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**17<sup>th</sup> Judicial District  
Union/Snyder County  
DUI Treatment Court  
Baseline Process Evaluation**

**October 2011**

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*Prepared for:*

17<sup>th</sup> Judicial District DUI Treatment Court  
Union & Snyder Counties, Pennsylvania

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## **Executive Summary**

### **Objectives and approach**

This report documents a process and outcome evaluation of the 17<sup>th</sup> Judicial District of Pennsylvania DUI Treatment Court (DUITC) during its first year of operation. The evaluation incorporated both qualitative and quantitative data collection methods, and recommendations for improvements to the DUITC program were made after examining the data. Qualitative data was collected from (1) interviews with the DUITC judges and (2) focus groups with the DUITC stakeholders including commissioners, district attorneys, public defenders, probation officers, case managers, representatives from the Victim/Witness Office, court personnel, and treatment providers from within the 17<sup>th</sup> district. Quantitative data was collected using the TRI-Court Evaluation Program™ (TRI-CEP™) and TRI Client Assessment™ (TRI-CA™) systems as well as data from the Union and Snyder counties Court Reporting Network (CRN). The TRI-CEP and TRI-CA systems collect client information including programmatic data (e.g., biological testing results, counseling and status hearing attendance, infractions, accomplishments) and perceptions and experiences with the DUITC. CRN data included both alcohol/drug and highway safety information for each client.

The evaluation followed the conceptual framework prescribed by the National Drug Court Institute's National Research Advisory Committee (NRAC, 2005) that focuses on moderator (i.e., client-level demographics and risk factors) and mediator variables (i.e., supervision and treatment services) as they relate to both proximal (i.e., treatment effects) and distal outcomes (post-treatment effects). This baseline evaluation focused on characterizing the DUITC clients on each element of the model with the exception of the distal outcomes which will be examined in the subsequent evaluation.

### **Results**

#### ***Client Characteristics***

The majority of DUITC clients were Caucasian males in their 30's who had DUI charges related to alcohol. Of all the DUITC clients, almost half had an underage age alcohol offense, one third had more than one prior DUI arrest, one fifth refused the breathalyzer, and one tenth

were driving without a valid license at the time of arrest. The primary substance of abuse was alcohol and no client had attempted to obtain treatment more than once. Clients reported drinking behaviors well above what is considered to be “problem drinking.”

### ***Supervision and Treatment Services***

It took approximately 8 months, on average, for DUITC clients to be admitted into the program following arrest. The DUITC program’s scheduling of treatment, case management sessions, and judicial status hearings met the target they had established (2 treatment sessions/week; 1 case management session/week; 3 hearings/month) and 100% of scheduled urine screens were actually administered. The court used sanctions and rewards in a consistent manner (rewards given in 89% of instances where clients were fully compliant; sanctions given in 100% of instances where clients were non-compliant). The court made adequate use of restrictive sanctions (i.e., all clients were on SCRAM for an average of 27 weeks, 5 on other electronic monitoring, 4 placed in inpatient treatment, and 3 placed in detention). However, no participants were prescribed Naltrexone, an antagonist treatment that has a high degree of efficacy in the treatment of alcohol dependence.

### ***During Treatment Outcomes***

DUITC clients were highly compliant with both treatment and case management (over 98% attendance at each) and successfully maintained high rates of abstinence (95% drug/alcohol free urines, on average). As of June 30, 2011, 42 clients were active in the program. A total of 23 clients completed Phase 1 (20.5 weeks to completion, on average), 19 completed Phase 2 (39 weeks to completion, on average). Finally, 4 participants have graduated as of June 30, 2011.

### ***Client Perceptions***

Generally, DUITC clients had very favorable perceptions of their DUITC experience. The majority of DUITC clients viewed the judge, prosecutor, defense counsel, case manager, counselors, and probation officers as being helpful and having a positive relationship with them. They also were satisfied with the services they received and felt that they understood the rules and responsibilities of the DUITC. In a positive step, the majority reported that they had a considerable understanding of their rights and protections. In terms of the delivery of rewards

and sanctions, the majority believed they would get caught if they broke the rules and would receive sanctions for infractions and rewards for successes. Clients reported being highly motivated to succeed in the DUITC and felt that the major barrier to their success was transportation.

### ***Stakeholder Perceptions***

Stakeholders view the DUITC as a natural extension of the DTC. While there are some key differences in demographics and motivations on the part of the clients, the staff of the DUITC have generally benefited from the experience of running the DTC. Potential concerns that they expressed included differentiating between clients who were primarily motivated by external factors such as the rewards and punishments and those who were motivated by more internal factors such as a desire to improve one's life. The DUITC continues to face some difficulties that are not entirely unexpected such as transportation issues and funding concerns. Despite these problems, the program is widely viewed by those involved as a success and an important part of the local community.

### **Recommendations**

Based on the results of the qualitative and quantitative analyses, we have made the following recommendations:

#### ***Recommendation 1:***

The relevant stakeholders of the DUITC should continue to meet at regular intervals to address ongoing issues with programming including tailoring the program to the needs of each individual, identifying economic opportunities that may be available for participants and the program itself, reducing problems associated with transportation issues, and developing novel approaches to both promote and improve the court.

#### ***Recommendation 2:***

The DUITC currently requires monthly drug screens. In line with current standards and to ensure reliable detection of drug or alcohol use, it is recommended that the court require weekly or bi-weekly random drug tests.

***Recommendation 3:***

The DUITC should consider the use of mandatory fines as potential sanctions for program infractions. In addition to serving as a meaningful consequence, money collected from these fines could be used to offset costs of the DUITC.

***Recommendation 4:***

The DUITC would benefit from a discussion with lawmakers and legislators where legislative changes can be suggested that might help with transportation issues and admission requirements. These meetings may also have the benefit of securing additional funding for the court.

***Recommendation 5:***

The DUITC should continue its efforts to promote itself among the community at large as well as among defense attorneys. In addition, the program should continue their efforts to work with victims of drunk driving and to facilitate their participation in the Victim Impact Panel.

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## **I. Introduction**

The 17<sup>th</sup> Judicial District of Pennsylvania DUI Treatment Court (DUITC) began operations on January 13, 2010 as an alternative method of dealing with repeat DUI offenders in Union and Snyder counties in Pennsylvania. Their DUITC was funded through grants from the Pennsylvania Department of Transportation (PennDOT) and The Pennsylvania Commission on Crime and Delinquency (PCCD). Treatment Research Institute (TRI) was contracted to complete a process and outcome evaluation of the DUITC at year one (baseline) and year three (final). This document reports on process and outcome findings for year one of the 17<sup>th</sup> Judicial District DUITC program.

### **Mission**

The mission of the 17<sup>th</sup> Judicial District of Pennsylvania DUITC is “to reduce recidivism by facilitating treatment and rehabilitation, and to provide increased supervision to the criminal substance abuser, as opposed to simply warehousing them. Our goal is to return individuals to the community who are clean and sober, with an improved quality of life, and who are better equipped to maintain their sobriety, thereby improving the lives of all of us.” Specifically, the stated goals of the program are (1) to reduce the prison population and (2) to reduce the number of parole/probation jail recommitments for those driving under the influence.

### **Brief History/Discussion of Drug and DUI Courts**

Drug courts are special criminal court dockets that combine mandatory drug abuse treatment and case management services with intensive judicial supervision, regularly scheduled status hearings in court, random weekly urine drug testing, escalating sanctions for infractions, and escalating rewards for accomplishments (NADCP, 1997). The drug court model has been found to be an extremely effective strategy for reducing criminal recidivism and drug abuse. In fact, more research has now been published on the positive effects of drug courts than on virtually all other interventions for drug-abusing offenders combined, including dozens of program evaluations (Belenko, 2001), numerous controlled trials (e.g., Festinger et al., 2002, Marlowe et al., 2004, 2005), and several meta-analytic studies (Latimer, 2006; Lowenkamp, et al., 2005; Wilson, et al., 2006; Schaffer, 2006). Drug courts have laid the foundation for the development

of a range of other types of problem solving courts that deal with addiction within the criminal justice system, including DUI courts.

DUI courts have followed the success of Drug Courts by applying a similar combination of treatment and case management with judicial supervision and escalating sanctions/rewards when appropriate. DUI courts target the habitual DUI offenders, those with numerous offenses or those who drive with a BAC of 0.15, who are believed to account for a disproportionately large amount of drunk driving arrests and fatalities (NCDC, 2010). One research study found that DUI offenders who participated in a traditional probation program were six times more likely to be rearrested for DUI within one year than offenders who participated in DUI court (Michigan State Court Administrative Office & NPC Research, 2007). Similarly, another research group (Fell et al., 2010) found DUI court participants, regardless of whether or not they had graduated, to be significantly less likely to be rearrested compared to a group of similar offenders who did not participate in the court (15% vs. 24% recidivism rate). They estimated that DUI court participation prevented between 47 and 112 repeat arrests over a four year period. Results from these studies provide preliminary support for the efficacy of DUI courts.

### **History of the 17<sup>th</sup> Judicial District Treatment Court**

The idea for the development of the 17<sup>th</sup> District Treatment Court grew out of the work of a local community organization, Drug Abuse Prevention Community Action Team (DAPCAT). DAPCAT was formed in 2004 to provide awareness to the extent of unhealthy alcohol, tobacco, and drug use in Union County, to encourage effective prevention strategies, to educate the public about available treatment options, and to promote healthy decision making. In 2006, the group held three community forums to identify the county's drug and alcohol problems and to propose solutions. These forums were made up of a range of community representatives including Union County government employees, interested citizens, parents, students, school district representatives, community organizations, and medical professionals. Attendees rated the importance of identified problems and the utility of recommended solutions. Results of this process identified the establishment of drug and DUI courts as the primary need in Union County. This consensus, along with encouragement from the County Commissioners and many other community leaders, facilitated the decision to pursue the creation of a drug court for Union

and Snyder counties. It was decided that a drug court would likely have fewer participants and thus would be a good starting point for the new treatment court.

Planning for the creation of a Drug Treatment Court (DTC) in the 17<sup>th</sup> District officially began in July 2007. As part of the planning process, a team consisting of the President Judge, Magisterial District Judge, Court Administrator, District Attorneys, Public Defender, CMSU Drug/Alcohol case management services, and Probation attended two BJA trainings focusing on drug court implementation. In addition, the planning team visited several treatment courts including those in Lycoming County and Luzerne County, PA to observe their procedures and gather information. In addition, the team reviewed sample handbooks, and policy manuals from Lycoming, Northumberland, and York Counties as well as materials provided by NADCP and NDCI to assist in developing their own policies and procedures. A formal request for funding was submitted to BJA on January 10, 2008. The first client was admitted to Drug Court on July 2, 2008 prior to receiving official BJA grant funding on August 23, 2008.

The planning process also included outreach and public relations efforts to educate and inform the general public about the drug court program. The Judge and members of the DTC staff attended public speaking engagements and met with several groups within the community including the local Rotary, church groups, and a panel organized by the League of Women Voters prior to the implementation of the DTC. Public relations also involved participation in a moderated panel discussion on a local radio station. During these engagements the DTC development team described the drug court model, how it would be implemented, and addressed all questions and concerns.

Following the success of the DTC the 17<sup>th</sup> district decided to continue with their plans of starting a DUI Treatment Court (DUITC). Because of the large number of repeat DUI offenders in the district, the census of the DUITC was expected to be larger than that of the DTC. The DUITC would be operated by much of the same DTC staff and using methods that had been proven to be effective in the DTC. The district obtained funding for the court from the Pennsylvania Department of Transportation (PennDOT) and Pennsylvania Commission on Crime and Delinquency (PCCD). While the DUITC had been a part of the initial plan for the 17<sup>th</sup> District's treatment court in 2007, it officially began operations on January 13, 2010.

