located in southwestern Illinois, just northeast of East St. Louis. The county covers approximately 728 square miles, had an estimated 1995 population of 255,366 people, and is a mix of urban, suburban, and rural areas. The county has four main cities, the largest of which has nearly 33 thousand citizens. The population is approximately 91.3 percent white, 7.4 percent black, and 1.1 percent Hispanic. There is a mix of white-collar and blue-collar companies in Madison County and the 1995 unemployment rate was approximately 4.4 percent.

The circuit court that serves Madison County also serves rural Bond County, but 92 percent of the court's service population and 96 percent of the court's budget are accounted for by Madison County. In 1994 the court had 9 circuit court judges and 9 associate court judges. These judges handled 2,088 felony cases, 8,904 misdemeanor cases, and 45,563 traffic offenses. TASC (Treatment Alternatives for Safer Communities) operates a local program to help offenders access drug abuse treatment, other social services, training programs, and jobs. A private non-profit provider, Piasa Health Care operates alcohol and substance abuse outpatient treatment and prevention services in three locations in Madison County. Piasa provides outpatient and intensive outpatient treatment services to approximately 1,000 adults per year. Clients who need non-medical inpatient care can be sent to one of several facilities in the area.

The Purpose of the Drug Court: Madison County had experienced a 437 percent increase in arrests for violating the controlled substances act between 1988 and 1992, as well as a 50 percent increase in the number of drug-related felonies filed between 1993 and 1994. In response to this increase a task force was formed in 1995 which included the chief judge, the chief criminal judge of the Third Judicial Circuit, the state's attorney, the public defender, the director and deputy director of probation and pretrial services, the county sheriff, the circuit clerk, the mental health board director, the county health department director, and the 708 director. After several meetings the task force recommended that a drug court and specialized treatment program for nonviolent offenders be created. The broad purpose of the Madison County drug court is to bring together various court and social service agencies to treat offenders with drug abuse problems and steer them toward productive activities and away from drug use and crime. There are four specific goals of the Madison County drug court. These are:

- 1. To reduce the number of drug abusers in Madison County, thereby reducing the demand for illegal drugs.*
- 2. To reduce the number of drug-related crimes, thereby reducing the burden of drug-related offending on law enforcement and the criminal justice system.*
- 3. To reduce recidivism by persons charged with drug-related offenses.*

- 4. To enable persons to become productive members of society by eliminating their dependence on drugs and by directing their pursuit of gainful employment.*

When it is fully operational, the Madison County Drug Court is designed to have a maximum capacity of 200 clients. At the end of its first year of operation, the drug court had approximately 70 clients who were diverted from the formal criminal justice process into the drug court.

Who is Eligible? Not everyone who is arrested in Madison County is eligible to participate in the drug court. To be eligible for the program a client must have been arrested on a felony charge and have an alcohol or drug dependence/abuse diagnosis that can be treated on an outpatient basis. Drug court staff automatically exclude arrestees with any of the following characteristics: (1) under age 17, (2) those with current or past offenses involving violence or weapons, (3) subclinical alcohol or drug problems, or (4) those on methadone maintenance. Clients with drug problems that in themselves or in combination with other problems require prolonged residential, inpatient, or intensive inpatient care are admitted to the drug court, sent to inpatient care, and upon their release join the other drug court clients in their regular program of treatment. In practice, most Madison County Drug Court clients have been arrested on drug possession charges, with a much smaller number having been arrested for such property offenses as retail theft.

Why Would Someone Enter the Program? Understanding how the drug court works requires understanding what motivates someone to enter the program. The most tangible incentive is that charges are formally dismissed by the State's Attorney after the drug court is successfully completed. This allows the drug court client to avoid a criminal record. In addition, some clients may be motivated by a sincere desire to stop using drugs. If they are without substantial financial resources, as most arrestees are, they face a long wait before they can enter publicly funded treatment programs. The offender who agrees to enter the drug court is quickly placed into treatment, usually in less than a day. According to focus group participants, another incentive to participate is that arrestees in jail can be quickly released on their own recognizance if they agree to take part in the drug court. This release ordinarily happens within a day of their arrest, and an hour or two after they have been approached about entering the drug court. If they refuse to take part in the drug court they have no way of knowing how long they will stay in jail waiting for their case to proceed. A final incentive is that drug court clients may save money by paying less in attorney, court, and probation fees.

Drug court clients are diverted from the formal legal system, but diversion is not an easy way out. To the contrary, drug court is far more demanding and restrictive than the alternative, which will generally be probation. In Madison County, drug arrestees who meet the criteria for drug court would otherwise be placed on a type of probation in which charges are dropped after probation is completed. Drug court clients are more closely monitored than probationers -- both through frequent urine screens and through a careful monitoring of their attendance at treatment.

What Agencies Are Involved? Operating the Madison County Drug Court requires that a number of agencies and officials coordinate their activities. These include: judges, state's attorneys, defense attorneys, drug court staff, probation services, pretrial services, TASC (Treatment Alternatives for Safer Communities), the public health department, Piasa Health Care, which provides treatment services to drug court clients, and the county sheriff who provides rooms in which initial screenings can take place, and the Sheriff's Work Alternative Program (SWAP) hour positions for Drug Court clients. In addition to these local agencies, the U.S. Marshall's Service apprehends clients who have an outstanding warrant for absconding from the program. These groups are brought together by the Drug Court Coordinator. Cooperation among these agencies is vital and not always easy to maintain. It is important that they not only work together but be aware of issues and concerns of other agencies. To facilitate cooperation and anticipate problems, the presiding judge holds regular meetings of drug court stakeholders. In the beginning these meetings were held every two weeks, but they shifted to monthly meetings after the drug court process became more routine.

What are the Conditions of Participation? Participation in the drug court is voluntary, but is not without a cost to the client. The client must attend required treatment and must remain drug-free throughout the treatment process. Treatment staff keep the court apprised of client participation and routine urine screens are used to monitor client drug use. These urine screens are more frequent early in the program, although clients who test positive will then be tested more frequently. When clients "slip" by not regularly attending treatment or by having a "dirty" urine screen, the court will usually warn the client and may increase monitoring of client behavior. The behaviors that may result in court sanctioning include:

- Positive urine test
- Diluted urine sample submitted
- Failure to submit a urine sample
- Unexcused absence from counseling session or support group
- Failure to follow treatment conduct rules
- Failure to make reasonable progress in treatment
- Failure to pay ongoing fees
- Failure to attend scheduled status hearing
- Re-arrest for non-violent offense

Such slips slow the speed with which the client graduates to other, less structured, levels of treatment. Among the sanctions the judge might impose are:

- Admonishment
- Increased frequency of status hearings
- Increased frequency of urinalysis
- Written assignments
- Observing the court (jury box) for a specified period of time
- Increased 'supervision' (curfews, increase in case management contact)
- Public service hours
- Up to three days in jail

In the early months of treatment, the client must appear before the judge every two weeks, at which time the client's progress is assessed and rewards or punishments are handed down by the court. A computerized case management system provides the judge with up-to-date information about the offender's urine screen results and their attendance at treatment. In addition to the drug court client and the judge, these meetings are attended by the client's drug counselor, the drug court caseworker, the public defender, and a representative of the state's attorney's office. As clients approach the end of the treatment program their required visits to the judge are less frequent. Judicial review also serves an educating function, since other clients are in the courtroom when those who misstep are chastised by the court, and those who are doing well are publicly praised.

Drug court clients must sign a form stipulating to the evidence against them and agreeing to waive the right to a jury. Thus, clients who quit the drug court, or are asked to leave, will immediately face the charges that initially led to their contact with the court. The drug court is more tolerant than the probation office of mistakes or slips by clients, such as a dirty urine screen. However, there are some rule violations that automatically lead to a termination hearing. These violations include:

- Possession of drugs or alcohol at a treatment site
- Violence at a treatment site
- Re-arrest for a violent offense
- Re-arrest for a clear-cut drug trafficking charge
- Failure to attend treatment after sanctions have been applied
- Failure to attend status hearings after sanctions have been applied
- Absconding (the file is automatically closed after 21 days)

Clients who have been so terminated from the drug court could still be eligible for the drug court in the future.

What Steps Will A Client Typically Go Through? A useful way to describe the operation of the drug court is to break the process into stages. These stages are:
As clients move from one treatment phase to the next, they complete a short form known as the GAIN-TR, which is a treatment review instrument. The steps in each of these phases are highlighted below.

- a. intake and initial assessment (typically 2 to 4 days)
- b. Treatment Phase I: Intensive Outpatient Treatment (2 to 3 Months)
- c. Treatment Phase II: Outpatient Treatment (Months 3 to 8).
- d. Treatment Phase III Outpatient Treatment)Months 8-12

Intake and Initial Assessment (2 to 4 Days). The first screening occurs within 24 to 48 hours after an arrest. The list of arrest is faxed by the sheriff's office to the drug court case manager each morning by 9:00. The drug court case manager removes everyone from consideration whose arrest is for a violent crime, drug trafficking, or other serious crime not on the list of eligible offenses. The list of eligible offenses has been agreed to by the State's Attorney. Including any case that does not fit the eligibility requirements can only be done with the approval of the State's Attorney's office.

The drug court case manager approaches those with eligible charges and asks them some general questions about their drug use and asks if they wish to participate in the drug court. If they agree, the case manager asks pretrial services to immediately run the criminal history on each case. Those with lengthy offense histories (more than two prior felonies or more than one prior imprisonment) or histories of violence are excluded from the pool of potential clients. Thus, the initial screening process is based largely on the current offense, the individual's offense history, initial signs of substance abuse, and their willingness to participate. In practice, most people who enter the drug court program have been arrested for drug possession, with a few for a non-violent crime, such as retail theft.

For clients who still meet the criteria, the drug court case manager explains the program to the offender, and explains that they have the option of leaving the program in the first 90 days. Those who drop out during this period face their original proceedings, having already stipulated their involvement in the crime and the evidence against them.

That same morning, the offender will appear before a judge by 11:00. The judge releases them on their own recognizance and requires them to be assessed immediately for alcohol/drug problems by TASC (Treatment Alternatives for Safer Communities), which is about a block from the courthouse. Staff at TASC administer a self-report assessment instrument to potential clients. This instrument is known as the GAIN (Global Appraisal of Individual Needs). The GAIN includes indicators of: substance use, risk behaviors and health prevention, physical health, mental and emotional health, illegal activities, vocational and financial status, and the clients' environment and living situation. If the client has no alcohol/drug problems they are not eligible to participate in the drug court. If their problems are so severe that inpatient treatment is deemed necessary, they will be considered a drug court client, but TASC will quickly locate an inpatient treatment program and have them admitted. When they are released from this inpatient program they are then allowed to rejoin the other drug court clients.

Those who TASC determines meet the criteria will meet with treatment staff the next day to review the assessment, establish a preliminary treatment plan, and plan for return trips to the treatment provider. Clients at this stage are also referred to the public health department where they are screened for TB, HIV, and sexually transmitted diseases. At this point the "alleged offender" becomes a "client". The client is then assigned to intensive outpatient treatment, the next step in the process.

Treatment Phase I: Intensive Outpatient Treatment (2 to 3 Months). Clients in this phase generally come to the treatment program for approximately 15 hours per week of structured activities, including approximately 4-5 hours of individual and group therapy sessions per week during the first month. The latter drops off to 2-3 hours per week in latter months if there is adequate clinical progress. Clients with daytime jobs or other commitments are generally assigned to a somewhat less intensive evening track of 9 hours per week. The treatment is provided by two special counselors who have been specifically designated by Piasa to work with drug court clients, but is largely identical to treatment received by other client's in the provider's intensive outpatient program. Clients with dirty urine screens, poor attendance at treatment, or other indicators that they are not making sufficient progress in treatment will be kept at this stage until they either change their behavior or are asked to leave the program. Clients who have successfully completed the first phase of treatment will then move to regular outpatient treatment in a graduation ceremony in the courtroom that takes place before drug court staff, the public

defender, the prosecutor, and other drug court clients. Throughout this phase and at the conclusion, the judge provides both extensive praise for progress in treatment and punishment for those who slip.

Treatment Phase II: Outpatient Treatment (Months 3 to 8). In this phase attendance at drug treatment and monitoring drug use through urine screens are less frequent. Clients typically see their counselor only 1 to 2 times per week. Drug treatment continues, but some of the time that was used to deal with drug issues is now used for employment training. Visits to the judge for a status report on their progress are now monthly, rather than the bi-weekly pattern in Treatment Phase I of the program. As clients become less involved in the treatment provided by the drug court they are expected to become more involved in self-help groups. AA and NA are the most frequently used self-help groups, but clients have the option of attending others. In some cases even routine attendance at church functions is allowed as participation in a self-help group. Over the long term it is hoped that drug court graduates will be able to form their own self-help groups, based on the AA/NA model.

Treatment Phase III (Months 8-12) In this phase treatment attendance is reduced to once per week and status hearings are reduced to once every 6 weeks. Emphasis is placed on finding and keeping a job and relapse prevention.

When is a Client Finished With the Program? Completing the drug court program will generally require between 12 and 24 months. Clients who participate without slip-ups may complete the program in less than 12 months, but these clients are expected to be in the minority.

At the end of the first six months, only a few clients had been in long enough and had few enough problems to be moved to Treatment Phase II. More common are clients who periodically slip by failing to attend required treatment or by failing urine tests. Clients will have completed the program when they have met the following conditions:

- Go without repeat offenses or illegal behaviors during their time in treatment.
- Pay any outstanding fines and fees
- Stay drug free according to both urine tests and self-reported use
- Stick to and complete their agreed-upon treatment plan
- Be employed, in school, a homemaker or, if retired or too disabled to work, otherwise productively engaged
- Demonstrate an ability to implement an aftercare plan
- Meet ASAM (American Society for Addiction Medicine) patient placement criteria for Discharge from level 1 outpatient care.

The latter include that the client's substance use disorder is in remission; major medical or psychological problems are gone, stable or can be independently managed; the individual accepts his/her addiction and is sufficiently committed to maintain a self-directed recovery plan; the individual has learned and internalized relapse prevention skills; and the individual has supportive recovery environment.

The first graduation ceremony was held approximately 13 months after the Madison County Drug Court began. Eight drug court clients graduated in a formal ceremony at the courthouse. The ceremony was attended by most agencies involved in the drug court, local officials, the press, and family and friends of the graduates. Each graduate, referred to only by their first name in open court, was given a plaque and praised for their commitment to self-improvement. Each

was given a chance to come to the front of the room, say a few words, and then move through a line of drug court service providers who shook their hand and congratulated them. Each graduate received a loud ovation from the audience. The judge then turned to the State's Attorney for Madison County, who made a motion that each case, identified by docket number, be dismissed. The judge responded that he was pleased to dismiss the charges, and announced that the formal ceremony was concluded.

Postscript: The Development of Track II. The preceding description covers the drug court as it was originally designed and as it currently operates for clients who are diverted from the formal criminal process. In December of 1996, nine months after the drug court began, a second category of clients was added. The original process is referred to as Track I and the new client group is referred to as Track II. Track II clients are not diverted from the formal process but the majority are offenders facing probation revocation who are given the option of entering the drug court or going to prison. At present there are no established criteria for admitting offenders to Track II, with decisions being made on a case-by-case basis. The process for handling Track II clients is similar to that for Track I, except that Track II clients who fail or drop out of the drug court are facing prison time rather than traditional probation. As of April 1997, when the first group of Track I clients graduated, there were approximately 30 Track II clients in the system, compared with about 70 Track I clients. On the basis of the experiences of other drug courts, it is expected that Track II will eventually be substantially larger than Track I. Some drug courts have even shifted to handle only Track II clients.

