

The author(s) shown below used Federal funds provided by the U.S. Department of Justice and prepared the following final report:

Document Title: Evaluating Treatment Drug Courts in Kansas City, Missouri and Pensacola, Florida: Final Reports for Phase I and Phase II

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Document No.: 198477

Date Received: January 2003

Award Number: 1997-DC-VX-K002

This report has not been published by the U.S. Department of Justice. To provide better customer service, NCJRS has made this Federally-funded grant final report available electronically in addition to traditional paper copies.

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198477



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Evaluating Treatment Drug Courts in Kansas City, Missouri and Pensacola, Florida

Final Reports for Phase I and Phase II

Grant No. 1997-DC-V~~X~~-K002

March 31, 2002

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**PHASE I: CASE STUDIES AND IMPACT EVALUATIONS
OF ESCAMBIA COUNTY (PENSACOLA), FLORIDA
AND JACKSON COUNTY (KANSAS CITY), MISSOURI DRUG COURTS**

Acknowledgements

This is the final of two reports prepared by Abt Associates Inc. with the support of Contract 97-DC-VX-K002 from the National Institute of Justice (NIJ). Janice T. Munsterman served as NIJ's project monitor for this contract, and we are grateful for her ongoing assistance to this project, and also to Marilyn Roberts of the Drug Court Program Office.

We wish to thank: the adult drug court participants; Robin Wright of the Court Administrator's Office and the judges, prosecutors, defense counsel, probation and community control officers, and treatment professionals who represented the Escambia County drug court team; the Escambia County Clerk's Office; and Frank Logan of Lakeview for providing the data and assistance necessary to evaluate the Escambia County Drug Court Program. We also wish to thank: the adult drug court participants; Vicki Boyd of the Jackson County Prosecutor's Office and the judges, prosecutors, defense counsel, probation officers, and treatment professionals who represented the Jackson County drug court team; and Dori Bader who were integral to our evaluation of the Jackson County Drug Court Program.

Points of view in this document are those of the authors and do not necessarily represent the official positions or policies of NIJ or the DCPO.

Evaluating Treatment Drug Courts in Kansas City, Missouri and Pensacola, Florida
Executive Summary
National Institute of Justice Award #97-DC-VX-K002
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March 2002

Background

The National Institute of Justice (NIJ) awarded Abt Associates Inc. a grant to evaluate adult treatment drug court programs in two phases and at two sites—Escambia County (Pensacola), Florida and Jackson County (Kansas City), Missouri. In addition to a review of the literature, Phase I involved a retrospective study of the 1993-1997 cohorts including:

- case studies - documenting program development, policies and procedures, caseflow, and lessons learned; and,
- impact evaluations - using survival analysis to assess the effects of the drug court programs on criminal recidivism among felony drug offenders.

Phase II was a prospective study for the 1999-2000 cohorts that involved:

- program retention models - using logistic regression to predict program status, and survival analysis to predict length of stay, based on intake interview data; and,
- descriptive analyses – exploring Escambia County court data for recorded events, and followup interview data from both programs' participants for self-reported events and perceptions, concerning the period of program participation.

A separate technical report was produced for each phase, but they are complementary and should be read in conjunction. The following provides an overview of the research design and findings pertaining to the case studies, the impact evaluations, and program status modeling. In preview, the impact evaluation demonstrated that both programs were successful in reducing recidivism rates, and that the time until rearrest increased with participation in Jackson County. In Escambia County, 49% of the Phase II cohort graduated and 14% remained active in the program; in Jackson County, 28% graduated and 23% remained active. Demographics were the best predictors of program status (graduate or active), while treatment motivation, alcohol and other drug (AOD) use and dependency, and mental health varied in influence; these factors also varied in influence by site.

Phase I Case Studies

Escambia County Drug Court

The Escambia County drug court offers AOD treatment under close court supervision to eligible defendants. When the program began in June 1993, it only accepted first-time drug offenders. The drug court now accepts drug offenders and non-drug offenders who are substance abusers; however defendants with violent criminal histories are excluded. It is funded by a combination of Federal, State, and local grants; contributors include the State Justice Institute, the Florida Department of Corrections, and Federal local law enforcement block grant programs. The drug court team includes two judges, an Assistant State Attorney, a Public Defender, a Treatment Liaison, a Court Administrator, officers representing Probation and Community Control, and a Court Clerk.

Eligible defendants are referred by Pretrial Services or the Assistant State Attorney's office. Following their initial court appearance, offenders are assessed by Pathway Addiction Treatment Center, which is the single outpatient treatment provider under contract. To successfully graduate, participants must complete three phases of treatment, which correspond to reduced levels of supervision. They must appear in court on a regular basis, provide specimens for random urinalysis, attend intensive outpatient treatment sessions at Pathway and community-based treatment meetings, and pay restitution costs and other fees. Employment is not a requirement, but participants must establish community support systems. Staff refer participants to outside childcare, education, housing, and employment services. Upon successful completion of the program, the plea is withdrawn for graduates on deferred sentence status; graduates on probation with suspended sentence do not serve any jail time. Between June 1993 and July 1999, 691 defendants entered the Escambia County drug court; 40 percent of the participants graduated and 8 percent remained active in the program at the time of this evaluation.

Jackson County Drug Court

Since its inception in October 1993, the Jackson County drug court has offered intensive outpatient treatment and a variety of services to eligible substance abusing defendants. The program is supervised by the prosecutor's office, and funded by Missouri's Community-Backed Anti-Drug Tax (COMBAT), the Drug Court Program Office (DCPO), and Federal and local law enforcement block grants. The chief drug court prosecutor determines eligibility, based on the current offense (non-drug trafficking charges) and criminal history (e.g., violent offenses), for offenders referred by law enforcement. A Commissioner—not a Judge—serves on the drug court.

Eligible defendants are given the opportunity to participate at their first court appearance, and if they agree to participate, their treatment needs are assessed by County Court Services, the sole outpatient

treatment provider under contract. Depending on the level of treatment required, defendants undergo drug testing, attend individual and group counseling sessions, and make frequent court appearances. Jackson County drug court, through contractual arrangements, provides other resources including employment counseling and health care services. Participants must abstain from drug use, not get arrested on felony charges, perform community service, either remain employed or in school, and pay all fines in order to graduate from the program. Defendants who successfully complete the program earn the dismissal of their charges. Between October 1993 and April 1998, a total of 1,444 defendants entered the Jackson County drug court; 24 percent graduated, and another 24 percent were active participants at the time of this evaluation.

Lessons Learned

Since 1993, both drug courts programs have modified case screening, outpatient treatment delivery, and various policies and practices in response to participant needs and other concerns realized over time. A few of the lessons learned can be summarized in the following points.

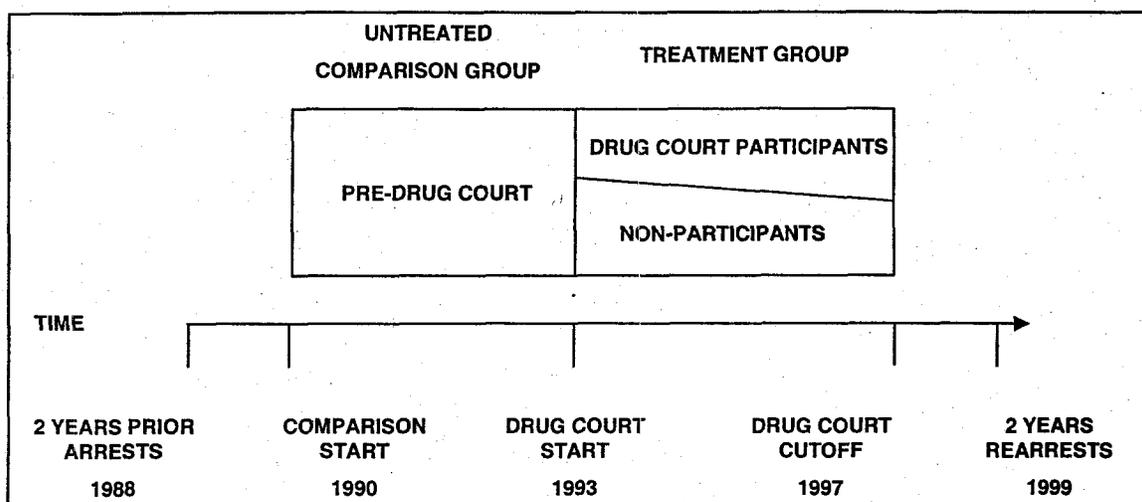
- Law enforcement and other political support: Institutionalization of the drug court requires support from judges, prosecutors, probation and community control, as well as other CJS officials who appropriate resources and who refer and manage defendants; this includes law enforcement, elected officials, legislators, and others. One political force (e.g., a prosecutors office) may initiate program development, but acceptance among other groups is necessary for program viability. For instance, support among Jackson County law enforcement was demonstrated by their willingness to modify screening procedures to avoid losing eligible defendants because of statutory detention limitations.
- Staff cooperation: Although drug court team members fulfill discrete roles (e.g., prosecutors represent the State's interests in protecting public safety), staff continually educate one another and reach decisions through consensus. Court staff inform treatment staff about legal considerations, and treatment staff inform court staff about addiction models of AOD use and other treatment issues. This reduces referral of inappropriate defendants, improves client management in the courtroom and the community, and ultimately promotes therapeutic jurisprudence.
- Court disposition: Many drug courts begin as pretrial diversion programs, but deferred prosecution status may impair prosecution of unsuccessfully terminated cases (e.g., due to delays in identifying witnesses and gathering evidence). Instead, the Escambia County drug court secures convictions using either deferred sentence or probation with suspended sentence dispositions. Upon graduation, deferred sentence defendants withdraw their plea and the case is dismissed. Other defendants are sentenced to drug court as a condition of probation; upon unsuccessful termination, a suspended sentence of 11 months and 30 days jail is imposed.

- Criminal justice system supervision and sanctions: Selection of appropriate defendants that satisfies multiple stakeholder interests is not just a matter of adjusting eligibility criteria. To access the desired volume of target populations without jeopardizing public safety or political acceptance, programs require intensive community supervision and sanctioning capabilities to handle high-risk defendants (i.e., those with more serious criminal histories or instant offenses). Drug courts often employ graduated sanctions, whereby responses to program violations (e.g., additional urinalysis tests or shock incarceration) escalate according to frequency and severity. When successful—as in Escambia County—this may result in improved referrals from judges and prosecutors who regard the drug court as a reasonably safe option. However, jail overcrowding (as experienced in Jackson County) may reduce judges' ability to use intermediate jail sanctions as a tool to motivate program compliance.
- Outpatient treatment and other services: Both programs contract with a single provider for assessment and outpatient treatment services. They found that multiple providers, or even multiple facilities operated by the same provider, caused uneven service delivery and dissatisfaction among participants. Apart from inpatient or other treatment services, delivery of support services is highly variable across drug court programs. Many participants are already aware of government subsidized services (e.g., food stamps), but important needs (esp. dental and employment) remain unmet. The Jackson County program has the resources to assist participants beyond referral and limited followup. They contract with several education, employment, and other ancillary service providers who conduct outreach on-site. As service delivery becomes more responsive, access to needed resources is improved and risk of relapse is reduced.

Phase I Recidivism Impact Evaluation

The impact evaluation used survival analysis to assess the effects of the drug court programs on criminal recidivism measured as the probability of, and time until, first rearrest. To reduce threats to validity (like selection bias) that would weaken the utility of the results, the evaluation used instrumental variable techniques to compare time until first rearrest for two consistently defined groups of defendants with similar criminal histories: those arrested before the drug court started versus those arrested between 1993 and 1997 (including drug court participants and non-participants as shown in Figure 1).

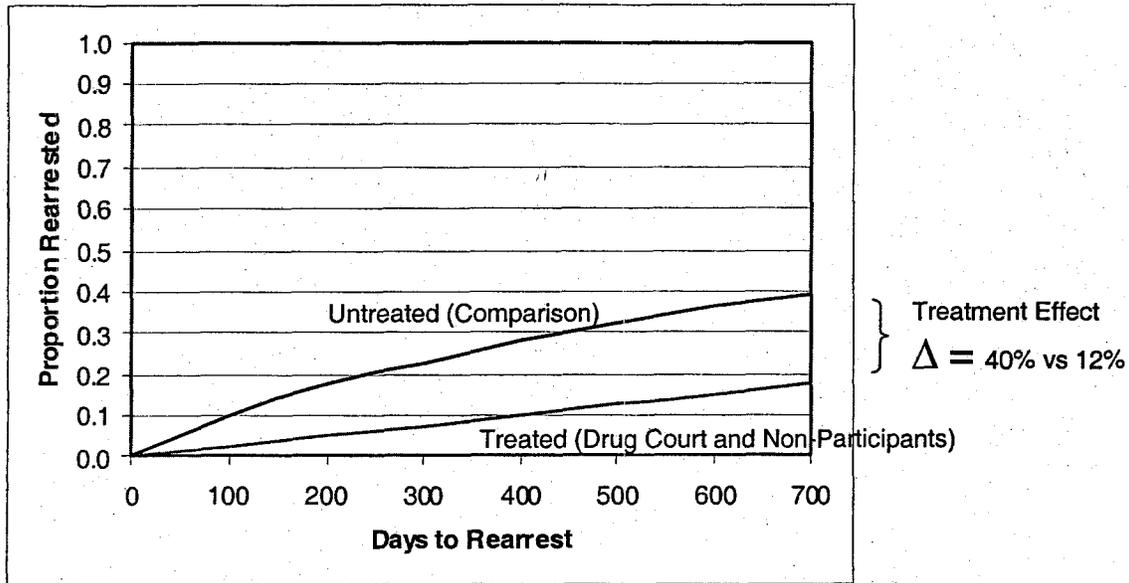
Figure 1. Impact Evaluation Sample Design



We conducted an outcome analysis using a 24-month followup period, first by estimating a simple survival model, and then by estimating a split-population survival model and using its parameter estimates to test for a treatment effect attributable to participation in drug courts. This method splits the population into two groups: people who will eventually recidivate, and people who will never recidivate. It also assumes that the timing of recidivism for those who will follows a statistical distribution—for our purposes a Weibull distribution. Instrumental variable techniques were used to deal with possible selection bias. Separate analyses for Escambia and Jackson Counties included only defendants who were arrested for drug-related felonies.

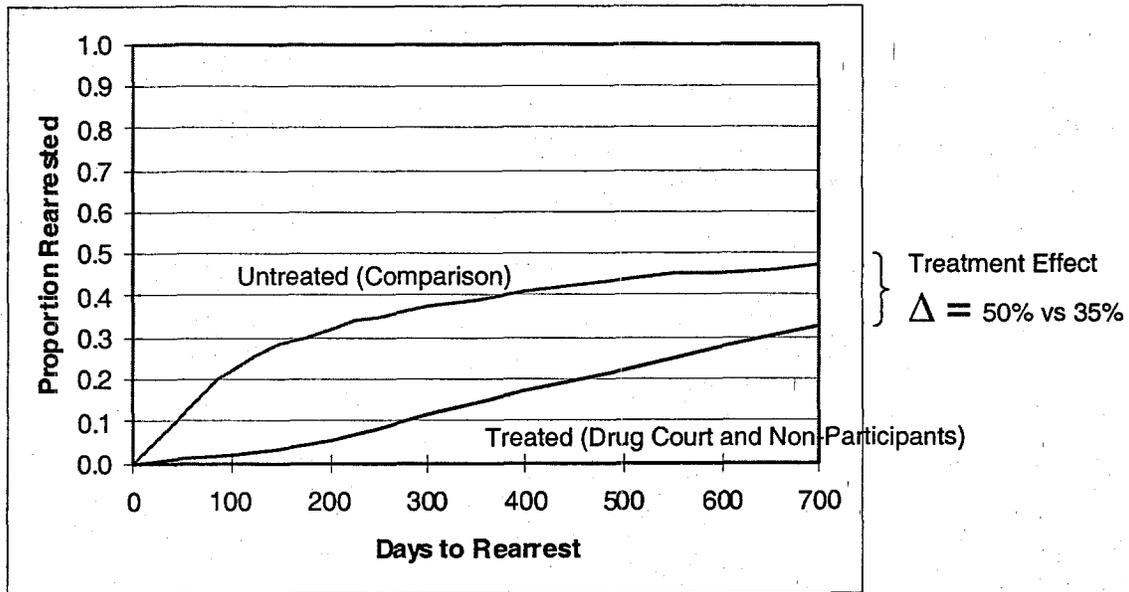
Using either estimation method, Escambia County results showed that males have a higher probability of recidivism than females, and Blacks have a higher probability than Whites. In addition, recidivism rates decreased with age, and offenders were more likely to recidivate if they had more serious criminal records. Using the simple survival model and defining recidivism as a felony arrest, we observed a statistically significant treatment effect. Turning to a split-population model, the treatment effect with regard to the probability of ever recidivating was statistically significant, but this method did not show that the timing of recidivism was affected by drug court participation. The findings imply that participation in the Escambia County drug court reduced recidivism for new felonies from roughly 40 percent to nearly 12 percent within the two-year followup period (see Figure 2a). We did not observe the same large effect when recidivism is defined as any rearrest—either a felony or a misdemeanor. The Escambia County drug court seems to have reduced criminal recidivism for felony, but not new misdemeanor, arrests.

Figure 2a. Program Effects on Felony Recidivism: Escambia County



We observed similar results in our analysis of the Jackson County drug court data. Employing either the simple survival or the split-population model and defining recidivism as a felony arrest, recidivism rates were the same for men and women, but higher for Blacks than for Whites. As in Escambia County, recidivism rates dropped as age increased, and rose for offenders with more serious criminal records. We found that the probability of recidivism fell, and the time to rearrest increased, with participation in drug court. The findings imply that participation in the Jackson County drug court reduced recidivism from approximately 50 percent to 35 percent (see Figure 2b). Defining recidivism as any felony or misdemeanor arrest, we observed a similar effect. The probability of eventually recidivating again fell with participation in drug court, and time to rearrest increased. Participation reduced recidivism for new felonies or misdemeanors from 65 percent to 45 percent.

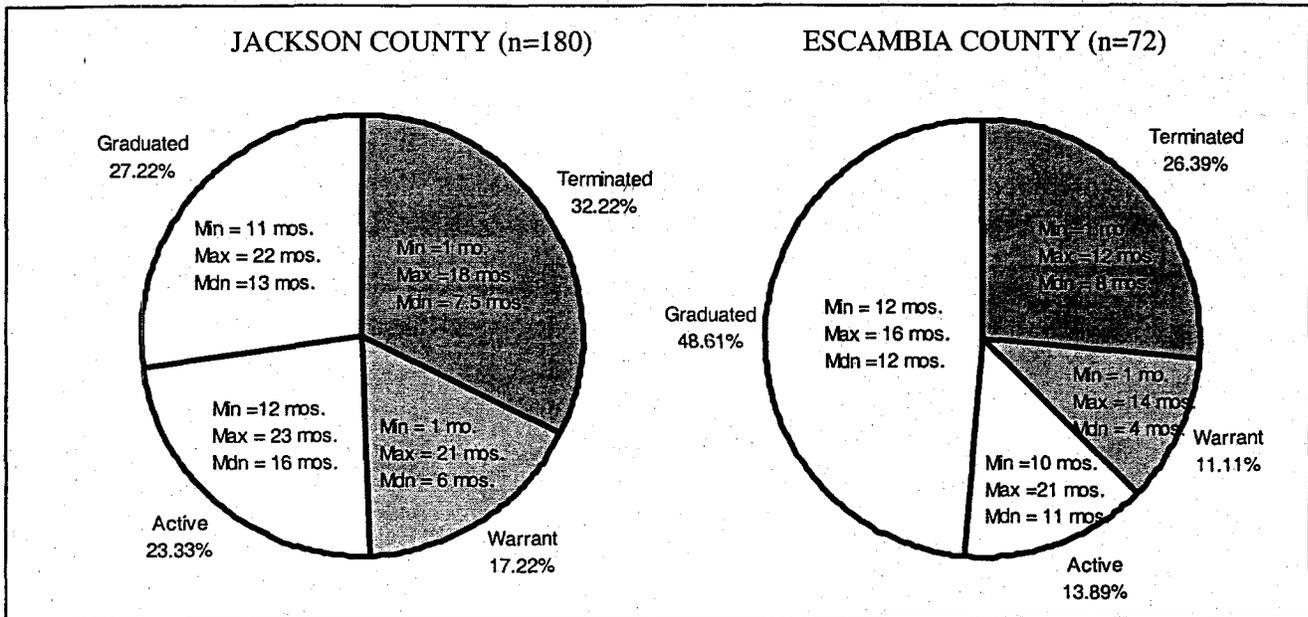
Figure 2b. Program Effects on Felony Recidivism: Jackson County



Phase II Program Retention Models

During Phase II we recruited 182 Jackson County and 74 Escambia County program participants for a prospective study of the cohort who entered the drug courts between October 1999 and October 2000. As of September 2001, 28% of the Jackson County participants and 49% of the Escambia County had successfully completed and graduated from the program (see Figure 3). Participants required as many as 22 months to complete the program, but the median length of stay was 13 months in Jackson County and 12 months in Escambia County among graduates. There remained 42 (23%) active participants in Jackson County and 10 (14%) active participants in Escambia County, so the final proportions of program successes were unknown. It is difficult to predict their outcomes since participants who were ultimately terminated lasted as many as 18 months in the program. Overall, the median length of stay among terminations was 7.5 months in Jackson County and 8 months in Escambia County.

Figure 3. Program Status and Retention by Site



Finally, 17% of the Jackson County and 11% of the Escambia County participants had absconded and were on warrant status in September 2001. Some remained in the program as many as 21 months before the last warrant was issued, but the median length of stay among absconders was 6 months in Jackson County and 4 months in Escambia County. Until those participants surrender, it is uncertain whether they will resume participation or be terminated from the program. Each case is judged individually, but one might assume that the likelihood of being accepted back into the program diminishes the longer they avoid surrender. By September 2001, 31 Jackson County participants had been in warrant status from 2 to 17 months, or 10 months on average. The 8 Escambia County participants had been in warrant status from 5 to 21 months, or 14 months on average.

To evaluate program retention, we used demographics, AOD use, and the other independent variables to predict two outcomes: program status and length of stay. Potential predictors of program retention in both sites included independent variables associated with:

- Demographics: age, education (HS/GED or not), race (Black or not), gender, employment (full-time, part-time, or not), and residency (own/rent home or not);
- AOD use: past month use of cocaine, hallucinogens, sedatives, or amphetamines (or not), and injection drug use ever (or not);
- Clinical status: abuse and dependency (SUDDS-IV score), prior treatment (any detox/rehab or not), mental health (any indicators of emotional problems or treatment, or not), and juvenile risk behaviors (number of positive indicators); and,

- Treatment motivation: number of positive indicators for each factor—problem recognition, desire for help, treatment readiness, and external pressures..

Nearly all Escambia County participants were felony drug offenders, so criminal history would not help us distinguish participants in predicting the program retention outcomes. Criminal history data were unavailable for Phase II Jackson County participants, but Phase I participants were fairly homogeneous in regard to prior drug felonies.

These data were used to describe the population of drug court participants and to determine which factors best predicted program graduation and retention. We were especially interested to learn whether prognostic indicators, such as level of AOD dependence, could prove useful to programs in predicting outcomes and thereby informing resource allocations.

Given that substantial time has passed since participants on warrant status absconded, they were grouped with terminations and compared to participants who either graduated or remained active in the program. The dependent variable for program status was defined as unsuccessful (terminations and warrants) versus successful (graduates and actives) participation. We used a stepwise logistic regression to estimate the relationship between treatment retention and participant characteristics. Generally, statistical tests indicate the degree of association between each individual variable and the probability of that outcome, controlling for the influence of other independent variables in the model.

Program status in Jackson County appeared to be associated with the variables shown in Table 1a. Demographics had the most predictive value. The probability of program success increased with age, education (HSGED), and employment (EMPLOY). For example, the odds ratio of 2.01 for education suggests that those with a high school diploma or GED were twice as likely to be successful (graduate or remain active). Males, Blacks, and participants who owned or rented their homes, were more likely to be unsuccessful (terminate or out on a warrant). Injection drug use (IDU) was the only AOD use variable correlated with unsuccessful program participation. The only clinical variable correlated with program status was mental health, in that participants with emotional problems or prior treatment experiences (MENTAL) had a higher probability of success. Last, participants who scored low on the problem recognition factor of treatment motivation had a higher probability of success.

Table 1a. Logistic Regression Analysis of Program Status: Jackson County

Parameter	Estimate	Std. Error	Estimate/	P-value	Odds Ratio
			Std. Error		
Constant	-0.52	0.73	-0.71	0.477	
AGE	2.05	1.12	1.83	0.067	7.80
HSGED	0.70	0.38	1.85	0.065	2.01
MALE	-0.37	0.43	-0.86	0.391	0.69
BLACK	-1.01	0.42	-2.42	0.016	0.36
EMPLOY	0.52	0.21	2.49	0.013	1.69
RESIDENCE	-0.63	0.41	-1.51	0.130	0.53
IDU	-0.80	0.66	-1.22	0.223	0.45
MENTAL	0.57	0.37	1.53	0.125	1.77
PROBLEM REC	-0.32	0.27	-1.19	0.234	0.73

In Escambia County, the same demographic variables were predictive of program status, except that males and participants who owned or rented their homes had a higher probability of success (see Table 1b); for example, the odds were that males were nearly three times more likely to graduate or remain active than females in Escambia County. Prior treatment experiences (PRIOR TREAT) and abuse/dependency diagnoses (SUDDS-IV SCORE) were clinical variables that predicted program status, in that participants who had previously been in detox or rehab, and participants with high levels of drug dependency, were more likely to be unsuccessful. Three of the four treatment motivation factors—problem recognition, treatment readiness, and external pressures—were associated with a higher probability of successful program participation.

Table 1b. Logistic Regression Analysis of Program Status: Escambia County

Parameter	Estimate	Std. Error	Estimate/	P-value	Odds Ratio
			Std. Error		
Constant	-6.92	5.20	-1.33	0.183	
AGE	6.16	2.60	2.37	0.018	472.98
HSGED	1.39	0.77	1.80	0.072	4.01
MALE	1.07	0.80	1.34	0.181	2.91
BLACK	-1.36	0.79	-1.73	0.084	0.26
EMPLOY	0.36	0.42	0.85	0.393	1.43
RESIDENCE	0.16	1.11	0.15	0.884	1.17
PRIOR TREAT	-1.52	0.88	-1.74	0.083	0.22
SUDDS-IV SCORE	-5.68	3.45	-1.65	0.100	0.00
PROBLEM REC	2.29	1.00	2.28	0.023	9.87
TREAT READY	1.14	0.54	2.12	0.034	3.13
EXTERNAL PRESS	1.31	0.46	2.86	0.004	3.72

Discussion

Do the drug court programs lower criminal recidivism? During Phase I, we conducted a retrospective before and after study modified by level of program enrollment over time. We looked at rearrest and time to first rearrest during a two-year followup. Controlling for offender demographics, date (proxy for program development), and program enrollment over time, survival analyses showed that treatment reduced:

- the felony rearrest rate from 40% before there was a drug court to 12% since the drug court started in Escambia County; and,
- the felony rearrest rate from 50% before there was a drug court to 35% since the drug court started in Jackson County.

While Phase I of this study profiled the two drug court programs and demonstrated that they reduce recidivism among drug-involved felony offenders, Phase II more closely examined participant characteristics, as well as their experiences and perceptions, opening the proverbial “black box” of Phase I and analyzing how the programs work and for whom.

In Phase II, interview and court data established that participants’ criminal histories include felonies and both non/drug offenses, and that clinical diagnoses and self-reported drug use were serious. That is, participant characteristics were consistent with the target populations. Quantitative analyses indicated that demographics—age, employment, gender, race/ethnicity, residence, and education—were the best predictors of program status and time to program failure. In Jackson County, participants who were older, female, non-Black, employed, did not own or rent their home, or had a high school diploma or GED had a higher probability of graduating or remaining active in the program. Injection drug use, not having mental health problems, and problem recognition (a factor in treatment motivation) were associated with a higher probability of unsuccessful program participation (termination or warrant status). With the exception of problem recognition, survival analyses indicated that the same variables were associated with time to failure in Jackson County. In other words, participants who did not inject drugs, and participants with mental health problems, lasted longer in that program.

In Escambia County, the probability of program success was higher among participants who were older, male, non-Black, employed, owned or rented their own home, or had a high school diploma or GED. In addition, prior AOD treatment and high levels of AOD dependency were associated with unsuccessful program participation. Three of the four treatment motivation factors (problem recognition, treatment readiness, and external pressures) were associated with program success. Similarly, survival analyses indicated that time to failure in Escambia County was associated with the same demographics, prior AOD treatment, and treatment motivation (external pressures and treatment motivation).

In light of the relatively small samples sizes and the exploratory modeling procedure applied, it must be noted that there is some margin of error in our findings regarding program status and retention. Nonetheless, these results may be used as a rough guide for drug court teams in deciding two things. First, how may clients be assessed and triaged into the appropriate program services? Second, can the programs accommodate participants with various needs, or should they consider modifications?

For instance, many of the demographic variables may be considered indicators of community stability. Given the circumstances under which participants are referred to these programs (e.g., repeated felony offending and AOD involvement), community ties are likely in disrepair for many participants. If those participants are accepted into the program, what can be done to stabilize and improve their employment situation as well as other areas of their lives, and thus increase their chances of successful program participation?

While there are several means to assess mental health status, AOD use and prior treatment experiences, and level of treatment motivation, it is sometimes difficult to predict outcomes based on these indicators. Participants in Jackson County with mental health problems were more likely to succeed and stay longer in the program, but this variable had no predictive value in Escambia County. Injection drug users did poorly in Jackson County, as did Escambia County participants with prior AOD treatment experiences. Treatment motivation may have changed since intake, but participants who reported treatment readiness and external pressures consistently did well in Escambia County.

On the other hand, the findings that Blacks were more likely to terminate or abscond, and that Blacks failed more quickly than non-Blacks, was consistent across sites. We collected data on a variable labeled "race/ethnicity" which represents issues that are complex in origin and remedy and would be difficult to measure directly. How can the drug court team identify racial and ethnic issues impacting their program, and what steps can they take to address them within the realm of the drug court program's influence?

Our recommendation is that resources be devoted to improved record maintenance so that program monitoring and evaluation can progress, and these and similar policy questions may be addressed. This would allow drug court teams to: examine individual patterns more closely; tailor program services to current needs; use program service feedback when deciding resource allocations; and ensure accountability to the participants, their families, the public, and other program stakeholders.

**PHASE I: CASE STUDIES AND IMPACT EVALUATIONS
OF ESCAMBIA COUNTY (PENSACOLA), FLORIDA
AND JACKSON COUNTY (KANSAS CITY), MISSOURI DRUG COURTS**

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**PHASE I: CASE STUDIES AND IMPACT EVALUATIONS
OF ESCAMBIA COUNTY (PENSACOLA), FLORIDA
AND JACKSON COUNTY (KANSAS CITY), MISSOURI DRUG COURTS**

1.0 Introduction

1.1 Expedited Case Management and Treatment Drug Courts

Belenko and Dumanovsky (1993) trace drug courts back to the 1970s when New York City started "narcotics courts" to adjudicate increasing numbers of cases prosecuted under harsher drug laws. That type of drug court is considered a speedy trial or expedited case processing drug court, in which all drug felony cases are concentrated in one courtroom. Defendants waive their rights to a grand jury hearing and plead guilty. This disposition process reduces drug caseloads and time to disposition, and thereby increases trial capacity and other non-drug caseload resources.

Over time, these courts evolved into dedicated treatment drug courts in recognition of the need for sanctions and treatment strategies appropriate for drug involved defendants. Treatment drug courts pursue the same trial capacity and caseload reduction goals as expedited case processing drug courts, but do so by focusing on drug involved defendants arrested on property or drug possession offenses (i.e., they exclude defendants charged with drug sales or trafficking). Treatment drug courts attempt to reduce drug use and recidivism by linking such defendants to community-based drug treatment and using case management to address other needs (Belenko and Dumanovsky 1993). Criminal courts have developed expedited drug case management practices to emphasize drug treatment, such as early drug dependency screening, case assignment to tracks featuring specialized court hearings and treatment interventions, continuous compliance monitoring, and coordination of treatment and other community resources (Cooper 1994).

1.2 Therapeutic Jurisprudence

Expedited drug case management is consistent with the theory of therapeutic jurisprudence which advocates interdisciplinary approaches to legal issues in such arenas as mental health, corrections, and courts (Hora, Schma, and Rosenthal 1999). Courts are establishing problem-solving partnerships based on a therapeutic jurisprudence approach which "attempts to combine a 'rights' perspective—focusing on justice, rights, and equality issues—with an 'ethic of care' perspective—focusing on care, interdependence, and response to need" (Rottmann and Casey 1999, 13). A fundamental principle is selecting a therapeutic option that promotes health and does not conflict with traditional criminal justice values, including public safety and due process. Treatment drug courts are a prime example of

therapeutic jurisprudence implemented at the organizational level in the form of specialized courts. The essential elements of treatment drug courts are:

1. intervention is immediate;
2. the adjudication process is nonadversarial in nature;
3. the judge takes a hands-on approach to the defendant's treatment program;
4. the treatment program contains clearly defined rules and structured goals for the participants; and,
5. the concept of the DTC [drug treatment court]—that is judge, prosecutor, defense counsel, treatment provider, and correctional personnel—is important (Hora, et al. 1999, 453).

1.3 Treatment Drug Court Standards

Dade County (Miami), Florida, established the first treatment drug court in the country in 1989. As described by Goldkamp and Weiland (1993), drug-involved defendants charged with felony drug possession who had no prior convictions were referred to a diversion program associated with outpatient drug treatment. The program required these defendants to proceed through four phases over a one-year period: I) detoxification, II) counseling, III) educational/vocational assessment and training, and IV) graduation. Applying expedited case management practices to the treatment drug court elements described above, the program developed what is now referred to as the "Miami Drug Court model" (Goldkamp and Weiland 1993).

Over the past 10 years, the National Association of Drug Court Professionals (NADCP) has promoted treatment drug courts through training and professional conferences, research dissemination, and other information sharing. Since 1994, the U.S. Department of Justice Drug Courts Program Office (DCPO) has provided financial and technical assistance to State, local, and Indian tribal governments and courts for the planning, continuation, and enhancement of treatment drug courts. DCPO also funds the Drug Court Clearinghouse and Technical Assistance Project at American University to compile, publish, and disseminate information on drug courts. In 1997, DCPO and NADCP organized a committee of drug court practitioners and other experts to document performance benchmarks and best practices for adult treatment drug courts (DCPO 1997). The key components of treatment drug courts are as follows.

1. Drug courts integrate alcohol and other drug treatment services with justice system case processing.
2. Using a nonadversarial approach, prosecution and defense counsel promote public safety while protecting participants' due process rights.
3. Eligible participants are identified early and promptly placed in the drug court program.
4. Drug courts provide access to a continuum of alcohol, drug, and other related treatment and rehabilitation services.
5. Abstinence is monitored by frequent alcohol and other drug testing.
6. A coordinated strategy governs drug court responses to participants' compliance.
7. Ongoing judicial interaction with each drug court participant is essential.
8. Monitoring and evaluation measure the achievement of program goals and gauge effectiveness.

9. Continuing interdisciplinary education promotes effective drug court planning, implementation, and operations.
10. Forging partnerships among drug courts, public agencies, and community-based organizations generates local support and enhances drug court effectiveness (DCPO 1997, iii-iv).

As of March 1997, a total of 161 drug court programs were in operation (U.S. General Accounting Office 1997). Along with the drug courts in Las Vegas, Nevada and Portland, Oregon, the National Institute of Justice (NIJ) chose the Jackson County and Escambia County drug courts for evaluation because they represent a core of longstanding programs suitable for process and impact evaluations. The following is a select review of past drug court research evaluations which are summarized in section 1.4.7 (see table 1).

1.4 Drug Court Evaluation Research Review

All drug courts monitor participant statistics for purposes of current grant requirements or future funding support. Several reviews of these statistics (Shaw and Robinson 1999) are available through the National Drug Court Institute, the research office of NADCP. However, robust research evaluations have high data demands (e.g., large sample sizes) and are therefore rare. Examples selected for this review include: Goldkamp and Weiland's (1993) evaluation of Dade County's felony drug court; Belenko, Fagan, Dumanovsky, and Davis' (1993) evaluation of New York City's special drug courts; Deschenes, Turner, and Greenwood's (1995) evaluation of Maricopa County's drug court; Harrell, Cavanagh, and Roman's (1998) evaluation of Washington, D.C.'s drug court intervention program; Peters and Murrin's (1998) evaluation of Florida drug courts in Escambia County and Okaloosa County; and Finigan's (1998) outcome evaluation of Multnomah County, Oregon's Sanction Treatment Opportunity Progress (STOP) drug diversion program. Although these studies investigated a variety of outcomes—including reduced drug use and other lifestyle adjustments—this review is limited to criminal recidivism, which is the subject of our study.

1.4.1 Dade County's Felony Drug Court

Goldkamp and Weiland (1993) evaluated the Dade County drug court two years after it opened. They studied a cohort of 326 drug felony defendants admitted to drug court in 1990 and three contemporary comparison groups: 89 drug felony defendants assigned but not admitted to drug court, 2,071 drug felony defendants not assigned to drug court, and 3,763 nondrug felony defendants. Two pre-drug court samples were also drawn from 1987: 302 drug and 536 nondrug felony cases. At the end of the 18-month observation period, 34 percent of the drug court cohort graduated, 28 percent were still active (including *capias* warrant status), and 23 percent were terminated unfavorably (e.g., for violations

of program requirements).¹ Compared to the comparison groups' rearrest rates (48 percent to 55 percent), the drug court admission cohort generated lower rates (33 percent), and the median length of time to rearrest was two to three times longer (e.g., 240 days to first rearrest for the drug court cohort versus 79 days to first rearrest for other drug felony defendants in 1990). Goldkamp and Weiland (1993) concluded that, "Drug court defendants not only appear to re-offend less often, but those who did re-offend did so only after considerable time had elapsed" (p. 5).

1.4.2 New York City's Special Drug Courts

Belenko, et al. (1993) studied specialized narcotics courtrooms (N Parts) in New York City, which expedited disposition of felony drug cases following criminal court arraignment (see Introduction section 1.1). They compared rearrest rates, time to first rearrest, and number of rearrests² for two groups³ of defendants arraigned on B felony drug charges in 1989: 2,758 N Part defendants versus 3,225 defendants processed through other courtrooms. The researchers found that N Part processing had little impact on rearrest prevalence overall⁴ (53.5 percent N Part versus 50.9 percent non-N Part defendants were rearrested). Logistic regression was used to predict the effect of N Parts on rearrest prevalence controlling for offense and defendant characteristics, priors, and sanctions. The multivariate models confirmed the descriptive results, suggesting no impact. Predictors of rearrest included: younger ages, extensive prior criminal histories, and shorter sanction terms (although jail or prison sentences increased the odds of rearrest).

Time to first rearrest was calculated over a two-year period beginning with the sample arrest in 1989, and adjusted for time at risk by deducting days in detention or incarceration. Rearrest charge type and severity variables were used to create separate time to rearrest outcomes for various rearrest types (e.g., first drug felony rearrest). These outcomes did not differ by court type. For the 1,464 N Part defendants rearrested, the average number of days to rearrest was 164.7, whereas the average time to

¹ Other terminations resulted from dropped charges (10 percent) and transferred cases or miscellaneous causes (4 percent).

² Belenko, et al. (1993) examined criminal justice systems costs as a function of rearrest, reconviction, and probation violation rates.

³ Updating samples of 100 cases drawn from specialized drug courts (Smith, Davis, and Goretzky 1991), Belenko, et al. (1993) also examined rearrests over a two-year period in Chicago and Milwaukee. Overall, the prevalence of felony rearrests was higher in Chicago (37 percent rearrested) than in Milwaukee (29 percent rearrested). In Chicago, 29 percent were rearrested on new drug charges, with a mean time of 214 days to a new drug rearrest. Only 11 percent were rearrested on new drug charges in Milwaukee, with a mean time of 360 days until a new drug rearrest. Time at risk measures could not be constructed without detention and incarceration data, but Milwaukee drug offenders had higher incarceration rates than did Chicago drug offenders (Smith, et al. 1991).

⁴ N Part defendants had higher proportions of felony rearrests (45.9 percent versus 43.5 percent) and drug felony rearrests (37.0 percent versus 33.5 percent) than did non-N Part defendants.

rearrest for the 1,569 non-N Part defendants was 154.6 days. Average time to first drug rearrest was 151.0 days for N Part defendants compared to 146.4 days for non-N Part defendants. Controlling for offense and defendant characteristics, time to rearrest was analyzed using proportionate hazard models (Cox regression procedures) for defendants with a minimum of 360 day's time at risk. Belenko, et al. (1993) found that N Part processing had neither general nor interactive effects on recidivism.

A third outcome of the Belenko, et al. (1993) study was total number of rearrests adjusted for time at risk and calculated on a common metric of one year (e.g., three rearrests in six months equals six rearrests per year). Tobit⁵ was used to analyze rearrest rates which exclude lag time data for defendants not rearrested during the two-year observation period. Such censored cases are modeled separately from noncensored cases (offenders rearrested during the two-year period), so the results indicate both 1) the likelihood of any rearrest, and 2) a higher rearrest rate given at least one rearrest. Non-N Part defendants had higher annualized rearrest rates (5.6 arrests versus 3.3 arrests per year) when adjusted for time at risk; however, the tobit models used to analyze rearrest rates were not successful.

1.4.3 Maricopa County's First Time Drug Offender Program

As part of a larger NIJ project that examined the effects of treatment, sanctions, and drug testing on offenders, Deschenes, et al. (1995) employed an experimental research design to evaluate Maricopa County's First Time Drug Offender (FTDO) Program in Arizona. The FTDO's drug court is a postadjudication probation enhancement for first-time drug felony possession offenders sentenced to probation. Over a period of 6 to 12 months, participants received private drug treatment and court supervision and progressed through three phases—orientation, stabilization, and transition. They were awarded probation and program fee reductions for satisfying contracted requirements that stipulated drug education classes, counseling sessions, 12-step meetings, probation officer contacts, negative urine tests, and fees.

Deschenes, et al. (1995) randomly assigned 639 felony drug possession probationers⁶ to drug court (176) and three control groups (standard probation varying in drug testing schedule) between March 1992 and April 1993. There were no significant differences in rearrest or technical violation rates—about 30 percent of both groups were arrested on a new offense (18 percent on drug offenses), and 40 percent of drug court participants versus 46 percent of standard probationers had technical violations.

⁵ Tobit is a special case of logistic regression analysis in which the dependent variable is a single value (e.g., 0 for no rearrests) for many observations, but the remaining values have a continuous range.

⁶ Excludes offenders in need of inpatient counseling, intensive Community Punishment Program services, specialized caseload supervision, and offenders appropriate for fine-only probation without drug treatment.

Although the drug court program was associated with increased drug treatment participation, it did not result in the anticipated reductions in recidivism and substance use.

1.4.4 Washington, D.C.'s Superior Court Drug Court Intervention Program

More recently, Harrell, et al. (1998) conducted process, impact, and cost-benefit analyses of the Superior Court Drug Intervention Program (SCDIP) in Washington, D.C., an experimental pretrial intervention program that targets drug felony defendants who use drugs. Generally, the program includes treatment drug court elements, such as early intervention, judicial monitoring of defendants (monthly status hearings), and twice-weekly drug testing. Unlike many drug courts, SCDIP admits drug felony defendants regardless of prior criminal history (including violent crimes) or level of drug use (casual users as well as addicts). From September 1994 through January 1996, drug felony defendants who tested positive were each randomly assigned to one of three dockets with varying conditions:

- Standard—twice-weekly drug testing, judicial monitoring, and encouragement to seek treatment;
- Sanctions—twice-weekly drug testing, judicial monitoring, treatment and other service referrals, and graduated sanctions;⁷ or,
- Treatment—drug testing daily or three times per week, judicial monitoring, intensive day treatment, and program violation penalties.

