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

**November 2009**

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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 Drug Treatment Court (DTC) during its first year of operation. The evaluation incorporated both qualitative and quantitative data collection methods, and recommendations for improvements to the DTC program were made after examining the data. Qualitative data was collected from (1) interviews with judges from the 17<sup>th</sup> District and (2) a focus group with DTC stakeholders including commissioners, district attorneys, public defenders, probation officers, case managers, and treatment providers from within the 17<sup>th</sup> district. Quantitative data was collected using the TRI-Court Evaluation Program™ (TRI-CEP™), the Risk and Needs Triage™ tool, (RANT™), and TRI Client Assessment™ (TRI-CA™) systems. These systems collect client information including programmatic data (e.g., biological testing results, counseling and status hearing attendance, infractions, accomplishments), criminogenic risk and clinical need, and perceptions and experiences with the DTC.

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 DTC clients on each element of the model with the exception of the distal outcomes which will be examined in the two-year outcome evaluation.

### **Results**

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

The majority of DTC clients were young Caucasian males. In general, the DTC clients had a fairly high level of criminogenic risk (e.g., over half of clients had prior felony convictions, average age of onset of criminal activity was 15, all clients reporting spending time with criminally involved individuals) and a fairly high level of clinical need (e.g., average number of

prior substance abuse treatment attempts was 2.9, average of onset of substance use was less than 16, 94% of sample reported opiates as their primary drug of abuse).

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

It took approximately 4 months, on average, for DTC clients to be admitted into the program following arrest. The DTC 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 approximately 97% of all scheduled urine screens were actually administered. The court used sanctions and rewards in a consistent manner (rewards given in 95% of instances where clients were fully compliant; sanctions given in 91% of instances where clients were non-compliant). The court made adequate use of restrictive sanctions (i.e., 11 on electronic ankle monitoring, 8 on electronic GPS monitoring, and 2 in detention). However, only two program participants were prescribed Suboxone, a partial agonist treatment that has a high degree of efficacy in the treatment of opiate addiction.

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

DTC clients were highly compliant with both treatment and case management (over 95% attendance at each) and successfully maintained high rates of drug abstinence (92% drug free urines, on average). As of September 30, 2009, 13 clients were active in the program and 5 had been terminated. A total of 11 clients completed Phase 1 (23.5 weeks to completion, on average), 4 completed Phase 2 (44 weeks to completion, on average). No one had graduated as of that date.

### ***Client Perceptions***

Generally, DTC clients had very favorable perceptions of their DTC experience. The majority of DTC clients viewed the judge, 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 DTC. On the other hand, the majority reported that they had less than optimal 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 DTC and felt that the major barriers to their success were money, transportation, childcare, and other family issues.

### ***Stakeholder Perceptions***

A common theme from stakeholders was the need to make the DTC more accessible to those who would most benefit from it and to increase community understanding and acceptance of the program. They were very concerned about (1) the delay between defendants' arrests and their entry admission into the DTC and (2) the slow rates of phase advancement and the lack of any graduations. On the other hand, they explained that the program's provision of intensive treatment and supervision helps to make the program successful. In addition, they felt that the DTC fosters a collaborative relationship between clients and judges and facilitates communication between treatment modalities and disciplines.

### **Recommendations**

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

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

The DTC could effectively address the problems of low enrollment in and delayed admission to their program through the coordination and standardization of screening and referral services.

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

The DTC could effectively address issues related to phase advancement and potentially limited graduation rates by re-examining its requirements for phase advancement and graduation.

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

The DTC could effectively increase community awareness and acceptance of the DTC by a continued, more widespread public relations campaign.

***Recommendation 4:***

The DTC could increase family and community members' understanding of substance abuse and related issues by establishing community education programs.

***Recommendation 5:***

The DTC could help to increase program success by convening committees to address the identified barriers to program success that were identified by clients (e.g., transportation, child care, and family issues).

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## **Introduction**

The 17<sup>th</sup> Judicial District of Pennsylvania Drug Treatment Court (DTC) began operations on July 2, 2008 in response to growing concerns regarding the increase in drug related offenses in Union and Snyder counties in Pennsylvania. Their DTC was funded through a grant from the Bureau of Justice Assistance (BJA). Treatment Research Institute (TRI) was contracted to complete a process and outcome evaluation of the DTC 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 DTC program.

## **Mission**

The mission of the 17<sup>th</sup> Judicial District of Pennsylvania DTC 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. The 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 drug related parole/probation jail commitments.

## **Brief History/Discussion of Drug 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). Unfortunately, drug courts serve only a portion of eligible

substance abusing offenders.. Therefore, it is important to expand the number of drug courts and to ensure that they are performing at a peak level of efficiency and effectiveness.

### **History of the 17<sup>th</sup> District DTC**

The idea for the development of the 17<sup>th</sup> district DTC 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 of 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 a drug court 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.

Planning for the creation of a drug court 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 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. We also participated 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 (see Appendix A for the DTC flowchart).

### **Eligibility**

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

- Crimes must be misdemeanor or felony and either drug-related or addiction driven
- Offenders must agree to DTC placement and be residents of the 17<sup>th</sup> Judicial District

Offenders charged with or convicted of violent offenses (e.g., sexual offenses, homicide, felony I burglary (home/person present), felony robbery, kidnapping, aggravated assault) are not eligible to participate in the DTC.

### **Referral and Screening Process**

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

Referrals for possible admission into the DTC are generally made by the police, district attorneys, magisterial district judges, judges, probation departments, treatment providers, 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 DTC coordinator. The DTC 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 risk and needs triage (RANT-see below) to determine a defendant's suitability for DTC. This assessment

is completed within 72 hours of receiving the application. Additionally, the probation department conducts a criminal records check, generates a pre-sentence report, and sends notice to the district attorney's office. If the results of either the RANT or 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 DTC. 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 DTC by the drug court team. The team consists of the President Judge, District Attorney, the Magisterial District Judge, Public Defender, Probation Officer, and a CMSU representative. In the event of a tie, the DTC judge makes the determination. If the defendant is denied acceptance into the DTC, the District Attorney notifies the applicant. If the defendant is approved for admission into the DTC, 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 DTC.

### **Program Structure**

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

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

- Weekly status hearings
- Electronic monitoring via GPS: Global Positioning System
- Attendance at recommended treatment
- Attendance at self help meetings
- Random urine screens on court days
- Obtain stable housing
- Obtain employment/community service (upon 45 days clean)
- Begin payment of DTC fees
- Minimum of 2 probation contacts per week
- Minimum of 2 urine screens (at least one random) per week

- Weekly case management appointments

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

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

- Bi-weekly status hearings
- Random urine screens on court days
- Attendance at recommended treatment
- Attendance at self help meetings
- 90 days clean
- Maintain stable housing
- Continue employment/training/community service
- Removal of electronic monitoring
- Continue payment of DTC fees
- 2 probation contacts per week
- 2 urine screens (at least one random) per week (can be reduced after 45 days clean)
- Bi-Weekly case management appointments

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

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

- Monthly status hearings
- Continue in recommended treatment
- 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 DTC fees
- Weekly probation contacts
- 2 urine screens per week (can be reduced with Team approval)
- Monthly case management appointments

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

- Treatment compliance
- Stable housing
- No pending legal matters

- Stable employment or viable income
- Drug 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
- increased drug 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 DTC program. If termination is recommended, the client is informed of the recommendation during a regularly scheduled Status Hearing. A petition to revoke Intermediate Punishment 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 DTC program are rewarded at their status hearings through:

- a face-to-face handshake with the judge
- verbal praise by the judge and counsel
- applause

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 good 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 DTC 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 DTC 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 DTC clients and a comparison sample, the baseline data will allow us to examine changes and maturity within the DTC over time.

### **Data Collection**

Qualitative data was collected from (1) interviews with the DTC judges and (2) focus groups with the DTC stakeholders including commissioners, district attorneys, public defenders, probation officers, case managers, and treatment providers from both Union and Snyder Counties.

### **Treatment Staff Focus Group**

In an effort to collect qualitative data regarding perceptions of the treatment court, two separate focus groups were held on July 29<sup>th</sup> 2009. The first session was held in the morning and consisted of a moderated interview with only the President Judge and District Justice present. The second session was held in the afternoon and involved only the treatment staff without the President Judge and District Justice in attendance. Both sessions were conducted in a private conference room at the Union County Courthouse and were facilitated by David Festinger, Ph.D., the Director of Law and Ethics and Jason Croft, the 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.

Both 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 both focus group sessions. Importantly, prior to both sessions, all 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' interview:

- President Judge
- District Justice

Participants in stakeholder focus group:

- Union County District Attorney
- Snyder County District Attorney
- Union County Public Defender
- Snyder County Public Defender
- Union County Drug Court Probation Officer
- Snyder County Drug Court Probation Officer
- Union County Commissioner
- Snyder County Commissioner
- Criminal Justice Advisory Board Coordinator
- CMSU Drug & Alcohol Administrator
- CMSU Drug & Alcohol Supervisor
- CMSU Drug & Alcohol Case Manager

During both the focus group and the judges' interview, 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 group lasted for approximately 1 hour and 45 minutes, while the moderated interview with the Judges lasted for approximately 1 hour. At the conclusion of both

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's (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 data was collected using the TRI Court Evaluation Program (TRI-CEP), Risk and Needs Triage, (RANT), and the TRI Client Assessment (TRI-CA) web-based systems. 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 RANT is a 15-minute decision support tool for judges that collects information related to criminogenic risks and clinical needs. By identifying prospective clients' risks and needs, it assists judges in determining who is most suitable for the drug court program. All RANT data was entered into the system at intake to the DTC. The TRI-CA is a web-based system that collects information directly from clients on their perceptions and experiences with the DTC 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.