## **Eligibility**

The DUITC is a post-plea program and defendants must meet the following eligibility requirements to be considered for entry into the program:

- Offenders have been charged with Driving Under the Influence including
  - Tier 1, 3<sup>rd</sup> and subsequent offenses
  - Tier 2, 3<sup>rd</sup> and subsequent offenses
  - Tier 3, 2<sup>nd</sup> and 3<sup>rd</sup> offenses
- Offenders must agree to DUITC placement and be residents of the 17<sup>th</sup> Judicial District
- Offenders must be classified as non-violent
- Offenders have moderate to severe substance dependence

Individuals with multiple pending cases will not be automatically excluded from consideration for placement in DUITC. Offenders facing parole or probation revocation for substance use related violations are also eligible for placement into DUITC providing the underlying offense was a DUI

## **Referral and Screening Process**

The goal of the DUITC is to process defendants' cases from preliminary hearing to DUITC placement in approximately 30-45 days. The defendant's preliminary hearing is considered to be their intake point into the DUITC.

Referrals for possible admission into the DUITC are generally made by the police, district attorneys, magisterial district judges, judges, probation departments, treatment providers, victims, and the defense counsel. All referrals are reviewed by the DA for qualification and, if the defendant meets the basic qualifications, the referral is passed on to the Treatment Court Coordinator. The coordinator then provides the Defendant with the necessary paperwork to be submitted back to the coordinator within 72 hours after the preliminary hearing.

Once paperwork is received, the coordinator or probation officer (PO) completes a criminal record check and prepares an abbreviated pre-sentence report and sends notice to the District Attorney's office regarding further consideration of placement into DUITC. This assessment is completed within 72 hours of receiving the application. If the records check disqualifies a

defendant, the probation department notifies the district attorney's office who in turn notifies defense counsel. If the defendant is approved for further processing, the defendant is referred to the Columbia Montour Snyder Union County Service System (CMSU) for a full drug and alcohol assessment within 72 hours of meeting with the probation department. CMSU is the primary drug and alcohol treatment provider for the DUITC. The completed CMSU assessment is returned to the probation department within 72 hours for inclusion in the abbreviated pre-sentence report.

Once the evaluation is completed, the case is reviewed and voted on for admission into the DUITC by the DUI treatment court team. The team consists of the President Judge, District Attorney, the Magisterial District Judge, Public Defender, Probation Officer, a CMSU representative, and the Criminal Justice Advisory Board (CJAB) coordinator. In the event of a tie, the DUITC judge makes the determination. If the defendant is denied acceptance into the DUITC, the District Attorney notifies the applicant. If the defendant is approved for admission into the DUITC, the defendant is advised of all program requirements and is scheduled for a hearing where they will enter a formal guilty plea and receive sentencing into the DUITC.

### **Program Structure**

The DUITC consists of three distinct phases. Upon sentencing, the participant enters Phase I of the DUITC at which time he or she will be placed on SCRAM/electronic monitoring. The requirements of Phase I are presented below:

#### ***PHASE I (4 months)***

- Weekly status hearings
- Continuous monitoring via
  - GPS: Global Positioning System
  - EMHA: Electronically Monitored House Arrest
  - Sweatpatch: Patch used to determine substance use
  - SCRAM: Continual alcohol monitoring device combined with a house arrest monitoring device
- Attendance at recommended treatment
- Attendance at self-help meetings (5 per week)
- Random urine screens
- Obtain stable housing
- Obtain employment/community service (upon 45 days clean)
- Begin payment of DUITC fees

- Minimum of 2 probation contacts per week
- Weekly case management appointments

Upon successful completion of Phase I, the participant enters Phase II of the DUITC. The requirements of Phase II are presented below:

***PHASE II (4 months)***

- Bi-weekly status hearings
- Random urine screens
- Attendance at recommended treatment
- Attendance at Self-Help meetings
- 90 days clean
- Maintain stable housing
- Begin employment/training/community service
- Removal from EMHA/GPS
- Continue monitoring via SCRAM (as determined by team)
- Continue payment of DUITC fees
- 2 probation contacts per week
- Scheduled case management appointments

Upon successful completion of Phase II, the participant enters Phase III of the DUITC. The requirements of Phase III are presented below:

***PHASE III (4 months)***

- Monthly status hearings
- Continue in recommended treatment
- Attendance at Self-Help meetings
- Job training
- 120 days clean to be eligible for graduation
- Maintain stable housing
- Secure employment or means of financial support
- Drug-free urine screens
- Continue payment of DUITC fees
- Weekly probation contacts (can be reduced with team approval)
- Scheduled case management appointments
- Removal from SCRAM

While successful completion of all three phases is required to be eligible for graduation, the following requirements are mandatory for graduation from the DUITC:

- Treatment compliance

- Stable housing
- No pending legal matters
- Stable employment or viable income
- Drug/alcohol free urines

### **Sanctions and Rewards**

Clients who fail to comply with recommended aspects of treatment and supervision will receive sanctions that include, but are not limited to:

- return to previous phase
- electronic monitoring/SCRAM
- increased drug/alcohol testing,
- increased status hearings
- community service
- imposition of curfew
- increased levels of treatment
- incarceration

Continued lack of compliance and/or progress may result in termination from the DUITC program. If termination is recommended, the client is informed of the recommendation during a regularly scheduled Status Hearing. A petition to revoke the Intermediate Punishment Sentence is filed with the Court. Appropriate Gagnon I and Gagnon II hearings are scheduled. Upon program violations being confirmed at a Gagnon II hearing, a new sentence is imposed.

Clients who show continued progress and improvement while in the DUITC program are rewarded at their status hearings through:

- a face-to-face handshake with the judge
- verbal praise by the judge and counsel
- applause
- gift cards
- movie tickets
- recovery literature
- coffee mugs
- certificates
- reduction in hearings
- reduction in drug/alcohol testing
- other small tokens of appreciation

Clients who successfully complete a phase are rewarded by receiving an opportunity to draw a prize stick from a container in court. This procedure, known as the “fish bowl” technique, is based on the behavioral principle of variable reinforcement. During this procedure, the client draws a stick that has a motivational saying on one side (e.g., “Knowing is not enough; we must apply. Willing is not enough; we must do.”). On the other side of the stick, there may or may not be a colored dot dictating the opportunity to receive additional rewards. There are several different colored dots indicating small or large rewards. Small rewards include: \$5/\$10 gift cards for groceries from local department or sporting goods stores, coffee mugs, pens, and movie passes. Large rewards are typically \$20/\$25/\$50 gift cards. This variable reinforcement technique has been shown to be highly successful with drug abusing populations and is used frequently in treatment settings (see Lussier, et al., 2003 for a review). In addition to these randomly determined prizes, all clients receive Phase Completion Certificates upon successful graduation of each phase.

## **II. Methodology**

### **Evaluation Goals**

The goal of this initial baseline report is to evaluate the DUITC program and its clients during the first year of operations using both qualitative and quantitative methods. Findings from this evaluation will be used to inform recommendations for improvements to the DUITC program and as baseline data for the subsequent outcome evaluation to be conducted in one year. Although the one year analysis will examine difference in outcomes between DUITC clients and a comparison sample, the baseline data will allow us to examine changes and maturity within the DUITC over time.

### **Data Collection**

Qualitative data was collected from (1) interviews with the DUITC judges and (2) focus groups with the DUITC stakeholders including commissioners, district attorneys, public defenders, probation officers, case managers, and representatives from the Victim/Witness Office, as well as court personnel and treatment providers from both Union and Snyder Counties.

#### ***Qualitative***

In an effort to collect qualitative data regarding perceptions of the treatment court, two separate focus groups were held on July 28<sup>th</sup> 2010. These same two focus groups were then repeated on June 29<sup>th</sup> 2011. The first sessions were held in the morning and consisted of moderated interviews with only the President Judge and District Justice present. The second sessions were held in the afternoon and involved only the treatment court staff without the President Judge and District Justice in attendance. All sessions were conducted in a private conference room at the Union County Courthouse and were facilitated by David Festinger, Ph.D., Director of Law and Ethics, Karen Dugosh, Senior Investigator, and Jason Croft, Research Coordinator.

Separate moderator's guides were developed for each session following the recommendations of Krueger and Casey (2000). These guides included standard rules of focus group participation (e.g., confidentiality, conduct, and respect for others) which are part of

standard TRI focus group guides. The themes and questions for the guide were first developed through consultation with experts in the areas of ethics, the criminal justice system, and drug abuse research. The open-ended questions are related to factors affecting substance use, the role of the treatment court, their experiences of what aspects of the court have and have not been successful, and their opinions of both their needs and those of the treatment court clients.

All focus groups were audio recorded using both a cassette recorder and laptop with built-in microphone and recording software. In addition, written notes were taken throughout all focus group sessions. Importantly, prior to all sessions, participants were given a written description of the focus group procedures including details regarding the audio recording process and were informed that by attending these sessions they were giving permission to be audio recorded.

Participants in Judges' interviews:

- President Judge
- District Justice

Participants in stakeholder focus groups:

- Union County District Attorney
- Union County Public Defender
- Snyder County Public Defender
- Union County Drug Court Probation Officers
- Snyder County Drug Court Probation Officers
- Union County Commissioner
- Criminal Justice Advisory Board Coordinator
- Treatment Court Coordinator
- Court Administrator for Snyder and Union Counties
- Community Service Coordinator
- CMSU Drug & Alcohol Administrator
- CMSU Drug & Alcohol Staff

During both the focus groups and the judges' interviews, moderators informed all participants about the focus group/interview procedures, the voluntary nature of their participation, the audio recording procedures, and that their contributions would be kept confidential and that no identifying information would be collected or shared with anyone outside of the group. At that time, the participants were again given the opportunity to excuse themselves from participation. The treatment staff focus groups lasted for approximately an

hour and 15 minutes on the first date and 45 minutes on the second date. The moderated interviews with the Judges lasted for approximately 1 hour on the first date and 45 minutes on the second date. At the conclusion of all sessions, the participants were thanked for their time and were given the opportunity to ask any questions or provide feedback regarding the session.

The recorded sessions were transcribed by an independent TRI staff member trained in transcription protocol using the recorded tape, computer recording, and written notes. Any discrepancies in the transcription were brought to the Principal Investigator (PI) and Research Coordinator's attention for clarification and the resulting modifications or edits to the transcription were approved by the PI. The final transcription was then analyzed and compared to the questions and themes presented at the sessions by both the Research Coordinator and PI.

### *Quantitative*

Quantitative data was collected using the TRI Court Evaluation Program (TRI-CEP) and the TRI Client Assessment (TRI-CA) web-based systems as well as from the Union and Snyder counties Court Reporting Network (CRN). The TRI-CEP is a performance monitoring and reporting system for Drug and DWI Courts that captures critical performance indicators endorsed by the National Drug Court Institute. All programmatic data related to such variables as biological testing results, counseling and hearing attendance, infractions and accomplishments, are entered directly into TRI-CEP by the court, treatment counselors, case managers, probation officers, and lab technicians. TRI-CEP also facilitates collaborative management of offenders by judges, treatment personnel, case managers, and probation/parole officials by generating immediate and actionable client progress data. The TRI-CA is a web-based system that collects information directly from clients on their perceptions and experiences with the DUITC program. The TRI-CA assessments were completed at monthly intervals for the first six months, and then at three-month intervals until graduation or termination from the program. Finally, CRN data are collected on clients at the time of their arrest. CRN items were used to provide information about client-level alcohol/drug and highway safety information.