In the sanctions docket, defendants received case management, were referred to treatment and other services as needed, and were penalized for failures to appear and for positive drug tests. Defendants in the treatment docket received psychoeducational interventions, individual and group counseling, and supplemental services for six months. The experiment was designed to measure the impact of graduated sanctions (sanctions docket) versus intensive treatment (treatment docket) to the standard of drug testing and judicial monitoring.

Out of the experimental sample of 1,022 cases randomly assigned to these dockets, a quasi-experimental sample of 691 defendants agreed to participate in their respective programs and were sentenced by June 1997. One motivation to participate was the increased likelihood of probation (rather than jail) depending on discontinued drug use as indicated by negative drug tests presentencing.

Using Pretrial Services Agency, Department of Corrections, and self-report survey data (weighted for nonresponses), Harrell, et al. (1998) assessed the impact of sanctions and treatment conditions on presentence drug tests, criminal recidivism, self-reported drug use, drug treatment participation, and self-reported economic well-being 12 months postsentence. Controlling for days

⁷ Sanctions change from jury box days, to jail days, to detoxification, and jail weeks with each successive infraction. Judges had discretion in sanctioning treatment defendants with jury or jail days for violating program requirements.

incarcerated in Washington, D.C. correctional facilities, they examined rearrests, time to first rearrest, and number of rearrests within the first year after sentencing. Limiting the analysis to defendants not incarcerated for the entire followup period, a proportional hazards model was used to model these data censored at one year after sentencing.

Sanctions defendants were less likely to be rearrested within 12 months postsentence (19 percent versus 27 percent) and averaged more days to first rearrest (83 percent versus 78 percent rearrested by day 300 postsentence), but they did not have fewer arrests once rearrested.

Rearrest rates were similar for treatment and standard defendants (26 percent versus 27 percent); however, rearrests for drug offenses were less likely among treatment defendants. There were no significant differences in time to rearrest between treatment and standard defendants; for example, 19 percent of the treatment defendants versus 22 percent of the standard defendants were rearrested by day 300 of the followup. Further, Poisson regression analyses showed that treatment conditions did not reduce the number of rearrests, although treatment defendants had fewer drug rearrests.

1.4.5 Escambia County and Okaloosa County Drug Courts

Grimm and Peters (1998) conducted process and impact evaluations (Peters and Murrin 1998) of the Escambia County and Okaloosa County, Florida drug courts which opened in 1993. (A detailed process evaluation of the Escambia County drug court is provided in Chapter 3 of this report; the Okaloosa County drug court is similar in most aspects, except that pleas are not entered upon program entry, and the participants are more likely White, educated, and employed.) Using treatment, probation, Clerk of the Court's office, judicial, and National Crime Information Center (NCIC) and Florida Crime Information Center (FCIC) arrest records, Peters and Murrin (1998) examined treatment completion, criminal recidivism, substance abuse, and community readjustment outcomes over a 30-month followup period (i.e., 18 months post graduation). Outcomes for 81 Escambia County and 31 Okaloosa County drug court participants who graduated between June 1994 and June 1996 were contrasted to outcomes among probationers matched on County residence, gender, race/ethnicity, and offense⁸, and outcomes among non-graduates⁹.

Based on survival analyses, Escambia County and Okaloosa County drug court graduates were significantly less likely to be arrested both 12 months and 30 months after program entry than matched probationers or non-graduates.

⁸ Offenses included: possession/ possession with intent to sell, purchase/possession with intent to sell, obtaining drugs by fraud, grand theft auto, burglary of a dwelling, or forgery.

⁹ Escambia County had 81 matched probationers and 87 non-graduates; Okaloosa County had 31 matched probationers and 27 non-graduates.

- At 30 months, 48 percent of the Escambia County graduates had been rearrested, versus 63 percent of matched probationers and 86 percent of the non-graduates.
- In Okaloosa, 26 percent of the graduates had been rearrested, compared to 55 percent of the matched probationers and 63 percent of the non-graduates, by month 30.

Drug court graduates also had fewer rearrests.

- Escambia County averaged 82 arrests per 100 graduates, 164 arrests per 100 matched probationers, and 274 arrests per 100 non-graduates.
- Okaloosa County averaged 46 arrests per 100 graduates, 117 arrests per 100 matched probationers, and 219 arrests per 100 non-graduates.

Of those rearrested during the 30-month followup period:

- Escambia County graduates had significantly longer times to first rearrest (average 682 days, versus 547 days for matched probationers and 299 days for non-graduates); as did
- Okaloosa County graduates (average 790 days, versus 588 days for matched probationers and 494 days for non-graduates).

Cox regression analyses with forward stepwise modeling showed that number of prior arrests and age were negatively associated with days to first rearrest in Escambia County; Okaloosa County had an insufficient sample size for such analysis.

1.4.6 Multnomah County STOP Drug Diversion Program

The final study in this review evaluated the Sanction Treatment Opportunity Progress (STOP) Drug Diversion Program of Multnomah County, Oregon. STOP was started in 1991 to reduce drug case backlogs and to encourage treatment among drug offenders (Finigan 1998). Eligibles included first-time drug offenders arrested on charges of possession of a controlled substance (and excluded those arrested on drug distribution or manufacture charges). Participants attend individual and group outpatient treatment sessions weekdays, report to court for status hearings monthly, and receive acupuncture or inpatient treatment as necessary. The program was enhanced in 1995 with additional support services (e.g., literacy classes); by 1998, between 400 to 700 cases were admitted annually.

Using data for cases processed during 1994 and 1995, Finigan (1998) analyzed rearrest and other outcomes for random samples of 150 arrestees representing three groups: graduates, non-graduates, and a comparison group of arrestees who were eligible but not admitted to the program. Over two-year followup periods, there were:

- 59 new arrests per 100 participants after leaving the program;
- 36 new arrests per 100 graduates after graduation;
- 71 new arrests per 100 non-graduates after leaving the program; and,
- 153 new arrests per 100 comparison group non-participants subsequent to eligibility.

Analysis of covariance showed significant differences between participants and non-participants ($F=29.2$, $p<.001$), and between graduates and non-graduates ($F=23.5$, $p<.001$). Among non-graduates, those who were terminated before completing one-third of the program generated 139 new arrests per 100, and those who completed at least one-third generated 62 new arrests per 100 ($F=23$, $p<.001$).

1.4.7 Research Review Summary

To summarize, table 1 highlights the rearrest rate and average time to first rearrest results by study (followup periods noted in parentheses). Drawing upon even the best studies available, it is clear that outcomes range widely depending on research design and program, making it difficult to judge the effectiveness of drug court programs generally. As shown, rearrest rates for drug court groups range from 26 percent for Okaloosa County graduates and Washington, D.C. SCDIP treatment docket defendants, to 54 percent for N Part defendants in New York City's Special Drug Courts. To contrast, comparison group rearrest rates range from 27 percent for Washington, D.C. standard docket defendants to 86 percent for Escambia County non-graduates. Time to first rearrest averages from 165 days for N Part defendants in New York City's Special Drug Courts to 790 days for Okaloosa County drug court graduates. Among comparison groups, time to first rearrest averages from 79 days for other drug felony defendants in Dade County, to 588 days for matched probationers in Okaloosa County.

Table 1. Summary of Rearrest Rate, Average Time to Rearrest, and Ratio of Rearrest Rates

Study (followup period)/Group	Rearrest Rate	Average Time to Rearrest	Rearrest Ratio
<i>Goldkamp and Weiland (1993): Dade County's Felony Drug Court (18 months)</i>			
Drug court participants	33%	240 days	
Comparison groups	48%-55%	79 days	48:33 or 1.45
<i>Belenko, et al. 1993: New York City's Special Drug Courts (24 months)</i>			
N Part defendants	54%	165 days	
Non-N Part defendants	51%	155 days	51:54 or 0.94
Chicago drug court participants	37%	-	
Milwaukee drug court participants	29%	-	
<i>Deschenes, et al. 1995: Maricopa County's FTDO Program (12 months)</i>			
Drug court participants	30%	-	
Standard probationers	30%	-	30:30 or 1.0

Table 1 (continued)

Study (followup period)/Group	Rearrest Rate	Average Time to Rearrest	Rearrest Ratio
<i>Harrell, et al. (1998): Washington, D.C.'s SCDIP (12 months)</i>			
Sanctions docket	19%	83% by day 300	27:19 or 1.42
Treatment docket	26%	81%	27:26 or 1.04
Standard docket	27%	78%	
<i>Peters and Murrin (1998): Escambia County Drug Court (30 months)</i>			
Graduates	48%	682 days	
Matched probationers	63%	547 days	63:48 or 1.31
Non-graduates	86%	299 days	86:48 or 1.79
<i>Peters and Murrin (1998): Okaloosa County Drug Court (30 months)</i>			
Graduates	26%	790 days	
Matched probationers	55%	588 days	55:26 or 2.12
Non-graduates	63%	494 days	63:26 or 2.42
<i>Finigan (1998): Multnomah County STOP Drug Diversion Program (24 months)</i>			
Graduates	36 arrests/100	-	
Non-graduates	71 arrests	-	71:36 or 1.97
Non-participants	153 arrests	-	153:36 or 4.25

One way to compare results across studies is to create ratios of rearrest rate outcomes. For example, there is no difference between Maricopa County's FTDO participants and standard probationers, but the ratio of rearrest rates between Multnomah County's STOP graduates and its non-graduates is 71 to 36 or 1.97. That is, non-graduates are nearly twice as likely to be rearrested within the 24-month followup period, and non-participants are more than four times as likely. Similarly, Okaloosa County matched probationers and non-graduates are at least twice as likely as drug court graduates to be rearrested with the 30-month followup period.

Familiar problems in evaluating impact during the early stages of program development are instability in policies, procedures, and resources that mean uneven service delivery, and typically small sample sizes. Examples are the abovereferenced evaluations of the Dade County drug court (Goldamp and Weiland 1993), Washington D.C.'s SCDIP (Harrell, et al. 1998), and the Escambia County and Okaloosa County drugs courts (Peters and Murrin 1998), which were undergoing substantial

modification during the periods studied. This is compounded in evaluations involving jurisdictions with comparatively smaller caseloads—like Escambia and Okaloosa Counties—resulting in questionable internal and external validity of findings.

As described in chapter 4, selection bias is another concern for impact evaluation. Although both the Maricopa County FTDO program evaluation (Deschenes, et al. 1995) and the Washington, D.C. SCDIP evaluation (Harrell, et al. 1998) employed random assignment techniques, the latter analyses were based on a self-selected sample of program participants. Utilizing an experimental design, Deschenes, et al. (1995) found that while the program increased treatment participation, neither recidivism nor substance use was impacted. The other studies used statistical procedures to control for the impact of competing explanatory variables. Although several patterns suggesting program effects were discerned in the data reported by the evaluations reviewed here, multivariate analyses oftentimes reduced the predictive factors to basic relationships between age or prior criminal history and likelihood of rearrest or time to rearrest (Belenko, et al. 1993; Peters and Murrin 1998). Selection bias seems to remain a potentially confounding factor.

2.0 The Escambia County (Pensacola) Drug Court

The first drug court participating in this evaluation—the Escambia County adult drug court—is located in Pensacola, Florida. This description of the drug court is based on interviews and onsite observation conducted during 1998 and 1999, as well as on several documents, including: a manual prepared by founding drug court team members (Parnham and Wright, undated), a draft process evaluation report (Grimm and Peters 1998),¹ results from a survey conducted by the Office of Justice Programs' Drug Court Clearinghouse and Technical Assistance Project (Drug Court Clearinghouse) (Cooper, et al. 1997), and materials obtained from drug court and treatment representatives. The following discussion provides an overview of the goals and development of the adult drug court program, and descriptions of case processing, the substance abuse treatment component, support services, and caseflow. (Phase II of this evaluation will access data directly from probation, treatment, and court records to describe treatment, sanction, and drug testing in more detail.) This chapter ends with program participant comments documented by Grimm and Peters (1998), and those shared by drug court team members and drug court participants during interviews. The results of the impact evaluation are presented in chapter 4.

2.1 Goals

Like the Jackson County drug court, the Escambia County drug court uses a carrot and stick approach. Compared to traditional probation, it offers an opportunity for intensive alcohol and other drug (AOD) treatment on an outpatient basis and close court supervision, immediate sanctions after program violations, and enhanced sentences after unsuccessful termination. This therapeutic jurisprudence approach (see chapter 1) is intended to motivate participant accountability through immediate positive and negative responses, as appropriate.

The drug court program is more a postadjudication than a diversion program (which usually diverts arrestees pretrial), and its mission is substance abuse and criminal behavior intervention.² It is designed to reduce recidivism through immediate treatment and support services after a plea has been entered, and to offer an alternative to incarceration for offenders who can function as productive

¹ The Office of the State Courts Administration received a grant from the State Justice Institute to evaluate the adult drug courts in Escambia and Okaloosa Counties—two of the four counties in the First Judicial District of the Florida Supreme Court. A draft of the process evaluation covering the period October 1992 to June 1996 (Grimm and Peters 1998) was made available for this review.

² The initial point of intervention is immediately following arrest when the prosecutor, defense attorney, or pretrial services representative suggests drug court. This is when defendants may be acutely aware of the consequences of their drug abuse while in custody.

members of the community. For some participants, pleas are withdrawn upon successful graduation; others avoid incarceration but their convictions remain on record.

Family members, who are encouraged to participate in the process, may benefit as well. Participants may influence family members to confront their own substance abuse problems, and family members may come to view defendants as successful role models, thus breaking intergenerational cycles of substance abuse and criminal behavior.

2.2 Program Development and Lessons Learned

In October 1992, the State Justice Institute (SJI) funded a feasibility study by Office of the State Courts Administration (OSCA) that led to the implementation of adult drug court programs in Escambia and Okaloosa Counties.³ The Escambia County adult drug court began in June 1993. The drug court program was initiated by the Chief Circuit Court Judge, the State Attorney, the Public Defender, and the Court Administrator; primary responsibility for drug court operations has since been delegated to senior staff representing each office. They decided that incarceration alone was an ineffective response to rising drug and drug-related caseloads, and that without accountability and family involvement, substance abuse treatment funding was being wasted on diversion and probation programs. Consulting with the Miami drug court coordinator and representatives from the Drug Court Clearinghouse, they developed the first program in Escambia County for criminal defendants to offer a strong treatment component.⁴

Supporters include high-level criminal justice system (CJS) officers (e.g., those who initiated the drug court program and the Clerk of the Circuit Courts Office), as well as Federal, State, and local funding sources.

- OSCA received over \$300,000 in grants from SJI for adult drug court staffing, technical assistance, and evaluation between 1992 and 1994.
- In 1993, the Florida Department of Corrections provided \$100,000 through its Community Corrections Partnership Acts to cover officer assignments and sanction development; in addition, \$40,000 in treatment grants were awarded each fiscal year from FY95 through FY99.

³ Escambia County now has adult, juvenile, and parents drugs courts; Okaloosa County now has an adult drug court and a domestic violence court.

⁴ One pre-existing option for criminal offenders is referral to Keeton, a privatized, nonsecure three- to six-month residential program under County contract; but the Public Defender does not recommend this option.

- Adult treatment funds were provided by the Gannett Foundation (\$10,000) in 1995, and the Department of Health and Rehabilitative Services has funded residential treatment beds since 1993.
- Matching funds from the Department of Community Affairs (Edward Byrne Funds) received since 1994 sum to over \$500,000.
- The Escambia County Drug Court Coalition collected \$12,000 as of 1996 for emergency medical, housing, and day care funds from businesses and local organizations.
- Finally, local law enforcement block grants of \$190,000 were received for each of the last three years.

The drug court has been successful in obtaining grants to cover administrative, treatment, and supervision budgets. Still, only a few drug court team members are full-time; most positions are partial or volunteer, and are in addition to full court caseloads. In light of upcoming managed care restrictions, financial support for long-term outpatient treatment could become an issue. Further, many of the drug court team members interviewed suggested that inpatient and ancillary services be enhanced to better support recovery.

Team members are satisfied with the present adult drug court design. They see it as a permanent program and intend to continue to participate. Suggestions for potential new directions include making drug courts self-sufficient, which means obtaining State legislative and local government support for staff assignments and treatment funds. In this vein, Judge John Parnham (one of the program's founders) and other team members regularly promote the program at public speaking engagements, and several community group representatives have observed drug court sessions.

Opposition to the drug court comes from prosecutors and citizens who are frustrated with crime and view such programs as means for criminals to avoid just punishment. The drug court's disease model of addiction is not widely accepted outside the treatment community. Drug court team members interviewed recommended that institutionalization may be achieved by educating CJS staff through more frequent rotation on the drug court with tutorials supervised by current team members (to avoid program delivery disruption).

If the drug court were to be expanded, one recommendation suggested by drug court team members interviewed is to add parallel courts rather than increase the current ratio of participants to staff. And, although the initiative started in adult drug courts, specialization including dependency and juvenile court participants is essential if the public is serious about addressing substance abuse problems.

Pensacola was selected as one of the drug court mentor sites by the National Association of Drug Court Professionals (NADCP); as such, its adult, parents, and juvenile drug courts serve as models to

visitors interested in developing their own drug court systems (NADCP, undated). Following is a brief review of changes in staff, court disposition, case screening, and outpatient treatment that resulted from lessons learned since the program began in 1993.

2.2.1 Staff Cooperation

The present adult drug court team includes two judges (Judges Edward Nickinson and Terry Terrell), an Assistant State Attorney, a Public Defender, a Treatment Liaison, a Court Administrator, and officers representing Probation and Community Control. The same individuals have filled these roles since March 1997, and most have been on the team since 1993.⁵ Since the beginning, the Public Defender has volunteered his time to drug court in addition to his regular felony caseload, but the drug court caseload is small enough that hearings can be postponed when he is unavailable, and only occasionally do other Public Defenders substitute for him.

Originally, Chief Judge Kuder and Judge Parnham shared the adult drug court caseload. However, participants learned to manipulate inconsistencies in judicial decisionmaking (caused by multiple judges on each case), causing confusion in communications between court and treatment staff. In response, Judge Parnham served as the sole drug court judge until 1996 when the U.S. Department of Justice awarded OSCA's First Judicial Circuit a grant to implement the Juvenile Drug Court Program, and the Department of Children and Families began funding the Parents with Addiction Problems Drug Court Program.⁶ In March 1997, Judges Terrell and Nickinson volunteered to relieve Judge Parnham of his adult drug court responsibilities so he could dedicate more time to the juvenile and parents drug court programs. The two judges split the caseload, and barring unusual circumstances, hear only their cases from admission through termination.

Successful coordination of the various drug court components requires mutual education and cooperation among staff. Court staff educate treatment staff about legal considerations (e.g., ordering inpatient rehabilitation is a legal sanction if the facility is secure), and treatment staff educate other drug court team members about the nature of addiction and sobriety. Some non-treatment staff already have experience in substance abuse treatment. For example, the current pretrial services interviewer, who is one source of drug court referrals, is a former treatment counselor. With training by the Assistant State Attorney regarding drug court eligibility criteria, he refers more appropriate candidates than did the former interviewer who lacked a substance abuse background. Unfortunately, staff turnover disrupts drug court operations until replacements are trained. When new judges started in 1997, their instincts

⁵ The same Public Defender, Probation Officer, Court Administrator, and (for all but one year) Assistant State Attorney have been on the drug court team since 1993.

⁶ Note that only the adult treatment drug court is the subject of this evaluation.

were to engage in the unilateral decisionmaking typical of criminal court judges, and to serve as “the hammer” (e.g., ordering sanctions) in drug court. The team had to work closely with them before they understood the substance abusing population and learned how to employ a therapeutic model in the courtroom. When dealing with a substance abusing population, judges have learned to expect relapse behaviors (e.g., illegal drug use), yet recognize and reward positive change, however incremental. The judges are now more in sync with the other team members.

2.2.2 Court Disposition

The adult drug court began as a pretrial diversion program for first-time drug offenders, with charges dropped for successful graduates and unsuccessful terminations transferred to criminal court for disposition. To improve participant accountability (i.e., by having each participant answer to a single judge), unsuccessful terminations were later transferred specifically to Judge Parnham’s criminal docket, but then Judge Parnham was rotated to the Juvenile Judicial Center. Finally, due to case prosecution problems associated with the passage of time (e.g., delays in gathering evidence and identifying witnesses weakened cases brought later against terminated participants), deferred prosecution was replaced by two disposition options to get convictions on record: deferred sentence, and probation with a suspended sentence. As noted in section 2.9, active participants are evenly split among dispositions.

- Deferred sentence—Under deferred sentencing, the participant pleads no contest⁷ in drug court; upon successful termination (graduation), the plea is withdrawn and the case is dismissed. If unsuccessfully terminated, the offender is sentenced by the drug court judge according to the Florida sentencing guideline scoresheet prepared by the Assistant State Attorney before the first drug court appearance.⁸
- Probation with suspended sentence—This group (usually more serious offenders) also pleads no contest in drug court, but is sentenced with drug court as a condition of probation. Participants are placed on probation for a period of 12 months, and a sentence of 11 months and 30 days in the County jail is suspended. Upon successful termination, the conviction remains on their record but no jail time is served. The jail sentence is imposed if the participant is unsuccessfully terminated.

⁷ Guilty pleas may result in driver’s license suspension which could raise transportation issue for clients.

⁸ Effective July 1997, guideline departures on the basis of drug addiction were eliminated; this resulted in more prison sentences for those who would otherwise receive probation, although judges may still cite uncoerced pleas as a mitigating circumstance justifying a downward departure (sentence reduction).

2.2.3 Case Screening

Initially, case volume was low because only first-time offenders were admitted to drug court, yielding too many casual users and too few dependent substance abusers. However, attempts to increase case volume by accepting property crime offenders and applying other more liberal selection criteria resulted in the admission of high-risk participants who threatened public safety and victim rights, and thereby the political viability of the program. As a result, the criteria were modified to accept offenders with criminal histories other than sex or violent offenses (but not habitual offenders) and whose instant offenses range in severity from misdemeanors to second degree felonies (e.g., dealing in stolen property, cocaine possession). Supervision of these more serious offenders required the participation of the Community Control Office, which provides community corrections supervision (e.g., house arrest) for more serious offenders who require more intensive supervision than those who would normally be placed on regular probation (e.g., monthly office visits).

Due to initially high absconding rates, the drug court targeted offenders deemed truly amenable to treatment, and screened out offenders merely attempting to avoid jail. Efficiency in targeting appropriate candidates is attributed to drug court team members who are knowledgeable about addiction (see section below on screening).

One consequence of these control and screening improvements is more referrals from criminal judges and prosecutors to a drug court which is not viewed as just another "feel good" diversion program (i.e., a program driven by political agenda more than by efficacy). Although they are willing to transfer cases off their docket, judges need to have familiarity with addiction and recovery to know which defendants to refer to drug court.

2.2.4 Outpatient Treatment

Originally, the treatment provider assigned participants to facilities at different locations depending on phase of treatment. However, transitions to new treatment staff and variations in service delivery resulted in relapses, and participants used staff miscommunications to their advantage (e.g., blaming non-compliance on confusion regarding policies). Furthermore, one facility was inconvenient to reach by public transportation. Over time, the treatment provider consolidated its facilities, and with competitive bidding, the drug court program negotiated a favorable fee of \$3,000 per treatment slot effective October 1997.⁹

⁹ Costs rose from \$1,000 per slot in 1993, but the treatment contractor originally proposed \$4,400 per slot in 1997.

2.3 Drug Court Case Processing

The following description applies to the policies and practices of the adult drug court effective in 1999. Using figure 1 as a guide, case processing can be illustrated as having discrete components, each with distinct representatives and purposes. The Public Defender is involved only in drug court admission and termination hearings (i.e., sentencing or violations of probation);¹⁰ all other team members participate in case management through graduation or unsuccessful termination. The only funded drug court positions are the clerk and the Court Administrator. All of the Probation Officer's, most of the Community Control Officer's, and part of the Assistant State Attorney's time is assigned to drug court. The remaining members contribute their services above and beyond their full-time court responsibilities.

2.3.1 Case Referral

Cases are placed on the drug court docket either by direct referral from the Pretrial Services Office (about 10 percent of referrals) or by transfer from the criminal docket. Following arrest, the Pretrial Services Office may interview defendants who do not bond out of jail to determine pretrial release recommendations¹¹ and drug court eligibility. Cases in which defendants are not interviewed or ruled ineligible are sent directly to the criminal docket. During the course of investigation, Assistant State Attorneys¹² and Public Defenders may ask the Assistant State Attorney associated with the drug court to review cases for eligibility; this process accounts for the majority of drug court referrals. Compared to referrals by the pretrial interviewer, the criminal docket referral process allows more time for pertinent information and legal issues to come to light. Thus, cases with litigation problems are avoided, allowing resources to be spent on treatment and other services instead of on adversarial proceedings to resolve collateral issues (e.g., restitution amounts). Time to program entry depends on the referral process, but is typically measured in days.

¹⁰ Unlike traditional CJS proceedings, these are the only hearings for which court reporters are used. No court interpreters appear to be necessary for Hispanic or Asian defendants; however it is unclear if such defendants are not accepted because current court, treatment, and supervision staff could not handle non-English speaking participants.

¹¹ Criminal history information is accessed from the National Crime Information Center. Defendants charged with violent or drug sale offenses are ineligible for pretrial release assessment, as are prostitutes because of their unstable residency and history of frequent rearrest.

¹² The Assistant State Attorney on the drug court team supervises two-thirds of the felony division attorneys.

Figure 1.
Escambia County Drug Court Components

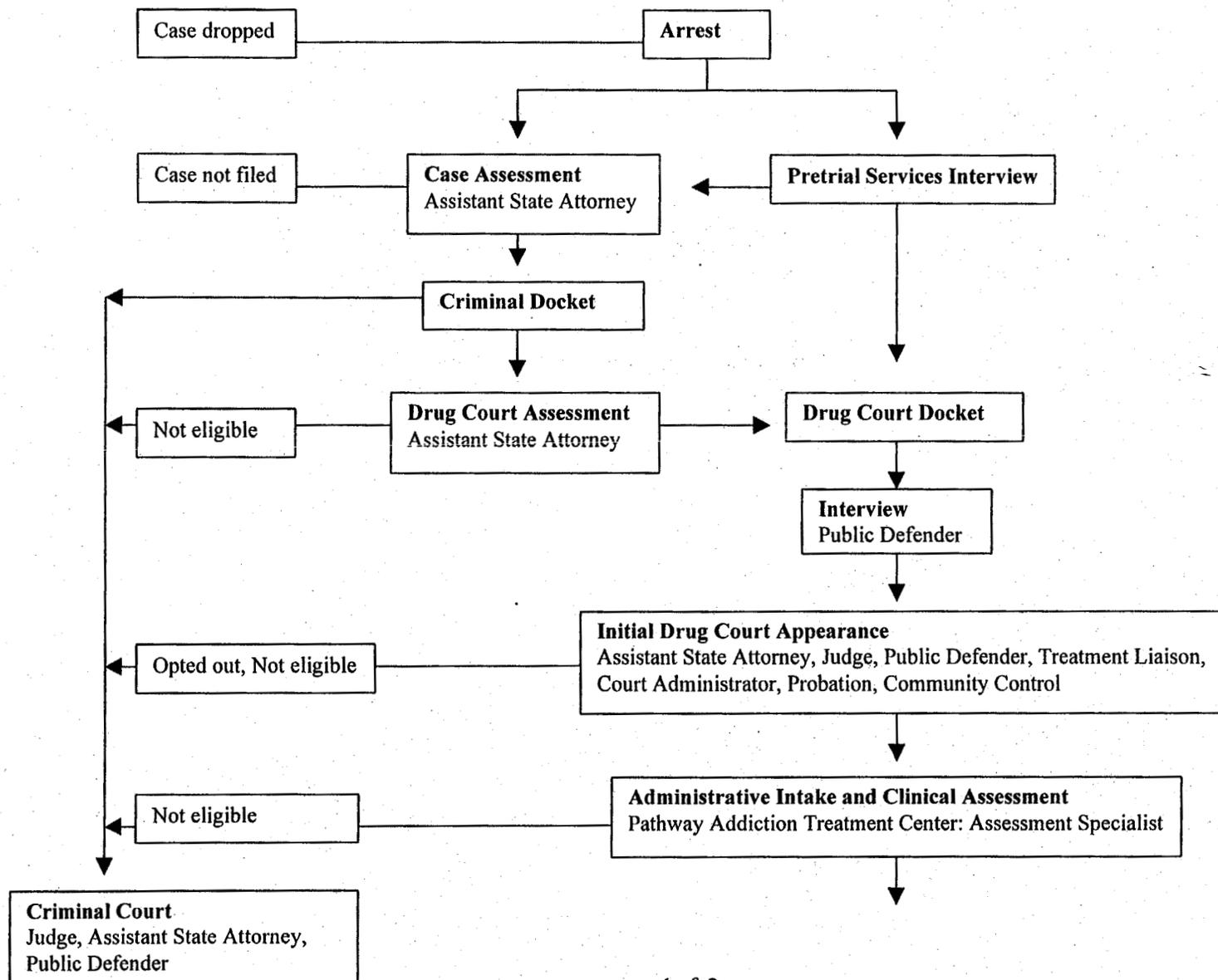
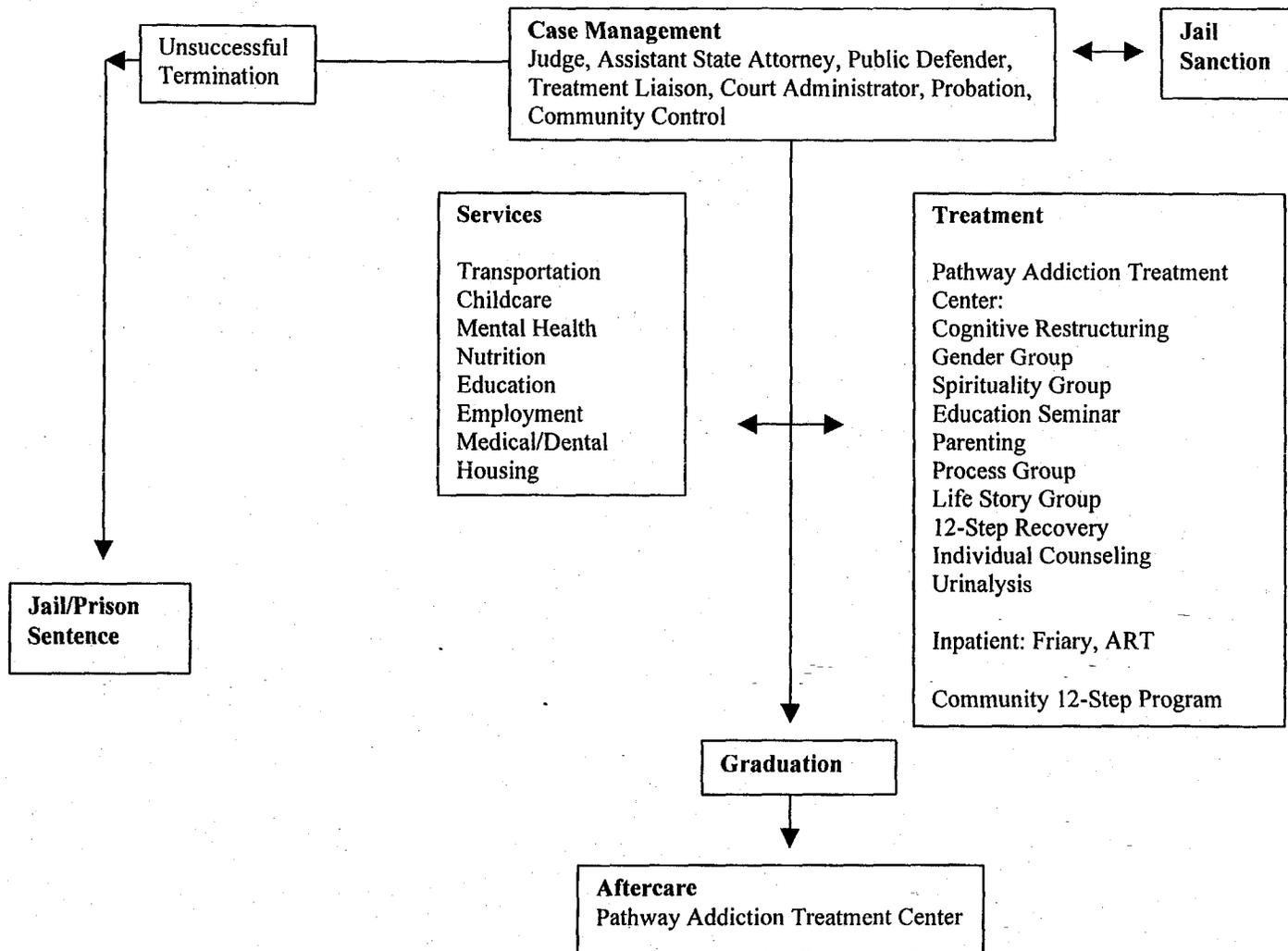


Figure 1.
Escambia County Drug Court Components



2.3.2 Eligibility

As established by Florida restitution statutes and administrative orders, drug court disqualifiers include:

1. offense (e.g., crimes against the person, drug trafficking, misdemeanors, DUIs, crimes with mandatory minimums);
2. criminal history (same as above except misdemeanors and DUIs);
3. habitual violent felony offender charges;
4. controlled release (e.g., community supervision) violation;
5. parole violation;
6. cases pending in other jurisdictions;
7. previous incompetency or insanity judgment;
8. mental health problems—bipolar, manic depressive, posttraumatic stress disorder, retardation, dementia, hallucinations, paranoia, schizoid antisocial personality disorders;
9. restitution problems—no means of recovery;
10. serious personal injury to victim(s);
11. history of drug sales;
12. previous drug court ejection; or,
13. previous failure-to-appear or absconding while on community supervision.

In practice, cases eligible for drug court involve drug-related offenses (e.g., possession, purchase, or manufacture of a controlled substance, and prescription forgery) or non-drug offenses (e.g., theft, forgery, worthless checks, burglary, and dealing in stolen property) if the defendant has a history of substance abuse. According to drug court team members interviewed, certain types of offenders are avoided—prostitutes, for example, because they have never had success with the program.¹³ Previously terminated drug court participants are readmitted in very rare instances.

2.3.3 Public Defender Interview

Once the case enters the drug court docket, the Public Defender conducts a confidential interview to establish defendant interest, eligibility, and restitution and fee payment. Like the Assistant State Attorney, the Public Defender is concerned with protecting program integrity. Threats such as presented by drug dealers who may have a negative influence on treatment (e.g., by using the program as a drug market), and substance abusers who are motivated by the opportunity to avoid jail more than by the chance to become clean and sober, are viewed as inappropriate. The Public Defender advises defendants

¹³ One theory for program failure is that even the inpatient treatment and service referrals associated with drug court are insufficient to remedy a self-esteem impaired by both prostitution and addiction.

whose only interest is to avoid jail that failure to complete the program will result in more severe sanctions (than if they had not been admitted).

All criminal cases are evaluated for restitution purposes. Working with the Victim Witness Assistance Program, probation and community control staff determine victim losses and payment schedules. For drug court cases, the Public Defender evaluates ability to pay restitution based on several indicators identified by the Assistant State Attorney, such as employment history, social welfare income, assets, and liabilities. As described above, cases involving restitution issues requiring litigation are avoided. When drug court participants make restitution payments, probation and community control staff record and forward payments to victims.

In addition to restitution costs, participants must pay a \$300 treatment fee before graduation. The treatment fee was established by Administrative Order to build a trust fund for child care, utilities, medical, dental, and other emergency needs. This is a fraction of the \$3,000 per outpatient slot paid to the treatment contractor. The payment is intended to make participants feel invested in their treatment and to promote financial responsibility. Participants sentenced to probation also pay \$266 in court costs plus a \$150 Article V building fund fee, but the traditional \$52 per month supervision fee is waived for drug court participants. Restitution and non-treatment fees can be paid after graduation; in some hardship cases, fees are waived.

2.3.4 Initial Drug Court Appearance

After meeting with the Public Defender, defendants make their first drug court appearance. During this hearing, the judge confirms agreement among team members and the defendant regarding eligibility, disposition, and supervision status (see case management section below). The defendant may decline the program, or the Assistant State Attorney (viewed as the gatekeeper) may argue against admission. Rejected cases are transferred to the criminal court docket, and new Assistant State Attorney and defense counsel staff are assigned.¹⁴

2.3.5 Administrative Intake and Clinical Assessment

Immediately following their initial drug court appearance, participants report to Pathway Addiction Treatment Center for intake and assessment. An assessment specialist collects personal information (e.g., health, education, and employment), administers a psychosocial assessment (e.g., drug/alcohol history, Diagnostic and Statistical Manual of Mental Disorders (DSM-IV) diagnosis), disseminates policy and procedure materials, and has the participant execute various consent forms including a confidentiality waiver. Few if any participants are rejected on the basis of addiction severity

¹⁴ Those able to afford private representation are rarely referred to the drug court program. One explanation suggested by drug court team members interviewed is that non-indigent defendants can afford private treatment alternatives to incarceration.

at this point. The low incidence of false positives (participants who are not substance abusers) is attributed to the knowledge and experience of staff who screen candidates. A small number are deferred admission due to immediate mental health needs, because treatment staff have found that dual diagnosis clients are negatively affected by their medications—if not their illness—and cannot participate effectively in group sessions.

2.4 Case Management

Expedited case management focuses on the need for effective management and disposition presented by drug caseloads and drug-involved offenders (Cooper 1994). The drug court team fulfills various expedited case management functions; generally, the judge provides team leadership and legal authority, the Assistant State Attorney protects the public interest, the Treatment Liaison communicates clinical assessments to the court and court orders to treatment staff, and Probation and Community Control Officers enforce compliance. The Court Administrator coordinates funding and provides budget oversight.¹⁵ As noted above, the Public Defender is assigned only to initial drug court appearances and termination hearings. Together, the team collaborates to promote early screening and treatment intervention under continuous court supervision.

2.4.1 Court Hearings

Participants must appear before the judge for regular court hearings throughout the 12-month program according to their phase assignment—that is, Phase I participants report once per week, Phase II participants report every other week, and Phase III participants report every three weeks. Unless someone on the team is aware of special circumstances, the release bond is revoked and a *capias* warrant is issued when a participant fails to appear.

Adult drug court is held on Monday and Thursday mornings. Except for the Public Defender,¹⁶ the drug court team gathers before each hearing to review cases scheduled for that day (a staffing). The Treatment Liaison presents information from a status call report prepared by the primary counselor, and the judge solicits input from team members before indicating his opinion. Problem areas needing a response typically relate to positive urinalysis tests, poor treatment attendance or group participation, absconding, and missed fee payments. The judge respects treatment staff for their clinical expertise and usually follows their recommendations, which can specify jail sanctions or inpatient stays.

¹⁵ More precisely, the Senior Deputy Court Administrator oversees the Escambia and Okaloosa drug courts, the Pretrial Services Office, and now the Okaloosa Domestic Violence Court.

¹⁶ The Public Defender is the only team member bound by attorney-client privilege, so the remaining team members are free to discuss participant communications.

The role of the judge has been described by Judge Parnham as, "confessor, task master, cheerleader, and mentor, in turn exhorting, threatening, encouraging, and congratulating the participant" (Grimm and Peters 1998, 26). As cases are heard in the courtroom, the judge addresses the offender, as well as family members who frequently stand with the offender before the judge.

During these sessions, the judge encourages employment or education enrollment, phase promotion, taking responsibility for personal choices, and reflection upon positive lifestyle changes. The judge may ask the courtroom to applaud an accomplishment, however modest. The judge discourages lateness to meetings, chronic excuse-making, and frequenting places (parties, neighborhoods, or workplaces) or people (including significant others) associated with alcohol or drug use. Jail sanctions are used in several situations. The judge sanctions relapse and persistent negative behavior (e.g., non-attendance or absconding) with jail terms of two or more days. Sometimes inpatient treatment is the decided response, but the participant may remain in jail until a bed is available. In rare cases, the judge may use jail preemptively over weekends to incapacitate borderline cases. Program termination is a last resort.

2.4.2 Community Supervision

The adult drug court team includes a Probation Officer and a Community Control Officer who enforce compliance and collect information from the family and community perspective (evaluating constructive and destructive behavior and relationships, alike). All participants are under some form of community supervision, but some require additional restrictions (e.g., house arrest) and more intensive monitoring by the Community Control Office. Participants under community control supervision are mostly male and have longer criminal histories or past probation violations than do participants on probation. They receive six months of community control followed by 18 to 24 months of probation, and transition supervision status while still under drug court control (probation continues post-graduation).

Participants from the adult and parents drug courts comprise the Probation Officer's caseload, which averages 75 cases at any one time. Her duties include attending drug court staffings and hearings, communicating with treatment staff regarding participant compliance and miscellaneous needs, and preparing reports based on monthly home visits. Conditions of probation include:

- notifying officers regarding residency and employment;
- obtaining permission before leaving the County;
- securing consent before possessing a firearm;
- paying fees and supporting dependents as able; and,
- abstaining from intoxicants.

The Community Control Officer manages a mixed caseload of youthful offenders, approximately 15 to 20 adult drug court participants under community corrections supervision, and approximately 10 probation cases.¹⁷ In addition to the duties outlined for Probation Officers, she meets with participants every Monday to schedule the week ahead (urinalysis tests are sometimes administered) and conducts weekly random home visits. During home visits, officers can search the premises and ask participants to show proof of income and purchases. (Drug dealing is suspected when reported income cannot support expensive purchases.) Anecdotally, officers also observe that dealers who are not substance abusers are easily identified because they take more care in their personal appearance.

Treatment counselors alert Probation and Community Control Officers when participants fail to attend scheduled treatment sessions. Because frequent communication from participants is common, absconding is suspected if the participant does not contact treatment staff or an officer. Probation or Community Control can request a *capias* warrant if they cannot locate a truant participant at home or work. Absconding typically happens shortly after program admission when participants are most likely to test the system. Upon return to court, either voluntarily or by arrest, the participant usually faces jail sanctions.

2.5 Substance Abuse Treatment

The County contracts with a single treatment provider, Pathway Addiction Treatment Center, for assessment, outpatient services, and urinalysis. Pathway is part of a larger organization, Lakeview Center, Inc.,¹⁸ which manages several treatment and service providers. As of 1999, Pathway staff included a director, a treatment director who acts as the court Treatment Liaison, an assessment specialist, and five full-time counselors.¹⁹ Most are mature, degreed or licensed, and some are in recovery. Three counselors are female, and same-sex client assignments are the norm, but all staff are White (eliminating the option to match counselors with same-race/ethnicity clients). Staff turnover is low—all but one counselor had been with the program for more than a year—and they described morale and communication as good. These staff also counsel non-drug court clients.

¹⁷ The Community Control Officer may be assigned to a probation case because the participant resides within a geographic area convenient to the Officer, or remain assigned despite a transition in supervision status to avoid upsetting a positive relationship established with the participant.

¹⁸ Lakeview merged with Baptist Health Care which manages inpatient facilities.

¹⁹ In the past year, Pathway has hired additional staff to work with juvenile clients; this would affect adult drug court treatment indirectly by allowing pre-existing staff more time with adult drug court clients.