III. EVALUATING THE MADISON COUNTY DRUG COURT

Coinciding with the implementation of the Madison County Drug Court, the Illinois Criminal Justice Information Authority () funded an evaluation of the Madison County Drug Court. This evaluation includes traditional process and outcome evaluation components, but it is different from most earlier evaluations because (a) it was funded concurrently with the establishment of the court rather than after the fact, and (b) it included a formative component. This formative aspect of the evaluation is a collaborative partnership among the local agencies, the evaluators, and , in which information gathered by the researchers is continuously fed back to the drug court. This information is then available to "fine tune" the process and anticipate more serious problems in the future. This formative process is also used to answer question that drug court stakeholders may have about the program. The evaluators use local data and other sources to provide answers while there is still time for the local providers to use the information.

The **formative evaluation** addresses the broad question "What should the court be doing to be most effective?" It places the researcher in the position of advocate for the program, trying to make it work to its maximum potential. The **process evaluation** addresses the broad question "Is the court doing what it was designed to do and is it reaching the audience it was designed to reach?" The process evaluation determines whether the activities of the drug court are being carried out as planned. Finally, the **outcome evaluation** addresses the broad question "What was the impact of the program?" The focus is on the results or outcome of the drug court.

Below is a short summary of the specific components of the formative, process, and outcome evaluations.

The Formative Evaluation. This aspect of the evaluation relies heavily on the information system and on information from the observations and experiences of the on-site evaluator. The information system allows the on-site evaluator to print out the current status of cases, as well as summary information, such as the percent of dirty urines and how that has changed over time. This information is routinely presented to the drug court stakeholders at their monthly meetings. These figures are particularly useful for either validating or negating concerns that stakeholders have about the process -- e.g., "What is the dropout rate?" The meeting provides the group an opportunity to discuss these issues and develop strategies for responding to them.

The Process Evaluation. The process evaluation focuses on the startup and implementation of the drug court and is primarily descriptive in nature. Studying the implementation of the Madison County Drug Court focuses on seven major questions:

1. What is the context in which the program is being implemented?
2. Who was served by the drug court, including the number and characteristics of the clients?
3. What court and treatment intervention did they actually receive, including the content, amount, and level of compliance with both court and treatment directives?
4. What are the components of the Madison County Drug Court Program?
5. What appeared to help or hurt the program's implementation?
6. What experiences did the various stakeholders have with the program, including agency staff, community service providers, local business people, community residents, and participants?
7. Was adequate information provided to each partner within the program to do their part, including point personnel, community providers, leaders and residents in general?

By using information to provide ongoing feedback to stakeholders, the evaluation has already helped the local agencies to recognize the need to change some of their eligibility criteria and change how they documented client outcomes (e.g., breaking out absences into excused and unexcused outcomes).

Process Evaluation: Data Sources. These seven questions are being answered using several sources of data. Two important sources of data are the MIS (management information system) and the GAIN (Global Appraisal of Individual Needs) instrument. The MIS is being developed for the project and will provide an easy to use database which will track the progress of clients as they move through the drug court. This information system will be essential for continuously monitoring the status of drug court cases and for providing feedback about the drug court process to key stakeholders. The MIS is the basis for the quarterly status reports to key stakeholders and includes approximately 40 variables, including the number of offenders with drug court eligible charges, the number still eligible after a criminal history check, the number receiving sanctions, and the number finding employment since they began in the drug court. At any point the MIS can provide the current status of a particular offender, the number of cases at each step of the drug court process, and the cumulative number of cases having passed through each stage of the process.

The GAIN is a standardized assessment instrument filled out at the initial screening. The GAIN provides measures of current functioning in seven general areas: substance abuse, risk behaviors and health prevention; physical health; mental and emotional health, legal, vocational and financial, and environment and living situation. For the process evaluation, the initial GAIN scores will be used to address questions about who is served by the drug court. By using a standardized instrument and cross training staff from the court, TASC, and Piasa, the project is also able to facilitate the communication of information between key parties for both day-to-day operations and in terms of the evaluation results.

The context in which the Madison County Drug Court operates (Process Question 1) will be described using county-level data from the census, the police, the courts and other state and county agencies for which descriptive data are routinely reported. Process Questions 2 and 3 address the client population, treatment received by the clients, and their compliance with the directives of the drug court. These two questions will be answered using data from client focus groups, drug court records, interviews with treatment and drug court staff, information in the GAIN, and information recorded in the MIS. Interviews with key stakeholders, routine feedback from court and treatment personnel as they respond to quarterly project updates, and regular input from the project's local evaluation coordinator will all be used to respond to Process Questions 4 through 7. These project questions include descriptions of the drug court's operation, factors influencing implementation, the experiences of stakeholders, and the exchange of information among partners in the program.

The Outcome Evaluation. The long-term "payoff" for the program is whether it has the intended impact on clients. However, this evaluation was not designed or budgeted for a long-term assessment. The primary emphasis of this evaluation project is on providing formative information to the evolving drug court, and on the process evaluation. For reasons to be discussed below, the evaluation is less focused on outcome.

The proposal to develop the Madison County Drug Court cited the following four objectives for the court:

1. Reduce the number of drug abusers and thereby the demand for illicit drugs.
2. Reduce the number of drug-related crimes, thereby reducing the burden on the criminal justice system.
3. Reduce recidivism by persons charged with drug-related offenses.
4. Enable persons to be productive members of society by reducing dependence and increasing gainful employment.

The first two objectives are important, but they are largely beyond the scope of this evaluation, because of time constraints and practical considerations. The evaluation is scheduled to last for two years, much of which is the start-up phase of the court. Since typical drug court clients will not graduate for 12-18 months, the number of graduates and the length of time they will be at risk after graduation is very small. For example, 13 months after it began, the drug court celebrated its first graduation, with a class of eight clients. From a program development standpoint this number is reasonable given the time required for program start-up, but for evaluation purposes this number represents too few clients to have any county-wide impact on the total number of drug users or the number of drug-related crimes in the county. Another practical limitation is that there are no direct measures of changes in the local demand for drugs, or of

the extent to which crimes are drug-related. Even if such measures were available it might be impossible to prove that observed changes were the result of the drug court and not something else. Although beyond the scope of this evaluation, the first two objectives are laudable and should be investigated more fully in subsequent evaluations.

The second two outcome objectives (#3 and #4) are directly concerned with changes in the clients going through drug court. An assessment of client outcomes can be done, although an ideal assessment would include a longer follow-up than is possible within the time restraints of the current project. The client data now routinely gathered as part of the evaluation (GAIN scores) would make such a long-term follow-up a relatively simple task. While there is not a randomly assigned control group (which would be inappropriate given the developmental nature of the protocol), we have several bench marks and quasi-experimental comparison groups that can be used to evaluate outcomes.

What are the main comparisons that will be made for the outcome evaluation? There are several ways to measure the impact of the drug court on its clients. For this project, the following impact assessments will be conducted:

- Changes in Individual Behavior and Adjustment Status: Initial screening data, criminal justice records, and treatment data (e.g., urine screens) will be used to document changes in client behavior and adjustment. In particular, the following variables will be analyzed: time to re-arrest; urine test results; treatment utilization; and GAIN measures of functioning. The analysis will take into consideration time in jail, prison, or other institutions. Thus, judgments about changes in client status will be based on the client's "time-at-risk."
- Comparisons with other Offenders: Using arrest, court and TASC data, two groups will be compared over time, offenders with eligible offenses and offenders who become TASC clients and have verified drug problems. While this latter group is smaller, it is hopefully more focused. We will also be able to use TASC's more detailed client records to look for any differences in the offense type, number of prior arrests, primary substance of abuse, number of prior treatment episodes, gender, race, and age.
- Changes in Outcome over Time: As the drug court evolves and receives feedback about its operation there will be changes in the way it handles drug court clients. The outcome evaluation will also consider client outcomes over time to determine if the effectiveness of the drug court changes. The small numbers of clients early in the process and the limited time frame for the evaluation will place severe restrictions on our ability to thoroughly examine this aspect of the drug court. A more complete assessment will be possible as time passes and the number of drug court clients goes up.

What are the products of the evaluation? The evaluation of the Madison County Drug Court will produce several documents and several less tangible products. First, this document will outline how the drug court works and how it is being evaluated. It will be used to brief the project advisory board and will be available for distribution as background on the project and its evaluation during the first year.

Second, quarterly progress reports will be produced for the funding agency, the Illinois Criminal Justice Information Authority (ICJIA). Once approved by ICJIA, the quarterly progress reports will be distributed to key stakeholders in the drug court.

Third, an interim report will be prepared for the funding agency at the end of the first year of the project. This will summarize for the funding agency what has been accomplished to date. The interim report will also be used to give additional feedback to drug court staff and, if appropriate, to make recommendations for change.

Fourth, there will be a final project report no later than three months after the end of the project. It will be of publishable quality and will be no more than 20 double-spaced pages with three main sections on process evaluation, outcome evaluation, and recommendations for policy and administration. The full report will also include a detailed methodological appendix, a final management report, and several simple graphics designed for a general audience. These products should help the key stakeholders as they make decisions about the future of the Madison County Drug Court. The information should also be useful to others counties contemplating their own drug court.

In addition to these documents, the evaluation will leave behind several other products useful beyond the life of the research project. First, the management information system (MIS) will be in place and will continue to provide an essential link among the various agencies working with the Madison County Drug Court. Second, the evaluation project will have produced a substantial amount of baseline data that can be used for the long-term follow-up of drug court clients. Whether such a follow-up is conducted, and who conducts it, are beyond the concern of this report. However, the data will be available should it be needed.

IV. Conclusion

Dedicated treatment-oriented drug courts are relatively new to the criminal justice system, having begun in 1989. These courts are designed to bring drug treatment into the criminal justice process with the hope of reducing both drug use and drug-related crime. The Madison County Drug Court has drawn on the experiences of other jurisdictions and has incorporated many of the components of the most successful drug courts. The Madison County Drug Court is guided by strong judicial leadership, cooperation among officials, clear expectations for offenders, graduated penalties, the close monitoring of offenders, and specialized staff whose primary focus is on drug court cases.

Evaluating the Madison County court has occurred concurrent with its development and evolution. The formative evaluation relies heavily on providing continuous feedback to drug court stakeholders and on answering questions about the drug court as they arise. The key to providing this rapid feedback is a good information system into which data are continuously fed and from which stakeholders can obtain current information about specific clients, subgroups of clients, or the drug court population as a whole. In addition to this "hard" data, the evaluation relies heavily on having a "person on the ground" who can observe problems and hear concerns.

The evaluation also examines the process by which the drug court operates and, to a limited extent, the outcomes of the drug court. Although there is insufficient time for the evaluation to measure the long-term impact of the drug court, the extensive data gathered in the formative and process evaluations will provide important baseline information for future research. Thus, the drug court and the evaluation are designed to optimize the performance of the court and guard the integrity of the evaluation results.

APPENDIX A: RESOURCES

Selected Sources

GOVERNMENT PUBLICATIONS

Belenko, Steven and Tamara Dumanovsky (1993). Special Drug Courts. Bureau of Justice Assistance Program Brief (NCJ 144531). Washington, DC: Bureau of Justice Assistance. (202-514-6278)

Goldkamp, John S. (1994). Justice and Treatment Innovation: The Drug Court Movement, A Working Paper of the First National Drug Court Conference, December 1993. National Institute of Justice (NCJ 149260). Washington, D.C.: National Institute of Justice. (Copies may be available from the National Criminal Justice Reference Service: 800-851-3420).

United States General Accounting Office (1995). Drug Courts: Information on a New Approach to Address Drug-Related Crime. (GAO/GGD-95-159BR). Washington, DC: U.S. General Accounting Office. (Copies may be available from the GAO: 202-512-6000)

SCHOLARLY PUBLICATIONS

Goldkamp, John S. (1994). Miami's treatment drug court for felony defendants: Some implications of assessment findings. The Prison Journal, Volume 73, Number 2, pp. 110-166.

Inciardi, James A., Duane C. McBride, & James E. Rivers. (1996). Drug Control and The Courts. Thousand Oaks, CA: Sage Publishing Co.

The Justice System Journal (1994, Volume 17, Number 1) The entire issue is focused on A New Approaches to Drug Cases in the United States@ and nearly all of the articles have to do with drug courts.

INTERNET SOURCES

Drug Courts Program Office
<http://www.ojp.usdoj.gov/dcpo>

APPENDIX A: RESOURCES (continued)

Those interested in contacting individuals connected with the implementation and evaluation of the Madison County Drug Court should contact:

Madison County Assessment and Treatment Alternative Court

Edward C. Ferguson, Presiding Judge
Terri Sorger-Keller, Drug Court Coordinator
Madison County Courthouse
155 North Main Street, Room 237
Edwardsville, IL 62025
618-692-8961

Treatment Services for the Madison County Drug Court

Jim Fraser, Executive Director
Piasa Health Care
1315 Vandalia
Collinsville, IL 62234
618-345-5200

Evaluation of the Madison County Drug Court

Mark D. Godley, Ph.D.
Director, R and D
Chestnut Health Systems
702 W. Chestnut St.
Bloomington, IL 61701
309-827-6026

