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RAND

# *A National Evaluation of 14 Drug Courts*

*Susan Turner, Doug Longshore, Suzanne Wenzel, Terry Fain, Andrew Morral, Elizabeth Deschenes, Adele Harrell, Judith Greene, Martin Iguchi, Duane McBride, and Faye Taxman*

*DRU-2637-NIJ*

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***Criminal Justice Program***

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## PREFACE

This report presents findings from a national evaluation of 14 drug court programs that received funding by the Drug Courts Program Office in 1995 and 1996. The evaluation was funded by the National Institute of Justice with funds transferred from the Drug Courts Program Office. This study was designed to develop a framework for drug courts, document program implementation, and assess the "evaluability" of the 14 programs for future evaluation.[1] In this report, we argue that drug court research currently has no unifying perspective regarding the structural and process characteristics of drug courts that can be used to link drug court components with outcomes. We develop a testable framework that should allow researchers to do this. Our findings on implementation are based on interviews and observations conducted during site visits to each jurisdiction, as well as program materials, existing evaluations, and management information systems. In addition, we present findings on the overall "evaluability" of the programs for rigorous process and outcome evaluations.

The report should be of interest to practitioners and evaluators interested in sentencing options for drug-involved offenders, as well as those interested more specifically in drug courts.

Other RAND research on drug courts includes:

Douglas Longshore, Susan Turner, Suzanne L Wenzel, Andrew Morral, Adelle Harrell, Duane McBride, Elizabeth Piper Deschenes, and Martin Iguchi (2001). "Drug Courts: A Conceptual Framework," *Journal of Drug Issues*, Vol. 31, pp. 7-26.

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Suzanne L. Wenzel, Douglas Longshore, Susan Turner, and M. Susan Ridgely (2001). "Drug Courts: A Bridge between Criminal Justice and Health Services," *Journal of Criminal Justice*, Vol. 29, No. 3, pp. 241-254.

Susan Turner, Peter W. Greenwood, Terry Fain, and Elizabeth Deschenes (1999). "Perceptions of Drug Court: How Offenders View Ease of Program Completion, Strengths and Weaknesses, and the Impact on their Lives," *National Drug Court Institute Review*, Vol II (1), pp. 61-86.

Elizabeth Piper Deschenes, Susan Turner, Peter W. Greenwood, and James Chiesa (1996). *An Experimental Evaluation of Drug Testing and Treatment Interventions for Probationers in Maricopa County, Arizona*, DRU-1387-NIJ.

Elizabeth Piper Deschenes, Susan Turner, and Peter W. Greenwood (1995). "Drug Court or Probation?: An Experimental Evaluation of Maricopa County's Drug Court", *The Justice System Journal*, 18 (1), pp. 55-74.

Elizabeth Piper Deschenes and Peter W. Greenwood (1994). "Maricopa County's Drug Court: An Innovative Program for First-time Drug Offenders on Probation", *The Justice System Journal*, 17 (1), pp. 99-116.

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**CONTENTS**



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**TABLES**



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# SUMMARY

## BACKGROUND

Drug courts have become one of the fastest growing criminal justice innovations aimed at crime reduction. The first drug courts were established in the late 1980s. As of June 2000, over 500 courts had become operational (Belenko 2000). Judicial interest is particularly strong because drug courts place much of the case management control back into the hands of judges--a function that has eroded over the years. Drug courts also hold promise as a means to reduce drug use and related criminal behavior of drug-involved defendants by delivering drug treatment and close judicial monitoring.[2]

The Drug Courts Program Office (DCPO) provides funding to drug courts for planning, implementation, and enhancement of local drug courts. In 1995 and 1996, 14 programs received DCPO implementation grant funding. These sites were asked to cooperate with a national evaluation funded by the National Institute of Justice (NIJ). This report presents findings on

- program implementation of the drug courts
- a conceptual framework of the 14 drug courts funded by DCPO
- program evaluability for participating jurisdictions[3]

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[2] Early drug courts focused on expediting case calendars. We do not consider these here.

[3] Additionally, the project was to propose a Phase II evaluation plan for each of the 14 sites. Our determination was that most sites could support only limited process and outcomes studies, and that an alternate methodology be employed. Details of this approach can be obtained from the authors.

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**STUDY METHODOLOGY**

Site visits were conducted at each of the selected 14 jurisdictions that received DCPO funding in 1995 and 1996. Site visitors were requested to:

- conduct interviews with the drug court coordinator, drug court judge, probation, defense and district attorneys, and major substance abuse providers
- attend drug court hearings and status reports (and staffing meeting if possible)
- visit major substance abuse treatment program(s) and obtain a list of all service providers
- examine case file record keeping
- obtain copies of assessment/eligibility paper forms, progress reports, etc., for drug court participants
- obtain layout for computer MIS files that contain background and program process data
- obtain information on routine criminal justice record keeping (arrests, court processing, probation files)
- obtain copies of existing process/outcome evaluations completed by the site

Based on information gathered from these activities, site visitors completed for each site a "Drug Court Evaluation Site Visit Protocol." This protocol was developed in order to capture similar information across all 14 sites. A series of individual questions in major domains relating to program model; general program characteristics; client flow, eligibility, and characteristics; staffing; environment/context; funding and costs; provision of treatment and other services; reinforcements, punishments, rewards, and sanctions; intensity; rehabilitative versus surveillance philosophy; monitoring and supervision; linkage and collaboration; administrative leadership and cooperation; program implementation; implementation barriers; and "evaluability" were completed for each program.

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## STUDY FINDINGS

### Program Implementation

Our analysis of program implementation--the types of models implemented, eligibility requirements, court and treatment requirements, and program implementation difficulties--reads surprising like findings from the surveys conducted by American University and National TASC. These 14 programs are in many ways typical of drug court programs across the county.

To a large degree, the 14 programs meet many of the key components of effective drug court programs. Drug courts integrate alcohol and other drug treatment services with justice system case processing; they use a non-adversarial approach; prosecution and defense counsel promote public safety while protecting due process rights of participants; eligible offenders are identified early; drug courts provide access to a continuum of alcohol, drug, and other treatment related services; abstinence is monitored by frequent testing; a coordinated strategy governs drug court responses to participants' compliance; and ongoing judicial interaction with each participant is maintained. It appeared that the most difficult component to meet was the monitoring and evaluation for the achievement of program goals and effectiveness. In the 14 sites we examined, this clearly was not implemented to the degree of other key elements.

However, even with the other nine key elements, the 14 sites experienced success in varying degrees. Access to a continuum of alcohol and drug services and other related rehabilitative services was often difficult, reflecting funding issues, as well as close coordination and information flow issues between treatment providers and other drug court staff. Although drug courts may specify protocols and graduated sanctions for non-compliance, in some instances a more individually tailored response is used.

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**Conceptual Framework**

Our framework was developed to define structure and process in ways that are measurable and amenable to hypothesis testing. The framework has five dimensions: *leverage, population severity, intensity, predictability,* and *rehabilitation emphasis*. The first two dimensions are structural characteristics of drug court. Leverage refers to the nature of consequences faced by incoming participants if they later fail to meet program requirements and are discharged from drug court. Population severity refers to characteristics of offenders deemed eligible to enter drug court. The other three dimensions are process characteristics. They describe what happens to participants as they proceed through the drug court program. Intensity refers to requirements for participating in and completing drug court. These always include urine testing, court appearances, and drug abuse treatment. Predictability reflects the degree to which participants know how the court will respond if they are compliant or noncompliant. Courts with less variability in responses to each positive test are more predictable; participants are more likely to know what will probably happen to them if they test positive once, twice, and so on. The final dimension in our framework is the emphasis placed on rehabilitation as against other court functions, including case processing and punishment.

Other things being equal, we would expect more positive drug court outcomes for drug courts that rank high on indicators of intensity, predictability, rehabilitation, and leverage. The effect of population severity on outcomes most likely depends upon other dimensions of the framework; thus we made no simple hypotheses for this component. We provide examples of these dimensions using the 14 drug courts. Our assessment of the courts is tentative, however, since we were not able to gather the data we suggest is needed to fully document each dimension. However, our analysis shows variation across sites that might be useful for future analyses of program outcomes.

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**"Evaluability" of the 14 Drug Court Programs**

Our analysis of the "evaluability" of each of the 14 sites was based upon information gathered from site visits made to each program by study staff that included program documents and manuals; interviews with Drug Court staff, judges, prosecutors, defense attorneys, and treatment providers; examination of paper and computerized records; and observation of drug court proceedings. In general, we found that the strongest design for most sites, given their current data collection activities, would be quasi-experimental and limited to administrative data, and would require a fair amount of on-site abstraction. Many sites did not routinely collect the data items recommended by the DCPO.

The greatest stumbling blocks to traditional evaluation were the lack of integrated management information system and adequate comparison groups. In addition, self-reported information on offender and system actor perceptions, necessary for understanding the "black box" of drug court treatment, were not collected by sites.

**Taking Drug Court Research A Step Further**

Drug court research is at a crossroads. Available information to date suggests that programs deliver more intensive services with positive outcomes for recidivism and drug use, at least in the short term. However, many of these results come from weak evaluation designs. Conducting additional weak evaluations may add little to our knowledge. Recently, researchers and observers in the field have been calling for more sophisticated research into testing the theory behind how drug courts achieve their results (Harrell 1999), evaluating the treatment component using principals of effective intervention (Johnson, Hubbard, and Latessa 2000), untangling the drug court "package" to determine which components make a difference (Belenko 2000, Marlowe and Festinger 2000; Goldkamp, White, and Robinson 2000), and conducting cost-benefit analyses in a rigorous manner (California Judicial Council 2000). For example, the National Institute on Drug Abuse has recently funded a set

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of program evaluations to answer questions about specific components of drug court programs. Projects currently underway include a clinical trial of Multi Systemic Therapy for juveniles, the use of vouchers in drug courts, and a randomized design that varies the nature of judicial hearings in five jurisdictions. Johnson, Hubbard, and Latessa (2000) argue that many treatment programs utilized by drug court programs may not be delivering the best treatment to clients. They suggest more attention be paid to the type and quality of treatment services, including the application of the principles of effective intervention.

Central to any future evaluations, however, is the development at each site of a management information system (MIS) that captures the required background, process, and outcome measures important to all research designs. Our study of the 14 drug court programs revealed that many did not have an MIS in place, despite the availability of several (e.g., Jacksonville and Buffalo Drug Court MIS, Washington/Baltimore High Intensity Drug Trafficking Area (HIDTA) Treatment Tracking System). It may be that the available systems do not provide full-service drug court management information capability (Mahoney et al. 1998), or the difficulties involved in establishing systems (e.g., costs, coordinating agencies) may be too great for many jurisdictions, particularly smaller ones.

In addition to providing useful information on process and outcome measures, comprehensive MISs have implications for the timeliness of client information-sharing and thus for clients' access to services. Linkages can be more readily made, and referrals more prompt and appropriate, if the drug court's MIS includes data on a full array of client needs and if the assessment tools are suitably rigorous.

The importance of drug court evaluation cannot be overstated. The drug court model has been adopted in a variety of other areas, including mental health, domestic violence, and DUI sentencing. It is imperative that we gain a better understanding of overall impact, theoretical underpinnings, and key components if the drug court model is to be

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widely disseminated as a successful approach for treating a variety of criminal behaviors and associated illnesses.

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**ACKNOWLEDGMENTS**

We wish to thank the drug court judges and program staff in the 14 jurisdictions we studied: Atlanta, Birmingham, Brooklyn, Chicago, Kankakee, Omaha, Riverside, Roanoke, Sacramento, San Juan, Santa Barbara, Spokane, Tampa, and Tuscaloosa. Without their cooperation and assistance, we would not have been able to gather key information for the current project. We would also like to thank our grant monitor at the National Institute of Justice, Janice Munsterman, for her support throughout this project. The Drug Courts Program Office provided funds for the evaluation, through the National Institute of Justice; we wish to thank both agencies for supporting research on the implementation and effectiveness of drug courts nationwide.

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# I. INTRODUCTION

## DRUG COURT MOVEMENT

Drug courts have become one of the fastest growing criminal justice innovations aimed at crime reduction. The first drug courts were established in the late 1980s. As of June 2000, over 500 courts had become operational (Belenko 2000). Judicial interest is particularly strong because drug courts place much of the case management control back into the hands of judges--a function that has eroded over the years. Drug courts also hold promise as a means to reduce drug use and related criminal behavior of drug-involved defendants by delivering drug treatment and close judicial monitoring.[4]

Title V of the Violent Crime Control and Law Enforcement Act of 1994 authorized awards of federal grants for drug courts. Since 1995, with funding from the Office of Justice Programs (OJP), awards have been granted for implementation of new and enhancement of existing drug courts, as well as for planning grants. Under this initiative, drug courts have been developed at the local level in accordance with OJP requirements, including early and continuing judicial supervision; mandatory periodic drug testing; substance abuse treatment and other rehabilitative services; integrated administration of services and sanctions; the exclusion of violent offenders from participation; and the possibility of prosecution, confinement, or incarceration for noncompliance or lack of satisfactory progress. (American University, http://www.american.edu/justice, 2000a).

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- program implementation of the drug courts
- a conceptual framework of the 14 drug courts funded by DCPO
- program evaluability for participating jurisdictions[5]

In Chapter II we discuss the drug court model and briefly review the literature on the implementation and effectiveness of drug courts. In Chapter III we discuss the 14 participating sites and their requirements under their DCPO grants. Chapter IV presents the study methodology. Chapter V contains the analysis of program implementation. In Chapter VI we present the framework for drug courts that we developed; in Chapter VII we discuss the evaluability of the 14 programs. Chapter VIII presents the summary and conclusions.

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[5] Additionally, the project was to propose a Phase II evaluation plan for each of the 14 sites. Our determination was that most sites could support only limited process and outcomes studies, and that an alternate methodology be employed. Details of this approach can be obtained from the authors.

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## II. DRUG COURTS AND THEIR EFFECTIVENESS

### WHAT IS A DRUG COURT?

Drug courts emerged in 1989 as a distinctly different way of dealing with drug offenders. In contrast to a more traditional punitive court processing, drug courts use active and intensive judicial supervision coupled with drug treatment and sanctions in a more therapeutic environment (see Goldkamp 1994, 1999, 2000; Hora, Schma, and Rosenthal 1999). In exchange for successful completion of a drug court program, offenders are rewarded--with dismissed charges, or reductions in sentence--as determined by the drug court program.