2.5.1 Outpatient Program

Pathway provides outpatient services to participants of both the adult and parents drug courts, as well as to private intensive outpatient clients and DUI court referrals who are admitted under different treatment plans. Unlike private clients who can terminate treatment at will without legal ramifications, drug court and DUI clients are motivated by the threat of increased legal sanctions. Drug court participants must complete a 12-month substance abuse treatment program that is divided into three phases (see table 2), reflecting a transition from intensive to regular outpatient treatment. Advancement is based on demonstrations of commitment to treatment (e.g., group participation), abstinence (e.g., consistently negative urinalysis results), and 12-step program attendance. Following extended jail stays (i.e., not first-time or short-term incarceration) or inpatient stays, participants may be temporarily "demoted" to a previous phase for restabilization; pending judicial approval, they may be reinstated in their last highest phase and graduate without adding to the normal 12-month program period.

Table 2. Escambia County Adult Drug Court and Outpatient Treatment Plan

	Duration	Court	Treatment
Phase I	8 weeks or 32 sessions	every week	4½ hours/day, 4 days/week
Phase II	4 months	every 2 weeks	4½ hours/day, 2 days/week
Phase III	6 months	every 3 weeks	1½ hours/day, 2 days/week

Participants receive a combination of group therapy, psychoeducational seminars, and personal care service meetings (e.g., nutrition) offered during day or evening programs. Following attendance sign-in and urinalysis specimen collection, counselors or invited speakers conduct group sessions which (in the past) mixed participants from different phases²⁰ and involve as many as 30 clients. Topics include: cognitive restructuring, gender issues, parenting, life story, spirituality, and HIV/AIDS education.

Pathway has received many requests for information regarding its Spirituality Group. As an inpatient treatment provider years ago, Pathway offered nondenominational services on site after observing relapse among clients released on leave into the community to attend religious services. When it transitioned to outpatient services only, Pathway responded to a demand for a religious component

²⁰ According to Pathway, there is currently no mixing of clients who are in different phases of treatment.

with a one-hour group session now offered twice per week. The drug court judges support the spiritual component, but attendance is not required (alternative programming is available), and drug court participants sign a consent form to indicate voluntary participation.

Led by a treatment counselor, the Spirituality Group uses biblical text and 12-Step materials for lecture and group discussion on several topics (e.g., grief, bitterness, and self-esteem). Sessions begin and end with prayer. Many clients have religious backgrounds, but their substance use usually cuts them off from church ties. By addressing rejection and guilt, clients may reconnect to God and their spiritual community—a support system which may help open linkages to family and friends. According to staff, client comments are positive regardless of religious affiliation (e.g., atheists, Buddhists, and Christians), and very few reject the group meetings.

2.5.2 Client Monitoring

In addition to conducting group meetings, each counselor serves as primary counselor to an average caseload of 20 clients, most of whom are drug court participants. As such, their duties include not only individual counseling, but also monitoring attendance and urinalysis test results, preparing status reports for the court, and preparing discharge summaries. Counselors exchange clinical information at weekly staffings supervised by the Treatment Liaison, a common daily journal to which all staff post written entries, and a new desktop computer system shared with other facilities (e.g., inpatient services) that are also part of the Lakeview organization. Participants sign forms to authorize the release of protected information. As a result, staff are not bound by client-patient privilege and ex parte communications (statements made without the offender or a legal representative present) typically unallowed in criminal proceedings are allowed in the drug court program. The court may be made aware of client relapse by probation or community control reports, treatment urinalysis tests, or hearsay reports from relatives or other participants. Judges insist they look for corroborating information and do not levy sanctions against participants based on hearsay alone.

2.5.3 Urinalysis

Urinalysis testing is random but conducted at least twice a week. Same-sex counselors observe clients who provide specimens which are labeled and securely stored until they are tested on site. Counselors determine which drugs are tested for based on the client's AOD use history. Urinalysis results regarding alcohol and drug use, which can be posted on computer files within 20 minutes, are then distributed to primary counselors. Results are labeled "positive" not only if the participant's specimen tests positively for drugs or alcohol, but also if the participant refuses to provide a specimen. The latter may occur when the participant uses drugs and decides to risk a refusal to supply a specimen rather than to have their relapse confirmed. Once relapse is detected, multiple specimens are taken within a short

period for monitoring purposes; subsequent specimens will test positive, but a decline in drug level indicates the participant has stopped abusing since the initial relapse.

2.5.4 Inpatient Services

Inpatient stays are intended to prepare clients for the intensive outpatient modality. The drug court uses two inpatient service providers: Lakeview's Friary for short-term stabilization (10 to 28 days), and Lakeview's Adult Residential Treatment (ART) for long-term residential treatment (four to six months, or 90 days on average). According to drug court participants interviewed, participants transferred to these programs because of poor attitudes or relapses report positive inpatient experiences. They trust the counselors in whom they confide their problems and find counseling helps them cope with anger.

Pathway's affiliation with Baptist Hospital and Lakeview allows communication between staff, sharing of clinical notes (e.g., nurses' notes and blood test results²¹), and treatment coordination. However, the number of beds available to participants is sometimes insufficient. Funding sources for drug court inpatient beds include the Department of Children and Families and the Department of Alcohol and Mental Health rather than public assistance sources such as Medicaid. Also, inpatient treatment is limited to counseling modalities. Arrestees do not receive drug treatment while in jail,²² and post-admission medical detoxification is rare. Similarly, consistent with the program's philosophy of abstinence from all drugs and alcohol, methadone maintenance is not permitted.

2.5.5 12-Step Program

One strength of the drug court program is its outpatient treatment, which not only allows participants to remain in the community during treatment, but also provides vocational, educational, and spiritual components to assist the transition from intensive outpatient treatment (or inpatient treatment as needed) to independent recovery. To this end, Pathway invites community-based Alcoholics Anonymous (AA) and Narcotics Anonymous (NA) representatives to lead meetings on site open only to its clients. Attendance at AA or NA meetings outside Pathway is also a mandatory step for graduation. Participants must obtain a sponsor to advance to Phase II, and provide proof of community meeting attendance upon request.

²¹ In addition to urinalysis, blood tests are used to detect the use of analgesics (pain killers).

²² The infirmary will treat symptoms (e.g., withdrawal), but will not provide aversion detoxification or other drug treatment services.

2.6 Support Services

In addition to court case management and substance abuse treatment, a third component of the adult drug court program pertains to support services. Treatment staff, sometimes in conjunction with other team members, act as case managers to address barriers to treatment caused by unmet needs, either by having community representatives visit Pathway or by referring participants to service providers. The most common needs are dental/medical services, transportation, childcare, employment preparation and placement, education (e.g., GED preparation), and housing. Referral is informal, sometimes discussed with Probation or Community Control Officers, and oftentimes left to the participant's initiative.

Service providers include pro bono health providers, public social services (many participants or their families already access various public assistance systems), religious organizations, Pathway affiliates (e.g., job training and placement offices under Lakeview management), local colleges (e.g., Pensacola Junior College, University of West Florida), and shelters. Mental health services are usually provided by Lakeview, which operates a crisis center (e.g., for suicide attempts); more frequently, psychiatrists examine participants upon Pathway's request.²³ The drug court had made various attempts to organize support services, but a job placement list of local businesses and a Drug Court Coalition are now inactive. As noted, the Court Administrator's Office maintains an emergency fund reserved for priority needs (e.g., medical services) of drug court participants.

Employment is not a graduation requirement but it is viewed by the drug court team as a positive step in recovery. Team members believe that participants, most of whom are qualified for blue-collar positions (e.g., construction), can find employment in the Pensacola job market. During court hearings, participants spoke of working minimum wage jobs. Many worked in longer than eight-hour shifts, typically in fast-food or stock clerk positions, and complained of fatigue or family schedule conflicts. Drug court staff say as many as 40 percent of the participants are unemployed at admission, whereas an estimated 80 to 90 percent are employed by graduation. Gulf Coast Enterprises, an affiliate of Lakeview, provides job training and placement. Employers who work with Gulf Coast prefer drug court placements despite their criminal histories because Pathway monitors their drug use with urinalysis.

Practical concerns such as housing and transportation can make a difference in program compliance, but these are two areas in which support services are weak. A significant resource deficit is in transitional living or halfway houses, especially for women with children. Barriers to shelters include facilities that are open to families but not to males, religion-based programming, and space limitations.

²³ Psychological assessments are often postponed until one month after admission because most participants who present with depressed affect at intake improve with outpatient drug treatment and abstinence.

The only public transportation is limited bus service which stops at 6 p.m. No van service is offered, and no team member (including Probation and Community Control Officers) is permitted to transport participants. Even participants in custody have difficulty securing Sheriff escorts to court-ordered meetings (e.g., for psychiatric evaluation). Those to whom a car is available have better access to jobs and services than do participants who depend on public transportation.

2.7 Termination

Relapse and performance problems are expected among substance abusers coping with lifestyle and physical (e.g., drug dependence) changes, so the drug court is designed to deal with these problems using a program that combines treatment, support services, and sanctions. Problems may stem from personal relationships (e.g., codependency or peer pressure), low self-esteem, anxiety often dealt with by self-medication, and insufficient personal resources. Given the effort and energy needed to struggle with substance abuse and recovery, for some participants, the addition of court-ordered requirements may be overwhelming. A pitfall for some advanced participants is that they become over-confident and celebrate (e.g., holidays, anniversaries) with alcohol or drugs, but these violations less likely to lead to termination hearings (if the problem is non-recurrent).

Problem signs include emotional withdrawal, unusual fatigue, and non-attendance, in addition to obvious relapse indicators such as positive urinalysis results and physical symptoms associated with being under the influence. New crimes and absconding usually follow relapse. Peer support and building confidence through lifestyle changes such as financial stability, education, and reuniting with family members (including children removed from the home) may help reduce relapse. The treatment provider would like to implement a two-year optional program for special cases (e.g., difficult but promising participants) and already recommends continuation beyond the 12-month program in some instances. Since drug court admissions are determined by the allocation of budgeted treatment slots, it is unlikely the Drug Court Administrator will extend the normal program period beyond 12 months without additional funding.

2.7.1 Unsuccessful Termination

Unsuccessful termination usually occurs when treatment staff decide against a client's continued program participation, when participants abscond (for more than 30 days), or when participants commit new crimes (esp. violent, DUI, or drug sale offenses) that raise public safety issues. The Assistant State Attorney has veto power, but termination decisions are usually reached through team consensus during the pre-hearing staffing. Rarely does new information revealed during the subsequent court termination hearing result in a decision reversal. Since convictions are already on record from the initial drug court hearing, unsuccessful terminations are disposed by the drug court judge. The judge imposes suspended

sentences of 11 months and 30 days for probation cases, and uses sentencing guideline scoresheets to determine sentences for deferred sentence cases.

2.7.2 Successful Termination

According to the program manual (Parnham and Wright, undated), Phase III participants who satisfy the following conditions are recommended for graduation:

1. ongoing negative urine results;
2. attendance at all scheduled meetings;
3. full participation in group meetings;
4. identification of long-term goals for recovery with an implementation strategy;
5. ongoing work with the 12-Step recovery model and an identified home group; and,
6. ongoing contact with community support systems.

Graduation ceremonies are held every other month. All drug court team members attend, and participants invite family, friends, and sometimes CJS representatives (e.g., arresting officers).

No one interviewed was able to isolate predisposing traits associated with success or failure. Each has seen examples of participants who triumphed against the odds, as well as those who failed despite the advantages of personal resources and support. One motivation factor identified by staff and participants was a readiness reached by personal decision to be clean and sober, without which participants just “played games” or “went through the motions.”

2.8 Aftercare

Although the label “aftercare” is sometimes used by staff to describe the phase of outpatient treatment when clients are transitioning to graduation, Pathway offers a dedicated aftercare program designed as a non-punitive support mechanism for graduates. Any client who completes a Pathway program—including drug court—may participate. Presently, graduates who were on deferred sentence case disposition status cannot be ordered to aftercare, but Probation or Community Control Officers can mandate aftercare post-graduation. Pathway normally closes client files after graduation but will monitor mandatory aftercare attendance (and urinalysis if ordered). Volunteer aftercare participants can attend any meeting even if they relapse. Upon relapse, participants are reassessed by Pathway for continued aftercare or placement in publicly funded or sliding scale outpatient or inpatient treatment.

Aftercare participants meet one evening or one morning a week at Pathway for open-ended group discussion. A counselor acts as the facilitator but avoids lecturing and individual counseling. Attendance ranges from 5 to 25 per group meeting (average 12 to 15).

Some drug court team members interviewed question whether the drug court program should have an aftercare component since the goal of Phase III is to transition the participant from Pathway to

community-based support. If the drug court program operates as intended, graduates should voluntarily attend community 12-Step programs, which team members view as one of the best ways to stay sober and support positive life changes.

2.9 Caseflow

One goal of this evaluation is to provide caseflow statistics using archival records regarding drug court admission and program disposition figures. According to statistics compiled by the Assistant State Attorney, there were 691 drug court admissions between June 1993 and July 1999 (see figure 2). During those six years, 40 percent graduated and nearly half (46 percent) were terminated unsuccessfully. Six percent still have outstanding warrants—most of whom will be terminated upon return to court. The remaining 55 are active cases divided between the two judges as of July 15, 1999; of these, 27 (49 percent) had deferred sentence dispositions. No data regarding case screening are available.

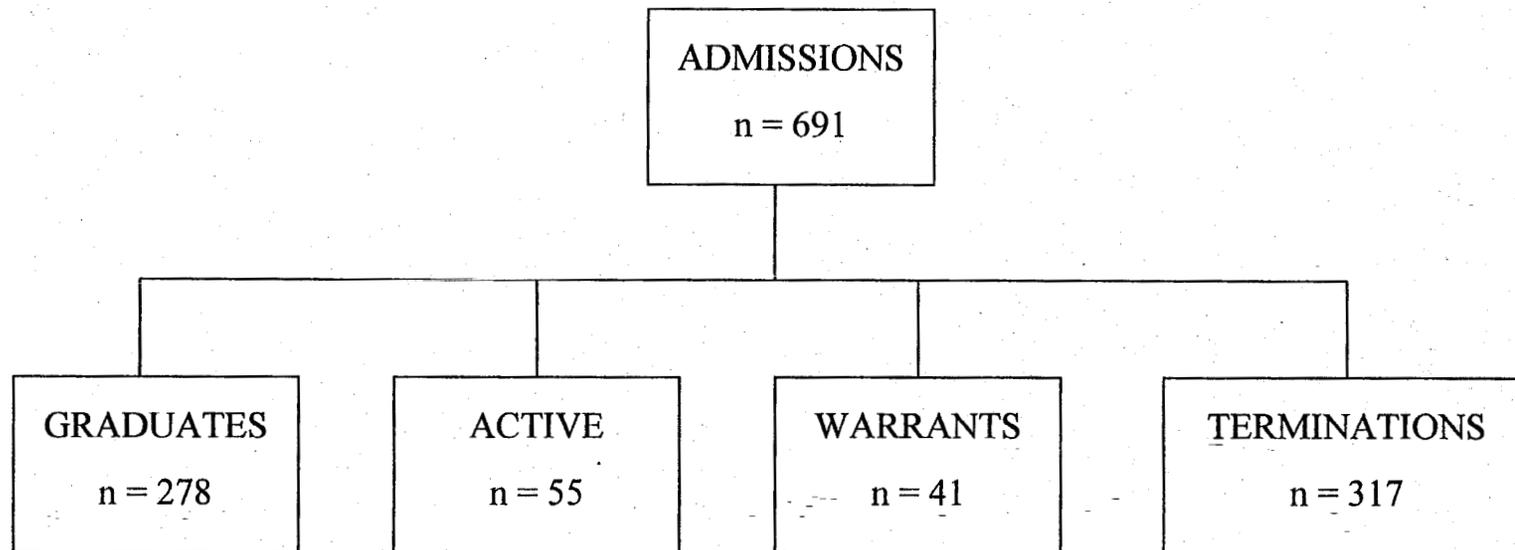
The following is anecdotal information provided by team members interviewed. Team members describe recent adult drug court participants as similar to the CJS population in race/ethnicity (i.e., disproportionately Black), but similar to the general population in gender (50 percent female).²⁴ Participants range in age from 18 to 70, but most are in their 30s. Drugs of abuse include: methamphetamine, crack, cocaine, opiates, acid, ecstasy, marijuana, and prescription medications (e.g., Valium). Frequent demographic and drug correlates are: male users of crack or cocaine, young male users of marijuana, Black female users of crack, and White female users of prescription drugs. Polydrug use and alcohol in combination are common. Most participants are lower- or middle-class although some are professionals.²⁵ Previous substance abuse treatment experiences range widely from community-based to court-ordered, and outpatient to inpatient services.

The drug court judges remark that even though their caseload represents a small minority of the cases disposed in criminal courts, they continue to support the program because they perceive a small but positive impact. Technically, successful termination is defined as meeting the graduation requirements; but the program goals include permanent recovery, or at least client empowerment (giving clients the tools) to deal with relapse, for both successful and unsuccessful terminations alike. According to drug court team members interviewed, substance abusers can be resourceful and like “chameleons” who perform well in the structured treatment environment. Participants may complete the program, but if their sobriety ends soon after graduation, the program did not meet its long-term goal. There are also

²⁴ Interviewees had no immediate explanation for why participants have been disproportionately female.

²⁵ The use of inpatient services by drug court program participants caused the introduction of urban minorities to a formerly homogenous (non-minority, middle/upper-class) inpatient client population.

Figure 2. Escambia County Drug Court Caseflow
June 1993 to July 1999



Source: Escambia County Assistant State Attorney.

unsuccessful terminations who were not ready to comply with program conditions who nonetheless gained something from their program experience. For these participants, the program is about "planting seeds" in offenders who may not realize the rewards for years until they are ready to make use of the treatment education they received during their participation.

The Assistant State Attorney also tracks graduates after successful termination. As of May 1999, he estimated a rearrest rate of 14 percent. Based on his records through July 1999, 16 percent (45 of the 278) of the graduates violated conditions of continued supervision, most of whom were resentenced to incarceration.

2.10 Participants' Perspective

Phase II of this evaluation will collect information from participants over a 12-month period following program admission. The following is based on information gathered from offenders who participated during the period preceding 1999, including interviews conducted by Grimm and Peters (1998) and anecdotal information collected via interview during Phase I site visits.

Grimm and Peters' (1998) interviews with a non-random selection of 24 participants offer feedback from active participants, unsuccessful terminations, graduates, and four family members. Except for criticisms about aftercare and specific treatment program content, they gave high ratings to most drug court components and overall program effectiveness.

- All but one participant would recommend the program to others based on the influence of the court's authority, caring staff, program length, and immediate consequences for noncompliance balanced with second chances.
- Even unsuccessfully terminated participants reported the program sufficiently addressed recovery needs, and that, "they failed the program; the program did not fail them" (Grimm and Peters 1998, 12).
- The jail sanctions and urinalysis tests were viewed as effective deterrents to drug use, but some felt jail sanctions were imposed non-uniformly and that inpatient services may be a more appropriate response to relapse.
- Participants added that education and counseling support should be made available to families and significant others.
- Family members noted that participant sobriety increased responsibility and self-esteem, thereby improving interpersonal relationships and family life generally.

Phase I did not replicate the formal interview approach with participants. We elected to question team members about participant complaints and observations and to conduct informal discussions with active participants while on site. Based on team members interviewed, Probation and Community

Control Officers and treatment staff have frequent inperson and telephone contact with participants. Given the non-traditional level of contact, the drug court judges are also in a good position to assess participants' attitudes toward the program. Participants appear to view the drug court judge as a supportive authority figure and feel more comfortable speaking freely with him than with other criminal judges.

Participants' complaints about the program concern outpatient treatment and sanctions. Participants are reprimanded for not participating in group sessions, but they report that small groups of individuals sometimes dominate group interactions. One rationale behind mixing participants at different phases in group sessions is to provide peer role models to Phase I participants. (Note this practice has been discontinued according to Pathway). The problem is that more recent admissions may be shy or unaccustomed to speaking openly before large groups. More isolated complaints are of partiality; that is, some participants feel they receive negative reports because the counselors dislike them. Apart from objective measures such as attendance, urinalysis, and discrete lifestyle changes (e.g., employment), counselor assessments on other factors (e.g., attitude) are subjective. Although participants have contact with several treatment staff, the primary counselor takes the lead on preparing treatment plans and court status reports, and discretion is unclear. However, counselors do review their reports with other staff before the Treatment Liaison submits these reports to the drug court judge.

One often hears the statement that relapse occurs before actual drug use, meaning that relapse is preceded by behavioral and other communicated indicators. Team members are encouraged to flag and immediately report any signs of relapse. However, in the absence of client-patient privilege and the allowance of ex parte communications, clients report they are less willing to speak honestly with those who are associated with the drug court—even their treatment peers—for fear of sanctions. Some clients say they prefer to discuss their negative behaviors and thoughts with those who cannot violate their confidence, such as AA or NA sponsors and inpatient counselors.²⁶ The question becomes whether expectations of absolute disclosure is in the best of interests of the participant. The team approach relies on complete information sharing; however, a lack of openness on the part of participants may limit the application of some substance abuse models in treatment programming. For example, a biochemical model of relapse (e.g., drug cravings are triggered by sensory stimuli associated with emotional rewards) would suggest participants recognize individual histories to understand, and intervene in, their substance use decisionmaking processes. However, would participants be willing to engage in this therapy with

²⁶ With increased communication between Pathway and Lakeview via computer and facsimile, inpatient staff will more likely share disclosures and behavioral observations, consistent with the drug court team model.

counselors or other team members when self-reporting noncompliant behaviors, such as those preceding relapse, will result in legal sanctions?

The Jackson County drug court program is described in the following chapter. The impact evaluation findings for both programs are presented in chapter 4.

3.0 The Jackson County (Kansas City) Drug Court

This study of the Jackson County drug court program is based on several site visits and telephone interviews conducted during 1998 and 1999, as well as a review of manuals and other written materials provided by the drug court team. In this chapter, we review program goals and development, drug court case processing, substance abuse treatment, ancillary support services, graduation requirements, and caseflow. (Phase II of this evaluation will access data directly from probation, treatment, and court records to describe treatment, sanction, and drug testing in more detail.) Chapter 4 reports the impact evaluation results.

3.1 Program Goals

The current Jackson County drug court was implemented in October 1993 under the authority of the prosecuting attorney's office. Processed through the traditional adjudication route, many substance abusing offenders would receive probation or a suspended imposition of sentence, including a referral to treatment. However, many offenders with substance abuse and related problems are not likely to enter treatment voluntarily. Furthermore, when entry into treatment is imposed as a condition of probation, some probation officers cannot adequately monitor whether defendants enter and complete the treatment program. According to Molly Merrigan, the current drug court commissioner (formerly the chief drug court prosecutor):

We always dealt with the most needy cases and therefore neglected the types who are now in drug court until they messed up—and then we intervened. With probation-mandated treatment, it could be weeks before the officer realizes a client has relapsed or otherwise messed up. And while clients often did get treatment, it wasn't as good quality [as with drug court] because it wasn't tailored to their individual needs (Finn, Hunt, Rich, Seeherman, Heliotis, and Smith 1999, 116).

Based on the Miami drug court model, it is a collaborative effort among criminal justice professionals and treatment providers, combining individualized substance abuse treatment and rehabilitation services with intensive judicial monitoring. The program was designed to:

- expedite movement of drug-related cases through the criminal justice system (CJS);
- provide substance abusing offenders with the opportunity to access specialized treatment and supportive services, thereby reducing substance abuse and related crime;
- manage treatment resources within Jackson County, the Jackson County jail, and the Missouri Department of Corrections;
- alleviate prison or jail overcrowding; and,

- help drug abusers to become productive citizens.

In addition to substance abuse treatment, the global approach of drug court focuses on lifestyle issues, criminal thinking patterns, and social skills of the substance abusing offender. Consistent with this philosophy, drug court offers a range of ancillary vocational, educational, and health services geared to the specific psychosocial needs of the participants. Program staff recognize that relapse is a common occurrence among substance abusers during the treatment process, and is not necessarily an indicator of failure.

After having been charged, the offender agrees to enter a rigorous treatment program operated by County Court Services, a private agency under contract to provide assessment and outpatient treatment for all drug court participants. The Jackson County Prosecuting Attorney's Office upholds very strict standards for substance abuse treatment which have impacted the way treatment is delivered. The drug court is a deferred prosecution program; i.e., defendants who successfully complete the treatment program have their charges dismissed. Upon graduation from drug court, participants' records are not expunged, but the records are not available to the public. In addition, drug court graduates do not need to tell employers they have a felony conviction. A Drug Court Executive Committee, comprised of the drug court commissioner,¹ administrator, and chief prosecutor, the head of the court's diversion managers (probation officers), the County Court Services executive director, a public defender, and two representatives from the Kansas City Police Department (KCPD), meets monthly to oversee the court's operation.

3.2 Program Development and Lessons Learned

Effective April 1990, Jackson County, Missouri initiated a Community-Backed Anti-Drug Tax (known as COMBAT) to finance a multifaceted strategy to reduce drug abuse and drug-related crime that had plagued the county since the 1980s. COMBAT involves a one-quarter percent sales tax that supports a partnership among law enforcement, prevention, and treatment agencies that addresses all aspects of the drug problem including police investigation, community policing, prosecution, prevention, treatment, and incarceration (Finn, et al. 1999). The original design included a deferred prosecution program; however, the Jackson County drug court did not take shape until October 1993 after former Jackson

¹ In Missouri, court commissioners act as judges, granting child custody, transferring property, settling wills and divorce matters, and handling some criminal cases. Jackson County is the only county in Missouri with drug court commissioners. Judges are appointed by the Governor, and commissioners are appointed by the Judiciary. A commissioner has a four-year term and must be reappointed, while a circuit court judge is appointed for life. A commissioner may not try cases.

County Prosecutor Claire McCaskill took office (Peterson and Jameson 1994). COMBAT provides 74 percent of the drug court's \$2,554,279 1999 budget, which breaks down as follows:

- \$1,904,279 in COMBAT funds;
- a \$275,000 enhancement grant from the Drug Courts Program Office (DCPO); and,
- \$375,000 in Federal and local law enforcement block grant funds.

Ongoing COMBAT funding is one of the major strengths of the Jackson County drug court.

In June 1993, a steering committee comprised of representatives from the Jackson County Prosecuting Attorney's Office, Circuit Court of Jackson County, KCPD, Missouri Department of Probation and Parole, Eastern Jackson County Drug Task Force, Missouri Department of Corrections, and Central Kansas City Mental Health Center was created to develop the plan for the drug court. In the planning stages, McCaskill invited Judge Stanley M. Goldstein to speak to Circuit Court judges and probation officers in Jackson County about Miami's treatment drug court. A team of criminal justice officials including McCaskill, Pam Taylor of the Circuit Court, Jackson County Circuit Court Judge Donald Mason, Carolyn Rowe (a mental health professional), and Neil Hartel, first program administrator of the drug court, also visited the Miami drug court to view its operations.

Over time, several changes have been made to the Jackson County drug court program. Following are a few of the lessons learned by the team in regard to political support, law enforcement cooperation, treatment and other services, and CJS sanctions.

3.2.1 Political Support

One lesson from the drug court program is the importance of the backing of the prosecutor and other criminal justice professionals to the successful operation of the program. The first deferred prosecution program for drug offenders administered by the Jackson County Prosecutor's Office was implemented in the fall of 1991, but it was never institutionalized. The eligibility criteria for the program were narrow (i.e., participants could not have any prior record, and could only be charged with minor drug possession). But, more importantly, assistant prosecutors did not support the concept and refused to refer potential participants to the program. Insufficient pressure was applied by the prosecuting attorney to refer substance abusing defendants to the program, and the program received little support from key CJS representatives. After a nine-month period, the program had no more than 50 or 60 clients.

Eventually, the deferred prosecution program was reconfigured. The present Jackson County drug court was implemented in October 1993 due to the work of former Jackson County Prosecutor, Claire McCaskill. According to the administrator of the first deferred prosecution program, essentially,

“Claire made it happen” (N. Hartel, personal communication, May 1998). She had a vision and unwavering commitment to the program, and its success today is, in large part, due to her efforts.

3.2.2 Law Enforcement Cooperation

In the past, there were barriers to processing drug court cases swiftly. After screening a potential participant for drug court, the detective delivers the paperwork directly to the prosecutor’s office where an assistant prosecutor reviews cases for probable cause. However, in the majority of cases filed, the defendant was not in custody when the detective submitted paperwork because a Missouri State statute stipulates that an arrestee cannot be detained for more than 20 hours unless the person has been charged. Detectives were usually unable to meet the 20-hour deadline due to personnel limitations—the small number of KCPD Drug Enforcement Unit (DEU) and Street Narcotics Unit (SNU) detectives, to whom street officers hand over their drug cases, reviewed the most serious cases first. Serious cases such as drug trafficking often involve lengthy investigation that left little time to process cases that meet the drug court criteria (e.g., lower level felonies).

In October 1998, the drug court instituted a new screening procedure to expedite drug court case processing. DEU and SNU detectives now screen drug offenders in the holding cell twice a day, and immediately page the chief drug court prosecutor if there are suitable candidates for drug court. The prosecutor then prepares the paperwork for the warrants to be issued by the drug court commissioner. A strong collaborative relationship between the KCPD and the Jackson County Prosecutor’s Office, along with the KCPD’s strong support for the drug court concept, help make this new procedure work, thereby getting defendants into treatment as soon as possible. As noted previously, the KCPD contributes a portion of its law enforcement block grant monies to drug court.

3.2.3 Treatment and Other Services

Another lesson learned during program development is that outpatient treatment should be integrated with comprehensive services, and preferably provided at a single site. In the beginning, group and individual counseling services were delivered by one outpatient treatment provider, while relaxation and similar alternative therapies were provided by other organizations at different sites. This led to uneven service delivery and the decision to work with a sole provider of outpatient services. In 1996, County Court Services was awarded the contract to provide assessment and outpatient services to drug court participants at one facility. Following the assessment process, treatment providers from County Court Services develop an individualized treatment plan for each participant that includes a recommended placement in one of six levels of treatment. All outpatient participants are provided with a range of on-site support services to help address other personal problems. Support services—especially

in the areas of education, employment, and training—are offered as a component of treatment. They are designed to help build self-esteem and to provide skills and resources necessary for drug court participants to ultimately lead a drug-free, healthy lifestyle. Now participants can access a range of treatment and ancillary services with minimal delay; as service delivery becomes more responsive, the risk of relapse is reduced.

3.2.4 Criminal Justice System Sanctions

Finally, general problems in the CJS, such as limited capacity due to jail overcrowding, can hamper the efficacy of drug court operations. When a drug court participant fails to comply with conditions of the program, the commissioner will respond immediately with sanctions—ranging from enhanced treatment services, more frequent urinalysis, imposition of additional community service hours, to “shock” incarceration. In addition to the larger threat of a prison sentence pending unsuccessful program termination, the commissioner can use short-term jail sanctioning as a tool to motivate compliance. However, crowding in the jail prevents the commissioner from meting out intermediate jail sanctions as necessary.

3.3 Drug Court Case Processing

The Jackson County drug court differs from some other drug courts in that it is run by the prosecutor’s office, which alone decides which defendants may participate, and it refers participants to a single outpatient treatment provider, County Court Services. Consistent with the spirit of drug courts is its multidisciplinary team approach to combating substance abuse. There is very close collaboration among the major players in the drug court: the commissioner, drug court prosecutor, public defender, treatment provider, probation and parole officers, and other criminal justice professionals. County Court Services operates the Judge Mason Day Report Center, which provides assessment and outpatient treatment to drug court participants; they have an intensive outpatient therapeutic community exclusively for drug court participants who need a great deal of structure, but do not require residential care. The drug court commissioner has access to the most current information about each drug court participant including urinalysis results and records of the person’s attendance at individual and group therapy sessions, and at support groups in the community via a real-time computer link located on the bench, as well as other information from weekly drug court staffings.

3.3.1 Police Investigation and Initial Screening

As shown in figure 3, after an individual is arrested on a drug charge, the arrest is approved by a sergeant and the individual is booked at the city jail. In Kansas City, the case is then handled by one of

Figure 3.
Jackson County Drug Court Components

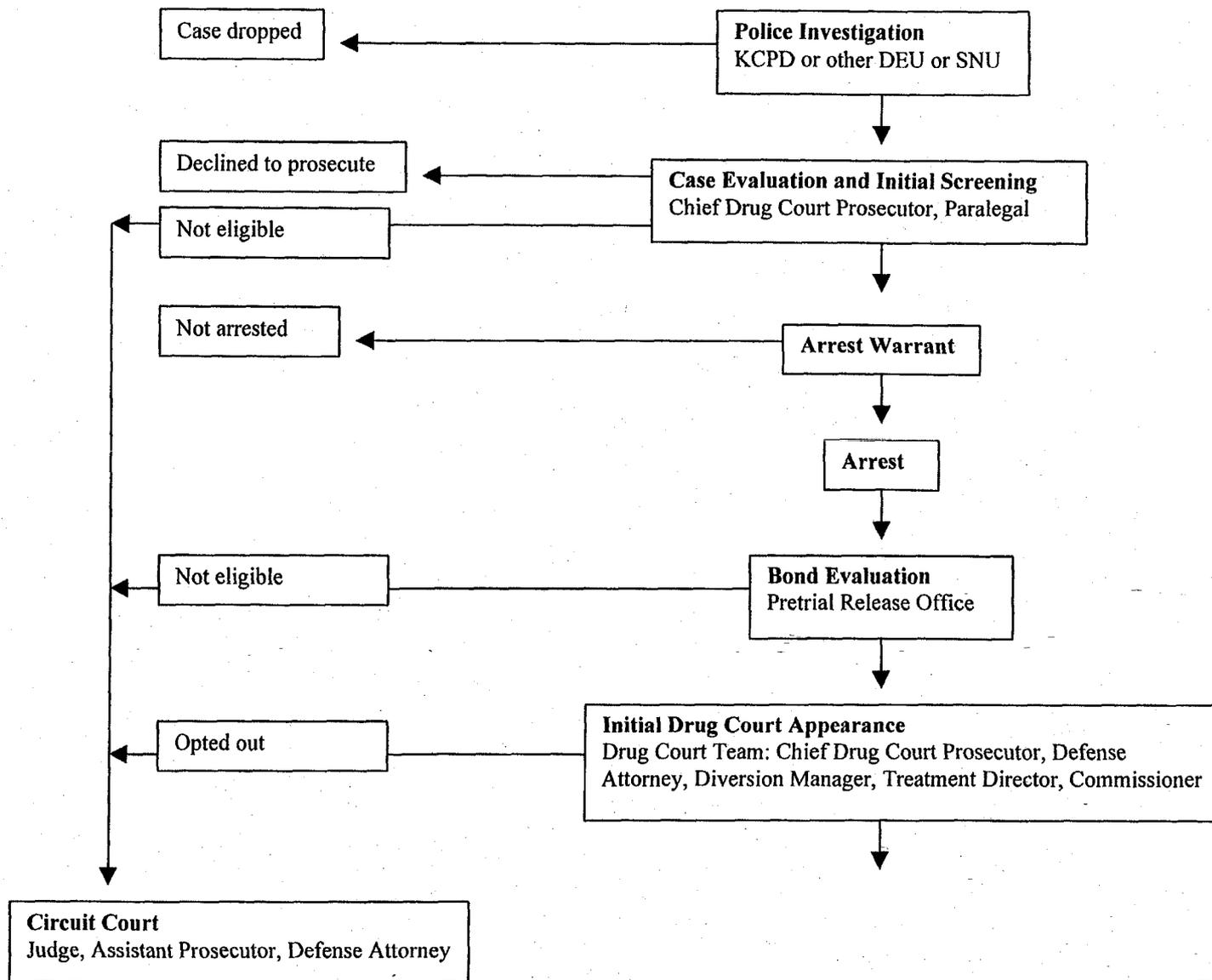
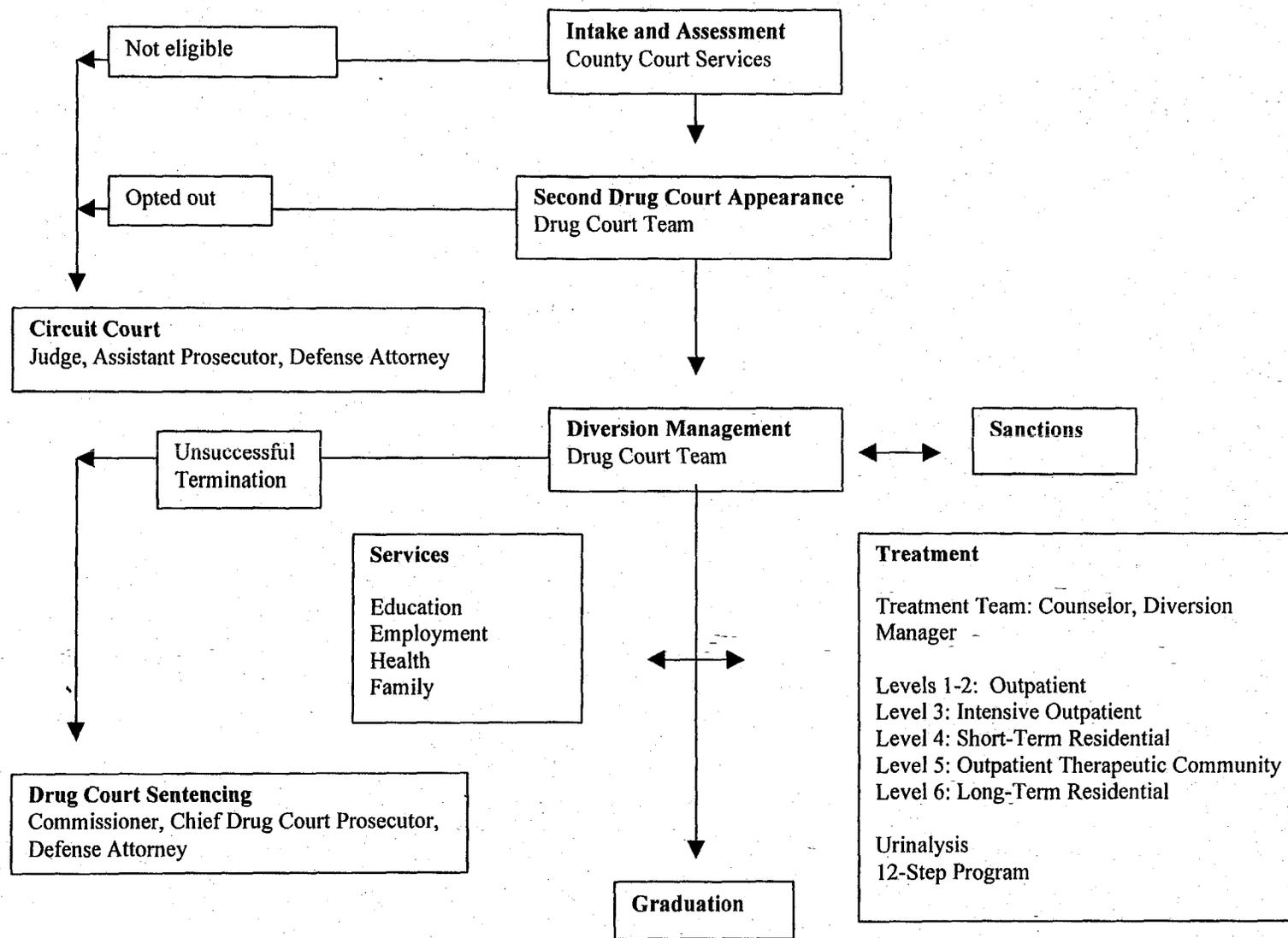


Figure 3.
Jackson County Drug Court Components



the detectives at the KCPD DEU or SNU. Other police departments in Jackson County submit candidate cases to the chief drug court prosecutor when she works in the Prosecutor's Office in Independence, Missouri. The detective makes sure that there is probable cause for the arrest and that the search and seizure was constitutional. The detective obtains further background information on the case and then prepares the probable cause statement. If the information indicates the person is potentially suitable for the drug court, the officer completes an Initial Eligibility Drug Diversion Determination Report and includes it in the defendant's file.

3.3.2 Case Evaluation and Screening

The detective delivers the paperwork directly to the prosecutor's office where an assistant prosecutor reviews the probable cause. At this time, the prosecutor may note in the paperwork that there is a drug problem if the detective has not already filled out an Initial Eligibility Drug Diversion Determination Report. As described in section 3.2.2 regarding lessons learned, DEU and SNU detectives are able to work within the statutory 20-hour custody rule by screening drug offenders in the holding cell twice a day and paging the chief drug court prosecutor if there are suitable participants for drug court. The prosecutor immediately prepares the paperwork for the warrants to be issued by the drug court commissioner.

The warrant prosecutor in the Jackson County Prosecutor's Office also evaluates cases for possible inclusion in drug court that may have been missed in the earlier stages of case processing. Occasionally, the warrant prosecutor refers cases to the chief drug court prosecutor when the defendant meets the basic criteria for participation.

At the same time as the initial screening, the Missouri Pretrial Release Office (probation and parole) conducts a bond evaluation that includes a risk assessment based on the defendant's criminal history, employment, and other considerations. If the police department has not conducted a National Crime Information Center (NCIC) check, the Pretrial Release Office conducts one, as well as investigates whether the defendant has any out-of-State convictions that the NCIC search did not reveal. This additional information about the case has important eligibility implications.

3.3.3 Participant Eligibility Criteria

The chief drug court prosecutor and a paralegal review all drug cases for eligibility for drug court. The decision to accept a defendant is based on the nature and facts of the case and the person's criminal history. Candidates are ineligible if they are²:

- not a resident of Jackson County;
- charged with drug trafficking or possession or sale of drugs that exceed specific quantities or weights³;
- charged with, or have ever been convicted of, a violent offense or an offense against the person;
- charged with an offense involving a gun;
- a gang member; or,
- under Federal or State probation or parole supervision.

Drug court participants may have a prior ordinance infraction or nonviolent offense on their record. In theory, drug court provides for the early identification and treatment of defendants with substance problems who have not progressed to serious criminal misconduct.

3.3.4 Admission

After the chief drug court prosecutor determines that a defendant is eligible for the drug court program, she completes a Drug Court Eligibility Form and notifies the diversion manager by telephone or e-mail. The defendant is then taken for an initial appearance before the drug court commissioner and given the opportunity to participate in the program.

However, if processing the case takes more than 20 hours—typically the case until the recent changes in procedure—the person must be released. In this situation, the officer takes the arrest warrant to the drug court commissioner for signature. The DEU or SNU detective serves the warrant when the defendant can be located; after service, the defendant is brought to drug court, charged, arraigned, and offered the opportunity to participate. Weeks or months may elapse before this process is completed.

² Effective 1999, allowable pending restitution amounts were capped at \$1,000; this restriction did not affect drug court eligibility during the period observed for this evaluation.

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³ Effective 1996, allowable drug possession amounts increased from 1 to 2 grams.

3.3.5 Initial Drug Court Appearance: The Drug Court Team

The current members of the drug court are the drug court prosecutor, a district defender, a diversion manager, the drug court commissioner, and a treatment provider from County Court Services (see section 3.3.7). As noted earlier, the chief drug court prosecutor:

- reviews the case for a final determination of eligibility;
- attends all staffings⁴ and drug court sessions;
- prosecutes terminations; and,
- serves on the drug court executive committee.

At the first drug court appearance, eligible offenders are assigned a public defense attorney—called a district defender in Missouri. The district defender:

- reviews arrest warrants, criminal records, and other relevant legal information;
- gives defendants advice on the merits of their case and about search and seizure issues;
- explains the necessity for waiving the preliminary hearing⁵; and,
- advises defendants regarding the nature and purpose of the drug court program and the alternative (i.e., traditional case processing).

The district defender advises and appears with the defendant at all future drug court appearances. Consistent with the treatment drug court model, the prosecutor and district defender relinquish their traditional adversarial approach and work collaboratively with all members of the drug court team.