The Illinois Criminal Justice Information Authority

Tracy Hahn
120 South Riverside Plaza
Chicago, IL 60606-3997
312-793-8550

Appendix C



Lighthouse Institute
Chestnut Health Systems

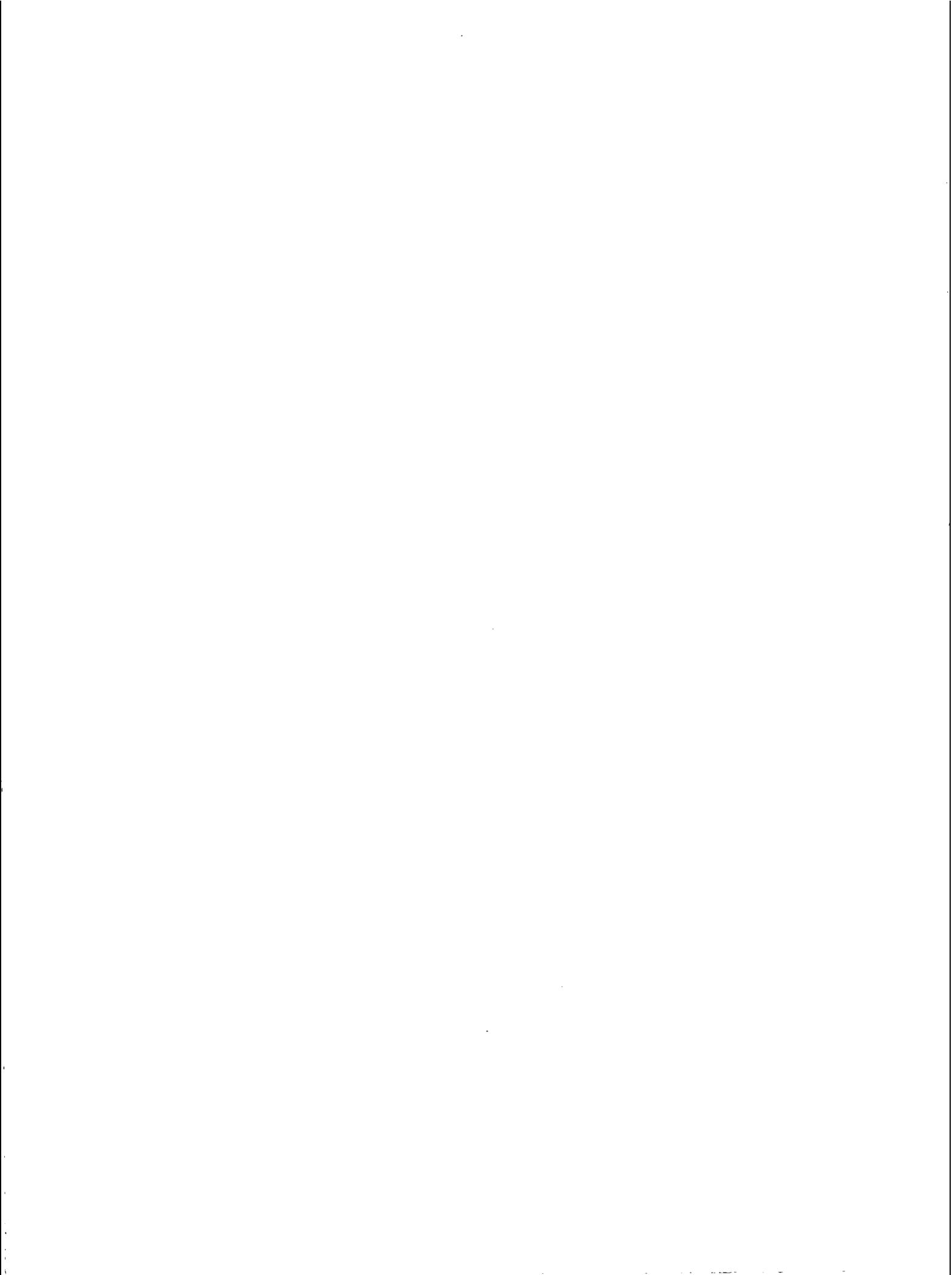


Exhibit 3-7. Crosswalk of Summary Questions, Issues, and Data Sources

Summary Questions RFP's Original Process or Outcome Issue (numbered by original order in RFP) and Key Methodological Issues to be Evaluated	Key Informant and Stake- holder Interviews	Criminal Justice System Records	TASC & Piasa Treatment Records	Post- Discharge Data from early Drop Outs	Other Data for Comparison Groups
1. What is the context in which the program is being implemented (including local conditions, problems, and organizational issues)?					
P1. Program operation context (geography, demo-graphics, economics, etc.)	X				
P2. Nature of law enforcement, drug problem, community service picture (history/interventions)	X	X			
P5. .Description/assessment of Program community- wide social/political context	X				
2. What are the components of the Madison County Drug Court Program (including what they actually are, how they are supposed to work together, and the extent to which they worked as originally intended, and modifications that were made)?					
P12. Description of Program coordination/ management: including implementation changes	X				
P3. Madison County Drug Court Program summary (features, dates, key stages, etc.)	X				
P4. Program participant description/assessment (e.g. competition, conflict, cooperation, mobilization)	X	X	X	X	
P6 Decision-making/problem solving techniques used by Program administrators	X				

Exhibit 3-7. Crosswalk of Summary Questions, Issues, and Data Sources

Summary Questions RFP's Original Process or Outcome Issue (numbered by original order in RFP) and Key Methodological Issues to be Evaluated	Key Informant and Stake- holder Interviews	Criminal Justice System Records	TASC & Piasa Treatment Records	Post- Discharge Data from early Drop Outs	Other Data for Comparison Groups
P7. Qualitative analysis of implementation and operational priorities	X				
P8. General assessment of extent to which initiative did or did not work as intended	X	X	X	X	
3. What appeared to help or hurt the program's implementation (including contextua [e.g. other court-related changes in Madison County], intended and unintended factors, as well as various processes, tools or technologies)?					
P9. Assessment of factors that seem to facilitate or inhibit implementation	X	X	X	X	X
P10. Assessment of factors not included or eliminated and explanation of such factors	X	X	X	X	X
P11. Description of deviations from original Program design: assessment of how these helped/hindered	X				
P14. Assessment of relevant key technologies that facilitated Program process	X	X	X		
4. Who was actually served by the demonstration (including the number and characteristics of the participants)?					
O1. Number of participating Program offenders receiving treatment, education, other services		X	X		

Exhibit 3-7. Crosswalk of Summary Questions, Issues, and Data Sources

Summary Questions: RFP's Original Process or Outcome Issue (numbered by original order in RFP) and Key Methodological Issues to be Evaluated	Key Informant and Stake- holder Interviews	Criminal Justice System Records	TASC & Piasa Treatment Records	Post- Discharge Data from early Drop Outs	Other Data for Comparison Groups
5. What court and treatment intervention did they actually receive (including the content, amount, and level of compliance with both court and treatment directives)?					
O2. Percent of Program participants in compliance w/all court directive and /program components		X			
6. To what extent did the program reduce individual negative behaviors (substance use, illegal activity, recidivism, and jail time), increase positive behaviors (employment, training, other productive family behaviors), and other areas of individual functioning (health, mental distress, impulse control)?					
O3. Changes in Program participants substance abuse patterns (resulting from urine screens)		X	X		
O4. Reductions in recidivism rates by Program participants and control groups		X	X	X	X
O5. Program participants' treatment progress (information retention/recovery process participation)					
O6. Program participants' progress in developing vocational/educational capabilities			X		

Exhibit 3-7. Crosswalk of Summary Questions, Issues, and Data Sources

Summary Questions RFP's Original Process or Outcome Issue (numbered by original order in RFP) and Key Methodological Issues to be Evaluated	Key Informant and Stake- holder Interviews	Criminal Justice System Records	TASC & Piasa Treatment Records	Post- Discharge Data from early Drop Outs	Other Data for Comparison Groups
O7. Program participants' progress in health, psychological and family/life skills functioning			X		
O8. Changes in number of jail cells used by drug offenders for pretrial/post-adjudicatory incarceration		X			
7. What experiences did the various stakeholders have with the program (including agency staff, community service providers, local business people, community residents and participants)?					
O11. Agency staff perceptions of Program value (distinguish between administrative/non-administrative employees)	X				
O12. Community service provider experience with/ understanding of Program activities and impact	X				
O13. Community resident/business experiences with/ understanding of Program activities and impact	X				

Exhibit 3-7. Crosswalk of Summary Questions, Issues, and Data Sources

Summary Questions RFP's Original Process or Outcome Issue (numbered by original order in RFP) and Key Methodological Issues to be Evaluated	Key Informant and Stake- holder Interviews	Criminal Justice System Records	TASC & Piasa Treatment Records	Post- Discharge Data from early Drop Outs	Other Data for Comparison Groups
O14. Program participants' perceptions of Program and impact on quality of life/employability	X			X	
8. Was adequate information provided to each partner within the program to do their part (including point personnel, community leaders and residents in general)					
P13. Description of CJ/community informational mechanisms and effectiveness of same	X				
O9. Adequacy of information exchange between CJ agencies and Program participants	X				
O10. Adequacy of information exchange between CJ agencies and assessment/ service provider agencies	X				
9. To what extent are self-reported measures of substance use, illegal activity, vocational activity, and service utilization reliable and accurate?					
M1. Reliability and validity of self -reported drug use, illegal activity and vocational activity.	X	X	X		X

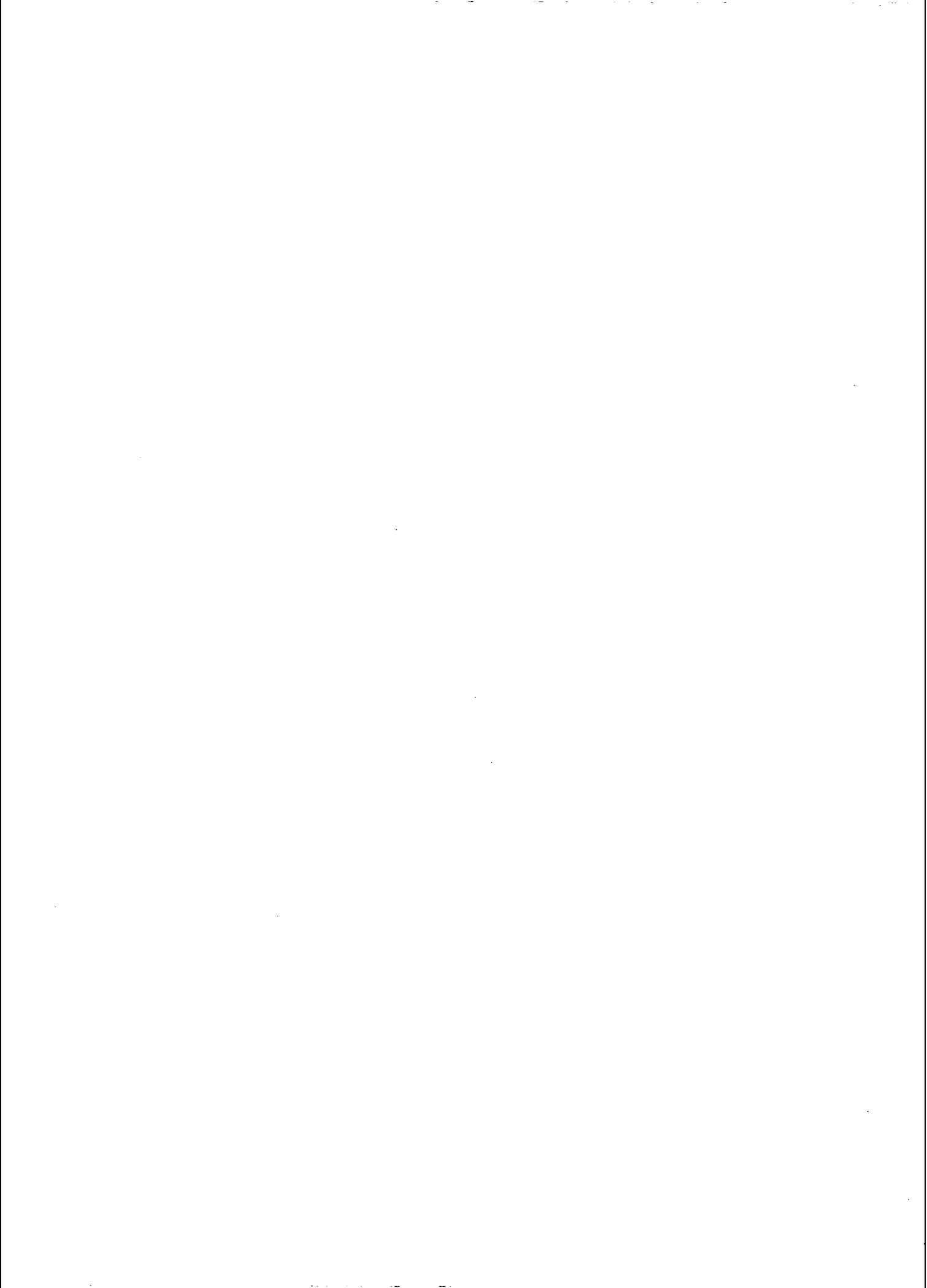
Exhibit 3-7. Crosswalk of Summary Questions, Issues, and Data Sources

Summary Questions RFP's Original Process or Outcome Issue (numbered by original order in RFP) and Key Methodological Issues to be Evaluated	Key Informant and Stake- holder Interviews	Criminal Justice System Records	TASC & Piasa Treatment Records	Post- Discharge Data from early Drop Outs	Other Data for Comparison Groups
M2. Reliability and validity of self-reported service utilization.	X	X	X		X
M3. Degree to which representativeness or self-selection produces a bias	X	X	X	X	X

Appendix D



**Lighthouse Institute
Chestnut Health Systems**



**INTERVIEW PROTOCOLS
FOR KEY STAKEHOLDERS AND
FOCUS GROUPS
IN THE
MADISON COUNTY ASSESSMENT AND TREATMENT COURT**

Prepared by Dr. Ralph A. Weisheit

The attached pages are the interview protocols used to date in the qualitative dimension of the Madison County Assessment and Treatment Court evaluation. The interview process was semi-structured, using the protocols as an outline from which to ask questions, but allowing individuals to explore specific areas not raised in the interview protocol.

Where possible identical or similarly worded questions were included across interviews to allow for a comparison among various actors in the drug court process.

QUESTIONS FOR JUDGE(S)

(September 22, 1996)

I. STARTING THE MC DRUG COURT

- Why was MC a good place for a drug court? (What kinds of drug and crime problems do you see in this county?)
- When you began, what did you believe a drug court could do about these problems? That is, how did you expect these problems to change after a drug court was operating.
- Who first began putting the MC drug court together?
- When did they first begin taking steps to form the court? What did they do?
- Where did they get the idea? Were other courts used as models? If so, which courts?
- What were some of the early problems? How were they dealt with?
- What advice would you have for someone forming a new drug court?

II. THE OPERATION OF THE MC DRUG COURT

- Can you briefly describe how the drug court operates -- what are the major steps in the process?
- At this point are there steps in the process that are working particularly well? (Describe them)
- At this point are there steps in the process that are not working as smoothly as they should? (Describe them)
- Have there been changes in the process since the drug court was first begun? (Describe them)
- What changes in the process do you foresee in the immediate future?
- In your view, what is the ideal number of clients that the court can supervise at any one time?

III. DRUG COURT CLIENTS

- Who is the ideal client for the drug court? What would a profile of them look like?
- How satisfied are you with the process by which clients are selected for the drug court?
- How effective is the drug court in identifying the needs of its clients?
- How effective is the drug court in meeting those client needs it is designed to meet?
- Are there client needs that the court is not now designed to meet, but which should be included among court services?
- Not everyone who begins the court process stays in the program. Is the number who drop out about what you expected? Is this number a problem, or is it something that you would consider normal?
- Some people are eligible for the drug court, but when approached they decline to take part. Do you have any thoughts on why they might decline?

IV. THE ROLE OF THE JUDGE

- Does serving as a drug court judge require a different way of thinking about offenders and about punishment compared with serving as a judge in a traditional criminal court?
- Does running a drug court require a particular temperament or ability in a judge? Could any criminal court judge effectively run a drug court? (If special traits are required, what are they?)

V. OTHER AGENCIES/OFFICIALS

- Most drug courts require that a variety of agencies work together. Has it been difficult to obtain cooperation among the various groups?
- For which groups has cooperation been easiest to develop?
- For which groups has cooperation been most difficult to develop?
- Are there agencies you would like to see involved in the process that are not now involved?
(IF YES) - Which agencies and what are the issues in gaining their cooperation?
- Some would suggest that cooperation between defense and prosecution undermines the adversarial process. Do you agree? Why do you take that position?

VI. GENERAL ISSUES

- Does the community support the drug court concept? Can you give examples?
- What kinds of concerns or objections have been raised in the community? Who has raised them?
- Do most citizens in this county understand the purpose of a drug court and what a drug court involves?
- Are things being done to educate citizens about the drug court?
(IF YES) - What things? Are there any other plans for future activities?
(IF NO) - Is this something that should be done? (If yes, what would you like to see in this regard?)

