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January 15, 2009

The General Assembly of Virginia
Division of Legislative Automated Systems
910 Capitol Square
General Assembly Building, Suite 660
Richmond, VA 23219

Dear Senators and Delegates:

The Virginia Drug Treatment Court Act (Virginia Code §18.2-254.1) directs the Office of the Executive Secretary of the Supreme Court of Virginia, with the assistance of the state drug treatment court advisory committee, to develop a statewide evaluation model and conduct ongoing evaluations of the effectiveness and efficiency of all local drug treatment courts. Pursuant to the Act, a report of these evaluations is to be submitted annually to the General Assembly. Please find attached the current evaluation report.

If you have any questions regarding this report, please do not hesitate to contact me.

With best wishes, I am

Very truly yours,

KRH

Karl R. Hade

KRH:sk

Enclosure

Program Evaluation of Virginia's Drug Treatment Courts

2008 Report

PREFACE

The Virginia Drug Treatment Court Act (*Code of Virginia* §18.2-254.1; see Appendix A) directs the Office of the Executive Secretary of the Supreme Court of Virginia (OES), in consultation with the state drug treatment court advisory committee, to develop a statewide evaluation model and conduct ongoing evaluations of the effectiveness and efficiency of all local drug treatment courts. The Act further directs the OES to provide the General Assembly with a report of these evaluations each year. This report is prepared for the 2009 General Assembly to fulfill this reporting mandate.

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EXECUTIVE SUMMARY

Legislative attention to the drug treatment court model culminated in the passage of the Virginia Drug Treatment Court Act in 2004, thereby directing the Supreme Court of Virginia to provide administrative oversight for the state's drug treatment court programs. In this capacity, the Supreme Court of Virginia is mandated to oversee an evaluation of all drug treatment courts operated and implemented in Virginia. This report summarizes recent program evaluation findings, in fulfillment of this legislative mandate, as well as future evaluation plans.

Evaluation Activities

Although the evaluation of Virginia's drug treatment courts is an ongoing process, primary tasks completed during this evaluation cycle include:

- Monitoring of data from the Supreme Court of Virginia's web-based drug treatment court database; as well as supporting localities with data collection and data entry requirements;
- Analysis of preliminary performance measures data for select drug treatment courts, utilizing data from this system;
- Development of outcomes methodology and preliminary analysis of outcomes data from the drug treatment court database; and
- Analysis of recidivism data for those exiting drug treatment courts.

Primary Findings to Date

To date, Virginia has formally implemented 29 drug treatment courts utilizing the four different models (adult, juvenile, family, and DUI models[1]). Currently, there are fifteen adult courts, eight juvenile courts, three family courts, and one DUI court operational in Virginia. Data from all of these courts is included in this research, with the exception of the DUI court pending integration of their database with the Virginia Drug Treatment Court database system. In addition, there are currently three planning courts, including Tazewell adult court, Franklin County juvenile court, and Chesterfield DUI drug court, who are seeking approval to operate from the Virginia General Assembly.

Over the course of this evaluation period a total of 1,542 individuals were referred to a Virginia drug treatment court program. Of these, the majority (82%) of individuals were admitted. This evaluation period includes individuals who were referred to a drug treatment program between the dates of July 1, 2007 through June 30, 2008. Of the 1,542 individuals referred to the programs, a total of 1,261 individuals were admitted into a drug court program, and comprise the participant sample for this evaluation.

This report summarizes interim evaluation findings with respect to several primary issues, such as post-program recidivism, within-program outcomes, and drug treatment court performance measures. While it is important to note that the sample size and tracking period at this point are somewhat limited, and interpretations of these findings should be considered cautiously, several interesting findings have emerged which are consistent with prevailing drug treatment court trends. Key findings are summarized below.

[1] This includes Tazewell Adult drug treatment court which is pending approval from the General Assembly.

Outcomes for Participants After Program Participation

Preliminary recidivism analyses provide encouraging results regarding adult drug treatment court participants.