Each participant is assigned to one of eight probation officers, called diversion managers. Of the eight diversion managers who are part of the drug court program, two work at the Day Report Center, two work at the Independence County Court Services site, and four work at County Court Services in Kansas City. Diversion managers:

- monitor treatment plan activities other than substance abuse counseling (i.e., education, employment, and community services activities);
- provide information to the court on overall compliance;
- actively participate on the treatment team (see section 3.3.7);
- participate in client staffings and court sessions.

⁴ The purpose of a “staffing” is for the drug court team to discuss the progress and status of each client before the person appears for a drug court hearing. Ordinarily the commissioner runs the staffings. In preparation for the session, he checks on the status of each client and writes notes about each individual based on compliance, urinalysis data, and written and oral reports from team members about the client’s progress.

⁵ Drug court defendants waive their right to trial in the interests of expedited case processing.

Finally, another distinguishing feature of most drug courts is the central hands-on role, intense commitment, and strong leadership of the judge or commissioner. Since 1996, the Jackson County Drug Court has been headed by Commissioner Marco Roldan, described by team members as an informed, dedicated criminal justice professional, and treatment advocate. Commissioner Roldan takes on a paternal role in the courtroom. For many drug court participants, this may be the first time in their lives that someone in authority has cared about them and offered emotional support. In addition to his normal court duties, Commissioner Roldan offers constant verbal encouragement and is actively involved in monitoring the status of clients in the treatment program. While abstinence from drug use is a fundamental requirement, he also is aware that relapses are often part of the recovery process.

Most drug court sessions are held in Kansas City on Wednesday and Friday mornings. Twice a month, sessions are also held on a Thursday morning and a Thursday evening to accommodate participants who are employed during the day. Since 1994, morning and evening sessions are held one Thursday per month in Independence, Missouri. At the initial court appearance, Commissioner Roldan explains to the defendants the workings of the drug court program, the rules governing participation, the commitment they must make, and the consequences for failing to adhere to the rules. He explains that during the course of the program, they will not only be working on their substance abuse problem but also making life changes; the drug court program will provide them with resources to accomplish these goals. The commissioner then releases the defendants on a ROR (release on own recognizance) bond under the supervision of the Diversion Management Unit (Missouri Pretrial Release Office). He orders the defendants to appear again, in one week, on a regular drug court docket day. On the same day as the court appearance, a diversion manager will escort the defendants from court directly to the Assessment Unit at County Court Services. County Court Services will then begin the intake and assessment process.

3.3.6 Intake and Assessment

County Court Services offers a range of services to individuals referred from local courts, including an anger management program, alcohol and drug abuse treatment, a financial management course, electronic monitoring and probation supervision, and programs for victims of domestic violence. In 1995, County Court Services was awarded the contract as the treatment provider for the drug court. The contract was renewed in 1996, re-awarded to County Court Services in 1997, and renewed in 1998 and 1999. As the sole treatment provider for the drug court, County Court Services evaluates all participants to determine if they are appropriate candidates for treatment, determines their treatment placement level, and provides group and individual counseling via outpatient treatment programming.

The first component of drug court treatment—the screening process—takes place at the offices of County Court Services in Kansas City or Independence, Missouri. During the assessment process, the drug court participant attends group sessions five afternoons per week and two individual meetings. However, if the drug court participant is working full-time, the individual can attend an all-day Saturday session to complete the assessment process. The information contained in the five group sessions and two individual meetings are condensed into one day. The assessment process begins with a one-hour orientation about the drug court program conducted by a client advocate employed by the county. The orientation includes a general discussion of the opportunities and responsibilities the client will have in the program as well as a personal interview with each participant to verify the participant's living environment, education and employment history, mental health status, and drug use. The personal interview provides an opportunity for the client advocate to observe the client and to determine whether the individual is in need of detoxification or a 30-day inpatient drug treatment program. After the general orientation and personal interviews have been completed, a County Court Services counselor administers a computerized assessment instrument, the Initial Standardized Assessment Protocol (ISAP), an expanded protocol that includes the Addiction Severity Index (ASI).⁶ This usually takes place on the same day as the first court appearance. Another counselor completes the remaining parts of the assessment. The Substance Abuse Questionnaire, Mental Health Screening Form, Billingsley Depression Scale, Offender Proneness Scale, Criminal History Risk Scale, Anger Impact Inventory, Stress Symptoms Checklist, Family Assessment Form, Test of Adult Basic Education (TABE), and Medical Evaluation Checklist are some of the other protocols used in the assessment.

The assessment is conducted to not only determine the extent of the participant's level of drug use and criminality but also to shed light on the nature and extent of other problems in the participant's life (e.g., physical and mental health, education, and family) that may contribute to the participant's ongoing substance abuse problem. The assessment results are used later to develop an individualized treatment plan for each participant that includes a recommended placement in one of six levels of treatment:

Level 1: Participants attend substance abuse education classes or 12-step group meetings, and submit to weekly urinalysis.

⁶ The Addiction Severity Index is a research and assessment tool "designed to yield a subjective estimate of the client's level of discomfort in seven problem areas commonly found in alcohol and drug dependent individuals" (McLellan et al., 1985:iii). The following categories are rated for severity: alcohol use, drug use, legal status, family/social relationships, medical status, employment/support, and psychiatric status.

- Level 2: Individuals participate in weekly group and monthly individual counseling, plus weekly urinalysis.
- Level 3: Individuals participate in an intensive outpatient program at County Court Services involving group counseling twice per week, individual counseling once per week, and weekly urinalysis.
- Level 4: Participants remain in a short-term residential program for at least one month.
- Level 5: Clients participate in the activities of the Day Report Center five days a week including group counseling five times per week, individual counseling a minimum of once per week, peer support group participation, community service, educational or vocational training, 12-step meetings, and urinalysis twice per week.
- Level 6: Participants stay in a long-term residential treatment program for 90 days or longer.

3.3.7 The Treatment Team

Every participant is assigned to a treatment team consisting of a diversion manager (previously described), a counselor, and a client advocate if the client is assigned to Level 5. In addition to conducting the initial assessment, a counselor:

- monitors client progress and their treatment plans;
- advises team members of client performance, such as attendance and urinalysis results for the Client Progress Report;
- participates in client staffings and drug court sessions; and,
- provides individual, group, and family counseling.

The third member, the client advocate, serves as a member of the treatment team for drug court clients assigned to Level 5, and:

- monitors treatment plan activities at the Day Report Center;
- runs group counseling sessions at the Day Report Center;
- provides information to other team members about attendance and monitored activities; and,
- attends staffings and drug court sessions as needed.

The client advocates consider themselves a link between the counselors and the diversion managers, negotiating on behalf of the drug court participant. According to the client advocates, their main function is to remove any barriers to treatment clients may face such as homelessness, unstable housing arrangements, unemployment, or illiteracy. Since they spend up to 90 percent of their time in direct

contact with participants, client advocates are also aware of whether or not a client may be in need of a more focused, inpatient treatment program and bring this concern to the attention of the counselors. The commissioner relies on information from the client advocates to determine when a client may be facing issues that interfere with treatment or is unable to carry out program requirements.

After the client has been assigned a treatment level and referred to the appropriate site to begin treatment, the treatment team collaborates to develop a treatment plan. Thereafter, drug court participants may be moved along treatment levels based on specific performance expectations, except in Level 5. Participants assigned to Level 5 must complete three stages and cannot advance to the next stage until they complete specific objective performance requirements (see section 3.4.2). Once they complete the programs requirements of all three stages, they are eligible to graduate from the drug court program.

3.3.8 Second Court Appearance

County Court Services staff prepare an Assessment Summary form which accompanies the Court Report and delineates for Commissioner Roldan both the results of the assessment and the treatment recommendations. The form includes a final determination of eligibility. In addition, drug court staff prepare a computer-generated Client Progress Report outlining the results of all scheduled and completed urinalyses as well as the outcomes of all individual and group sessions the client attended during the assessment period. Commissioner Roldan reviews the Assessment Summary and Client Progress Report. If the client has fulfilled the assessment requirements and is determined to be eligible, the commissioner requires the offender to sign the Drug Court Diversion Contract and the individual will enter Phase 1 of the treatment program (see below).

Drug court participants are required to appear in court at frequent intervals to account publicly for their behavior and progress. A drug court participant enters into a dialogue with Commissioner Roldan in the courtroom, and if the participant has made progress, the commissioner will acknowledge and praise the individual's efforts encouraging applause from other persons in the courtroom to reinforce achievements. Other rewards include certificates for "clean time," movie passes, food coupons, and activity tickets. At every opportunity, he supports treatment through positive reinforcement. However, if the participant has performed poorly (e.g., failed to attend counseling on a regular basis), the commissioner will probe for information about the factors in the participant's life that may be impeding his or her progress.

Commissioner Roldan's possible responses to poor performance include verbal warnings, more frequent status hearings and drug tests, enhanced treatment services (e.g., increased sessions with the

counselor and diversion manager), additional community service hours, participation in the Second Chance Program (see below), and short-term incarceration. The commissioner may order the participant to attend a substance abuse education course called "Focus" which emphasizes the opportunities that drug court offers and the importance of meeting all program requirements. When clients continue to use drugs, the commissioner may order them to attend a weekend program called "Second Chance." This is a more intensive substance abuse treatment program than the Focus course with drug education and counseling. If all attempts to improve performance fail—including a short period of time in jail—as a last resort, Commissioner Roldan will terminate the client from the program. Commissioner Roldan sentences terminated individuals who plead guilty to the original charges, but he refers participants who opt for a trial to Circuit Court for traditional adjudication.⁷

3.4 Substance Abuse Treatment

The Jackson County Prosecutor's Office maintains data for all its cases in a management information system (MIS) called INFORMER. Additional data pertaining to drug court cases are maintained in special INFORMER files which contain defendant, case, and most drug court event information, such as treatment attendance and drug test results. Unfortunately, recordkeeping prior to 1999 was inconsistent, so we are not confident in using these data when they cannot be validated (e.g., by matching INFORMER data against KCPD arrest data). Given these reservations, the following section on the treatment component of the Jackson County drug court program has no quantitative analyses.

3.4.1 Treatment Phases

The drug court treatment program is designed to last from 12 to 18 months, but the program is client-driven. While treatment is usually outpatient, some clients require treatment in a residential program for detoxification or to address relapses and ongoing substance abuse problems not responsive to outpatient treatment (Levels 4 and 6 involve residential treatment).

Treatment is divided into two phases. Phase 1 lasts about 6 months. The goals of Phase 1 are to initiate treatment, stabilize the client, develop an individualized treatment plan, and involve the family or partner in the treatment process. Phase 2 focuses on aftercare and social reintegration into the community and lasts approximately six months. The goal of Phase 2 is relapse prevention. Participants

⁷ Clients are automatically terminated from drug court as a result of a new felony arrest or violation of their drug court agreement (e.g., possession of a weapon while participating in a drug court activity). New misdemeanor arrests are examined on a case-by-case basis to determine whether they warrant termination.

may be moved up or down treatment levels based on their compliance during Phase 2. During this phase, the client is expected to participate in a community-based 12-step program in his or her community.

3.4.2 Judge Mason Day Report Center

One of the most innovative features of the Jackson County drug court program is the Day Report Center. The Center opened in August 1996 and is funded by COMBAT DCPO enhancement grants. The 1998 Day Report Center budget is as follows (Finn, et al. 1999).

- COMBAT funds financed:
 - \$366,400 for treatment costs;
 - \$50,000 for employment assistance; and,
 - \$42,000 for urinalysis testing.
- The DCPO enhancement grant funded:
 - \$220,062 in salaries and fees;
 - \$50,000 for rent; and,
 - \$31,526 for miscellaneous costs.

Drug court clients assigned to Level 5 participate in a structured outpatient program at the Day Report Center. The treatment program at the Day Report Center is based on a therapeutic community model, a highly segregated residential⁸ treatment approach that includes individual and group therapy, substance abuse education, community meetings, and structured jobs for all residents. The approach of the therapeutic community is to isolate participants for a specific period of time—typically at least a year—from other active drug users and use the influence of peers to produce positive change. They learn that there are consequences for their actions but, at the same time, receive support from peers for positive behavior. The program emphasizes self-disclosure in group meetings, participation in therapeutic community jobs and activities that support the functioning of the community, and a clear set of rules that govern the community. Consistent with the tenets of this approach, some of the treatment providers at the Day Report Center are recovered addicts with a criminal history who serve as role models for participants.

Participants are assigned to either a Day Track or Evening Track depending on their employment status. Typically, clients assigned to the Day Track are unemployed, from a dysfunctional family, and in need of considerable structure and continuous treatment. Initially, Day Report Center clients spend a minimum of 40 hours a week in process and educational groups, individual counseling sessions, service

⁸ Note clients do not stay overnight.

crews, a General Equivalency Diploma (GED) preparation class or an on-site vocational program. In the process group, clients share their inner feelings and incorporate attitudes and beliefs of fellow group members. At some point, all clients do a "life probe" in which they share the events of their life with the rest of the participants in the therapeutic community. The purpose of educational groups is to provide information of particular interest to Day Report Center participants that may be helpful to their recovery (e.g., the emotional and physical effects of drugs).

All Day Report Center clients are assigned to a specific service crew. Clients choose from among the expediter crew which is responsible for the smooth operation of the Day Report Center facility; the service crew which cleans the facility; the information crew which coordinates announcements at meetings; the education crew which assists with educational activities; and the creative energy crew which plans and arranges activities that will maintain high morale and provide enjoyment to clients at the Day Report Center.

Drug court participants at the Day Report Center engage in three stages of treatment, each of which is associated with an extensive set of performance expectations (Finn, et al. 1999):

- Stage 1: *Main treatment:* Clients must attend the Day Report Center five days per week for four months, during which they participate in groups and other activities in the therapeutic community, comply with drug testing (as scheduled 75 percent or better), and demonstrate knowledge about the therapeutic community.
- Stage 2: *Transition:* Clients must attend the Day Report Center five days per week for four months, during which they must comply with all program rules, including maintaining sobriety and avoiding rearrest. They participate in community circle, conduct orientations for new clients, participate in community service, and become involved in a 12-step program.
- Stage 3: *Cadre:* Clients must attend a weekly "Winner's Circle" meeting and a 12-Step group in the community for three months, attend a monthly individual session, mentor a Day Report Center participant, and participate in a community activity.

As the client demonstrates responsibility through these performance measures, he or she can also engage in evening part time employment or take advantage of courses and opportunities provided by the Full

Employment Council.⁹ Defendants referred to the Evening Track meet 6:00 p.m. to 9:00 p.m., Monday through Thursday, with individual counseling sessions on Friday evenings. During this time, they spend a minimum of 12 hours per week in activities offered at the Day Report Center.

Normally, the Day Report Center serves 30 to 40 clients at any one time, while the evening program serves 60 to 70. An estimated 47 drug court clients participated in the Day Report Center in 1997; nine graduated in 1997, and 16 more graduated as of May 1998.

3.5 Support Services

The Judge Mason Day Report Center offers a range of support services to drug court clients in the therapeutic community. The services are designed to help build self-esteem and to provide skills and resources they may need to maintain drug-free lifestyles. Services include the Court Companion Project (sponsored by the Full Employment Council), health care services, a GED preparation course, and enhanced case management services.

3.5.1 Employment

COMBAT funds the Court Companion Project, a program designed to assist all drug court clients, not only those individuals participating in the outpatient therapeutic community at the Day Report Center, in finding appropriate employment opportunities and training programs. Assistance may take the form of job search strategies, immediate job placement, or a job internship that results in a permanent job, and jobs skills training (e.g., obtaining a GED, computer training at a community college, or on-the-job training). Staff may help clients fill out a job application or advise them on the appropriate type of clothing for a job interview. Employment assistance services are available at the Day Report Center and at the offices of County Court Services.

A full-time consultant from the Full Employment Council has an office at the Day Report Center. He provides pre-employment assessment and employment counseling and information on site to drug court clients at the Day Report Center as well as at County Court Services. In addition, he refers clients to literacy and vocational rehabilitation programs if he determines that they have learning problems and/or disabilities. He not only links clients to employment, training, educational opportunities, and remedial programs, but he also assists drug court participants with supportive services such as transportation, day care, and obtaining clothing for job interviews.

⁹ The Full Employment Council is a private nonprofit organization that works in collaboration with business and industry, government, labor, education and private citizens to create and help obtain jobs for the unemployed in the Greater Kansas City Area.

In 1997, the consultant from the Full Employment Council at the Day Reporting Center evaluated 230 drug court participants, enrolled 48 in education or training programs (e.g., Adult Basic Education, on-the-job training, and internships), and assisted 79 in finding jobs at average hourly wages of \$6.93. Of the 79 drug court clients with job placements, 48 remained employed at least 30 days.

3.5.2 Health

Individuals processed through the CJS often have serious health problems and limited access to health care. To address the health care needs of drug court clients, a physician's assistant from a local community health center (Swope Parkway Health Center), comes to the Day Report Center one afternoon each week to provide basic health screens, referrals for additional testing, treatment, and health education. Typically, a drug court participant at the Day Report Center comes to the physician's assistant with a health complaint, and the physician's assistant does a brief medical examination that includes a blood pressure screening, an evaluation of heart and lungs, eye examination, and health history. If he determines that the client needs additional followup, such as further lab work or a chest x-ray, the physician's assistant refers the individual to Swope Parkway Health Center or, in some instances, to Truman Medical Center (a major hospital in Kansas City).

The physician's assistant also gives lectures on a variety of health topics suggested by the clients such as sexually transmitted diseases, high blood pressure, and respiratory disorders. An HIV health educator periodically comes on site to give discussions and lectures about HIV/AIDS. HIV testing is available to all drug court participants at the Day Report Center through the oral HIV test and most clients agree to be tested. The physician's assistant is also trying to provide tuberculosis testing for all clients. Drug court participants are not routinely tested for other infectious diseases associated with substance abuse (such as hepatitis) because of the expense. The physician's assistant refers clients he suspects may have hepatitis to Swope Parkway Health Center for a blood test.

3.5.3 Education

Drug court clients at the Judge Mason Center are placed in the GED preparation course if they have not completed high school. Since early 1998, a teacher employed by the Kansas City School District Adult Basic Education (ABE) Program has prepared drug court participants for the GED exam. The instructor provides students with a general ABE curriculum, concentrating primarily on the development of basic math and reading skills. In addition, she provides individualized instruction for youth preparing for employment exams. Classes are held for two hours four days per week.

3.5.4 Case Management to System Management

Finally, staff who work with drug court participants at the Day Report Center are keenly aware of barriers in an individual's life that may impede progress in the drug court program, including family problems. For a period of six months, Project Neighborhood, a large community-based agency dedicated to developing strategies for enrolling substance abusers into treatment, provided enhanced case management services to the families of drug court participants. After the client advocate referred an individual for intensive case management services, the Project Neighborhood staff member evaluated the person's family situation. A Project Neighborhood staff member then served as a case manager, helping family members gain access to other service systems such as inpatient substance abuse treatment, housing agencies, schools, and child care agencies.

After six months, Project Neighborhood changed its perspective from serving individual participants and their families to targeting the systems that serve them. Case managers now work with systems—such as Probation and Parole, Family Court, housing services, and utilities—to address service delivery issues, encourage collaboration and system integration, and thus ensure more efficient and effective services for drug court clients. The change in focus was, in part, due to a reorganization and change in Project Neighborhood leadership. The Robert Wood Johnson Foundation, which funds Project Neighborhood, also urged this change in approach.

3.6 Graduation Requirements

Clients may complete the drug court program in 12 to 18 months. Cessation of drug use is only one of the requirements for graduation from the program. To graduate, the client must also confront many other related personal problems (e.g., physical health, mental health, family relationships, education, housing, and employment) because solving these problems is seen as critical to achieving long-term sobriety and rehabilitation.

Participants must meet the following conditions to graduate from the drug court program.

1. Remain in the program a minimum of one year.
2. Remain in Phase 2 a minimum of four months.
3. Remain sober for a minimum of six months.
4. Do not get arrested on a felony charges.
5. Fulfill program requirements (compliance rate of 75 per cent or better).
6. Complete 40 hours of community service.
7. Be employed full-time, enrolled in school or vocational training, or receiving SSI (a GED is

not required for graduation).

8. Pay all outstanding warrants and fines.
9. Pay all fees required by drug court.

3.7 Caseflow

Using INFORMER data, we created a defendant-based¹⁰ file that allowed us to evaluate final case dispositions for 1,890 defendants eligible for drug court between October 1993 and April 1998. As shown in figure 4, three-quarters (1,444 or 76 percent) of the 1,890 eligible defendants agreed to participate in drug court (made an initial court appearance, signed a drug court contract, and returned to drug court for a second court appearance). The remaining 24 percent elected to continue through the traditional criminal justice process; of these, about one-third (35 percent) pled guilty to the charge(s) either by agreement or pled guilty "to court" (i.e., defendant pleads guilty, and the court determines the sentence). Cases were dismissed for 15 percent of the nonparticipants due to a number of legal reasons (e.g., witnesses not available, not enough evidence); charges were declined (i.e., a criminal case was never filed with the court) for a smaller proportion (10 percent). There is no case disposition information available for 40 percent (180) of the defendants who did not enter the drug court program.¹¹

Of the 1,444 drug court participants, almost half either successfully completed the program (24 percent graduated) or were still in the program (24 percent active). Warrants were issued for a small number of participants (91 or 6 percent), and less than 1 percent of the participants disappeared (i.e., the most recent event for any of the 7 cases is dated August 1997). Under half (45 percent) of the drug court participants were terminated from the program, either voluntarily or by the court.

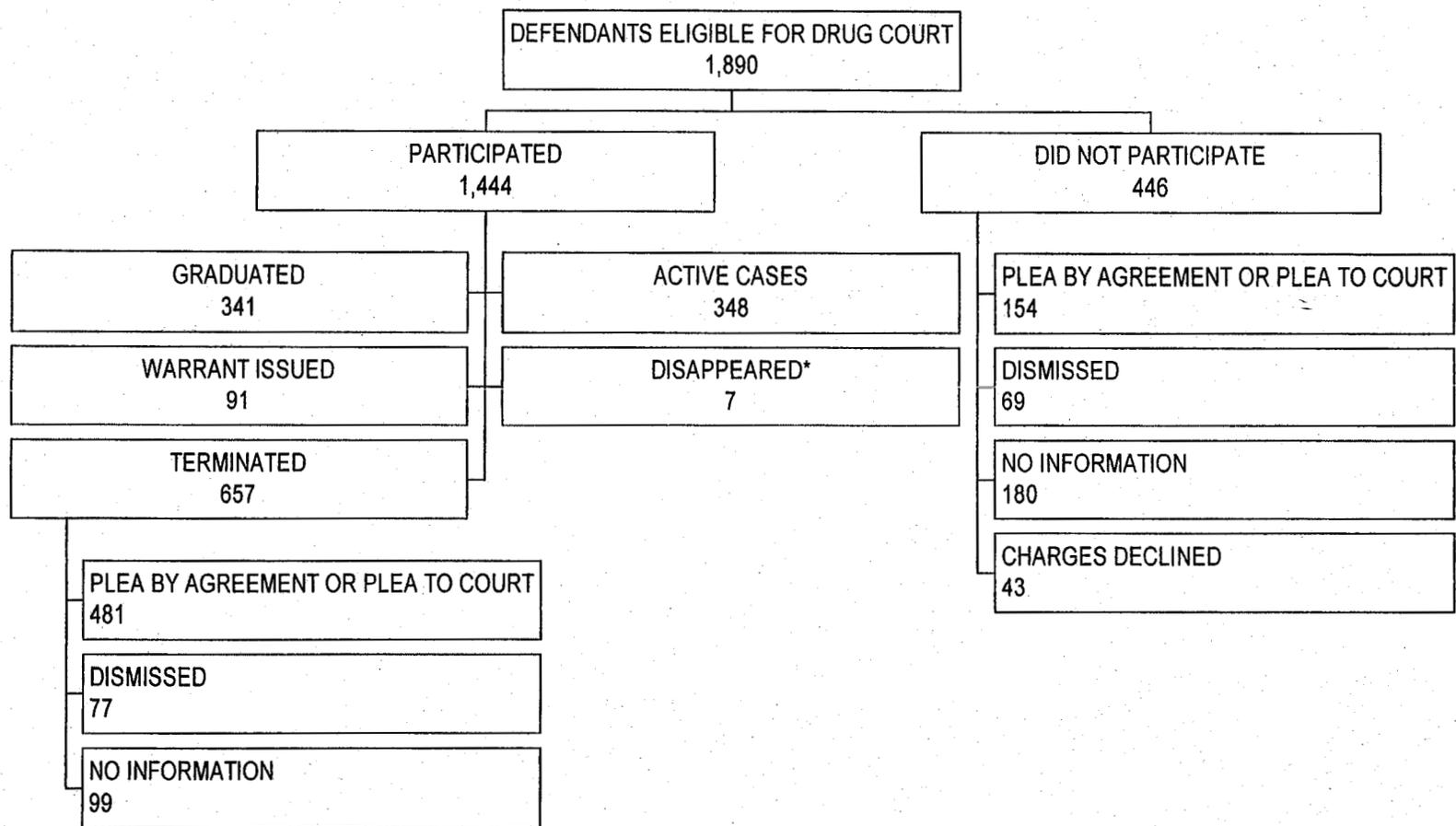
Of the 657 terminations, the majority (73 percent) entered into a plea bargain agreement or pled guilty, and the court imposed a sentence. A relatively small number of the drug court participants who were terminated (77 or 12 percent) had their cases dismissed. Finally, no case disposition information is available for 15 percent of the terminated cases.

The results of the impact evaluations for Jackson County and Escambia County are presented in the next chapter.

¹⁰ Data were aggregated for defendants charged with multiple offenses to reflect the most serious offense.

¹¹ Missing dispositions may result when defendants absconded or from data output for cases which have otherwise not yet been disposed.

Figure 4. Jackson County Drug Court Caseflow
October 1993 to April 1998



*Last event for any case dated 8/97.

Source: INFORMER MIS, Jackson County Prosecutor's Office

4.0 Impact Evaluation

Every program impact evaluation must address the issue of potential bias which may affect the validity¹ of its results. Selection bias—or the degree to which different subgroups from the target population actually enter the program—pose a threat to the validity of an impact assessment. This can result from self-selection (eligible arrestees may not consider themselves ready for treatment and refuse to participate), creaming (recruiting arrestees most likely to succeed, especially when resources are limited), or access (courts and treatment facilities may be at inconvenient locations). Self-selection or other factors correlated with differential participation rates make it difficult to attribute treatment versus control group differences (e.g., differences in criminal recidivism between drug court participants and non-participants) to treatment per se.

The research question here is: What if any impact did the drug court programs have on criminal behavior? Ideally, impact evaluations are based on experimental research designs, including random assignment to treatment and control groups. Given sufficient sample sizes, threats to validity are thus minimized because individual differences occur randomly. That is, representatives of different kinds of individuals accumulate in both treatment and control group samples. The more controlled the research design, the greater the confidence in its results. However, with few exceptions (see Deschenes, Turner, and Greenwood 1995), most drug court program evaluations are based on quasi-experimental designs in which assignment occurs naturally (e.g., by program discretion and participant self-selection), and researchers use statistical controls to account for differences in group participation. Clearly, it is important to understand the influence of individual characteristics—such as gender, race, and age—on arrest patterns; for example, are males more prone to arrest than females? Further, we need to control for criminal history, to include the current offense and prior arrests (measured in terms of offense type, severity, and number). Can changes in rearrest statistics be attributed to the program or to the selection of criminals with less serious problems?

But statistical controls are adequate only to the extent that factors that affect both selection into the program *and* outcomes can be included as measured factors in the statistical analysis. For example, if “readiness” or motivation to change affects both program participation and recidivism, but readiness is unmeasured, statistical controls cannot do the job. Unfortunately, key variables are often missing, and a researcher has no good way to ensure statistical controls are adequate. In the face of this dilemma, some researchers turn to instrumental variable techniques to deal with selection bias. This raises a new problem, because an “instrument” is typically unavailable. Suitable instruments are available to this

¹ Validity refers to the ability to test cause and effect relationships (internal validity), generalization to higher order constructs (construct validity), and generalization to other populations, settings, or times (external validity) (Cook and Campbell 1979).

evaluation of the drug courts in Jackson County and Escambia County, however, and we base our inferences on an instrumental variable approach.

Not to be confused with impact evaluation, there is a separate need for program monitoring. Typically, monitoring consists of observing post-graduation criminal behavior on the part of drug court participants in terms of probation violation and rearrest data. Drug court teams can use these statistics to describe the group of defendants who successfully completed the program. However, one cannot fairly compare these statistics for graduates to statistics for unsuccessful terminations or nonparticipants and use differences to gauge treatment effect. First, graduates are by definition defendants who were not rearrested on new charges during the program period (ranging from 12 to 18 months); participants arrested on misdemeanor charges are evaluated on a case-by-case basis, but participants arrested on felony charges are automatically terminated. That is, graduate rearrest rates are lowered by the withdrawal of unsuccessful terminations due to rearrests, and time to rearrest for graduates is necessarily a minimum of 12 (to 18) months. Second, one cannot be confident that the results are not attributable to competing explanations such as self-selection, creaming, or access.

The following sections present a description of our evaluation design and the results of the impact evaluations for the Escambia County and Jackson County drug courts.

4.1 Impact Evaluation Design

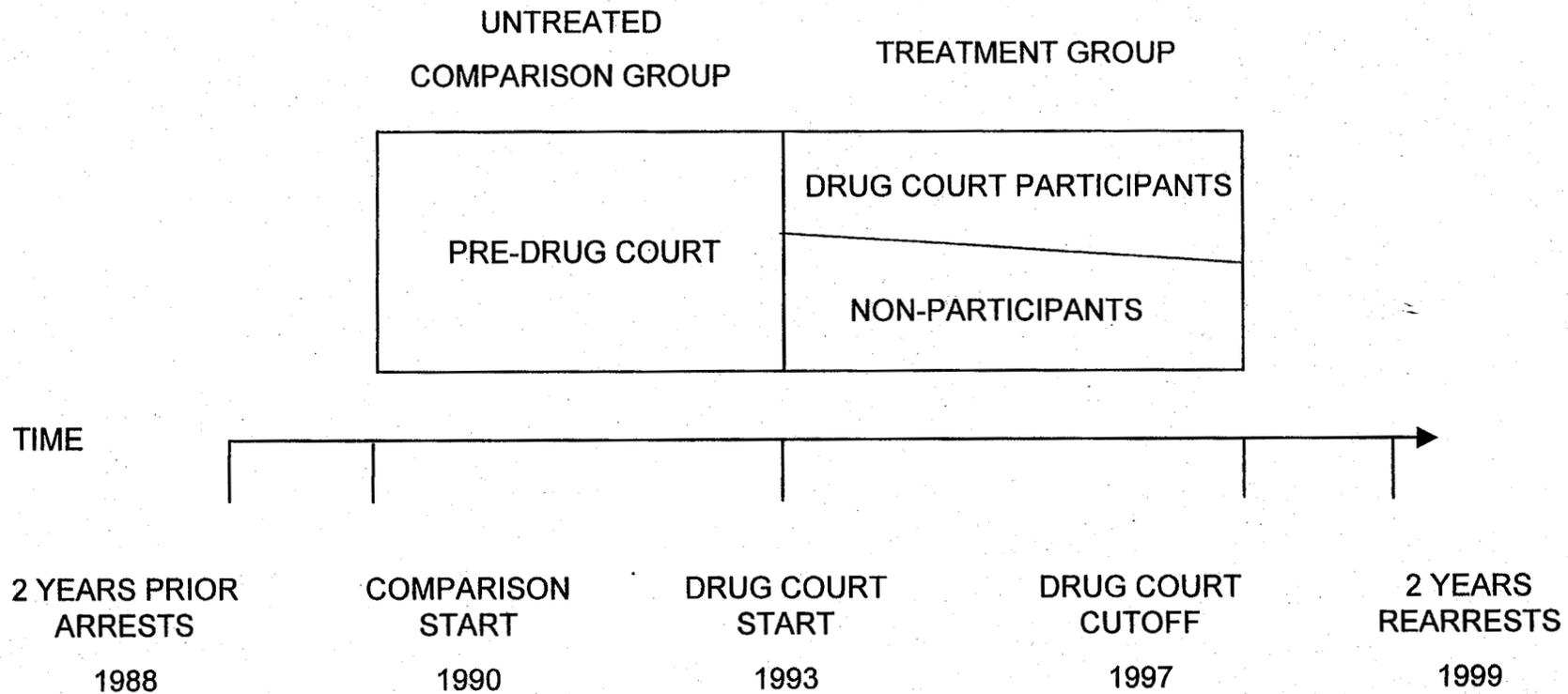
This evaluation of the Escambia County and Jackson County drug courts has the advantage of examining stable programs that handle caseflows suitable for rigorous data analyses. The evaluation has the disadvantage that we could not randomly assign subjects to drug court and to a non-drug court alternative. The evaluation had to be based on a quasi-experimental design.

We sought to deal with the problem of selection bias by employing an instrumental variable approach to data analysis. A technical appendix (appendix C) describes and justifies this approach. This current section provides a more intuitive overview. The instrumental variable approach requires that we divide the sample into two groups:

- Comparison group—untreated defendants arrested prior to drug court startup; and,
- Treatment group—defendants arrested since the program started regardless of whether or not they entered drug court.

The treatment group can then be divided further into two subgroups: drug court program participants and non-participants (see figure 5). Note that drug court participation increased over time, so the figure

Figure 5. Impact Evaluation Sample Design: Jackson County



shows that drug court participants were a relatively small component of the treatment group during drug courts' early years and a comparatively large component during drug courts' later years.²

The instrumental variable approach exploits this variation in program participation. Regardless of any selection bias that causes higher or lower risks to enter drug court, we would expect recidivism rates within the treatment group to be lower than recidivism rates for the comparison group, because some members of the treatment group participate in drug court. Therefore, holding constant other variables (criminal record, gender, race, and age), we would expect members of the treatment group to recidivate at a lower rate than the comparison group. Furthermore, as participation in drug courts gets higher and higher, we would expect recidivism rates *within* the treatment group to get lower and lower. The instrumental variable approach estimates the treatment effect from the lower recidivism rates that results from introduction and expansion of drug courts.

The instrumental variable approach requires the analysis to proceed in two steps. First, using a probit model, we predict the probability of selection (P) into the drug court program as a function of gender, race, age, criminal record, and time. Note that members of the comparison group have zero probability of entering drug court because their arrests precede program startup. For members of the treatment group, the model has a general form:

$$P = F(a_0 + a_1 \text{ MALE} + a_2 \text{ BLACK} + a_3 \text{ AGE} + a_4 \text{ PRIOR RECORD} + a_5 \text{ TIME})$$

The F() indicates that the probability of entering drug court is a function of gender, race, age, prior record, and time. In the second step, we use survival analysis to study recidivism as measured by the timing of a rearrest (T) within two-year followup period. Like any regression analysis, we can analyze recidivism and estimate a treatment effect holding constant individual characteristics.

$$T = G(b_0 + b_1 \text{ MALE} + b_2 \text{ BLACK} + b_3 \text{ AGE} + b_4 \text{ PRIOR RECORD} + P\Delta)$$

P = estimated probability of program participation (see above formula).

The parameter Δ is the treatment effect. The technical appendix shows that it is estimated consistently without bias despite the fact that drug courts may have selected participants who were on average higher or lower risks than non-drug court participants. "Consistently" means that the bias will approach zero in large samples.

Figure 5 also explains how we assembled the data to conduct the instrumental variable analysis. As shown in figure 5, the Jackson County drug court program began in 1993. Using the date of the first arrest that got someone into the program (March 1993), we can then distinguish members of the treatment group and the comparison group. Everyone arrested before March 1993 could not enter the

² The figure is for illustration of the instrumental variable approach. In fact, drug court participation did not increase linearly as shows in the figure. As later results show, participation tended to increase, reach a rough steady-state, and then fluctuate somewhat about that steady-state.

program and is considered part of the comparison group. Everyone arrested since the drug court program began is in the treatment group. The treatment group is divided into drug court participants versus non-participants based on program records through 1997.

The figure shows other aspects of the data assembly. We constructed criminal records limiting the criminal history to the two-year period that predated the arrest that caused the subject to enter our sample. To increase criminal record beyond two years would have reduced the number of offenders in the comparison group. We limited the followup period to two years and required that everybody in the data have at least two years in their followup period. This decision limited the size of the treatment group, of course. Although variable length followup periods are technically acceptable in survival model, there were practical problems for imposing a fixed-length period at risk of recidivism.

We took one additional step to guard against selection bias. Drug courts tend to focus on offenders who were arrested for certain types of crimes. For example, 90 percent of the Jackson County drug court participants had been arrested for a felony drug law violation as the instant offense that led to drug court. We limited the comparison and treatment groups to these dominant offense types, rather than relying on "statistical controls" for instant offense type. These drug courts also tended to focus on offenders with certain types of prior records. For example, in Escambia County, very few drug court participants had prior arrests for violent offenses, so we eliminated offenders with violent priors from both the comparison and treatment groups. The reason for taking this step was to make the comparison group and the treatment group as similar as possible, thereby reducing selection bias. Although we thereby lost a few cases from the drug court sample and many more cases from the rest of the sample, this had little practical cost. After all, we cannot expect to make useful statements about the effectiveness of the drug court experience for categories of offenders who do not participate in drug court because of the instant offense (e.g., non-drug law offenses in Jackson County) or prior record (e.g., violent priors in Escambia County). We refer to the resulting analysis file as the "consistently defined sample of cases eligible for drug court."

4.2 Escambia County Drug Court Impact Evaluation

Development of the analysis file began with drug court records maintained by the First Judicial Circuit Assistant State Attorney for participants who entered the Escambia County drug court between June 1993 and July 1999. These data were merged with arrest and court data: Florida Department of Law Enforcement data for felony and misdemeanor arrests in the four counties of the First Judicial Circuit (Escambia, Santa Rosa, Okaloosa, and Walton Counties) for the period January 1990 through May 1999; and, Clerk of the Circuit Court management information system Escambia County felony court records for the period January 1990 through June 1998.

Escambia County drug court participants had more variation than Jackson County in top arrest charge at instant offense. Of the 483 drug court participants in the analysis file, 15 percent were admitted on felony property charges, and 85 percent on felony drug charges. About 90 percent of these participants had up to three prior arrests in the two years preceding their instant offense, of which up to two priors were felonies. The consistently defined samples of cases eligible for the Escambia County drug court are:

- 252 Pre-drug court cases (January 1990 to March 1992);
- 483 Drug court participants (April 1992 to May 1997); and,
- 7,308 Non-participants (April 1992 to May 1997).

Censored³ outcome variables were generated for time to first felony rearrest, and time to any rearrest, within a period of two years following the first Circuit Court appearance. Like Belenko, et al. (1993), we conceptually divided the analysis file into two groups: 1) the subsample of cases with observed rearrests and a calculable hazard rate,⁴ and 2) the remaining cases with no observed rearrest during followup and a hazard rate of zero. This split population model does not make the untenable assumption that all offenders will eventually recidivate, and acknowledges that the population is heterogeneous (Chung, Schmidt, and Witte 1991). (See appendix C for a discussion of the impact evaluation methodology, and the introductory chapter for a review of the impact evaluation results.)

³ Censoring refers to when a variable cannot be observed, such as when some portion of subjects have not been arrested within the followup period, and time to rearrest is known only for those rearrested within the followup period (Chung, et al. 1991).

⁴ The hazard rate refers to the proportion of subjects expected to recidivate as a function of time; for example, a positive or increasing hazard rates means the probability of rearrest increases with time (Chung, et al. 1991).

We analyzed data for a consistently defined sample of 8,043 arrestees eligible for the Escambia County drug court. Only a small proportion—6.0 percent—participated in the drug court program. Table 3 describes those 8,043 arrestees.

Table 3. Descriptive Profile of Escambia County Arrestees

Variable	Mean	Std Dev	Minimum	Maximum
PARTICIPANTS	0.0601	0.2376	0.0000	1.0000
MALE	0.7671	0.4227	0.0000	1.0000
BLACK	0.4306	0.4952	0.0000	1.0000
AGE	29.96	9.53	14.19	81.56
PROP CRIME	0.5127	0.4999	0.0000	1.0000
PRIOR_D	0.0680	0.2790	0.0000	3.0000
PRIOR_V	0.1347	0.3957	0.0000	3.0000
PRIOR_P	0.1577	0.4488	0.0000	3.0000
PRIOR_W	0.0127	0.1163	0.0000	2.0000
PRIOR_J	0.1197	0.3718	0.0000	3.0000

As noted, about 6 percent of these offenders actually participated in the drug court program. Of all offenders, about three out of four were male, fewer than half were Black, and the average age was about 30. The sample was evenly split between property and drug offenses on the instant arrest—that is, the arrest that got the offender into our sample.³ The offenders averaged 0.07 prior arrests for drug offenses, 0.13 prior arrests for violent offenses, 0.16 prior arrests for property offenses, 0.01 prior arrests for weapons violations, and 0.12 prior arrests for crimes against the public order (PRIOR_J).

This group of 8,043 offenders participated differentially in the drug court program. Of course, some of them could not participate because their involvement with the criminal justice system predated the drug court program, so the following analysis is based on the 7,791 who were arraigned during the period when the drug court was operational. Table 4 reports results from an analyses to determine the probability of their participating in the drug court program. The dependent variable was a dummy variable coded one if the offender participated in drug court, and it was zero otherwise. The estimation procedure was maximum likelihood probit.

³ We restricted the sample to drug law and property violators because others were infrequent participants of drug court.

Table 4. Estimated Probability of Participating in Escambia County Drug Court

Variable	Probit Estimate	Std. Error	t-value	p> t
CONSTANT	-3.84932	0.3509	-10.97	0.000
COURTDAT	8.21055	1.1618	7.07	0.000
CTDATE2	-16.51530	2.5104	-6.58	0.000
CTDATE3	9.77222	1.5987	6.11	0.000
MALE	-0.25329	0.0558	-4.54	0.000
BLACK	0.10183	0.0506	2.01	0.044
AGE	9.84292	1.8952	5.19	0.000
AGE2	-14.27622	2.9141	-4.90	0.000
PROP CRIME	-0.85780	0.0596	-14.40	0.000
PRIOR_D	0.61399	0.0611	10.05	0.000
PRIOR_V	-0.21018	0.0753	-2.79	0.005
PRIOR_P	0.25961	0.0514	5.05	0.000
PRIOR_W	-0.05616	0.2286	-0.25	0.806
PRIOR_J	0.02966	0.0628	0.47	0.637

In this specification, a positive parameter (probit estimate) indicates that the probability of participating in drug court increases as the variable associated with that parameter increases. COURTDAT is the filing date (the first court event). It has been recoded by a linear transformation so that the earliest date is zero and the latest date is one. CTDATE2 is the square of this transformed COURTDAT and CTDATE3 is its cubed value. Essentially the probability of participating in drug court increases sharply during the early life of the drug court program, falls somewhat as the program matures, and increases again toward the end of the observation period.

Men were less likely to participate than were women. Blacks were somewhat more likely to participate than were Whites. Participation increased with age. In this analysis, AGE is a linear transformation of the offender's age, coded zero for age zero and coded one for age 100. AGE2 is the squared value of AGE. Given this transformation and the parameter estimates, participation increases monotonically with age despite the quadratic term.

The analysis shows that offenders accused of property crimes were much less likely to participate in drug courts than were offenders who were arrested on drug offenses. In fact, this difference was so large that we decided to conduct the outcome analysis exclusively on offenders who had been arrested on drug offenses. This way the treatment group (those who participated in drug court) were more like those who did not participate. Similarly, offenders who had prior records of violent crimes were least likely to participate in drug courts, so we restricted the analysis file for the outcome analysis to offenders with no prior arrests for violent crimes. The

probability of participating in drug court increased when an offender had prior drug offenses and property offenses on his or her record. (The prior record variables are the number of arrests during the two-year period before the instant arrest.) Thus, the consistently defined sample comprised offenders who: 1) were arrested on drug offenses, and 2) had no prior arrest for violent offenses.