## **Data Analysis**

### *Qualitative*

The audio recordings of the interview with the judges and the focus group with DTC 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

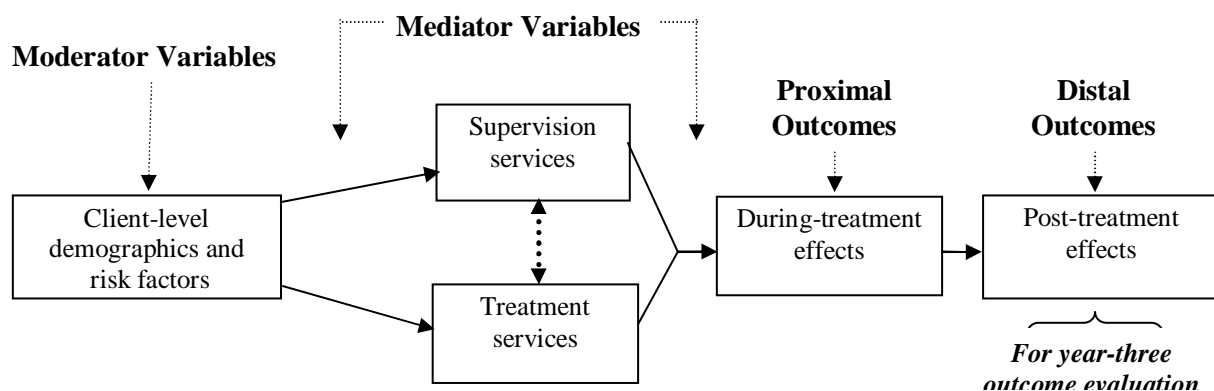
group. A coding scheme was developed from these themes to quantify how often each theme was discussed. For example each time a stakeholder mentioned a perceived barrier to progress in the court (one of the themes), it was coded and tallied. Transcripts were then coded in this manner by three individuals from the TRI evaluation team. 100% inter-rater reliability was established (e.g., coding disagreements were discussed until there was 100% agreement among coders). Data are reported at a descriptive level in which themes are presented along with relevant quotes from the transcripts. These data help identify important issues raised by the judges and stakeholders and allow us to make informed recommendations to the DTC.

### *Quantitative*

The quantitative analyses were performed using TRI-CEP, RANT, and TRI-CA data collected from clients who entered the DTC during the first year of operations (between July 1, 2008 and June 30, 2009). Descriptive statistics (e.g., means, standard deviations, ranges, percentages) were calculated to characterize DTC 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. Finally, changes in client perceptions and experiences with the DTC program from baseline to month 3 were assessed using independent t-tests.

### **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

Client-level risk factors are included in the logic model because Drug Courts were never intended for use with the entire population of substance abusing offenders. Roughly two thirds of Drug Court arrestees in fact do not meet diagnostic criteria for dependence (DeMatteo, Marlowe, & Festinger, 2006), and a sizeable proportion do not have chronic recidivist orientations and do not go on to commit any further criminal offenses. Therefore, providing all Drug Court participants with an intensive court-managed intervention would be unlikely to elicit improved outcomes for the population as a whole, due to what is called a statistical *ceiling effect*. It is difficult to detect improvements in recidivism if the probability of recidivism is relatively low in the population to begin with.

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 Drug Court and which ones were not. This helps to avoid a possible wrongful conclusion that the Drug Court "did not work" when the real issue might have been that the wrong target population was treated in the first place.

According to the criminological paradigm of the *Risk Principle*, intensive interventions such as Drug Courts are theorized to exert the greatest effects for *high-risk* individuals characterized by more severe antisocial propensities and treatment-refractory histories but may be ineffective for low-risk individuals (e.g., Taxman & Marlowe, 2006). Low-risk individuals are apt to

perform equally well in less intensive conditions such as standard treatment or probation. On the other hand, high-risk offenders are unlikely to perform adequately without the added structure and discipline provided by the Drug Court model.

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 convictions*
- *Number of prior arrests*
- *Type/severity of prior charge(s)*
- *Number of prior treatment attempts*
- *Age of onset of substance abuse*
- *Age of onset of delinquent or criminal activity*
- *Chronic unemployment*
- *Unstable living arrangements*
- *Proportion of time spent interacting with other substance abusers*
- *Severity of drug problem*

### **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 Drug Courts 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 Drug Court 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 Drug Courts include status hearings, case management and treatment contacts, biological testing for drug 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 sleep-time monitoring*
- *Mean number of weeks on sleep-time monitoring*

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

**Treatment Performance Indicators**

Integral to Drug Courts is the provision of substance abuse treatment and relevant adjunctive treatment services. The basic assumption underlying Drug 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., methadone, suboxone, 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 Drug Court program. Although some might argue that the most important effects of Drug 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**

A semi-structured interview was conducted with 2 judges, the President Judge and the District Justice, and a focus group was conducted with the drug court team. A total of 12 individuals participated in the focus group (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>Gender</b>	<b>County</b>
Judge	M	Union/Snyder
Judge	M	Union/Snyder
District Attorney	M	Union
District Attorney	M	Snyder
Public Defender	M	Union
Public Defender	M	Snyder
Probation Officer	M	Union
Probation Officer	F	Snyder
County Commissioner	M	Union
County Commissioner	M	Snyder
Criminal Justice Advisory Board Coordinator	M	Union/Snyder
CMSU Drug & Alcohol Administrator	F	Union/Snyder
CMSU Drug & Alcohol Supervisor	F	Union/Snyder
CMSU Drug & Alcohol Case Manager	F	Union/Snyder

### **Relationship of Drug Abuse and Crime in the District**

Individuals in the focus group agreed that approximately 40-60% of all criminal offenses in Union and Snyder Counties are drug-related. Most felt that drugs may even be implicated in many other, seemingly non-drug related, criminal offenses. Both the stakeholders and judges believed that most of the crimes were likely committed in furtherance of offenders' habits. The focus group expressed that the majority of drug-related crimes occurred in the eastern end of the district, despite the fact that most of the drug using population lived in the western end. The group reported that most offenders were young (between 18-25) and that heroin, prescription opiates, and marijuana seem to be the most frequently abused drugs.

“...that’s mostly what’s coming in, opiate-dependent, heavy drug users. They start using at 15, into their 20s-22, and they use every day, 5-10 bags a day...”

### **Factors Influencing Drug Abuse and Crime**

#### **Drugs coming in from urban areas**

In general, the group indicated that there has been an increased availability of drugs in the district from outside sources. In particular, the influx of drugs and drug dealers from urban areas such as Philadelphia and New York were viewed as the main contributor to this problem. The group suggested that simple rules of supply and demand allow dealers to make larger profits in rural areas.

“I think that from what we know this is an area where there are problems with the amount of heroin available...there are supplies coming directly from New York City.”

“It’s not very accessible here ... the experience I’ve had with both counties is that we get the low-level dealer getting his supply from a bigger supplier in the city. At one point we had heroin going for \$40 a bag, \$20-\$25 one single bag of heroin - can buy a bundle in the city at that cost.”

#### **Socio-Economic/Environmental Factors**

Economic fallout among people in the region was suggested to be another major contributor to the increase in drug abuse and crime observed in recent years. More specifically, they cited

increased rates of high school drop-out and declining employment opportunities, as the primary explanatory factors.

“I think probably to some extent are socio-economic, the reason why: there are a lot of opportunities for young people who haven’t gone to college to get into trouble - I think that could be a factor.”

“I think due to the economic issues in our country today, there are a lot more people that are out of work and have nothing else to do...”

### **Family History**

Because of the small rural environment of the district, stakeholders reported often seeing many individuals from the same families enter and re-enter the criminal justice system with drug related offenses. These dysfunctional behaviors are seen as being influenced by both behavioral and genetic factors leading to an inter- and intra-generational transmission of addiction and crime.

“I think if you look at some of the people that we currently have in drug court, they also come from families where there has been a history of drug use and criminality, and a general acceptance of the behavior.”

### **Disparity of Knowledge between Parents and Children**

Stakeholders reported that it seemed that many parents of young drug offenders were not addressing drug use problems because of a lack of knowledge. Many parents are not aware of the signs that their children may be using drugs or involved in illegal activity. Moreover, parents often do not know how to address problems if they are identified. The stakeholders felt that one way to address this lack of parental knowledge was through community education programs.

“The kids, they’re more sophisticated, as far as understanding the problem, mostly the parents don’t even think to question an open medicine pack in their cabinet.”