Effective drug court programs are based on an understanding of the physiological, psychological, and behavioral realities of drug abuse and are implemented with those realities in mind. This results in a much less adversarial approach than in traditional courts. Emphasis is on immediate intervention; coordinated, comprehensive supervision; long-term treatment and aftercare; and progressive sanctions and incentive programs (Inciardi et al. 1996). An effort is made to keep even non-compliant offenders in the program, using both encouragement and graduated sanctions. Through the combination of drug treatment and sanctions, drug courts hold promise as an effective mechanism to break the cycle of substance abuse and crime.

No specific set of characteristics defines a drug court program. However, compared with traditional dockets, drug courts offenders appear more frequently in front of judges; are required to enter into an intensive outpatient program that usually entails at least three sessions per week with a treatment professional; undergo frequent, random urinalysis; undergo sanctions for failure to comply with program requirements; and are encourage to become drug free, develop vocational and other skills to promote reentry into the community (American

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University, http://www.american.edu/justice/nacofct.htm, September 22, 2000).

In an effort to provide guidance for drug court development and operation, the Drug Courts Program Office (DCPO), in collaboration with drug court experts and practitioners, has developed a set of key components that are seen as a flexible framework and also lay the foundation for evaluation research (Drug Courts Program Office 1997)[6]. These components include:

- Drug courts integrate alcohol and other drug treatment services with justice system case processing.
- Using a non-adversarial approach, prosecution and defense counsel promote public safety while protecting participants' due process rights.
- Eligible participants are identified early and promptly placed in the drug court program.
- Drug courts provide access to a continuum of alcohol, drug, and other related treatment and rehabilitation services.
- Abstinence is monitored by frequent alcohol and drug testing.
- A coordinated strategy governs drug court responses to participants' compliance.
- Ongoing judicial interaction with each drug court participant is essential.

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[6] The discussion and development of key elements of drug courts has been ongoing for some time. Goldkamp (1994) outlines nine core elements that developed out of the First National Drug Court Conference in December 1993. They include: judicial leadership and central judicial role; collaboration beyond the norm with criminal justice agencies, courts, treatment agencies, and community organizations; inclusion of effective education and cross training for criminal justice and treatment agencies and staff; a custom-designed treatment program for targeted offenders; a treatment court that addresses a specifically defined target population; an integrated management information system; identification of stable funding sources; overall detailed implementation plan for the drug court program for all involved parties, roles, and timetable; and an evaluation strategy, designed at the outset, that defines outcomes of interest, information needed, and timetable for analyses and reporting (Goldkamp 1994, p. iii).

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- Monitoring and evaluation measure the achievement of program goals and gauge effectiveness.
- Continuing interdisciplinary education promotes effective drug court planning, implementation, and operations.
- Forging partnerships among drug courts, public agencies, and community-based organizations generates local support and enhances drug court program effectiveness (Drug Courts Program Office 1997).

How do drug courts actually operate? Surveys on drug courts and their characteristics have been ongoing by the American University over the past several years. Recent national survey data on drug court programs published by American University summarizes characteristics and implementation experiences of 93 courts in early 1997 (American University 1997). The survey results reveal that even though drug court programs define their own offender eligibility criteria, most courts exclude violent offenders, those who have violated parole, and those with out-of-county residence.[7] Programs differ as to the extent of the offender's prior record. Over half of the surveyed programs in 1997 allowed offenders with any number of prior offenses, provided they met other eligibility criteria. Although programs accept offenders with varying degrees of substance use problems, almost 90 percent target offenders with severe use. Approximately 40 percent of programs have modified their eligibility criteria over time, many to relax criminal history and offense requirements; others have tightened criteria to reduce the number eligible (Cooper 1997).

Most of the programs require weekly or bi-weekly contact with the judge during the early phases of the program. Defense attorneys and

[7] Programs funded by DCPO specifically exclude violent offenders.

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prosecutors often attend status hearings. Most programs require at least three contacts a week (often more) with the treatment provider, along with at least weekly urinalysis testing, for the early phases of the program. A system of graduated sanctions, such as short-term incarceration and use of alternatives including electronic monitoring, is used to respond to positive drug tests or failures to attend treatment. Sixty percent of surveyed drug courts order incarceration for up to three days as a judicial response to relapse and/or non-compliance, although 80 percent also increase the frequency and/or intensity of treatment services. Although most courts do not terminate an offender simply for arrest on a new drug charge, many will terminate cases with arrests for drug trafficking. To graduate from the program, offenders are required to complete treatment (in almost 70 percent of programs, treatment duration was at least one year) and, in some jurisdictions, must remain drug free for a specified period of time. The most frequently cited reason for unsuccessful termination from programs (outside of new arrests) is repeated positive urine tests, chronic failure to attend treatment, and repeated failure to attend court hearings (Cooper 1997).

Drug courts have different experiences in their implementation, and many have had to overcome initial hurdles in their establishment. Many jurisdictions report a lack of adequate funding for drug court programs (over one-third receive local funding; one-third, Byrne funding; one-quarter, federal funds). Some courts mention difficulties identifying clients and making referrals to treatment. Others report problems with the availability and quality of treatment services (about one-quarter report managed care limitations on the nature and extent of treatment services available) and difficulties in coordinating

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treatment and other agencies. The high number of bench warrants served also causes difficulties for several courts (Cooper 1995, 1997).

A recent survey conducted by National TASC, in cooperation with the Drug Courts Program Office and the Center for Substance Abuse Treatment, surveyed over 250 drug court programs in late 1999. The survey focused on the types of services available to drug court clients and the ways in which clients are processed into these services (TASC 2000). The majority of programs reported that they include adjudicated offenders, either exclusively or in addition to lower-level offenders diverted from prosecution. Adult drug court participants include felony and misdemeanor offenders, offenders with drug charges, drug-related offenses, and probation violations. Consistent with the American University findings mentioned above, most exclude violent offenders from their target offense groups.

Most drug courts were fairly small. Twenty-seven percent have fewer than 50 participants in their programs, 42 percent have between 50 and 150 participants, and 31 percent have more than 150 participants. Drug courts try to provide a range of services for offenders and monitor these with drug and alcohol testing and sanctions/interventions designed to promote compliance. Most drug courts require participants to remain in treatment for a year, with treatment generally consisting of group and individual counseling.

TASC found that overall, drug court programs structure and deliver treatment in line with established principles. However, several issues remain. Assessment and screening may not be performed by appropriate staff using accepted clinical tools; management information systems are often not comprehensive or tied into larger justice or treatment data systems; and many rely on relatively informal relationships with the providers they use, making them vulnerable to changes in financing and

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policies that occur in the mainstream treatment and mental health environment (TASC 2000, p. 4).

**DRUG COURT EFFECTIVENESS**

The impact of drug courts on the criminal justice system has been varied. Some courts report a reduction in judicial dockets, probation caseloads, and jail bed days; savings in police overtime; and general savings in system costs. Many report reductions in offender drug use during program participation. The most comprehensive reviews of the findings from drug court evaluations have been conducted by Belenko (1998, 1999). In his initial review of 29 drug court evaluations and updated review of almost 60 evaluations of 48 different courts, a number of findings have emerged:

- Drug courts are treating more complex offenders than previously known. Offenders have more serious criminal histories, previous exposure to treatment without success, and complex physical and mental health needs.
- Drug court participants' drug use while in programs remains low compared to similar offenders not in drug court.
- Drug court participants' retention and graduation rates remain high compared with other outpatient treatment programs.
- For those drug court participants who eventually graduate, re-arrest rates are low during the drug court program.
- Drug court participants experience lower post program recidivism rates than comparison groups.
- Drug court programs generate cost savings primarily to law enforcement, probation and jail (Belenko 1999, p.2).

Despite the growing evidence on the implementation and effectiveness of drug courts, drug court research continues to have its

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limitations. Process evaluations dominate the field, partly due to the DCPO requirement that funded sites complete a process evaluation of their programs. Methodological problems limit many outcome studies. Weak or non-existent comparison groups, short follow-up periods, and limited outcome measures focused on available officially-recorded recidivism outcomes and urinalysis tests (as opposed to psycho-social measures of family reintegration, job skills attainment, actual drug use, etc.) are typical. Beyond methodological problems, however, are more theoretical concerns about the "theory" behind drug courts and our understanding of the "black box" of treatment (see Harrell 1999; Taxman 1999). Research needs to delve deeper into understanding key conceptual ingredients necessary for drug court success (Belenko 2000).

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## III. THE 14 PARTICIPATING SITES

Fourteen drug courts in ten states and territories received implementation funding from the Drug Courts Program Office (DCPO) in 1995 and 1996. These programs are the focus of the current study. The participating drug programs are listed in Table 3.1 below.

**Table 3.1**

**The 14 Drug Courts Studied**

| *Region* | *State* | *Award Year* |
|---|---|---|
| Birmingham | Alabama | 1996 |
| Tuscaloosa | Alabama | 1995 |
| Sacramento | California | 1995 |
| Santa Barbara | California | 1995 |
| Riverside | California | 1996 |
| Tampa | Florida | 1996 |
| Atlanta | Georgia | 1996 |
| Chicago | Illinois | 1995 |
| Kankakee | Illinois | 1996 |
| Omaha | Nebraska | 1996 |
| Brooklyn | New York | 1995 |
| San Juan | Puerto Rico | 1996 |
| Roanoke | Virginia | 1996 |
| Spokane | Washington | 1996 |

DCPO provided implementation grants to these jurisdictions for drug courts that operate a specially designed court calendar or docket for the purposes of:

- reducing recidivism and substance abuse among non-violent adult and juvenile substance abusing offenders
- increasing the likelihood of their successful rehabilitation through early, continuous, and judicially supervised treatment; mandatory periodic drug testing; the use of graduated sanctions; and other rehabilitation services (NIJ 1998)

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**Requirements by Sites to Collect Process Information and Participate in a National Evaluation**

Drug courts receiving funding by DCPO are required to collect program and process information from all drug court components, to the fullest extent possible. The DCPO requested that courts (ideally) provide:

- identification of the screening criteria used to determine eligibility and acceptance into the drug court program (including the type of offenses allowed)
- identification of the point in the criminal justice process where the program intervenes (e.g., pretrial, post-conviction)
- description of the potential population eligible for the drug court program (including demographic information about the surrounding community and the numbers and characteristics of clients served)
- description of intake and assessment procedures and screening instruments
- detailed description of the type of program established, its distinguishing characteristics, and services provided (including administrative and budgetary elements, personnel and their allocation to specific tasks, average length of participation in the drug court overall, and supervision provided to participants), especially type and phase of treatment and other interventions provided (e.g., therapeutic community or initial detoxification phase)
- identification of how the system responds to relapses, what interventions are used, and what incentives are offered for progress
- identification of case management and monitoring procedures to ensure that each defendant is closely monitored
- description of the drug court caseload's impact on the rest of the court system

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- description of the discharge and referral procedures used when a participant completes the program (or fails to complete the program)
- description of the role of the judge, prosecutor, and defense attorney and how their roles in the drug court program vary from their roles in other courts in the system, as well as the type of coordination and cooperation required with other linkages in the system (e.g., pretrial services, probation, parole, treatment providers and other support service providers, and community agencies)
- description of what information will be routinely available to the judges and other program participants
- identification of any public policy issues that significantly affect the drug court program

The following items were to be collected for drug court participants and, to the extent possible, non-participants (ineligibles, refusals, and those processed before drug court was created): demographic characteristics, substance abuse history and current levels of use, family relationships and social functioning, vocational status, economic status, academic achievement, mental health history (including history of physical or sexual abuse), medical history (including HIV risk behaviors), criminal justice history, attitudes toward treatment motivation or readiness for treatment, initial treatment and support service needs, program interventions received (including length and type), participation in treatment (including motivation and actual attendance records for each program component), date of program admission and discharge, status at completion of drug court program (e.g., successful), criminal justice status at discharge (e.g., probation), service needs at discharge from program (e.g., job placement), and discharge referrals initiated by the

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drug court (Drug Courts Program Office 1996, p. 29-31). To gather this information, participating sites were encouraged to design, implement, and maintain an automated data collection system.

In addition to the information mentioned above, the DCPO solicitation stressed that the drug court programs should anticipate providing the following types of information for an impact evaluation: substance abuse treatment and support services completion rates; counselor ratings of the extent of participant attendance, engagement in treatment program components, and improvement over time in life skills acquisition, psychological and emotional functioning, cognitive functioning, and educational and employment status; incident or disciplinary reports during program involvement; participant satisfaction with the treatment program; reports of substance abuse; results of urinalysis tests; probation/parole status and change in status; date and type of each charge, arrest, technical violation, conviction, and incarceration during program participation and during aftercare (including offense severity, differentiation between old and new charges, and conviction or sentence status for each arrest); positive social adjustment indicators (e.g., participation in team sports, volunteer work, improved employment status); and counselor ratings of the extent of participant attendance and engagement in aftercare components and referral services following completion of the drug court program (Drug Courts Program Office 1996, p. 33).

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## IV. STUDY METHODOLOGY

The major source of information for the present study was collected during site visits at each of the selected 14 jurisdictions that received DCPO funding in 1995 and 1996. The purpose of the visits was to gather information related to the drug court program model and implementation experiences, the target population characteristics, jurisdictional context, drug court participant experiences and outcomes, and ongoing data collection efforts and evaluation. The national evaluation and site visits were introduced by a letter from Marilyn Roberts, Director of the Drug Courts Program Office, to each participating program; individual project staff then followed-up to arrange the visits. Two-person teams visited sites, generally over the course of two days, and engaged in a series of activities.

Site visitors were requested to:

- conduct interviews with the drug court coordinator, drug court judge, probation, defense and district attorneys, and major substance abuse providers
- attend drug court hearings and status reports (and staffing meeting if possible)
- visit major substance abuse treatment program(s) and obtain a list of all service providers
- examine case file record keeping
- obtain copies of assessment/eligibility paper forms, progress reports, etc., for drug court participants
- obtain layout for computer MIS files that contain background and program process data
- obtain information on routine criminal justice record keeping (arrests, court processing, probation files)
- obtain copies of existing process/outcome evaluations completed by the site

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Based on information gathered from these activities, site visitors completed for each site a "Drug Court Evaluation Site Visit Protocol." This protocol was developed in order to capture similar information across all 14 sites. A series of individual questions in major domains relating to program model; general program characteristics; client flow, eligibility, and characteristics; staffing; environment/context; funding and costs; provision of treatment and other services; reinforcements, punishments, rewards, and sanctions; intensity; rehabilitative versus surveillance philosophy; monitoring and supervision; linkage and collaboration; administrative leadership and cooperation; program implementation; implementation barriers; and "evaluability" were completed for each program (see copy of protocol in the Appendix).