We eliminated offenders whose instant offense was a property crime and offenders who had records of prior violent crimes from the analysis file for the outcome analysis. These exclusions were important to the analysis. Without them, the test of the statistical significance of treatment effectiveness is lower than is reported in the following analysis. That result is sensible. For reasons explained in appendix C, the test of statistical significance is sensitive to the proportion of the sample that actually participated in drug court. A third exclusion is that we required offenders to have a minimum of two years followup before data were censored. The resulting analysis file comprised 2,860 cases.

Table 5 reports results when recidivism was analyzed using a survival model based on the Weibull distribution. In this table, the outcome variable was a rearrest for a felony charge. We combine felonies and misdemeanors later.

Table 5. Escambia County: Results from the Simple Survival Model Rearrest for a Felony Violation

Mean log-likelihood	-2.44653			
Number of cases	2860			
Parameters	Estimates	Std. err.	Est./s.e.	Prob.
CONST	-7.4632	0.4776	-15.625	0.0000
PROB	-1.7066	1.2501	-1.365	0.0861
PROB_2	0.6396	2.3691	0.270	0.3936
MALE	0.1861	0.1242	1.499	0.0670
BLACK	1.0232	0.1038	9.857	0.0000
AGE	-5.6645	2.9415	-1.926	0.0271
AGE2	4.4609	4.3763	1.019	0.1540
PRIOR_D	0.6338	0.1726	3.673	0.0001
PRIOR_P	0.4963	0.1142	4.345	0.0000
PRIOR_J	0.4588	0.0929	4.939	0.0000
SHAPE	-0.2458	0.0328	-7.494	0.0000

PROB is the estimated probability of participating in drug court based on results from probit analysis already discussed. PROB_2 is the square of PROB. We included both a linear and

quadratic term to account for nonlinearities in treatment effectiveness. That is, treatment may have become more or less effective as it was expanded to a larger population, and we sought to account for that possibility.

If participation in drug court were effective, then we would expect:

$$\text{PROB} \beta_1 + \text{PROB_2} \beta_2 < 0$$

Where:

β_1 the parameter estimate associated with PROB; and,

β_2 the parameter estimate associated with PROB_2.

In fact, this linear function is negative over the entire possible range of PROB (that is, between 0 and 1). The parameter estimate β_1 is significant at 0.086. A strong argument can be made that statistical significance should be based on a one-tailed test, because we expect drug court to do some good, and we do not expect it to do any harm. If we adopt a one-tailed test of significance, then the treatment effect is significant at 0.043. The parameter estimate β_2 was not statistically significant and, arguably, we might conclude that the treatment effect was linear in the arguments.⁴ Nevertheless, we chose to report and use results from this model because the treatment effect appears to be non-linear, and collinearity between PROB and PROB_2 probably accounts for high standard errors.

Other parameters are not of great importance to us, but reviewing them is of some interest. Males have a somewhat higher probability of recidivism than do females, and Blacks have a much higher probability than do Whites. Because age varies between 0 and 1, recidivism decreases monotonically with age. Those with the worst prior criminal records were more likely to recidivate than were those without criminal records.⁵ The "shape parameter" indicates that the hazard function is decreasing over time, meaning that the instantaneous risk of recidivism (known as the hazard) gets smaller and smaller the longer an offender takes to recidivate.⁶

⁴ We could not conclude that the probability of recidivism is linear with respect to PROB, however, because the logistic transformation will not yield such a linear relationship.

⁵ Prior weapons violations, which entered the probit analysis used to estimate the probability of participating in drug court, did not enter the outcome analysis. Offenders with weapons violations were so uncommon in the outcome analysis file that including made it impossible to invert the Hessian matrix and, thus, compute standard errors.

⁶ As explained in appendix C, the shape parameter reported in this table must be exponentiated to get the parameter used in the Weibull distribution. Using an exponential assures that the shape parameter is always positive. In this case, then, $\exp(-0.2458)=0.78$.

The next table shows the results from a split-population model, which does not imply that every individual will eventually recidivate. A likelihood ratio test rejects the simple survival model in favor of the split-population model. The first nine parameters in this table pertain to the probability of ever recidivating. The remaining 10 parameters pertain to the survival time part of the model. These remaining parameters have counterparts to the simple Weibull model.

Table 6. Escambia County: Results from the Split-Population Survival Model Including a Quadratic Term—Rearrest for a Felony Violation

Mean log-likelihood	-2.44124			
Number of cases	2860			
Parameters	Estimates	Std. err.	Est./s.e.	Prob.
CONST	0.9361	0.9141	1.024	0.1529
PROB	7.3082	4.1562	1.758	0.0393
PROB_2	-22.8510	19.4767	-1.173	0.1203
SEX	-0.4078	0.2705	-1.508	0.0658
RACE	-1.0066	0.3013	-3.341	0.0004
AGE	-2.2694	6.3279	-0.359	0.3599
AGE2	6.9219	8.9753	0.771	0.2203
PRIOR_D	-1.2940	0.7251	-1.784	0.0372
PRIOR_P	-1.8741	0.7288	-2.571	0.0051
PRIOR_J	-0.5026	0.2518	-1.996	0.0229
CONST	-4.9078	0.7937	-6.183	0.0000
PROB	0.0928	1.9798	0.047	0.4813
PROB_2	-0.4936	3.2783	-0.151	0.4402
SEX	-0.1485	0.2784	-0.533	0.2969
RACE	0.2453	0.3630	0.676	0.2496
AGE	-9.7468	5.3318	-1.828	0.0338
AGE2	13.0498	7.7430	1.685	0.0460
PRIOR_D	-0.1831	0.2759	-0.664	0.2534
PRIOR_P	-0.3151	0.1662	-1.896	0.0290
PRIOR_J	0.2012	0.1701	1.183	0.1184
SHAPE	-0.1129	0.0543	-2.080	0.0187

The probability of participating in drug court appears twice in this model. The first time it appears—see the first pair of shaded bars—its parameter estimates reflect the effect that participation in drug court has on the probability of eventual recidivism. The linear term (PROB) is significant at 0.039 in a two-tailed test. The quadratic term is negative, and this causes some interpretive problems. Taken together, the linear and quadratic terms imply that treatment is

efficacious until about one-third of the population goes to drug court, after which treatment is detrimental. We caution strongly against such a literal interpretation, however. The value of PROB is usually less than 0.35.

- The estimated value of PROB is 0.20 or less for 91.9 percent of the cases.
- The estimated value of PROB is 0.25 or less for 95.8 percent of the cases.
- The estimated value of PROB is 0.30 or less for 97.5 percent of the cases.
- The estimated value of PROB is 0.35 or less for 98.3 percent of the cases.

This means that the curvature of the quadratic is determined primarily by observations whose value of PROB are considerably smaller than 0.35, and we should probably place our greatest faith in the estimates of treatment before, say, PROB equals 0.20 – and certainly before PROB equals 0.30. In fact, treatment has an estimated negative effect on the probability of recidivism until PROB equals 0.32. We conclude that participation in drug court reduces the eventual probability of recidivism.⁷

Looking at the timing of recidivism, neither the linear nor the quadratic term approaches statistical significance. The effect is in the expected direction of increasing the time until recidivism, at least over most of the range of PROB of interest to us. Given the magnitude of the t-statistics, however, the safest conclusion is that drug court has no demonstrable effect on the timing until recidivism.

Given the problems with using a quadratic to capture the treatment effect, an alternative approach is to assume that a linear representation is “good enough” and not as complicated. Table 7 presents results from analyzing recidivism using the same model as above, except that the quadratic term has been dropped from the model.

⁷ The apparent decline in the effectiveness of treatment might imply that the drug court program tended to accept the best risks early in its history. As the program matured, it accepted progressively higher risks.

Table 7. Escambia County: Results from the Split-Population Survival Model Excluding a Quadratic Term—Rearrest for a Felony Violation

Parameters	Estimates	Std. err.	Est./s.e.	Prob.
Mean log-likelihood	-2.44156			
Number of cases	2860			
CONST	0.9866	1.2286	0.803	0.2110
PROB	5.1743	2.8827	1.795	0.0363
SEX	-0.6273	0.4085	-1.535	0.0623
RACE	-0.4122	0.6831	-0.603	0.2731
AGE	-7.8116	7.8224	-0.999	0.1590
AGE2	15.7957	11.8633	1.331	0.0915
PRIOR_D	-3.2161	1.6615	-1.936	0.0265
PRIOR_P	-2.8403	1.7917	-1.585	0.0565
PRIOR_J	-0.7729	0.5123	-1.509	0.0657
CONST	-5.2983	0.9337	-5.675	0.0000
PROB	0.4755	1.1187	0.425	0.3354
SEX	-0.2949	0.2651	-1.112	0.1330
RACE	0.8502	0.4633	1.835	0.0332
AGE	-12.4361	4.4222	-2.812	0.0025
AGE2	17.1432	6.5487	2.618	0.0044
PRIOR_D	-0.1905	0.3376	-0.564	0.2863
PRIOR_P	-0.1696	0.2778	-0.610	0.2708
PRIOR_J	0.1715	0.1536	1.117	0.1320
SHAPE	-0.1739	0.0579	-3.004	0.0013

The treatment effect with regard to the probability of ever recidivating is statistically significant at 0.036 in a two-tailed test. The treatment effect with respect to the timing of recidivism is in the anticipated direction, but would only be judged significant in a one-tailed test at 0.17. Thus, it does not imply that the timing of recidivism is much affected by treatment.

Using these results, we project the probability of recidivating within two years assuming no participation in drug court. That is, we set the variable PROB equal to zero and then project the cumulative probability of recidivism over time when all other variables are set to their mean values.⁸ Call this projection $R_u(t)$. The subscript denotes that this is an untreated population. The t in parentheses indicates that this is a function of time. $R_u(t)$ is drawn in the figure.

Next, we project the probability of recidivating within two years using the parameters associated with PROB as the treatment effect. That is, we evaluate the cumulative probability of

recidivism after setting PROB equal to the mean value of PROB. Call this projection $R_p(t)$ to represent the projection for the partially treated population.

Then the estimated cumulative probability of recidivism, had the entire population of drug court eligibles been treated, is estimated as:

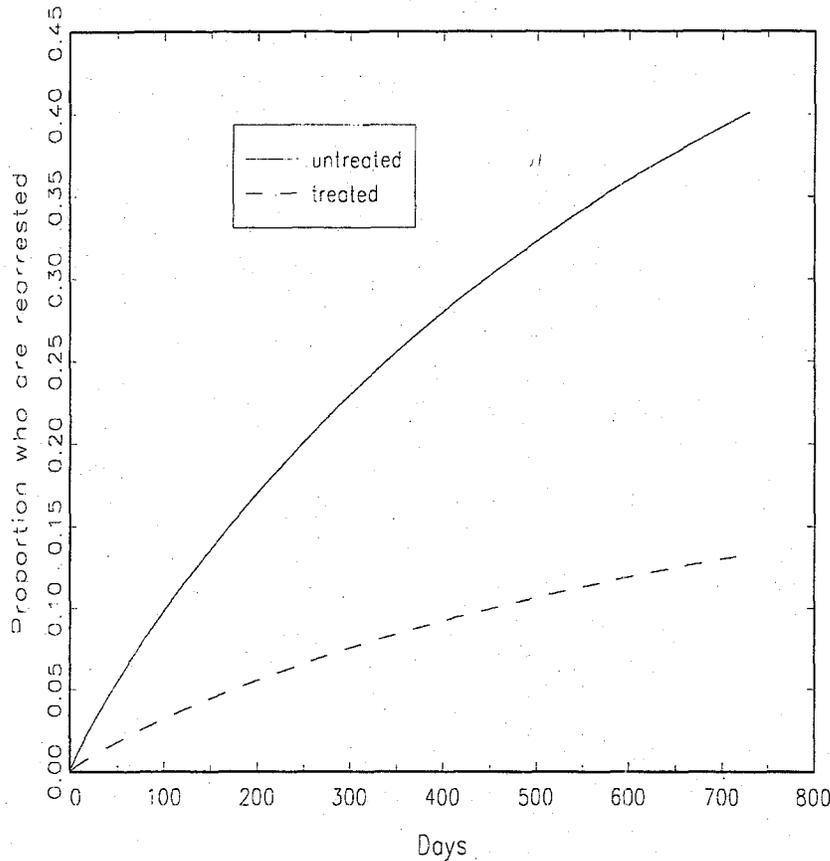
$$R_T(t) = R_u(t) + [R_p(t) - R_u(t)] / \text{mean}(\text{PROB})$$

The logic is that $[R_p(t) - R_u(t)]$ is the reduction in the rate of recidivism that can be attributed to program participants. If $\text{mean}(\text{PROB})$ is the overall proportion of people who participated in the program, then $[R_p(t) - R_u(t)] / \text{mean}(\text{PROB})$ is an estimate of the reduction in recidivism that would have occurred had everyone been treated. The technical appendix gives a lengthier justification for this inference. $R_T(t)$ is drawn in figure 6.

The predicted treatment effect seems large. Without drug court, an estimated 40 percent of offenders would have recidivated. With drug court participation, the estimated recidivism rate drops to closer to 12 percent. This is a large effect, but this estimate is only approximate. One problem is that we are uncertain how to evaluate the treatment effect, given that it is apparently nonlinear. The second problem is that the treatment effect has an appreciable standard error, whose confidence interval is not reflected in the figure.

⁸ The mean values are the means for drug court participants. It makes less sense to estimate the effect that drug court participation would have for offenders who did not participate in drug court.

Figure 6. Escambia County: Predicted Recidivism Rates (Felony) as a Function of Time



Perhaps the safest conclusion to draw here is that the Escambia County drug court seems to be effective at reducing criminal recidivism defined as being arrested for a felony. The treatment effect appears to be substantively meaningful based on the best point estimate. The exact size of the treatment effect could have been better estimated if a larger proportion of drug-involved offenders had actually participated in the drug court program. Given the low participation rate, we should be skeptical that expanding drug court to a larger proportion of drug-involved offenders would really reduce recidivism from 40 percent to 12 percent.

The conclusions are not so clear when we define recidivism as being rearrested for either a felony or misdemeanor as the outcome variable. Table 8 provides estimates of treatment effectiveness with this new definition.

Table 8. Escambia County: Results from the Simple Survival Model Rearrest for a Felony or Misdemeanor Violation

Mean log-likelihood		-3.33454		
Number of cases		2860		
Parameters	Estimates	Std. err.	Est./s.e.	Prob.
CONST	-6.8595	0.3880	-17.677	0.0000
PROB	-0.0513	1.0100	-0.051	0.4797
PROB_2	-2.0222	2.0671	-0.978	0.1640
SEX	0.2096	0.0979	2.140	0.0162
RACE	0.6901	0.0779	8.857	0.0000
AGE	-5.1618	2.3999	-2.151	0.0157
AGE2	4.0368	3.5630	1.133	0.1286
PRIOR_D	0.5271	0.1405	3.753	0.0001
PRIOR_P	0.5382	0.0917	5.871	0.0000
PRIOR_J	0.4254	0.0771	5.519	0.0000
SHAPE	-0.2025	0.0269	-7.538	0.0000

According to a survival model based on the Weibull distribution, criminal recidivism (PROB) falls with an increase in the proportion of offenders who are treated. However, the linear effect is not statistically significant. The quadratic term reinforces the direction of the linear term (that is, both are negative), but the quadratic term is also not statistically significant. Even if we consider the quadratic term as approaching significance, as we show subsequently, the size of the treatment effect appears small. Table 9 presents comparable results from the split-population model.

Table 9. Escambia County: Results from the Split-Population Survival Model Rearrest for a Felony or Misdemeanor Violation

Mean log-likelihood -3.32944
 Number of cases 2860

The covariance matrix of the parameters failed to invert

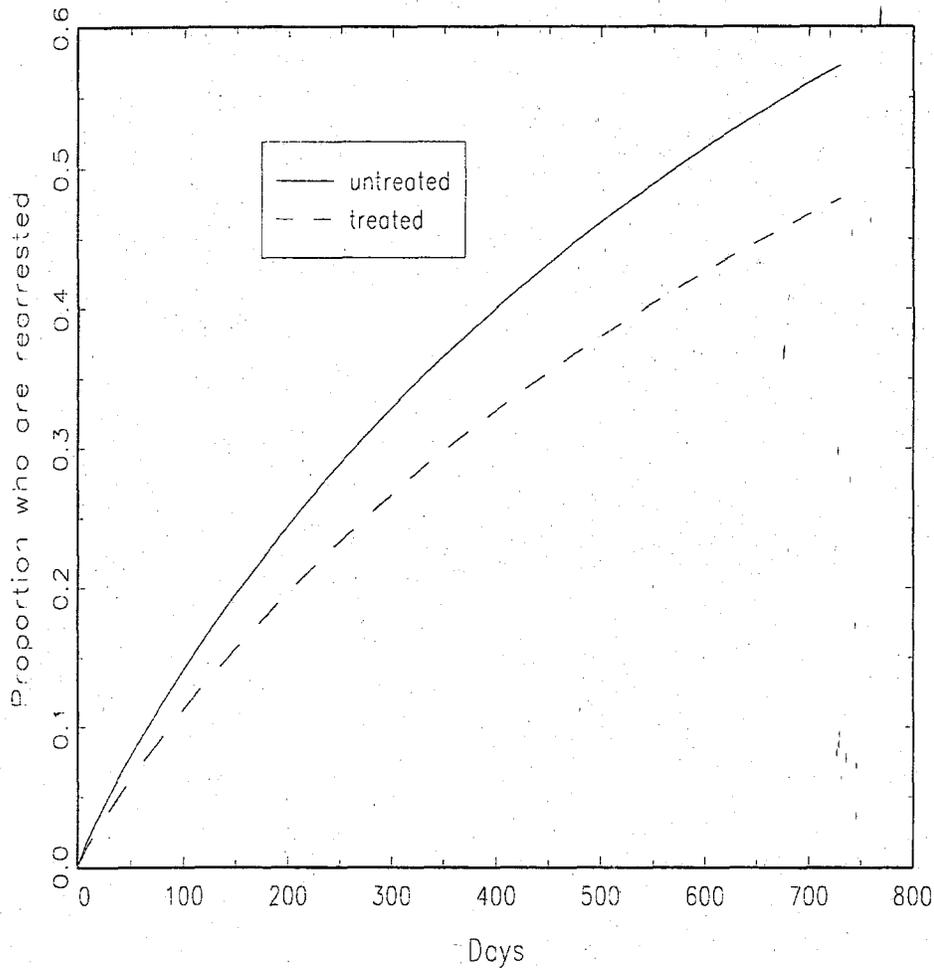
Parameters	Estimates

CONST	-0.875087
PROB	1.156206
PROB_2	-0.325203
SEX	-0.344760
RACE	-0.268951
AGE	2.198245
AGE2	1.343004
PRIOR_D	-3.107447
PRIOR_P	-7.799912
PRIOR_J	-0.860963
CONST	-5.900272
PROB	-0.237085
PROB_2	0.400794
SEX	0.044799
RACE	0.609259
AGE	-6.038094
AGE2	7.525109
PRIOR_D	-0.097259
PRIOR_P	-0.012012
PRIOR_J	0.148416
SHAPE	-0.120650

We were not able to estimate the standard errors for these parameter estimates, but we could estimate their joint significance using a likelihood ratio test. That statistic did not approach statistical significance, so we conclude that there is little or no evidence supporting the efficacy of drug courts in Escambia County when a felony or misdemeanor arrest is used as the outcome variable.

Figure 7 projects the results from the split-population model.

Figure 7. Escambia County: Predicted Recidivism Rates (Felony and Misdemeanor) as a Function of Time



Although the parameter estimates were not statistically significant, they were in the direction that suggests a favorable treatment effect, so we plotted the implied recidivism rates using the same techniques as were used previously. The figure shows that the estimated treatment effect is modest, at best, when the outcome variable is defined as either being arrested for a misdemeanor offense or being arrested for a felony offense. Perhaps the most justifiable conclusion here is that the Escambia County drug court has no demonstrative effect on recidivism when recidivism was defined as a rearrest for either a felony or misdemeanor. However, drug court did have a favorable effect on recidivism defined as an arrest for a felony violation.

4.3 Jackson County Drug Court Impact Evaluation

As shown in figure 3, entry into the Jackson County drug court program officially begins with the second court appearance following intake and assessment. First we created a profile for the 1,444 drug court participants admitted between October 1993 and April 1998 according to the Jackson County Prosecutor's Office INFORMER MIS. Using arrest data from the Kansas City Police Department's Automated Law Enforcement Response Team (ALERT) MIS,⁹ we established that the first participants were arrested beginning March 1993, and that the top arrest charge that led to program entry (the instant offense) was a drug-related felony for about 90 percent of the admissions. Looking back two years from the instant offense, most participants had up to five prior arrests, of which up to two arrests were felonies; this excludes *capias* warrant and probation or parole violation arrests. Using these drug court eligible criteria, we built three consistently defined samples of cases¹⁰ representing:

- 1,416 Pre-drug court cases (January 1990 to February 1993);
- 693 Drug court participants (March 1993 to April 1997); and,
- 2,127 Non-participants (March 1993 to April 1997).

⁹ By using only data for Kansas City arrests, we exclude possible arrests recorded in other jurisdictions.

¹⁰ Case filings were confirmed using data from the 16th Circuit Court of Jackson County Criminal Records Information System (CRIS).

The analysis for Jackson County is much like the analysis for Escambia County. Only those people who were arrested for drug felonies were included in this analysis, because as a practical matter, drug court in Jackson County is focused on drug law violators. We began with an analysis of factors that influenced whether or not a person entered drug court. Table 10 provides descriptive statistics for the consistently defined sample of 4,236 arrestees eligible for the Jackson County drug court.

Table 10. Descriptive Profile of Jackson County Arrestees

Variable	Mean	Std Dev	Minimum	Maximum
PARTICIPANT	0.2457	0.4306	0.0000	1.0000
MALE	0.8454	0.3616	0.0000	1.0000
BLACK	0.7365	0.4406	0.0000	1.0000
AGE	29.16	94.5	16.00	77.00
PRIOR_F	0.3599	0.6143	0.0000	2.0000
PRIOR_D	0.2475	0.5521	0.0000	4.0000
PRIOR_V	0.2929	0.6292	0.0000	4.0000
PRIOR_W	0.0578	0.2424	0.0000	2.0000
PRIOR_J	0.3351	0.7033	0.0000	5.0000

About 25 percent of the total sample participated in drug court. Blacks (74 percent) and males (85 percent) predominated. The average age was 29. On average, these offenders had 0.36 prior felony arrests, 0.25 prior arrests for drug offenses, 0.29 prior arrests for violent offenses, 0.06 prior arrests for weapons violations, and 0.34 prior arrests for crimes against public order (PRIOR_J).

Offenders' participation rates varied in a systematic way. We used a probit model to estimate the probability that an offender would participate in drug court. Table 11 reports those findings.

Table 11. Estimated Probability of Participating in Jackson County Drug Court

Variable	Probit Estimate	Std. Error	t-value	p> t
CONSTANT	-1.87290	0.3123	-6.00	0.000
MALE	-0.35118	0.0707	-4.97	0.000
BLACK	0.43355	0.0650	6.67	0.000
AGE	2.77412	1.5888	1.75	0.081
AGE_2	-3.74995	2.3669	-1.58	0.113
PRIOR_F	-0.25203	0.0540	-4.67	0.000
PRIOR_D	-0.00128	0.0555	-0.02	0.982
PRIOR_V	0.05622	0.0445	1.26	0.206
PRIOR_W	0.01275	0.1159	0.11	0.912
PRIOR_J	-0.01043	0.0393	-0.27	0.791
COURTDAT	1.81337	0.5131	3.53	0.000
COURT2	-0.79305	0.4379	-1.81	0.070

Participation was lower for males than for females. It was higher for Blacks than for Whites, and it increased with age. Participation was lowest when an offender had a prior felony record, but otherwise, participation did not seem to vary much with the nature of the offender's record. (The prior record variables are the number of arrests during the two years before the instant arrest.) Participation rates increased over time, but at a decreasing rate.

Table 12 reports parameter estimates and standard errors for recidivism, defined as a rearrest for a felony offense, using the basic Weibull survival model. The most important finding is the parameter estimate for program participation. The parameter estimate (PROB) has the anticipated negative sign and is statistically significant at better than 0.01.

Table 12. Jackson County: Results from the Simple Survival Model Rearrest for a Felony Violation

Parameters	Estimates	Std. err.	Est./s.e.	Prob.	Gradient
Mean log-likelihood		-3.46910			
Number of cases		4236			
CONST	-6.7142	0.3920	-17.128	0.0000	-0.0000
PROB	-1.0512	0.2739	-3.838	0.0001	0.0000
MALE	-0.0170	0.1085	-0.157	0.4378	-0.0000
BLACK	1.1627	0.1172	9.921	0.0000	-0.0000
AGE	-9.1678	2.2343	-4.103	0.0000	-0.0000
AGE_2	9.1354	3.3572	2.721	0.0033	-0.0000
PRIOR_F	0.1274	0.0671	1.900	0.0287	-0.0000
PRIOR_D	0.3499	0.0660	5.302	0.0000	-0.0000
PRIOR_V	0.2058	0.0539	3.815	0.0001	-0.0000
PRIOR_W	0.1486	0.1116	1.332	0.0914	-0.0000
PRIOR_J	0.3457	0.0489	7.071	0.0000	0.0000
SHAPE	-0.4852	0.0209	-23.196	0.0000	-0.0000

We also estimated a model where PROB entered the estimation in both its linear and quadratic forms. This mimicked the model reported for Escambia County. For Jackson County, however, neither the linear nor the quadratic terms were statistically significant. Given the findings reported above, where just the linear term entered the model, the lack of statistical significance of the linear and quadratic terms combined undoubtedly arises from collinearity. At any rate, when the linear and quadratic terms entered the model, they both had the same sign. That is, unlike the case in Escambia County, prediction of the treatment effect did not “bend back” as treatment exposure increased. Consequently, pursuit of this model appeared to be unproductive, and we do not report findings here.

Our interest in the other parameter estimates is lesser. Nevertheless, we note that males have rates of recidivism that are about the same as that for females, Blacks are at higher risk of recidivism than are Whites, and recidivism falls as age increases. Recidivism is higher the more serious the offender’s criminal records. Finally, the shape parameter indicates that the hazard function decreases with time.

Table 13 presents results for the split-population model. The eventual probability of recidivism falls with participation in drug treatment. The parameter estimate is significant at 0.023 in a two-tailed test and at 0.012 in a one-tailed test. Consistent with the previous findings

from the simple survival model, the timing of recidivism is also significantly correlated with participation in drug treatment. The effect is significant at better than 0.01.

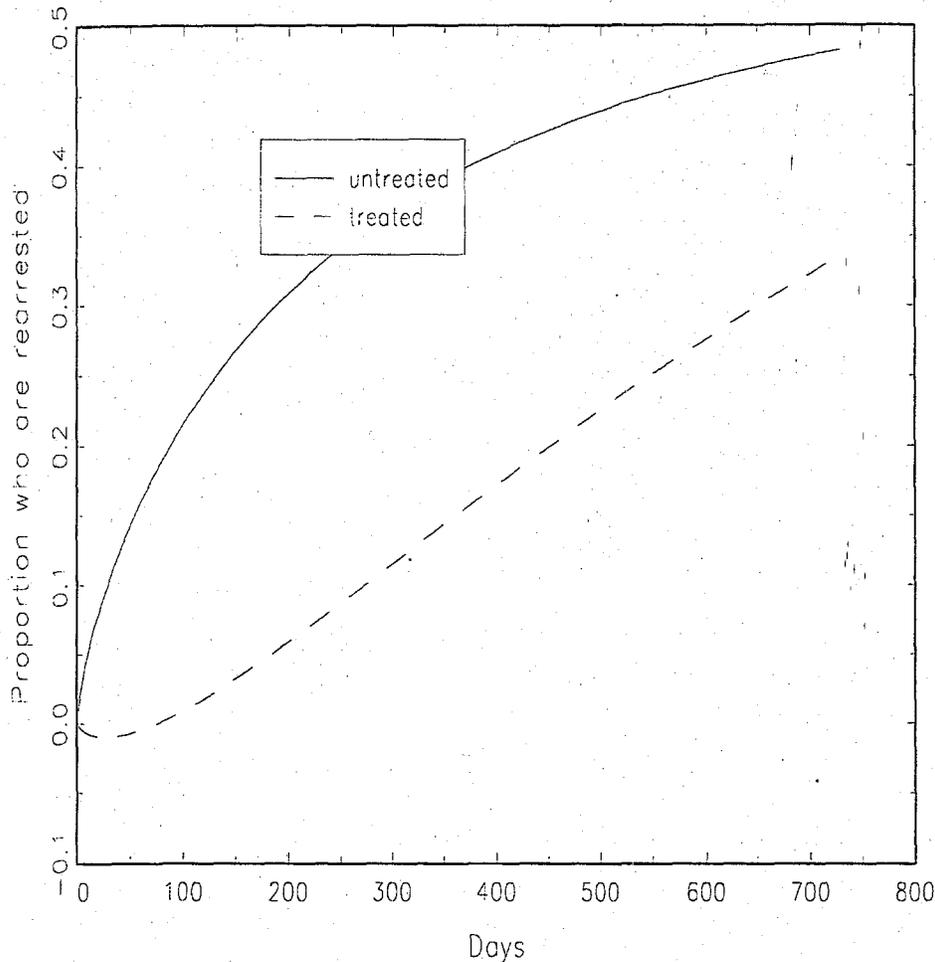
Table 13. Jackson County: Results from the Split-Population Survival Model Excluding a Quadratic Term—Rearrest for a Felony Violation

Mean log-likelihood		-3.45562		
Number of cases		4236		
Parameters	Estimates	Std. err.	Est./s.e.	Prob.
-----	-----	-----	-----	-----
CONST	0.8135	0.5762	1.412	0.0790
PROB	-1.0453	0.5255	-1.989	0.0234
MALE	-0.0835	0.1686	-0.495	0.3103
BLACK	-1.2416	0.1546	-8.034	0.0000
AGE	2.0590	2.9117	0.707	0.2397
AGE_2	-0.5078	4.0284	-0.126	0.4498
PRIOR_F	-0.2486	0.1263	-1.968	0.0245
PRIOR_D	-0.5214	0.1402	-3.718	0.0001
PRIOR_V	-0.6343	0.2048	-3.098	0.0010
PRIOR_W	0.0345	0.1637	0.211	0.4165
PRIOR_J	-0.4525	0.1117	-4.051	0.0000
CONST	-3.5701	0.5670	-6.296	0.0000
PROB	-2.6014	0.4735	-5.494	0.0000
MALE	-0.1346	0.1744	-0.772	0.2201
BLACK	-0.2669	0.1915	-1.394	0.0817
AGE	-8.9138	2.8875	-3.087	0.0010
AGE_2	10.5786	4.0725	2.598	0.0047
PRIOR_F	-0.0900	0.0900	-1.000	0.1587
PRIOR_D	0.0245	0.0805	0.304	0.3807
PRIOR_V	-0.1643	0.0862	-1.906	0.0284
PRIOR_W	0.1972	0.1395	1.414	0.0787
PRIOR_J	0.0381	0.0643	0.593	0.2766
SHAPE	-0.3136	0.0283	-11.078	0.0000

Again, the focus is on the treatment effect, but other findings are of some interest. There is no apparent difference in recidivism rates between men and women. Blacks have a higher eventual rate of recidivism compared with Whites. The average time until recidivism increases with age. Generally, the eventual probability of recidivism increases with criminal record, but the timing of recidivism varies with the type of prior records.

These are extremely strong findings, but the magnitude of the effect is difficult to evaluate from the parameter estimates. Figure 8 provides estimates of the size of the treatment effect using the same procedures as were employed earlier to make the estimation.

Figure 8. Jackson County: Predicted Recidivism Rates (Felony) as a Function of Time



The figure shows a strong treatment effect, consistent with the findings reported in the preceding tables. Estimated recidivism rates approach 0.50 within two years for offenders who do not participate in drug court. We estimated that the rate of recidivism would have been about 0.35 had those same offenders participated in drug court.

We repeated the analysis using a felony or misdemeanor arrest as the outcome variable. Results are reported in table 14 for the basic Weibull survival model and in table 15 for the split-population model.

Table 14. Jackson County: Results from the Simple Survival Model Rearrest for a Felony or Misdemeanor Violation

Mean log-likelihood			-4.21406	
Number of cases			4236	
Parameters	Estimates	Std. err.	Est./s.e.	Prob.
CONST	-6.1077	0.3361	-18.172	0.0000
PROB	-1.0193	0.2328	-4.378	0.0000
SEX	0.0143	0.0974	0.147	0.4416
RACE	1.1717	0.0976	12.010	0.0000
AGE	-9.0188	1.9068	-4.730	0.0000
AGE_2	8.9507	2.8578	3.132	0.0009
PRIOR_F	0.0738	0.0588	1.256	0.1046
PRIOR_D	0.3568	0.0586	6.093	0.0000
PRIOR_V	0.3126	0.0459	6.805	0.0000
PRIOR_W	0.1191	0.0969	1.228	0.1096
PRIOR_J	0.3489	0.0430	8.118	0.0000
SHAPE	-0.4542	0.0178	-25.534	0.0000

Table 15. Jackson County: Results from the Split-Population Survival Model Excluding a Quadratic Term Rearrest for a Felony or Misdemeanor Violation

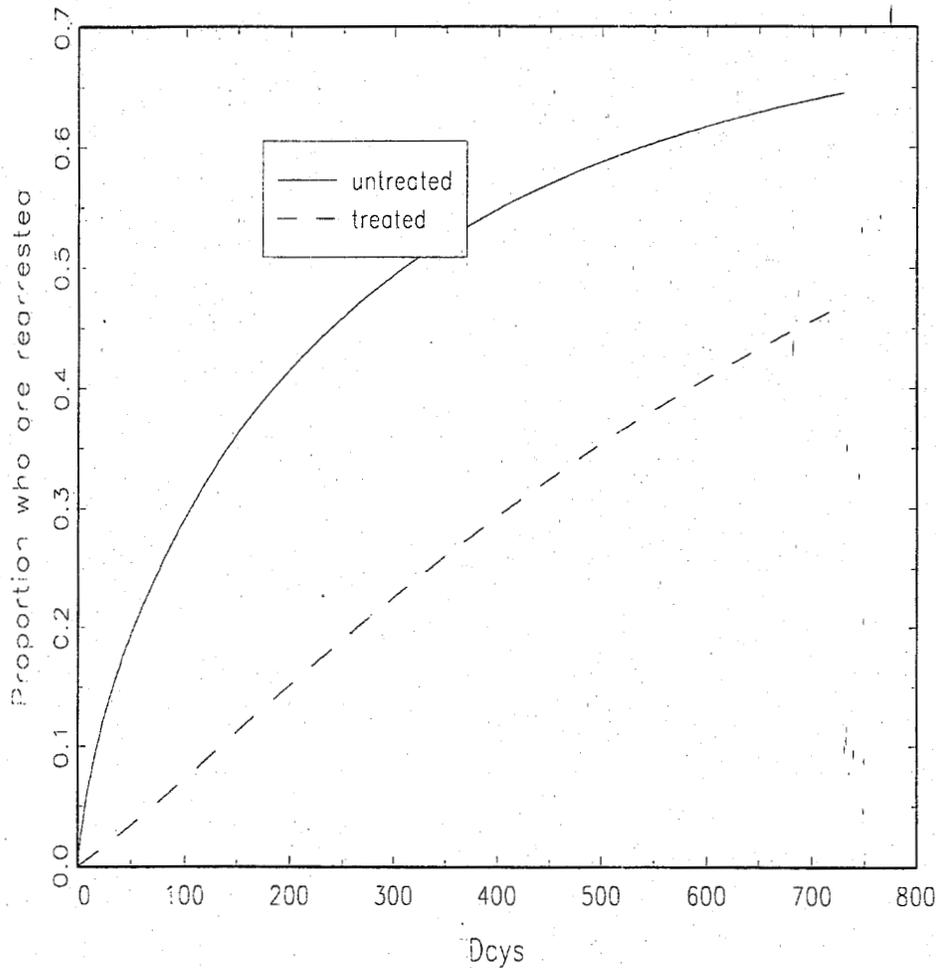
Mean log-likelihood			-4.19806	
Number of cases			4236	
Parameters	Estimates	Std. err.	Est./s.e.	Prob.
CONST	-0.5331	0.6144	0.868	0.1928
PROB	-0.6795	0.5624	-1.208	0.1135
SEX	-0.0226	0.1922	-0.117	0.4533
RACE	-1.4716	0.1639	-8.981	0.0000
AGE	1.2089	3.2891	0.368	0.3566
AGE_2	-0.1476	4.7371	-0.031	0.4876
PRIOR_F	-0.4047	0.1716	-2.359	0.0092
PRIOR_D	-0.5414	0.1709	-3.169	0.0008
PRIOR_V	-0.8887	0.2526	-3.518	0.0002
PRIOR_W	0.0152	0.2366	0.064	0.4743
PRIOR_J	-0.6279	0.1589	-3.952	0.0000
CONST	-3.6140	0.4764	-7.586	0.0000
PROB	-1.7523	0.3781	-4.634	0.0000
SEX	-0.0308	0.1510	-0.204	0.4191
RACE	-0.1383	0.1599	-0.865	0.1935
AGE	-9.4344	2.5386	-3.716	0.0001

Table 15. (continued)

Parameters	Estimates	Std. err.	Est./s.e.	Prob.
AGE_2	10.0310	3.8099	2.633	0.0042
PRIOR_F	-0.1264	0.0727	-1.738	0.0411
PRIOR_D	0.1320	0.0679	1.944	0.0259
PRIOR_V	0.0262	0.0627	0.417	0.3382
PRIOR_W	0.1155	0.1499	0.771	0.2205
PRIOR_J	0.1006	0.0543	1.852	0.0320
SHAPE	-0.3231	0.0247	-13.096	0.0000

Extensive comments seem superfluous. Treating felony and misdemeanor arrests as a single outcome measure produces results that are substantively the same as when felony arrests alone are treated as the outcome measure. The basic Weibull model yields a parameter estimate for the treatment effect that is statistically significant at better than 0.01. The split-population model provides two parameter estimates associated with drug court. The probability of eventually recidivating seems to increase with participation in drug court, but the parameter estimate is only significant at 0.114 in a two-tailed test of significance. The parameter estimate associated with the timing of recidivism is statistically significant at better than 0.01. These two treatment effects are not offsetting, however. Figure 9 shows the estimated treatment effect using procedures that are now familiar.

Figure 9. Jackson County: Predicted Recidivism Rates (Felony and Misdemeanor) as a Function of Time



When recidivism is defined as an arrest for either a felony or misdemeanor, the recidivism rate approaches 0.65 within two years provided the offender does not enter drug court. If the offender enters drug court, the recidivism rate is about 0.45 within two years. This would seem to be a sizeable treatment effect.

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**PHASE II: PROGNOSTIC INDICATORS OF PROGRAM RETENTION OUTCOMES
FOR ESCAMBIA COUNTY (PENSACOLA), FLORIDA
AND JACKSON COUNTY (KANSAS CITY), MISSOURI DRUG COURTS**

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**PHASE II: PROGNOSTIC INDICATORS OF PROGRAM RETENTION OUTCOMES
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1.0 Introduction

The National Institute of Justice awarded Abt Associates Inc. a grant to evaluate adult treatment drug court programs in two phases and at two sites—Escambia County (Pensacola), Florida and Jackson County (Kansas City), Missouri. Phase I of the evaluation was retrospective and involved case studies and impact evaluations. In addition to documenting program development, caseflow, and lessons learned since the drug courts began in 1993, we used survival analysis to assess the effects of the drug court programs on criminal recidivism measured as probability of, and time until, first rearrest using a 24-month followup period. Based on a comparison of consistently defined groups of defendants with similar criminal histories—those arrested before the drug court started versus those arrested between 1993 and 1997 (including drug court participants and non-participants)—the impact evaluation demonstrated that both programs were successful in reducing recidivism rates, and that the time until rearrest increased with participation in Jackson County. (See report on Phase I.)

During Phase II we recruited 182 Jackson County and 74 Escambia County program participants for a prospective study of the cohort who entered the drug courts between October 1999 and October 2000. All drug court participants were approached for interviews, and very few participants declined to be interviewed.¹ We collected self-report data at intake on: demographics, alcohol and other drug (AOD) use, clinical diagnostics of abuse and dependence, prior AOD treatment, mental and physical health, juvenile risk behaviors, and treatment motivation. These baseline data were used to describe the population of drug court participants (sections 3.2, 3.4 to 3.8), and to determine which factors best predicted program graduation and retention (section 3.10). We were especially interested to learn whether prognostic indicators, such as level of AOD dependence, could prove useful to programs in predicting outcomes and thereby informing resource allocations.

Where reliable data were available, archival court records were used to examine criminal history (section 3.3) and to monitor program admissions and retention (sections 3.1 and 3.9). Additional data on warrants, arrests, jail stays, program status changes, and other events (inpatient stays) were available for Escambia County. These were used to observe program compliance patterns in terms of warrants and other events, along with drug court responses to criminal behavior and relapses (section 4.0). Program coordinators provided information regarding resource and other program changes throughout Phase II.

We collected self-report followup data by telephone interview on service use, sources of trouble, AOD use, and other program feedback for participants active at six or more months post-baseline. There

was no comparison group, so we did not use these data to evaluate the program as done in Phase I. Rather, we intended to explore what happened to participants, how they perceived those experiences, and how they felt about each program's strengths or weaknesses. Followup interviews were limited to participants who had a significant period of participation to draw upon, and absconders and unsuccessful program terminations were difficult to locate; altogether 52 Jackson County and 36 Escambia County participants were interviewed at followup. Findings from followup interviews provide program feedback (section 5.0), including responses to a final open-ended question from 32 of the Jackson County and 30 of the Escambia County participants.

This report should be read in conjunction with the preceding Phase I report. The first phase of this study profiled the two drug court programs and demonstrated that they reduce recidivism among drug-involved felony offenders. It did not, however, explore what occurs during program participation. Phase II first analyzes intake interview data to predict program status and length of stay for the full baseline sample. Next, it uses court data to observe warrants, arrests, jail stays, participant behaviors and drug court responses for the full Escambia County sample. Last, it uses followup interview data for the subsample of participants contacted six or more months post-intake to examine their perceptions of program services and personal experiences. Phase II takes a closer look at how the programs operate, opening the proverbial "black box" of Phase I and analyzing how the programs work and for whom. It does not attempt to repeat the Phase I evaluation, and does not compare drug court service delivery to another program or outcomes in the absence of program services.

¹ We were unable to access complete data for admissions in both sites to confirm response rates.

2.0 Method

2.1 Drug Court Programs

The two adult treatment drug court programs are alike in many ways. Both started in 1993, they target non- and drug-offenders who are substance abusers without violent histories, each contracts with a single outpatient treatment provider who offers inpatient options, the programs are divided into three phases, and prosecutors conduct initial screenings. However, as described in the report for Phase I of this study, the programs differ in size, services, and several other important dimensions. Recent differences in participant caseload, population, and outcomes are detailed in the following.

2.2 Data Resources

Local consultants (a female in Jackson County, and a male in Escambia County) were stationed at the treatment facility of each site to enroll study participants during intake between October 1999 and October 2000. Potential participants were informed of their rights in choosing whether to consent, offered \$10 incentives for baseline interviews, and \$20 incentives for followup interviews to be conducted six months later. The Consultants read all intake interview questions, and answers were recorded on forms for data entry.

Followup telephone interviews were conducted six or more months post-intake by three female and two male research assistants. Self-addressed postcards and a toll-free telephone number were given to participants to encourage contact information updates and to schedule interviews. Since these were not exit interviews, participants who absconded or were terminated prior to six months were not contacted. Unstable residency was an obstacle to contacting participants, regardless of the number of alternative contact numbers provided.