## **Programmatic Challenges**

### **Low Recruitment Rate into Drug Court**

A common theme brought up throughout both the stakeholders focus group and the moderated judges interview was the need make the treatment court more accessible to those who would most benefit from the program.

“It would be nice to get more referrals - I think we’re dealing with a lot of people there with a different mentality - like this guy’s committed crimes and should be punished and...how you get over that? With some of the people, I don’t know...”

“I’ll be honest with you... they (the DA and PD offices) haven’t made referrals, identified people who would benefit from this program like we expected...”

### **Delay between Arrest and Drug Court Entry**

Stakeholders and judges also expressed concerns regarding the lengthy delay between defendants’ arrests and their admission into the treatment court program. They indicated that this delay had to do with: (1) the length of time it takes for the DA to send requests for clients to enter the program, and (2) the length of time it takes for the PD office to identify possible candidates.

“One of the other problems that we have is that we’re not processing, we’re not getting people quickly enough... as they are arrested, it may be several months before we get them in drug court as opposed to 45 days and that’s unacceptable...I think the bottom of that is in the DA’s office... yeah, they’re not being identified quickly enough for it, and if they are being identified the DAs are taking a long time in processing (the clients).”

“The DA’s not sending requests for clients to get into the system...”

“This is also due to the fact that the PD office takes forever to identify possible candidates...However, the process is fine after receiving the application”

### **Low Graduation Rates and Slow Phase Advancement**

A concern raised by both the stakeholders and judges was that there have been no successful graduates from the program. In addition, there was general consensus that successful phase advancement has taken longer than originally expected. Suggestions of possible solutions to address these concerns included setting more realistic and objective goals.

“There needs to be realistic expectations by other team members on what these people (clients) can be expected to accomplish.”

“We need to have more objective measures of success...”

### **Community and Stakeholder Acceptance**

One of the main concerns voiced by the stakeholders is the extent to which the community understands and embraces what the DTC has set out to accomplish. Overall, the stakeholders felt that the degree of community acceptance is mixed. Although many community organizations have yet to collaborate with the court, several others have come forward to work with the treatment court program to provide employment and community service opportunities.

“The Middle Creek Community Center (MCCC) has opened their doors to our clients...Local schools have offered us community service options for our clients...”

However, they have also experienced some backlash from people in the community.

“The MCCC has been more reluctant lately as they have experienced parents coming in who have voiced their concern in having “drug addicts” there with their children...”

Stakeholders have also pointed toward skepticism on the part of local law enforcement, the DA’s office, the Snyder County PO office, and other agencies working with the DTC.

Discussants reported that the DTC program has been working directly with the Chamber of Commerce to increase the public acceptability of their clients and to improve clients’ employment opportunities. They indicated that they have begun to see a shift in the attitudes of the community towards drug court clients and the drug court program in general.

“These defendants are beginning to create supportive relationships both in and out of the program as well as accountability for their actions and its effect on the community.”

### **Continued Development of Rewards and Sanctions**

Both the judges and stakeholders had favorable views of the rewards that are currently used in the DTC. The rewards that are currently delivered in the DTC include a series of standard rewards such as verbal praise, gift cards, and books, as well as several novel reward techniques. Some novel techniques are face-to-face discussion time with the judge and a variable behavioral reinforcement technique (i.e., “fish bowl” technique) in which clients select a stick from a prize bowl. The stick has an inspirational saying on one side and a colored “dot” on the other. Depending on the color of the dot, clients may receive a prize in addition to their standard reward. The discussants perceived the rewards that are delivered in the DTC to be very effective in reinforcing positive behaviors and most were in agreement that they should continue.

“Our rewards...phase-to-phase rewards and rewards given at regular hearings are going well and seem to be matched well...”

On the other hand, the judges and stakeholders felt that the sanctions that were currently in place need to be re-evaluated. They were concerned about the types of sanctions that are delivered, the concordance in terms of severity between the sanction and infraction, and standardization of the delivery of sanctions.

“[We are most concerned about]... how to best manage sanctions and which sanctions should be delivered for which offenses. Are we being fair and standardized in their use.”

“There has been some internal disagreement at times about what sanctions should be given...”

“We could get more creative with our sanctions process...”

### **Programmatic Successes**

#### **The Role of the Judge/Client Relationship (Judicial Interventions)**

Both the stakeholders and judges felt that the DTC program has fostered a more collaborative relationship between clients and judges than is typically found in traditional criminal court settings. In the DTC, the judges have embodied a model of therapeutic jurisprudence, and are

viewed more as advocates for change and a source of guidance than solely an enforcer of rules and consequences. The stakeholders agreed that the judges have made a personal investment in their clients' success and that of the program as a whole.

“I think that they (the clients) like him (the judge), they respect him – and it's not out of fear...; I also think that we (the stakeholders) really feel that we are heard when we speak and provide information to him.”

“The judge is seen in a different light...His ability to change, to have a visible, personal investment into this program is shocking to clients.”

“Clients are nervous at first, but then relax and they come to respect and like the judge. He gives them all a chance to be heard.”

### **Multiple Treatment Components Working with a Common Goal**

The stakeholders were in agreement that the communication between treatment modalities and disciplines has been an essential element to the program's success. The many stakeholders in the DTC program have come to respect and understand each other and work collaboratively. Their common goal is to help clients succeed in the program and successfully re-enter society. Stakeholders reported that there was a great deal of “ego-checking” among the staff and that most staff members were afforded the opportunity to work together during trainings to adequately prepare for the program to begin.

“There are so many people involved. If you're in a drug court, most of the probation are involved, the treatment staff is involved...everyone's on the same page and working together to help the clients.”

“The integration between the disciplines that are allowing probation and treatment to work effectively with the prosecution and the judges is consistent and quite efficient.”

### **Increased Supervision/Accessibility to Treatment (Counseling/Treatment)**

Another important factor to the success of the program, as reported by the stakeholders and judges, was the program's provision of intensive treatment and supervision. Clients in the DTC program receive the treatment they need and the intensive supervision necessary to keep them on

track, including regular supervision provided through mandatory probation sessions and status hearings.

“I’m impressed by the intensive probation...the intensive supervision contact that they (clients) get. We have a small probation departments here... and normally they were not getting as much attention as they should... here they’re getting a lot of that attention... people at those positions, I think they’re doing a really good job there... they’re making contact ...”

#### IV. Quantitative Findings

A total of 18 individuals were recruited into the Drug Court program between July 1, 2008 and June 30, 2009. Data that are reported below for this sample were collected between July 1, 2008 and September 30, 2009 (3 months after the one year period). The average number of weeks each participant was in the drug court during this time was approximately 36 weeks (SD = 16 weeks).

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

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

Table 2: General demographics

	<b>Mean/%</b>	<b>SD/N</b>	<b>Range</b>
Age	23.6	2.5	19-29
Gender			
<i>Male</i>	72.2%	13	
<i>Female</i>	27.8%	5	
Race			
<i>Caucasian</i>	100%	18	
<i>Other</i>	0%	0	
Months employed past year	6.4	3.8	0-12
Unstable living arrangements past year			
<i>Address changes</i>	2.1	2.1	0-7
<i>Homeless</i>	11%	2	

Overall, the sample had relatively high proportions of prior criminal offenses, with over half of clients having prior felony convictions (see Table 3 below). The average age of criminal onset in the sample was approximately 15 years of age. All clients reported spending time with criminally involved individuals; and one-third reported spending most or all of their time with them.

Table 3: Prior criminal justice involvement

	<b>% Any (N)</b>	<b>M</b>	<b>SD</b>	<b>Range</b>
Prior Convictions				
<i>Felony</i>	55.6% (10)	.6	.6	0-2
<i>Targeted misdemeanor</i>	27.8% (5)	.4	.7	0-2
<i>Non-targeted misdemeanor</i>	41.1% (11)	1.2	1.3	0-4
Prior Diversion or DeNovo referrals	11.1% (2)	.1	.3	0-1
Prior Deferred Prosecutions	16.7% (3)	.2	.4	0-1
Prior bench warrants	32.2% (4)	.7	2.3	0-10
Age of onset of first criminal activity		14.8	3.7	7-23

The current charges for the DTC clients are presented in Table 4 below. Eight clients were charged on two counts while the remaining 10 clients had a single charge.

Table 4: Current charges

	<b>%</b>	<b>N</b>
Burglary	5.5	1
Defiant trespassing	5.5	1
Theft by unlawful taking	33.3	6
Theft by deception	5.5	1
Bad checks	11.1	2
Possession	27.8	5
Possession with intent to deliver	22.2	4
Criminal conspiracy	11.1	2
Possession paraphernalia	11.1	2
Other	11.1	2

As depicted in Table 5 below, the median number of days between arrest and DTC orientation was approximately 123 days and the mean was 154 days ( $\pm$  133 days).

Table 5: Delay to DTC entry.