Of adults referred to drug treatment court programs during the evaluation timeframe, Virginia State Police arrest data suggest notable differences between those who participated in the program, either successfully or not, and those who were referred but did not participate. Utilizing an available 6-month tracking period, 12% of drug treatment court participants who successfully completed the program and 11% of those who completed at least some program requirements were rearrested compared to 17% of non-participants. Rearrest rates for both drug offenses and felony offenses were also higher among the referral group. These data suggest that drug treatment court participation may yield important post-program benefits not only for those who successfully complete the program, but also for those who receive some services but may ultimately be terminated. These findings in part are consistent with a recent Joint Legislative Audit and Review Commission (JLARC) study of two Virginia adult drug treatment courts which found that program completers were substantially less likely to be re-arrested within the 18-month period following drug treatment court than a group of non-completers.

The findings from Virginia's statewide drug treatment court evaluation to date, as well as independent examinations of outcome results for two local programs by the JLARC, are consistent with findings from the prevailing evaluation research.

The evaluation findings thus far suggest that Virginia's drug treatment courts are impacting recidivism in positive ways as compared to non-participants. In addition, evidence of short term progress, such as improved employment, education, and health gains, for many successful and unsuccessful participants are emerging. The anticipated benefits of these findings, including decreased reliance on incarceration and enhanced citizen productivity, are consistent with research studies in other states and nationally which suggest positive impacts for drug treatment court participants. The specific benefits to participants in Virginia will be continued to be explored through collection of longitudinal outcomes and cost-benefit reviews.

Outcomes for Participants During Program Participation

During program participation, arrest rates were quite low for both adult and juvenile participants.

During the study period, ten percent of juvenile drug treatment court participants were arrested while in the program, and only 2% of adult participants were arrested during participation. The prevalence of arrests during program delivery appears relatively low and may be a reflection of impact from intensive supervision, treatment, and court attention.

Reviews of drug treatment court participant progress suggest short term progress for adult and juvenile participants in numerous areas, including improved employment.

Participant progress assessments revealed that almost three-quarters of adult participants demonstrated some improvement in employment status (such as securing employment, moving from part-time to full-time, etc.) during at least one interval reviewed. Almost 85% of adult participants, as well as 65% of family and juvenile participants, became or maintained

employment through legal means during the study timeframe. Desirable progress was also noted in over 95% of participants across all models on physical health (e.g., no visits to the emergency room), mental health (e.g., taking psychotropic medications as prescribed) and social support (e.g., majority of close friends do not use drugs). Notably, these findings include both those who completed the program as well as those who terminated unsuccessfully, suggesting strong gains even for participants who do not ultimately achieve graduation. However, completers did demonstrate progress in greater percentages than non-completers in key areas, such as employment and housing levels, suggesting that participants who did not attain progress benchmarks were ultimately terminated from the program.

Drug Treatment Court Performance Measures

Participant profiles suggest that drug treatment court programs are serving a diverse population with significant treatment issues.

Across all models, drug treatment court offenders most often cite alcohol, cocaine powder, cocaine crack, marijuana and heroin as drugs of choice. Most commonly, juvenile and adult participants enter the program as a result of charges related to possession of schedule I or II drugs. With respect to substance abuse history, family drug treatment court participants, who have come to the court's attention due to child abuse/neglect petition, report higher levels of blackouts, overdoses, prior inpatient substance abuse treatment and prior outpatient substance abuse treatment than both adult and juvenile models. Although rates of mental health diagnoses (excluding substance abuse diagnoses) are relatively low (17% or below) across all models, information on this factor may not be complete at this stage.

Differences between the referral population and those who participate may be useful to investigate possible barriers to participation.

In some ways, referred offenders who are not eligible or choose not to participate are quite different from participants. There is a marked difference in the racial composition of the juvenile drug treatment court referrals versus participants, with more Caucasian individuals and far less African-American and Hispanic individuals ultimately participating in the program. In addition, unemployment rates are significantly higher for both adult and juvenile referrals (69% and 92% respectively), as compared to participants (42% and 78% respectively).

Factors related to successful completion of drug treatment court programs are beginning to emerge.

For adult offenders, participants with no prior misdemeanor or felony convictions have a greater likelihood of successfully completing drug treatment court programs. In addition, participants who are employed full-time and have some type of training beyond high school (such as vocational education or college experience) are more likely to complete the program successfully. For juvenile programs, females, Caucasian participants, and individuals with no prior misdemeanor convictions tend to be more successful. Successful participants in the family model are most likely to be female, African-American, and employed full-time.