## **Data Analysis**

### ***Qualitative***

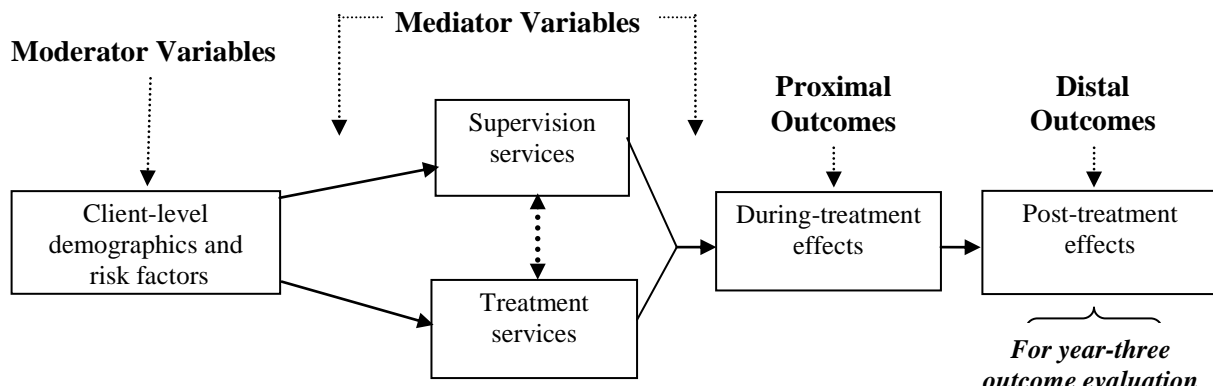
The audio recordings of the interview with the judges and the focus group with DUITC stakeholders were transcribed. The transcripts were then reviewed and summarized according to general themes corresponding to open-ended questions posed during the interview and focus group. Data are reported at a descriptive level in which themes are presented with relevant quotes from the transcripts. These data help identify important issues, barriers and successes perceived by the judges and stakeholders and allow us to make informed recommendations.

### ***Quantitative***

The quantitative analyses were performed using TRI-CEP, TRI-CA, and CRN data collected from clients who entered the DUITC during the first 18 months of operations (between January 1, 2010 and June 31, 2011). Descriptive statistics (e.g., means, standard deviations, ranges, percentages) were calculated to characterize DUITC clients on demographic and other baseline variables, status hearing attendance and compliance, phase completion, case management session attendance, treatment attendance, medication compliance, and objectively verified substance use. In addition, descriptive statistics were used to examine the extent to which compliance at status hearings was rewarded and non-compliance was sanctioned.

### ***Program Performance Evaluation: Conceptual framework***

To ensure the highest quality and utility of our evaluation, our evaluation has followed the logic model and used performance indicators prescribed by the National Drug Court Institute's (NDCI's) National Research Advisory Committee (NRAC, 2005). This model is depicted in the figure below. For the purposes of this baseline process and outcome evaluation we will focus on characterizing the population on each of the elements of this model.

Figure 1: Process and Evaluation Model

### Moderator Variables

Although only DUI offenders who have committed two or more DUI offenses are eligible for DUI court, a sizeable minority of arrestees in fact do not meet diagnostic criteria for dependence (Lapham, C'de Baca, Chang, Hunt, & Berger, 2001; Lapham, C'de Baca, McMillan, & Hunt, 2003), and a majority do not go on to commit any further DUI offenses (Fell, 1995; Cavaiola, Strohmets, Abreo, 2007). Therefore, providing all DUI Court participants with the same level of intervention may not be warranted.

In this light, an individual's offense history is seen to *moderate* the effects of the intervention. By including relevant moderator variables in the statistical model we will be capable of determining which participants were helped by the DUI Court and which ones were not. This helps to avoid a possible wrongful conclusion that the DUI Court "did not work" when the real issue might have been that the wrong target population was treated in the first place.

Numerous moderator variables have been identified among substance abusing offenders and the influence of these variables may shift from program to program and from population to population. However, several moderator variables have been consistently identified by researchers across populations and should ideally be measured in any Drug Court program evaluation. These include:

- *Current age*
- *Ethnicity*

- *Gender*
- *Number of prior arrests*
- *Number of underage alcohol offenses*
- *Driving without a valid license at time of arrest*
- *Refusal of breathalyzer*
- *DUI related to alcohol or drug use*
- *Primary substance of abuse*
- *Number of days between arrest and orientation*
- *Number of prior treatment attempts*
- *B.A.C. at the time of arrest*
- *Severity of impairment*

### **Mediator Variables**

Drug Courts provide close and continuous supervision of offenders combined with evidence-based treatment services. The elements of supervision and treatment are called *mediator variables* because the effects of DUITCs are believed to be mediated by (or directly caused by) these elements. Unlike moderator variables (discussed above) which indicate *whom* the intervention works for, mediator variables indicate *how* the intervention works.

### **Supervision Performance Indicators**

Drug Courts closely monitor participants and administer certain and immediate consequences—both rewarding and punitive—in response to their behaviors. This close level of supervision is believed to elicit superior outcomes through traditional principles of behavioral change known as *operant conditioning* or *Skinnerian conditioning*. The rapid and certain detection of infractions and achievements coupled with progressively escalating rewards or sanctions has been reliably demonstrated to improve outcomes for both substance abusers and criminal offenders. The efficacy of any DUITC program will depend, at least in part, on how well it applies these scientifically established principles of behavioral change. The basic components of supervision utilized in DUITCs include status hearings, case management and treatment contacts, biological testing for drug and alcohol use, and graduated sanctions and rewards. The recommended performance indicators for evaluating these services are:

#### **Treatment and Service Contacts**

- *Mean number of treatment sessions scheduled per week*
- *Mean number of case management sessions scheduled per week*

Biological Testing

- *Mean number of urine screens scheduled per week*
- *Proportion of scheduled tests administered*
- *Number of clients placed on SCRAM*
- *Mean number of weeks on SCRAM*

Status Hearings

- *Mean number of hearings scheduled per month*

Sanctions and Rewards

- *Mean number of sanctions and rewards administered per week*
- *Ratio of sanctions to infractions and ratio of rewards to achievements*

Restrictive Conditions:

- *Number of clients placed in inpatient treatment*
- *Average length of time in inpatient treatment*
- *Number of clients placed on SCRAM/electronic monitoring*
- *Average length of time on SCRAM/electronic monitoring*
- *Number of clients placed in detention (incarcerated)*
- *Average length of time in detention (incarcerated)*

**Treatment Performance Indicators**

Integral to DUI courts is the provision of substance abuse treatment and relevant adjunctive treatment services. The basic assumption underlying DUI courts is that addiction and related psychosocial impairments contribute substantially to recidivist conduct; therefore, it is essential to address those clinical symptoms in order to achieve sustained behavioral change. Recommended performance indicators for evaluating the provision of treatment services are as follows:

Substance Abuse Treatment

- *Mean number of sessions attended per week*
- *Proportion of scheduled sessions attended*
- *Density per unit of time; e.g., number of sessions per month or per phase*

Modality of Treatment

- *Length of time in each modality of treatment*

Medication

- *Length of time prescribed addiction medication (requires date stamping)*
  - *Categorized by type of medication(e.g., naltrexone)*

### Adjunctive Services

- *Total number of sessions attended*
  - *Categorized by type of service (e.g., psychiatric, educational or vocational)*
  - *Analyses limited to participants with an identified need for that service*
- *Proportion of scheduled sessions attended*
- *Density per unit of time (e.g., per month or per phase)*

### **Proximal Outcomes**

It is typically easiest for evaluators to measure outcomes during participants' enrollment in the DUI court program. Although some might argue that the most important effects of DUI courts are those occurring after participants are no longer under the supervision of the court, there is substantial evidence that better during-treatment outcomes predict better post-treatment outcomes. In particular, achieving a sustained interval of sobriety during enrollment in the program and successful graduation from the program are predictive of better long-term effects. Performance indicators for measuring proximal effects are as follows:

#### Completion Status

- *Graduation status (graduated, terminated, absconded, other)*
- *Length of stay in the program*

#### Sobriety

- *Percentage of biological screens that were substance-negative*
  - *Counting unexcused failures to provide a specimen as substance-positive*

#### Recidivism

- *New arrests*
- *New charges*
- *New convictions*

### **III. Qualitative Findings**

Semi-structured interviews were conducted with two judges, the President Judge and the District Justice, and focus groups were conducted with the drug court team. The interviews were conducted approximately one year apart. A total of 17 individuals participated in the focus groups with the majority of participants being present at both meetings (see Table 1). All of the baseline qualitative data was transcribed and all of the transcripts were reviewed and summarized with respect to the responses to questions posed during the interview and focus group sessions. This section provides an overview of the interview and group discussion.

Table 1: Interview and focus group participants

<b>Stakeholder</b>	<b>1st Interview</b>	<b>2nd Interview</b>
Judge	X	X
Judge	X	X
Union County District Attorney	X	X
Union County Public Defender	X	X
Union County Victim Witness Officer	X	X
Union County Probation Officer	X	X
Union County Commissioner Office	X	X
Union County Commissioner Office	X	
Snyder County Public Defender	X	
Snyder County Victim Witness Office	X	
Snyder County Probation Office	X	X
Snyder County Probation Office	X	X
Snyder County Public Defender	X	
CMSU Management Supervisor	X	X
CMSU Drug and Alcohol Program	X	
Criminal Justice Advisory Board	X	X
Treatment Court Coordinator	X	X
Community Service Coordinator	X	

### **Similarities Between the DTC and the DUITC**

As the DUITC was the original impetus for the DTC, it is no surprise that they are very similar in their design and process. In all interviews, there was a continual comparison between the processes of the DTC and the DUITC. This is to be expected as the DTC and DUITC are more alike than they are dissimilar. In particular, the DUITC shares with the DTC the treatment staff, court staff and administration procedures. Clients enrolled in the DUITC receive rewards and sanctions through a process proven effective by the DTC. On all levels, it appears that the DTC provided a necessary and useful roadmap in the creation and implementation of the DUITC.

“We’re used to working with each other...we know typically where each other is going to come from but not always, you know, there’s always some pleasant surprises ...”

### **Differences between the DTC and the DUITC**

#### **Client Differences**

A common theme brought up throughout the interviews was related to differences between the clients in the DUITC and the DTC. It was noted that DUITC pulls from a much larger base of clients (those charged with DUI’s) than that of the DTC. Apart from having more clients who could benefit from a DUITC, it was generally noted that the DUITC clients seemed to be more diverse in their backgrounds. According to stakeholders, the DUITC clients are more likely to be employed, have their own car, have less criminal justice involvement, and have more familial support. Overall, the DUITC clients seem to have more resources available to them than DTC clients. Stakeholders also mentioned that DUITC clients may be more likely to perceive their drinking as socially accepted and not part of an addiction than DTC clients.

“Most of your DUI offenders are functional. They’re employed, they have a house, they’re paying their bills, they may not be paying them on time but they’re paying them...”

“Usually somewhere in the back of their [DUI Offenders] mind, there’s this concept that ‘Well I can stop when I want and I will stop someday. I just don’t want to.’ With most of the drug users, a lot of them if you talk to them long enough, they figure that they were going to die from it eventually, and I think that

sort of brings that extra added dimension of seriousness to drug court that should be there for DUI court but simply isn't.”

### **Programmatic Differences**

While the DTC and the DUITC share the same basic model there were specific differences noted by both the stakeholders and the judges. The DUITC does not allow for the expungement of a record and carries with it higher fines and an initial, mandatory, seven days in jail. These seven days in jail replace the mandatory ninety days that they would otherwise have to complete. The DUITC court differs from the DTC court in that it is funded through a different mechanism and, therefore, can take a wider variety of clients. Additionally, DUI offenses are easier to detect and categorize based on widespread use of B.A.C. monitoring during traffic stops. For the DUITC, this has the benefit of streamlining the admissions process and making the targeting of potential clients easier. Finally, the DUITC has benefited from the development and implementation of the DTC and has improved upon its model. As a result, the DUITC was more quickly accepted by those in the legal system and in the community at-large. In addition, the DUITC did not replicate procedures that proved to be ineffective in the DTC.

“...people that screw up early on in the process, you know, what do you do with them, maybe we were a little too harsh in the drug court ...”

### **Client Motivations**

Throughout the interviews, the topic of personal motivation for change was a recurring theme. It was noted that there seemed to be a qualitative difference in the success of those who were internally motivated as opposed to externally motivated. While this may seem to be counter-intuitive because the Treatment Court model hinges on providing external rewards and sanctions, fostering internal motivation is an important part of the Treatment Court model. It is, therefore, not surprising that clients who engaged in the treatment solely for short-term gain were not as successful as those clients who either entered with long-term changes in mind or developed long-term goals as part of the Treatment Court process. This difference is noted in the following quotes regarding one client with perceived internal motivations and another with perceived external motivations.