VII. FUTURE DIRECTIONS

- Do you foresee the number of clients expanding in the future?
- (IF YES) To what number and by when?
- Do you foresee the drug court expanding to include other types of clients in the future?
- (IF YES) Other offense categories or background characteristics?
- (IF YES) Other groups, specifically juveniles?
- Is a process in place for preparing other judges to assume your role in the future?
(IF YES) - Describe the process?
(IF NO) - What would happen to the drug court if you were to leave or give up your role as head of the drug court?
- Do you believe long-term funding is a potential problem?
(IF YES) - What steps are being taken to ensure the long-term funding of the court?
(IF NO) - What things are in place to make long-term funding a likelihood?
- Looking to the future, to a year from now or two years from now, what kinds of things will you personally use as an indication of the success or failure of the drug court?

QUESTIONS FOR DRUG COURT COORDINATOR

(December 18, 1996)

I. STARTING THE MC DRUG COURT

- When did you first become involved in the drug court?
- How did you happen to be chosen for the job?
- What do you see as your role in the drug court? What are your responsibilities?
- What were some of the early problems in running the drug court?
How were they dealt with?
- What do you see as the biggest drug problem in this county?
- When you began, what did you believe a drug court could do about these problems? That is, how did you expect these problems to change after a drug court was operating.
- What advice would you have for someone forming a new drug court?

II. THE OPERATION OF THE MC DRUG COURT

- Can you briefly describe how the drug court operates -- what are the major steps in the process?
- Are there steps in the process that are working particularly well? (Describe them)
- Are there steps in the process that are not working as smoothly as they should? (Describe them)
- Have there been changes in the process since the drug court was first begun? (Describe them)
- What changes in the process do you foresee in the immediate future?
- In your view, what is the ideal number of clients that the court can supervise at any one time?
- How much do you know about the kinds of treatment drug court clients receive? Could you describe what they typically get?

III. DRUG COURT CLIENTS

- Who is the ideal client for the drug court? What would a profile of them look like?
- How satisfied are you with the process by which clients are selected for the drug court?
- How effective is the drug court in identifying the needs of its clients?
- How effective is the drug court in meeting those client needs it is designed to meet?
- Are there client needs that the court is not now designed to meet, but which should be included among court services?
- Not everyone who begins the court process stays in the program. Is the number who drop out about what you expected? Is this number a problem, or is it something that you would consider normal?
- Some people are eligible for the drug court, but when approached they decline to take part. Do you have any thoughts on why they might decline?

IV. THE ROLE OF THE DRUG COURT COORDINATOR

- Does serving as a drug court coordinator require a different way of thinking about offenders and about punishment, compared with being a probation officer or someone else who works with cases in a traditional criminal court?
- Does running a drug court require a particular temperament or ability in a coordinator? Could anyone familiar with the criminal courts effectively run a drug court? (If special traits are required, what are they?)

V. OTHER AGENCIES/OFFICIALS

- Most drug courts require that a variety of agencies work together. Has it been difficult to obtain cooperation among the various groups?
- For which groups has cooperation been easiest to develop?
- For which groups has cooperation been most difficult to develop?
- Are there agencies you would like to see involved in the process that are not now involved?
(IF YES) - Which agencies and what are the issues in gaining their cooperation?
- Some would suggest that cooperation between defense and prosecution undermines the adversarial process. Do you agree? Why do you take that position?

VI. GENERAL ISSUES

- Does the community support the drug court concept? Can you give examples?
- What kinds of concerns or objections have been raised in the community? Who has raised them?
- Do most citizens in this county understand the purpose of a drug court and what a drug court involves?
- Are things being done to educate citizens about the drug court?
(IF YES) - What things? Are there any other plans for future activities?
(IF NO) - Is this something that should be done? (If yes, what would you like to see in this regard?)

VII. FUTURE DIRECTIONS

- Do you foresee the number of clients expanding in the future?
(IF YES) To what number and by when?
- Do you foresee the drug court expanding to include other types of clients in the future?
(IF YES) Other offense categories or background characteristics?
(IF YES) Other groups, specifically juveniles?
- Is a process in place for someone else to assume your role in the future?
(IF YES) - Describe the process?
(IF NO) - What would happen to the drug court if you were to leave or give up your role as coordinator?
- Do you believe long-term funding is a potential problem?
(IF YES) - What steps are being taken to ensure long-term funding of the court?
(IF NO) - What things are in place to make long-term funding a likelihood?
- Looking to the future, to a year from now or two years from now, what kinds of things will you personally use as an indication of the success or failure of the drug court?

- In your opinion, over the next year or two will the citizens of this county see a noticeable reduction in crime because of the drug court?
- In your opinion, is the drug court likely to be a permanent feature of the court system in this county? Why or why not?

VIII. CONCLUDING QUESTIONS

- Overall, what would you say is the biggest disadvantage or problem with having a drug court in the county?
- Overall, what would you say is the biggest advantage or benefit with having a drug court in the county?

QUESTIONS FOR DRUG COURT CASE WORKER

(January 2, 1997)

I. STARTING THE MC DRUG COURT

- When did you first become involved in the drug court?
- How did you happen to be chosen for the job?
- What do you see as your role in the drug court? What are your responsibilities?
- What were some of the early problems in running the drug court?
How were they dealt with?
- What do you see as the biggest drug problem in this county?
- When you began, what did you believe a drug court could do about these problems? That is, how did you expect these problems to change after a drug court was operating.
- What advice would you have for someone forming a new drug court?

II. THE OPERATION OF THE MC DRUG COURT

- Can you briefly describe how the drug court operates -- what are the major steps in the process?
- Are there steps in the process that are working particularly well? (Describe them)
- Are there steps in the process that are not working as smoothly as they should? (Describe them)
- Have there been changes in the process since the drug court was first begun? (Describe them)
- What changes in the process do you foresee in the immediate future?
- In your view, what is the ideal number of clients that the court can supervise at any one time?
- How much do you know about the kinds of treatment drug court clients receive? Could you describe what they typically get?

III. DRUG COURT CLIENTS

- Who is the ideal client for the drug court? What would a profile of them look like?
- How satisfied are you with the process by which clients are selected for the drug court?
- How effective is the drug court in identifying the needs of its clients?
- How effective is the drug court in meeting those client needs it is designed to meet?
- Are there client needs that the court is not now designed to meet, but which should be included among court services?
- Not everyone who begins the court process stays in the program. Is the number who drop out about what you expected? Is this number a problem, or is it something that you would consider normal?
- Some people are eligible for the drug court, but when approached they decline to take part. Do you have any thoughts on why they might decline?

IV. TREATMENT AND THE DRUG COURT

- Would you describe the treatment program that drug court clients go through?
- After a client is referred to treatment, how much contact to you have with them?
- What do you see as the greatest weakness of the treatment program for these clients?
- What do you see as the greatest strength of the treatment program for these clients?

V. THE ROLE OF THE DRUG COURT COORDINATOR

- Does serving as a drug court coordinator require a different way of thinking about offenders and about punishment, compared with being a probation officer or someone else who works with cases in a traditional criminal court?
- Does running a drug court require a particular temperament or ability in a coordinator?
Could anyone familiar with the criminal courts effectively run a drug court? (If special traits are required, what are they?)

VI. OTHER AGENCIES/OFFICIALS

- Most drug courts require that a variety of agencies work together. Has it been difficult to obtain cooperation among the various groups?
- For which groups has cooperation been easiest to develop?
- For which groups has cooperation been most difficult to develop?
- Are there agencies you would like to see involved in the process that are not now involved?
(IF YES) - Which agencies and what are the issues in gaining their cooperation?
- Some would suggest that cooperation between defense and prosecution undermines the adversarial process. Do you agree? Why do you take that position?

VII. GENERAL ISSUES

- Does the community support the drug court concept? Can you give examples?
- What kinds of concerns or objections have been raised in the community? Who has raised them?
- Do most citizens in this county understand the purpose of a drug court and what a drug court involves?
- Are things being done to educate citizens about the drug court?
(IF YES) - What things? Are there any other plans for future activities?
(IF NO) - Is this something that should be done? (If yes, what would you like to see in this regard?)

VIII. FUTURE DIRECTIONS

- Do you foresee the number of clients expanding in the future?
- (IF YES) To what number and by when?
- Do you foresee the drug court expanding to include other types of clients in the future?
- (IF YES) Other offense categories or background characteristics?
- (IF YES) Other groups, specifically juveniles?

- Is a process in place for someone else to assume your role in the future?
 (IF YES) - Describe the process?
 (IF NO) - What would happen to the drug court if you were to leave or give up your role as coordinator?
- Do you believe long-term funding is a potential problem?
 (IF YES) - What steps are being taken to ensure long-term funding of the court?
 (IF NO) - What things are in place to make long-term funding a likelihood?
- Looking to the future, to a year from now or two years from now, what kinds of things will you personally use as an indication of the success or failure of the drug court?
- In your opinion, over the next year or two will the citizens of this county see a noticeable reduction in crime because of the drug court?
- In your opinion, is the drug court likely to be a permanent feature of the court system in this county? Why or why not?

IX. CONCLUDING QUESTIONS

- Overall, what would you say is the biggest disadvantage or problem with having a drug court in the county?
- Overall, what would you say is the biggest advantage or benefit with having a drug court in the county?

QUESTIONS FOR DRUG COURT SECRETARY

(January 2, 1997)

I. STARTING THE MC DRUG COURT

- When did you first become involved in the drug court?
- How did you happen to be chosen for the job?
- What do you see as your role in the drug court? What are your responsibilities?
- What were some of the early problems in running the drug court?
How were they dealt with?
- What do you see as the biggest drug problem in this county?
- When you began, what did you believe a drug court could do about these problems? That is, how did you expect these problems to change after a drug court was operating.
- What advice would you have for someone forming a new drug court?

II. THE OPERATION OF THE MC DRUG COURT

- Can you briefly describe how the drug court operates -- what are the major steps in the process?
- Are there steps in the process that are working particularly well? (Describe them)
- Are there steps in the process that are not working as smoothly as they should? (Describe them)
- Have there been changes in the process since the drug court was first begun? (Describe them)
- What changes in the process do you foresee in the immediate future?
- In your view, what is the ideal number of clients that the court can supervise at any one time?
- How much do you know about the kinds of treatment drug court clients receive? Could you describe what they typically get?

III. DRUG COURT CLIENTS

- Who is the ideal client for the drug court? What would a profile of them look like?
- How satisfied are you with the process by which clients are selected for the drug court?
- How effective is the drug court in identifying the needs of its clients?
- How effective is the drug court in meeting those client needs it is designed to meet?
- Are there client needs that the court is not now designed to meet, but which should be included among court services?
- Not everyone who begins the court process stays in the program. Is the number who drop out about what you expected? Is this number a problem, or is it something that you would consider normal?
- Some people are eligible for the drug court, but when approached they decline to take part. Do you have any thoughts on why they might decline?

IV. TREATMENT AND THE DRUG COURT

- Would you describe the treatment program that drug court clients go through?
- After a client is referred to treatment, how much contact to you have with them?
- What do you see as the greatest weakness of the treatment program for these clients?
- What do you see as the greatest strength of the treatment program for these clients?

V. THE ROLE OF THE DRUG COURT COORDINATOR

- Does serving as a drug court coordinator require a different way of thinking about offenders and about punishment, compared with being a probation officer or someone else who works with cases in a traditional criminal court?
- Does running a drug court require a particular temperament or ability in a coordinator? Could anyone familiar with the criminal courts effectively run a drug court? (If special traits are required, what are they?)

VI. OTHER AGENCIES/OFFICIALS

- Most drug courts require that a variety of agencies work together. Has it been difficult to obtain cooperation among the various groups?
- For which groups has cooperation been easiest to develop?
- For which groups has cooperation been most difficult to develop?
- Are there agencies you would like to see involved in the process that are not now involved?
(IF YES) - Which agencies and what are the issues in gaining their cooperation?
- Some would suggest that cooperation between defense and prosecution undermines the adversarial process. Do you agree? Why do you take that position?

VII. GENERAL ISSUES

- Does the community support the drug court concept? Can you give examples?
- What kinds of concerns or objections have been raised in the community? Who has raised them?
- Do most citizens in this county understand the purpose of a drug court and what a drug court involves?
- Are things being done to educate citizens about the drug court?
(IF YES) - What things? Are there any other plans for future activities?
(IF NO) - Is this something that should be done? (If yes, what would you like to see in this regard?)

VIII. FUTURE DIRECTIONS

- Do you foresee the number of clients expanding in the future?
- (IF YES) To what number and by when?
- Do you foresee the drug court expanding to include other types of clients in the future?
- (IF YES) Other offense categories or background characteristics?
- (IF YES) Other groups, specifically juveniles?

- Is a process in place for someone else to assume your role in the future?
(IF YES) - Describe the process?
(IF NO) - What would happen to the drug court if you were to leave or give up your role as coordinator?
- Do you believe long-term funding is a potential problem?
(IF YES) - What steps are being taken to ensure long-term funding of the court?
(IF NO) - What things are in place to make long-term funding a likelihood?
- Looking to the future, to a year from now or two years from now, what kinds of things will you personally use as an indication of the success or failure of the drug court?
- In your opinion, over the next year or two will the citizens of this county see a noticeable reduction in crime because of the drug court?
- In your opinion, is the drug court likely to be a permanent feature of the court system in this county? Why or why not?

IX. CONCLUDING QUESTIONS

- Overall, what would you say is the biggest disadvantage or problem with having a drug court in the county?
- Overall, what would you say is the biggest advantage or benefit with having a drug court in the county?

QUESTIONS FOR DRUG COURT PRETRIAL SERVICES

(December 18, 1996)

I. STARTING THE MC DRUG COURT

- When did you first become involved in the drug court?
- How did you happen to be chosen for the job?
- What do you see as your role in the drug court?
- What were some of the early problems in running the drug court?
How were they dealt with?
- What do you see as the biggest drug problems in this county?
- When you began, what did you believe a drug court could do about these problems? That is, how did you expect these problems to change after a drug court was operating.
- If a county is starting a drug court, what advice would you have for the pretrial services people in that county?

II. THE OPERATION OF THE MC DRUG COURT

- Can you briefly describe how the drug court operates -- what are the major steps in the process?
- Are there steps in the process that are working particularly well? (Describe them)
- Are there steps in the process that are not working as smoothly as they should? (Describe them)
- Have there been changes in the process since the drug court was first begun? (Describe them)
- What changes in the process do you foresee in the immediate future?
- In your view, what is the ideal number of clients that the court can supervise at any one time?
- How much do you know about the kinds of treatment drug court clients receive? Could you describe what they typically get?

III. DRUG COURT CLIENTS

- Who is the ideal client for the drug court? What would a profile of them look like?
- How satisfied are you with the process by which clients are selected for the drug court?
- How effective is the drug court in identifying the needs of its clients?
- How effective is the drug court in meeting those client needs it is designed to meet?
- Are there client needs that the court is not now designed to meet, but which should be included among court services?
- Not everyone who begins the court process stays in the program. Is the number who drop out about what you expected? Is this number a problem, or is it something that you would consider normal?
- Some people are eligible for the drug court, but when approached they decline to take part. Do you have any thoughts on why they might decline?