With assistance from the Court Administrator's Office in Escambia County, Florida Criminal Punishment Code Scoresheets were used to obtain data on primary and additional offenses charged for the instant arrest that led to program entry, as well as on prior record, and legal status and community sanction violations. Despite the valiant efforts of the Jackson County Prosecutor's office to obtain criminal histories, Missouri State Highway Patrol Criminal History Records did not reflect current or reliable information that could be used for this study. We know from Phase I that the instant arrest was a drug-related felony for about 90 percent of the 1444 admissions to the Jackson County program between October 1993 and April 1998. Excluding capias warrant and probation or parole arrests, most Phase I participants had up to five prior arrests during the preceding two years from the instant arrest, of which up to two arrests were felonies. We understand that eligibility criteria have not changed for the Jackson County program.

On-line access to the Clerk of the Circuit Court management information system (MIS) in Escambia County provided current and reliable information on ongoing criminal histories. We extracted data on warrants, arrests, court-ordered jail and inpatient treatment stays, participant's behaviors (e.g.,

relapses) and drug court rewards and sanctions. The Jackson County program maintains a MIS for monitoring program participants, but the data were missing or otherwise too problematic for our purposes.

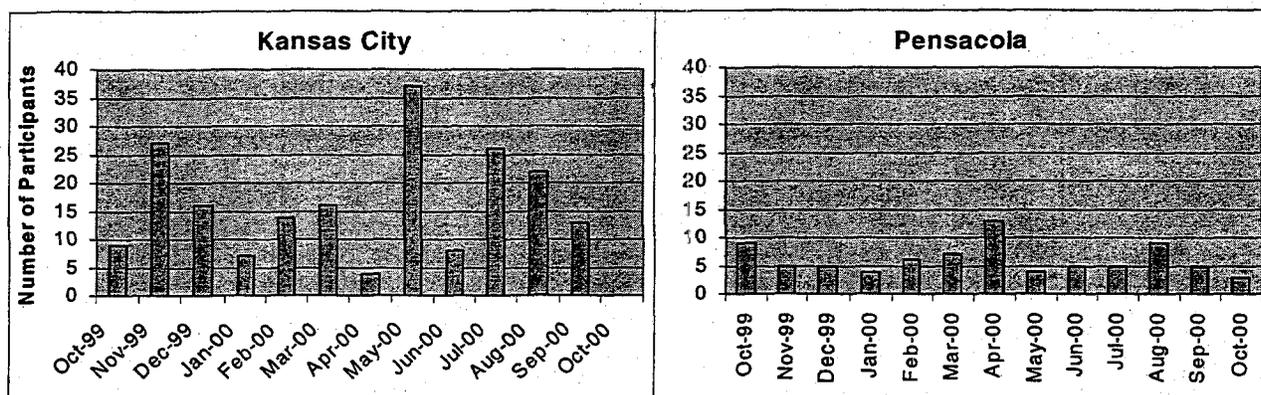
Updates regarding program policies and procedures, staff and other resources were provided by the drug court coordinators via periodic telephone interview.

3.0 Results

3.1 Program Admissions

Between October 1999 and October 2000, 182 participants were admitted to the Jackson County program, and 74 participants were admitted to the Escambia County program. Due to administrative delays caused by problems with Jackson County's MIS filing capabilities in April 2000, there was a peak in admissions the following month, May 2000 (see Figure 1). There was a peak in Escambia County admissions during April 2000 because of their decision to limit admissions during previous months based on temporary resource problems (e.g., staff changes).

Figure 1. Program Admissions Over Time by Site



3.2 Participants Demographics

A summary of demographics in Table 1 show that participant ages, education, employment, and residency backgrounds were similar in both programs. The average age was 31 years, although there seem to be a few more mature participants in Jackson County (23% versus 15% aged 41 and older). More than half of the participants had at least a high school education (60% and 65% in Jackson County and Escambia County respectively). About half of the participants were employed at the time of intake (49% and 47% respectively), and roughly three-quarters had been employed full-time in the preceding year (68% and 80% respectively). Most either owned or rented their home, or lived with someone who did; only 7% of the Jackson County participants, and 5% of the Escambia County participants, lived in facilities (groups homes), shelters, or other temporary residences.

Table 1. Participant Demographics by Site

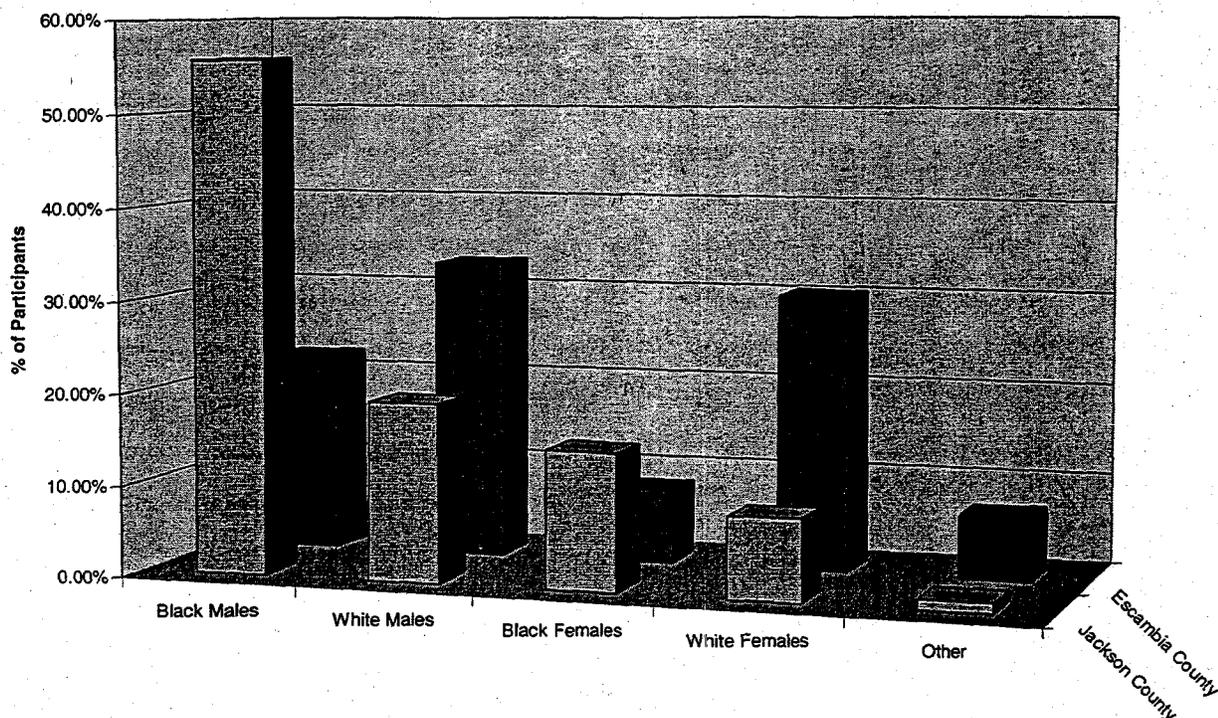
	Jackson County (n = 182)		Escambia County (n = 74)	
	n	%	n	%
Gender				
Male	139	73.54%	44	59.46%
Female ¹	43	22.75%	30	40.54%
Age				
Under 21 years	42	22.22%	14	18.92%
21 to 30 years	51	26.98%	21	28.38%
31 to 40 years	46	24.34%	28	37.84%
41 and older	43	22.75%	11	14.86%
Average (SD)	31.03	(10.54)	31.01	(9.89)
Race/Ethnicity				
African-American	128	67.72%	22	29.73%
White Caucasian	51	26.98%	46	62.16%
Asian	-	-	2	2.70%
Native American	-	-	2	2.70%
Hispanic	1	0.53%	1	1.35%
Pacific Islander	1	0.53%	-	-
Multiracial ²	1	0.53%	1	1.35%
Education				
No HS diploma	76	40.21%	26	35.14%
HS Diploma/GED	89	47.09%	31	41.89%
Vocational certificate	6	3.17%	7	9.46%
Associate degree	2	1.06%	6	8.11%
Bachelor degree	8	4.23%	4	5.41%
Post-graduate degree	1	0.53%	-	-
Employment				
Unemployed	78	41.27%	36	48.65%
Choose not to work	4	2.12%	1	1.35%
Disabled	8	4.23%	2	2.70%
Working part-time	23	12.17%	6	8.11%
Working full-time	69	36.51%	29	39.19%
Employment Past Year				
Any full-time ³	129	68.25%	59	79.73%
Any part-time	26	13.76%	10	13.51%
None	27	14.29%	5	6.76%
Residency				
Own/rent home	63	34.62%	19	25.68%
Another owns/rents home	107	58.79%	51	68.92%
Facility, shelter, other	12	6.59%	4	5.41%

¹Excludes 6 females transferred to the Parents drug court program.

²Jackson multiracial not specified, Escambia multiracial Hispanic and Native American.

³32 Jackson participants worked full-time 12 months; 7 Escambia participants worked full-time 12 months.

Figure 2. Participant Race and Gender by Site



However, the two programs varied by participant race and gender. More males, particularly Black males, were in the Jackson County program (see Figure 2). The Jackson County program was comprised of 56% Black males, 19% White males, 15% Black females, and 9% White females, and three participants of varied race/ethnicity (Hispanic/Latino, Pacific Islander, and unspecified multiracial). To contrast, the Escambia County program was comprised of 33% White males, 30% White females, 22% Black males, 8% Black females, and six participants of varied race/ethnicity (Hispanic/Latino, Asian, and Native American).

3.3 Criminal History and Status

A felony arrest triggered program intake for nearly all (96%) of the Escambia County participants (see Table 2), and a majority (69%) were arrested on drug-related offenses. Information on whether the instant arrest constituted a legal status (e.g., pretrial release) or community sanction (e.g., probation) violation was unavailable for 12% of the participants; among participants for whom these data were available, 18% violated their legal status and 42% violated a community sanction. Prior arrests included felonies for 96% and drug-related offenses for 88%.

Escambia County has a post-adjudication program with two case dispositions. About three-quarters of the participants (73%)—typically the more serious offenders—were on probation with a suspended sentence. They pled no contest in drug court, and were placed on probation for a period of at least 12 months, with drug court as a condition of probation, and a sentence of 11 months and 30 days in

the County jail suspended. Upon successful termination, the conviction remains on their record but no jail time is served. The jail sentence is imposed if the participant is unsuccessfully terminated.

Table 2. Criminal History, Case Disposition, and Release Status: Escambia County

Instant Offense	n	%
Felony	71	95.95%
Drug-related	51	68.92%
Legal Status Violation	n	%
No	53	81.54%
Yes	12	18.46%
Missing	9	
Community Sanction Violation	n	%
No	38	58.46%
Yes	27	41.54%
Missing	9	
Prior Criminal History	n	%
Felony arrests	71	95.95%
Misdemeanor arrests	58	78.38%
Drug-related arrests	65	87.84%
Case Disposition	n	%
Probation with suspended sentence	51	72.86%
Deferred sentence	19	27.14%
Missing	4	
Release Status	n	%
Community control	37	56.92%
Probation	28	43.08%
Missing	9	

Note: Complete criminal history data unavailable for Jackson County participants

The remaining quarter of the Escambia County participants were in deferred sentence disposition. They also pled no contest, but upon successful termination (graduation), the plea is withdrawn and the case is dismissed. If unsuccessfully terminated, the offender is sentenced by the drug court judge according to the criminal punishment code scoresheet prepared by the Assistant State Attorney before the first drug court appearance.

Among Escambia County participants for whom release status information was available, 57% required additional restrictions (e.g., house arrest) and more intensive monitoring by the Community Control Office rather than Probation.

Criminal history and case disposition information was unavailable for Jackson County participants.

3.4 Alcohol and Other Drug Use

At intake, histories of alcohol, marijuana, hallucinogen, and amphetamine use were similar in both programs (see Table 3). For example, over 90% of the participants had ever used alcohol and marijuana, about one-third had ever used hallucinogens, and about one-quarter had ever used

Table 3. AOD Use and Age of Onset by Site

	Jackson County (n=182)		Escambia County (n=74)	
	n/Mdn	%	n/Mdn	%
Alcohol				
Ever used	169	92.86%	70	95.89%
Median age of onset	16	years	15.5	years
Used past year	154	84.62%	60	82.19%
Used past month	130	71.43%	25	34.25%
Median days used	8	days	6	days
Used past 24 hours	32	17.58%	4	5.48%
Marijuana				
Ever used	173	95.05%	66	90.41%
Median age of onset	15	years	15	years
Used past year	142	78.02%	45	61.64%
Used past month	124	68.13%	18	24.66%
Median days used	17.5	days	15	days
Used past 24 hours	43	23.63%	4	5.48%
Cocaine				
Ever used	113	62.09%	63	85.14%
Median age of onset	25	years	20	years
Used past year	89	48.90%	51	68.92%
Used past month	67	36.81%	16	21.62%
Median days used	6	days	4.5	days
Used past 24 hours	18	9.89%	2	2.70%
Hallucinogens				
Ever used	60	32.97%	27	36.49%
Median age of onset	18	years	17	years
Used past year	23	12.64%	12	16.22%
Used past month	14	7.69%	2	2.70%
Median days used	8	days	5.5	days
Used past 24 hours	2	1.10%	-	-
Sedatives				
Ever used	39	21.43%	25	33.78%
Median age of onset	18	years	18	years
Used past year	14	7.69%	17	22.97%
Used past month	10	5.49%	5	6.76%
Median days used	2	days	10	days
Used past 24 hours	4	2.20%	1	1.35%
Amphetamines				
Ever used	48	26.37%	20	27.03%
Median age of onset	22	years	18	years
Used past year	22	12.09%	9	12.16%
Used past month	11	6.04%	1	1.35%
Median days used	10	days	10	days
Used past 24 hours	3	1.65%	-	-
Heroin				
Ever used	9	4.95%	19	25.68%
Median age of onset	24	years	20	years
Used past year	1	0.55%	14	18.92%
Used past month	-	-	6	8.11%
Median days used	-	-	10	days
Used past 24 hours	-	-	-	-
Injection Drug Use				
	n	%	n	%

amphetamines. There were more histories of crack/powder cocaine (85% versus 62%), sedative (34% versus 21%), and heroin use (26% versus 5%), as well as more injection drug use (20% versus 8%), in Escambia County than in Jackson County. Accordingly, age of onset for crack/powder cocaine and heroin use was later for Jackson County participants than for Escambia County participants—median ages of 24 to 25 years versus 20 years. In addition to the drugs shown in Table 3, three Jackson County and four Escambia County participants had ever used inhalants; and 147 (81%) of the Jackson County and 68 (92%) of the Escambia County participants had ever smoked tobacco.

Profiles of more recent AOD use are somewhat different. Alcohol and marijuana use in the month preceding intake was higher among Jackson County participants (e.g., 71% and 68% respectively) than among Escambia County participants (34% and 25% respectively). Also, 37% of the Jackson County participants had used crack/powder cocaine in the past month, and 10% had in the 24 hours preceding intake. In comparison, 22% of the Escambia County participants had used crack/powder cocaine in the past month, and 3% had in the 24 hours preceding intake. However, no Jackson County participants had used heroin in the past month, compared to six Escambia County participants. The median number of days participants used AOD during the past month varied by drug and site. Alcohol, marijuana, cocaine, and hallucinogen users used more often in Jackson County, whereas sedative and heroin users used more often in Escambia County. Amphetamine users used on about 10 of the past 30 days in both sites.

3.5 Treatment Experience and Clinical Diagnoses

Sixty (33%) of the Jackson County participants had previously been in AOD treatment—28% in a rehabilitation program, and 15% in a detoxification program. Forty (54%) of the Escambia County participants had previously been in AOD treatment—47% in a rehabilitation program (26% in the past year), and 27% in a detoxification program (12% in the past year).

Table 4. Prior AOD Treatment and Clinical Diagnoses by Site

	Jackson County (n = 182)		Escambia County (n = 74)	
	n	%	n	%
Prior Detoxification*				
Ever in detox	27	14.84%	20	27.03%
Detox past year	10	5.49%	9	12.16%
Prior Rehabilitation*				
Ever in rehab	51	28.02%	35	47.30%
Rehab past year	18	9.89%	19	25.68%
Clinical Diagnosis				
Serious dependence	78	42.86%	53	71.62%
Moderate dependence	28	15.38%	10	13.51%
Minimal dependence	32	17.58%	3	4.05%
Abuse	27	14.84%	6	8.11%
History, not current	11	6.04%	1	1.35%
No history	6	3.30%	1	1.35%

* 60 Jackson County, and 40 Escambia County, participants had prior detox or rehab.

Using a subset of the Substance Use Disorders Diagnostic Schedule (SUDDS-IV) developed by Hoffmann and Harrison (1995), we derived clinical diagnoses according to DSM-IV criteria for dependence and abuse. Dependence is indicated by tolerance, withdrawal, increased use, failure to control use, time spent on drug use, reduction in non-drug activities, and continued use despite knowledge of effects. Abuse is indicated by failure to fulfill life roles, use in hazardous situations, legal problems resulting from use, and continued use despite knowledge of effects. As shown in Table 4, over 90% of the participants in both programs had current dependence or abuse problems per SUDDS-IV scores; very few (3% in Jackson County and 1% in Escambia County) were diagnosed as having no history. Scores indicating serious dependence were more prevalent among Escambia County participants (72% versus 43%).

3.6 Mental and Physical Health

Co-morbidity was observed in the form of perceived need for help services to address mental health problems. As shown in Table 5, problems with depression and anxiety were reported by roughly 25% of the participants in both programs. About 6% had been hospitalized in the past year for emotional problems, and 6% to 12% had ever attempted suicide.

Table 5. Mental and Physical Health by Site

Self-Reported Health Needs	Jackson County (n = 182)		Escambia County (n = 74)	
	n	%	n	%
Mental Health				
Need help with depression	44	24.18%	21	28.38%
Need help with anxiety	40	21.98%	19	25.68%
Need services for other emotional problems	17	9.34%	14	18.92%
Hospitalized for emotional problem past year	10	5.49%	5	6.76%
Ever attempted suicide	11	6.04%	9	12.16%
Physical Health				
Need dental services	94	51.65%	32	43.24%
Saw/should see doctor for medical condition	72	39.56%	29	39.19%
Took prescription medication in past week	45	24.73%	23	31.08%
Need medical services	33	18.13%	17	22.97%
Physical ambulatory problems	22	12.09%	5	6.76%
Hearing impaired	14	7.69%	2	2.70%
Vision impaired (not correctable w/ lenses)	11	6.04%	2	2.70%
Currently pregnant	3	1.65%	1	1.35%

Dental services were the most desired ancillary program services, reported by 52% of the Jackson County participants and 43% of the Escambia County participants. The level of need (versus unmet need) for medical services is less clear since many participants are already enrolled in public health services. Thirty-nine percent of the participants in both programs reported that they had a medical condition for which they saw a doctor or needed a doctor, but these conditions vary from acute (e.g., abscesses) and chronic (e.g., asthma) conditions to traumas (e.g., broken bones and gunshot wounds). At least one-

quarter reported recently taking prescription medications (assuming under a doctor's care). In addition, a number of participants reported ambulatory problems (12% and 7% respectively), or being hearing (8% and 3% respectively) or vision (6% and 3% respectively) impaired. Three of the Jackson County, and one of the Escambia County, participants were pregnant at intake.

3.7 Juvenile Risk Behaviors

We also assessed behaviors and experiences during childhood and adolescence associated with antisocial tendencies, hostility, risk-taking, and conduct disorders (Knight, et al. 1998; Lewinsohn, et al. 2000). The most commonly reported behaviors include: lying for personal gain (26% in Jackson County and 45% in Escambia County), initiating physical fights (26% and 28% respectively), and taking others' property (25% and 34% respectively) (see Table 6). Experiences as both the victim and the aggressor in physical abuse were also reported by at least 20% in both programs.

Table 6. Juvenile Risk Behaviors by Site

Experiences Before Age 15	Jackson County (n = 182)		Escambia County (n = 74)	
	n	%	n	%
Started physical fights more than once	47	25.82%	21	28.38%
Often lied to get what wanted	47	25.82%	33	44.59%
Took things that didn't belong to me	45	24.73%	25	33.78%
Hit by another, which left marks or made me afraid	43	23.63%	16	21.62%
Physically hurt people	39	21.43%	18	24.32%
Damaged people's property on purpose	32	17.58%	15	20.27%
Was cruel to or hurt animals	16	8.79%	6	8.11%
Used weapon in more than one fight	14	7.69%	9	12.16%
Set fires on purpose	13	7.14%	5	6.76%
Forged checks or broke into places to steal	13	7.14%	8	10.81%
Forced people to give me their belongings	12	6.59%	5	6.76%

3.8 Treatment Motivation

Based on the TCU Treatment Motivation Scale taken from the Self-Rating at Intake Form,² we assessed the role of treatment motivation in four areas: problem recognition, desire for help, treatment readiness, and external pressures. These have been associated with treatment retention in several settings by Simpson and his colleagues (Simpson and Joe 1993; Simpson, et al. 1997). The results are presented in Table 7.

² The items were asked on a four-point Likert scale, and coded as positive if the participant responded "probably yes" or "definitely yes." This excludes the TCU Treatment Motivation Scale item, "You are in this treatment program because someone else made you come." We modified the original TCU Treatment Motivation Scale items regarding legal problems and threat of incarceration, to whether pressure to avoid jail is the main reason for treatment or a motivation to stay in program.

At intake, nearly all participants expressed a desire for help, in that they wanted to straighten out their lives and would give up friends and hangouts to solve their AOD problems. Perhaps responding to social desirability cues, they all reported that they thought this program would be helpful and that they would complete it.

Table 7. TCU Treatment Motivation Scales by Site

	Jackson County (n = 182)		Escambia County (n = 74)	
	n	%	n	%
Problem Recognition				
AOD use more trouble than it's worth	124	68.13%	62	83.78%
AOD use is problem for you	109	59.89%	65	87.84%
AOD use making life become worse	82	45.05%	57	77.03%
AOD use going to cause death unless quit soon	82	45.05%	50	67.57%
AOD use causing health problems	62	34.07%	45	60.81%
AOD use causing problems with family or friends	55	30.22%	51	68.92%
AOD use causing problems with the law	50	27.47%	43	58.11%
AOD use causing problems in thinking or doing work	48	26.37%	33	44.59%
AOD use causing problems in finding/keeping job	46	25.27%	29	39.19%
Desire for Help				
Will give up friends and hangouts to solve AOD problems	168	92.31%	69	93.24%
Want to get life straightened out	163	89.56%	73	98.65%
Tired of problems caused by AOD	138	75.82%	71	95.95%
Need help dealing with AOD use	122	67.03%	67	90.54%
Can quit using drugs without help	122	67.03%	18	24.32%
Urgent find immediate help for AOD use	92	50.55%	65	87.84%
Life has gone out of control	54	29.67%	53	71.62%
Treatment Readiness				
Expect to finish this program	181	99.45%	74	100.00%
Program can really help	174	95.60%	73	98.65%
This kind of program will be very helpful	173	95.05%	74	100.00%
Want to be in program	124	68.13%	64	86.49%
Treatment is last chance to solve AOD problems	88	48.35%	59	79.73%
Have too many outside responsibilities to be in program	65	35.71%	20	27.03%
Program seems too demanding	42	23.08%	13	17.57%
External Pressures				
Have family members who want me in treatment	111	60.99%	67	90.54%
Avoiding jail is main reason for treatment	89	48.90%	20	27.03%
Feel a lot of pressure to be in treatment	66	36.26%	25	33.78%
Will stay in program only to stay out of jail	59	32.42%	14	18.92%
Concerned about other legal problems	52	28.57%	23	31.08%

Otherwise, responses varied by site. Escambia County participants were consistent in responding positively to the problem recognition items more often than the Jackson County participants. For example, over 80% of the Escambia County participants reported that their AOD use was a problem and more trouble than it's worth, compared with 60% to 70% of the Jackson County participants.

Escambia County participants were also more likely to report a desire for help. Compared with 24% of the Escambia County participants, 67% of the Jackson County participants reported that they could quit using *without* help. More of the Escambia County participants reported that they were tired of

problems caused by AOD use, that they had an urgent need for immediate help, and that their lives had gone out of control.

The pattern was the same concerning treatment readiness and external pressures. Somewhat more of the Jackson County participants reported having too many outside responsibilities to participate, and that the program seemed too demanding; more of the Escambia County participants reported that they wanted to be in the program, and that treatment was their last chance. Jackson County participants were more likely to report that avoiding jail was their main reason for treatment, and that they would remain in the program only to avoid jail. Pressure from family members was cited by participants in both programs, but more often in Escambia County than in Jackson County (91% versus 61%).

3.9 Program Status

As of September 2001, 28% of the Jackson County and 49% of the Escambia County participants had successfully completed and graduated from the program (see Table 8 and Figure 3). Participants required as many as 22 months to complete the program, but the median length of stay was 13 months in Jackson County and 12 months in Escambia County among graduates. There remain 42 (23%) active participants in Jackson County and 10 (14%) active participants in Escambia County, so the final proportion of program successes are unknown. It is difficult to predict their outcomes since participants who were ultimately terminated lasted as many as 18 months in the program. Overall, the median length of stay among terminations was 7.5 months in Jackson County and 8 months in Escambia County.

Table 8. Program Status and Length of Stay by Site

Jackson County (n=180) ¹	Status		Length of Stay (months)				
	n	%	Min	Max	Avg	SD	Mdn
Terminated	58	32.22%	1	18	7.79	4.46	7.5
Warrant	31	17.22%	1	21	6.74	4.98	6.0
Active	42	23.33%	12	23	16.43	3.15	16.0
Graduated	49	27.22%	11	22	14.51	2.77	13.0
Escambia County (n=72) ²	n	%	Min	Max	Avg	SD	Mdn
Terminated	19	26.39%	1	12	7.42	3.70	8.0
Warrant	8	11.11%	1	14	5.25	4.23	4.0
Active ³	10	13.89%	10	21	12.33	3.39	11.0
Graduated	35	48.61%	12	16	12.54	0.85	12.0

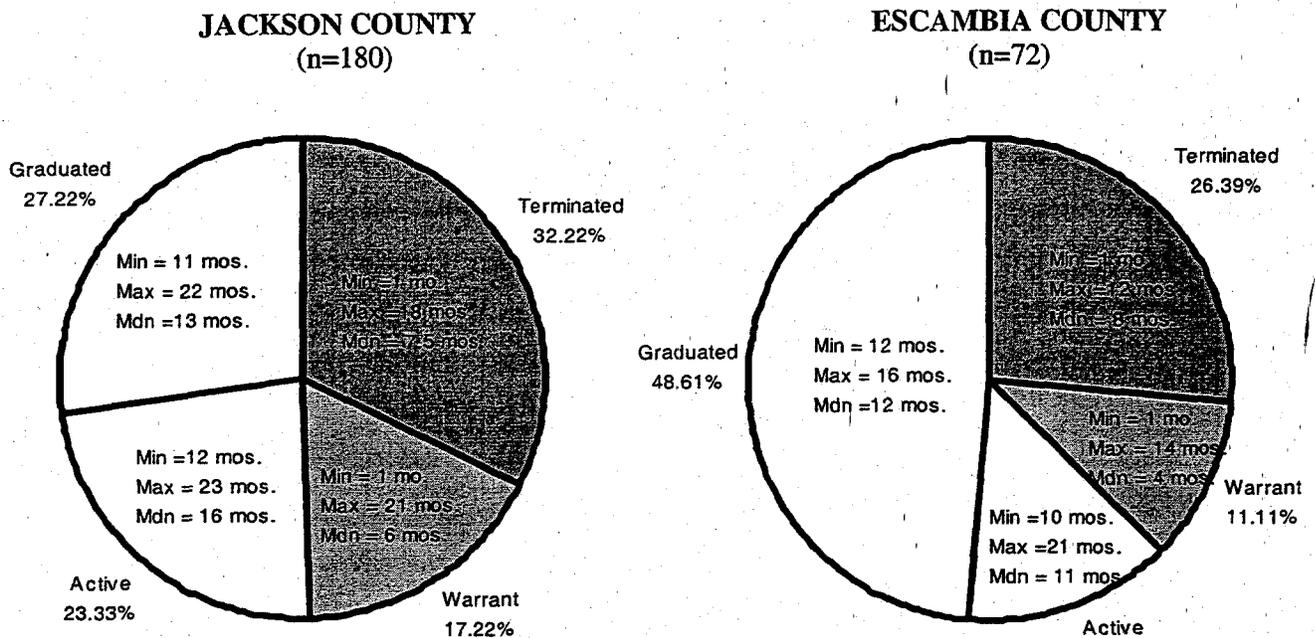
¹Current as of 9/01. Excludes one administrative termination for health reasons, and one transfer.

²Current as of 9/01. Excludes one deceased participant, and one administrative termination for health reasons.

³Length of stay unavailable for one participant referred from another County.

Finally, 17% of the Jackson County and 11% of the Escambia County participants had absconded and were on warrant status in September 2001. Some remained in the program as many as 21 months before the last warrant was issued, but the median length of stay among absconders was 6 months

Figure 3. Program Status and Retention by Site



in Jackson County and 4 months in Escambia County. Until those participants surrender, it is uncertain whether they will resume participation or be terminated from the program. Each case is judged individually, but one might assume that the likelihood of being accepted back into the program diminishes the longer they avoid surrender. By September 2001, 31 Jackson County participants had been in warrant status from 2 to 17 months, or 10 months on average. The 8 Escambia County participants had been in warrant status from 5 to 21 months, or 14 months on average.

3.10 Program Retention Models

To evaluate program retention, we used demographics, AOD use, and the other independent variables described in previous sections to predict two outcomes: program status and length of stay. Separate outcome models were developed for each site. Potential predictors of program retention in both sites include independent variables associated with:

- **Demographics:** age, education (HS/GED or not), race (Black or not), gender, employment (full-time, part-time, or not), and residency (own/rent home or not);
- **AOD use:** past month use of cocaine, hallucinogens, sedatives, or amphetamines (or not), and injection drug use ever (or not);
- **Clinical status:** abuse and dependency (SUDDS-IV score),³ prior treatment (any detox/rehab or not), mental health (any indicators of emotional problems or treatment, or not), and juvenile risk behaviors (number of positive indicators); and,

³ A logarithmic transformation was used to examine whether the relationship between SUDDS-IV scores and the outcome was curvilinear—for example low and high scores were both associated with unsuccessful participation. This did not affect the results reported in the text.

- Treatment motivation: number of positive indicators for each factor—problem recognition, desire for help, treatment readiness, and external pressures..⁴

Nearly all Escambia County participants were felony drug offenders, so criminal history would not help us distinguish participants in predicting the program retention outcomes. Criminal history data were unavailable for Phase II Jackson County participants, but Phase I participants were fairly homogeneous in regard to prior drug felonies.

3.10.1 Predicting Program Status

Given that substantial time has passed since participants on warrant status absconded, they were grouped with terminations and compared to participants who either graduated or remained active in the program. The dependent variable for program status was defined as unsuccessful (terminations and warrants) versus successful (graduates and actives) participation. A logit model that is appropriate for a binary outcome such as this generates maximum likelihood estimates of parameters for each variable. Generally, statistical tests indicate the degree of association between each individual variable and the probability of that outcome, controlling for the influence of other independent variables in the model.

We adopted a stepwise procedure to identify variables that indicated systematic differences in predicting program success. Starting with just a constant, we identified the single variable that had the greatest effect on the likelihood. Retaining that variable in the model, we identified the next variable that had the largest effect on the likelihood. This search continued until additional variables had Z-scores (the ratio of the parameter estimate to its standard error) less than 1.0. Using this exploratory technique, especially on small samples, has consequences for statistical testing,⁵ therefore we consider test statistics an imprecise but nonetheless meaningful guide as to which variables predict program status.

Program status in Jackson County appeared to be associated with the variables shown in Table 9a. Demographics had the most predictive value. The probability of program success increased with age, education (HSGED), and employment (EMPLOY). For example, the odds ratio of 2.01 for education suggests that those with a high school diploma or GED were twice as likely to be successful (graduate or remain active). Males, Blacks, and participants who owned or rented their homes, were more likely to be unsuccessful (terminate or out on a warrant). Injection drug use (IDU) was the only AOD use variable correlated with unsuccessful program participation. The only clinical variable correlated with program status was mental health, in that participants with emotional problems or prior treatment experiences (MENTAL) had a higher probability of success. Last, participants who scored low on the problem recognition factor of treatment motivation had a higher probability of success.

⁴ Items expressed as negative, such as program seems too demanding, were coded in reverse before they were added to the sum total.

⁵ There are two problems. First, standard errors have asymptotic justifications, and these samples are small. Second, the search procedure produces "pretest estimators" whose test statistics are unknown (Judge, Griffiths, Hill, and Lee (1980)).

9a. Logistic Regression Analysis of Program Status: Jackson County (n=180)

Parameter	Estimate	Std. Error	Estimate/ Std. Error	P-value	Odds Ratio
Constant	-0.52	0.73	-0.71	0.477	
AGE	2.05	1.12	1.83	0.067	7.80
HSGED	0.70	0.38	1.85	0.065	2.01
MALE	-0.37	0.43	-0.86	0.391	0.69
BLACK	-1.01	0.42	-2.42	0.016	0.36
EMPLOY	0.52	0.21	2.49	0.013	1.69
RESIDENCE	-0.63	0.41	-1.51	0.130	0.53
IDU	-0.80	0.66	-1.22	0.223	0.45
MENTAL	0.57	0.37	1.53	0.125	1.77
PROBLEM REC	-0.32	0.27	-1.19	0.234	0.73

In Escambia County, the same demographic variables were predictive of program status, except that males and participants who owned or rented their homes had a higher probability of success (see Table 9b); for example, the odds were that males were nearly three times more likely to graduate or remain active than females in Escambia County. Prior treatment experiences (PRIOR TREAT) and abuse/dependency diagnoses (SUDDS-IV SCORE) were clinical variables that predicted program status, in that participants who had previously been in detox or rehab, and participants with high levels of drug dependency, were more likely to be unsuccessful. Three of the four treatment motivation factors—problem recognition, treatment readiness, and external pressures—were associated with a higher probability of successful program participation.

9b. Logistic Regression of Program Status: Escambia County (n=72)

Parameter	Estimate	Std. Error	Estimate/ Std. Error	P-value	Odds Ratio
Constant	-6.92	5.20	-1.33	0.183	
AGE	6.16	2.60	2.37	0.018	472.98
HSGED	1.39	0.77	1.80	0.072	4.01
MALE	1.07	0.80	1.34	0.181	2.91
BLACK	-1.36	0.79	-1.73	0.084	0.26
EMPLOY	0.36	0.42	0.85	0.393	1.43
RESIDENCE	0.16	1.11	0.15	0.884	1.17
PRIOR TREAT	-1.52	0.88	-1.74	0.083	0.22
SUDDS-IV SCORE	-5.68	3.45	-1.65	0.100	0.00
PROBLEM REC	2.29	1.00	2.28	0.023	9.87
TREAT READY	1.14	0.54	2.12	0.034	3.13
EXTERNAL PRESS	1.31	0.46	2.86	0.004	3.72

3.10.2 Predicting Length of Stay

One might argue that a program should not be judged on the simplistic measure of graduation versus termination outcomes alone. Drug court teams are interested in retaining participants who are appropriate for the program for as long as possible—if not through graduation. That is, some participants are not ready for complete program compliance, but the treatment and other services received via the program may positively impact future sobriety and reduce recidivism. Drug court teams are interested in what variables affect length of stay so that they may respond in ways to increase program retention.

The samples include participants whose final program status was not observed because they were still active as of September 2001. These are considered censored cases which are easily addressed by survival analysis techniques that analyze the time until a specified event occurs. We used a hazard function which analyzes the hazard rate or proportion of subjects expected to fail as a function of time; for example, a positive or increasing hazard rates means the probability of failure increases with time (Chung, et al. 1991). Tables 10a-b show the results of the survival models for Jackson County and Escambia County based on the Weibull distribution.

10a. Survival Analysis of Length of Stay: Jackson County (n=180)

Parameter	Estimate	Std. Error	Estimate/ Std. Error	P-value
Constant	2.59	0.42	6.11	0.000
AGE	1.01	0.55	1.86	0.063
HSGED	0.44	0.21	2.12	0.034
MALE	-0.32	0.23	-1.40	0.162
BLACK	-0.47	0.26	-1.79	0.741
EMPLOY	0.27	0.12	2.36	0.018
RESIDENCE	-0.22	0.22	-1.00	0.318
IDU	-0.45	0.41	-1.12	0.265
MENTAL	0.34	0.20	1.66	0.097
Sigma	0.79	0.09	8.98	0.000

The stepwise procedure was repeated to construct a new equation for the survival analysis, but the results were similar to the logistic regression results predicting program success in both sites. Demographics, injection drug use, and mental health problems were the best predictors of time to failure in Jackson County (see Table 10a). Participants who were older, educated, employed, or who had mental health problems lasted longer in the program. In Escambia County, demographics, prior treatment experiences, and treatment motivation (external pressures and treatment readiness) were predictors of time to failure (see Table 10b); for example, Blacks and participants who had prior treatment experiences failed the program more quickly.

10b. Survival Analysis of Length of Stay: Escambia County (n=72)

Parameter	Estimate	Std. Error	Estimate/ Std. Error	P-value
Constant	-0.86	1.48	-0.58	0.561
AGE	1.68	1.38	1.22	0.221
HSGED	0.42	0.34	1.26	0.207
BLACK	-0.33	0.35	-0.94	0.346
EMPLOY	0.30	0.19	1.54	0.124
RESIDENCE	0.89	0.84	1.05	0.295
PRIOR TREAT	-0.66	0.37	-1.79	0.073
EXTERNAL PRESS	0.40	0.18	2.18	0.030
TREAT READY	0.35	0.19	1.80	0.072
Sigma	0.70	0.13	5.36	0.000

4.0 Escambia County Program

Data on warrants, arrests, jail stays, participant's behaviors, and program responses were extracted from the Clerk of the Circuit Court MIS for Escambia County participants. These information pertain to the period during which participants were active in the program. Table 11 shows that no warrants were issued, and no arrests were made, for about two-thirds of the participants. Among the 26 participants for whom warrants were issued, 7 were issued more than one warrant. Among the 25 participants who were arrested, 6 were arrested more than once. Fifty-five or 75% of the participants served short-term jail stays ordered by the drug court judge. A single jail stay can vary from 1 to 30 days or more; on average, participants spent about 10 days in jail during each stay.

Table 11. Warrants, Arrests, and Jail Stays Post-Intake: Escambia County

		Escambia County (n = 73)	
Number of Warrants		n	%
None		47	64.38%
Any ¹		26	35.62%
1		19	26.03%
2		4	5.48%
3		3	4.11%
Number of Arrests		n	%
None		48	65.75%
Any ²		25	34.25%
1		19	26.03%
2		5	6.85%
3		1	1.37%
Number of Jail Stays ³		n	%
None		18	24.66%
Any		55	75.34%
1		14	19.18%
2		19	26.03%
3		15	20.55%
4 or more		7	9.59%
Average jail days (SD)		9.9	(7.49)

Note: Complete program history data unavailable for Jackson County participants, and for one Escambia County participant

¹All but one warrant (for a new offense) were *capias* warrants.

²Four arrests were for new offenses, the remaining were on warrants.

³Excludes one participant who served jail time preceding program admission, and one participant who served jail time for a new offense and later returned to the program.

Archival data from urinalysis tests were not available, but the MIS does record participant behaviors, including when drugs were detected by the drug court team (via urinalyses or other means). Table 12 shows that drug use was detected among 31 or 42% of the participants; most of the participants were found to use cocaine (23%) or marijuana (12%). Another 12 participants either failed to appear for testing or refused to provide a specimen.

Table 12. Participant Behaviors and Drug Court Reponses: Escambia County

Behaviors*	n	%
Any AOD Use	31	42.47%
Cocaine use	17	23.29%
Marijuana use	9	12.33%
Alcohol use	5	6.85%
Analgesic use (Lortab, Oxycodone)	2	2.74%
Opiate use	1	1.37%
Sedative use (Benzodiazepam)	1	1.37%
Other drug use (Prescription, Ecstasy)	2	2.74%
Unspecified drug use	2	2.74%
Urinalysis - FTA or refusal to provide specimen	12	16.44%
Treatment attendance problems	2	2.74%
Responses	n	%
Reward - Permission to travel	19	26.03%
Reward - Fee waiver	5	6.85%
Reward - Less restrictive community control conditions	2	2.74%
Reward - Out of State treatment	1	1.37%
Sanction - Additional self-help meetings	17	23.29%
Sanction - Community service	12	16.44%
Sanction - Travel request denial	3	4.11%
Inpatient Treatment	7	9.59%

Note: Complete program history data unavailable for Jackson County participants, and for one Escambia County participant.

* Alcohol or marijuana combinations shown under other drug (e.g., cocaine, if cocaine and marijuana).

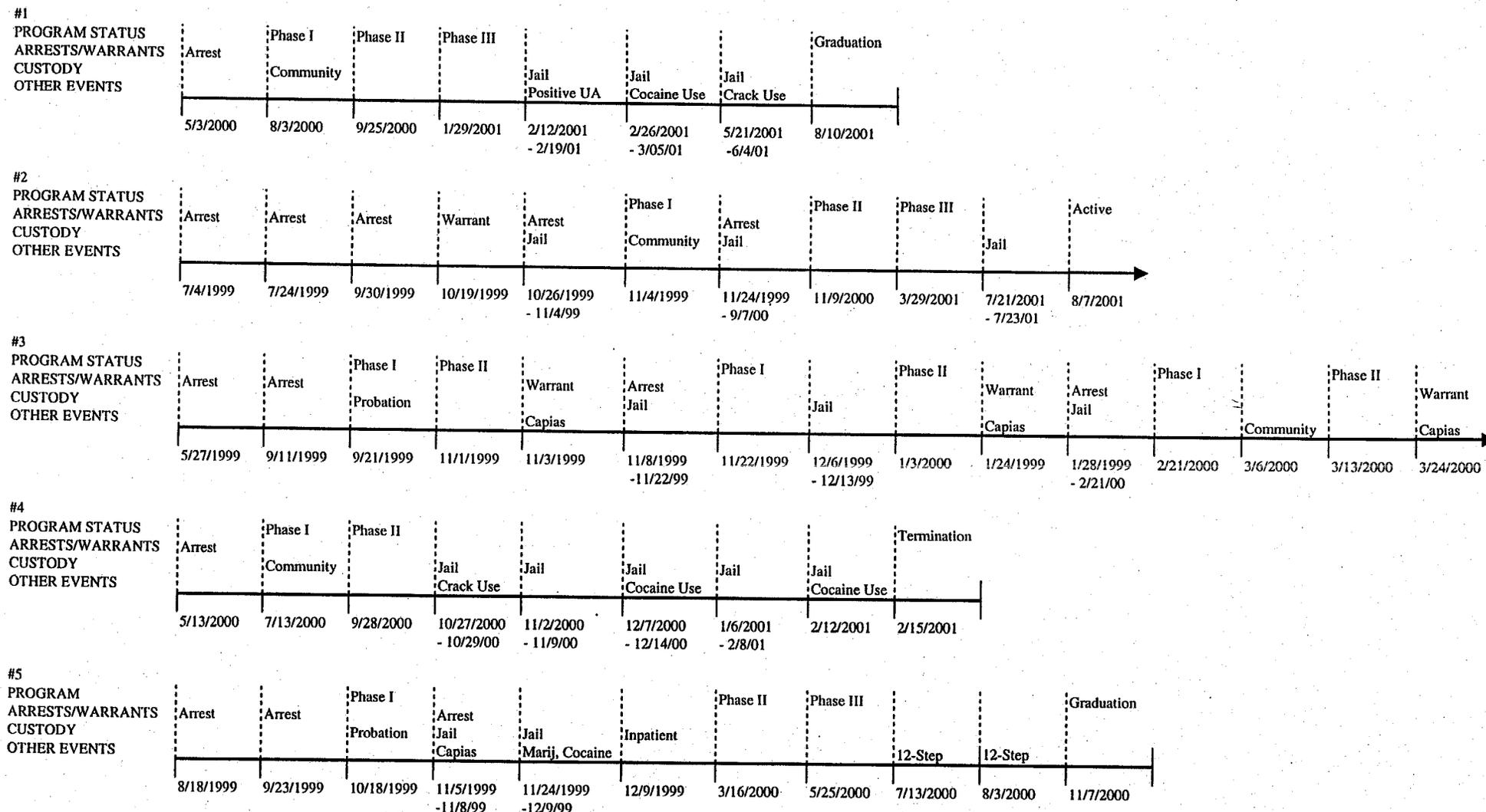
Also recorded are the drug court program's responses to participant behavior in the form of rewards, sanctions, and inpatient treatment referrals. The most common reward was permission to travel, which was granted to 19 (26%) of the participants. Orders to attend additional self-help meetings (23%) and to perform community service (16%) were the most common sanctions. Inpatient treatment was ordered for 10% of the participants.