“I’ve been dealing with her for years...when she was going to be admitted, she was positively vibrating she was so excited. I’ve never seen anyone so excited to

go to jail in all my life. But you know, she just wanted the opportunity. And she knew that's what she had to do...."

"I offered drug court to the guy and he said no, and I said, 'Well, you know you're gonna go to the state,' and he said 'That's alright I can do it on my own.' And about two weeks later I got a letter from him, 'Can you please bring me back, I'll do drug court.' So he did. He graduated, and he was the first one to fail, because it was all external."

It should be noted that people's motivations for participating in DUITC were not static. While someone may start out as being primarily motivated by external factors they may shift to being motivated by both external and internal factors. One benefit of a Treatment Court is that it allows people an opportunity to discover and demonstrate a level of mastery over severe problems.

"...they have a lot to lose by going to jail, so initially I think we get a few, I don't want to say a lot, but we get a few that come in and say OK I'm going to take seven days in jail over ninety days in jail and then once they come in they start getting the treatment and seeing the path they were going down and we see a turn-around later on."

### **Difficulties and Barriers**

While the focus group prompts were designed to bring up concerns and barriers, it seemed that the majority of the interviews were focused on positive aspects of the DUITC. In this particular case it seems that the lack of concrete, programmatic difficulties is due to a program that, for the most part, runs efficiently and effectively. The following issues are generally minor in scope or, alternatively, perceived as outside the scope of the stakeholders and judges.

### **Rewards and Sanctions**

The rewards and sanctions used by the DUITC were generally viewed to be effective and appropriate. There was, however, the suggestion that the process should be ever evolving. In particular, it was noted that it can be difficult to come up with appropriately individualized sanctions. This particular difficulty may be unique to Union and Snyder Treatment Courts as the general perception is that most treatment courts have difficulty creating appropriately individualized rewards.

“We always want more ideas for sanctions. You can always individualize a reward but with sanctions we tend to find one and then hone in on it for a while. We would like more ideas but we tend to get stalled on them”

### **Economic and Growth Concerns**

An ongoing problem for both treatment courts has been the requirement that participants seek and obtain employment. It was observed that this is less of an issue for the DUITC clients as more of them were already employed. To help address this concern, it is standard practice in Union and Snyder Counties for people to be given work release from jail so that they may keep their employment. The major difficulty seems to be the lack of available jobs due to poor economic conditions. Lastly, there are mixed concerns over the size of the DUITC which generally relate to funding. There is a perception that the DUITC could be expanded if admission and treatment did not require the clients to be residents of Union and Snyder Counties.

“Unfortunately I get a lot of offenders that might work over here but they don’t live here.”

Alternatively, there are concerns that the programs may grow too large which would require more funding and might decrease the amount of individualized attention that clients currently receive.

“[I]f the DUI numbers continue to grow and the numbers in drug court don’t, it’ll be a budgetary decision. Do we keep doing both?”

### **Transportation**

Client transportation was identified as a problem in the DUITC. The clients are required to attend both treatment and court regularly and, given the rural nature of the 17<sup>th</sup> District, clients must travel long distances to meet these requirements. However, PA state law requires that DUI offenders have their licenses suspended, which makes it very difficult for clients to get to court and to treatment. Ongoing efforts to obtain a county van and driver have been unsuccessful.

“That’s probably one of their biggest obstacles is transportation. Because back to rural Pennsylvania, where you have people that live all over, they live 45 minutes away. There’s no public transportation around here, there’s no... if they don’t have a good family network that can help them get rides, they are riding bikes,

they're walking, and that's a lot of time. They do what they have to do because there's no other transportation around."

## **Perception**

Community, stakeholder and judicial perceptions of the DUITC seem to be widely positive. There are, however, some who still believe that defense attorneys remain skeptical of the benefits of the DUITC. It was posited that, despite efforts to increase awareness of the program, there were many defense attorneys that do not know about the DUITC. Alternatively, it is believed that there are some who consider the DUITC to not be worth the commitment.

"I think a large part of it is they think it's going to be too much work for their clients but it's a question of whether you just want to process the client or whether you want to get them help."

## **Legislative**

At several points throughout the interviews the topic of legislative hurdles or limitations was brought up. Stakeholders discussed limitations in terms of who can be admitted to the DUITC. For instance, the tier system that applies to DUI offenders in PA may preclude admission to the program. Additionally, admission rates could potentially increase if provisional licenses were provided to participants.

"There are a number of people we knew were entirely appropriate for DUI court, wanted it, but because the sentencing guidelines are what they are, were second offenders under the second tier, which means it was a maximum six months. As a defense attorney, I love that: the fact that it's not a five year maximum; it's a six month maximum. But long term? It's bad for the people because they want to get help, we don't have enough time to work with them, and there's nothing we can do about it."

"We've actually talked about going to our legislators and saying 'Is there something we could do to get a limited license for people who are participating in drug or DUI courts.'"

## **Programmatic Successes**

### **Perceptions and Reactions**

Despite concerns over the acceptance by some Defense Attorneys it appears that overall acceptance and perception of the DUITC is generally positive. This belief extends beyond the

stakeholders and judges and seems to be reflected by the community. Nobody present at the interviews could readily point to negative criticism they had received.

“We’ve gotten very good press coverage, when we’ve had graduations they’ve done a series of articles on various people who are graduating and just how their lives have changed...the press has been very supportive and cooperative.”

### **Special Attention and Relationships**

One consistent success noted by the stakeholders and judges throughout the interviews was the relationships that developed between the clients. These relationships seem to form because of the extra attention and resources that are allocated by the treatment, court, administrative and administrative staff.

“We’ve given them an environment where they can come to court to talk to a bunch of other people and they’re going to see those other people at meetings and so they are more likely to talk to those people about stuff because they have that little bit of a comfort zone.”

“I can’t tell you the number of times people have said, ‘I didn’t want to let you, the collective ‘you,’ down.’ They think about that, you know, we don’t approach them as adversaries.”

“[It’s] the commitment to go beyond 4:30 when the court house closes. They can call us when there is an emergency. There are people who are not just invested in the job but in going beyond. We’re not just doing this because when you get well the community gets well.”

### **Community Service Coordinator**

A perceived helpful addition to the Treatment Court has been the Community Service Coordinator.

“[The] community service coordinator helps get the work done and is a real asset. People who have completed their hours continue to show up. Part of it is altruism and their relationships with the sites. Another part is that they want to see the finished project. They get to see it to the end. Giving back to themselves they can take advantage of the places they are helping”

**Victim Impact Panel**

One aspect of the program that people felt was powerful and beneficial was the Victim's Impact Panel in which DUI victims spoke to clients about their experience. People were very impressed with the way in which victims presented themselves in making moving and heartfelt speeches that did not belittle the clients. It was perceived that the victims' goals were to reach out and making a positive difference.

“...it was very emotional and most of our participants who were here, half of them left in tears. In terms of, there was a lot of talk afterwards on recognizing the risk they put, they hadn't thought about before and so I think that there will be some impact.”

#### IV. Quantitative Findings

Of the 68 individuals who were eligible, a total of 30 individuals entered the DUITC program between January 1, 2010 and December 31, 2010. Data that are reported below for this sample were collected between January 13, 2010 and June 31, 2011 (the first 18 months of operations). The average number of weeks each participant was in the DUI court during this time was approximately 44 weeks (SD = 21 weeks).

#### **Baseline Sample Characteristics (Moderator Variables)**

As depicted in Table 2 below, the majority of offenders entering the DUI program during the first year since its inception were fairly young Caucasian males.

Table 2: General demographics

	<b>Mean/%</b>	<b>SD/N</b>	<b>Range</b>
Age	34.1 (median = 30.5)	10.1	20-55
Gender			
	<i>Male</i>	73.3%	22
	<i>Female</i>	26.7%	8
Race			
	<i>Caucasian</i>	97%	29
	<i>Other</i>	3%	1

As seen in Table 3 below, one third of the sample had two or more prior DUI arrests and almost half (40%) had a prior underage alcohol offense. Ten percent of clients were driving without a valid license at the time of arrest and 20% refused to take a breathalyzer.

Table 3: Highway safety information at the time of the arrest

	<b>% (M)</b>	<b>N (SD)</b>
More than one <i>prior</i> DUI arrest	33%	10
Any prior underage age alcohol offense	40%	12
Driving without valid license at time of arrest	10%	3
Refused breathalyzer	20%	6

The current charges for the DUI court clients are presented below in Table 4. A total of 27 clients had alcohol-related DUI charges and 3 clients had drug-related DUI charges. Among the 27 clients with alcohol-related offenses, 3 clients had two charges.

Table 4: Current charges

	<b>%</b>	<b>N</b>
Alcohol-related DUI	90.0%	27
Drug-related DUI	10.0%	3

As depicted in Table 5 below, the median number of days between arrest and DUITC orientation was approximately 235 days and the mean was 242 days ( $\pm$  125 days).

Table 5: Delay to DUITC entry.

	<b>Median</b>	<b>Mean</b>	<b>SD</b>	<b>Range</b>
Number of days between arrest and DUITC orientation	235.0	242.3	125.3	56-472

As shown in Table 6 below, the sample had an average of .7 prior treatment attempts. The average BAC at the time of arrest was .18. Alcohol was the biggest problem for the sample of clients with 87% of the sample reporting alcohol as their primary substance of abuse. Additionally, 10% reported opiates (7% heroin; 3% other opiates) and 3% reported cocaine as their primary substance.

The Mortimer-Filkins scale (M/F) is a reliable and valid assessment that measures DWI offenders' problem drinking risk. Items cover areas such as recent stress, employment and finances, marital and family problems, drinking, neuroticism, depression, anxiety, and coping abilities. Individuals are placed into one of three risk-categories based on their scale scores: non-problem drinker (includes abstainers), presumptive problem drinker, or problem drinker. M/F scores greater than 38 are suggestive of a pathological drinking pattern. The average Mortimer/Filkins score of DUITC participants was 100 indicating severe problem drinking.

Table 6: Substance use and mental health

	<b>M/%</b>	<b>SD/N</b>	<b>Range</b>
Number of prior treatment attempts	.7	.5	0-1
BAC at time of arrest (N = 21)	.18	.1	.08-.32
Mortimer/Filkins score	100.2	32.4	36-164
Primary substance of abuse			
<i>Alcohol</i>	86.7%	26	
<i>Heroin</i>	6.7%	2	
<i>Opiates</i>	3.3%	1	
<i>Cocaine</i>	3.3%	1	

### Supervision Performance Indicators (Mediator variables)

As seen in Table 7 below, the DUITC program's scheduling of treatment, case management, and probation sessions appear consistent with their original plans, with a mean of approximately 2 treatment sessions, 1 case management session, and 3 probation sessions scheduled per week.

Table 7: Service provision (treatment, case management, and probation)

	<b>M/%</b>	<b>SD/N</b>	<b>Range</b>
Average number of treatment sessions scheduled per week	1.9	1.4	1.0-8.2
Average number of case management sessions scheduled per week	.7	.2	.2-1.4
Average number of probation meetings scheduled per week	3.0	.4	2.3-4.1

In addition to appropriate scheduling of treatment and case management services, the DUITC program also appears to be scheduling their predetermined number of urine drug screens, with 100% being administered. All clients were placed on SCRAM for an average of 27 weeks. Additionally, 20% of clients were placed on oral swab alcohol testing for an average of 4 weeks, and 10% of clients were placed on portable breathalyzer monitoring for an average of about 2 weeks. The descriptive statistics related to substance use screening are presented in Table 8 below.

Table 8: Substance use screening and monitoring

	<b>M/%</b>	<b>SD/N</b>	<b>Range</b>
Average number of urine screens scheduled per week	1.1	.2	1-2
Proportion of scheduled urine screens administered	100%	585 of 585	
Number of clients placed on SCRAM	100%	30	
Average weeks on SCRAM	27.4	15.6	2-55
Number of clients placed on oral swab testing	20%	6	
Average weeks on oral swab	4.5	3.8	1-9
Number of clients placed on portable breathalyzer	10%	3	
Average number of weeks on portable breathalyzer	1.7	.6	1-2

As shown in Table 9 below, the DUITC scheduled an average of 2.7 hearings per offender per month with an average of .1 sanctions and 1.0 reward per week. There were a total of 897 status hearings where the offender was fully compliant, and rewards were delivered in 802 (89

%) of these instances. There were a total of 972 status hearings where the offender was at least partially compliant, and rewards were delivered in 854 (88 %) of these instances.