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## V. DRUG COURT PROGRAM IMPLEMENTATION

Each of the 14 drug courts had been operational for at least several years at the time of our site visits and data collection. During the early years of implementation, many programs had made changes to various facets of their programs, such as eligibility criteria, sanctioning protocol, and treatment providers. Our information is accurate as of the time of our site visits in summer of 1999.[8] We discuss below program models and general characteristics, client characteristics, treatment provision and other services, behavioral demands on drug court participants, funding, linkage and collaboration, rehabilitation vs. surveillance, and major changes drug courts have experienced during their implementation.

### PROGRAM MODEL AND GENERAL CHARACTERISTICS

The majority of the drug court programs were designed for adult offenders. Programs in two sites, Tampa and Chicago, were designed for juvenile offenders. Consistent with Key Component #3 (DCPO key elements 1997), all programs intercepted eligible offenders early in the process after arrest, either pre-plea or post-plea offenders. The post plea model was the most common. In this case, offenders pleaded guilty to charges and agreed to participate in the drug court, with charges being dismissed upon successful completion. In many cases, the models were not "pure" pre-plea, post-plea, or post-adjudication (probation) programs. In these cases, it appeared that the referral process had been relaxed, allowing offenders at other stages of adjudication or supervision access to the drug court and its services. A minority of sites consider offenders on probation. These could be probation violators, referrals from probation officers, or even dispositions by

[8] We suspect that additional changes may have occurred since our site visits.

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judges that offenders participate in drug court as a condition of their probation.

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**Table 5.1**

**Program Model and General Program Characteristics**

| *Site* | *Target Group* | *Model* | *Other programs* | *Capacity* | *Stages of intervention* |
|---|---|---|---|---|---|
| Atlanta | Adults | pre-plea, post-plea, post-adjudication | no other drug programs; 2 other diversion | approx 100 | 5 stages, 12-18 months |
| Birmingham | Adult | post-plea | Breaking the Cycle; deferral program for low level drug offenders, TASC | 380 | 3 phases, 12 months, monitoring by TASC |
| Brooklyn | Adult | post-plea | DTAP, TASC | approx 400 | 3 phases, 8-18 months, monitoring by court-based case managers |
| Chicago | Juvenile | post-plea | Drug School | approx 90 | 2 phases, 9-18 months, monitoring by TASC |
| Kankakee | Adult | post-plea | TASC | 60 | 3 stages, 12-24 months |
| Omaha | Adult | post-plea | routine diversion | approx 300 | 3 phases, 12-18 months |
| Riverside | Young Adult | post-plea, probation | low-level drug diversion | 75 | 2 phases, 12-16 months |
| Roanoke | Adult | post-plea | day reporting | approx 85 | 4 phases, 12-18 months |
| Sacramento | Adult | post-plea | low-level drug diversion | 150-200 | 4 phases, 12-14 months |
| San Juan | Adult | pre-plea, post-plea, probation | TASC | 150 | 18 months, TASC monitoring |
| Santa Barbara | Adult | post-plea | low level drug diversion | 220 | 5 phases, 18-24 months |
| Spokane | Adult | pre-plea | TASC | 50 | 5 phases, 12 months, monitoring by TASC |
| Tampa | Juvenile | pre-plea | arbitration; drug education/ UA | 280 | 4 phases, 9 months |
| Tuscaloosa | Adult | pre-plea, post-plea | | 300 | 4 phases, up to 24 months |

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Drug courts operate in complicated local contexts. Most drug courts operate in environments in which diversion programs or other programs designed for drug offenders exist. Long standing TASC programs[9] were operational in several sites. In some cases, these programs drain potential clients from the drug court program. For example, in California, Penal Code 1000 (PC1000) serves as a diversion program for low-level drug offenders. In Chicago, the "drug school" for juveniles targets low level first time drug offenders with small possession amounts. In Brooklyn, select offenders are offered a spot in the District Attorney sponsored DTAP program that provides intensive residential treatment with dismissal of charges. TASC operates for adult felony offenders who face six months or more of jail or prison time, and a three-day Treatment Readiness Program (TRP) is available for female defendants sentenced on misdemeanor charges at arraignment.

The 14 drug court programs generally handled a small number of drug offenders in any given jurisdiction. For six of the programs, capacity was 100 or less. During our site visits we requested information on the percentage of drug-involved offenders that might be eligible for drug court and the percent of those referred who actually ended up in the court. We did this to estimate the potential impact on case processing in the jurisdictions. Although many jurisdictions did not routinely collect this information, sites indicated a wide range of responses to this question. In some jurisdictions, only a small percentage of drug-involved offenders were eligible for the program, due to the screening criteria (e.g., violence). In several, up to 50 percent were eligible. In few instances, however, did the percent of eligibles actually placed into drug court exceed 50 percent. Overall,

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[9] TASC (originally Treatment Alternatives to Street Crime) serves as a bridge between the drug treatment community and the criminal justice system. TASC programs were developed in the 1970s to provide monitoring, brokering, and court reporting functions for drug-involved offenders.

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the major reason for small percentages of drug-involved offenders actually participating in drug court is exclusionary criteria, discussed in more detail below. As a result, drug court programs, by design, do not cast a wide net for drug-using offenders. They often appear to fill a niche between programs offered to the lowest level drug offender and more serious offenders with histories of violence.

Most of the 14 studied drug court programs used a staged, or phased, intervention model, consisting of intensive monitoring, treatment, and court appearances during the early months, followed by less intensive monitoring and treatment. The majority lasted between 12 and 24 months. Many included a short initial period for assessment and final eligibility determination. The timing and length of phases often was tied to the drug treatment components of the program, reflecting the focus on treatment and recovery of the drug court programs.

**CLIENT SCREENING AND ELIGIBILITY CHARACTERISTICS**

Table 5.2 presents major screening criteria for drug court offenders. Jurisdictions differed in the types of offenders eligible for programs, but generally required some kind of a drug charge or property offense that is related to or motivated by drugs. Some jurisdictions allowed both misdemeanors and felonies; others were for felonies only. In many instances, it was the exclusionary criteria that shaped the nature of the drug court clients to a large degree. Table 5.2 lists the major exclusionary criteria for the different sites, although in several, the list of exclusions was quite lengthy. Reflecting DCPO requirements, violent offenders were excluded from these 14 drug court programs. In many instances, offenders with drug sales and trafficking were also excluded. Other exclusionary criteria include weapon possession, gang involvement, and mental illness. Cases were initially referred by a wide variety of criminal justice actors, including judges, public defenders, and arresting officers, often through a multiple gating screening process. However, in the great

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majority of jurisdictions, the district (or state's) attorney was the primary referral source.

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**Table 5.2**

**Client Screening and Eligibility Characteristics**

| *Site* | *Eligible offenses* | *Exclusions* | *Referral Source* | *Criteria* | *Primary drug use of offenders* |
|---|---|---|---|---|---|
| Atlanta | drug crimes; drug-related property crimes | current and prior violent crime; dual diagnosis; homeless; unmotivated offenders | judges; city attorney; pretrial | drug dependency | marijuana; crack cocaine |
| Birmingham | drug possession | drug sales; violent history; weapon in current arrest | defense attorneys apply | not specific | alcohol; crack cocaine |
| Brooklyn | felony drug charge | prior conviction or pending charge for violent felony; pending charges for violent felony or misdemeanor; DA exclusions for certain cases | arraign-ment court judge | addicted | heroin; cocaine |
| Chicago | drug possession; theft; property crimes | prior or pending violent offense; first-time arrestees diverted to "drug school" | arresting officers | drug use or desire for treatment | marijuana; alcohol |
| Kankakee | drug or property crimes | current violent charge; history of violence | judge of custody court | drug-dependent | marijuana; cocaine |
| Omaha | non-violent felony | more than 1 prior felony; prior conviction for violent felony; multiple misdemeanors for violent offenses; gang involvement | county attorney | moderate or high LSI | crack cocaine; methamphetamine |

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**Table 5.2 (cont'd)**

**Client Screening and Eligibility Characteristics**

| *Site* | *Eligible offenses* | *Exclusions* | *Referral Source* | *Criteria* | *Primary drug use of offenders* |
|---|---|---|---|---|---|
| Riverside | drug felonies | past or current weapons; domestic violence; "strikes;" gang member; severe psychiatric problems | public defender refers clients to apply | drug abuse | methamphetamine |
| Roanoke | non-violent felony offense | violent current or prior offense; drug distribution | prosecutor | not specific | alcohol; cocaine |
| Sacramento | drug possession; non-violent, non-serious property crimes; probation violation | misdemeanor conviction for weapons or violence; guns in past 3 years; serious felony conviction; felony conviction for violence or weapons; drug sales; possession for sale | district attorney; public defender | history or evidence of abuse or addiction | crack cocaine; methamphetamine |
| San Juan | felony drug possession; aiding a drug sale; low-level non-violent drug related felonies | violent offenses; more than minor prior record | judge | assessed as "addicted" | cocaine; heroin; marijuana |
| Santa Barbara | misdemeanors and felonies with drug possession, sales, and drug-related theft charges | violent offenders; more than 2 felony convictions; drug sales | district attorney | history of substance abuse | methamphetamine |

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**Table 5.2 (cont'd)**

**Client Screening and Eligibility Characteristics**

| *Site* | *Eligible offenses* | *Exclusions* | *Referral Source* | *Criteria* | *Primary drug use of offenders* |
|---|---|---|---|---|---|
| Spokane | drug possession; drug-related property offenses | additional charges pending | district attorney | drug abuse/ dependence problem | alcohol; marijuana |
| Tampa | non-violent felony; misdemeanor drug possession; nonviolent drug-related crime; first-time felony offenders with drug charges | prior felonies | case managers at juvenile assessment center; state attorney | drug dependency --for non-drug crime | marijuana |
| Tuscaloosa | non-violent drug possession; drug-related offenses | possession of gun in nonviolent felony | district attorney | accepted by treatment | marijuana |

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Criteria for drug dependency were less formally specified than offense and prior record criteria and were often evaluated later--often by treatment providers during the initial phases of the drug court program. Virtually all of these 14 drug courts required some evidence of addiction or drug dependency, although in Chicago, youth needed only to indicate a desire for treatment to satisfy the drug use criteria. Birmingham accepts clients involved only slightly with drugs (e.g., charged with false prescriptions) as an early prevention/intervention program to curb potential regular use or abuse. Primary drug use varied across the sites, often reflecting drug use trends across the country (Office of National Drug Control Strategy 2000). Methamphetamine was the primary drug in western sites, although the great majority of sites had offenders that use cocaine and marijuana.

**DRUG COURT TEAM**

Table 5.3 presents key factors related to the drug court team and hearings. One usually thinks of drug courts as separate courts with assigned drug court judges. In the vast majority of the sites, this was the case. However, in two sites, the usual model did not apply. In Chicago, drug court cases were actually heard in arraignment court, interleaved with other cases. Drug court offenders were not seen separately as a group. In Riverside, drug court cases were held in a court in which other drug cases also appear.

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**Table 5.3**

**Drug Court Team**

| *Site* | *Dedicated Drug Court* | *Staffing* | *Frequency of Offender Appearance* | *Sanctions* | *Rewards* |
|---|---|---|---|---|---|
| Atlanta | Yes | Director<br>2 Supervisors<br>4 Case Managers<br>MIS specialist | weekly at first; then once every 2-4 weeks | after 1st positive UA, increasing jail (3,5,7, 10-14), then inpatient placement | reduction in appearances before DC; verbal praise from judge |
| Birmingham | Yes | Supervisor<br>2 Case Managers | weekly at first; then (if clean) once every 2 weeks, once every 3 weeks | 1st positive UA: 1 day in jail<br>2nd: weekend<br>3rd: week | reduction in appearances before DC; verbal praise from judge in front of other DC observers and participants |
| Brooklyn | Yes | Assistant DA<br>Legal Aid Defense Attorney<br>Project Director<br>Research Associate<br>Deputy Project Director<br>Network Clinical Director<br>Case Managers<br>Resource Coordinator<br>Laboratory Technician | once a month | graduated: court appearance with jail after 3rd infraction | reduction in supervision/treatment intensity; gift of a journal |
| Chicago | No | Administrator<br>2 TASC<br>4 Probation Officers<br>State Attorney<br>Public Defender | once or twice | increase UA, more treatment, detention as last resort | not having to appear in court; incentives (movie passes, t-shirts, tickets to sports events) |

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**Table 5.3 (cont'd)**

**Drug Court Team**

| *Site* | *Dedicated Drug Court* | *Staffing* | *Frequency of Offender Appearance* | *Sanctions* | *Rewards* |
|---|---|---|---|---|---|
| Kankakee | Yes | Administrator<br>State's Attorney<br>Probation Officer<br>Probation Assistant<br>Public Defender | every two weeks at first, then once a month | 1st violation:--penalty box<br>2nd: 24-hour shock incarceration<br>3rd: 3 days jail<br>4th: 10 days<br>5th: 3 weeks jail or until residential bed available | verbal praise, handshake from DC judge certificates of completion; less frequent court appearances; reduced UA |
| Omaha | Yes | Coordinator<br>Part-Time Screener<br>2 Case Managers<br>Treatment Coordinator<br>Part-Time Lab Technician<br>Administrative Assistant<br>Deputy County Attorney | weekly at first, then every 2-4 weeks | more intensive treatment; longer time in DC; increased UA; increased court appearance; 2-day jail sentences | shorter time in DC; reductions in UA and court appearances; applause from DC team and audience in court |
| Riverside | No, DC cases mixed with other drug cases | Probation Officer<br>Probation Assistant<br>Secretary<br>4 Counselors<br>Teacher<br>Part-Time District Attorney<br>Public Defender | once every four weeks, then once every 6-8 weeks | 1st: 2 weeks jail<br>2nd: lengthy jail or discharge<br>3rd: discharge<br>(note conflicting info from site) | verbal praise; status improvements and graduation |
| Roanoke | Yes | Administrator<br>Court Administrator<br>Public Defender<br>6 Probation Agents<br>3 Treatment Staff<br>Drug Court Coordinator<br>Part-Time Lab Assistant | initially weekly, then bi-weekly, then monthly | more frequent UA; more treatment; more community services; short (up to 10 days) jail sentences | reduce frequency of drug tests; reduce court appearances |