Arrest, warrant, jail stay, participant behavior, and drug court response data can be used to demonstrate the variety of participant histories. Illustrated in Figure 4 are sample timelines for five Escambia County participants: two graduates, one active participant, one absconded participant still on warrant status, and one termination. The timelines are not drawn to scale, but the dates denoted below each event indicate the passage of time. Information on each row correspond to program status (Phase level⁶ and final program status), arrests and warrants, release custody status (community control or probation, and jail stays), and other events (behaviors, rewards, sanctions, and inpatient stays).

Noted in Table 8 were lengths of stay that exceeded the average 12- to 13-month program tenure until graduation. Using MIS data, one can observe how jail stays and other events affect total length of program stay. Typically, jail stays ordered by the drug court judge are considered part of the graduated sanctions system, and it would be inappropriate to subtract time served on jail stays from total length of stay. Participant #1 entered the program on 8/3/00 on community control release status, and advanced to Phase III by 1/29/01. The judge responded to a each of a series of relapses beginning on 2/12/01 with

⁶ Phase level changes are noted here, but overall, the data were too inconsistent to report for all participants.

Figure 4. Samples of Participant Timelines: Escambia County



Note: Timelines not drawn to scale.

week-long jail stays. Participant #1 successfully completed the program on 8/10/01; throughout the 15-month period between admission and graduation, that participant remained in active status.

Alternatively, some lengths of stay are significantly altered by jail sentences. The most dramatic example is Participant #2. After a series of arrests and a warrant that culminated in a jail stay, the participant entered the program on 11/4/99 and was placed on community control. Participant #2 was arrested soon after and sentenced to jail, but returned to Phase I of the program on 9/7/00. The participant advanced to Phase II on 11/9/00, to Phase III on 3/29/01, and despite a short jail stay (7/21/01-7/23/01), remains active in the program. Using the first admission date, total length of stay is nearly two years (7/4/99 through 8/7/01), but about 10 months of that time was spent serving a jail sentence.⁷

Participant #3 shows a sample timeline among participants who absconded after as many as 10 months in the program. The participant first entered the program on probation status on 9/21/99, and advanced to Phase II by 11/1/99, but a *capias* warrant was issued two days later. Participant #3 soon returned, spent about two weeks in jail, and was returned to Phase. The participant spent another week in jail (12/6/99-12/13/99), but again advanced to Phase II on 1/3/00. A *capias* warrant was issued for Participant #3 three weeks later. The participant was arrested soon after, and spent about three weeks in jail (1/28/99-2/21/00). Upon release, Participant #3 returned to Phase I, but again advanced to Phase II by 3/13/00. Participant #3 finally absconded from the program on 3/24/00, and has never returned.

Some terminations spent as little as one month in the program, but the average length of stay for Escambia County terminations was seven months. Participant #4 illustrates a termination after nine months in the program. Placed on community control upon admission (7/13/00), Participant #4 advanced to Phase II by 9/28/00 with no incidents. Then a series of cocaine relapses started on 10/27/00. After five separate jail stays over a four month period, Participant #4 was terminated on 2/15/01.

Finally, Participant #5 shows how jail stays and inpatient treatment responses may result in graduation. Admitted on 10/18/99 on probation status, Participant #5 was arrested for a *capias* and spent three days in jail 11/5/99. Two weeks later, the program detected marijuana and cocaine use. The response was two weeks in jail, followed by inpatient treatment (period unknown). By 3/16/00 Participant #5 advanced to Phase II, and then to Phase III about two months later. There were two occasions of 12-step meeting attendance problems, but Participant #5 graduated on 11/7/00, roughly 14 months after program admission.

⁷ Since this is a jail sentence rather than a graduated sanction, his data is excluded from Table 11.

5.0 Followup Interviews

Followup telephone interviews were conducted with 52 (29%) of the 182 Jackson County and 36 (49%) of the 74 Escambia County participants for information on program components, ancillary services, sources of trouble, and AOD use. Open-ended comments were also solicited. Followup interviews were limited to participants who had a significant period of participation to draw upon; and absconders and unsuccessful program terminations were difficult to locate. The 52 Jackson County followups represent 36% of the 145 participants who were in the program for at least six months, and the 35 Escambia County followups represent 57% of the 63 participants who were in the program that long.

In the aggregate, participants gave each of the program components high ratings (see Table 13). Based on a scale of 1 to 5, median scores were either 4 (quite helpful) or 5 (very helpful). Urinalyses and drug court sessions were given the highest scores in both sites. Treatment group sessions, self-help groups, and community supervision officers (Probation and Community Control) scored higher in Escambia County (5 versus 4). Both groups of program participants rated individual counseling as quite helpful (4).

Table 13. Program Component Ratings by Site

Components	Jackson County (n=52)	Escambia County (n=36)
	Median	Median
Urinalyses	5	5
Drug court sessions	5	5
Treatment group sessions	4	5
Individual counseling	4	4
Self-help groups (AA)	4	5
Community supervision officers	4	5

Ratings on scale of 1 to 5, where 1="not at all helpful" and 5="very helpful."

The programs offer a wide range of ancillary services, but referral and use is discretionary. Table 14 ranks the services by the number of participants who used that service. Employment and education assistance was popular among participants in both sites; for example, 38% of Jackson County and 19% of Escambia County participants used work readiness counseling. Transportation assistance, such as bus tokens, was used by 27% of the Jackson County and 22% of the Escambia County participants. On average, Jackson County participants reported using about two of the ancillary services offered, and Escambia County participants reported using at least one service.

Table 14. Ancillary Services Used by Site

Ancillary Services	Jackson County (n = 52)		Escambia County (n = 36)	
	n	%	n	%
Work readiness counseling	20	38.46%	7	19.44%
Job/work counseling	20	38.46%	5	13.89%
Other adult education	16	30.77%	7	19.44%
Transportation assistance (tokens)	14	26.92%	8	22.22%
ABE or GED preparation	11	21.15%	5	13.89%
Housing assistance	10	19.23%	1	2.78%
Legal aid	10	19.23%	2	5.56%
Job skills training/education	9	17.31%	4	11.11%
Child care	5	9.62%	4	11.11%
Utility service assistance	5	9.62%	1	2.78%
Financial assistance	4	7.69%	1	2.78%
Number of services used (Avg, SD)	2.38	2.88	1.25	2.26

Participants were asked to rate how troubled they were by various AOD-related and interpersonal concerns during their program participation. As shown in Table 15, overall stress was cited by about three-quarters of the participants in both sites (71% and 78%, respectively), and boredom by about two-thirds (65% and 67%, respectively). Relationship and family conflicts, along with loneliness, were cited by between 42% and 53% of the participants; for example, 52% of the Jackson County and 53% of the Escambia County participants reported being troubled by relationship conflicts. The figures are close, but slightly more participants cited their own drug cravings as more troublesome than their own alcohol cravings or others' AOD use. In Jackson County, 27 (52%) reported having trouble with drug cravings, and 22 (42%) reported having trouble with others' using drugs. On average, participants in both sites reported experiencing at least some trouble relating to five of these sources.

Table 15. Sources of Trouble by Site

Source of Trouble	Jackson County (n = 52)		Escambia County (n = 36)	
	n	%	n	%
Stress	37	71.15%	28	77.78%
Boredom	34	65.38%	24	66.67%
Relationship conflicts	27	51.92%	19	52.78%
Craving drugs	27	51.92%	16	44.44%
Wanting to use when feeling good	24	46.15%	12	33.33%
Loneliness	23	44.23%	16	44.44%
Family conflicts	22	42.31%	16	44.44%
Others using drugs	22	42.31%	13	36.11%
Others drinking alcohol	17	32.69%	13	36.11%
Craving alcohol	17	32.69%	14	38.89%
Arguments with friends	16	30.77%	11	30.56%
Number of trouble sources	5.12	3.32	5.06	3.22

Overall, 36 (69%) of the Jackson County and 15 (42%) of the Escambia County participants reported any AOD use during program participation. They were more likely to report drinking than using drugs; 25 (48%) of the Jackson County and 10 (28%) of the Escambia County participants reported drinking alcohol. Among drugs used, cocaine was most common in both sites—17 or 33% in Jackson County and 5 or 14% in Escambia County. In Escambia County, sedatives or tranquilizers were used by nearly the same number of participants (6 or 17%). In Jackson County, marijuana (23%) and sedatives or tranquilizers (13%) ranked second and third, respectively.

Table 16. Followup AOD Use by Site

Drug Type	Jackson County (n = 52)		Escambia County (n = 36)	
	n	%	n	%
Alcohol	25	48.08%	10	27.78%
Cocaine	17	32.69%	5	13.89%
Marijuana	12	23.08%	1	2.78%
Sedatives/tranquilizers	7	13.46%	6	16.67%
Anti-depressants	4	7.69%	2	5.56%
Amphetamines	3	5.77%	1	2.78%
Hallucinogens	3	5.77%	2	5.56%
Heroin	0	0.00%	0	0.00%
Inhalants	0	0.00%	1	2.78%
Any alcohol or drugs	36	69.23%	15	41.67%

Followup interviews ended with participants being given an opportunity to volunteer any comments regarding their program experience. Altogether, 32 (59%) of the Jackson County and 30 (79%) of the Escambia County followup participants commented on the program. The comments volunteered were generally positive, although most were balanced in their assessments.

Table 17. Participant Comments by Site

Comments	Jackson County (n = 54)		Escambia County (n = 38)	
	n	%	n	%
Any	32	59.26%	30	78.95%
Positive	26	81.25%	25	83.33%
Negative	20	62.50%	10	33.33%

About 80% of both groups had positive things to say.

- One participant said that he really appreciated the program. It made him examine his life, values, and principles. It taught him humility.
- “Best thing that could have happened to me. I’m very grateful. I like everyone at [treatment], they do a good job, and you feel like they really care.”
- “It gave me back my life, and I’m very thankful for this. ... It gave me the knowledge I needed to stay sober.”

However, these were often conditional statements; 20 (63%) of the Jackson County and 10 (33%) also had negative feedback.

- While time at the program occupied her time and reduced opportunities to use drugs, one participant felt that the long hours were a hindrance to progression because, especially in the beginning, participants are unable to work or do anything except the program.
- Another participant was happy with the program, and felt that the counselors did a good job. However, he was concerned about the non-treatment staff at the facility who were not empathetic and sometimes rude.
- One participant said that treatment sessions and the information disseminated did not have sufficient variety—that the same things were repeated after a period of six months or so, and that the same videos were frequently repeated.
- Another participant said that the curriculum would benefit from smaller classes and more specialized information about alcohol and drugs made readily available.

6.0 Discussion

Phase II of this evaluation project examined the 182 Jackson County and 74 Escambia County participants who were admitted to the adult treatment drug court programs between October 1999 and October 2000. Both programs began in 1993 and are alike in intake criteria and in using a single treatment provider, but among other differences, the Jackson County program has a larger capacity and admission caseflow. This discussion first summarizes the participant cohorts based on intake interviews and criminal justice records. Comments relevant to interpretation and caveats are added. Next the results of the program status and retentions analyses are reviewed. The juxtaposition of Jackson County and Escambia County is intended to demonstrate the variety of participants and outcomes among drug courts as exemplified by these two sample programs—not to contrast the results as to suggest that one is better or worse than the other in any way.

6.1 Program Participants

- Demographics – Both cohorts were 31 years old on average, at least half had a high school diploma or GED and were employed at intake, and most lived in homes they or someone else rented or owned. There were more males—particularly Black males—in the Jackson County program (56% versus 22%).
- Criminal History - Based on arrest record analysis from Phase I for Jackson County, and on Florida Criminal Punishment Code Scoresheets for Escambia County, criminal histories for program participants include felony instant arrests and priors, and both drug-related and non-drug instant offenses and priors. Nearly three-quarters of the Escambia County participants were on probation with a suspended sentence, and 27% were in deferred sentence disposition.
- AOD Use – In both sites, over 90% had ever used alcohol and marijuana, one-third had ever used hallucinogens, and one-quarter had ever used amphetamines. Escambia County participants had

more histories of cocaine, sedative, heroin, and injection drug use. However, alcohol, marijuana, and cocaine use in the past month was more prevalent in Jackson County. Recent heroin use was only reported in Escambia County.

- Prior Treatment and Clinical Diagnoses – Sixty percent of the Jackson County and 54% of the Escambia County participants had previously been in AOD treatment. Over 90% of both cohorts had current dependence or abuse problems, and serious dependence was more prevalent in Escambia County.

SUDDS-IV is not the diagnostic tool used by the programs to assess candidates for treatment services, but it does provide clinical data on the prevalence of abuse and dependence. It should be noted that the drug court teams exercise judgement in applying other information (e.g., past experiences) to their program admission decisionmaking. These other information sources, which may be less tangible than diagnostic scores, were not measured in this study.

- Mental and Physical Health – One-quarter of both cohorts reported problems with depression and anxiety, 6% had been hospitalized for emotional problems in the past year, and about 10% had attempted suicide. Dental services were needed by 52% of the Jackson County and 43% of the Escambia County participants, 39% of both cohorts reported a medical condition that required a doctor's attention, and four were pregnant. At least one-quarter or more were taking prescription medications.

Co-morbidity is difficult to diagnose in drug court admissions. Some are self-medicating their emotional problems with alcohol or drugs, and some are demonstrating the ill effects of AOD use that may be misinterpreted as the symptomology of emotional problems. The programs are careful about admitting only co-morbid participants who they evaluate as capable of managing the rigorous program demands, but they prefer to evaluate the participant after a period of abstinence so that some of the effects of AOD use are reduced (that is, does the participant present as manic-depressive when clean and sober?). Our finding that 28% of the Escambia County participants reported a need for help with depression was consistent with the site's own recent survey of participants, which revealed that about 25% had been prescribed medication for depression.

Just four (5%) of all female participants were pregnant at intake, so we could not analyze the effects of pregnancy on program outcomes. Nonetheless, this is a reminder that drug court interventions may impact not only the participant, but their families. That is, drug-free births mean improved child health and welfare, as well as medical cost savings for the public.

- Juvenile Risk Behaviors – Participants reported behaviors and experiences during childhood and adolescence associated with antisocial tendencies, hostility, risk-taking, and conduct disorders; for example, 45% of Escambia County and 26% Jackson County participants reported lying for

personal gain, and at least 20% in both cohorts reported being a victim and an aggressor in physical abuse.

- Treatment Motivation – Nearly all participants expressed some desire for help (e.g., willingness to give up friends to solve AOD problems) and treatment readiness (e.g., expectation of finishing the program). However, Escambia County participants were more consistent in their responses in all areas (problem recognition, desire for help, treatment readiness, and external pressures. For example, 67% of the Jackson County and 24% of the Escambia County participants said they could quit using *without* help.

Motivation level is not a criterion for eligibility, and the programs do not screen candidates on this variable. That is, treatment counselors do not insist that candidates make claims of hitting rock bottom; in fact, initial denial is expected and the drug court teams encourage problem recognition and other positive steps as part of the treatment process. Motivation is more dynamic than static, and followup measures on treatment motivation would have allowed us to examine patterns of change, perhaps as a predictor of program retention. For instance, one participant commented, “Drug court is a great program. In the beginning, I hated it. It takes a while to get used to.”

We conclude that participant characteristics for these cohorts are consistent with the target population outlined by the eligibility criteria of serious criminal offenders with AOD use problems. The programs are equipped to address relapse, criminal behavior, and other recovery issues with an array of treatment services, drug court rewards and sanctions, and ancillary services. However, there is always room for improvement. Participant comments regarding ancillary services included general complaints about unexplained delays in receiving assistance, and specific complaints about transportation assistance (being repeatedly denied bus tokens after they were advertised as available, and how transport by bus was not always an option).

6.2 Program Status and Retention

As of September 2001, 28% of the Jackson County and 49% of the Escambia County participants had graduated their programs (usually within 13 months). In Jackson County, 32% terminated unsuccessfully, 23% remained active, and 17% remained on warrant status. In Escambia County, 26% terminated unsuccessfully, 14% remained active, and 11% remained on warrant status. Placing these results in context is awkward given the variation in program populations, designs, and other factors that make interpretation a veritable comparison of “apples and oranges.” A recent summary of drug court evaluations (Belenko 2001) reported that other programs estimate program graduation rates anywhere from 36% to 60%, and overall, demographic and other variable can have conflicting results (e.g., males do better in some programs, while females do better in others).

Quantitative analyses indicated that demographics—age, employment, gender, race/ethnicity, residence, and education—were the best predictors of program status and time to program failure. In

Jackson County, participants who were older, female, non-Black, employed, did not own or rent their home, or had a high school diploma or GED had a higher probability of graduating or remaining active in the program. Injection drug use, not having mental health problems, and problem recognition (a factor in treatment motivation) were associated with a higher probability of unsuccessful program participation (termination or warrant status). With the exception of problem recognition, survival analyses indicated that the same variables were associated with time to failure in Jackson County. In other words, participants who did not inject drugs, and participants with mental health problems, lasted longer in that program.

In Escambia County, the probability of program success was higher among participants who were older, male, non-Black, employed, owned or rented their own home, or had a high school diploma or GED. In addition, prior AOD treatment and high levels of AOD dependency were associated with unsuccessful program participation. Three of the four treatment motivation factors (problem recognition, treatment readiness, and external pressures) were associated with program success. Similarly, survival analyses indicated that time to failure in Escambia County was associated with the same demographics, prior AOD treatment, and treatment motivation (external pressures and treatment motivation).

In light of the relatively small samples sizes and the exploratory modeling procedure applied, it must be noted that there is some margin of error in our findings regarding program status and retention. Nonetheless, these results may be used as a rough guide for drug court teams in deciding two things. First, how many clients be assessed and triaged into the appropriate program services? Second, can the programs accommodate participants with various needs, or should they consider modifications?

For instance, many of the demographic variables may be considered indicators of community stability. Given the circumstances under which participants are referred to these programs (e.g., repeated felony offending and AOD involvement), community ties are likely in disrepair for many participants. If those participants are accepted into the program, what can be done to stabilize and improve their employment situation as well as other areas of their lives, and thus increase their chances of successful program participation?

While there are several means to assess mental health status, AOD use and prior treatment experiences, and level of treatment motivation, it is sometimes difficult to predict outcomes based on these indicators. Participants in Jackson County with mental health problems were more likely to succeed and stay longer in the program, but this variable had no predictive value in Escambia County. Injection drug users did poorly in Jackson County, as did Escambia County participants with prior AOD treatment experiences. Treatment motivation may have changed since intake, but participants who reported treatment readiness and external pressures consistently did well in Escambia County.

On the other hand, the findings that Blacks were more likely to terminate or abscond, and that Blacks failed more quickly than non-Blacks, was consistent across sites. We collected data on a variable labeled "race/ethnicity" which represents issues that are complex in origin and remedy and would be

difficult to measure directly. How can the drug court team identify racial and ethnic issues impacting their program, and what steps can they take to address them within the realm of the drug court program's influence?

6.3 Program Monitoring Recommendations

While there is certainly value in collecting information from participants first-hand—especially to get their opinions for program feedback and to fill the gaps where other data are unavailable (e.g., service use or treatment motivation), the most reliable information is typically obtained through archival files. When possible, criminal priors and other important data were collected from criminal justice authorities; however, many attempts to obtain such data failed.

Self-report information collected during intake interviews may be more reliable than followup interview data, because whether internally or externally motivated, the participant has relatively little to lose at this point in the program. In contrast, followup interviews are costly ventures that yield data, such as self-reported AOD use, that cannot be verified and are therefore of unknown quality. Despite assurances of confidentiality, participants are understandably cautious about what they reveal. Followups are conducted at varying points in time per participant (e.g., 6 versus 8 months post-intake) and complete coverage of all participants is unrealistic due to absconders and nonrespondents, regardless of monetary incentives and extensive followup efforts.

Our recommendation is that resources be devoted to improved record maintenance so that program monitoring and evaluation can progress. This would allow drug court teams to: examine individual patterns more closely; tailor program services to current needs; use program service feedback when deciding resource allocations; and ensure accountability to the participants, their families, the public, and other program stakeholders.

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APPENDIX A:

ESCAMBIA COUNTY DRUG COURT FORMS

DRUG COURT ADMISSIONS EVALUATION REQUEST

(To Division ASA- Please place copy in case file and forward original to defense counsel)

DATE REQUEST SUBMITTED: _____ REQUESTED BY: _____
CASE: STATE V _____ VOP _____ VOCC _____
CASE NO(S): _____
DIVISION: _____ JUDGE _____
A.S.A.: _____ DEFENSE COUNSEL _____

_____ ELIGIBLE _____ INELIGIBLE

NOTES/TERMS OF ENTRY:

DANIEL W. CLARK
ASSISTANT STATE ATTORNEY

DATE

- NOTE:**
- 1) The drug court ASA will do the plea paperwork upon notification (i.e., receipt of form signed by defense attorney and defendant) that he/she desires entry if eligible;
 - 2) Defendant's counsel should coordinate with the division ASA and the Clerk's Office to set defendant to appear in drug court at least five (5) days from delivery or fax of this form signed by defendant and counsel to the drug court ASA.

I WISH TO ENTER THE DRUG COURT PROGRAM. I UNDERSTAND THAT MY ENTRY INTO THE PROGRAM IS DEPENDENT UPON AVAILABILITY OF FUNDED SLOTS AND ENTRY OF A PLEA PURSUANT TO AN AGREEMENT APPROVED BY THE STATE AND THE DRUG COURT JUDGE. I FURTHER UNDERSTAND THAT EVEN AFTER ENTRY AND ACCEPTANCE OF SUCH A PLEA THAT FINAL ACCEPTANCE INTO THE PROGRAM IS CONTINGENT UPON APPROVAL BY THE DRUG COURT TREATMENT PROVIDER BASED UPON AN ASSESSMENT USUALLY DONE WITHIN TEN DAYS OF THE ENTRY OF THE PLEA. I ACKNOWLEDGE THAT IF THE TREATMENT PROVIDER FINDS ME TO BE AN UNACCEPTABLE CANDIDATE THAT ANY PLEA ENTERED AND/OR SENTENCE IMPOSED WILL BE VACATED AND A PLEA OF NOT GUILTY REENTERED ON MY BEHALF WITH MY CASE BEING RESET ON A DOCKET OF THE DIVISION TO WHICH IT WAS ORIGINALLY ASSIGNED. I FURTHER UNDERSTAND THAT I DO NOT HAVE THE OPTION OF WITHDRAWING FROM THE DRUG COURT ONCE MY PLEA IS ACCEPTED BECAUSE OF PERSONAL PROBLEMS. **I HAVE READ AND UNDERSTAND THE GENERAL INFORMATION SHEET ON THE OPPOSITE SIDE OF THIS FORM AND UNDERSTAND THAT IT IS MEANT TO PROVIDE GENERAL INFORMATION ONLY AND MAY BE SUBJECT TO CHANGE.**

DEFENDANT

DATE

I reviewed both sides of this form with the above defendant and have discussed the Drug Court Program with this defendant who has expressed a desire to enter the program.

DEFENSE COUNSEL

DATE

DCF 05-24-99

DRUG COURT

WHAT IS DRUG COURT?

Drug court is a twelve-step based out-patient program for certain qualified people with pending criminal charges and a related drug or alcohol problem.

HOW LONG DOES DRUG COURT LAST?

Usually 12 to 16 months, depending on a client's progress.

WHAT IS INVOLVED IN DRUG COURT TREATMENT?

Drug Court occurs over 3 phases. The first phase involves 4 four-hour counseling sessions at Pathway in a group setting and 1 court appearance per week. Phase 1 usually lasts from 5 to 9 weeks. A client then graduates to phase 2, which involves 2 four-hour group sessions per week and 1 court appearance every two weeks. Phase 2 may last anywhere from 2 to 6 months. The final phase, phase 3, involves 2 one and one-half hour group sessions per week and a court appearance every 3 weeks. Once all three phases are completed, a person graduates from drug court. Lack of transportation to court and treatment sessions is not an acceptable excuse for non-attendance.

WHAT HAPPENS IF A CLIENT HAS PROBLEMS COMPLETING DRUG COURT REQUIREMENTS?

The Court can impose short periods of jail time, require additional treatment and/or impose such other conditions it feels are necessary to overcome the client's problems, such as urine samples testing positive for drugs, failing to appear for court or treatment sessions or other non-compliant behavior deemed by the court to be detrimental to progress in the drug court.

WHAT BEHAVIOR WILL THE DRUG COURT NOT TOLERATE?

Absconsions (meaning missing counseling sessions and/or court appearances where the Court issues an arrest warrant and the police have to search for you); **OR**, new crimes committed while in the drug court program.

WHAT WILL HAPPEN IF A CLIENT ABSCONDS OR COMMITS A NEW CRIME?

The Court will likely impose the county jail or state prison sentence suspended under the original plea agreement when the client first entered drug court.

HOW MUCH DOES DRUG COURT COST?

A treatment fee of \$300 is required in monthly payments before the completion of drug court. This is only a small part of the actual cost of treatment and is cheaper than the cost of supervision for six months of probation with no treatment.

IN THE CIRCUIT COURT IN AND FOR ESCAMBIA COUNTY, FLORIDA

STATE OF FLORIDA,
Plaintiff,

CASE NO(S): _____

NOTE: *This plea, sentence and defendant's entry into Drug Court is contingent upon final approval by the Drug Court treatment provider based upon assessment subsequent to sentencing. Defendant, by entry of his/her plea acknowledges that Drug Court is a 12-step program in which a higher power is discussed and that he/she does not object to this aspect of the program.*

Defendant _____

DRUG COURT PLEA AGREEMENT

The following reflects all terms of the Plea Agreement:

<u>CASE#</u>	<u>COUNT</u>	<u>DEFENDANT CURRENTLY CHARGED WITH:</u>	<u>MAXIMUM</u>	<u>FINE</u>	<u>MAND.</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

DEFENDANT PLEADS: _____ GUILTY _____ NOLO CONTENDERE to the following:

TERMS OF PLEA ENTRY AND SENTENCING RECOMMENDATION AGREED UPON BY THE STATE AND DEFENDANT:

Deferred Sentencing: In interim successfully complete conditions stated below. If successful, case will be dismissed; if unsuccessful, sentence will be adjudication of guilt and 11 months, 15 days in the county jail.

Adjudication of guilt withheld, _____ months community control followed by _____ months probation; special conditions: 11 months, 15 days county jail suspended and complete conditions stated below.

Adjudication of guilt withheld, _____ months state prison suspended: _____ months community control followed by _____ months probation. Complete conditions stated below.

IN ADDITION TO ALL STANDARD CONDITIONS OF PROBATION AND/OR COMMUNITY CONTROL BEING ORDERED IMPOSED THE FOLLOWING SPECIAL CONDITIONS ARE ORDERED:

- YOU WILL SUCCESSFULLY COMPLETE THE ESCAMBIA COUNTY DRUG COURT PROGRAM AND CONTINUE THEREAFTER AND SUCCESSFULLY COMPLETE ANY TREATMENT DIRECTED POST GRADUATION ABSTINENCE MAINTENANCE PROGRAM, INCLUDING BUT NOT LIMITED TO TWO 12-STEP MEETINGS PER WEEK, WITH WRITTEN VERIFICATION TO YOUR SUPERVISING OFFICER.
- YOU WILL UNDERGO RANDOM URINALYSIS, BREATH TESTING AND/OR BLOOD TESTING AS REQUIRED BY THE COURT, THE TREATMENT PROVIDER AND/OR YOUR SUPERVISING OFFICER.
- YOU WILL PAY A TREATMENT FEE OF \$300.00; \$286.00 IN COURT COSTS; \$150.00 IN ARTICLE V COSTS AND INVESTIGATIVE COSTS TO _____ IN THE AMOUNT OF _____; AND A FINE IN THE AMOUNT OF _____; ALL TO BE PAID SEQUENTIALLY AT A RATE OF _____ PER MONTH.
- IN ADDITION, RESTITUTION IS ALSO ORDERED TO BE PAID BY YOU TO THE FOLLOWING INDIVIDUAL(S) IN THE DESIGNATED AMOUNTS AT A RATE OF _____ PER MONTH:

- IT IS ALSO ORDERED THAT IF YOU GO TO A MEDICAL FACILITY OR SEE ANY MEDICAL PERSONNEL FOR MEDICAL CARE OF ANY SORT, YOU WILL DO THE FOLLOWING: 1) YOU WILL USE YOUR TRUE NAME; 2) YOU WILL ADVISE THE TREATING MEDICAL PERSONNEL OF YOUR SUBSTANCE ABUSE HISTORY; 3) YOU WILL REPORT THE VISIT TO YOUR PROBATION OR COMMUNITY CONTROL OFFICER ON THE NEXT BUSINESS DAY AFTER TREATMENT; 4) YOU WILL SIGN A RELEASE FOR YOUR PROBATION OR COMMUNITY CONTROL OFFICER TO VERIFY THAT YOU HAVE USED YOUR TRUE NAME AND ADVISED THE MEDICAL PERSONNEL OF YOUR SUBSTANCE ABUSE HISTORY; 5) YOU WILL NOT ACCEPT OR USE ANY MEDICATION EXCEPT AS LEGALLY PRESCRIBED BY A PHYSICIAN; AND, 6) YOU WILL IMMEDIATELY REPORT RECEIPT OF THE PRESCRIPTION TO PATHWAY AND RECEIVE PERMISSION TO USE IT BEFORE DOING SO.

GUIDELINES: The appropriate scoresheet, if applicable, is attached hereto.

ATTENTION: ABSCONSIONS AND NEW LAW OFFENSES WILL GENERALLY RESULT IN THE DEFENDANT'S EJECTION FROM THE DRUG COURT PROGRAM AND THE IMPOSITION OF ANY SUSPENDED SENTENCE.

IN THE CIRCUIT COURT IN AND FOR ESCAMBIA COUNTY, FLORIDA

STATE OF FLORIDA,
Plaintiff

VS.

CASE NO.:

Defendant

ADDENDUM TO PLEA AGREEMENT/PLEA STATEMENT

Your plea agreement requires a period of community control. In addition to all special conditions announced at the time of sentencing, your community control will include the following standard conditions.

If you have any objection to the imposition of any standard condition, the court will consider that objection at the time of sentencing. If you fail to object, the standard conditions will be imposed. You may, however, at any time during the course of your supervision, petition the court for deletion or modification of any condition of community control. The standard conditions which are imposed in your case are as follows:

1. Not later than the fifth (5th) day of each month, you will make a full and truthful report to your community control officer on the form provided for that purpose.
2. You will pay the State the cost of your supervision, unless otherwise exempt in compliance with Florida Statutes.
3. You will not change your residence or employment or leave the county of your residence without first procuring the consent of your community control officer.
4. You will neither possess, carry, nor own any weapons or firearms without first securing the consent of your community control officer.
5. You will live and remain at liberty without violating the law. A conviction in court shall not be necessary in order for such a violation to constitute a violation of your community control.
6. You will not use intoxicants AT ALL or possess any drugs or narcotics unless prescribed by a physician; nor will you visit places where intoxicants, drugs, or other dangerous substances are unlawfully sold, dispensed or used.
7. You will work diligently at a lawful occupation, advise your employer of your probation status, and support any dependents to the best of your ability, as directed by your community control officer.
8. You will promptly and truthfully answer all inquiries directed to you by the court, or your community control officer, and allow the officer to visit in your home, at your employment site or elsewhere, and you will comply with all instructions he may give you.
9. You will report to your community control officer at least one (1) time a week, or, if unemployed full-time, report as directed.

IN THE CIRCUIT COURT IN AND FOR ESCAMBIA COUNTY, FLORIDA

STATE OF FLORIDA,
Plaintiff

VS.

CASE NO.:

Defendant

ADDENDUM TO PLEA AGREEMENT

Your Plea Agreement requires a period of probation. In addition to all special conditions announced at sentencing, your probation will include the following standard conditions. If you have any objection to the imposition of any standard condition, the Court will consider the objection at the time of sentencing. If you fail to object, the standard conditions will be imposed. You may, however, at any time during your supervision, petition the Court for deletion or modification of any condition of probation.

The standard conditions which are imposed in your case as as follows:

1. Not later than the fifth (5th) day of each month, you will make a full and truthful report to your Probation Officer on the form provided for that purpose.
2. You will pay the State of Florida the cost of your supervision, unless otherwise exempt in compliance with Florida Statutes.
3. You will not change your residence or employment or leave the county of your residence without the consent of your Probation Officer.
4. You will neither possess, carry, nor own any weapons or firearms without the consent of your Probation Officer.
5. You will live and remain at liberty without violating the law. A conviction in a court of law shall not be necessary in order for such violation to constitute a violation of your probation.
6. You will not use intoxicants at all, or possess any drugs or narcotics unless prescribed by a physician; nor will you visit places where intoxicants, drugs, or other dangerous substances are unlawfully sold, dispensed or used.
7. You will work diligently at a lawful occupation, advise your employer of your probation status, and support any dependents to the best of your ability, as directed by your Probation Officer.
8. You will promptly and truthfully answer all inquiries directed to you by the Court or the Probation Officer, and allow the Officer to visit in your home, at your employment site or elsewhere, and you will comply with all instructions he may give you.
9. You will not associate with any person engaged in any criminal activity.

DEFENDANT

DATE

10. You will perform public service work as ordered by the court and directed by your community control officer.

11. You will remain confined to your approved residence except for one-half hour before and after your approved employment, public service work, or any other special activities approved by your community control officer.

12. You will submit to urinalysis, breathalyser or blood tests at any time requested by your community control officer, or the professional staff of any treatment center where you are receiving treatment, to determine possible use of alcohol, drugs, or controlled substances.

13. You will maintain an hourly accounting of all your activities on a daily log which you will submit to your community control officer upon request.

14. You will participate in self-improvement programs as ordered by the court and directed by your community control officer.

15. You will not associate with any person engaged in any criminal activity.

The above conditions have been explained to me by my attorney and I understand and agree that each of the above standard conditions together with any special conditions imposed by the court shall be requirements of my supervision.

Defendant

Date

IN THE CIRCUIT COURT IN AND FOR ESCAMBIA COUNTY, FLORIDA

STATE OF FLORIDA,
Plaintiff

VS.

CASE NO.:

Defendant
_____ /

PRETRIAL RELEASE ORDER

The Court being advised by and having reviewed the recommendations of the Escambia County Pretrial Services Release Program and the defendant having agreed to participate and successfully complete the Substance Abuse Diversion and Treatment Program as a condition of release, and the defendant having been advised of the requirements of the program including but not limited to: no new arrest; random urinalysis; remaining drug free; compliance with all phases of the treatment program including therapy and counseling sessions,

IT IS HEREBY CONSIDERED AND ORDERED that the defendant herein is released in the custody of and under the supervision of the Florida Department of Corrections upon admittance to the Drug Abuse Treatment Program (DATP).

IT IS FURTHER CONSIDERED AND ORDERED that if the defendant is no longer eligible for release under the aforementioned conditions, or if additional information by the Florida Department of Corrections renders the defendant unacceptable for release under the aforementioned conditions, alternate bond is hereby set in the amount of \$-0-.

DONE AND ORDERED at Escambia County, Florida, this _____ day of _____,
199__.

CIRCUIT JUDGE

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE ORDER AND AGREE TO COMPLY WITH THE INSTRUCTIONS. I FURTHER AGREE THAT THE PROCEEDINGS OF THIS CASE SHALL BE CONDUCTED IN THE SPECIAL DRUG COURT AND WAIVE ANY OBJECTION. I FURTHER AGREE TO COMPLY WITH ANY CONDITIONS THE COURT MAY ELECT TO IMPOSE AS SANCTIONS INCLUDING BUT NOT LIMITED TO INCARCERATION.

Court Date: _____

DEFENDANT

DATE

FAILURE TO APPEAR IS A CRIMINAL OFFENSE, AND IF YOU FAIL TO APPEAR AFTER NOTICE HAS BEEN GIVEN TO YOU, A WARRANT SHALL BE ISSUED FOR YOUR ARREST.

IN THE CIRCUIT COURT IN AND FOR ESCAMBIA COUNTY, FLORIDA

STATE OF FLORIDA,
Plaintiff

VS.

CASE NO.:

Defendant
_____ /

**WAIVER OF RIGHT TO ASSERT SPECIFIED GROUNDS AS A BASIS FOR MOTION
OF RECUSAL**

COMES NOW the defendant by and through undersigned counsel and acknowledges that as consideration for acceptance and/or continued participation in the Escambia County Drug Court

1. that the above-styled case will be assigned to Division "X" before the designated Circuit Judge(s) assigned to the Escambia County Drug Court;
2. that should defendant fail to successfully complete the Escambia County Drug Court Program and be ejected from said program that the above-styled case will remain assigned before the aforementioned designated Circuit Judge(s);

Understanding that the assignment of this case is to the aforementioned Circuit Judge(s) throughout all proceedings until ultimate disposition of the case, irrespective of defendant's success or failure in completing the Escambia County Drug Court, defendant hereby waives his right to assert as a basis for a motion to recuse the sitting Circuit Judge

1. that judge's personal involvement with the defendant during the course of his treatment in the Escambia County Drug Court;
2. that judge's knowledge, both person and otherwise, of defendant's compliance or non-compliance with the requirements of the Escambia County Drug Court;
3. that judge's decision to eject the defendant from the Escambia County Drug Court Program on the basis of his or her failure to comply with such requirements.

Defendant hereby freely, voluntarily and knowingly waives the right to assert the foregoing as grounds for a motion to recuse and acknowledges that he does so after having consulted with counsel.

Dated this _____ day of _____, 199__, in open Court, Pensacola, Florida.

DEFENDANT

DEFENSE COUNSEL

IN THE CIRCUIT COURT IN AND FOR ESCAMBIA COUNTY, FLORIDA

STATE OF FLORIDA,
Plaintiff

VS.

CASE NO.:

Defendant
_____ /

PRESIGNED WAIVER OF EXTRADITION

I hereby acknowledge that if I subsequently leave the State of Florida and the State of Florida has requested that I be returned to the State of Florida for a violation of probation or community control, I hereby waive the issuance and service of a Florida Governor's Rendition (Extradition) Warrant and all other procedures incidental to extradition proceedings, and any jurisdiction where I may be found can surrender me to the duly authorized Florida agent, whose custody I will be in, and who will then transport me to Florida to await disposition of the alleged violation of my probation or community control.

DEFENDANT

Social Security Number

Witnessed at Pensacola, Escambia County, Florida,
this _____ day of _____, 199__.

DEFENSE COUNSEL

SIGNATURE OF WITNESS

LAKEVIEW CENTER, INC.