There were a total of 65 status hearings where the offender was determined to be non-compliant, and sanctions were delivered in all (100 %) of these instances. There were a total of 140 status hearings where the offender was partially compliant or non-compliant, and sanctions were delivered in 114 (81 %) of these instances.

Table 9: Court supervision

	<b>M</b>	<b>SD</b>	<b>Range</b>
Number of status hearings scheduled per month	2.7	.5	2.1-3.8
Number of sanctions imposed per week	.1	.2	.2 -1.4
Number of rewards delivered per week	1.0	.3	0-1.2

Table 10 presents data on a number of restrictive conditions that were used on participants in the DUITC. As described earlier, all clients were placed on SCRAM for an average of about 27 weeks; 5 clients were placed on other electronic monitoring devices for an average of 7.8 weeks. In addition, 4 participants were placed in inpatient treatment for an average of 6.7 weeks and 3 were placed in detention for an average of 1.3 weeks. Standard deviations and ranges are also presented.

Table 10: Court imposed restrictive conditions

	<b>N</b>	<b>Weeks in restrictive condition</b>		
		<b>Mean</b>	<b>SD</b>	<b>Range</b>
Placed on SCRAM	30	27.4	15.6	2-55
Placed on other electronic monitoring	5	7.8	7.0	1-17
Placed in inpatient treatment	4	6.7	5.7	2-15
Placed in detention	3	1.3	.7	1-2

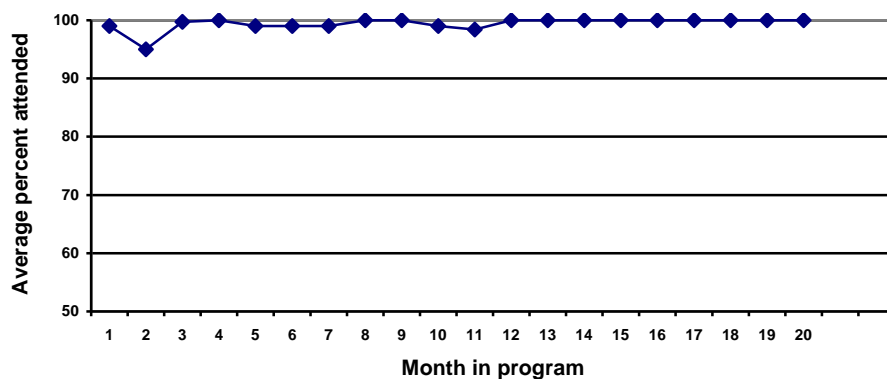
### **Service performance indicators (Mediator variables)**

As shown in Table 11 below, DUITC participants were highly compliant with treatment (99 % attendance) case management (98 % attendance), probation (> 99 % attendance), and status hearings (100 % attendance).

Table 11: Treatment, case management, probation, and status hearing attendance

		<b>M</b>	<b>SD</b>	<b>Range</b>
Substance abuse treatment	Average number of sessions attended per week	1.7	1.4	0-8.03
	Proportion of scheduled sessions attended	99.1	1.6	93.9-100.0
Case management	Average number of sessions attended per week	.7	.2	.2-1.4
	Proportion of scheduled sessions attended	98.5	2.8	87.5-100
Probation	Average number of sessions attended per week	3.0	.4	2.3-4.1
	Proportion of scheduled sessions attended	99.7	.1	97-100
Status Hearings	Average number of hearings attended per month	2.72	.46	2.1-3.8
	Proportion of scheduled hearings attended	100	0	100

As depicted in Figure 2 below, DUITC offenders engaged in almost perfect session attendance across the first 17 months in the program.

Figure 2: Percent treatment sessions attended

As depicted in Table 12 below, participants in the DUITC program spent the majority of their time ( $M = 94.7$  weeks,  $\pm 15$ ) in outpatient or intensive outpatient treatment. A subset of clients also spent some time in inpatient treatment ( $M = 16$  weeks,  $\pm 9$ ) and incarcerated ( $M = 4.26$  weeks,  $\pm 2.2$ ).

Table 12: Treatment modality

	N	Percent of weeks in modality		
		Mean	SD	Range
Outpatient/Intensive Outpatient	30	94.7	15.0	22.6-100
Inpatient	4	16.0	9.0	6.7-26.3
Incarcerated	3	4.6	2.2	2.2-6.7

Despite the substantial support for the efficacy of antagonist treatment for alcohol dependence and the high proportion of alcohol dependent clients in the DUITC, no program participants to date have been prescribed medications such as Naltrexone.

### Proximal Outcomes

As of June 30, 2011, 4 DUITC clients graduated, 24 clients were active in the DUITC and 2 clients were been terminated. Among the terminated clients, one requested termination and one was determined to have several program infractions (i.e., housing an unauthorized person, weapons and drugs found in home).

As shown in Table 13, 23 DUITC participants completed Phase1, taking a mean of 20 weeks, and 19 completed Phase 2, taking a mean of 39 weeks to complete this phase. To date, 4 participants have graduated from the program.

Table 13: Phase advancement

	N	Weeks to Phase completion		
		Mean	SD	Range
Completed Phase 1	23	20.5	2.8	18-28
Completed Phase 2	19	39.2	7.7	36-69
Completed Phase 3 (graduated)	4			

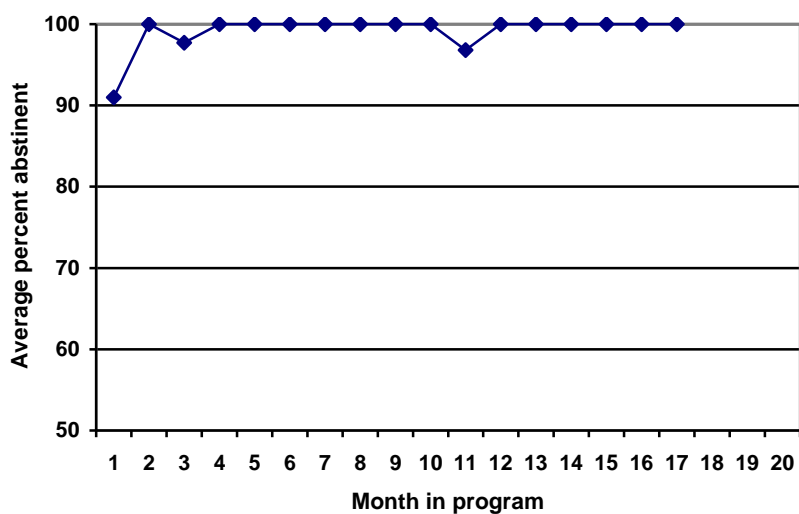
Overall, the success of the program in helping participants maintain abstinence may be viewed as exceptional (see Table 14 below), with participants achieving a mean percentage of 94.5% drug-free urines (SD = 14.9) and 100% alcohol-free SCRAM and PTB results.

Table 14: Substance use screening results

	<b>M</b>	<b>SD</b>	<b>Range</b>
Percent biological screens drug-negative	94.5	14.9	33.3-100
Percent SCRAM results alcohol-negative	100%	n/a	100
Percent breathalyzer results alcohol-negative	100%	n/a	100

As depicted in Figure 3, DUITC participants maintained substantially high rates of drug abstinence across the first 20 weeks of the program.

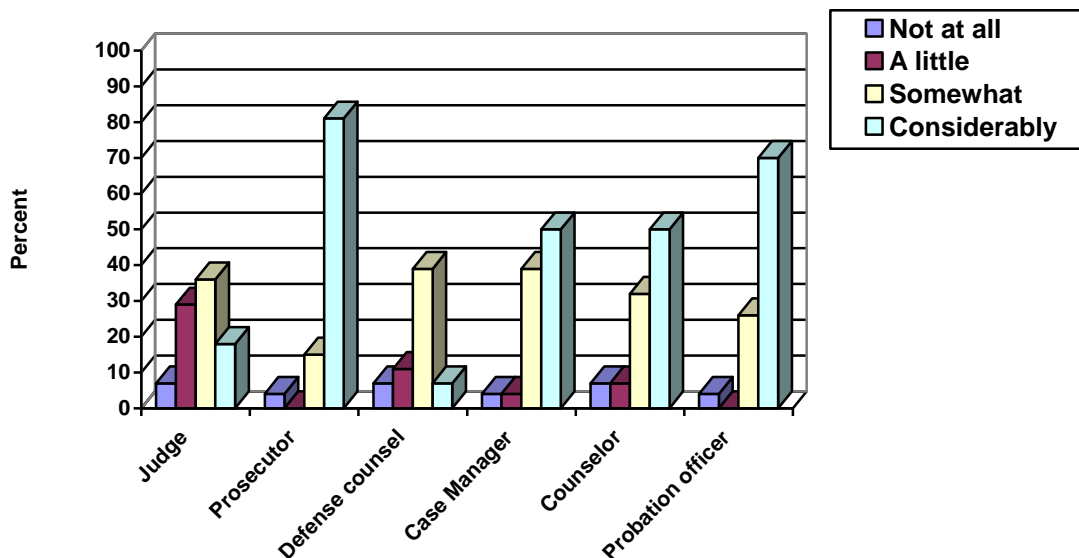
Figure 3: Percent drug-negative urine by month in program



### Client perceptions and experiences

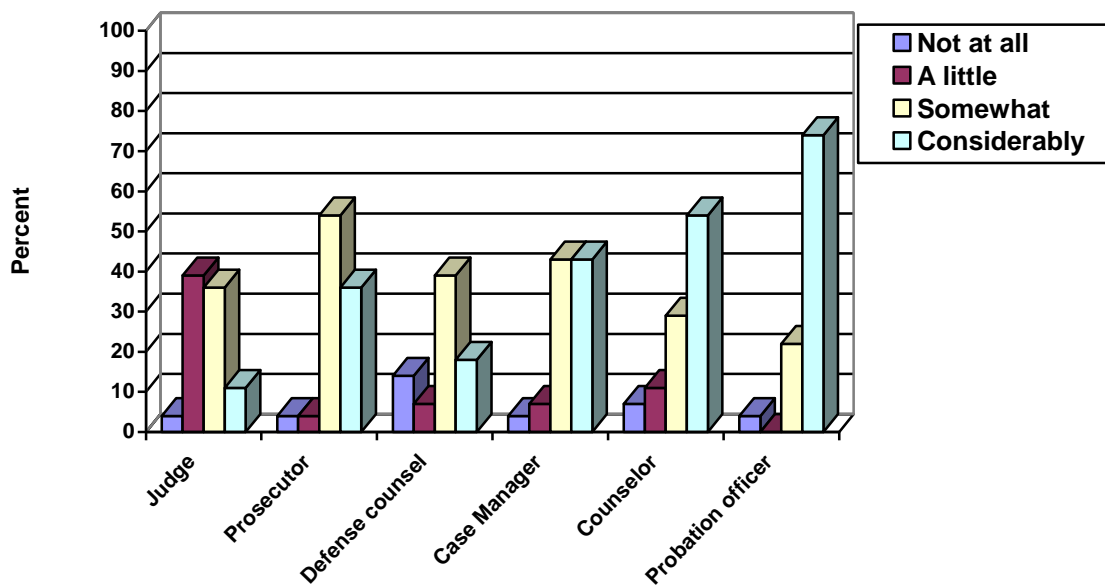
Overall, as depicted in Figure 4, a large proportion of DUITC participants reported having a “somewhat” or “considerably” positive relationship with the prosecutor, case manager, counselors, and probation officers. A majority of participants reported that their relationship with the judge and their defense counsel was “somewhat” or “a little” positive.