	<b>Median</b>	<b>Mean</b>	<b>SD</b>	<b>Range</b>
Number days between arrest and DTC orientation	122.5	153.6	132.7	1 - 482

As shown in Table 6 below, the sample had a mean of 2.9 prior treatment attempts, and a mean age of onset of drug use less than 16 years of age. In addition 94% of the sample reported opiates as their primary drug of abuse (89% heroin; 6% other opiates); with 6% reporting cocaine

as their primary drug. In addition, 100% of the sample met all of the key diagnostic features of chemical dependence, including withdrawal symptoms, binge use, and cravings.

Table 6: Substance use and mental health

	<b>M/%</b>	<b>SD/N</b>	<b>Range</b>
Number of prior treatment attempts	2.9	2.0	0-8
Age of onset of substance abuse	15.8	2.8	10-23
Symptoms of dependence			
<i>Withdrawal syndrome</i>	100%	18	
<i>Binge use</i>	100%	18	
<i>Cravings</i>	100%	18	
Major co-occurring Axis I diagnosis	11.1%	2	
Chronic substance use-related medical condition	27.8%	5	
Primary drug of abuse			
<i>Heroin</i>	88.9%	16	
<i>Opiates</i>	5.5%	1	
<i>Cocaine</i>	5.5%	1	

### **Supervision Performance Indicators (Mediator variables)**

As seen in Table 7 below, the DTC programs scheduling of treatment, case management, and probation sessions appears 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	2.2	.8	1.0-4.2
Average number of case management sessions scheduled per week	.9	.5	.5-2.6
Average number of probation meetings scheduled per week	2.7	.4	2.1-3.4

In addition to appropriate scheduling of treatment and case management services, the DTC program also appears to be scheduling their predetermined number of urine drug screens, with nearly 97% being administered. In addition, the program appears to be making adequate use of the SleepTime™ monitoring technology, with 50% of the sample having been placed on the monitoring equipment for an average of 17 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	1.9	.1	1.6-2.2
Proportion of scheduled urine screens administered	96.8	1075 of 1111	
Number of clients placed on SleepTime™ monitoring	50%	9	
Number of weeks on SleepTime™	17.3	8.8	2-28

As shown in Table 9 below, the DTC scheduled an average of 2.8 hearings per offender per month with an average of .3 sanctions and .9 rewards per week. There were a total of 428 status hearings where the offender was fully compliant, and rewards were delivered in 406 (95%) of these instances. There were a total of 500 status hearings where the offender was at least partially compliant, and rewards were delivered in 445 (89%) of these instances.

There were a total of 113 status hearings where the offender was determined to be non-compliant, and sanctions were delivered in 103 (91%) of these instances. There were a total of 154 status hearings where the offender was partially compliant or non-compliant, and sanctions were delivered in 154 (77%) of these instances.

Table 9: Court supervision

	<b>M</b>	<b>SD</b>	<b>Range</b>
Number of status hearings scheduled per month	2.8	.6	2.0-3.8
Number of sanctions imposed per week	.3	.2	.0 -.7
Number of rewards delivered per week	.9	.2	.3-1.4

Table 10 presents data on a number of restrictive conditions that were used on participants in the DTC. Overall, 4 participants were placed in inpatient treatment for an average of 4.5 weeks; 19 were placed on electronic ankle monitoring for an average of 19.8 weeks; and 2 were placed in detention for an average of 1.5 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 in inpatient treatment	4	4.5	1.7	3-7
Placed on electronic ankle monitoring	19	19.8	7.8	5-41
Placed in detention	2	1.5	.7	1-2

### Service performance indicators (Mediator variables)

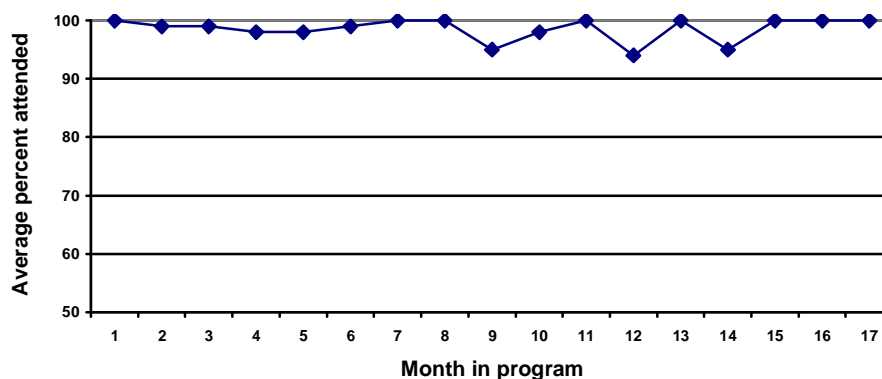
As shown in Table 11 below, DTC participants were highly compliant with treatment (99% attendance) case management (96% attendance), probation (99% attendance), and status hearings (99% attendance).

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	2.1	.7	1.0-3.9
	Proportion of scheduled sessions attended	98.7	1.2	96.1-1.0
Case management	Average number of sessions attended per week	.9	.5	.5-2.3
	Proportion of scheduled sessions attended	95.6	4.8	.9-1.0
Probation	Average number of sessions attended per week	2.6	.4	2.1-3.3
	Proportion of scheduled sessions attended	99	3.1	87-100
Status Hearings	Average number of hearings attended per month	2.86	.56	2.0-3.8
	Proportion of scheduled hearings attended	99	.04	84-100

As depicted in Figure 2 below, DTC 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 DTC program spent the majority of their time (M = 96.6 weeks,  $\pm$  5.1) in outpatient or intensive outpatient treatment. The second highest proportions of treatment time was spent in inpatient (M = 10.4 weeks,  $\pm$  2.7), and partial hospitalization (M = 9.9 weeks,  $\pm$  4.6).

Table 12: Treatment modality

	N	Percent of weeks in modality		
		Mean	SD	Range
Outpatient/Intensive Outpatient	18	96.6	5.1	86.8-100
Inpatient	4	10.4	2.7	7.1-13.3
Detoxification	1	3.1		
Partial hospitalization	2	9.9	4.6	6.7-13.2
Prison	2	4.2	3.5	1.7-6.7

Despite the substantial support for the efficacy of partial agonist treatments and the high proportion of opiate dependent clients in the DTC, only 2 program participants to date have been prescribed Suboxone (see Table 13 below).

Table 13: Medication management

	N	Percent of weeks on medication		
		Mean	SD	Range
Prescribed Suboxone	2	100	0	

### Proximal Outcomes

As of September 30, 2009, a total of 13 clients remained active in the DTC and 5 clients had been terminated. The reasons for the five clients' termination as well as the week they were terminated are presented in Table 14 below.

Table 14: Reasons for termination of clients from DTC program.

Termination Week	Reason for termination
11	Tested positive for opiates, lied about treatment attendance, failed to return home as instructed by PO
14	Tested positive for opiates, lied about treatment attendance, failed to return home as instructed by PO
31	Tested positive for Suboxone, admitted to buying and selling Suboxone
34	Tested positive for Suboxone, admitted to buying and selling Suboxone
42	Absconding and drug use

As shown in Table 15, 11 DTC participants completed Phase 1, taking a mean of 23.5 weeks, and 4 completed Phase 2, taking a mean of 44 weeks to complete this phase. To date no participants have graduated from the program.

Table 15: Phase advancement

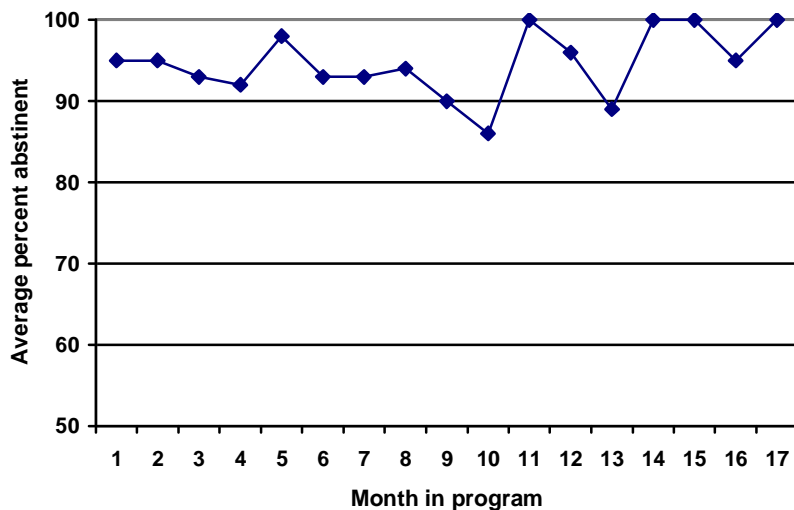
	N	Weeks to Phase completion		
		Mean	SD	Range
Completed Phase 1	11	23.5	5.2	19-38
Completed Phase 2	4	44.0	10.7	37-60

Overall, the success of the program in helping participants maintain abstinence may be viewed as exceptional (see Table 16 below), with participants achieving a mean percentage of 92% drug-free urines (SD = 10.3).