An Affiliate of Baptist Health Care

COMPREHENSIVE PSYCHOSOCIAL RE-ASSESSMENT

I. DATA SECTION

DATE OF RE-ASSESSMENT: _____ PROGRAM: _____

DATE OF BIRTH: _____ MARTIAL STATUS: _____ RACE: _____ SEX: _____

RE-ASSESSMENT

II. REASON FOR CONTINUED TX: _____

III. MEDICAL RE-ASSESSMENT (TO INCLUDE PHYSICAL DEVELOPMENT AND HEALTH STATUS): _____

CURRENT MEDICATION(S): _____

NUTRITIONAL STATUS (NUTRITIONAL RISK FACTOR/RECENT WT LOSS/GAIN): _____

IV. BEHAVIORAL HEALTH RE-ASSESSMENT (include impact of major life changes on the client's tx.): _____

V. ADDICTION RE-ASSESSMENT (include impact of major life changes on the client's tx.): _____

CLIENT NAME: _____ **ID#:** _____ 1

VI. LEGAL STATUS (AS APPROPRIATE):

CIVIL SUITS PENDING:

HAVE YOU FILED FOR SSI:

VII. EDUCATION/VOCATION/EMPLOYMENT RE-ASSESSMENT (include developmental history, as applicable):

VIII. PEER AND COMMUNITY RESOURCES (include religious/spiritual issues):

IX. ACTIVITY/RECREATIONAL RE-ASSESSMENT:

X. MENTAL STATUS (include behavioral and emotional status):

CLIENT NAME: _____ **ID#:** _____ **2**

XI. CLINICAL SUMMARY (INTEGRATION OF RE-ASSESSMENT FINDINGS AND CLIENT'S/FAMILY'S INVOLVEMENT):

CODE #'S DSM ICD

AXIS I - _____

AXIS II - _____

AXIS III - _____

AXIS IV - _____

AXIS V - _____ = CURRENT GAF

XII. PROBLEM LIST UPDATE:

XIII. EFFECTIVENESS OF TREATMENT (BASED ON THE CLIENT'S NEEDS, GOAL ATTAINMENT, STRENGTHS, SYMPTOMS, AND BEHAVIORAL PATTERNS):

CLIENT NAME: _____ SIGNATURE/TITLE/CREDENTIALS _____ DATE _____ ID#: _____

Print Client Name:		Client Identification Number:		Date:		Adult 65D-16 Day/Night ASAM Level II.1		
DIMENSIONS	ADMISSION CRITERIA			Circle all items in each dimension that apply to the client's situation. Place a check in the "yes" or "no" box that indicates validation or lack of validation for placement into this level of care.		YES	NO	
ASAM Requirements	Must meet Dimensions 1, 2, or 3 and one of Dimensions 4, 5, or 6. Transfer criteria: Clients may be transferred to this level of care when they have met essential treatment objectives in a more intensive level and require this intensity of service provided at this level of care in at least one dimension. A client may transfer from Level I when services at that level have been insufficient to address the client's needs or when Level I has consisted of motivational interventions to prepare the client for participation in a more intensive level of care for which admission criteria are met.							
Dimension 1: Alcohol Intoxication and /or Withdrawal Potential	The client's situation in this dimension is characterized by one of the following: a. Client is free from intoxication or withdrawal symptoms/risks; or b. The client's intoxication or withdrawal symptoms/risks can be managed at this level of care.						X	
Dimension 2: Biomedical Conditions and Complications	None or not a distraction from treatment and manageable in Level II.1. The client's biomedical conditions, if any, are stable or are being concurrently addressed and will not interfere with treatment at this level of care.						X	
Dimension 3: Emotional/Behavioral Conditions and Complications	Mild in severity with potential to distract from recovery and needs monitoring. The client's status in this dimension is characterized by one of the following: a. The client engages in addiction related abuse/neglect of spouse, children or significant others, requiring intensive outpatient treatment to reduce risk of further deterioration; or b. The client has a diagnosed emotional/behavioral condition which requires monitoring and/or management due to a history indicating a high potential for distracting the client from recovery or treatment; or c. The client is at mild risk of behaviors endangering self, others or property, but these are not serious enough to require 24-hour supervision.						X	
Dimension 4: Treatment Acceptance/Resistance	Resistance high enough to require a structured program but not so high as to render outpatient treatment ineffective. – The client's status in this dimension is characterized by one of the following: a. The client requires structured therapy and a programmatic milieu to promote treatment progress and recovery because of failure at different levels of care. Such interventions are not likely to succeed at Level I service; or b. The client's perspective inhibits his/her ability to make behavior changes without clinically-directed and repeated structured motivational interventions. Such interventions are not feasible or not likely to succeed at Level I service. The client's resistance, however, is not so high to render the treatment ineffective.						X	
Dimension 5: Relapse/ Continued Use Potential	Intensification of addiction symptoms, despite active participation in Level I and high likelihood of relapse or continued use without close monitoring and support. Despite active participation at a less intensive level of care, the client is experiencing intensification of addiction symptoms (cravings/drug seeking related behavior) and is deteriorating in his/her level of functioning despite revisions in the treatment plan.							
Dimension 6: Recovery Environment	Environment not supportive, but with structure and support the client can cope. The situation is characterized by one of the following: a. Continued exposure to current job, school or living environment will make recovery unlikely, and the client has insufficient or severely limited resources or skills needed to maintain an adequate level of functioning without this level of service; or b. The client lacks social contacts, or has inappropriate social contacts that jeopardize recovery, or has few friends or peers who do not use alcohol/drugs. The client also has insufficient or severely limited resources or skills to maintain an adequate level of functioning without this level of service.						X	
Recommendations/Notes:								
Client is admitted to Pathway's one year outpatient substance abuse Drug Court treatment modality that is in three phases.								
Print Counselor Name: FRANK EDWARD LOGAN		Counselor Signature/Credential: M.S., Assessment Specialist		Date:				

____ Adult

____ Adolescent

PATHWAY CLIENT INFORMATION

CHECK here for note : NOTES _____

CLIENT NUMBER _____ ADMIT DATE _____

NAME _____ FIRST _____

STREET _____

STATE _____ ZIP _____ PHONE # _____

D.O.B. _____ AGE _____ SEX _____ ETHNIC ORIGIN _____

PATHWAY PROGRAM INFORMATION

COUNSELOR _____ DAY/NIGHT _____

PRIMARY DX _____ SECONDARY DX _____

PROGRAM

IO <input type="checkbox"/>	EDU <input type="checkbox"/>
I/O - EDU <input type="checkbox"/>	

DC <input type="checkbox"/>	FFP <input type="checkbox"/>
DRUG COURT/FFP <input type="checkbox"/>	

INSURANCE _____ NOTE _____

SELF-PAY HRS MEDICAID WISE PREGNANT

PHASE I _____ PHASE II _____ PHASE III _____

EXP D/C DATE _____ ACT DC DATE _____ CLOSE DATE _____

TYPE OF DISCHARGE _____ ADM TRANS _____

TRANSFER TO _____ TRANSFER DATE _____

FOR USE IN THE UA LIST ONLY

TX DAYS _____

DOC _____

DOC TEST DAYS

MON

TUE

WED

THU

FRI

LAKEVIEW CENTER, INC.
An Affiliate of Baptist Health Care
EPISODE OF CARE (DACs)

CLIENT NAME: _____ CLIENT I.D. #: _____

PLAN COORDINATOR PRIMARY THERAPIST OTHER _____

DATE ADMIT TO EPISODE: _____ EPISODE OF CARE RU: _____

PLAN COORDINATOR- _____

NAME _____ LD.# _____

*CHANGE PLAN COORDINATOR - _____

COORDINATE WITH PLAN COORDINATOR - COMPLETE BACK NAME _____ LD.# _____

DO NOT CHANGE COORDINATOR _____

MAY NEED ADDENDUM TO IMP. PLAN SUPPORTING THERAPIST - NAME _____ LD.# _____

EPISODE (ADMIT) DIAGNOSIS

Axis I - _____ DSM CODE _____

Axis I - (Secondary) _____ DSM CODE _____

Axis II - _____ DSM CODE _____

Axis III - _____ DSM CODE _____

Axis IV - _____

Axis V - GAF _____ (Current)

DATE DISCHARGED FROM EPISODE: _____ STAFF I.D. _____

*DISCHARGE FROM ALL SERVICES (SEE DISCHARGE/TRANSFER SUMMARY) *TRANSFER WITHIN LCI (MAY NEED PLAN COORDINATOR CHANGE)

1 - ONLY initial visit 2 - No further services required 3 - WITHOUT program consent

4 - WITH program approval 7 - DIED 8 - TREATMENT COMPLETED

1 - IMPROVED 2 - UNCHANGED 3 - REGRESSED

EPISODE (DISCHARGE) DIAGNOSIS

Axis I - _____ DSM CODE _____

Axis I - (Secondary) _____ DSM CODE _____

Axis II - _____ DSM CODE _____

Axis III - _____ DSM CODE _____

Axis IV - _____

Axis V - GAF _____ (Current)

REFERRAL TO: _____

SPECIFY: FACILITY / PROGRAM / OTHER AGENCY

REV. 3/97

FILE UNDER EPISODE OF CARE (EOC)

Attachment I: Adult Characteristics for ASA and AMH Clients *[Check all items that apply]*

- 1 [ASA ONLY]: Has primary or secondary diagnosis or diagnostic impression of psychoactive substance use disorder. (If secondary SA diagnosis, person must have primary MH diagnosis.)
- 2 [ASA ONLY]: Current primary, secondary or tertiary drug of choice is administered through injection.
- 3 [ASA ONLY]: Has history of intravenous substance use.
- 4 [ASA ONLY]: Is pregnant, or has one or more dependents age 17 or younger for whom she/he is custodial parent, legal guardian or primary caretaker.
- 5 [ASA ONLY]: Client or dependent is client of Family Safety and Preservation Services.
- 6 [ASA ONLY]: Court has mandated substance abuse treatment services.
- 7 [ASA ONLY]: Under community supervision of criminal justice entity (i.e., probation, parole, pretrial release or other controlled release arrangement).
- 8 [ASA ONLY]: Has no current substance use, but has been determined to be at risk of abusing alcohol or other drugs.
- 9 [AMH or ASA]: Has diagnosis or diagnostic impression of Axis I or Axis II mental disorder.
- 10 [AMH or ASA]: Has "Incompetent to Proceed" (ITP) Court Order due to mental illness.
- 11 [AMH or ASA]: Has "Not Guilty by Reason of Insanity" (NGI) Court Order.
- 12 [AMH or ASA]: Is on Conditional Release due to mental illness.
- 13 [AMH or ASA]: Receives Supplemental Security Income (SSI) due to psychiatric disability.
- 14 [AMH or ASA]: Receives Social Security Disability Income (SSDI) due to psychiatric disability.
- 15 [AMH or ASA]: Receives Disabled Veterans income due to psychiatric disability.
- 16 [AMH or ASA]: Receives other type of disability income due to psychiatric disability.
- 17 [AMH or ASA]: Receives Social Security for reasons other than psychiatric disability and has psychiatric disability.
- 18 [AMH or ASA]: Has documented evidence of long term psychiatric disability, and does not need, unable to apply or refuses to apply for disability income.
- 19 [AMH or ASA]: Does not receive disability income due to psychiatric disability, but has application in process or has received such income within last 5 years.
- 20 [AMH or ASA]: Meets criteria for admission to mental health receiving facility.
- 21 [AMH ONLY]: Shows evidence of recent severe stressful event and problems with coping.
- 22 [AMH ONLY]: Has mental health presenting problem.

TANF ADM Program Referral Form

Agency Name: Lakeview Center, Inc. Date of Referral: _____
DACS/Pathway

Authorizing Staff Signature: _____ Phone: (850) 453-7722
Frank Edward Logan, M.S.

TANF Participant Information			
Name: _____		Date: _____	
Social Security Number: _____		Date of Birth: _____	
Address: _____		Phone: _____	
Total Household Members: Age 0-17 _____ Age 18-34 _____ Age 35-59 _____ Age 60+ _____			
Clinical referral focus for <input type="checkbox"/> Substance Abuse <input type="checkbox"/> Mental Health <input type="checkbox"/> Dual Diagnosis			
Is participant currently in treatment? <input type="checkbox"/> Yes <input type="checkbox"/> No		Admission Date: _____	

TANF Eligibility Population & Criteria for Referral	
<i>Check the eligibility for TANF Treatment criteria for which you are basing your referral for either WAGES or Non-WAGES population. Each box under one population must be checked in order for the referral to be accepted.</i>	
WAGES <input type="checkbox"/> Participant type (circle one) a. Applicant/recipient b. Family member c. Post-TANF d. Child-Only case <input type="checkbox"/> Employment instability due to MH/SA problems <input type="checkbox"/> Not a SSI recipient	Non-WAGES <input type="checkbox"/> Eligible Family includes (circle one) a. Parent(s)/Relative Caretaker with one or more minor children living in the home b. Pregnant women c. Family Safety involvement with treatment included on active Re-Unification Plan <input type="checkbox"/> Family is at risk of becoming welfare dependant due to MH/SA problems <input type="checkbox"/> Family Income of \$ _____ meets the 200% of federal poverty level with documentation in agency's record

TANF Special Program Eligibility
<i>If this participant qualifies for a TANF Special Program, please check the appropriate box. See back for criteria.</i>
<input checked="" type="checkbox"/> Intensive Substance Abuse Treatment for Pregnant Women or Mothers and Babies <input type="checkbox"/> Residential Substance Abuse Services for WAGES participants <input type="checkbox"/> Children's Mental Health and Substance Abuse Services

ADM Verification/Certification
<i>Based on the FLORIDA System and other ESS data, I certify that this client meets the WAGES criteria for TANF services.</i>
District TANF Specialist's Signature: _____
Authorization Numner (If applicable): _____ Date of Verification: _____
<i>Based on the information given, I certify that this client meets the Non-WAGES criteria for TANF services.</i>
District TANF Specialist's Signature: _____
Authorization Numner (If applicable): _____ Date of Verification: _____

Client Name: _____ Client Id: _____

APPENDIX B:

JACKSON COUNTY DRUG COURT FORMS

INTAKE SCREENING FORM

Date _____ (fill out completely & PRINT)

Name: Last _____ First _____ MI _____

Jr/Sr _____ SSN _____ Phone _____ home

Address _____ work

_____ zip _____

Lives with _____ Relationship _____ Time in KCMO area _____

Type of residence: House Apt. Trailer Other _____ Other states lived in _____

Birthdate _____ Age _____ Race/Sex _____ Height _____ Weight _____

Hair _____ Eyes _____ Scars/Tattoos _____

Other names used _____ Birthplace _____ Do you have a DFS Worker _____

Employment: Present job _____
Address _____
Income _____ Work Schedule _____
Supervisor _____ Phone _____

Finances: Do you owe back payments for (check all that apply)
housing _____ utilities _____ credit cards _____ child support _____

Family (use back if you need more room)				
# Times married _____ Current Marital Status: Married Divorced Widow(er) Separated Single				
Name of	Address	Phone		
Spouse/Girlfriend/Boyfriend:				
Father:				
Mother:				
Brothers/Sisters:				
Children(s) Names:	Lives with	Age/Sex	Grade	School

Other: Last use date _____ Substance(s) used _____

Medication Taken: Yes ___ No ___ If yes, list medications and reason _____

Ever attempted suicide: Yes ___ No ___ If yes, # of attempts _____ Date of last attempt _____

Drug Court Intake Checklist

check off and initial when complete

Name: _____

Date: _____

Date of Initial Appearance: _____

Diversion Manager: _____

Counselor: _____

Client Advocate: _____

Check

Reviewed by: _____

Initial _____

Information Questionnaire: _____

Information Release Forms: _____

Drug Court
State of Missouri

Risk Assessment: _____

Initial Risk Determination
Criminal History

Employment Verification: (and how verified) _____

Place of employment _____
Hours worked _____
Length of employment _____

Transportation: _____

Car or access to car _____
Bus _____

Residence Verification: _____

S/O _____
Address checked _____
How Verified _____

Identification Verification: _____

(Circle all that apply) Driver License Social Security Card State I.D.
Copy for file

Orientation: Conducted by: _____

Date: _____

Assessment Group Assignment: _____

UA Date: _____

Last Use Date: _____

Drug Used: _____

Fax this form to JMC 881-3577 Date: _____

Boyd 881-3810 Date: _____

Next Court Date: _____

Rev.: 4/98

Name:

Case No.

DRUG COURT DIVERSION PROGRAM CONTRACT

I agree to enter the Diversion Program, and by doing so I understand I will have certain obligations and responsibilities. I will have to follow the orders given to me by the Judge, my Diversion Manager, and other people involved in the Diversion Program.

CLIENT RESPONSIBILITIES

My Responsibilities are:

1. I must tell the truth;
2. I am giving up my right to a preliminary hearing;
3. I am giving up my right to a speedy trial during the time I am in the Diversion Program;
4. I must attend all court sessions as ordered;
5. I must follow the treatment plan as developed by my Treatment Team;
6. I must obey all the laws, and I understand that if I engage in any criminal act, I will be prosecuted for the charges pending against me;
7. I must tell my Diversion Manager within 48 hours if I move or change my telephone number or disconnect my telephone;
8. I must tell my Diversion Manager within 48 hours of any change in employment;
9. I must get permission from the Judge before I leave town;
10. I must submit urine samples for testing upon request;
11. I understand the Diversion Program is eighteen (18) months and will cost me \$250.00, but I also understand the time and cost can be reduced based upon my progress and successful participation;
12. I will be required to bring five (\$5.00) dollars to each court appearance which will be applied to the \$250.00 fee;
13. I understand that while I am in the Drug Court Diversion Program, I may not possess, carry or transport any weapon as defined by statutes; and
14. I understand that I must follow the rules of this program, the directives given by the Judge and my Treatment Team, and I must remain drug and alcohol free while in the program. If I fail to do so, the Judge may impose sanctions upon me which can include but are not limited to:
 - a. Additional community service restitution;
 - b. Extra sessions with my Diversion Manager, client advocate or counselor;
 - c. Extra self-help groups;
 - d. Residential treatment program of a 30-90 day duration;
 - e. Incarceration in the Jackson County Department of Corrections as determined by the Judge;
 - f. Attend extra AA/NA meetings;
 - g. Attend sanction groups such as Focus, 2nd chance or etc.;
 - h. Attend the J.A.M. Program in the Jackson County Department of Corrections; or
 - i. Termination from the Diversion Program.

CLIENT RIGHTS AND BENEFITS

I Understand:

1. That during the time I am in the Diversion Program, the prosecution of the criminal case(s) pending against me will be stayed;
2. That if I successfully complete the Diversion Program, the criminal case(s) pending against me will be dismissed and I can never be tried for those charge(s).
3. That I can talk to a lawyer at any time, and if I cannot afford a lawyer, I can ask the Court to appoint a lawyer to give me legal advice;
4. That the Public Defender is appointed to represent me and give me advice on the Diversion Program only and not to represent me on the criminal case(s) pending against me;
5. That I can quit the Diversion Program at any time, but I also understand if I do so I will be prosecuted on the case(s) pending against me;
6. That if I quit the Diversion Program, or I am terminated from the Diversion Program, anything I have said concerning my drug use while in the Diversion Program cannot be used against me in Court; and
7. That I will not be asked questions about the case(s) pending against me while I am in the Diversion Program.

I FURTHER UNDERSTAND THAT IF I AM TERMINATED FROM THE PROGRAM THAT MY CONDUCT WHILE IN THE PROGRAM MAY BE CONSIDERED BY THE JUDGE FOR THE PURPOSE OF DETERMINING THE APPROPRIATE JUDGMENT.

DATE

CLIENT SIGNATURE

**DRUG COURT
INITIAL ELIGIBILITY DETERMINATION**

Accused _____ Charges _____
 ___New Filing ___Active Case Case Number_____

QUALIFYING CHARACTERISTICS:

- An individual charged w/the following is presumed to be a drug user.
 This list is not all inclusive
- ___ Possession or Attempt to Possess a Controlled Substance,
 - ___ Sale of a Controlled Substance,
 - ___ Fraudulent Prescriptions.
 - ___ Nonviolent property, checks, fraud w/ admission of drug problem,
 - ___ The individual states to the police &/or bond investigator that he/she uses drugs. Family or friends report drug use.
 - ___ The individual test positive for drug at time of arrest.

DISQUALIFYING CHARACTERISTICS:

- ___ The individual is not a resident of Jackson County.
- ___ The individual is charged with a violent offense, crime against person.
- ___ The individual displayed or had a gun on or about his person.
- ___ The individual is charged with the following:
 Class A Trafficking 1st or 2nd degree, Sale of Controlled Substance Within 1000 feet of a School (must be tied to the school) ,
 Manufacture or Attempt to Manufacture Methamphetamine.
- ___ The individual is charged with three or more felony counts.
- ___ The individual has had any of the following convictions:
 Murder 1st, or 2nd, Voluntary & Involuntary Manslaughter,
 Robbery 1st, ACA, Assault 1st or 2nd, or two if a misd., Weapons Offenses- all felonies, two if misd., Sexual offense, such as Rape, Sodomy, Child Sexual Abuse, Arson 1st.
- ___ The individual has two or more felony convictions.
- ___ The individual is under Federal, State probation or parole supervision.
- ___ The amounts possessed or sold are outside the guidelines listed below.
- ___ The individual is Gang involved.

SUBSTANCE	AMOUNT POSSESSED	AMOUNT SOLD
	Equal to or less than	
Marijuana	75gr/3 oz.	1 oz
Methamphetamine	2gr	2 gr
Cocaine Hydrochloride	2gr	2 gr
Cocaine Base	2gr	2 gr
LSD	5 Hits	NONE
PCP	5 Dipped Cigarettes	NONE
Psilocybin	1oz	1 oz
Miscellaneous- Pills:		
	Will be evaluated on a case by case basis.	

_____ **ELIGIBLE** _____ **INELIGIBLE** _____
 _____ **SCREENED BY** _____ **DATE** _____

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Assessment Summary

Eligibility:	Yes _____	No _____
Charge	_____	_____
Criminal History	_____	_____
Residence	_____	_____
Substance Use	_____	_____

Level of Criminality:	
Risk : High _____	# Arrests _____
Medium _____	# Convictions: _____
Low _____	

Level of Addiction:			
None: _____	Low: _____	Medium: _____	High: _____

Treatment Needs:	None	Low	Medium	High
Education	_____	_____	_____	_____
Employment	_____	_____	_____	_____
Financial Counseling	_____	_____	_____	_____
Health				
Physical	_____	_____	_____	_____
Mental	_____	_____	_____	_____
Housing	_____	_____	_____	_____
Family	_____	_____	_____	_____
Anger	_____	_____	_____	_____
Other _____				

Summary of UA Results:		
# dropped _____	# missed _____	# positive _____
List drugs used: _____		

Treatment Level Indicated:	
Placement Recommended:	
Sign Contract: YES _____	NO _____

Drug Court Treatment Plan

SITE [][]	DATE [][] [][] [][] MO DAY YR	CLIENT ADVOCATE _____ DIVERSION MANAGER _____ COUNSELOR _____
CLIENT _____		
TREATMENT MONTH	01 02 03 04 05 06 07 08 09 10 11 12 13 14 15 16 17 18 [][]	
PHASE [][]	DATE [][] [][] [][] [][] MO DAY YR ENTERED PHASE	LEVEL/STAGE [][] DATE [][] [][] [][] [][] MO DAY YR ENTERED LEVEL/STAGE

Length of Session:

Purpose of Session: (Circle One) 1. Initial Plan 2. Revised Plan; Level/Stage Change 3. Revised Plan, change of circumstance

STRENGTHS:

NEEDS:

SHORT TERM GOALS:

1 _____

2 _____

3 _____

4 _____

LONG TERM GOALS:

5 _____

6 _____

7 _____

8 _____

TREATMENT PLACEMENT SUMMARY FORM

CLIENT: _____ Client No.: _____
Date Assigned: _____ Date Completed Assessment: _____

From information obtained during assessment, above client was assessed as needing treatment at:

Level _____ Location _____

Alcohol and Drug Addiction Assessed at ___ None ___ Low ___ Medium ___ High

Other Treatment Needs: (Indicate Primary; Secondary; None at present)

___ Anger	___ Education	___ Employment
___ Housing	___ Financial	___ Family Counseling
___ Stress Management	___ Physical Health	___ Mental Health
___ Other: _____	_____	_____

Treatment Recommendations:

Assessment Instrument Scores:

___ 20 Question Score (3 or More Indicates Addiction)
___ MAST (5 or More Indicates Serious Problem)
___ Using Checklist (3 or More Indicates Addiction)
___ Marijuana Use Checklist (1 or More Indicates Problem)
___ Typology (Type II More Serious Problem)
___ Depression Index (20 Indicates Problem)
___ Anger Scale (3 or More Indicates Problem)
___ Stress Checklists (High Needs Indicated)
___ Offender Personality (7 or More Indicates Offender Identification)

Mental Health Screening Form:
___ Schizophrenia (2 or More = Problem)
___ Bi-Polar (3 or More = Problem)
___ Depression (3 or More = Problem)

ISAP (ASI) Scores:
___ Medical
___ Employment/Support
___ Alcohol
___ Drug
___ Legal
___ Family/Social
___ Psychiatric

Urine Test Results:

Test One _____
Test Two _____

Identified Drug(s) of Choice:

Counselor

JACKSON COUNTY DRUG COURT

Client Progress Report

Phase: _____

Report Period: _____ To: _____ Client: _____
 Provider: _____ Address: _____
 Counselor: _____
 Diversion Manager: _____ Phone: _____
 Drug of Choice: _____ Last Positive: _____

Meetings Summary	Expected	Attended	Compliance Percentage
Diversion Manager	_____	_____	_____ %
Groups	_____	_____	_____ %
Individual	_____	_____	_____ %
Twelve Step Meeting	_____	_____	_____ %

Urinalysis	Total Tests	Number Positive	Compliance Percentage
	_____	_____	_____ %

Compliance	Overall	This Report
	_____ %	_____ %

Employment/Education
Employment: _____ Education/Highest Grade Achieved: _____ Hours: _____

Balances
Community Service Balance: _____ Drug Court Fee Balance: _____ Restitution Balance: _____

Miscellaneous
No.-Prior Inpatient: _____ No. Prior Sanctions: +: -:

Notes: See Drug Court Notes in Informer

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Drug Court Staffing Record

SITE [][]	DATE [][] [][] [][] MO DAY YR	COUNSELOR _____ DIVERSION MANAGER _____ CLIENT ADVOCATE _____
NAME _____		
TREATMENT MONTH 01 02 03 04 05 06 07 08 09 10 11 12 13 14 15 16 17 18 [][]		
PHASE [][]	DATE [][] [][] [][] [][] MO DAY YR ENTERED PHASE	LEVEL/STAGE [][] DATE [][] [][] [][] [][] MO DAY YR ENTERED LEVEL/STAGE
Length in minutes: _____		
Type: 1. Scheduled 2. Unscheduled 3. Other _____		
Purpose: 4. Court 5. P/Viol. 6. L/S Change 7 Follow/Up 8 Other _____		

1. Substance Use Issues

- a Last use date _____
- b Relapse Group attendance _____
- c 12 Step attendance _____
- d Sponsor verification & date _____

2. Family Issues

- a Fathering group _____
- b Parenting group -other _____
- c Relationship _____
- d Child care _____
- e Child -other (Identify) _____
- d Family -other (Identify) _____

3. Personal Issues

- a Cognitive Skills _____
- b Conflict Resolution _____
- c Anger Management
 - c.1 Anger Group attendance _____
 - c.2 VIP participation _____
- d Associates _____

4. Program Compliance

- a Attendance (Compliance rate) _____
- b Leisure Activity (Attendance Rate) _____
- c Phase/Level change _____
- d 2nd Chance attendance _____
- e Focus Group attendance _____
- f Other (Identify) _____

5. Violations

- a Legal (date of arrest) _____
- b Report Center _____
- c Other (Identify) _____

6. Vocational/Educational/Employment

- a GED/School/Training Place: _____
- 6a1 Attendance _____
- 6a2 Progress _____
- 6a3 Last Verification Date _____
- b Employment:
 - 6b1 Place _____
 - 6b2 Last Verification Date: _____
 - 6b3 Days/Hours: _____

7. Housing

- a Home visit date _____
- b Housing needs _____
- c Referral (Place/Date) _____

8. Financial

- a Date budget completed _____
- b Financial Needs _____
- c Referral (Place/Date) _____

9. Health

- a Physical
 - 9a1 referral _____
 - 9a2 results _____
- b Mental
 - 9b1 referral _____
 - 9b2 results _____

11. Emergency Issues:

- a Food _____
- b Clothing _____
- c Shelter _____

13. Transportation

- a Bus tokens Current # _____ Total # _____
- b Van _____

14. Other (Identify) _____

Comments:

Graduation Checklist

To be completed by treatment team on each client who has been in Drug Court for one year.

Name: _____

Criteria		Check
In program one year or more	Date entered:	
Phase TWO four months or more	Date entered:	
Drug free six months or more	Date last positive:	
Warrants & payable contempt resolved	Date resolved:	
Program compliance acceptable	Compliance rate:	
Completed 40 hours Community Service	Date completed:	
Paid fees required by Court	Amount Paid: Amount Waived:	
Employed, school, or training 90 days	Date began:	

Date of last arrest or contact with law enforcement: _____

Treatment Plan:

Who	What	When
_____	_____	_____
_____	_____	_____
_____	_____	_____

Treatment Team:

Date : _____

APPENDIX C:

IMPACT EVALUATION METHODOLOGY

Appendix C. Impact Evaluation Methodology

The principal objective of our research is to learn whether or not participation in drug court reduces criminal recidivism to a lower level than would prevail in the absence of drug courts. We necessarily employed a quasi-experimental design, so the analysis had to contend with potential selection bias. An instrumental variable approach provided the solution. Because the instrumental variable approach is relatively uncommon in criminal justice research, this appendix provides an analytic sketch and justification. It also explains the statistical model and how results were interpreted.

C.1 Selection Bias and Instrumental Variables

In a simple model specification, we can write the outcome variable (Y) as a linear function of a row vector of control variables (X) and a column vector of parameters β . Also, ε_1 represents a random error term, so:

$$Y = X \beta + \varepsilon_1$$

So far, the model lacks a treatment effect, but this is easily added. Let T be a dummy variable coded one when the offender is treated (that is, enters drug court) and coded zero otherwise. Let τ represent the treatment effect. Then

$$Y = X \beta + T \tau + \varepsilon_1$$

We seek to estimate τ , the treatment effect.

A traditional approach is to regress Y on X and T . A problem arises when T is correlated with ε_1 , because τ will be statistically inconsistent. Although correlation between T and ε_1 may seem like an esoteric concern, in fact this is an abstract statement of selection bias. To see this, suppose that T is a linear function of Z , a row vector of variables, and an error term ε_2 .

$$T = Z \alpha + \varepsilon_2$$

Suppose furthermore that ε_1 and ε_2 are correlated. Then T will be correlated with ε_1 and τ will be statistically inconsistent. Is it reasonable to be concerned that ε_1 and ε_2 are correlated? This

would happen if X excludes one or more factors that affect both selection into treatment and recidivism. "Motivation to change" is a culprit variable. Those who are motivated to change may be most likely to enter treatment (hence contributing to ϵ_2), and even without treatment, they may be most likely to avoid a new arrest (thereby contributing to ϵ_1). There are many other candidates for factors that induce selection bias. For example, drug court programs that are biased toward either good or bad risks would introduce a correlation between ϵ_1 and ϵ_2 provided the criteria "good risk" and "bad risk" are not fully explained by X.

One approach to dealing with selection bias is to estimate the τ parameter by using an instrumental variable (Maddala 1983, 260). An instrument is a variable that is highly correlated with T but not correlated with ϵ_1 . To get an instrument, we first estimate T as a function of Z and an error term, as specified above. This might be done with a probit or logistic model, but the estimation need not concern us here. Then the value of T is predicted from the results:

$$\hat{T} = Z\hat{\alpha}$$

Note that \hat{T} is an estimate of the probability that a person with characteristic Z enters treatment. To emphasize that interpretation of the instrument, we write the estimated probability of entering treatment as:

$$P(Z) = \hat{T} = Z\hat{\alpha}$$

Then the treatment effect can be estimated from the regression:

$$Y = X\beta + P(Z)\tau + \epsilon_1$$

This approach clearly removes the correlation between T and ϵ_1 , but there is a potential problem. If X and Z are equivalent, then P will be perfectly collinear with other regressors, and τ cannot be estimated. As a practical matter, then, Z must include variables that do not appear in X. Furthermore, those extra variables in Z must be important predictors of P, else collinearity between X and P will be so large that the standard error for τ will be large and τ will be estimated imprecisely. This need for P to be independent of X is known as the "identification condition." Fortunately, the identification condition can be established in this study.

To explain how this model is identified, consider the population of offenders who would be deemed eligible for drug court. Some of these offenders would not enter drug court because they were arrested before drug court had started. For them, P is identically zero, while for others, $P > 0$. This condition alone satisfies the identification condition. Moreover, for other offenders, drug court was available, but the participation rate varied over time. It was relatively small at the program's beginning and then grew as the program expanded. Thus, time, too, helps to identify τ .

An instrumental variable approach to evaluating the effectiveness of drug courts cannot solve all the problems that might arise in a quasi-experimental design. If recidivism rates vary over time, perhaps as a response to variation in police arrest procedures, then calendar time belongs in the X vector regressed on Y . In that case, calendar time cannot serve as an identification factor. This is potentially testable by including T in the regression of Y on X because τ is still identified by P being equal to zero for offenders who were arrested before the drug treatment program began. Another problem is that offenders may be different pre-drug court and post-drug court. Of course, X can serve as a control for those differences, provided they are measurable, so this is no greater problem than others typically faced in quasi-experimental designs. The strength of this design is not that it precludes all problems with an experimental design, but rather, that it deals with a serious design issue – non-random selection into treatment.

Still another consideration is that the treatment effect—as specified here—is the same on average for everybody. This is a common assumption in outcome analyses, but in fact it is unnecessary. The treatment effect might get larger or smaller as a larger proportion of offenders are treated. It might get smaller, for example, if drug court programs “cream” clients by selecting those who are amenable to treatment. It could get larger, on the other hand, if drug court programs tend to select those offenders who are the most recalcitrant. Making an alternative assumption—that the size of the treatment effect increases or decreases as a larger proportion of clients are selected for treatment is practical, and in fact, we make this alternative assumption in the analysis reported for Escambia County.

Interpretive problems arise, however, when the treatment effect is not a constant. Suppose that the treatment effect could be written as:

$$Y = X\beta + P(Z)\tau_1 + P(Z)^2\tau_2 + \epsilon_1$$

In this case, the average treatment effect can be evaluated where $P(Z) = 1$, or:

$$\tau = \tau_1 + \tau_2$$

Although this solution is correct from an algebraic perspective, it may not provide a good estimate when only small proportions of subjects receive treatment. For example, if $P(X)$ rarely gets much larger than 0.2, we would be reluctant to guess at the value of τ for $P(X)$ equal to 1. An alternative way to evaluate the treatment effect is to use the formula:

$$\tau = [\bar{P} \tau_1 + \bar{P}^2 \tau_2] / \bar{P}$$

$$= \tau_1 + \bar{P} \tau_2$$

This formulation says that the most credible estimate of the typical treatment effect comes from evaluating the regression at the mean value of the covariates. This may understate or overstate the treatment effect depending on the size of τ_2 .

Putting matters of interpretation and other limitations aside, an example based on simple algebra shows how this method works. Suppose we have a population of offenders deemed eligible for drug court and split into two equivalent groups: A and B. Group A corresponds to the pre-drug court group identified above. Group B, which corresponds to the post-drug court group, is split into two parts, B_u and B_t . Members of B_u are untreated and members of B_t are treated. There is no reason to assume that B_u and B_t are otherwise equivalent because the receipt of treatment may be highly selective. Consequently we cannot estimate a treatment effect by simply comparing recidivism for B_u and B_t . Because the notation gets cumbersome here, a table might help to keep things straight:

Groups	Subgroups	Recidivism Rate Without Treatment	Recidivism Rate With Treatment	Proportion in Group
Group A	None	R_A	Not applicable	1
Group B	B_t : Treated	R_t	$R_t + \tau$	P
	B_u : Untreated	R_u	Not applicable	(1-P)

Let R_A represent a measure for recidivism experienced by members of group A, none of whom entered drug court. If A and B are equivalent groups, except that some members of B go to drug court, then on average group B would also experience R_A in the absence of treatment. In fact, members of group B_u experience recidivism at a rate R_u . If they had not received treatment, members of group B_t would have recidivated at rate R_t , but because of treatment, they recidivate at rate $R_t - \tau$. Our task is to estimate τ , the treatment effect. An estimate results from solving two simultaneous equations. The first equation says members of group A have the same expected value for recidivism as members of group B would have without treatment. That is:

$$[1] \quad R_A = (1-P)R_u + P R_t$$

where P is the proportion of group B that is treated—that is, the proportion of group B who belong to B_t . A second equation represents the experience of group B given that P of its members were treated:

$$[2] \quad R_B = (1-P)R_u + P (R_t + \tau)$$

$$= (1-P)R_u + P R_t + P \tau$$

Substituting [1] into [2] gives $R_B = R_A - P\tau$ and solving for τ :

$$[3] \quad \tau = (R_B - R_A)/P$$

The estimate of the treatment effect is represented in terms of observable statistics and it is uncontaminated by any selection bias that causes difference between B_u and B_t . Since τ is proportional to $R_B - R_A$, the test of statistical significance reduces to a test of the difference of means between A and B. When few people enter treatment—that is, when P is small—that difference will be difficult to detect. A well designed study would avoid this problem by selecting a large sample, or by oversampling those who received treatment, or both. Of course this presumes that a large sample is available.

It is possible, if not likely, that group A differs from group B. This causes no problems if the differences are measurable. To show this, we recast the above argument slightly. First assume that all members of group A and group B are identical. Then the expected level of recidivism in group A could be written:

$$[4] \quad R_A = \beta_0$$

and the expected level of recidivism in group B could be written:

$$[5] \quad R_B = (1-P)\beta_0 + P\beta_0 + P\tau = \beta_0 + P\tau$$

This does not change the nature of the problem. We could still solve for τ given R_A and R_B . There is another way to estimate τ , however. We could regress Y (the variable that indicates whether or not recidivism occurs) on a constant and P . P would be coded zero for group A. It would be set to a constant, equal to the proportion of group B members who were treated (entered drug court), for group B. The regression structure would be:

$$[6] \quad Y = \beta_0 + P\tau + \varepsilon$$

where ε is a random error term. Least squares regression would give an equivalent estimate of τ .

Now suppose that offenders differ within A and B and perhaps between A and B, and that those differences are captured in X , a column vector of covariates. Then we could rewrite [4] as:

$$[7] \quad R_A = \beta_0 + X\beta_1$$

and we could rewrite [5] as:

$$[8] \quad R_B = (1-P(Z))(\beta_0 + X\beta_1) + P(Z)(\beta_0 + X\beta_1) + P(Z)\tau \\ = \beta_0 + X\beta_1 + P(Z)\tau$$

Provided we treat all the estimates as conditional on X , the problem is no different than when there was no X vector. Note here that P is written as $P(Z)$ because P may vary with offender characteristics. After assuming a suitable error structure, we could estimate the parameters as:

$$[9] \quad Y = \beta_0 + X\beta_1 + P(Z)\tau + \varepsilon$$

Equation [9] is exactly the regression that we introduced at the beginning of this section. Suppose that $P(Z)$ were a constant for group B. Then we could still estimate the τ parameter, because P is zero for group A. Suppose that there were no group A, then we still could estimate the τ parameter provided P varied with X . We could not estimate τ if group A did not exist and there were no variation in P . Nor could we estimate τ if there were no group A and $X=Z$;

In fact, we used nonlinear models in this analysis rather than the linear models discussed above. The probability of entering treatment was estimated using a probit model. Recidivism was measured as the timing until recidivism using a split-population survival model. That model is discussed in the next section. Given that the model is nonlinear, estimating the treatment effect was not as simple as estimating the parameter τ . Instead, we followed these steps.

- We identified the characteristics of the average offender who entered drug court. We used the characteristics of that average offender to compare predictions of recidivism for those who had and for those who had not entered drug treatment. That is, everything was held constant except the receipt of treatment.
- Once we estimated all parameters in the split-population survivor model, we used the model to predict the probability of recidivism by time S for the average offender who had not received treatment. That is, we evaluated the model when $P(Z)$ was set to zero. This simulated the outcome for group A holding the X vector constant.
- Next, we used a similar approach to simulate the outcome for group B. For this purpose, we set $P(Z)$ equal to its mean value.
- The treatment effect was estimated by subtracting the simulated outcome for group A from the simulated outcome for group B and then dividing the difference by the probability that a group B person entered treatment, that is, by the mean value of $P(X)$.

C.2 Model Estimation

We estimated a split-population survival model and used its parameter estimates to test for a treatment effect attributable to participation in drug courts. This section briefly describes the statistical model and how estimation proceeded. Finally, it describes how the findings are presented.

Maltz (1984) recommended using a split-population survival model to study criminal recidivism; Schmidt and Witte (1989) elaborated the model. For a review of the split-population model, see Chung, Schmidt, and Witte (1991). The split-population model seemed especially appropriate and even necessary to this analysis. Based on inspection of the distribution of failure times, a flexible parametric density function (such as the Weibull) appeared to explain the time

until recidivism for those who were arrested during the followup period. However, the proportion of offenders who avoided arrest during the followup period far exceeded the proportion that could otherwise be explained by the cumulative tail of any standard parametric density function. A split-population model, in contrast, provided a suitable model explaining why so many offenders avoided arrest.

The split-population model assumes, first, that criminal offenders have a probability of recidivism during an infinite period of time at risk. Practically, this means that some offenders will never recidivate; others will recidivate at different times, but this first part of the model does not say when. Thus, the model "splits" the population of offenders into two parts—those who will eventually recidivate, given sufficient time at risk, and those who will never recidivate.

The split-population model assumes, second, that the timing of recidivism (for those who will recidivate at some time) follows a statistical distribution whose form is known up to some set of unknown parameters. For example, Maltz (1984) assumed that recidivism occurred according to an exponential distribution; Schmidt and Witte (1989) assumed a log-normal distribution.

In this application, we assume that the probability that an offender will ever recidivate follows a logistic density function which can be written:

$$PR_i = \frac{1}{1 + e^{-X_i \beta}}$$

Where:

- PR_i is the probability of ever recidivating for the ith offender;
- X_i is a row vector of independent variables; and,
- β is a column vector of parameters conformable with X.

The X vector includes treatment—in the form of an instrument—as one of its elements. If the β parameter associated with treatment is positive, then treatment reduces the probability that an offender will eventually recidivate.

We assume that, for those who will eventually recidivate, the timing of recidivism has a Weibull distribution. The Weibull is often used in survival analysis because it provides a relatively flexible functional for the hazard function – the instantaneous failure rate. The Weibull is a two-parameter density written:

$$f(t) = (\alpha \cdot \lambda^\alpha \cdot t^{\alpha-1}) \cdot \exp[-(\lambda \cdot t)^\alpha]$$

Where:

- t is the time until recidivism;
- α is a parameter called the "shape" parameter because it provides a characteristic shape to the hazard function; and,
- λ is a parameter determining the expected value of the time until recidivism.

An i subscript on λ is implied. The α parameter has no subscript.

The expected value of the timing until recidivism can be written (see Lancaster 1990):

$$E(T) = \frac{\Gamma\left(1 + \frac{1}{\alpha}\right)}{\lambda}$$

Where Γ denotes the Gamma function. Each offender has a potentially unique λ , written:

$$\lambda_i = e^{X_i \xi}$$

Where:

- ξ is a parameter column vector conformable with X.

We write the parameter λ as the exponential of a linear function of X to assure that λ is always positive in the estimation. Note that the average time until recidivism decreases as λ gets larger. Thus, a positive value for an element of the ξ vector means that recidivism happens sooner; likewise, a negative parameter associated with treatment means that recidivism happens later. This is to say that a negative parameter associated with treatment implies a favorable treatment effect.

To estimate the probability of recidivating by time T (where T is the realization of the random variable t), we need to integrate the Weibull density function from 0 to T, and then multiply by PR, which is the probability of ever recidivating. Thus, we write the probability of recidivating by time T as:

$$Pr(T) = \left[1 - e^{-(\lambda \cdot T)^\alpha}\right] \cdot \left(1 + e^{X \cdot \beta}\right)$$

The probability of recidivism by time T increases as λ gets bigger. Given that a negative τ parameter associated with treatment decreases the value of λ for those who are treated, the probability of recidivism will fall with the provision of treatment. In contrast, a positive parameter associated with treatment in the β vector will cause the probability of recidivism to fall. This is worth summarizing.

- A positive parameter associated with the receipt of treatment in the first part of the split-population model (the probability of ever recidivating) means that treatment is efficacious at preventing additional criminal behavior.
- A negative parameter associated with the receipt of treatment in the second part of the split-population model (the timing of recidivism for those who do recidivate) means that treatment is efficacious at extending the period without criminal activity.

Treatment could reduce the probability of ever recidivating without affecting the timing of recidivism, or vice versa. The two effects could even be offsetting—that is, the probability of recidivism might be reduced for those who are treated, while the timing comes sooner for those who recidivate.

C.3 Data Analysis

Data analysis required two steps. The first step was to estimate the probability of entering drug court. We used a probit model to estimate this probability. The dependent variable was a binary variable coded 1 if the offender entered drug court and coded zero otherwise. Independent variables will be discussed in context, but they were predictable:

- Calendar time from the beginning of the drug court program. This was an important variable because the probability of entering drug court generally increased over time. This variable allowed us to “identify” important parameters in the model as discussed above.
- Age, gender and race/ethnicity;
- Instant offense; and,
- Criminal record.

The estimation was based on the records of subjects who were eligible for drug court. Of course, data about subjects whose cases were processed before the drug courts began operations were excluded from this analysis, because they had a zero probability of participating.

Once we had done the parameter estimation using the probit model, we used those parameter estimates to assign a probability of participating in drug court to each subject. This

probability was identically zero for offenders who were processed before the drug courts existed. It was the prediction based on the results from the probit model for all other offenders. The predictions were entered into the second stage of modeling, as explained below.

We applied the split-population model, as discussed above, in the second stage of analysis. The independent variables included all the variables that entered into the probit analysis in stage one except for calendar time. Also, the second stage analysis used the prediction from the probit analysis as an instrument variable representing participation in drug court. We have already explained the role of that instrument variable in this analysis. As discussed in section C.1, the fact that the probability of participation was identically zero before the drug courts were operational, and the fact that calendar time was excluded from the second stage model, allowed us to identify the parameter associated with treatment. Either condition would be sufficient.

Parameter estimates are presented in a series of tables, which are discussed in the main text. For each table:

- The first set of parameter estimates pertains to the probability of ever recidivating. A positive parameter estimate means that the probability of recidivating gets smaller as the variable associated with the parameter gets larger.
- The second set of parameter estimates pertains to the estimation of λ . A positive parameter estimate means that the probability of recidivating before a specified time increases as the variable associated with that parameter increases.

The final parameter is the shape parameter. Because computation procedures exponentiate the parameter reported in the table, a parameter estimate of less than 0 implies a decreasing hazard function. That is, the instantaneous risk of recidivism decreases over time.

The results for Escambia County and Jackson County are reported in chapter 4. The tables in both sections have the same form. They report the variables that entered the analysis and their estimated parameters. They also report the estimated standard errors of those parameter estimates, a t-score derived by dividing the estimated parameter by its estimated standard error, and an asymptotic test of statistical significance based on a two-tailed test of significance.

Readers who feel that the direction of the treatment effect is predictable may prefer to use a one-tailed test of significance, which is just half the value for the two-tailed test. For example, if a hypothesis test has a p-value of 0.05 in a two-tailed test, then it has a p-value of 0.025 in a one-tailed test.