IV. THE ROLE OF PRETRIAL SERVICES

- Does your job with drug court require a different way of thinking about offenders and about punishment, compared with what you would do in a traditional criminal court?
- Does providing pretrial services in a drug court require a particular temperament or ability? Could anyone who is able to work with traditional courts effectively work in a drug court? (If special traits are required, what are they?)
- What reservations or concerns should an office like yours have about becoming involved in a drug court? That is, why would some in pretrial services not want to have a drug court in their county?
- What does the pretrial services office gain by having a drug court in the county? That is, why would some pretrial services offices welcome a drug court in their county?

V. OTHER AGENCIES/OFFICIALS

- Most drug courts require that a variety of agencies work together. Has it been difficult to obtain cooperation among the various groups?
- For which groups has cooperation been easiest to develop?
- For which groups has cooperation been most difficult to develop?
- Are there agencies you would like to see involved in the process that are not now involved?
(IF YES) - Which agencies and what are the issues in gaining their cooperation?
- Some would suggest that cooperation between defense and prosecution undermines the adversarial process. Do you agree? Why do you take that position? Is that a good thing or a bad thing for the idea of justice?

VI. GENERAL ISSUES

- Does the community support the drug court concept? Can you give examples?
- What kinds of concerns or objections have been raised in the community? Who has raised them?
- Do most citizens in this county understand the purpose of a drug court and what a drug court involves?
- Are things being done to educate citizens about the drug court?
(IF YES) - What things? Are there any other plans for future activities?
(IF NO) - Is this something that should be done? (If yes, what would you like to see in this regard?)

VII. FUTURE DIRECTIONS

- Do you foresee the number of clients expanding in the future?
- (IF YES) To what number and by when?

- Do you foresee the drug court expanding to include other types of clients in the future?
(IF YES)
 - Other offense categories or background characteristics?
 - Other groups, specifically juveniles?
 - Do you foresee pressure to include types of offenders with you will not be comfortable?
- Looking to the future, to a year from now or two years from now, what kinds of things will you personally use as an indication of the success or failure of the drug court?
- In your opinion, over the next year or two will the citizens of this county see a noticeable reduction in crime because of the drug court?
- In your opinion, is the drug court likely to be a permanent feature of the court system in this county? Why or why not?

VIII. CONCLUDING QUESTIONS

- Overall, what would you say is the biggest disadvantage or problem with having a drug court in the county?
- Overall, what would you say is the biggest advantage or benefit with having a drug court in the county?

QUESTIONS FOR DRUG COURT PUBLIC DEFENDER

(December 18, 1996)

I. STARTING THE MC DRUG COURT

- When did you first become involved in the drug court?
- How did you happen to be chosen for the job?
- What do you see as your role in the drug court?
- What were some of the early problems in running the drug court?
How were they dealt with?
- What do you see as the biggest drug problems in this county?
- When you began, what did you believe a drug court could do about these problems? That is, how did you expect these problems to change after a drug court was operating.
- If a county is starting a drug court, what advice would you have for the public defender in that county?

II. THE OPERATION OF THE MC DRUG COURT

- Can you briefly describe how the drug court operates -- what are the major steps in the process?
- Are there steps in the process that are working particularly well? (Describe them)
- Are there steps in the process that are not working as smoothly as they should? (Describe them)
- Have there been changes in the process since the drug court was first begun? (Describe them)
- What changes in the process do you foresee in the immediate future?
- In your view, what is the ideal number of clients that the court can supervise at any one time?
- How much do you know about the kinds of treatment drug court clients receive? Could you describe what they typically get?

III. DRUG COURT CLIENTS

- Who is the ideal client for the drug court? What would a profile of them look like?
- How satisfied are you with the process by which clients are selected for the drug court?
- How effective is the drug court in identifying the needs of its clients?
- How effective is the drug court in meeting those client needs it is designed to meet?
- Are there client needs that the court is not now designed to meet, but which should be included among court services?
- Not everyone who begins the court process stays in the program. Is the number who drop out about what you expected? Is this number a problem, or is it something that you would consider normal?
- Some people are eligible for the drug court, but when approached they decline to take part. Do you have any thoughts on why they might decline?

IV. THE ROLE OF THE PUBLIC DEFENDER

- Does serving as a public defender in a drug court require a different way of thinking about offenders and about punishment, compared with being a public defender in a traditional criminal court?
- Does serving as a public defender in a drug court require a particular temperament or ability? Could any public defender effectively work in a drug court? (If special traits are required, what are they?)
- What reservations or concerns might a public defender have about becoming involved in a drug court? That is, why would some public defenders not want to have a drug court in their county?
- What does the public defender's office gain by having a drug court in the county? That is, why would some public defenders welcome a drug court in their county?

V. OTHER AGENCIES/OFFICIALS

- Most drug courts require that a variety of agencies work together. Has it been difficult to obtain cooperation among the various groups?
- For which groups has cooperation been easiest to develop?
- For which groups has cooperation been most difficult to develop?
- Are there agencies you would like to see involved in the process that are not now involved?
(IF YES) - Which agencies and what are the issues in gaining their cooperation?
- Some would suggest that cooperation between defense and prosecution undermines the adversarial process. Do you agree? Why do you take that position? Is that a good thing or a bad thing for the idea of justice?

VI. GENERAL ISSUES

- Does the community support the drug court concept? Can you give examples?
- What kinds of concerns or objections have been raised in the community? Who has raised them?
- Do most citizens in this county understand the purpose of a drug court and what a drug court involves?
- Are things being done to educate citizens about the drug court?
(IF YES) - What things? Are there any other plans for future activities?
(IF NO) - Is this something that should be done? (If yes, what would you like to see in this regard?)

VII. FUTURE DIRECTIONS

- Do you foresee the number of clients expanding in the future?
- (IF YES) To what number and by when?
- Do you foresee the drug court expanding to include other types of clients in the future?
(IF YES) - Other offense categories or background characteristics?
- Other groups, specifically juveniles?
- Do you foresee pressure to include types of offenders with you will not be comfortable?

- Looking to the future, to a year from now or two years from now, what kinds of things will you personally use as an indication of the success or failure of the drug court?
- In your opinion, over the next year or two will the citizens of this county see a noticeable reduction in crime because of the drug court?
- In your opinion, is the drug court likely to be a permanent feature of the court system in this county? Why or why not?

VIII. CONCLUDING QUESTIONS

- Overall, what would you say is the biggest disadvantage or problem with having a drug court in the county?
- Overall, what would you say is the biggest advantage or benefit with having a drug court in the county?

QUESTIONS FOR DRUG COURT PROSECUTOR

(October 30, 1996)

I. STARTING THE MC DRUG COURT

- When did you first become involved in the drug court?
- How did you happen to be chosen for the job?
- What do you see as your role in the drug court?
- What were some of the early problems in running the drug court?
How were they dealt with?
- What do you see as the biggest drug problems in this county?
- When you began, what did you believe a drug court could do about these problems? That is, how did you expect these problems to change after a drug court was operating.
- If a county is starting a drug court, what advice would you have for the prosecutor in that county?

II. THE OPERATION OF THE MC DRUG COURT

- Can you briefly describe how the drug court operates -- what are the major steps in the process?
- Are there steps in the process that are working particularly well? (Describe them)
- Are there steps in the process that are not working as smoothly as they should? (Describe them)
- Have there been changes in the process since the drug court was first begun? (Describe them)
- What changes in the process do you foresee in the immediate future?
- In your view, what is the ideal number of clients that the court can supervise at any one time?
- How much do you know about the kinds of treatment drug court clients receive? Could you describe what they typically get?

III. DRUG COURT CLIENTS

- Who is the ideal client for the drug court? What would a profile of them look like?
- How satisfied are you with the process by which clients are selected for the drug court?
- How effective is the drug court in identifying the needs of its clients?
- How effective is the drug court in meeting those client needs it is designed to meet?
- Are there client needs that the court is not now designed to meet, but which should be included among court services?
- Not everyone who begins the court process stays in the program. Is the number who drop out about what you expected? Is this number a problem, or is it something that you would consider normal?
- Some people are eligible for the drug court, but when approached they decline to take part. Do you have any thoughts on why they might decline?

IV. THE ROLE OF THE PROSECUTOR

- Does serving as a prosecutor in a drug court require a different way of thinking about offenders and about punishment, compared with being a prosecutor in a traditional criminal court?
- Does serving as a prosecutor in a drug court require a particular temperament or ability? Could any prosecutor effectively work in a drug court? (If special traits are required, what are they?)
- What reservations or concerns might a prosecutor have about becoming involved in a drug court? That is, why would some prosecutors not want to have a drug court in their county?
- What does the prosecutor's office gain by having a drug court in the county? That is, why would some prosecutors welcome a drug court in their county?

V. OTHER AGENCIES/OFFICIALS

- Most drug courts require that a variety of agencies work together. Has it been difficult to obtain cooperation among the various groups?
- For which groups has cooperation been easiest to develop?
- For which groups has cooperation been most difficult to develop?
- Are there agencies you would like to see involved in the process that are not now involved?
(IF YES) - Which agencies and what are the issues in gaining their cooperation?
- Some would suggest that cooperation between defense and prosecution undermines the adversarial process. Do you agree? Why do you take that position? Is that a good thing or a bad thing for the idea of justice?

VI. GENERAL ISSUES

- Does the community support the drug court concept? Can you give examples?
- What kinds of concerns or objections have been raised in the community? Who has raised them?
- Do most citizens in this county understand the purpose of a drug court and what a drug court involves?
- Are things being done to educate citizens about the drug court?
(IF YES) - What things? Are there any other plans for future activities?
(IF NO) - Is this something that should be done? (If yes, what would you like to see in this regard?)

VII. FUTURE DIRECTIONS

- Do you foresee the number of clients expanding in the future?
(IF YES) To what number and by when?
- Do you foresee the drug court expanding to include other types of clients in the future?
(IF YES) - Other offense categories or background characteristics?
- Other groups, specifically juveniles?
- Do you foresee pressure to include types of offenders with you will not be comfortable?

- Looking to the future, to a year from now or two years from now, what kinds of things will you personally use as an indication of the success or failure of the drug court?
- In your opinion, is the drug court likely to be a permanent feature of the court system in this county? Why or why not?

VIII. CONCLUDING QUESTIONS

- Overall, what would you say is the biggest disadvantage or problem with having a drug court in the county?
- Overall, what would you say is the biggest advantage or benefit with having a drug court in the county?

QUESTIONS FOR DRUG COURT TREATMENT STAFF

(February 19, 1997)

I. STARTING THE MC DRUG COURT

- When did you first become involved in the drug court?
- What do you see as your role in the drug court?
- What were some of the early problems in running the drug court?
How were they dealt with?
- What do you see as the biggest drug problems in this county?
- When you began, what did you believe a drug court could do about these problems? That is, how did you expect these problems to change after a drug court was operating.

II. THE OPERATION OF THE TREATMENT COMPONENT OF THE MC DRUG COURT

- Is there a philosophy or model of treatment that your program follows?
- Can you briefly describe how the treatment aspect of the drug court operates -- what are the major steps in the process?
- Are there steps in the treatment process that are working particularly well? (Describe them)
- Are there steps in the treatment process that are not working as smoothly as they should? (Describe them)
- Have there been changes in the treatment process since the drug court was first begun? (Describe them)
- What changes in the process do you foresee in the immediate future?
- In your view, what is the ideal number of clients that your agency can handle at any one time?

III. DRUG COURT CLIENTS

- Who is the ideal drug court client in terms of your treatment program? What would a profile of them look like?
- How satisfied are you with the process by which drug court clients are selected for treatment?
- How effective is the drug court process in identifying the variety of needs of its clients?
- How effective is the drug court in meeting those client needs it is designed to meet?
- Are there client needs that the court is not now designed to meet, but which should be included among court services?
- Not everyone who begins the court process stays in the program. Is the number who drop out about what you expected? Is this number a problem, or is it something that you would consider normal?
- What do you think leads some people to drop out? (Probe)
- Some people are eligible for the drug court, but when approached they decline to take part. Do you have any thoughts on why they might decline?

IV. THE ROLE OF THE TREATMENT PROVIDER

- Does providing treatment for drug court clients require a different way of thinking about clients and about treatment, compared with providing treatment to more traditional clients?
- Does providing treatment to drug court clients require a particular temperament or ability? Could anyone who provides substance abuse treatment effectively work with drug court clients? (If special traits are required, what are they?)
- What reservations or concerns might a treatment provider have about becoming involved in a drug court? That is, why would some treatment providers not want to deal with drug court clients?
- What does your agency gain by having a drug court in the county? That is, why would some treatment providers welcome a drug court in their county?

V. OTHER AGENCIES - Most drug courts require that a variety of agencies work together.

- Has it been difficult to obtain cooperation among the various groups?
- What are the kinds of things about which there have been misunderstandings? Can you give examples?
- For which groups has cooperation been easiest to develop?
- For which groups has cooperation been most difficult to develop?
- Are there agencies you would like to see involved in the process that are not now involved?

(IF YES) - Which agencies and what are the issues in gaining their cooperation?

VI. FUTURE DIRECTIONS

- Do you foresee the number of clients expanding in the future?
 - (IF YES) To what number and by when?
- Do you foresee the drug court expanding to include other types of clients in the future?
 - (IF YES) - Other offense categories or background characteristics?
 - Other groups, specifically juveniles?
 - Do you foresee pressure to include types of offenders with you will not be comfortable?
- Looking to the future, to a year from now or two years from now, what kinds of things will you personally use as an indication of the success or failure of the drug court?
- In your opinion, over the next year or two will the citizens of this county see a noticeable reduction in crime because of the drug court?
- In your opinion, is the drug court likely to be a permanent feature of the court system in this county? Why or why not?
- If a county is starting a drug court, what advice would you have for the treatment provider in that county?

VII. CONCLUDING QUESTIONS

- Overall, what would you say is the biggest disadvantage or problem with having a drug court in the county?
- Overall, what would you say is the biggest advantage or benefit with having a drug court in the county?

QUESTIONS FOR FOCUS GROUP OF MCDC CLIENTS (10-30-96)

GETTING INTO THE DRUG COURT

After your arrest, when did you first find out that you were eligible for the drug court? Who did you hear it from?

Did you talk with an attorney about it? (IF YES) What did your attorney say about drug courts?

As far as you were concerned, did you think you had a drug problem when you first came into the drug court? Do you feel the same way now?

Before you ever began taking part in the drug court, had you heard anything about the drug court from friends or acquaintances? (IF YES) What kinds of things did you hear?

When you first agreed to be in the drug court, did you understand everything you would be required to do? (IF NO) What things were not clear to you at the time?

Did you feel you were completely free to take part or not take part in the drug court?

- If NO, in what way did you feel you were under pressure?

As far as you knew at the time, what would the court have done if you did not take part in the drug court?

Why did you decide to enter the drug court? What did you think was the advantage of going through the drug court?

Some people say no when asked to be in the drug court. Why do you think they would say no?

IN THE DRUG COURT

When you began in the drug court, did things happen in the way you were told they would?

- If NOT, what was different?

Did the things they wanted you to do in the drug court make sense to you?

- Did you understand what they wanted you to do?

- Did you understand why they wanted you to do those things?

How well are your needs being met for:

- Transportation

- Child Care

- Vocational Training

- Wrap Around Services

- Leisure/Recreation

Do you feel that the following have been helpful:

- Credit Counselor

- Life Skills Training

- Outside Speakers

What do you think about the group rules?