Figure 4: Perceptions of positive relationship with program staff



As depicted in Figure 5, the majority of DUITC participants reported perceiving their prosecutor, defense counsel, case managers, counselors, and probation officers as “somewhat” or “considerably” helpful. Fewer participants reported perceiving the judge as “helpful.”

Figure 5: Perceptions that program staff were helpful



Figures 6-10: Perceptions of services received

Figure 6 shows how participants responded to a Likert-type scale question inquiring how much they agreed with the below referenced statement that they were satisfied with the services they received in the DUITC program. As displayed, 89% of participants answered positively with either “somewhat” agree (60 %), or “considerably” agree (29 %).

Figure 6: I am satisfied with the services I am receiving in the DUI court program.

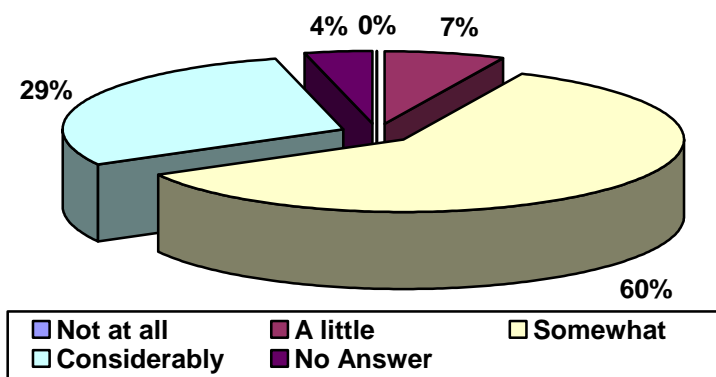


Figure 7 shows how participants responded to a Likert-type scale question about how much they agreed with the below referenced statement that they were helped by urine testing. As shown, 85% answered positively with either “considerably” agree (46 %), or “somewhat” agree (39 %).

Figure 7: I have been helped by urine testing.

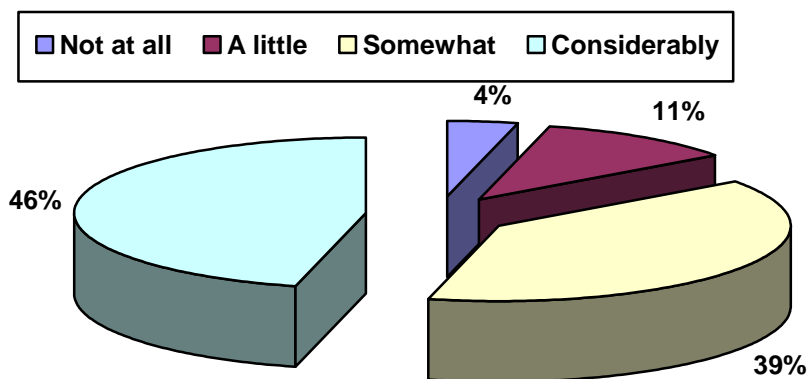


Figure 8 shows how participants responded to a Likert-type scale question about how much they agreed with the below referenced statement that they were helped by self-help groups. As shown, 92% answered positively with either “considerably” agree (74 %), or “somewhat” agree (18 %).

Figure 8: I have been helped by self-help groups.

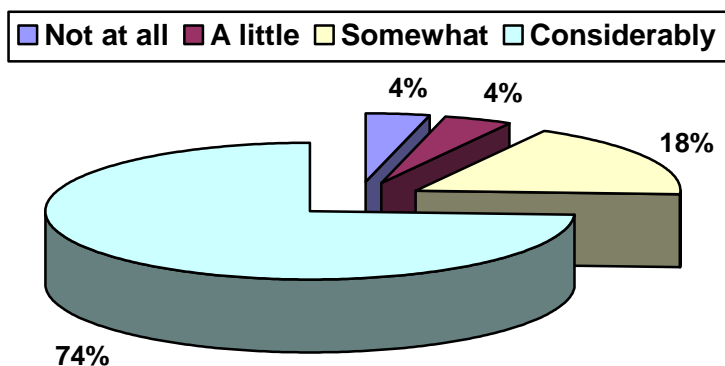


Figure 9 shows how participants responded to a Likert-type scale question asking how much they agreed with the below referenced statement that the program helped them get the services they needed. As shown, 64% answered positively with either “considerably” agree (32 %), or “somewhat” agree (32 %), while 14% agreed only “a little” and 14% stated the question was “not applicable.”

Figure 9: The DUI court program helped me get the services I needed.

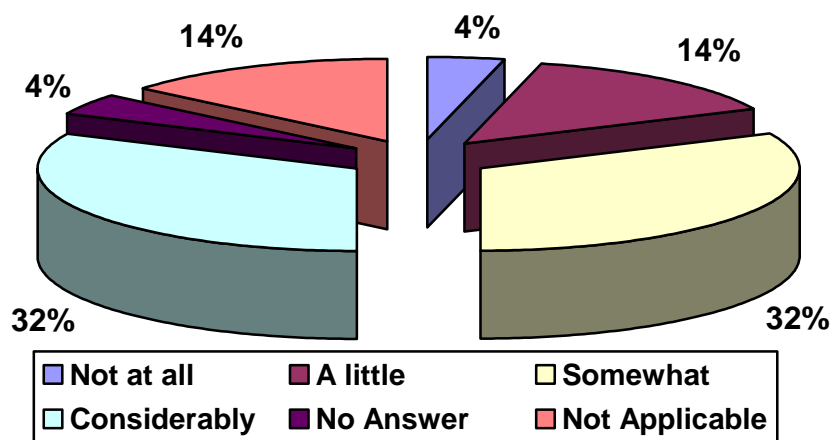
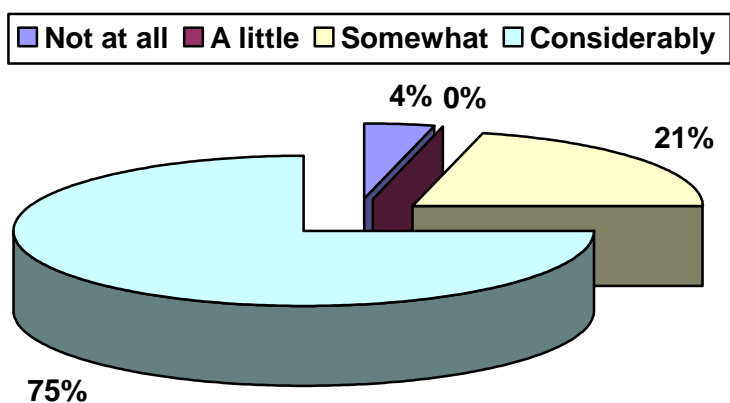


Figure 10 shows how participants responded to a Likert-type scale question about how much they agreed with the below referenced statement that they understood what was happening during the DUI court hearings. As shown, 96% answered positively with either “considerably” agree (75%), or “somewhat” agree (21%).

Figure 10: I understand what is happening at the DUI court hearings.



#### Figures 11-14: Perceived deterrence – sanctions

Figure 11 shows how participants responded to a Likert-type scale question asking how much they agreed with the below referenced statement that if they break the rules they would get caught. As shown, 96% reported positively that they either agreed “considerably” (89%) or somewhat” (7%).

Figure 11: If I break the rules, I am likely to get caught.

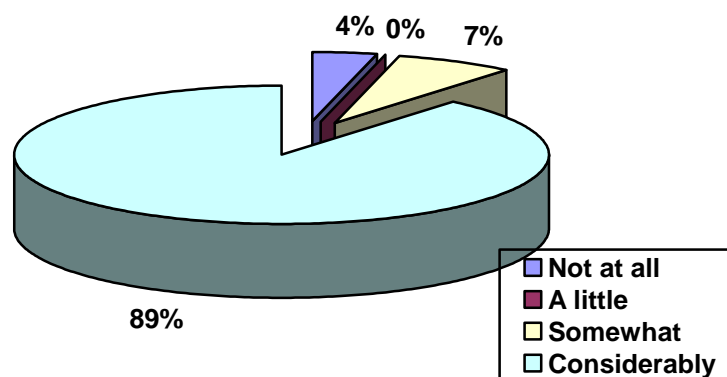


Figure 12 shows how participants responded to a Likert-type scale question about how much they agreed with the below referenced statement that if they break the rules they are likely to receive a sanction. As shown, 96% answered positively with either “considerably” agree (82 %), or “somewhat” agree (14 %).

Figure 12: If I break the rules, I am likely to receive a sanction.

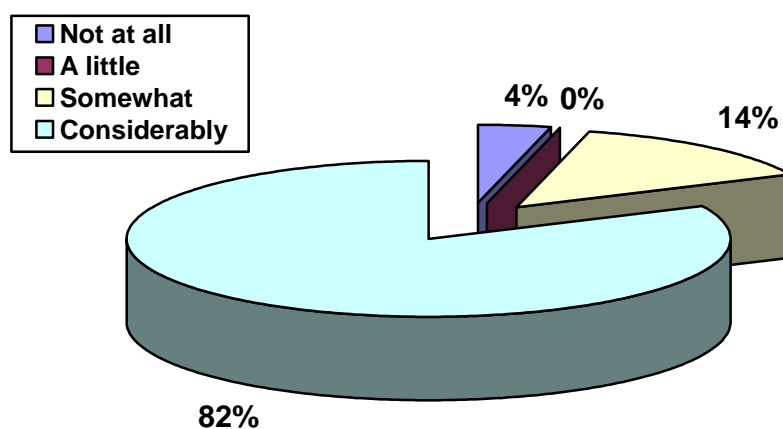


Figure 13 shows how participants responded to a Likert-type scale question asking how much they agreed with the below referenced statement that if they break the rules the sanctions would get more severe each time they are caught. As shown, 96% answered positively with either “considerably” agree (82 %), or “somewhat” agree (14 %).

Figure 13: If I break the rules, the sanctions are likely to get more severe each time I get caught.

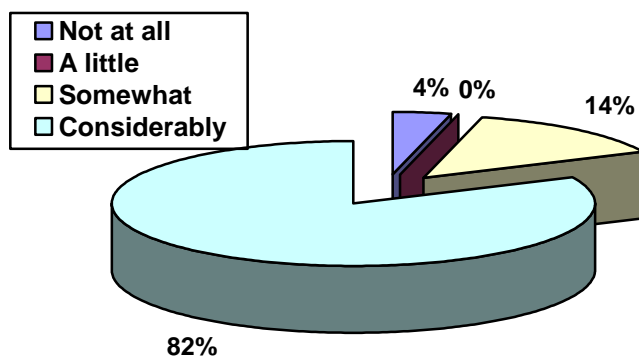
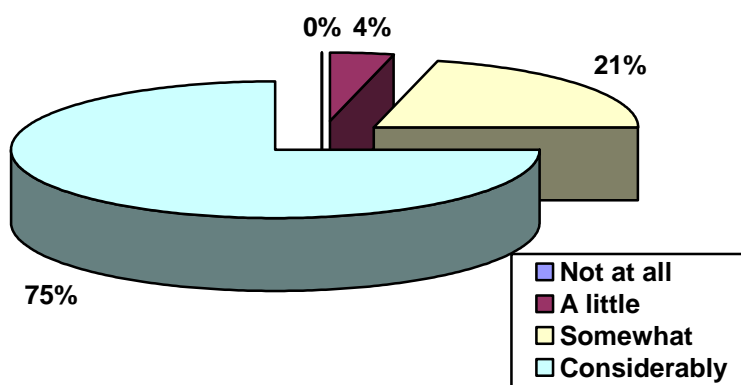


Figure 14 shows how participants responded to a Likert-type scale question asking how much they agreed with the below referenced statement that if they break the rules, they are likely to receive a sanction quickly. As shown, 96% answered positively with either “considerably” agree (75%), or “somewhat” agree (21%).

Figure 14: If I break the rules, I am likely to receive a sanction quickly.



#### Figures 15-19: Perceived deterrence – rewards

Figure 15 shows how participants responded to a Likert-type scale question asking how much they agreed with the below referenced statement that they are likely get noticed when they do well. As shown, 96% reported positively that they either agreed “considerably” (75%) or somewhat” (21%).