Table 16: Substance use screening results

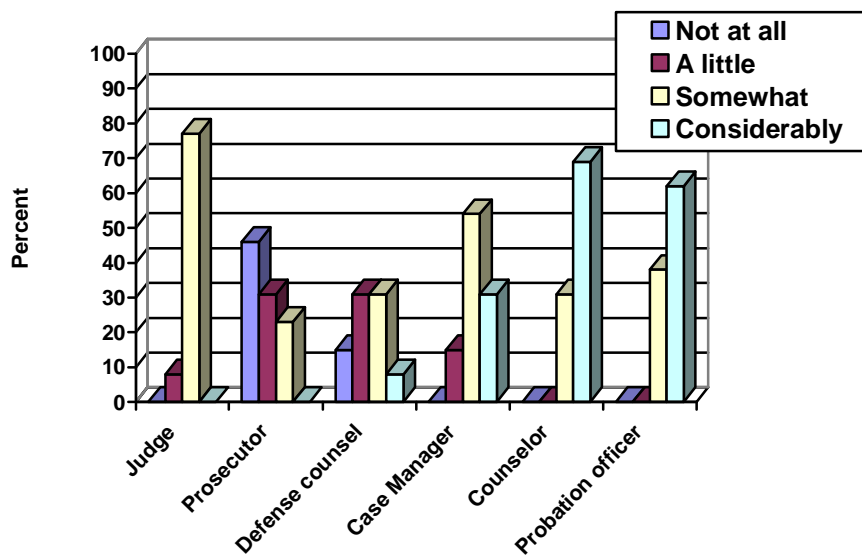
	M	SD	Range
Percent biological screens drug-negative	91.5	10.3	63.6-100.0

As depicted in Figure 3, DTC participants maintained substantially high rates of drug abstinence across the first 17 weeks of the program.

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

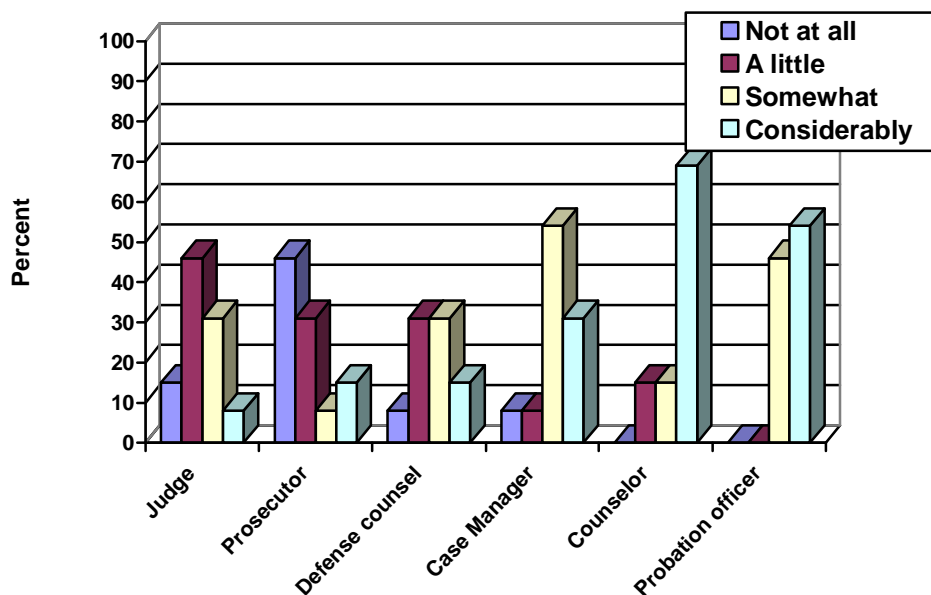
### Client perceptions and experiences

Overall, as depicted in Figure 4, a large proportion of DTC participants reported having a “somewhat” or “considerably” positive relationship with the judge, defense counsel, case manager, counselors, and probation officers. As would be expected, fewer participants reported having a “somewhat” or “considerably” positive relationship with their prosecutors.

Figure 4: Perceptions of positive relationship with program staff

As depicted in Figure 5, the majority of DTC participants reported perceiving their defense counsel, case managers, counselors, and probation officers as “somewhat” or “considerably” helpful. Again, as expected fewer participants reported perceiving the judge and particularly the prosecutor 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 DTC program. As displayed, 85% of participants answered positively with either “somewhat” agree (62%), or “considerably” agree (23%).

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

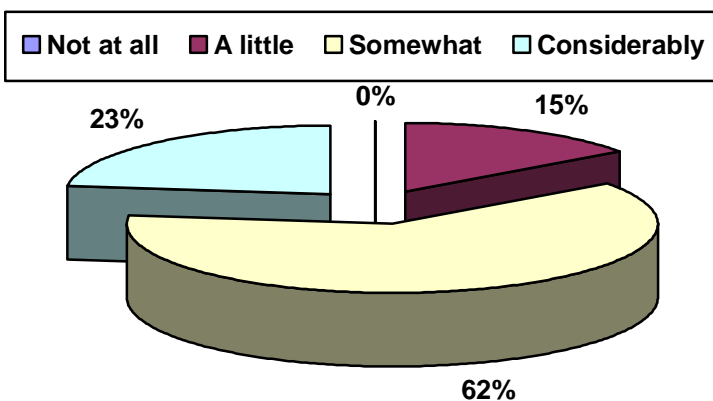


Figure 7 shows how participants responded to a Likert-type scale question about how much they agreed with the below referenced statement that they were helped by urine testing. As shown, 77% answered positively with either “considerably” agree (62%), or “somewhat” agree (15%).

Figure 7: I have been helped by urine testing.

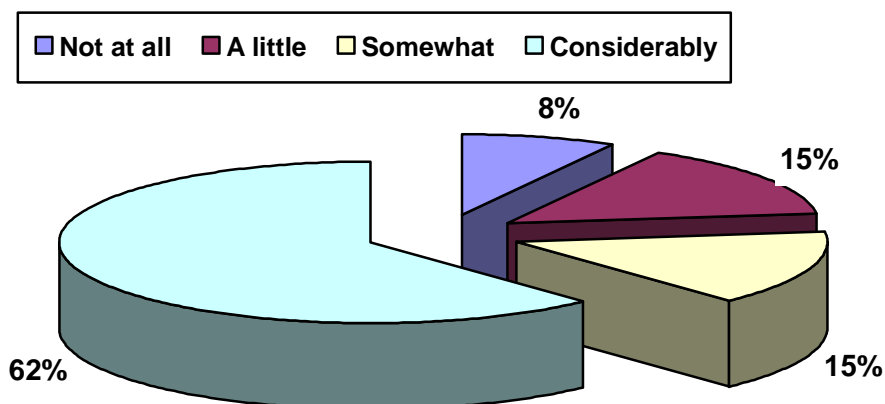


Figure 8 shows how participants responded to a Likert-type scale question about how much they agreed with the below referenced statement that they were helped by self-help groups. As

shown, 87% answered positively with either “considerably” agree (62%), or “somewhat” agree (15%).

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

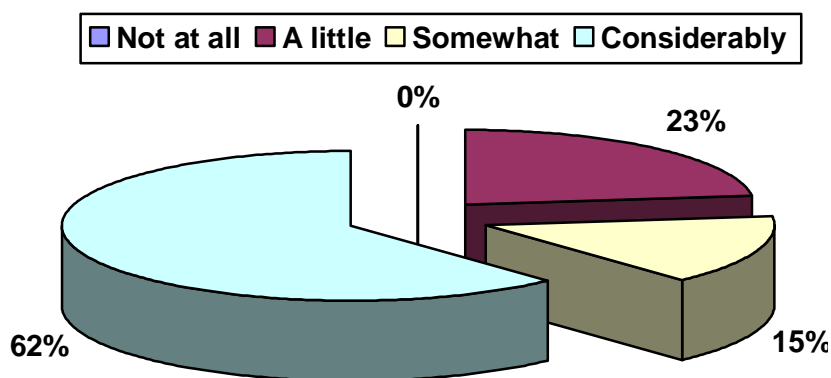


Figure 9 shows how participants responded to a Likert-type scale question asking how much they agreed with the below referenced statement that the program helped them get the services they needed. As shown, 62% answered positively with either “considerably” agree (31%), or “somewhat” agree (31%), while 38% agreed only “a little.”