Were there things they wanted you to do that you were unable to do, even if you wanted to?
What has been the hardest part of being in the drug court?
What were some of the easiest things you were required to do?

LEAVING THE DRUG COURT

Have you thought about leaving the drug court?
What kinds of things make you think about leaving?
If you think about leaving, why do you stay?

Is there anything about the drug court process that you consider a waste of time?
Does being in the drug court cause you any problems or difficulties? (What are they?)

THE FUTURE

If the day came when you were asked again to take part in the drug court, would you?

- Why or why not?

Suppose someone you know is arrested and is asked to take part in the drug court.

- What would you tell them if they asked you if they should take part?

- If they entered the drug court, is there any advice you would give them?

If you had the chance to change the way the drug court operates, what would you do?

Overall, what has been the worst thing about taking part in the drug court?

Overall, what has been the best thing about taking part in the drug court?

QUESTIONS FOR CLIENTS WHO DECLINED THE PROGRAM

(December 18, 1996)

GETTING INTO THE DRUG COURT

After your arrest, when did you first find out that you were eligible for the drug court? Who did you hear it from?

Before you spoke with them, had you heard anything about the drug court from anyone you knew? What kinds of things did you hear?

When they first talked to you about the drug court, did you understand everything you would be required to do?

Did you feel you were completely free to take part or not take part in the drug court?

- If NO, in what way did you feel you were under pressure?

As far as you knew at the time, what would the court have done if you did not take part in the drug court?

Did you talk to an attorney before making your decision?

- If YES, what did they tell you? Did they make a recommendation?

If you had a choice in the matter, why did you decide NOT to go through the drug court? What did you think was the advantage of NOT going through the drug court?

Some people say no when asked to be in the drug court. In your opinion, what is the main reason that people say no? Would you agree with their reasons?

THE FUTURE

If the day came when you were asked again to take part in the drug court, would you?

- Why or why not?

Suppose someone you know is arrested and is asked to take part in the drug court.

- What would you tell them if they asked you if they should take part?

- If they entered the drug court, is any advice you would give them?

If you had the chance to change the way the drug court operates, what would you suggest?

If the changes you suggest had been done before you were approached, do you think you would have volunteered for the drug court?

CONCLUDING QUESTIONS

As far as you are concerned, should this county have a drug court?

- (IF YES) What do you think the drug court should be doing to have the biggest impact?

Who should be sent to the drug court?

- (IF NO) Why not, what is your biggest objection to the drug court?

Madison County Alternative Treatment Court

Focus Groups and Interviews

Ralph A. Weisheit

SUMMARY

On the basis of three client focus groups and 23 stakeholder interviews over a two-year period several observations can be made about the Madison County Drug Court, also known as the Madison County Alternative Treatment Court (MCATC). The court was developed through the cooperative efforts of several criminal justice and treatment agencies, with the strong support of the judge who would eventually preside over the court. The spirit of cooperation that marked the beginning of the court largely continued through the two years of the court's operation covered in this evaluation and did much to facilitate the implementation process. Given the number of agencies involved and the very different approaches taken by these agencies, the level of cooperation and trust among participating agencies was very high. Further, interviews revealed a very high level of commitment to the drug court concept by staff and administrators. Staff and administrators who were involved with the drug court were not merely employees doing their jobs, but were "true believers" in the drug court and worked hard to make it succeed. Although startup problems were inevitable and drug court clients could be quite demanding, interviews in Year II found that enthusiasm and commitment among staff remained high. Administrators also expressed the view that the inter-agency cooperation required to develop the drug court was itself a positive outcome that would have benefits for future cooperative projects.

Throughout the evaluation period drug court staff worked hard to keep abreast of developments in other drug courts as a way of improving their own program. This was reflection of their genuine concern for the success of their clients and their interest in improving the drug court whenever possible. Drug court staff also served to provide advice and training to other counties planning to establish a drug court. This is yet another reflection of their commitment to the drug court concept.

The court and its staff are to be commended, not only for their commitment, but for their willingness to make adjustments to the program to increase its chances for success. Perhaps the largest such adjustment was the restructuring of the treatment program at the end of the first year. This restructuring demanded substantial effort by treatment staff, but was done in response to the

concerns of clients that the existing program was too inflexible, and was not tailored to the problems of individual clients. Reports of treatment staff in Year II suggested this restructuring achieved its intended goal.

Other than the complaints about the early structure of treatment, which were addressed in the second year of the court's operation, clients were generally pleased with the treatment they received in the drug court. Drug court clients were particularly appreciative of having child care available while they were in treatment and with the provision of transportation to and from treatment. While health screenings of drug court clients were appreciated, it was unfortunate that follow-up health care was not provided.

One difficulty that persisted throughout the time of the evaluation was the unexpectedly low number of participants. This put pressure on drug court staff to increase client numbers by hesitating to fully sanction or to eject troublesome clients, and by expanding the types of clients eligible for participation. In the second year of the court, an additional track (Track II) of clients was created. This track consisted of drug-involved probationers who had violated their conditions of probation and were given the option of either entering the drug court or going to prison. At the time of the Year II interviews the court was preparing to add juveniles, although it was expected their numbers would not be large. While the number of drug court clients was lower than originally anticipated, the low number of clients gave program staff the opportunity to provide higher levels of service than would have been possible with large numbers. The advantage of this became more obvious after Track II was added, since clients in Track II tended to have more substance abuse and personal problems.

Overall, the Madison County Alternative Treatment Court appears to have followed the course it set for itself early on and to have delivered the services it had originally promised. The qualitative assessment of program implementation suggested the drug court worked well and did a good job of responding to problems as they arose. For the near future several challenges face the drug court. First, the issue of stable long-term funding must be addressed. Second, the optimal number of clients should be determined and efforts to draw clients into the program should be conducted with that optimal number in mind. Finally, the problem of locating a number of readily available residential treatment slots must be addressed.

Madison County Alternative Treatment Court

Focus Groups and Interviews

Ralph A. Weisheit

METHODS AND RESULTS

In the first year of the project, three focus groups and 12 stakeholder interviews were conducted. In the second year of the project, there were no focus groups, but 11 stakeholder interviews were conducted. The focus groups and stakeholder interviews are discussed separately in the sections that follow.

SETTING UP THE FOCUS GROUPS: (Year One) Three rounds of client focus group interviews were completed. The first focus group was conducted on October 16, 1996 with current drug court clients. From a list of clients who were currently taking part in the drug court a random selection process was used to identify clients to participate in the focus group. It was anticipated that as many as one-half of the clients who agreed to take part would not attend the focus group. To be certain that at least 7 clients would attend the focus group, 15 clients were identified and scheduled to attend. Ultimately, 14 of the 15 scheduled participants attended the focus group. The focus group was scheduled for the evening to accommodate client schedules and lasted approximately 90 minutes. Participation by clients was very good, although the large group size precluded extended discussion by any one client.

A second focus group was held on November 13, 1996, for those clients who dropped out or were terminated from drug court. Twenty-two clients who had dropped out of the drug court were contacted by mail. Of these 22, nine could be reached by telephone. Seven of these nine agreed to take part in the focus group. When the focus group was conducted, six of the seven actually attended the group. Of the six participants, two had withdrawn from the drug court and four had been terminated, usually for failing to attend treatment. While 90 minutes was allocated for this group, the focus group discussion was shortened to approximately 65 minutes so that participants would have time to complete the GAIN M90 assessment instrument and still catch the return transportation that had been arranged for them.

A third focus group was conducted with clients who declined the drug court program. A list of clients who were eligible for Drug Court but declined was collected from the County Clerk's records. One of the changes in the drug court process that might influence declinations was the decision by the judge that beginning in June of 1996 all declinations were to be signed by the defendant. This was done because some defendants were thought to have declined without having the program explained to them, or their attorneys declined for them without the knowledge of the defendant. Given this shift in practice it was decided to divide decliners into two groups, those who declined before June 1, 1996 (n=60) and those who declined after June 1, 1996.

The focus group described here was conducted with defendants who declined prior to June 1. Of the 60 who declined to participate, addresses were known for 35 and 8 phone calls were made to people with listed telephone numbers. For this group four clients participated in the focus group which was held on December 19, 1996. This focus group was very brief. Few of the clients knew much about the drug court. None of them had strong feelings about the program or its staff. The session lasted only about 20 minutes. As with those who had dropped out of the program, those who declined were asked to complete the GAIN M90 before they departed.

FOCUS GROUP FINDINGS: It is possible to present a brief statement of the findings from these focus groups, but this summary should be considered tentative. The drug court itself underwent continuous modifications since its inception. This was an expected process that reflected "fine tuning" of the program as it was implemented. This meant that what was true of the program in its early stages may not have been true at the time of the focus groups, and the experiences of clients at an early point in the program may not have been identical to those of clients at the time of the focus groups. For example, at least one of the decliners in the third focus group was never informed of the drug court. His declination was signed by his private attorney without his knowledge. Procedures implemented in June of 1996 made it unlikely that eligible clients contacted since then would not be informed of the program.

A second limitation of these focus groups was that they did not include a new group of drug court clients. In December of 1996, nine months after the drug court began, a second

category of offender was included. The original drug court was a diversion court, taking in clients who had not yet been convicted. The choice for these individuals was between drug court and probation. The new group of clients (referred to as Track II) consisted of offenders who were on probation, usually for drug charges, and were facing probation revocation. For most offenders in this group, the choice was between drug court and prison. A focus group with these Track II clients was not conducted. This group was important since it was expected that eventually they would outnumber the original client group.

Current clients in the focus groups tended to be generally positive about the idea of a drug court and their experiences with it. They spoke highly of the people with whom they had the most contact, including the drug court case manager, the drug court coordinator, the public defender, and the treatment staff. Clients saw drug court staff as helpful and genuinely concerned about their welfare. Overall, they saw treatment staff as supportive and patient with them. Both drug court staff and treatment staff were seen as accessible and responsive when problems arose in the lives of the clients. Clients, particularly females, were very appreciative of the child-care services that were available while they were in treatment, and saw child care as an important factor facilitating regular attendance.

Some, perhaps most current clients, entered without a full appreciation of the demands it would place on them in terms of their time and in expected changes in their behavior. The time required for treatment activities caused particular problems for those with jobs or for those who had to travel from out of the county to attend the treatment program. Several of the clients cited transportation problems as a concern. The treatment program provides some transportation via the local bus service, but a few clients are either from out of town or do not live near a bus route.

Complaints about the program tended to center on the inflexibility of rules (e.g., the belief you must continue to take part in AA even if you have tested clean for drugs for several months). While they appreciated that the rules may be necessary for some addicts, their concerns were that exceptions were not made to account for individual circumstances. Aside from the rules of treatment, there were also some complaints that the rules guiding the drug court seemed to change frequently. This perception appears to have arisen from two sources. First, the program was, in fact, going through changes. Second, some of the perceptions of changing rules may have been a failure on the part of clients to fully understand and remember the rules.

Regarding programs aside from traditional drug counseling, clients particularly appreciated vocational training. They also thought recreational activities and life skills training were generally a good idea. Clients were not fully aware of credit counseling services. Several said they had been promised a physical exam but had not received one.

Not surprisingly, clients who dropped out spent more time focusing on the problems they had with the program. This group was particularly vocal in their concern that the treatment program was a "one size fits all" approach that did not take their individual problems into account. Several felt the counselors were handicapped by not having experienced drug problems themselves in the past. They believed this lack of experience made it difficult for the counselors to fully appreciate what they [the addicts] were going through. It was unclear from the focus group whether dropping out was the result of the program, or whether many of the dropouts were simply not ready to deal with their addiction and to confront their problems.

Finally, the focus group of those who declined the drug court yielded little information. As mentioned above, one member was unaware of the drug court, his attorney declining for him without his knowledge. He only learned about his eligibility when he was contacted to take part in the focus group of decliners. The other members generally saw the drug court as unnecessary for themselves or as something which would be of no benefit to them. They did not object to the idea of a drug court, they simply saw it as irrelevant to their situation.

INTERVIEW AND CONTACT WITH KEY STAKEHOLDERS: The evaluator met with the Drug Court stakeholders for intensive interviews. A total of 23 interviews were conducted with 15 different individuals. These interviews lasted from one to two hours, with the shortest being just under an hour and the longest about two hours long. The 12 interviews undertaken in Year I began in October of 1996, about 7 months into the operation of the drug court, and the last interview was concluded in May of 1997. The 11 interviews undertaken in Year II began in December of 1997 and concluded in January of 1998. The table shows which stakeholders were interviewed in each year.

Madison County Drug Court Evaluation Stakeholder Interviews

	Year I	Year II
Drug Court Staff		
Presiding Judge	✓	✓
Public Defender	✓	✓
Prosecutor	✓	✓
Drug Court Coordinator	✓	✓
Drug Court Case Manager	✓	✓
Drug Court Case Manager	✓	✓
Drug Court Secretary	✓	✓
Pretrial Supervisor	✓	✓
Director of Court Services	✓	✓
Treatment Staff		
Executive Director of PIASA		✓
Drug Court Coordinator for PIASA	✓	✓
TASC Representative	✓	✓
Drug Court Counselor	✓	
Drug Court Counselor		✓
Drug Court Counselor		

Interviews were conducted in the stakeholder's office, which was intended to inconvenience them as little as possible, to make them as comfortable as possible, and to give the researcher a sense of the physical environment in which they worked. To set up the interview either the evaluator or the local evaluation coordinator called the stakeholder and arranged a time and date for the interview.

A protocol was prepared for each interview. The protocol was based on the concept of the semi-structured interview. For this type of interview the researcher has a list of broad questions clustered by general topic area. These questions were designed to gather basic information that can be compared across respondents, while also being flexible enough for the respondent to elaborate or to pursue a different line of inquiry if they chose. It was intended that many of the questions would be put to all stakeholders, but that the protocols would also reflect

the very different roles played by key stakeholders. For example, the protocol for the presiding judge asked a series of questions in each of the following general categories: starting the drug court, operation of the drug court, drug court clients, role of the judge, other agencies/officials, general issues, and future directions.

All respondents were asked their perceptions of how the drug court operated, their role in the drug court, the ability of the court to respond to client needs, the overall value of the drug court, and future changes they expected to see in the structure or operation of the drug court. All interviews were recorded and those recordings were transcribed for analysis.

Members of courtroom workgroups must cooperate for the courts to run smoothly, and this may be particularly challenging for drug courts in which an even greater number of actors must work together. The fact that these stakeholders work in relatively small groups that interact on a frequent basis raises several issues about reporting the results of the interviews. Everyone who was interviewed was promised confidentiality, but because these workgroups are relatively small it would be easy to inadvertently make someone known to others in the group by their comments. A portion of this evaluation process was formative, in that it sought to give feedback that would improve the operation of the drug court. It was important that any negative information from these interviews not foster internal conflict among key stakeholders. Thus, in the results that are presented below, information critical of the court or its workers is presented in a way that will protect the identity of the respondent. It should be noted, however, that such protections have a limited impact on reporting since negative comments were infrequent and were often related to minor encourage conflict among key stakeholders in the drug court.

PRELIMINARY FINDINGS FROM STAKEHOLDER INTERVIEWS: From the accounts of stakeholders it appears that Madison County had drug problems not unlike those in other metropolitan counties. The primary drug connected with a criminal justice contact was cocaine, both in powder and crack form. There were also a substantial number of clients with alcohol-related problems and who were regular users of marijuana. Many of those drawn into the criminal justice system were poly-drug abusers. Heroin and methamphetamine use were still relatively rare. The relatively large percentage of criminal cases that directly involved drugs provided a strong incentive to investigate setting up a drug court in Madison County.