Figure 15: I am likely to get noticed when I do well.

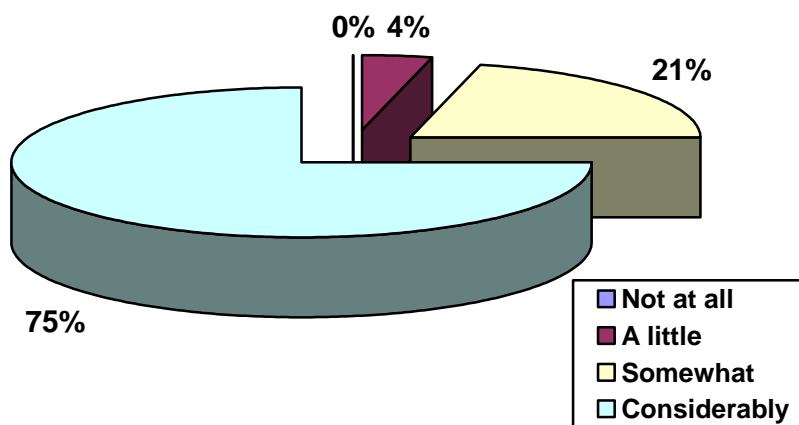


Figure 16 shows how participants responded to a Likert-type scale question asking how much they agreed with the below referenced statement that they are likely to get rewarded if they do well. As shown, 88% reported positively that they either agreed “considerably” (67 %) or somewhat” (21 %).

Figure 16: I am likely to be rewarded when I do well.

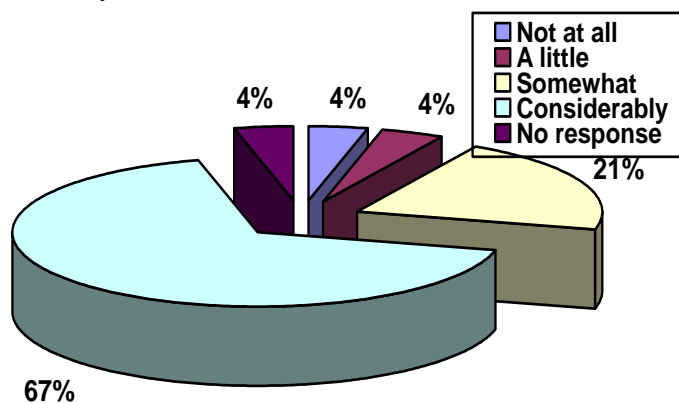


Figure 17 shows how participants responded to a Likert-type scale question asking how much they agreed with the below referenced statement that they are likely to get rewarded quickly for doing well. As shown, 81% reported positively that they either agreed “considerably” (53 %) or somewhat” agreed (28 %).

Figure 17: I am likely to be rewarded quickly when I do well.

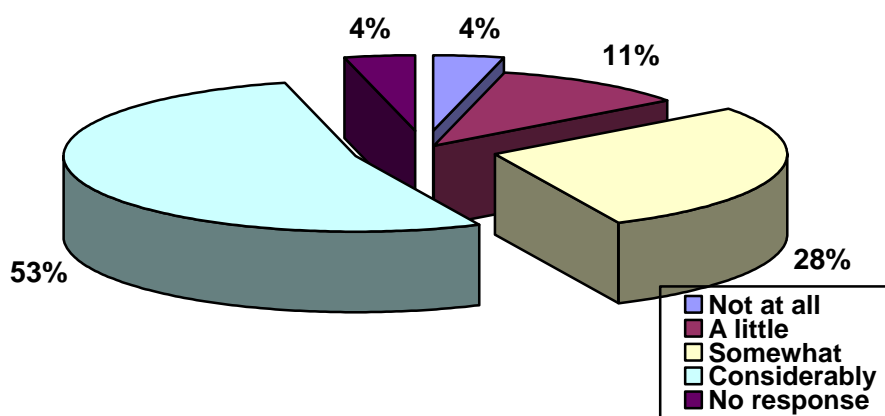
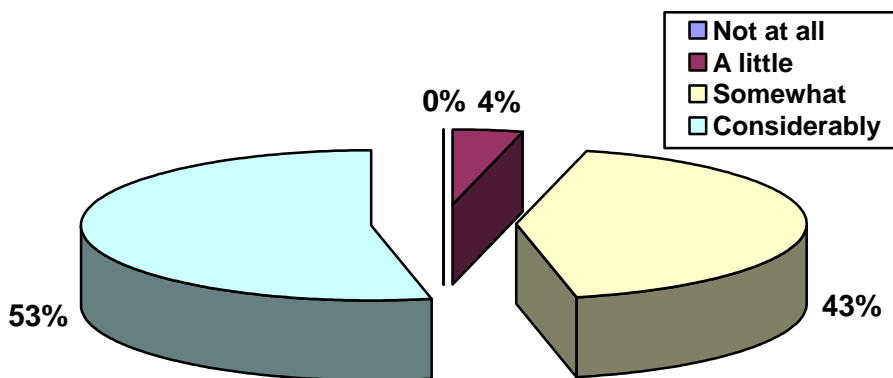


Figure 18 shows how participants responded to a Likert-type scale question asking how much they agreed with the below referenced statement that the rewards are likely to get better as they continue to get well. As shown, 96% reported positively that they either agreed “considerably” (53 %) or “somewhat” agreed (43 %).

Figure 18: The rewards are likely to get better as I continue to do well.



As shown in Figure 19, the majority of participants reported “considerably” when asked if they: (1) acknowledged having a problem, (2) were ready to make a change in their lives, and (3) felt that they were able to follow through with recovery efforts. These endorsements are indicative of individuals who are highly motivated to make a change in their lives.

Figure 19: Motivation to change

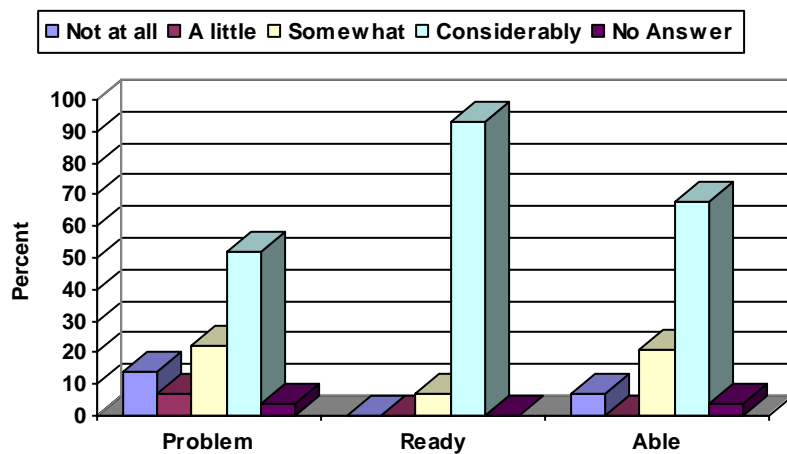


Figure 20 presents the participants' perceived primary barriers to success in the DUITC program. As shown, more than half (54 %) of the participants reported money and transportation concerns. Other identified barriers to success were employment or school (14 %), money (10 %), and childcare or family issues (4 %).

Figure 20: Perceived barriers to success in DUI court

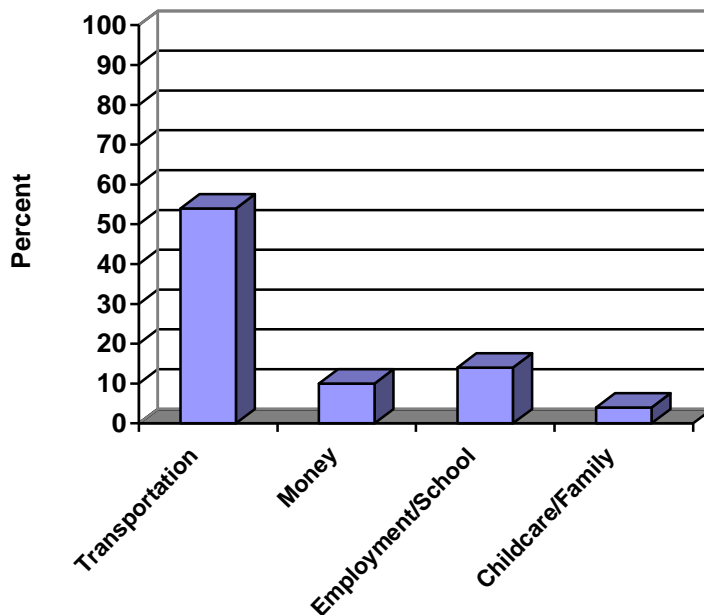


Table 15 below presents participants' perceptions of justice in the DUITC program. Broadly defined this construct pertains to issues of: (1) how fairly individuals are treated, (2) how well they understand programmatic rules and their rights and protections, and (3) their ability to be heard or have a "voice," also known as procedural justice. Research has shown that individuals feel more autonomous and are less resistant to treatment when they perceive a program as just and fair. As shown in the table, the majority of clients reported "considerable" agreement that they understood their rights and protections, understood their rules and responsibilities, that they are treated fairly, and that they have a "voice."

Table 15: Perceived justice

<b>In the DUI court program...</b>	<b>Not at all</b>	<b>A little</b>	<b>Somewhat</b>	<b>Considerably</b>	<b>No response</b>
I understand my rights and protections.	0%	11%	18%	68%	4%
I understand the rules and my responsibilities.	4%	0%	14%	82%	0%
I am treated the same as other people.	4%	0%	19%	74%	4%
I get a chance to tell my side of the story	4%	7%	25%	61%	4%

## **V. Discussion**

This baseline process and outcome evaluation examined 30 DUI offenders who entered the DUITC during the first year of operations (between January 1, 2010 and June 31, 2011). This evaluation serves as a baseline snapshot of the DUITC following its first year of operations. In addition, the evaluation seeks to provide useful recommendations on how to improve DUITC procedures and participant outcomes.

The evaluation followed a conceptual framework developed in part by the NADCP. This framework delineates the primary components necessary for state-of-the-art evaluations. The major components of the model that we examined in this baseline evaluation included: (1) client demographics and risk factors, (2) supervision and treatment services; and (3) proximal (during treatment) outcomes. We utilized a multi-method approach that incorporated a stakeholder focus group and judges' interview, objective quantitative data from client records, and self-reported data regarding clients' perceptions and experiences.

### **Client characteristics**

The majority of offenders who entered the DUITC program during its first year of operations were primarily Caucasian males. The age and gender of this cohort are generally consistent with that of DUI courts nationally. Although DUITC participants were almost exclusively Caucasian, this is representative of the populations of both Union and Snyder Counties, which are 90% and 98% Caucasian respectively, according to 2000 census estimates.

The sample was primarily comprised of participants who had alcohol-related DUI charges (90%) compared to drug-related DUI charges (10%). A significant minority of the participants had more than one prior DUI arrest (33%) and at least one prior underage alcohol offense (40%). At the time of their offense 10% of the participants were driving without a valid license, 20% refused to submit to a breathalyzer and the average BAC level was 0.18.

With regards to treatment, a majority of DUITC participants had received prior treatment. As expected, the majority of the sample reported that their substance of choice was alcohol (87%) with only a small minority reporting other substances (7% Heroin; 3% other Opiates; 3%

Cocaine). In terms of addiction severity DUITC participants had an average Mortimer/Filkins score of 100.2 indicating severe problems with drinking.

### **Supervision and treatment services**

Findings revealed a relatively long delay between offenders' point of arrest and when they were admitted into the DUITC program. The median number of days between arrest and DUITC orientation was 235 days or over 7 months. This delay could potentially reduce rates of new admissions and negatively influence participants' involvement in the program.

Overall, the DUITC programs' scheduling of treatment and case management sessions appears to be in line with original plans, scheduling an average of approximately 2 treatment sessions and 1 case management session per week. In addition, the DUITC program also appears to be scheduling below the originally intended frequency of urine collections, with approximately 1 per week. Moreover, an impressive 100% of the scheduled urine screens are being administered. In addition, the program appears to be making widespread use of the SCRAM monitoring technology, with 100% of the sample having been placed on the monitoring equipment for an average of 27 weeks. In addition to the SCRAM monitoring, 20% of clients were placed on oral swab alcohol testing for an average of 4 weeks, and 10% of clients were placed on portable breathalyzer monitoring for an average of about 2 weeks.