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

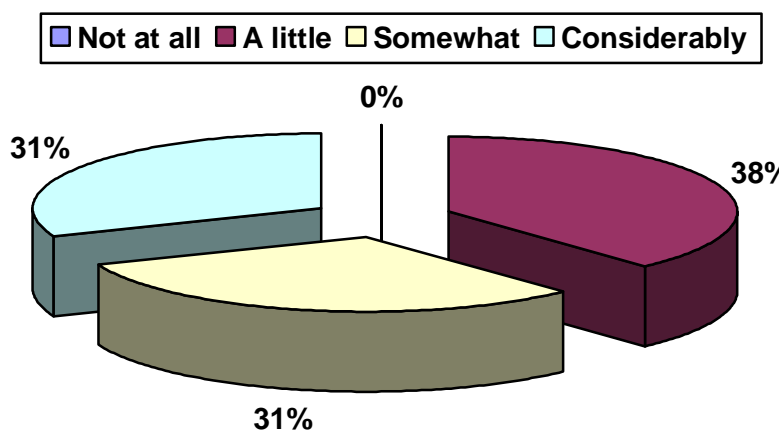
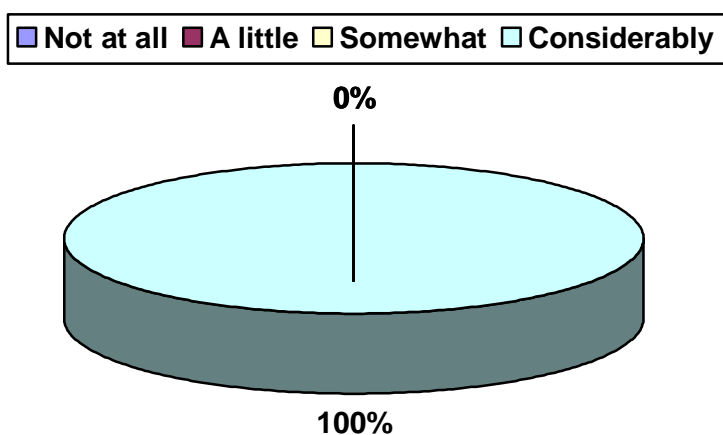


Figure 10 shows how participants responded to a Likert-type scale question about how much they agreed with the below referenced statement that they understood what was happening during the drug court hearings. As shown, 100% “considerably” agreed with the statement.

Figure 10: I understand what is happening at the drug 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, 85% reported positively that they either agreed “considerably” (77%) or somewhat” (8%).

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

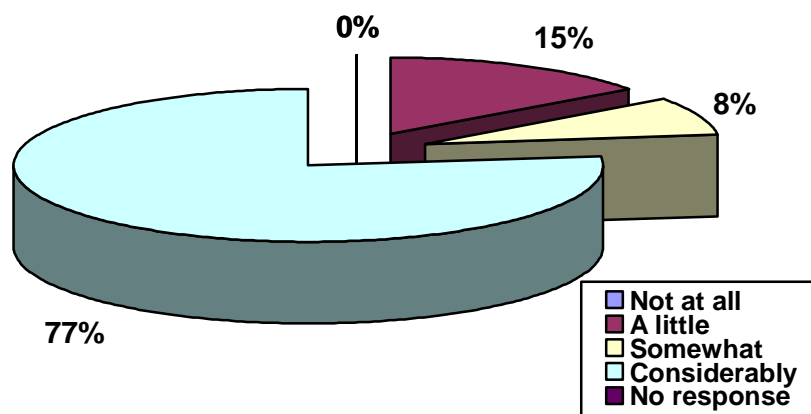


Figure 12 shows how participants responded to a Likert-type scale question about how much they agreed with the below referenced statement that if they break the rules they are likely to receive a sanction. As shown, 100% reported that they “considerably” agreed with the statement.

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

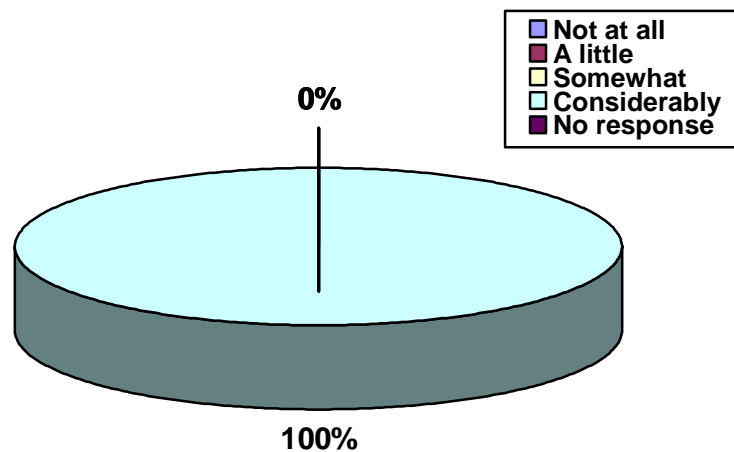


Figure 13 shows how participants responded to a Likert-type scale question asking how much they agreed with the below referenced statement that if they break the rules the sanctions would get more severe each time they are caught. As shown, 92% reported positively that they either agreed “considerably” (84%) or somewhat” (8%).

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

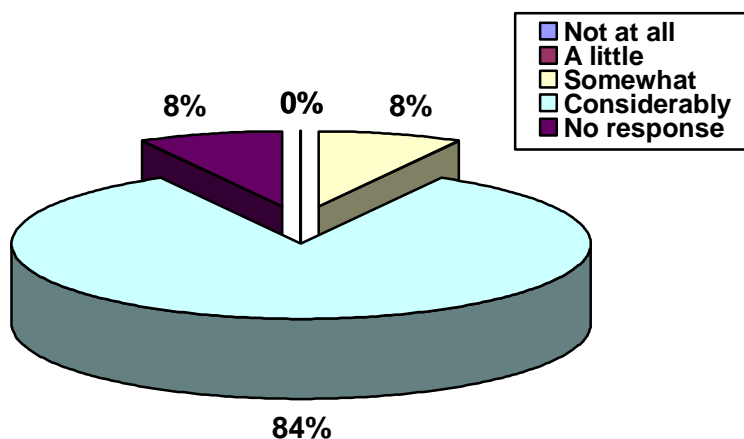
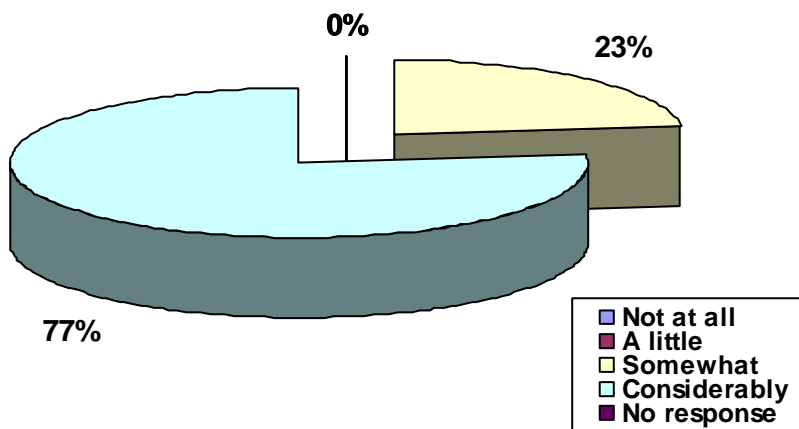


Figure 14 shows how participants responded to a Likert-type scale question asking how much they agreed with the below referenced statement that if they break the rules, they are likely to receive a sanction quickly. As shown, 100% reported positively that they either agreed “considerably” (77%) or somewhat” (23%).

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, 77% reported positively that they either agreed “considerably” (69%) or somewhat” (8%).

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

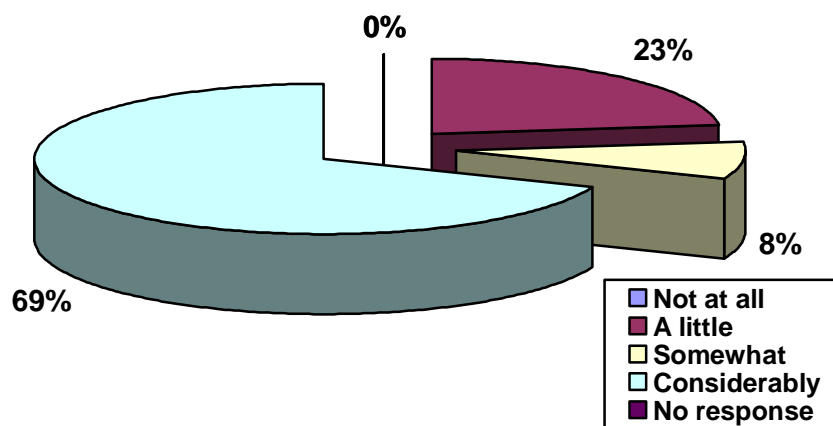


Figure 16 shows how participants responded to a Likert-type scale question asking how much they agreed with the below referenced statement that they are likely get rewarded if they do well. As shown, 84% reported positively that they either agreed “considerably” (23%) or somewhat” (61%).

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

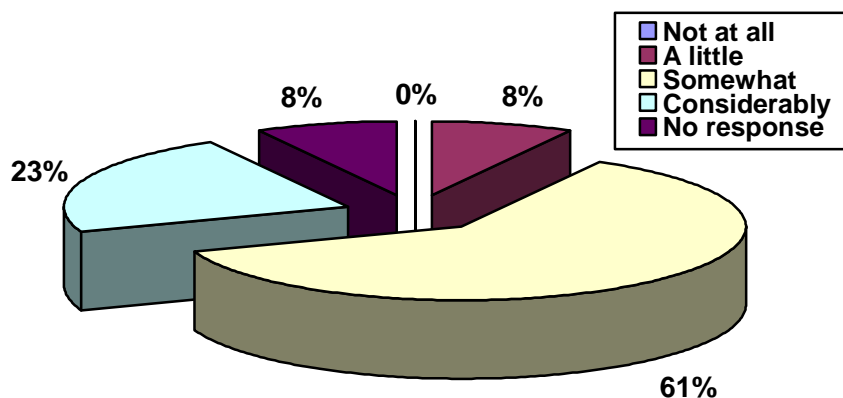


Figure 17 shows how participants responded to a Likert-type scale question asking how much they agreed with the below referenced statement that they are likely to get rewarded quickly for

doing well. As shown, 46% reported positively that they either agreed “considerably” (8%) or somewhat” agreed (36%). A majority of the sample agreed with the statement “a little.”