Drug courts require that a variety of criminal justice and treatment agencies work together, even though in their ordinary operations these groups may have very different interests (e.g., prosecutors and public defenders). From its very inception the Madison County Drug Court was based on the cooperative efforts of many agencies, with support for participation coming from the highest levels of each agency. Except for a few staff who provided basic direct services, most of the interviewed stakeholders had some role in the planning and development of the drug court.

The Chief Judge of the court, who is now the judge of the drug court, had originally envisioned a drug court as a tool for case management to speed the flow of drug cases through the system. However, when the federal government made money available for setting up treatment-oriented drug courts, the State's Attorneys office hired a consultant who had helped others set up drug courts. This consultant emphasized the importance of coordination among agencies, and as a result a Task Force including most of the relevant agencies was established. Time was spent learning about what other drug courts had done and when it came time to work out the details, the judge took the lead role but all of the agencies were given the opportunity to provide input and to negotiate particulars of the program. The idea of agencies working together and negotiating problems as they arose continued through the development and early life of the drug court. The Madison County Drug Court was impressive for the amount of time and energy expended in planning for the court and in learning from the experiences of other courts.

The circumstances of the Madison County Drug Court's creation are noted here because it appeared from the interviews that these circumstances continued to have a large and positive impact on the operation of the drug court. Stakeholders were uniformly positive about the idea of a drug court. When asked in both the first and second year's interviews if there were any disadvantages for citizens of the county, no one could think of even one disadvantage from having a drug court. It was also clear that most of the stakeholders were "true believers" in the concept and would do what they could to make it work well. This was particularly true for stakeholders who worked directly with drug court clients. Throughout the interviews there was a repeated emphasis on providing services to the clients, rather than on more bureaucratic concerns, such as work schedules or leave policies.

A drug court is based on the cooperative work of a variety of agencies, agencies that don't always have the same priorities and sometimes even use different language to describe what they are doing. For the drug court to work it is essential that these various agencies work together with as little friction as possible. All of the respondents were keenly aware of this, and when concerns about the drug court were raised, these frequently centered on disagreements or misunderstandings among individual staff from different agencies. Sometimes these disagreements were taken personally, but in no case did these problems appear to interfere with the operation of the drug court or the provision of services to clients. It also appears that frequent meetings of stakeholders were valuable in clearing up misunderstandings, facilitating communication among the various agencies, and addressing small problems before they developed into large ones. Some of the misunderstandings and tensions observed in Year I interviews were the result of growing pains. As the court developed, written policies gradually emerged to cover issues as they arose, and the various players came to better understand and anticipate how others would respond as new situations arose. The development of written policies and the routinization of decision-making appeared to improve the working relations among various agencies. By the time of the Year II interviews complaints about how decisions were made or how new problems were addressed had diminished considerably.

Ostensibly the Madison County Drug Court was designed to reduce drug-using behavior and related criminality among offenders. Beyond this, the development of the court may have yielded an additional and important benefit. Several of those interviews recognized that the process of implementing the court had done much to develop cooperative relations among the participating agencies. Several of subjects at the administrative level said that even if the drug court did nothing to change the drug using behavior of offenders (and they were certain it would produce such change), the process of developing the drug court would have been worth it because they believed the cooperation among agencies would have a number of lasting effects. One court official stated that the knowledge he gained about treatment services from working with the drug court made him aware of the existence of these services for other offenders. Administrators also expressed optimism that the inter-agency cooperation required for operating the drug court would carry over to other cooperative efforts in the future. If this is true, it will be an important and lasting legacy of the drug court.

The Madison County Drug Court is to be commended for its early and consistent efforts to include representatives of various agencies in the planning and implementation of the drug court. At the same time there were three groups that were not included in planning and development, and should be now included in the working groups as the drug court evolves. These groups include the police, private defense attorneys, and residential treatment providers. Residential treatment providers are discussed below. As for police and private defense attorneys, there was a general recognition among stakeholders that the two groups were worth including, but the reality was that neither group had actively sought participation and neither was of such importance that the drug court could not operate without their direct involvement. However, private attorneys can have an influence on the willingness of their clients to participate in drug court, and the activities of police will obviously determine who comes to the court's attention. While several stakeholders in both years of interviews suggested the importance of reaching out to local police, and their firm intentions of doing so, nothing substantial had been done. Aside from the practical impact the police have on who comes to the attention of drug court, obtaining the cooperation and support of the police would be politically wise for the long-term survival of the drug court. Private attorneys may be a more difficult group to win over, but an effort should be made. Outreach activities for both groups should be considered.

The treatment staff all praised the judge for his commitment and hard work, and thought the frequent meetings between the client and the judge were very helpful in keeping the client on track. In the Year I interviews there was some concern that the judge was too tolerant of missteps by clients, showing too much reluctance to use short jail stays or even expulsion from the program. On the one hand, treatment staff recognized that keeping some uncooperative clients eventually worked to the benefit of those clients. On the other hand, there were concerns that the failure to use harsher punishments made it more difficult to maintain order and to compel cooperation. In the drug court, the judge has the final say in deciding who will stay and who will be forced to leave the treatment program. Treatment providers felt that sometimes the very different world views of court and treatment personnel made it difficult for treatment staff to have their concerns understood. In Year II interviews there was a sense that the judge was imposing somewhat stricter standards, but was perhaps still too tolerant of misbehavior. Part of

the problem appears to be related to different expectations of client progress and part of the problem appears to be one of communication. Regarding different expectations, it was clear that court staff, particularly the judge and drug court coordinator, had learned from the experiences of other drug courts to expect slow progress and periodic misbehavior by clients. The reluctance of drug court staff to discipline or eject clients from the program may also have been influenced by the pressure to keep drug court numbers up, out of a fear that funding would be lost if too few clients were being served by the drug court. Treatment staff, particularly those at the direct service delivery level, were more likely to view drug court clients in the same way as other treatment clients. And, treatment staff were unaccustomed to having the ultimate treatment decision being made by someone who was not a treatment specialist, the judge. Several of the misunderstandings appeared directly related to these very different expectations of clients, and were dealt with by the two sides negotiating some compromise, generally a compromise that favored the court's interpretation. To a lesser extent, disagreements were the result of problems in communication. The language of the courts and the language of treatment are not the same. According to the interviewed stakeholders, misunderstandings in individual cases were sometimes substantial, but concerns were reduced when treatment and court staff are able to sit down and discuss them face-to-face.

These differences between court and treatment perspectives were real, but should not be exaggerated. Both groups had the same objectives in mind and each group had a great deal of respect for the work of the other. The perspective of the court and that of treatment was very different and this may have been a problem that could never be completely solved. Having said that, it did appear that open channels of communication between court staff and treatment staff were helpful. Periodic meetings and cross-training of line treatment staff and court staff may be beneficial in the future.

Most drug court stakeholders were pleased with the services provided offenders. Child care during treatment sessions and transportation to treatment were recognized as important factors encouraging clients to regularly attend treatment. One concern raised in Year I interviews that, according to reports, had only gotten worse in Year II related to the provision of health services to drug court clients. The drug court was late in setting up a systematic process of health screens for clients, but that process was in place at the time of the Year I interviews.

This, in turn, raised a concern that there was no mechanism for delivering health care services to low-income clients who were identified as having treatable health problems. Some of these problems, such as the need for dental work, may have been painful and may have made continued drug use attractive as a form of self-medication. Providing health care may be beyond the scope of services that the drug court is prepared to provide, although such services may be important in the drug users' decision about continued drug use. However, it would be very helpful if the court could identify outside health care providers. Without this service, the utility of health screens is largely undermined.

While the focus groups in Year I reflected a general satisfaction with the treatment provided, there were concerns among drug court clients that treatment was designed as "one size fits all" and that too little was done to tailor treatment to the needs of the client. The treatment provider, while generally satisfied with the services provided drug court clients, recognized the need for a greater variety of services and a tailoring of services to the needs of clients. To accomplish this, the treatment program was completely overhauled in the second year of the drug court's operation. While this was initially disruptive to the treatment providers and to clients, the changes appeared to be very well received by both clients and treatment staff. In simplest terms, treatment shifted its emphasis to take into account that not all clients were at the same level of need in treatment and to include more programming related to life skills and problem solving. For example, clients who didn't need the most basic level of treatment could skip that level and placed into a module of more advanced treatment, and those with special needs would attend modules addressing those needs, such as anger management, or preparing for holidays, or dealing with loss and grief. Further, it appears that if major areas of need are identified, the treatment program has the flexibility to respond to those areas by developing new modules. Aside from improved working relationships among various agencies, the drug court gave judges, prosecutors, and defense attorneys a much more complete and complex picture of the lives and problems of offenders than they had before. This helped them appreciate the context within which drug use and criminal offending took place.

While the content of treatment appeared to have improved by Year II, several of the subjects in both treatment and court agencies expressed concern in the Year II interviews about the high turnover of drug court counselors. There were concerns that the quality of treatment

was undermined by staff turnover and that such turnover was disruptive to clients. It was impossible to determine if this was a short term or a persistent problem. It was also impossible to determine from the qualitative data alone whether this turnover has effected the progress of drug court clients. Drug court staff generally attributed the turnover to better paying opportunities for counselors elsewhere. If this problem persists, then strategies must be developed to maintain a more stable pool of counselors.

A final issue regarding the treatment process was raised by stakeholders in both Year I and Year II interviews. From the beginning it was intended that some clients would pay part of their treatment costs. In particular, consideration was given to charging a processing fee to clients whose denial of drug use was accompanied by a dirty urine screen. Beyond this idea of using a fee as punishment, thought was also given to charging those with the financial means for other treatment services. This idea was raised, both as a way to punish continued use and deception, and as a way to offset the cost of running the drug court. Whether charging clients fees for treatment is open to question for several reasons: First is the concern that the already high declination rate will go even higher. Second, is the reality that most of these drug court clients do not have large incomes or cash reserves. It might easily end up costing more to implement and monitor such a program than would be gained from the fees. This, however, is an empirical question that merits further study. Anything that would make the program more self-sufficient without hurting the quality of care would be welcome.

During the Year I interviews stakeholders were also asked about future directions of the drug court. Two issues in particular were raised -- the development of Track II which included convicted offenders who faced probation revocation, and the development of a drug court for juveniles. At the time of the Year II interviews Track II had been in place for some time and the juvenile drug court was still in the planning stages, although it appeared to be near implementation.

Track II began in December 1996, approximately 9 months after the drug court began. Unlike prior drug court clients, now referred to as Track I clients, those in Track II were previously convicted, sentenced to probation, and violated their conditions of probation. While Track I is limited to offenders in a narrow range of offense categories and with a limited prior

record, there were no pre-established restrictions on who was eligible for Track II. Track II offenders were considered for the drug court on a case-by-case basis, with the decision primarily in the hands of the prosecutor. At the time of the Year I interviews Track II had been in place for too short a time to determine precisely how this group would impact the overall process, or how the procedures might be changed for this group of more serious offenders. Several respondents said they expected that Track II clients would eventually outnumber Track I clients by a sizeable margin. At the time of the Year II interviews Track II clients were a regular part of the program. Like Track I clients, the numbers were smaller than expected, giving an additional impetus to the development of the juvenile drug court.

Reaction to Track II was different for court staff and treatment providers. Those working on the court side of the process were very pleased to see this Track developed. There are both philosophical and practical reasons for this. Philosophically, court personnel took the view that the restrictions of Track I were unnecessarily limiting the pool of offenders who could receive much needed drug court services. As one court official put it: "Limiting the program to just folks who have no serious record [Track 1] is really to miss the most serious addicts, and if that's what we're about, then we need to expand."

Court officials also saw practical benefits to the addition of Track II clients. Aside from the immediate increase in the number of clients receiving services, Track II clients were much easier to process. For example, in Track I pretrial services was under pressure to very quickly run background checks on very short notice -- little more than an hour or two. Similarly, TASC was expected to do assessments of clients immediately, often placing them in a position of scrambling to conduct the assessment and still meet their previously arranged commitments. These demands on pretrial services and TASC caused some friction early in the life of the drug court, but these problems had generally been worked out by the time of the Year I interviews. In part because the number of Track I admissions had decreased and in part because there was less pressure to immediately assess Track II clients -- for most of them the nature and extent of their problem was already understood. Because Track II offenders were previously convicted and on probation there was no need for an additional criminal history. There was also less pressure to have an immediate assessment.

At the time of the Year I interviews, treatment staff were more guarded in their views about Track II. From their perspective, they were being given a much tougher client group with no additional authority to decide when uncooperative or disruptive clients would be terminated. Decisions about who was terminated and when they would be terminated still resided with the judge. By the time of the Year II interviews treatment staff had considerable experience working with Track II clients. As predicted, this was a tougher client group, most of whom had a number of prior experiences with treatment. Although tougher than Track I clients, there was a sense that Track II clients were not as difficult to deal with as DCFS clients -- in other words things could have been worse.

The addition of Track II clients did introduce an unanticipated problem. Track II clients tended to not only have a more serious criminal history, but they tended to have more serious substance abuse problems as well. While Track II added to the number of drug court clients, as planned, more of Track II clients were in need of residential treatment prior to outpatient treatment. Residential treatment slots are in short supply in Illinois, with most facilities having long waiting lists. Through its statewide network, PIASA was able to locate residential beds for most of the Track II clients who needed them. Several problems became clear, however. First, neither the Madison County Drug Court nor PIASA have any legal or contractual leverage over these residential treatment facilities. That is, making space for drug court clients is a courtesy extended by the facility and, given the high demand for these treatment slots, there are likely to be substantial limitations on the long-term generosity of these residential facilities. Second, there were concerns that court staff were insensitive to the extent to which making these slots available was a courtesy, not an obligation. There were several occasions in which court staff called the residential facility insisting on bed space, or where residential clients had been terminated because of rule violations and court staff pressured the residential staff to re-admit the terminated client. In the absence of any contractual agreement, residential facilities can easily decide against giving Madison County Drug Court clients preferential consideration in the admission process. There are very few facilities in the state with residential treatment capabilities, compared with the demand, and the Madison County Drug court could easily find itself without a residential treatment provider.

These first two factors are serious, but they can be addressed through the education of court staff and by working with residential facilities to reach an understanding about how such cases will be handled. Of more long-term concern is the third problem with residential treatment. It has already been observed that such treatment slots are in short supply, with most having long waiting lists. At present the Madison County Drug Court is one of only a few drug courts in Illinois. However, a number of other counties are considering drug courts, and when that happens the problem of residential treatment slots may hit critical levels. This is particularly a concern with a frequently used residential facility that is adjacent to two newly developing drug courts. When those drug courts open and begin demanding residential treatment slots for their local clients, the residential provider may be less able to show Madison County the flexibility it has shown in the past.

In addition to the development of Track II, which has already happened, respondents were very supportive of developing a juvenile drug court. Several stakeholders noted that many of their adult clients began their drug use at a young age and may have been helped by early intervention.