With regards to judicial status hearings, the DUITC is scheduling an average of 2.7 hearings per offender per month. This rate also very closely adheres to the original design of the court. Similarly important is the courts' consistent use of sanctions and rewards. Examination of the ratio of rewards to accomplishments delivered during status hearings revealed that the DUITC judge delivered rewards following 89% of instances in which offenders are fully compliant, and 88% of instances in which offenders are partially compliant. These practices are consistent with effective behavior modification and established DUI court practices, and have been shown to lead to greater programmatic success, particularly with high risk offenders.

The courts' ratio of sanctions to infractions or non-compliance was no less impressive. Examination of the ratio of sanctions to infractions imposed during status hearings revealed that the DUITC judge imposed sanction in 100% of instances in which an offender was determined to

be non-compliant, and imposed in 81% of instances in which an offender was partially-non-compliant. As with behavioral reinforcement, consistent sanctions, when delivered fairly and in proportion to the infraction, also serve to ensure improved success in treatment court.

The court also appeared to make adequate use of restrictive sanctions, in seemingly appropriate dosages. Overall all of the participants were placed on SCRAM for an average of 27 weeks; 5 were placed on other electronic monitoring for an average of 8 weeks; 4 were placed in inpatient treatment for an average of 7 weeks; and only 3 were placed in detention, for an average of 1.3 weeks.

Despite the substantial support for the efficacy of antagonist treatments and the high proportion of alcohol abusing clients (87 %) in the DUITC, none of the program participants to date have been prescribed Naltrexone. This has been found to be a ubiquitous problem, not only in drug court programs, but across substance abuse providers in general. Given the incontrovertible empirical support for the efficacy of antagonist treatments like Naltrexone, its limited use is of concern.

### **During treatment outcomes**

Findings indicate that DUITC participants were highly compliant with both treatment (99% attendance) and case management (98% attendance). Research has found these factors to be robust predictors of treatment court success. In addition to overall attendance rates, DUITC participants were found to have engaged in almost perfect session attendance throughout their program participation. This may be viewed as exceptional, because treatment court programs typically find more sporadic attendance, at least in the early phases of their programs. This factor has also been found to be a robust indicator of future program success.

As of June 30, 2011, a total of 24 clients remained active in the DUITC and 2 clients had been terminated. As shown in Table 15, 23 DUITC participants completed Phase 1, taking a mean of 20.5 weeks, and 19 completed Phase 2, taking a mean of 39.2 weeks to complete the Phase. To date 4 participants have graduated from the program, taking a mean of 58.2 weeks to graduate.

Overall, the success of the program in helping participants maintain abstinence may be viewed as exceptional, with participants achieving a mean percentage of 94.5% drug-free urines (SD = 14.9) and 100% alcohol-free SCRAM and breathalyzer results. Moreover, the DUITC participants maintained substantially high rates of drug abstinence throughout their first 20 weeks of the program. Similar to the DUITC's consistently high rates of treatment attendance, this is noteworthy compared to many other DUI court programs that typically experience more sporadic rates of abstinence, particularly in the early months of program participation.

### **Client perceptions**

Overall, the majority of DUITC participants reported having a positive relationship with the judge, prosecutor, defense counsel, case manager, counselors, and probation officers and viewed them as helpful. Counter to what would be expected, more participants reported a positive relationship with their prosecutors, and indicated that they were as helpful when compared to most other program staff.

Regarding participants' perceptions of the DUITC in general, the majority of participants reported that they were satisfied with the services they received in the DUITC program, and that the program was quite helpful in "getting the services that they needed." Impressively, 96% of the DUITC participants also reported that they generally understood what was happening during the drug court hearings.

According to perceived deterrence theory, the likelihood that a DUI court participant will engage in prohibited activity is influenced by the perceived certainty of being detected for infractions or recognized for accomplishments, the perceived certainty of receiving sanctions for infractions or rewards for accomplishments, and the anticipated magnitude of the sanctions and rewards (e.g., Marlowe, Festinger, Foltz, Lee, & Patapis, 2005). Findings of this evaluation indicate strong support for such perception among the DUITC participants. Overall, a substantial majority (over 90%) of participants: (1) felt that they would get caught if they broke the rules, (2) that they would receive sanctions if they broke the rules, (3) that the sanctions would get more severe each time they are caught; and (4) that if they broke the rules they would receive a sanction quickly.

This evidence of perceived deterrence was also generally evident with regards to accomplishments and rewards. Overall, DUITC participants felt that: (1) they were likely to get noticed when they did well; (2) that they were likely to get rewarded if they did well; (3) they would get rewarded quickly for doing well; and (4) that the rewards were likely to get better as they continued to do well. Taken as a whole these results provide strong support for the appropriate and effective use of rewards and sanctions throughout the DUITC.

Interestingly, despite the DUITC participants' severe drug dependent profiles, they generally all appeared highly motivated to make a change in their lives. The majority of participants: (1) readily acknowledged having a drug problem; (2) expressed a high level of readiness to make a change in their lives; and (3) felt that they were capable of following through with their recovery efforts. Although these findings are based on self-report data, these findings are further substantiated by the objective measures of progress (i.e., treatment attendance and drug-negative urine screens) on the DUITC participants.

The only major barrier to treatment success expressed by more than half of the DUITC participants was transportation concerns. Additionally, approximately 10% of participants reported money and employment or school concerns as a barrier to success in the program. Importantly, each of these barriers can be addressed in treatment and case management and thus may suggest the need for additional screening and treatment planning.

Regarding participants' perceptions of justice in the DUITC program, the majority of clients reported "considerable" agreement that they understood their rights and protections, that they understood their rules and responsibilities, that they are treated fairly, and that they have a "voice." Research has shown that individuals feel more autonomous and are less resistant to treatment when they perceive a program as just and fair.

## **Stakeholders' perceptions**

### Differences and Similarities between DUITC and DTC

The DUITC and the DTC of Snyder and Union counties share so many similarities that it seemed difficult for the stakeholders to discuss one without discussing the other. The courts both have a very similar structure and nearly identical staff. It is the general perception that two courts

have benefited greatly from each other. The DUITC benefited by having an established and proven method already applied within the counties. The lessons learned from the DTC were directly applied to the DUITC and the respective staffs were all familiar with each other. The DTC was perceived to have benefited by being able to experiment and try out a program without being overloaded with potential clients.

There are differences between the DUITC and DTC which over time may become more pronounced. Stakeholders did note that the clients seemed to differ between the two courts with the DUITC clients being more likely to be employed, have less overall involvement with the criminal justice system, and have more family involvement. Additionally, as has been noted from the beginning of the planning for treatment courts in Snyder and Union counties, there is more demand for a DUI court and thus more potential clients. DUITC clients also begin the program with a mandatory seven days in jail and do not have the ability to have their record expunged. The mandatory time in jail as well as the demographic differences between DTC and DUITC clients may have led to a change in the clients' perceived motivations for participation.

#### Client Motivations

A topic of conversation that made several appearances in the stakeholder interviews was that of perceived motivations. People discussed what they saw as external motivations, such as avoiding punishment, as being at conflict with what they saw as internal motivations, such as improving the quality of their life and conquering addiction. There was the perception that some people did not participate due to the external reward of less jail time not being enough to justify the work that would be required. Additionally, the people who were perceived to have joined the DUITC for primarily external reasons were viewed as not having progressed as well. This is not to say that external motivations were viewed as fatal to success in the program. There were specific cases where people joined with external motivations and then developed internal motivations. Those who were perceived as being internally motivated were also perceived to get the most out of the program.

#### Difficulties and Barriers

The problems and difficulties faced by the DUITC do not seem to be insurmountable. Most of the issues that were raised were either already being addressed or viewed as outside the scope of influence for the DUITC. It is still difficult to find employment for many of the DUITC clients

who do not have work. While this is more of an issue for DTC clients who are less likely to be employed the economic ramifications affect clients from the DTC and the DUITC. The difficult economic situation also overshadows future funding opportunities for the treatment courts as grants become expended and the number of potential clients continues to grow. Transportation continues to be an issue for clients who have many meetings to attend, are prohibited from driving themselves, and live in a rural area. There is also still the perception that some defense attorneys are not fully taking advantage of the DUITC despite continued educational efforts. Lastly, the system of rewards and especially sanctions was viewed as being in need of continual revision. This is not to say that it is not working but that, as part of the process, there should continue to be flexibility and innovation.

### Programmatic Successes

The stakeholders, and the community at large, seem to view both the DTC and the DUITC as a success. Whereas the DTC faced some initial pushing back from the community there seemed to be unanimous support of the DUITC's necessity and function. This support and the success of the DUITC is attributed to the work and extra effort put forth by all those involved. This work seems to be integral in the formation of close relationships between clients and the DUITC. These close relationships, in turn, seem to be integral to the potential success of the client during and after their involvement in the DUITC. Stakeholders affirmed the importance of community service as a part of the DUITC and the Community Service Coordinator in particular as a welcome addition to the team. Another addition that was viewed as meaningful and positive was the Victim Impact Panel. These were seen as a vital addition to the program despite difficulty in finding people who would be willing to come forward and talk about their experiences.

## **VI. Recommendations**

### ***Recommendation 1:***

One of the hurdles that may seem to be outside the control of the DUITC stakeholders are challenges related to legislative issues. There were several difficulties that could foreseeably be improved by changes in legislation. The DUITC would benefit from a discussion regarding what barriers may be improved via a discussion with lawmakers and legislators. Some of the issues that should be considered are:

- (1) Potential temporary licenses for individuals who are part of the DUITC which may, or may not, be contingent on the use of Ignition Interlock System;
- (2) The presence and appropriateness of mandatory sentencing for potential DUITC clients and those who are not eligible;
- (3) Other issues that may be appropriate based on lessons learned from the treatment courts;
- (4) Promoting the treatment courts' successes as a method of securing additional funding.

### ***Recommendation 2:***

The DUITC currently requires monthly drug screens. In line with current standards and to ensure reliable detection of drug or alcohol use, it is recommended that the court require weekly or bi-weekly random drug tests.

### ***Recommendation 3:***

The DUITC should consider the use of mandatory fines as potential sanctions for program infractions. In addition to serving as a meaningful consequence, money collected from these fines could be used to offset costs of the DUITC.

### ***Recommendation 4:***

To continue increasing community awareness and acceptance of the DUITC, the program would continue to benefit from a wide spread public relations campaign. This type of campaign would seek to further establish relationships with community leaders, expand collaborations with local businesses, agencies, and institutions, and ultimately increase public awareness of the DUITC and all of its potential benefits to the community. These efforts could include inviting

community members to attend drug court hearings and participate in existing drug court social activities such as the regular picnics attended by DUITC participants, their families, stakeholders and court staff. Graduates of the program may also be interested in reaching out and sharing their stories. These efforts could have the added benefit of assisting DUITC participants in establishing more pro-social behaviors and reconnecting them with their community. Outreach towards defense attorneys, while already in progress, is important. Community outreach should also focus on finding and helping more victims come forward to participate in the Victim Impact Panels. This part of the program appeared to be helpful and should be continued if possible.

***Recommendation 5:***

Ongoing and regular meetings with the appropriate stakeholders are required. These meetings need to address continual issues with programing such as keeping sanctions and rewards appropriate and individual as well as larger issues such as finding additional methods of transportation and employment for those who struggle with these issues. While there are no easy answers in these arenas it needs to be part of an ongoing conversation as it is part of an ongoing problem. Last, but certainly not least, these committees must make hard decisions regarding the future of the treatment courts. This conversation may benefit from the collections of economic data regarding money spent and money saved. Ideally, additional sources of funding will be able to be identified, but should that fail, it is important that a plan be in place to deal with potential cuts to funding.

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**Appendix A: Offender Screening and Admission Flowchart**