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**Table 5.3 (cont'd)**

**Drug Court Team**

| *Site* | *Dedicated Drug Court* | *Staffing* | *Frequency of Offender Appearance* | *Sanctions* | *Rewards* |
|---|---|---|---|---|---|
| Sacramento | Yes | District Attorney<br>Public Defender<br>Project Manager<br>Office Assistant<br>2 Deputy Probation Officers<br>2 Probation Assistants<br>5 Treatment Counselors<br>2 Nutritionists /Acupuncturists | initially once every two weeks | 1st: 3-8 hours court observation next 3: 5 days in jail, then increases to 10,15,21 days jail; termination | verbal praise: incentives (stars for treatment behaviors, then small gifts); advancement to next level |
| San Juan | Yes | Court Clerk<br>3 Case Managers<br>Prosecutor<br>2 Legal Aide Attorneys | initially every 2 weeks, then once a month | case-by-case; generally 1st: warning<br>2nd: curfew or residential treatment. Short jail also used. | verbal praise; handshake; reduced supervision |
| Santa Barbara | Yes | Probation Officer<br>Part-Time Supervising PO<br>Psychologist<br>Vocational Counselor<br>4 Case Managers<br>2 Treatment Supervisors<br>District Attorney Representative<br>Public Defender (this is for 1 of the 2 courts) | initially once a week, then 2 times a month | graduated sanctions on case-by-case. Sanctions range from overnight to 30-45 days in jail, increased meetings, curfews, in-custody treatment | verbal praise in court<br>certificates of completion of each phase<br>reduced curfew |

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**Table 5.3 (cont'd)**

**Drug Court Team**

| *Site* | *Dedicated Drug Court* | *Staffing* | *Frequency of Offender Appearance* | *Sanctions* | *Rewards* |
|---|---|---|---|---|---|
| Spokane | Yes | TASC Case Manager<br>Treatment Counselor<br>2 Part-Time DOC Officers<br>District Attorney<br>Public Defender | initially once a week, then once a month | flexible; start with community services, increased NA/AA attendance, increased case manager contacts, work release, jail time | verbal praise in court: sobriety medallions; shorter, less intrusive home visits |
| Tampa | Yes | 2 Juvenile Drug Court Specialists<br>District Attorney<br>Case Manager<br>Treatment Provider | every two weeks | repeating a treatment phase; more UA; SHOCK education (intensive day treatment); detention in regional juvenile detention center | public recognition and praise in court; less monitoring; attend court less frequently |
| Tuscaloosa | Yes | Court Administrator<br>2 Case Managers<br>Treatment Specialist<br>Coordinator<br>Drug Court Coordinator | initially, once a week | graduated, ranging from overnight stays in jail to a week, repeat a stage of treatment | applause from DC for progress; more freedom of movement; less reporting; certificate of completion for each stage |

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As shown in Table 5.3, drug courts are labor intensive. When we asked drug court sites to indicate the number and types of persons who make up the drug court staff, most sites indicated a large drug court team, consisting not only of the drug court judge, but also probation staff, drug court administrators, case managers, public defenders, district attorneys, TASC staff, and sometimes treatment providers and other treatment brokers. These members may not all be paid from drug court program funds (in many cases, time was donated in kind--we discuss fiscal issues later). Staff meetings before actual drug court sessions often involved the drug court team meeting to review cases and suggest appropriate rewards and sanctions for the participant's performance.

One of the key components of effective drug court programs is ongoing judicial interaction with each drug court participant. Regular status hearings should be used to monitor the participant's performance, with increases or decreases in the time between status hearings based on compliance with treatment.[7] Sites demonstrated a wide range of regularly scheduled status hearings. In seven drug courts, participants initially appeared weekly; in three sites, every two weeks; in three, once a month. In Chicago, youth appeared before the judge only once or twice during their entire participation in drug court; reports to the judge were made by other drug court program staff, without the youth being present, unless performance was an issue. Scheduled hearings were generally reduced for satisfactory performance. The actual amount of time a participant spends in front of the judge can be quite short. During site visits, visitors were able to observe drug court sessions at a number of the 14 sites; appearances before the judge lasted only a few minutes in many cases.

One of the defining characteristics of drug courts is the application of appropriate rewards and sanctions for participant behavior. Drug courts should establish a coordinated strategy, including a continuum of responses, to continuing drug use and other non-compliant behavior. Sanctions can typically include warnings,

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repetition of phases, increased testing, confinement in the courtroom or jury box, increased treatment, increasing period of jail confinement, and finally termination (Drug Courts Program Office 1997, pp. 24-25). The 14 drug court programs articulated various strategies for how they dealt with non-compliance. Two major differences appeared in how noncompliance was addressed. In a minority of sites, jail stays were used fairly early in the escalation of sanctions. Other programs appeared to offer increased treatment and other monitoring before jail terms were used.

Despite articulated protocols for sanctions, our discussions with drug court staff revealed that, in practice, the application of sanctions was often done on a case-by-case basis, depending on the characteristics of the offender and the behavior. Sanction options were often recommended by the case manager or probation officer and discussed at pre-drug court staff meetings by the drug court team. Ultimately, it was the judge who decided the sanction to be applied. Although the list of possible sanctions might be provided to drug court participants, there was often no strict "graduated" protocol that was followed.

For many drug court programs, the ultimate reward for successful performance is the dismissal of the offender's charges. However, during drug court participation, other mid-term rewards are often used. Encouragement and praise from the bench, ceremonies and tokens for accomplishment, reduced supervision and monitoring, and reduced fines may be used for an offender's accomplishments (Drug Courts Program Office 1997, p. 24). In the 14 sites, verbal praise from the judge, and handshakes from the judge, were often used. In several jurisdictions, special tokens, certificates, and incentives marked good performance. In all sites, some form of reduced supervision--decreased court appearances, monitoring, or less reporting--were used as rewards for positive performance. In our discussions with drug court staff, the application of rewards did not appear to receive the same amount of

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attention or scrutiny as did sanctions, perhaps because issues of liberty (imposed jail) or program failure were not at stake.

**TREATMENT PROVISION AND OTHER SERVICES**

A major partner in drug courts is the local treatment system. The treatment component of drug court programs provides much of the non-adversarial, therapeutic underpinning of the drug court model. Treatment providers conduct assessment and case planning, and provide treatment services, as well as provision/referral to ancillary services such as employment, housing, education, and mental health services. In addition, they often serve as the gatekeeper for a participant's progress through the stages of the drug court program, providing performance feedback to the court. Table 5.4 presents major dimensions of treatment services in the 14 participating sites.

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**Table 5.4**

**Treatment and Other Services**

| *Site* | *Screening and Assessment* | *Type of D&A Treatment Available* | *Other Services Available* | *Treatment Availability* | *UA Monitoring* |
|---|---|---|---|---|---|
| Atlanta | NEEDS | OP | referral, housing and job services | tx funding is limited | 3X/week |
| Birmingham | TASC assessment | OP | referral, housing | readily available | varied, random schedule |
| Brooklyn | clinical interview | OP,IP,D,M | onsite supplemental social services, health screening, vocational and educational referrals | available, except for dual diagnosis | prior to court hearing; as needed by tx (up to 2x/ week) |
| Chicago | TASC conducts ASAM | OP,IP | referral | generally available, except for female residential | weekly, on random basis by TASC; as needed by tx |
| Kankakee | SASI, DSM-IV, inhouse form | OP,IP,D | referral | available, some wait for inpatient | 1-2x/week by case manager; weekly random by tx |
| Omaha | LSI and others | OP,IP | referral | waiting lists | by DC staff at schedule appointments |
| Riverside | ASI, psychosocial | OP,IP,D | day care, residential services, education; referral to others | available, except for residential | weekly random |

Note: OP-outpatient; IP=inpatient; D=detox; M=methadone; A=Acupuncture; TC=therapeutic community

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**Table 5.4 (cont'd)**

**Treatment and Other Services**

| *Site* | *Screening and Assessment* | *Type of D&A Treatment Available* | *Other Services Available* | *Treatment Availability* | *UA Monitoring* |
|---|---|---|---|---|---|
| Roanoke | ASI | OP,D,IP,TC | referral | limitation in residential, intensive, and employment | 3x/week |
| Sacramento | medical screen/ heath question-naire | OP,IP,D,A | referrals | limitations in residential and detox | 3x/week random |
| San Juan | ASI plus other medical, pscyholog-ical | OP,IP,D,A | referral | available | random |
| Santa Barbara | ASI, risk/ needs assessment | OP,D,A | referral | limitations on residential beds | 1X/mo in field by probation; random weekly in tx |
| Spokane | TASC "needs assessment"; tx provider, ASAM | OP,IP,D | referral | sufficient | 2X week, initially |
| Tampa | POSIT | OP,IP,D | referral | limited; residential, mental health services, OP | varies, up to 3X/week |
| Tuscaloosa | clinical assessment | OP,IP | referral | limitations, especially or residential beds | varies, up to 3x/week |

Note: OP-outpatient; IP=inpatient; D=detox; M=methadone; A=Acupuncture; TC=therapeutic community

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Assessment is often the first task conducted for appropriate treatment planning. All programs conducted some kind of an assessment of drug court participants, although the tools varied widely. Some programs used well-established tools such as the ASAM (American Society of Addiction Medicine) or ASI (Addiction Severity Index) that have been validated. Others used more locally-created instruments, which may be paired with standardized instruments or used alone. It was not uncommon for a case manager, such as TASC, to conduct an initial assessment, followed by assessments conducted at the treatment provider program. The assessment instruments typically measured behavioral and psychosocial domains beyond drug and alcohol involvement, often including medical screening, education and employment needs, and housing and child care issues.

The most common treatment modality available to drug court participants at all sites was outpatient treatment. This reflects the fact that outpatient treatment is generally the most common in jurisdictions, and that offenders with severe disorders (dually-diagnosed) were often excluded by eligibility criteria. In many of the sites, inpatient or residential beds were available to a limited number of participants, and are often used when offenders did not perform well in outpatient programs. In a few jurisdictions, detox services were part of drug court treatment, as was acupuncture (used to facilitate treatment). Treatment availability appeared hampered in virtually every jurisdiction for residential/inpatient slots; outpatient slots were generally available.

Coupled with the drug treatment needs, many offenders are in need of ancillary services such as housing, employment, education, and health care. These services were rarely performed directly by the drug court. In some instances, drug and alcohol treatment providers may provide them. More generally, offenders were referred to external community agencies for these services. In some cases, the drug court was able to pay for the services; in a great many cases, public funds (e.g.,

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Medicaid) were tapped or participants were asked to pay on a sliding-scale for services.

Urinalysis monitoring is designed to provide accurate and rapid information about an offender's drug use. The 14 sites varied a great deal in their drug testing regimens, both across sites and within a site. Within sites, drug testing frequency was often tied to the phase of treatment. Earlier, more intensive phases had higher testing rates. The most frequent schedule was 2-3 times per week, frequent enough to detect ongoing drug use. Testing was conducted not only by treatment providers, but often by the case managers (e.g., TASC, probation officers). In some instances, information from UA tests in treatment was not shared routinely with the drug court.

During our site visits we requested information on the involvement of the judge in the treatment decisions for individual clients. Although judges have the ultimate decision regarding an offender's behaviors and progress, treatment providers (and/or treatment case managers) have a great deal of influence in the drug court. In virtually every jurisdiction, treatment staff recommendations regarding treatment (often including phase advancement) were generally agreed to by the judge.

**BEHAVIORAL DEMANDS ON DRUG COURT PARTICIPANTS**

The behavioral demands placed upon drug court participants are displayed in Table 5.5. These were in addition to the drug court appearances and urinalysis requirements described earlier. Drug court participants had to attend drug and alcohol treatment, meet with their case managers and probation officers (if applicable), complete other service requirements, and often pay for drug court and treatment services. Ultimately they must complete the graduation requirements in order to have their cases dismissed (at least for post-plea models).

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**Table 5.5**

**Behavioral Demands on Drug Court Participants**

| *Site* | *Treatment* | *Case Manager* | *Probation* | *Other* | *Costs* | *Graduation Requirements* |
|---|---|---|---|---|---|---|
| Atlanta | 40 hrs/week | weekly | NA | | $375--treatment | complete 12-18 mo program: attend treatment, clean UA for 6 mo; no re-arrest |
| Birmingham | daily NA/AA | weekly | | 100 hrs community service | $1500 drug court; $20 each day/ jail; $5 each submitted urine | complete DC requirements, and at least 10 months drug free |
| Brooklyn | 5X/week* | 1X/2 weeks | NA | community service placement | no direct client fees | complete treatment phases and progress toward completing "life goals"; community service, other court requirement |
| Chicago | 3 hrs/week (outpatient) | (done by probation) | weekly | | no direct fees | completion of treatment, testing clean, avoiding re-arrest |
| Kankakee | 1 group; 1 individual counseling, 2 NA/AA mtgs/ week | (done by probation) | 1-3X/week | complete GED/educational requirements | $3-$23 per group $5.50-$60 per individual session | complete treatment |

* contacts vary by "band" of treatment; band 5 (day treatment) used as example

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**Table 5.5 (cont'd)**

**Behavioral Demands on Drug Court Participants**

| *Site* | *Treatment* | *Case Manager* | *Probation* | *Other* | *Costs* | *Graduation Requirements* |
|---|---|---|---|---|---|---|
| Omaha | variable | once a week | NA | | $460 DC fee; treatment co-pays; $10 per positive UA | complete treatment and support groups; 6 months clean UAs;6 months employment; appearances at DC; no new felony/serious arrests |
| Riverside | 7.5 hrs/ day; 5 days/week; 3 NA/AA per week | daily | daily | education at day treatment | $100 | completion of treatment, remaining abstinent |
| Roanoke | 3X/week | 3-5 times per week | NA | curfews | $150 | completion of treatment, no positive UAs for 6 months; secure employment, pay court costs and tx fee |
| Sacramento | 11.5 hrs/week | (see probation) | as needed | | $40/month | treatment completion; no re-arrest |
| San Juan | day treatment: 10-12 session/week | monthly | 2x/month | working/attending school | none | complete treatment; no arrests |

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**Table 5.5 (cont'd)**

**Behavioral Demands on Drug Court Participants**

| *Site* | *Treatment* | *Case Manager* | *Probation* | *Other* | *Costs* | *Graduation Requirements* |
|---|---|---|---|---|---|---|
| Santa Barbara | 4 hrs/day 5 days/week; AA/NA attendance | (see probation) | once a month | curfew, residence checks | $780 for DC; $113 for Sheriff booking fees | treatment completion; abstinence, no convictions or VOP |
| Spokane | 3 group sessions/ week; one individual counseling/ week; 2 AA/NA sessions/week | twice a month | twice a month | home visits | co-pay for treatment; $2-3 per UA; restitution | treatment completion; four final months clean UAs |
| Tampa | 4-5 hrs/week | once a month | NA | community service | sliding scale for treatment | complete treatment; clean UA for 6 months; remained in school, obtained GED, or employment |
| Tuscaloosa | 4 groups/ week; one family group/ week | weekly | NA | employment | $1500; $5 per UA; restitution | treatment completion; no new arrests |

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In Table 5.5 we have summarized the treatment requirements for the initial phase of treatment. Recognizing that all programs used a graduated approach, participants were not required to meet these time commitments during the entire course of participation in drug court. Some programs initially required only a few hours per week in outpatient treatment; others required much more extensive commitments, particularly if a day treatment model was used. Group and individual sessions were common for outpatient treatment programs, as was attendance at AA/NA meetings. Contact with a case manager--sometimes case management is performed by probation--was often weekly during the initial phases of the drug court participation, although in some programs it was once or twice a month. Again, if a day treatment model was used, contact with the case manager or probation officer can be performed much more frequently--as often as daily. In some instances an additional requirement for the completion of community service was attached to the drug court program. Finally, the graduation components of most programs were similar: successful completion of treatment, often with the additional requirements of testing clean for drug use and remaining crime free.