When the drug court began it was estimated that approximately 200 clients per year would be handled by the drug court. At the time of the Year I interviews it was clear that the numbers would be far short of that, even though clients were staying in the program much longer than anticipated, which should have increased the number of clients in the program at any given time. Original drug court clients were those with limited records and whose arrest was for a nonviolent and nontrafficking offense. At the time of the Year I interviews a second track of clients had been created, consisting of convicted offenders on probation who had violated the terms of probation and were facing prison if they chose not to enter the drug court. At the time of the Year I interviews it was believed that the addition of this second track would easily allow the court to reach its target of 200 clients, and that within a short time Track II clients would greatly outnumber Track I clients. By the time of the second interview it was clear that although the addition of Track II did substantially increase the number of clients in the drug court, the number of clients coming from Track II was substantially smaller than anticipated. At the time of the Year II interviews staff reported that the total number of active drug court clients hovered at around 50, far short of the 200 originally envisioned. Discussion was now shifting to the

inclusion of juveniles, both as a way to service this group in need and as a way to increase the number of cases handled. In hindsight, it is clear that what the drug court needed from the beginning, and at each stage of its expansion, was a carefully conducted needs assessment. It appears that drug court personnel made reasonable assumptions about client numbers given the information they had and the resources they had available. However, neither the drug court staff nor the treatment staff had the time or the resources to conduct a proper needs assessment.

There is an irony in this failure to accurately predict client numbers. The Madison County Drug Court is funded primarily by local mental health board (708 Board) money. Had the drug court presented accurate (low) figures to the board in their early request it is possible they would not have been funded, or would have been funded at a much lower level. At the same time, had the numbers been as high as originally projected, it is unlikely that a newly developing court could have properly handled that many cases. The original projection not only underestimated the number of clients admitted to the program, it also underestimated the length of time clients would stay in the program. Had admission figures been as high as originally projected, it would have been impossible to deliver the level of treatment these clients received without a substantial increase in staff and resources. In all likelihood, the smaller number of admissions meant a higher quality of treatment for those in the program. Thus, in its early development the court was probably fortunate that the high numbers did not materialize. For the long term, however, the court will need to better predict numbers and to better predict the impact of admitting new client groups. For those predictions a needs assessment is suggested.

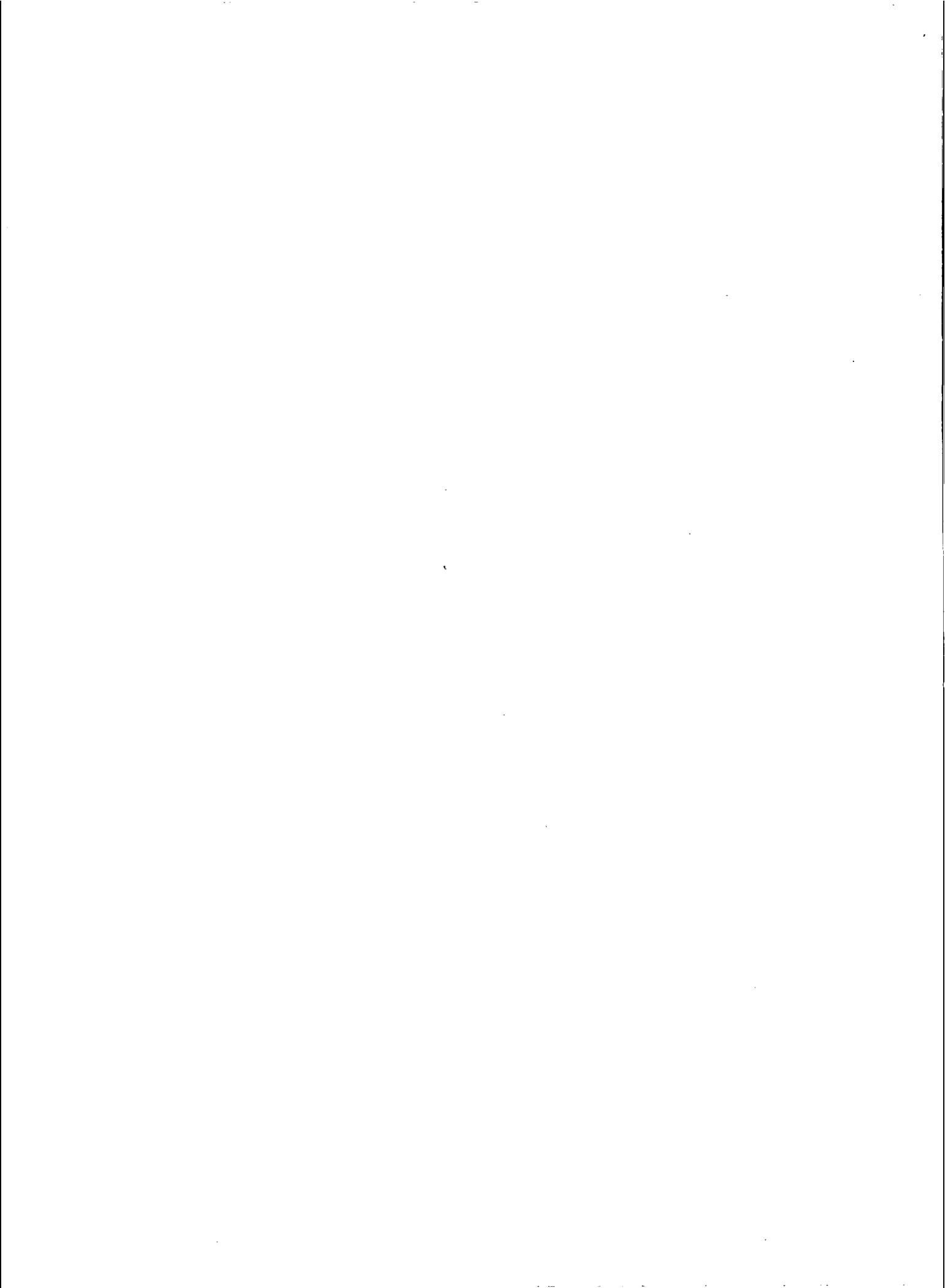
A final issue was observed by the interviewer over the course of the study. Attending the first graduation and later viewing a display of the drug court graduates just prior to conducting the Year II interviews, it was noted that although most of the drug clients had problems with crack or powder cocaine, relatively few of the drug court graduates were young black males. This was particularly puzzling in light of the observation in most cities that young black males are frequent targets of arrest and prosecution for drug charges. Subsequent interviews with stakeholders confirmed that young black males were, in fact, frequently arrested but were less likely than expected to participate in the drug court program. At this point there is no apparent reason for their low representation, but it is possible that a potentially large client pool is not entering the drug court. Solutions to the problem are not immediately obvious. It appears that

the treatment provider has made considerable effort, but has not been successful in recruiting minority counselors. While minority counselors would likely be helpful, it seems unlikely that this is the only factor accounting for small minority male participation.

Appendix E

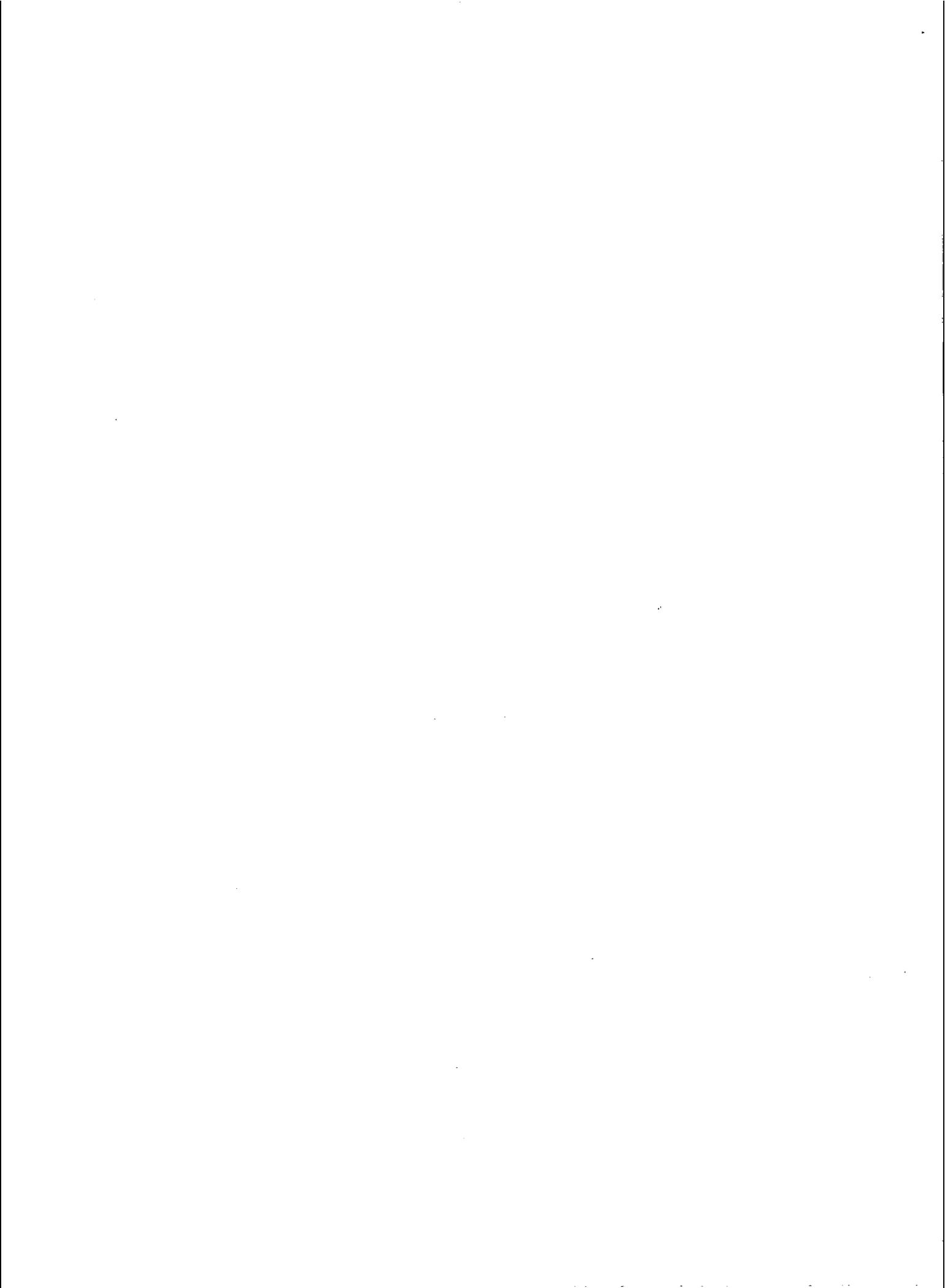


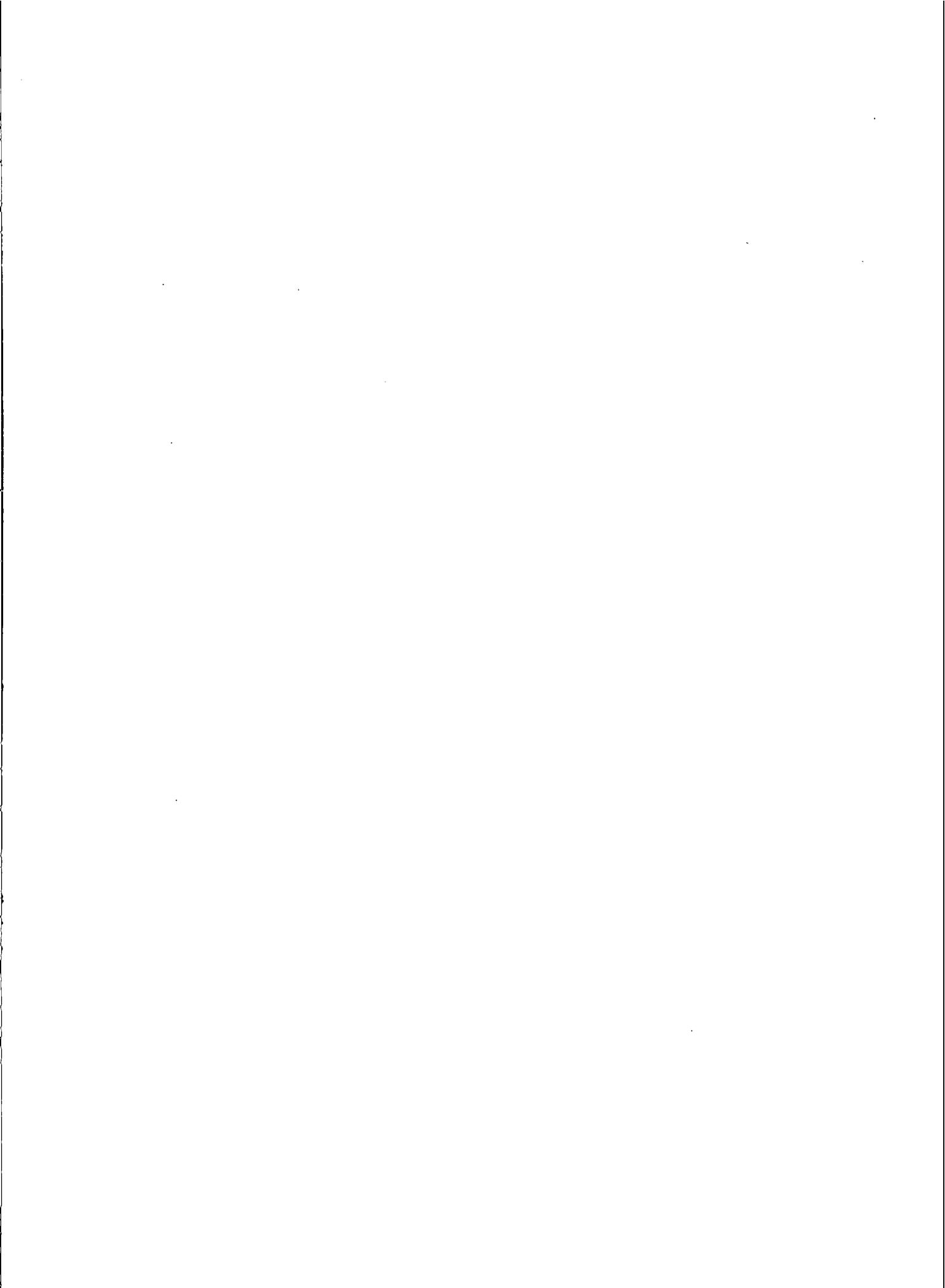
**Lighthouse Institute
Chestnut Health Systems**



Stakeholders and Staff Interviewed

Role	Date
TASC Staff	04/16/97
Life Skills Trainer	05/15/97
Director of Probation Services	05/15/97
Assistant States Attorney	04/16/97
Drug Court Judge	12/03/97
Case Manager	12/03/97
Track II Case Manager	12/03/97
Drug Court Coordinator	12/03/97
Treatment Program Director	12/17/98
Drug Court Coordinator – PIASA	12/18/97
TASC Staff	12/18/97
Assistant States Attorney	01/15/98
Director of Probation Services	01/15/98
Drug Court Counselor	12/18/97
Drug Court Judge	10/16/96
Pre-trial Services	12/19/96
Drug Court Secretary	01/03/97
Drug Court Manager	01/03/97
Drug Court Coordinator	01/03/97
Drug Court Counselor	02/21/97
Drug Court Coordinator – PIASA	02/21/97
Drug Court Counselor	02/21/97
Public Defender	12/19/96
Drug Court Decliners	12/20/96
Drug Court Participants	10/16/96
Drug Court Drop Outs	11/13/96





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