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

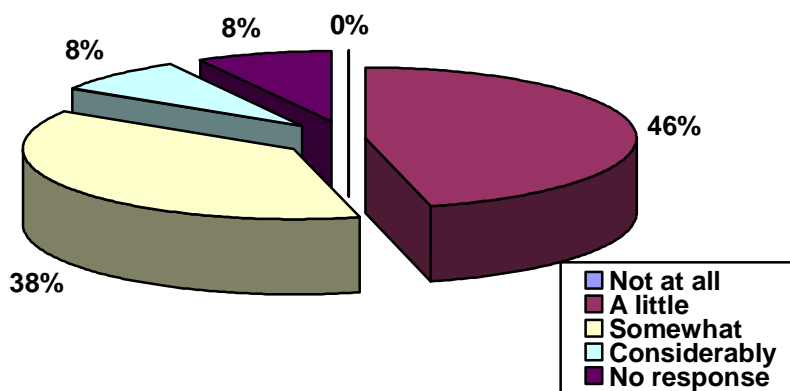
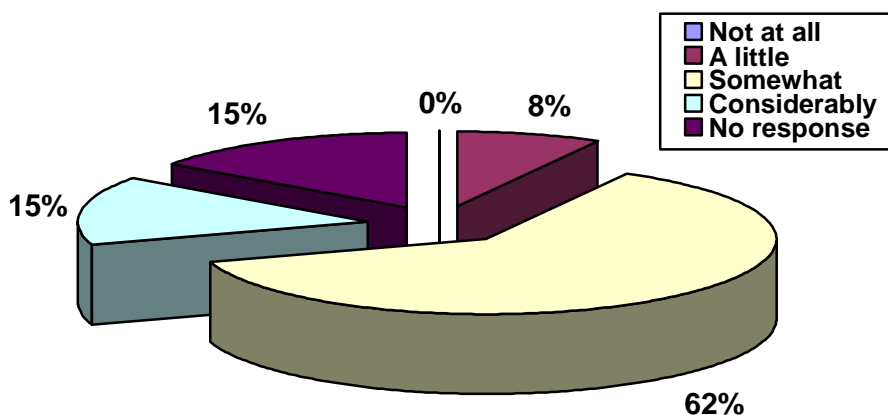


Figure 18 shows how participants responded to a Likert-type scale question asking how much they agreed with the below referenced statement that the rewards are likely to get better as they continue to get well. As shown, 77% reported positively that they either agreed “considerably” (15%) or “somewhat” agreed (62%).

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 drug 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

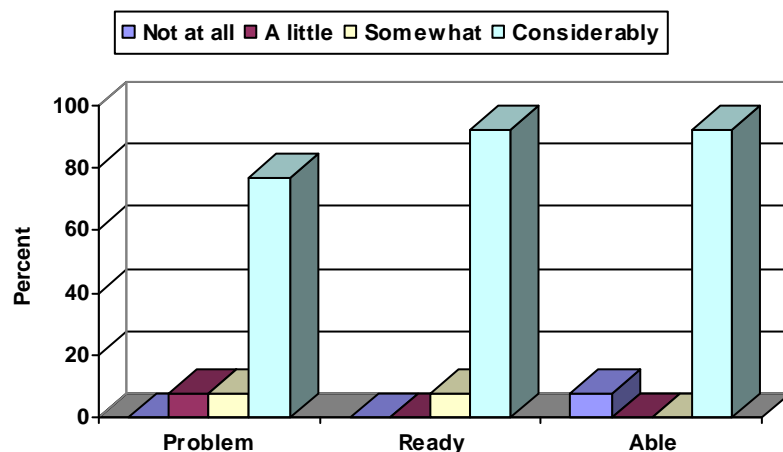


Figure 20 presents the participants' perceived primary barriers to success in the DTC program. As shown, more than half (54%) of the participants reported money and transportation concerns, with nearly a third (31%) citing child care and/or family barriers. Approximately 15% of participants reported health problems and employment and/or school issues as potential impediments to program success.

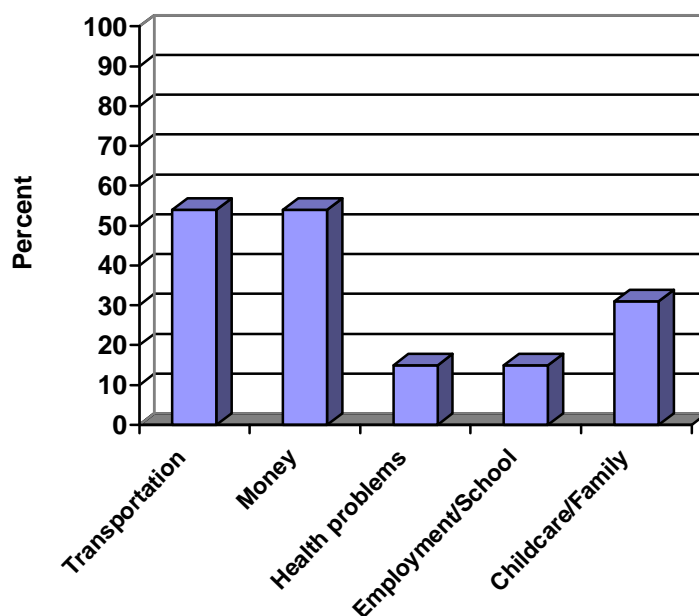
Figure 20: Perceived barriers to success in drug court

Table 17 below presents participants' perceptions of justice in the DTC 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 rules and responsibilities, that they are treated fairly, and that they have a "voice." Conversely, the majority of participants reported little (39%) or no (15%) agreement with the statement that they understand their rights and protections.

Table 17: Perceived justice

<b>In the drug 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.	15%	39%	23%	23%	0%
I understand the rules and my responsibilities.	0%	0%	31%	69%	0%
I am treated the same as other people.	15%	15%	15%	54%	0%
I get a chance to tell my side of the story	8%	8%	15%	69%	0%

## **V. Discussion**

This baseline process and outcome evaluation examined 18 drug abusing offenders who entered the DTC during the first year of operations (between July 1, 2008 and June 30, 2009). This evaluation serves as a baseline snapshot of the DTC following its first year of operations. In addition, the evaluation seeks to provide useful recommendations on how to improve DTC 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 DTC program during its first year of operations were primarily young Caucasian males. The age and gender of this cohort are generally consistent with that of drug courts nationally. Although DTC participants were all 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.

Overall, the sample had relatively high proportions of prior criminal offenses, with over half of clients having prior felony convictions. The average age of criminal onset in the sample was approximately 15 years of age. This early age of criminal onset has been shown to be a robust predictor more severe criminal trajectories (e.g., Gendreau, Little, & Goggin, 1996). Another important prognostic indicator of criminal recidivism is the amount of time one interacts with criminally involved individuals. Importantly, all clients reported spending time with criminally involved individuals and one-third reported spending most or all of their time with them. All of the clients possess prior criminal charges with 8 individuals having two priors and the remaining 10 having a single charge.

With regards to treatment, DTC participants had an average of 2.9 prior treatment attempts, and a mean age of onset of drug use less than 16 years of age. Both of these factors have been associated with more severe, treatment refractory courses of drug dependence. In addition 94% of the sample reported opiates as their primary drug of abuse (89% heroin; 6% other opiates); and 6% reporting cocaine as their primary drug. This represents a greater proportion of dependence on highly addictive and dangerous narcotics as compared to many other drug treatment courts, which typically include greater proportions of cannabis and other, somewhat less dangerous, psychoactive substances.

### **Supervision and treatment services**

Findings revealed a relatively long delay between offenders' point of arrest and when they were admitted into the DTC program. The median number of days between arrest and DTC orientation was 123 days or approximately 4 months. This delay could potentially reduce rates of new admissions and negatively influence participants' involvement in the program.

Overall, the DTC 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 DTC program also appears to be scheduling the originally intended frequency of urine collections, with approximately 2 per week. Moreover, an impressive 97% of the scheduled urine screens are being administered. In addition, the program appears to be making adequate use of the SleepTime™ monitoring technology, with 50% of the sample having been placed on the monitoring equipment for an average of 17 weeks.

With regards to judicial status hearings, the DTC is scheduling an average of 2.8 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 DTC judge delivered rewards following 95% of instances in which offenders are fully compliant, and 89% of instances in which offenders are partially compliant. These practices are consistent with effective behavior modification and established drug 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 DTC judge imposed sanction in 91% of instances in which an offender was determined to be non-compliant, and imposed in 77% 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 drug treatment court.

The court also appeared to make adequate use of restrictive sanctions, in seemingly appropriate dosages. Overall 11 of the 18 participants were placed on electronic ankle monitoring for an average of 20 weeks; 8 were placed on electronic GPS monitoring for an average of 8 weeks; and only 2 were placed in detention, for an average of 1.5 weeks.