Drug Court participation may not be free. As Table 5.5 shows, some programs required fees not only for the drug court itself, but also for urinalysis testing and treatment. The latter costs were often small--paid either by a co-payment or sliding scale, reflecting the routine practice of treatment programs charging clients.

**FUNDING/EXPENDITURES FOR DRUG COURT PROGRAMS**

During our site visits, we requested information on drug court funding and budgets. This information was gathered to help understand how programs were funded and to determine whether individual participant expense data were available for analyses of the costs of drug court programs. At the time of our visits, many drug court programs were

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coming to the end of their DCPO grants, or had moved entirely off DCPO to other types of funding.

Although a few drug court programs (generally smaller capacity programs) were funded completely from DCPO grant funds, the vast majority cobbled together a funding base consisting not only of the DCPO grants, but also funds from other federal grants (e.g., Violent Offender Incarceration/Truth-in-Sentencing, law enforcement block grants, HIDTA, CSAT), from state and county funding, or from state court systems. Many relied on the collection of client fees, reimbursements from AFDC, general relief, medicare, and managed care. It was not uncommon for office space and personnel to be donated as in-kind contributions for drug court operations. Generally the larger programs were the ones with the most diversified funding bases, as might be expected, given their larger operating costs.

Although many sites were able to provide overall expenditures for their drug court programs,, at no site were we able to obtain expenditures for drug court program services at the individual level. For some sites, aggregate costs for urinalysis testing, counseling, case management, etc., were available. Rough calculations of "per offender" costs can be calculated by dividing aggregate costs by the numbers of drug court participants.

**LINKAGE AND COLLABORATION**

Linkages and collaborations are central to drug court programs that bring together many agencies and programs. In four of the drug court programs, TASC was a key component of the linkage process. In these programs, a long standing "bridge" between the courts and treatment programs had been incorporated into the drug court model. TASC facilitated the smooth start up of the drug court model in at least one site.

Formal linkages appeared to exist primarily with substance abuse treatment providers. Other services were provided on a more informal

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basis, often through referral. Communication, in the sense of getting information about changes in the drug court program process, appeared to occur informally. Communication "as needed" appeared to characterize the transmission of information to involved parties. Although meetings provided a somewhat more formal vehicle at some sites, it is not clear whether communication was sufficient from the perspective of the treatment providers. Lack of efficiency and regularity in sharing of information were cited as problems. In some instances, information was shared sparingly in an effort to protect the confidentiality of clients

In an era where management information systems are critical to effective information sharing, few of the drug courts had sufficient resources in this regard. Some programs had systems that serve on-site needs; others had no MIS systems. There was no evidence of any programs having systems that were networked to other providers and that could provide relevant agencies with immediate access to client information.

**REHABILITATION VS. SURVEILLANCE**

One of the key characteristics of a treatment drug court is the emphasis placed on rehabilitation. This was clearly seen in our discussions with drug court team members across the 14 jurisdictions. In discussions with judges, some indicated that the role of drug court judge was a major change in orientation for them from the traditional adversarial role. At the same time, however, many drug court team members felt that drug courts must strike a balance between rehabilitation and surveillance. A "carrot" and a "stick" approach was seen as necessary to encourage treatment participation and law abiding behavior. The "stick" however, was interpreted differently across sites (as seen in the sanctions discussed above). Some sites mentioned a lot more leeway in responding to violations with sanctions, and thus appeared to lean more toward the rehabilitative end of the continuum. In a few jurisdictions, staff were concerned about the severity of sanctions "scaring away" volunteer drug court clients. In several

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jurisdictions, not all members of the drug court team shared the same beliefs about the importance of rehabilitative and surveillance in their programs. For example, in some sites, public defenders and treatment representatives favored a more ~~a more~~ rehabilitative focus, district attorneys, a more public safety role.

**CHANGES DRUG COURTS HAVE EXPERIENCED**

Most programs indicated that changes had occurred during drug court program implementation. The most common changes occurred in four areas: changes in drug court team composition, treatment provision, eligibility requirements, and low numbers of eligible offenders actually entering the program. In two sites, the entire drug court program was moved from one agency to another; in others, original team members either pulled out of the drug court or were unwilling to participate in the collaborative as planned. In some instances treatment services did not want to participate due to the perceived seriousness of the drug court participants. Treatment issues (lack of control over decisions regarding treatment completion) were so great in one site that the program brought the treatment "inside," provided through day treatment. In some programs, participant eligibility criteria were loosened (often to help make up for low numbers of participants); in other instances, they were tightened.

When asked about implementation hurdles and issues that need to be resolved, management information systems, continued funding, and coordination of key players were major themes. Nine of the 14 jurisdictions mentioned the lack of an integrated management information system as an ongoing issue for their drug court programs. Continued funding for the drug court and/or treatment services was mentioned by eight of the programs. Nine programs indicated that establishing and maintaining collaborative relationships with other components of the justice and treatment systems was an ongoing concern. The nature of the collaborative issues varied. In some jurisdictions, district attorneys

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were seen as having too much control over the drug court process, especially in determining eligibility. In others, lack of community support had to be faced. In some, simply coordinating with drug court players and oversight committees remained an issue. Staff turnover, rotating judges, and even personalities were also mentioned.

Two major themes emerged as ways to overcome these problems. Many drug court staff stressed the importance of a careful pre-implementation planning process that worked to resolve issues related to eligibility, treatment, sanctions, and interagency coordination. The other theme was the need for a lead agency to be selected that would assume primarily responsibility for the drug court. A strong leader, often the drug court judge himself/herself, was seen as key to making the drug court collaborative successful.

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## VI. A CONCEPTUAL FRAMEWORK[10]

The second major task for our evaluation was the development of a conceptual framework for drug courts. We began by reviewing existing drug court evaluations. Our review suggested no currently available unifying perspective (or, short of that, a set of competing perspectives) regarding the structural and process characteristics of drug courts. Limitations were found in a number of efforts. Literature reviews collated and synthesized information on drug courts with specific questions regarding structure and process in mind. But structure and process are not described fully, if at all, in many drug court evaluations, and the information they do provide is often not amenable to comparison (Goldkamp 1999). An alternative to relying on finished evaluations is to use the raw data being compiled by the Drug Court Clearinghouse and Technical Assistance Project at American University. Although the database provides an extensive and very useful listing of program characteristics, it has no organizing theoretical or conceptual scheme. The best-known conceptualization of drug courts may be the "ten components" specified by the National Association of Drug Court Professionals (Drug Courts Program Office 1997). The components offer a systematic view of drug court structure and process. However, their purpose is prescriptive; they are a minimum set of precepts that any drug court should follow. They are not a framework for assessing alternative drug court models when each model is (or in principle could be) congruent with the ten components. Similarly, Goldkamp (1999) has specified a "descriptive typology" based on seven dimensions of drug courts. As it stands, this typology cannot be straightforwardly applied in analyses of drug court structure and process, especially for hypothesis testing.

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[10] A version of this chapter has appeared in *Journal of Drug Issues*

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We turn now to a drug court typology, or framework, that will conceptually define structure and process in ways that are measurable and amenable to hypothesis testing. For maximum value, such a perspective must have five features. First, it must be systematic; it must cover all relevant drug court characteristics. Second, it must be parsimonious. That is, while covering all relevant dimensions, it must also be simple enough to be manageable in analysis. Third, measures of each characteristic must be amenable to direct comparison across drug courts. Fourth, measures must reflect structure and process as actually implemented--not simply as planned, intended, or drawn up in memos and protocols. Fifth, a conceptual perspective on drug courts should lead to hypotheses that are testable and relevant to policy and practice. For example, are outcomes more favorable in drug courts quick to impose severe consequences for noncompliance than in courts more patient with noncompliance? One hypothesis is that the former sort of drug court is more effective with serious offenders but is not more effective with first-time or lightweight offenders, among whom milder sanctions might suffice to produce compliance. As a final comment on hypotheses, we note that hypothesis testing is more straightforward if drug court characteristics are conceptualized and measured with directionality (from less to more or low to high).

In the conceptual framework proposed here, we have tried to address, or at least to begin addressing, each of the requirements above. The framework has five dimensions: *leverage, population severity, intensity, predictability,* and *rehabilitation emphasis* (see Table 6.1). The first two dimensions are structural characteristics of drug court. Leverage refers to the nature of consequences faced by incoming participants if they later fail to meet program requirements and are discharged from drug court. Population severity refers to characteristics of offenders deemed eligible to enter drug court. The

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(Longshore et al. 2000).

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other three dimensions are process characteristics. They describe what happens to participants as they proceed through the drug court program.

**Table 6.1**

**Conceptual Framework**

| *Dimensions of Drug Court Structure and Process* | *Indicators (examples)* |
|---|---|
| Leverage | Percent of pre-plea and post-plea participants<br>Perceived aversiveness of discharge |
| Population severity | Severity of drug use<br>Severity of criminal involvement (current charge and prior charges) |
| Program intensity | Required frequency of urine testing<br>Required frequency of court appearances<br>Required hours of treatment |
| Predictability | Consistency of rewards and sanctions<br>Conformance of rewards/sanctions with protocol<br>Time elapsed between noncompliance and response<br>Perceived predictability |
| Rehabilitation emphasis | Collaborative decision-making<br>Attention to multiple needs<br>Flexibility in procedure<br>Re-entry<br>Drug court dynamics (observed) |

In developing the framework, we considered the NADCP's ten components (Drug Courts Program Office 1997); "think pieces" on drug court by Goldkamp (1999), Harrell (1999), and the Bureau of Justice Assistance (1993); reviews of the drug court literature (Belenko 1998, 1999; Inciardi et al. 1996; Terry 1999; U.S. General Accounting Office 1997); and published and unpublished evaluations of individual drug courts. We also drew from the literatures on criminal deterrence (regarding the dimension we call *predictability*) and therapeutic jurisprudence (regarding *rehabilitation emphasis*). We describe the five dimensions and offer examples of empirical indicators for each. For ideas regarding empirical indicators, we consulted the database compiled by the Drug Court Clearinghouse and Technical Assistance Project at

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American University and drug court monitoring guidelines such as those from the Drug Courts Program Office (1998).

**LEVERAGE**

Leverage refers to the seriousness of consequences faced by participants who fail to meet program requirements and are discharged from drug court. Leverage depends, perhaps heavily, on the court's entry point--pre-plea, post-plea, or probation. In pre-plea or deferred prosecution courts, entry to the program occurs before an offender is required to enter a plea. Upon completion of all program requirements, the charge is reduced or dropped. Pre-plea courts may have limited leverage because participants have not pleaded guilty and may have no sentence pending. Moreover, after pre-plea participants are discharged for noncompliance, the case may be too "cold" to re-open. In post-plea or deferred judgment courts, however, entry to the program occurs only after an offender pleads guilty. Upon program completion, the plea can be stricken and the case dismissed. But if an offender fails the program, his/her case moves directly to sentencing and possible incarceration. Thus the stakes are high, and leverage strong, in a post-plea drug court. Finally, in probation drug courts, participants have a conviction and are entering drug court in lieu of incarceration or other sanction. Probation drug courts may have varying degrees of leverage, depending on the seriousness of consequences for program failure in relation to the seriousness of the sanction otherwise awaiting the participant. (It is important to distinguish the consequences of program discharge, i.e., what happens *after* offenders fail drug court, from the consequences they face *during* participation in drug court. We refer to the former as leverage. The latter is addressed below.)

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**Leverage Indicators**

The simplest and most objective indicator of leverage is the percentage of participants who come to the drug court at the pre- or post-plea entry point. The percentage is of course 100 percent in courts with only one or the other entry point, but many courts accept a mix of pre- and post-plea cases. The subjective aspect of leverage, i.e., participants' perception of it, may also be important, especially for courts accepting cases on probation. What do participants believe is likely to happen if they are discharged for program failure, and what is the perceived aversiveness of those consequences? We therefore propose both objective and subjective indicators of leverage.

Our hypothesis is that, other characteristics being equal, outcomes will be more favorable when drug courts have greater leverage over participants. However, courts may be designed for greater leverage when the eligible population includes more serious offenders (Drug Strategies 1997). Thus, the leverage hypothesis may need to be tested within categories of participants. How does the drug court's degree of leverage affect outcomes among lightweight offenders, and, separately, how does it affect outcomes among serious offenders?

**POPULATION SEVERITY**

This dimension is based on a distinction between drug courts targeting a hardcore population of addicted and persistent offenders (one extreme) and drug courts dealing with lightweight offenders, whose offense history is short and nonviolent and whose drug use is "recreational" (the other extreme). The latter may be routed to drug court not so much because they need intensive treatment/supervision but because the local criminal justice system views the drug court as a welcome new resource for processing cases. This possibility is perhaps most apparent when the target population is first-time or lightweight offenders, system resources are stretched thin, and prosecutors are

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using the drug court essentially as a way to move cases through the system. Of course many drug court populations fall between the high- to low-severity extremes (Center for Substance Abuse Treatment 1996; Harrell 1999; U.S. General Accounting Office 1997).

**Population Severity Indicators**

For indicators, we rely on severity of drug use and criminal involvement. Drug use severity can be assessed as the percentage of drug court cases that meet (or are likely to meet) clinical criteria for drug abuse or dependence. This percentage can be found in records of formal screening/diagnostic assessments employed by the drug court and/or inferred from proxy variables such as participants' prior experience in drug abuse treatment. Criminal severity can be assessed on the basis of seriousness of current and past offenses. For example, we can calculate the ratio of felonies to misdemeanors among current charges faced by participants on the caseload and the same ratio in their criminal records. (Current charges and officially recorded charges may not accurately reflect the seriousness of acts committed by an individual participant, but they do provide an accurate overall population severity measure, useful for comparison purposes.) We can also calculate the ratio of cases charged only with drug possession to cases charged with non-drug offenses. For some drug courts, the felony/misdemeanor distinction will not be relevant. For others, notably those that accept offenders with violent criminal histories, neither the felony/misdemeanor distinction nor the drug/non-drug distinction will suffice to capture the full range of population severity. It will be necessary to consider relative severity within the class of felony offenses.

The influence of population severity on outcomes may depend on other dimensions in the framework. For example, as suggested above, outcomes for a more severe population may be favorable in courts that have strong leverage over participants but less favorable in courts

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where leverage is weaker. In addition, outcomes for a more severe population may be better when program requirements are intensive enough (see below) to have an impact on hardcore offenders. We therefore offer no hypothesis for a main effect of population severity. We hypothesize that its effects are contingent on other factors.

**INTENSITY**

This dimension refers to requirements for participating in and completing drug court. These always include urine testing, court appearances, and drug abuse treatment (Harrell 1999). Other obligations may be imposed as well, such as employment, suitable housing, completion of a G.E.D., and payment of fines or restitution. It is important to note that intensity does not refer to requirements actually met by the participant. That is affected by self-selection. Neither does intensity refer to what happens to the noncompliant participant. That too is affected by self-selection in a sense; additional requirements are triggered by actions of the participant. Instead, we mean to focus cleanly on a dimension of drug court itself: what participants understand to be the minimum requirements for program completion.

**Intensity Indicators**

Indicators of intensity include the required frequency of urine testing and court appearances, required hours of treatment and other required services, and fine and restitution amounts. Additional indicators, such as an employment requirement, can be handled simply as yes/no. Programs vary in duration (typically 12 to 18 months, sometimes longer) and are often broken into phases--more intensive at first and less intensive for compliant participants near program completion. It may therefore be important to measure intensity on a per-month or per-phase basis and to take overall duration into account as well. For intensity data, it may be misleading to rely solely on written or

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standard protocols. These may not reflect the requirements to which many or most participants are actually held.

Our hypothesis is that drug courts with more intensive requirements will show more favorable outcomes. However, along with a main effect of intensity, there may be contingent effects. A high degree of intensity may be required for success with a more severe population, for example, whereas low or moderate intensity may suffice for less severe offenders.

**PREDICTABILITY**

This dimension reflects the degree to which participants know how the court will respond if they are compliant or noncompliant (Harrell 1999). Goldkamp's (1999) concept of client accountability is similar, but he was referring to the kinds of responses used by a drug court to reward good performance and discourage poor performance. We refer to the predictability of these responses. The literature on criminal deterrence shows that sanctions are more effective if more certain and more swift (Blumstein et al. 1978; Nagin 1998). Behavioral research says the same thing. It also suggests that sanctions are more effective when people believe they have the opportunity to behave as desired and thus avoid the sanction. Absent this perception, the participant's response may be "learned helplessness" (Seligman 1975). Marlowe and Kirby (1999) have developed a number of insights from behavioral research specifically with respect to drug courts. They argue, for example, that the court's expectations should be clear, that actions taken by the court should be consistent with expectations, and that delivery of sanctions should be "regular and immediate" (see also Drug Courts Program Office 1998; National Drug Court Institute 1999).

The range and frequency of rewards for good behavior may vary among drug courts, and the rate at which sanctions become more punitive (as in a "graduated sanctions" strategy) may be slow or fast; those aspects of drug court are captured in the dimension we call

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rehabilitation emphasis (see below). The ultimate sanction, for program failure, may or may not be dire; that is captured in leverage. Predictability has to do with whether participants know what the court's expectations are, believe their behavior will be detected by the court, and know with high probability how the court will respond to their behavior.

**Predictability Indicators**

Indicators of predictability may be drawn from court records. For instance, the court's various responses (e.g., counsel, warning, or a brief jail sentence) to the first positive urinalysis test can be tabulated for all cases with at least one positive test, its responses to the second positive test can be tabulated for all cases with at least two positive tests, and so on. Courts with less variability in its responses to each positive test are more predictable; participants are more likely to know what will probably happen to them if they test positive once, twice, and so on. Additional indicators of predictability are the percentage of all positive tests that triggered some sort of response and, more broadly, the percentage of participants for whom the recorded series of responses (both rewards and punishments) conforms to the stipulated protocol. At the participant level of analysis, one indicator of predictability is whether responses to multiple positive drug tests steadily increase in severity. Regarding the swiftness of response, one can measure the time elapsed between drug use and detection, the time elapsed between detection and response, the time elapsed between other noncompliance (e.g., failure to appear in court) and response (e.g., contact with case manager or arrest).

Of course it is also possible to assess predictability by asking participants, at the outset of their enrollment in drug court and periodically thereafter, to report their views on how likely the various rewards and punishments are and how swiftly they will occur. Participants' perceptions of procedural fairness--whether the court

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"plays favorites" or is easily manipulated--may also be relevant (Harrell 1999; Tyler 1994, 1988). The court's rulings conform to expectations laid out in advance and are consistent across similar cases, participants are likely to view the court as predictable. The obvious advantage of participant surveys is that they provide direct evidence of predictability as perceived.

Our hypothesis is that drug court outcomes are more favorable when rewards and sanctions are more predictable.

**REHABILITATION EMPHASIS**

The final dimension in our framework is the emphasis placed on rehabilitation as against other court functions, including case processing and punishment. This dimension takes on particular significance in light of legal philosophies known as restorative justice (Braithwaite 1999; Kurki 1999) and therapeutic jurisprudence (Wexler and Winick 1991), in which criminal justice is viewed more as a therapeutic tool and less as a formalistic and essentially punitive one. To a greater or lesser degree, most drug courts reflect these philosophies (Hora et al. 1999).

Consider the distinction between expedited drug case management courts and drug treatment courts. The former employ innovative procedural rules tailored to drug-using offenders. The latter focus on offenders' needs for drug abuse treatment and other services. Procedures are less formal in drug treatment courts, where prosecutors and defense attorneys are collaborative or at least less adversarial. It is likely that, compared to expedited drug case management courts, drug treatment courts place more emphasis on rehabilitation (Hora et al. 1999). However, it is also likely that the emphasis on rehabilitation varies considerably even within the range of courts that call themselves or operate as drug treatment courts.

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**Rehabilitative Indicators**

Indicators of rehabilitation emphasis may include the degree to which all actors (especially defense attorneys and treatment providers) are involved in deciding how to handle cases, both in review sessions and, more visibly, in court; degree to which time and other resources are devoted to multiple needs of participants; degree to which the judge and other actors take a therapeutic as distinct from legalistic view of their roles; number of positive drug tests typically allowed before the court imposes an intermediate sanction (e.g., brief jail stay) or discharges the participant; whether participants who fail the program are later allowed to re-enter, the stringency of re-entry criteria, and the ratio of re-entry offenders to the total offender population. Satel's (1998) observational indicators of drug court dynamics also seem on point. These include, for example, the extent to which judges speak directly to participants, make eye contact with participants, and listen to what participants have to say; the amount of time spent by the judge with each participant; proximity of participants to the bench; and instances of physical contact between judge and participants.

Our hypothesis is that outcomes are more favorable when drug courts place more emphasis on rehabilitation.

**RANKING THE 14 PROGRAMS ON THE FIVE DIMENSIONS**

Ideally, one would record our proposed measures for each site and array the programs according to each dimension. As we have indicated previously, the information available from the different sites was often incomplete, particularly on an individual level. We present here a *very preliminary* ranking of sites on these dimensions. Our rankings are based on information gathered during interviews with program staff, and on reviews of written documentation and protocols.

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**Leverage**

As noted above, *leverage* refers to the nature of the consequences faced by participants if they later fail the program. On this dimension, programs that are pre-plea have less leverage than those that are post-plea. Of the 14 programs, 8 are post-plea only programs--we considered these as having high leverage.[11] In some sites, offenders faced prison terms as an alternative to drug court. In Roanoke, for example, offenders faced prison terms of six months to three years as an alternative to participation in drug court. Four courts are considered "moderate." These moderate programs are the ones that have mixed case types--a combination of pre-plea, post-plea, and/or probation cases. We considered two programs--those that targeted pre-plea offenders only--as having "minimum" leverage.

The rankings are relative within the context of the 14 courts studied. If we consider the set of drug court programs as a whole, and compare them with other sentencing alternatives, a slightly different picture emerges. All drug courts studied exclude violent offenders. Many exclude offenders with drug trafficking or drug dealing charges, or with weapons involvement. In addition, many jurisdictions have diversion programs available for offenders with less serious offenses, drug problems, or prior records, than offenders served by drug courts. Thus, as a whole, drug court participants are not the most likely to face prison sentences (although in some sites they do face prison terms), nor are they the most likely to have their cases dismissed. Overall, leverage appears to be moderate for drug court as a sentencing option.

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[11] We were unable to assess offenders' perceptions of the consequences they faced if discharged, so we do not consider that indicator here.

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**Population Severity**

As indicated earlier, *severity* is based on a distinction between drug courts that target a hardcore population of addicted and persistent offenders (one extreme), as opposed to those that target offenders whose offense history and drug use are light. In our framework, we propose several measures of drug use and criminal involvement. Unfortunately, we were not able to obtain actual data on these measures for the drug courts studied. We based our initial impressions of offense history on eligibility criteria and exclusionary factors; drug usage level was based on the court's criteria for drug use (see Table 5.2). In many instances, offenders with serious prior records were excluded from consideration. In other sites, offenders with current misdemeanor charges were eligible. In virtually all sites, offenders had to demonstrate some degree of drug dependency or abuse. In Birmingham, however, offenders with very minor drug involvement were eligible; in Chicago, youth could be accepted into drug court if they expressed a desire for drug treatment. Dually-diagnosed offenders were often excluded, removing this difficult-to-treat population from eligibility. Based on the information available, most of the drug courts were tentatively rated "moderate" on the population severity dimension. Chicago and Tampa were rated "minimum," based partially on the fact that they were juvenile programs.

**Program Intensity**

*Program intensity* refers to requirements for participating in and completing drug court. Urine testing, court appearances, drug abuse treatment requirement, employment, and payment of fines and/or restitution are all indicators of intensity. Earlier we noted that it is the requirements to which offenders are held--not the actual completion (which may be less than the required intensity)--that defines intensity. We acknowledge that the officially stated protocols that we

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utilized may not accurately reflect the requirements to which many or most participants are held.

Using the frequency of drug court appearances (see Table 5.3), stages of intervention (see Table 5.1), urinalysis testing (see Table 5.4), and the behavioral demands of drug court participants (see Table 5.5), we tentatively ranked the 14 programs on program intensity. Five programs were rated "high," eight were rated "moderate," and one was rated minimum. The minimum ranking was the Chicago drug court, due to very infrequent court appearances before the judge (once or twice) and the relatively light behavioral demands placed upon participants. Atlanta, Brooklyn, Riverside, Roanoke, and Santa Barbara were rated "high" in program intensity, reflecting in large degree the treatment demands placed on offenders, which varied a great deal more across the 14 sites than did stated urinalysis testing protocols, length of drug court programs, or the frequency of appearances before the drug court.

**Predictability**

*Predictability* reflects the degree to which the participants know how the court will respond if they are compliant or non-compliant. As described earlier, measures of predictability include how the court responds to dirty urinalysis tests in terms of the consistency and speed of responses. It is also possible to assess predictability by asking offenders their experiences with rewards and punishments used in the drug court.

Similar to our rankings on other dimensions, information available to us on indicators of predictability was limited. Our preliminary assessment of program predictability was based on responses to items in our site visit protocol that addressed reinforcements, punishments, and sanctions. Sites that indicated they had written protocols for their sanctions, those that indicated they used graduated sanctions, and those that indicated consistent application of sanctions were considered to rank "high" on this dimension. Sites that indicated they had no written

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sanctions and those in which sanctions varied widely were considered to be less predictable. Our preliminary rankings considered six sites as "minimum," five as "moderate," and three as "high." In several instances, sanctions in place during early program implementation were considered inadequate; subsequent program modifications increased the severity and certainty of the sanctions. Application of sanctions requires a difficult balance in drug courts. The courts do not want the sanctions to be so onerous that offenders refuse to participate, nor do they want them so rigid that discretion for an individual offender's situation cannot be accommodated within the therapeutic environment.

**Rehabilitation Emphasis**

Our final dimension is the emphasis placed on *rehabilitation*, as against other court functions, including case processing, and punishment. Our framework considers a number of factors, including how the drug court team works together, responses to dirty urinalysis tests, and interactions between the participant and drug court judge. Unfortunately, we were unable to gather these types of measures. For our preliminary ratings, we utilized information gathered from our site visit protocol on questions regarding the extent to which key actors felt their programs emphasized rehabilitation vs. surveillance.

Almost by definition, drug courts are more than minimally rehabilitative; our rankings reflect this. Programs that stated that they considered themselves strongly rehabilitative were ranked as "high." Those programs that considered themselves a mixture of "the carrot and the stick" were classified as "moderate." Four programs were classified as "high," 10 as "moderate." In many of the programs, the degree of rehabilitative focus varied by role. Not unexpectedly, the district or state's attorney was often the team member most interested in public safety issues--and the least "rehabilitative" in focus.

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In summary, we ranked the participating sites in a preliminary fashion based on information available. Table 6.2 presents the rankings. We ranked pure "post-plea" programs as having the highest leverage; programs that were mixed were ranked as moderate. Population severity was generally considered moderate, given that violent offenders and those with severe mental health issues were excluded. Intensity was determined based on the length and intensity of treatment, urinalysis requirements, and appearances before the court (generally using the first phase of treatment). Predictability was ranked minimum for a number of courts based on observations that sanctions were often not applied consistently and were made often on a case-by-cases basis. Finally, rehabilitation focus was determined based on comments and discussions made during our site visits on the extent to which court members saw their court as surveillance- vs. rehabilitation-oriented.