Despite the substantial support for the efficacy of partial opiate agonist treatments and the high proportion of opiate dependent clients (95%) in the DTC, only 2 program participants to date have been prescribed Suboxone. 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 partial opiate agonists like Suboxone, its limited use is of concern.

### **During treatment outcomes**

Findings indicate that DTC participants were highly compliant with both treatment (99% attendance) and case management (96% attendance). Research has found these factors to be robust predictors of drug court success. In addition to overall attendance rates, DTC participants were found to have engaged in almost perfect session attendance throughout their program participation. This may be viewed as exceptional, because drug 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 September 30, 2009, a total of 13 clients remained active in the DTC and 5 clients had been terminated. As shown in Table 14, 11 DTC participants completed Phase 1, taking a mean of 23.5 weeks, and 4 completed Phase 2, taking a mean of 44 weeks to complete the Phase. To date no participants have graduated from the program. The overall low recruitment rates, and

slow phase advancement are topics of concern that were considered in greater detail in the stakeholder focus group and judges' interview. Such issues are usually explained by multiple factors and are not atypical for drug treatment courts in their early stages of development.

Overall, the success of the program in helping participants maintain abstinence may be viewed as exceptional, with participants achieving a mean percentage of 92% drug-free urines (SD = 10.3). This is particularly noteworthy considering the high percentage of opiate abusers and the severity of their drug dependence. Moreover, the DTC participants maintained substantially high rates of drug abstinence throughout their first 17 weeks of the program. Similar to the DTC's consistently high rates of treatment attendance, this is noteworthy compared to many other drug court programs that typically experience more sporadic rates of abstinence, particularly in the early months of program participation.

### **Client perceptions**

Overall, the majority of DTC participants reported having a positive relationship with the judge, defense counsel, case manager, counselors, and probation officers and viewing them as helpful. As would be expected, fewer participants reported as positive a relationship with their prosecutors, or indicated that they were as helpful.

Regarding participants' perceptions of the DTC in general, the majority of participants reported that they were satisfied with the services they received in the DTC program, and that the program was quite helpful in "getting the services that they needed." Impressively, 100% of the DTC participants also reported that they fully understood what was happening during the drug court hearings.

According to perceived deterrence theory, the likelihood that a drug court participant will engage in drug use or illegal 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 DTC participants. Overall, the majority 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, DTC participants felt that: (1) they were likely to get noticed when they did well; and (2) that they were likely to get rewarded if they did well. However, participants were generally mixed on whether they would get rewarded quickly for doing well. This is somewhat surprising given objective evidence regarding the ratio of rewards to accomplishments and the innovative approaches that the DTC uses for rewarding participants for programmatic achievements, such as one-on-one time with the judge and the prize draw. It is possible that some participants misinterpreted this question to involve greater expediency of higher level rewards (e.g., Phase advancement, reduced program requirements).

Interestingly, despite the DTC 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 DTC participants.

The two major barriers to treatment success expressed by more than half of the DTC participants were money and transportation concerns, with nearly a third citing child care and family barriers, and less than a quarter reporting health problems and employment and school issues. 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 DTC program, the majority of clients reported "considerable" agreement that they understood their rules and responsibilities, that they are treated fairly, and that they have a "voice." Conversely, the majority of participants reported that they had a less than optimal understanding of their rights and protections. 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**

### Increased supply and demand:

In general, the group indicated that there has been increasing problems of both supply and demand of drugs in the district. Regarding the supply, the stakeholders and judges felt that the availability of drugs has increased sharply in the district. They felt that this was largely due to a recent influx of drugs and drug dealers from urban areas such as Philadelphia and New York.

Regarding demand, the stakeholders and judges believed that economic fallout among people in the region was a major contributor to the increase in both drug abuse and crime observed in recent years. Specifically, they cited increased rates of high school drop-out and declining employment opportunities, as the primary explanatory factors. In addition, the group felt that dysfunctional behaviors are being influenced by both behavioral and genetic factors leading to an inter- and intra-generational transmission of addiction and crime.

The group also expressed that many parents are simply not aware of the signs that their children may be using drugs or involved in illegal activity. Moreover, parents often do not know how to address problems if they are identified. The stakeholders felt that one way to address this lack of parental knowledge was through community education programs.

### Low recruitment rate

A common theme brought up throughout both the stakeholders focus group and the moderated judges interview was the need to make the treatment court more accessible to those who would most benefit from the program. An examination of county arrest records during the one-year evaluation period identified 118 individuals who were arrested on charges that could have potentially qualified them for the drug court program. Although it is impossible to know how many of these individuals would have actually qualified, in the worst case scenario, this would mean that the 18 admissions represented only 15% of eligible participants.

Stakeholders and judges expressed concerns regarding the lengthy delay between defendants' arrests and their admission into the treatment court program. They indicated that reasons for the delay involved many factors but clearly involved: (1) the length of time it takes for the DA to send requests for clients to enter the program, and (2) the length of time it takes for the PD office to identify possible candidates.

### Low graduation rates and slow phase advancement

A concern voiced by both the stakeholders and judges was that there have been no successful graduates from the program. In addition, there was general consensus that successful phase advancement has taken longer than originally expected. A suggestion for a possible solution to address these concerns included setting more realistic and objective goals.

### Community and stakeholder acceptance

One of the main concerns voiced by the stakeholders is the extent to which the community understands and embraces what the DTC has set out to accomplish. Overall, the stakeholders felt that the degree of community acceptance is mixed.

Both the stakeholders and judges felt that the DTC program has fostered a more collaborative relationship between clients and judges than is typically found in traditional criminal court settings. In the DTC, the judges have embodied a model of therapeutic jurisprudence, and are viewed more as advocates for change and a source of guidance than solely an enforcer of rules and consequences. The stakeholders agreed that the judges have made a personal investment in their clients' success and that of the program as a whole.

The stakeholders were in agreement that the communication between treatment modalities and disciplines has been an essential element to the program's success. The many stakeholders in the DTC program have come to respect and understand each other and work collaboratively. Their common goal is to help clients succeed in the program and successfully re-enter society.

Another important factor to the success of the program, as reported by the stakeholders and judges, was the program's provision of intensive treatment and supervision. Clients in the DTC program receive the treatment they need and the intensive supervision necessary to keep them on track, including regular supervision provided through mandatory probation sessions and status hearings.

## **VI. Recommendations**

### **Recommendation 1:**

The DTC could effectively address problems of low enrollment in and delayed admission to their program through coordination and standardization of screening and referral procedures. Optimally, this would begin by establishing better communications between the court, probation, public defender, district attorney, and all other relevant stakeholders. Such a simple and transparent system would help to ensure that all relevant stakeholders are regularly provided with the following information:

- (1) Number of individuals arrested on a drug-related or drug-involved charge;
- (2) Among these individuals, the number who have charges that exclude them from the DTC;
- (3) The number of eligible offenders who do not enter the DTC and their reasons for not entering;
- (4) Detailed information regarding any delays (e.g.,  $\geq 2$  weeks) at any point in the admission process (i.e., screening, referral, admission, termination).

In addition all relevant stakeholders could benefit from a booster training on drug court procedures including the more standardized and transparent reporting requirements. Instituting a more comprehensive reporting structure will hold all parties accountable and ensure that all eligible offenders are identified and given the opportunity to participate in the DTC in a timely manner.

### **Recommendation 2:**

To address issues related to slow phase advancement and potentially limited graduation rates, the DTC could benefit from re-examining its requirements for phase advancement and graduation. Armed with data and experience from the first year of operations, the DTC should revisit its original rationale for phase advancement and graduation. This process could be further facilitated through discussions with other successful courts and review of their procedures. This re-evaluation will help to ensure that the DTC's goals and benchmarks for the clients are not only obtainable, but reasonable for this population.

**Recommendation 3:**

To increase community awareness and acceptance of the DTC, the program would benefit from a continued more 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 DTC 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 DTC participants, their families, stakeholders and court staff. These efforts could have the added benefit of assisting DTC participants in establishing more pro-social behaviors and reconnecting them with their community.

**Recommendation 4:**

Among the concerns raised during the stakeholders and judges meetings were the increasing rates of drugs and crime in the district and the need for effective strategies to reduce these problems. Several members emphasized the importance of the role of the parents and families. A very promising recommendation coming out of the meetings was to establish community education programs to increase parents' and other family members' awareness of rates of drug use and crime, to improve their ability to identify "red flags" of problem behavior, and to give them the tools and resources (e.g., referral guides, emergency contact numbers) necessary to promptly and appropriately address problems if they occur. This strategy, which could encompass activities ranging from simple public service announcements to structured community workshops, would have the additional benefit of raising community awareness of the DTC and furthering public relations efforts.

**Recommendation 5:**

The two primary barriers to treatment success expressed by more than half of DTC participants were money and transportation concerns. In addition, nearly a third cited child care and family barriers. It is recommended that the DTC convene specific committees made up of relevant criminal justice stakeholders, treatment and case management staff, educators, and interested community representatives to address all potential impediments to program success.

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