**Table 6.2**

**Typology of 14 Participating Drug Court Programs**

| *Site* | *Leverage* | *Population Severity* | *Intensity* | *Predict-ability* | *Rehabili-tation* |
|---|---|---|---|---|---|
| Atlanta | moderate | moderate | high | moderate | moderate |
| Birmingham | high | moderate | moderate | moderate | moderate |
| Brooklyn | high | moderate | high | moderate | high |
| Chicago | high | minimum | minimum | moderate | high |
| Kankakee | high | moderate | moderate | moderate | moderate |
| Omaha | high | moderate | moderate | minimum | high |
| Riverside | moderate | moderate | high | high | moderate |
| Roanoke | high | moderate | high | minimum | moderate |
| Sacramento | high | moderate | moderate | high | high |
| San Juan | moderate | moderate | moderate | minimum | moderate |
| Santa Barbara | high | moderate | high | minimum | moderate |
| Spokane | minimum | moderate | moderate | minimum | moderate |
| Tampa | minimum | minimum | moderate | minimum | moderate |
| Tuscaloosa | moderate | moderate | moderate | high | moderate |

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# VII. PROGRAM EVALUABILITY

## ASSESSING EVALUABILITY OF THE 14 DRUG COURTS

The third research task for our evaluation was to assess the "evaluability" of each of the 14 courts for an outcome evaluation. Evaluability would then help researchers design the strongest possible study design for each program in a second phase of research.

Our analysis of the evaluability of each of the 14 sites was based upon information gathered from site visits made to each program by study staff, including program documents and manuals; interviews with Drug Court staff, judges, prosecutors, defense attorneys, and treatment providers; examination of paper and computerized records; and observation of drug court proceedings. In general we found that the strongest design for most sites, given their current data collection activities, would be quasi-experimental and limited to administrative data, and would require a fair amount of on-site abstraction. Table 7.1 summarizes key information relevant for program evaluability.

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**Table 7.1**

**Drug Court Evaluability Questions**

| *Site* | *Current Evaluation* | *Outcomes Being Used* | *Statistics on Completions/ Terminations* | *MIS System* | *Services Received* | *Completion Rates* | *DCPO Elements* |
|---|---|---|---|---|---|---|---|
| Atlanta | None | Attendance at treatment<br>UA results | Yes | Yes (marginal) | Yes | Yes | Most |
| Birmingham | In progress | Number of graduates<br>6-month follow-up on treatment | Yes | Yes | Yes | No | Some |
| Brooklyn | Process/ Impact | Graduation from treatment | Yes | Yes | Yes | Yes | Yes |
| Chicago | None | Number of clients<br>Number of grads<br>Recidivism rates | Yes | None | No | No | No |
| Kankakee | Outcomes/ Process | Grads: drug-free and no recidivism | Yes | Yes (marginal) | Yes | Yes | Most |
| Omaha | Outcomes/ Process | Recidivism | Yes | Yes | No | No | Yes |
| Riverside | Outcomes | Graduation<br>GED<br>Abstinence | Yes | Yes (marginal) | Unknown | Yes | Unknown |
| Roanoke | Process | No positive UA for 6 months | Yes | No | No | No | No |
| Sacramento | Process | Graduation rate | Yes | Yes (marginal) | No | No | Unknown |
| San Juan | Process | Graduation from treatment | Yes | None, but implement-ing one | No | No | No |

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**Table 7.1 (cont'd)**

**Drug Court Evaluability Questions**

| *Site* | *Current Evaluation* | *Outcomes Being Used* | *Statistics on Completions/ Terminations* | *MIS System* | *Services Received* | *Completion Rates* | *DCPO Elements* |
|---|---|---|---|---|---|---|---|
| Santa Barbara | Outcomes | Graduation<br>Recidivism at 12 months | Yes | Yes (marginal) | No | No | Some |
| Spokane | Process/ Outcomes | Recidivism<br>Avoided sentences | Yes | Yes | Yes | Yes | Yes |
| Tampa | Process | Gross process<br>Case flow | Yes | None, but implement-ing one | No | No | Some |
| Tuscaloosa | None | No re-arrest on new charge<br>Program completion | Yes | None | No | No | Some |

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**Table 7.1 (cont'd)**

**Drug Court Evaluability Questions**

| *Site* | *Random Assignment Possible?* | *Best Comparison Groups* | *Data for Comparison Group* | *When Is DC Scheduled to End?* | *DC Clients at Time of Site Visit* |
|---|---|---|---|---|---|
| Atlanta | No | None | N/A | Unclear | 106 |
| Birmingham | Depends on circumstance | Drug-deferred sentencing program | Unknown | Unclear | 380 |
| Brooklyn | No | Offenders in other Brooklyn prosecution zones | CJS data | Unclear | 497 |
| Chicago | No | Drug School people<br>People who are not eligible | Data from nearby police districts | When DCPO funding ends: 9/99 | 77 |
| Kankakee | No | TASC | TASC data | When DCPO funding ends: 12/31/99 | 60 (capacity) |
| Omaha | Uncertain | First offenders on probation | Probation<br>CJ records ineligible cases | DCPO funding through 5/31/2000 | 300 |
| Riverside | No | PC1000<br>Probation<br>Prison diversion | Probation | Unclear | 53 |
| Roanoke | Probably, except for no treatment | DRC<br>Probation<br>IOP<br>IOP with more intense services | DRC<br>Probation | Unclear | 85 |
| Sacramento | Yes, if same outcome | PC1000<br>Probation | Probation | Unclear | 150 |
| San Juan | No | Historical comparison | CJ system Treatment data | OJP 9/30/99 | 150 |

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**Table 7.1 (cont'd)**

**Drug Court Evaluability Questions**

| *Site* | *Random Assignment Possible?* | *Best Comparison Groups* | *Data for Comparison Group* | *When Is DC Scheduled to End?* | *DC Clients at Time of Site Visit* |
|---|---|---|---|---|---|
| Santa Barbara | Yes, under certain circumstances | Probation DC<br>PC1000<br>Short wait list | Unknown | Unclear | 87 (South)<br>121 (North) |
| Spokane | No, too few cases | "Opt-outs" | Recidivism data<br>Costs | CTED Award 6/30/2000 | 103 |
| Tampa | Unclear | Qualified group who chooses not to enter DC | Recidivism data | Unclear | 160 (capacity) |
| Tuscaloosa | Yes | Burglary (clients similar to DC)<br>Diversion programs | Unknown | Unclear | 300 (capacity) |

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**DCPO Guidelines For Drug Court Programs**

Ideally, each drug court would have been able to meet the requirements of process and outcome collection specified in the DCPO "Program Guidelines and Application Information." These include the collection of information on drug court participants (and to the fullest possible extent, non-participants), including demographic characteristics; substance abuse history; vocational and educational status; mental health history; criminal justice history; treatment needs, etc.; measures of program implementation and process, including program intervention received, participation in treatment, motivation, and actual attendance records for each program component; status at completion of drug court; service needs at discharge from program; etc. Programs were strongly urged to design, implement, and maintain an automated database for recording these variables.

In addition, programs were alerted to the requirements of a national evaluation. Drug court programs were instructed to anticipate providing the following additional information for a national evaluator: substance abuse treatment and support services completion rates, counselor ratings of extent of participant attendance and engagement in treatment, program components and improvement over time in life skills acquisition, psychological and emotional functioning, educational and employment status, participant satisfaction with the treatment program, reports of substance abuse, results of urinalysis, date and nature of violations and arrests, positive social adjustment, and engagement in aftercare components and referrals services following completion of the drug court program

Our site visits and analyses revealed that none of the 14 programs had gathered the full range of measures specified by DCPO into a single database for both the drug court and a comparison group of offenders. This is not to say that sites were uninterested in gathering information

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or in evaluation or their drug courts. On the contrary, all were keenly interested in determining whether or not their programs were effective. However, it appeared that a great deal of staff time was devoted to the day-to-day operations, coordination among agencies, provision of services, etc., leaving little time for staff to develop database systems and record a vast array of measures for participants.

Looking across programs, we found that in several sites, no local evaluation of the program had been conducted. In half the sites, no MIS recorded the required data elements; records were maintained only on paper. Nonetheless, our discussions with local drug court staff and other criminal justice actors identified potential comparison groups that might be used for quasi-experimental designs in most of the sites; a few might be able to participate in randomized experiments. The possibility of random assignment appears infrequent due to two major considerations. Unless programs obtain additional funding, many may not be in operation (thus we cannot conduct a prospective study). In addition, many programs are able to handle all available clients, providing little incentive for sites to "deny" the drug court (and assign the person to a control group) to any eligible offender.

**Possible Research Designs**

In terms of classic process and outcomes studies, most sites could offer the following types of data using quasi-experimental evaluation designs.

**Background characteristics.** Often computerized, sometimes paper and pencil screening and/or treatment files, could provide these characteristics for drug court participants; generally, less complete paper and pencil data would be available for comparison groups.

**Process data.** Urinalysis results are generally available and often computerized (particularly if TASC was part of the team); services received have been computerized in about half the sites. In many sites,

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detailed information about treatment participation and activities would need to be gathered from individual treatment program files--not necessarily kept by the drug court itself.

For process measures, virtually all information currently available is official record; no data on participants' self-reported satisfaction, perceptions, or other behaviors are available; information on counselor perceptions is also not available. In general self-reported process variables would need to be collected by the national evaluator--*they are not being collected by the sites.* These measures are necessary for testing theoretical hypotheses about *why* the drug courts may be effective. Without them, we cannot tell why the drug court did or did not produce the effects it desired.

**Outcome data**. All sites are able to report the termination status of drug court participants, although this was not automated at all sites. The most frequently used outcomes are officially-recorded recidivism, gathered from criminal history databases or probation files. Remaining drug free, as measured by negative urine tests, is another commonly used outcome measure. Referral to and completion of programs after drug court termination are not available.

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# VIII. SUMMARY AND CONCLUSIONS

The Drug Courts Program Office (DCPO) provides funding to drug courts for planning, implementation, and enhancement of local drug courts. In 1995 and 1996, 14 programs received DCPO implementation grant funding. These sites were asked to cooperate with a national evaluation funded by the National Institute of Justice (NIJ). This report presents findings on

- program implementation of the drug courts
- a conceptual framework of the 14 drug courts funded by DCPO
- program evaluability for participating jurisdictions[12]

We summarize the findings of each of the major tasks, then discuss evaluation issues within a broader context.

## PROGRAM IMPLEMENTATION

Our analysis of program implementation--the types of models implemented, eligibility requirements, court and treatment requirements, and program implementation difficulties--reads surprising like findings from the surveys conducted by American University and National TASC. These 14 programs are in many ways typical of drug court programs across the county.

To a large degree, the 14 programs meet many of the key components of effective drug court programs. Drug courts integrate alcohol and other drug treatment services with justice system case processing; they use a non-adversarial approach; prosecution and defense counsel promote public safety while protecting due process rights of participants;

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[12] Additionally, the project was to propose a Phase II evaluation plan for each of the 14 sites. Our determination was that most sites could support only limited process and outcomes studies, and that an alternate methodology be employed. Details of this approach can be obtained from the authors.

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eligible offenders are identified early; drug courts provide access to a continuum of alcohol, drug, and other treatment related services; abstinence is monitored by frequent testing; a coordinated strategy governs drug court responses to participants' compliance; and ongoing judicial interaction with each participant is maintained. It appeared that the most difficult component to meet was the monitoring and evaluation for the achievement of program goals and effectiveness. In the 14 sites we examined, this clearly was not implemented to the degree of other key elements.

However, even with the other nine key elements, the 14 sites experienced success in varying degrees. Access to a continuum of alcohol and drug services and other related rehabilitative services was often difficult, reflecting funding issues, as well as close coordination and information flow issues between treatment providers and other drug court staff. Although drug courts may specify protocols and graduated sanctions for non-compliance, in some instances a more individually tailored response is used.

**CONCEPTUAL FRAMEWORK**

Our framework was developed to define structure and process in ways that are measurable and amenable to hypothesis testing. The framework has five dimensions: *leverage, population severity, intensity, predictability,* and *rehabilitation emphasis*. The first two dimensions are structural characteristics of drug court. Leverage refers to the nature of consequences faced by incoming participants if they later fail to meet program requirements and are discharged from drug court. Population severity refers to characteristics of offenders deemed eligible to enter drug court. The other three dimensions are process characteristics. They describe what happens to participants as they proceed through the drug court program. Intensity refers to requirements for participating in and completing drug court. These always include urine testing, court appearances, and drug abuse

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treatment. Predictability reflects the degree to which participants know how the court will respond if they are compliant or noncompliant. Courts with less variability in responses to each positive test are more predictable; participants are more likely to know what will probably happen to them if they test positive once, twice, and so on. The final dimension in our framework is the emphasis placed on rehabilitation as against other court functions, including case processing and punishment.

Other things being equal, we would expect more positive drug court outcomes for drug courts that rank high on indicators of intensity, predictability, rehabilitation, and leverage. The effect of population severity on outcomes most likely depends upon other dimensions of the framework; thus we made no simple hypotheses for this component. We provide examples of these dimensions using the 14 drug courts. Our assessment of the dimensions is tentative, however, since we were not able to gather the data we suggest is needed to fully document each dimension. Our analysis shows variation across sites that might be useful for future analyses of program outcomes.

**"EVALUABILITY" OF THE 14 DRUG COURT PROGRAMS**

Our analysis of the "evaluability" of each of the 14 sites was based upon information gathered from site visits made to each program by study staff that included program documents and manuals; interviews with Drug Court staff, judges, prosecutors, defense attorneys, and treatment providers; examination of paper and computerized records; and observation of drug court proceedings. In general, we found that the strongest design for most sites, given their current data collection activities, would be quasi-experimental and limited to administrative data, and would require a fair amount of on-site abstraction. Many sites did not routinely collect the data items recommended by the DCPO.

The greatest stumbling blocks to traditional evaluation were the lack of integrated management information system and adequate comparison groups. In addition, self-reported information on offender and system

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actor perceptions, necessary for understanding the "black box" of drug court treatment, were not collected by sites.

**TAKING DRUG COURT RESEARCH A STEP FURTHER**

Drug court research is at a crossroads. Available information to date suggests that programs deliver more intensive services with positive outcomes for recidivism and drug use, at least in the short term. However, many of these results come from weak evaluation designs. Conducting additional weak evaluations may add little to our knowledge. Recently, researchers and observers in the field have been calling for more sophisticated research into testing the theory behind how drug courts achieve their results (Harrell 1999), evaluating the treatment component using principals of effective intervention (Johnson, Hubbard, and Latessa 2000), untangling the drug court "package" to determine which components make a difference (Belenko 2000, Marlowe and Festinger 2000; Goldkamp, White, and Robinson 2000), and conducting cost-benefit analyses in a rigorous manner (California Judicial Council 2000). For example, the National Institute on Drug Abuse has recently funded a set of program evaluations to answer questions about specific components of drug court programs. Projects currently underway include a clinical trial of Multi Systemic Therapy for juveniles, the use of vouchers in drug courts, and a randomized design that varies the nature of judicial hearings in five jurisdictions. Johnson, Hubbard, and Latessa (2000) argue that many treatment programs utilized by drug court programs may not be delivering the best treatment to clients. They suggest more attention be paid to the type and quality of treatment services, including the application of the principles of effective intervention.

Central to any future evaluations, however, is the development at each site of a management information system (MIS) that capture the required background, process, and outcome measures important to all research designs. Our study of the 14 drug court programs revealed that many did not have an MIS in place, despite the availability of several

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(e.g., Jacksonville and Buffalo Drug Court MIS, Washington/Baltimore High Intensity Drug Trafficking Area (HIDTA) Treatment Tracking System). It may be that the available systems do not provide full-service drug court management information capability (Mahoney et al. 1998), or the difficulties involved in establishing systems (e.g., costs, coordinating agencies) may be too great for many jurisdictions, particularly smaller ones.

In addition to providing useful information on process and outcome measures, comprehensive MISs have implications for the timeliness of client information-sharing and thus for clients' access to services. Linkages can be more readily made, and referrals more prompt and appropriate, if the drug court's MIS includes data on a full array of client needs and if the assessment tools are suitably rigorous.

The importance of drug court evaluation cannot be overstated. The drug court model has been adopted in a variety of other areas, including mental health, domestic violence, and DUI sentencing. It is imperative that we gain a better understanding of overall impact, theoretical underpinnings, and key components if the drug court model is to be widely disseminated as a successful approach for treating a variety of criminal behaviors and associated illnesses.

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# APPENDIX

## SITE VISIT PROTOCOL

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# DRUG COURT EVALUATION

## SITE VISIT PROTOCOL

NAME OF PROGRAM:_____ START DATE _____

**Note: The Protocol is not intended as a strict structured interview, and you are not required to ask each question verbatim. Likewise, the check marks on the Protocol indicating the prospective respondents to each question are suggestions rather than mandates.**

| Judge | Coordinator | Owner | Tx Provider | Probation | Evaluator | MIS | |
|---|---|---|---|---|---|---|---|
| | ✓ | ✓ | | | | | **Program model**<br>1. At what point(s) in the criminal justice process does the drug court obtain its clients? |
| ✓ | ✓ | ✓ | | | | | **General Program Characteristics**<br>2. How does this program compare (in terms of clients targeted, services offered) with other programs the jurisdiction offers for drug-offending clients (i.e., What is business as usual?, TASC?) |
| | ✓ | ✓ | | | | | 3. What are the stages or phases of intervention? (How long do they last?) |
| | ✓ | ✓ | | | | | 4. Are protocols formalized? (If yes, can we get a copy?) |
| ✓ | ✓ | ✓ | | | | | 5. Who is called to appear in a drug court session (new admits, progress reporters, failures), and what is the order of appearance? |
| | ✓ | ✓ | | | | | 6. Is there a plan or set of guidelines for internal monitoring of drug court program quality? (Probe: Are performance indicators monitored?) |
| | ✓ | | | | | ✓ | **Client eligibility, flow, and characteristics**<br>7. What are the eligibility requirements (and exclusion criteria) for participation? How were these criteria decided upon? |
| | ✓ | | | | | ✓ | 8. By whom are offenders referred to the drug court? |
| | ✓ | | | | | ✓ | 9. How are the offenders screened for eligibility (e.g., What tools are used? Who performs the screening?) |



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| Judge | Coordinator | Owner | Tx Provider | Probation | Evaluator | MIS | |
|---|---|---|---|---|---|---|---|
| ✓ | | | | | | ✓ | 10. What percentage of drug-involved offenders in this jurisdiction are eligible for the drug court? |
| ✓ | | | | | | ✓ | 11. What percentage of drug-involved offenders referred to this drug court end up in the program? |
| | ✓ | ✓ | | | | | 12. How many participants can the program handle at one time? (What is the capacity of the program?) |
| | ✓ | ✓ | | | | | 13. What is the average length of time a participant spends in the drug court program? |
| | | | | | ✓ | ✓ | 14. What are the characteristics of the drug court's participants? (e.g., What are the drugs most commonly used by offenders entering the drug court program?, What are the primary drugs of abuse?)<br><br>Items recommended by DCPO to collect:<br>Demographic characteristics<br>AOD history and current use<br>AOD treatment history<br>Family relationships and social functioning<br>Vocational status<br>Economic status<br>Academic achievement<br>Mental health history (including physical and sexual abuse)<br>Medical history (including HIV risk behaviors)<br>CJ history (crime type, prior record)<br>Attitudes toward treatment, motivation/readiness<br>Initial treatment and support service needs<br>Program interventions received<br>Participation in treatment (e.g., attendance)<br>Program admission and discharge date<br>DC program completion status (e.g., successful) (outcome)<br>CJ status at discharge (e.g., probation) (outcome)<br>Service needs at discharge<br>Discharge referrals initiated by DC |
| | ✓ | ✓ | | | | | **Staffing**<br>15. How many different people (and in what positions) make up the staff that operate the drug court? |

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| Judge | Coordinator | Owner | Tx Provider | Probation | Evaluator | MIS | |
|---|---|---|---|---|---|---|---|
| | ✓ | | ✓ | | | | **Environment/context**<br>16. Are there any policies or laws that affect availability of offenders for diversion through drug courts? |
| | ✓ | | ✓ | | | | 17. Has the drug court program been affected by local treatment or services capacity, local treatment quality, community support for treatment, local detention capacity, the mix of defendants (current charges, criminal and drug-use histories), or local drug use epidemiology? |
| | ✓ | | | | | ✓ | 18. For this fiscal year, what are the different sources of funding for the operation of the drug court (not including treatment and other services), and what proportion of the total funding comes from each source? (Try to obtain budget document). |
| | ✓ | | | | | ✓ | **Funding and costs**<br>19. What are the funding sources for the substance abuse treatment and other services the client receives while in the drug court (e.g., third party payment systems, reliance on grants, philanthropists, nontraditional partners, entitlement and insurance income)?<br>**(Probe: Be sure to ask about volunteers, in-kind contributions, etc.)** |
| | ✓ | ✓ | | | | | 20. Are enough funds available to purchase necessary treatment and other services? What short falls, if any, exist? |
| | ✓ | ✓ | | | | | **21**. What are the disaggregated costs of drug testing, supervision, detention, treatment, and other services? **Can you give me a budget that shows how you break out costs in your reports? Are per client costs available?** |
| | ✓ | ✓ | ✓ | | | | **Provision of treatment and other services**<br>22. What screening and assessment tools are used to determine the severity of drug or alcohol problems and treatment placement? Who performs the assessment? |
| | ✓ | ✓ | ✓ | | | | 23. For what other service needs are offenders screened or assessed (e.g., infectious diseases, illness, literacy, victimization history, education)? What tools are used? Who performs the screening and assessment? |

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| Judge | Coordinator | Owner | Tx Provider | Probation | Evaluator | MIS | |
|---|---|---|---|---|---|---|---|
| | ✓ | ✓ | ✓ | | | | 24. What is the type of substance abuse treatment that is offered? **(Probe: Find out what treatment consists of (e.g., What are the types of providers? How many hours per day/ days per week are spent in treatment? Is the treatment approach different than usual? What are the credentials of the people on staff?)** |
| | ✓ | | | | | | 25. How is a case handled from the time a client enters the drug court program to the time he/she leaves or is discharged? With whom does the responsibility for the client lie? |
| ✓ | ✓ | ✓ | | | | | 26. What are the data that the judge uses to review a client's progress? |
| ✓ | | ✓ | | | ✓ | | **Reinforcements/Punishments / Rewards/Sanctions**<br>27. What are the rewards, and do they vary by action? |
| ✓ | | ✓ | | | ✓ | | 28. What are the sanctions, and do they vary by action? |
| ✓ | | ✓ | | | ✓ | | 29. Who decides when and which sanctions and rewards are used? |
| ✓ | | ✓ | | | ✓ | | 30. What are the time lags between violation or noncompliance and detection and consequence? |
| ✓ | | ✓ | | | ✓ | | 31. How are the expectations for the offender communicated to him/her? |
| ✓ | | ✓ | | | ✓ | | 32. Are graduated sanctions implemented consistently over time and across offenders, or is there a great deal of consideration given to the individual circumstances of the noncompliance event? How specifically does your program define graduated sanctions? |
| ✓ | | ✓ | | | ✓ | | 33. What is the magnitude of the behavioral demands placed on offenders (e.g., How many hours per week are required to perform court requirements? How much does it cost the offender financially, etc.?)? |
| ✓ | | ✓ | | | ✓ | | 34. How realistic/attainable are the behavioral requirements placed on court participants (i.e., Do they require behaviors that are within the offenders current behavioral repertoire, or do they really require the offender to stretch to meet program expectations)? |

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| Judge | Coordinator | Owner | Tx Provider | Probation | Evaluator | MIS | |
|---|---|---|---|---|---|---|---|
| ✓ | | ✓ | ✓ | ✓ | ✓ | | **Intensity**<br>35. On average, how many times during the program does a successful client have contact with:<br>- Judge<br>- Other officers of the court<br>- Treatment providers<br>- Other service providers<br>- Probation |
| ✓ | | ✓ | ✓ | ✓ | ✓ | | 36. On average, how many times during the program does a unsuccessful client have contact with:<br>- Judge<br>- Other officers of the court<br>- Treatment providers<br>- Other service providers<br>- Probation |
| ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | **Philosophy: rehabilitation vs. surveillance**<br>37. What is the program's philosophy about the rehabilitation vs. surveillance function of a drug court? **(Obtain both perspectives: What does the program think? What do site visitors think?)** |
| ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | 38. What proportion of offenders is placed in substance abuse treatment? |
| ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | 39. What proportion of offenders receives social or health services other than substance abuse treatment, among clients who need other services? |
| | | ✓ | | | | ✓ | **Monitoring and supervision**<br>40. How often are offenders tested for drugs and alcohol? What tests are used? On what schedule are offenders tested? Who does the testing? How do testing results come back to the judge? |
| ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | **Linkage and collaboration**<br>41. What is the nature of the collaboration with pretrial services, probation, parole, treatment providers, other social service or health care providers (e.g., medical and mental health) and community agencies? (Are they formal, e.g., through contracts or signed agreements, or informal?) |

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| Judge | Coordinator | Owner | Tx Provider | Probation | Evaluator | MIS | |
|---|---|---|---|---|---|---|---|
| ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | 42. Do the drug court staff and collaborating agencies know when programmatic changes occur in the drug court? How are the agencies kept apprised? |
| ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | 43. Are people and agencies involved with serving the client getting the information they need about the client? Is there information about the client they are not getting? |
| ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | 44. Is the system set up in a way that serves all of the agencies well? If not, what should be changed? |
| ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | 45. Is there an operational management information system, one that allows for rapid retrieval and exchange of information about clients among existing Criminal Justice, public, health, and social service agency systems? If not, are they in the process of developing one or do they have concrete plans for one? |
| ✓ | | | | | | | **Administrative leadership and cooperation**<br>46. Do you belong to the National Association of Drug Court Professionals? |
| ✓ | | | | | | | 47. Have you presented information about your drug court to peers or other audiences? Which ones? |
| ✓ | | | | | | | 48. How often is your program visited? |
| ✓ | | ✓ | | | | | 49. How involved is the judge in making treatment determinations, vs. leaving that decision up to the treatment providers? |
| ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | 50. Who is responsible for coordination among agencies? Management of information? Case management? Monitoring of the program? Determining success of clients? Program reviews? Recommending modifications? |
| ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | 51. How are decisions made about the drug court program? |
| ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | 52. How receptive is the judge to the opinions and input of the providers and other members of the drug court staff? |

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| Judge | Coordinator | Owner | Tx Provider | Probation | Evaluator | MIS | |
|---|---|---|---|---|---|---|---|
| ✓ | | ✓ | | | | | **Program implementation**<br>53. To what extent does the program as implemented conform to the program model and planned procedures? How did procedures change over time (e.g., change in drug test procedures to cut cost or take advantage of new test technologies)? **Why did you decide to run your program as you are now doing? How have things played out?** |
| ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | **Implementation Barriers**<br>54. What aspects of the program were most difficult to implement and why? |
| ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | 55. What bottlenecks, resource problems, program adaptations, organizational characteristics, or other factors facilitated or impeded implementation? |
| ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | 56. What issues still need to be resolved, in your opinion? |
| ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | 57. Based on your experiences, what advice would you give to other jurisdictions and drug courts considering implementation? |
| | | | | | ✓ | | **Evaluability**<br>58. Are there evaluations ongoing? What have they found? (Try and obtain copies of any evaluations.) |
| | | ✓ | | | ✓ | ✓ | 59. What measures of client outcome and program effectiveness is the program using currently? |
| | | ✓ | | | ✓ | ✓ | 60. How is success defined for an offender in this program? What is an effective program? |
| | | ✓ | | | ✓ | ✓ | 61. Does the program keep statistics on program completions and terminations? |
| | | | | | ✓ | ✓ | 62. Are cost of services data and other record-of-service data available at the client-level and for all points of service contact in the program? What is the quality of these data (e.g, routinely gathered? complete? accurately reported and entered?) By what method are the data collected and recorded? |

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| Judge | Coordinator | Owner | Tx Provider | Probation | Evaluator | MIS | |
|---|---|---|---|---|---|---|---|
| | | | | | ✓ | ✓ | 63. What information is available for us to follow and assess a client (whether a "success" or "failure") one year after discharge? 5 years after discharge? |
| | | ✓ | | | ✓ | ✓ | 64. To what extent does the program have the staffing and resource infrastructure (e.g., MIS) to support additional data collection efforts? |
| ✓ | | ✓ | | | ✓ | ✓ | 65. Would the program be willing to use additional or different instruments to screen or assess clients? |
| ✓ | | ✓ | | | ✓ | ✓ | 66. Does the program understand that additional data collection involves some additional complexity and burden for the system? |
| ✓ | | ✓ | | | ✓ | | 67. How feasible would it be to access and utilize client medical, clinic, and criminal justice records in this jurisdiction and locality? |
| ✓ | | ✓ | | | | | 68. How willing would the program be to allow assignment of eligible offenders to different kinds of treatment or services within the program, or to judicial interventions other than the drug court program? |
| | | | | | ✓ | | 69. Where might reasonable comparison groups be found? What is the size of this group? What types of data are available for this group? |
| ✓ | | ✓ | | | ✓ | | 70. What stakeholders would need to be involved at this site during planning and implementation of an outcome evaluation? |
| ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | 71. May we contact you for additional information? |

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