Virginia Drug Treatment Court programs show consistency with critical standards developed by the Virginia Statewide Drug Treatment Court Advisory Committee, modeled after the National Association of Drug Court Professional's *Ten Key Components*.

Drug treatment courts in Virginia are guided by standards, which have been developed by the Statewide Drug Treatment Court Advisory Committee and modeled after the National Association of Drug Court Professional's *Ten Key Components*. While alignment with the Virginia standards are vitally important to the Virginia drug treatment courts, Virginia drug courts are also aligned with essential nationally recognized standards in the drug treatment court field, for example, use of incentives as a key driver of behavior change and expeditious processing from program referral to acceptance in juvenile courts.

Future Evaluation Plan

In 2009, statewide program evaluation will continue for all four drug treatment court program models, incorporating customized methodologies as appropriate. In general terms, key program evaluation tasks for the upcoming year will include:

- Planning and implementation of continuing outcomes evaluation activities, to include monitoring drug court data collection, collecting supplemental evaluation data, integration of DUI drug court data into the statewide database, and data analysis and reporting;
- Initiating a cost-benefit study to include:
    - Identification of a sample of localities for which a cost-benefit study is feasible (those which are fully operational, at capacity, stable, and demonstrate positive outcomes);
    - Identification of the specific costs and benefits to be measured within each locality and with buy-in from key stakeholders;
    - Identification of required data sources to measure the identified costs and benefits; and
    - Collection and analysis of cost-benefit data.

Generally, findings from credible, published studies suggest that drug treatment courts, on average, do result in substantial cost savings for localities. Nationally, adult drug court regimes produce about $2.21 in benefits for every $1.00 spent in costs (Bhati, Roman, and Chalfin, 2008). Further, a recent draft study completed by JLARC study of two adult drug treatment courts in Virginia found considerable cost savings for participants who successfully completed drug court compared to three comparison groups during the 18-month period after treatment ended, accounting for treatment expenditures.

I. INTRODUCTION AND BACKGROUND

From a national perspective, the movement to create a drug treatment court model was initiated in the late 1980s as a response to increasing numbers of drug-related court cases. These courts have proliferated throughout the United States at a remarkable rate since that time, numbering 2,178 nationwide in mid- 2008 (National Association of Drug Court Professionals [NADCP], 2008). The power and intuitive appeal of the "problem solving court" model is evidenced by the rapid expansion of the model and the growth of other related court programs. At mid-2008, there were 2,178 operational drug treatment court programs across the nation (NADCP, 2008).

Drug treatment courts rely on a collaborative approach to address a complex problem. The collaboration between the court and treatment provider is the center of the drug treatment court program. However, many other groups and individuals, such as probation and law enforcement supervision services, play a vital role in making these programs successful. Many drug treatment court participants struggle with co-occurring mental health disorders, along with a host of other social service needs (Rempel et al, 2003). As a consequence, drug treatment courts often partner with local and state providers to ensure holistic treatment for their clients.

Although the specific design and structure of drug treatment courts is typically developed at the local level, to reflect the unique strengths, circumstances, and capacities of each community, the NADCP and the U.S. Department of Justice's Office of Justice Programs has identified ten standard components (commonly referred to as the *Ten Key Components*) that define model drug treatment courts and offer performance benchmarks to guide program implementation (1997).

Legislative attention to the drug treatment court model culminated in the Drug Treatment Court Act, which was passed by the Virginia General Assembly in 2004. The Act directed the Supreme Court of Virginia to provide administrative oversight for the state's drug treatment court programs, including distribution of funds, technical assistance to local courts, training, and program evaluation. The five specific goals outlined in legislation for Virginia's drug treatment courts include: 1) reducing drug addiction and drug dependency among offenders; 2) reducing recidivism; 3) reducing drug-related court workloads; 4) increasing personal, familial, and societal accountability among offenders; and 5) promoting effective planning and use of resources among criminal justice system and community agencies.

Virginia Drug Treatment Court Models

Consistent with the National Drug Treatment Court movement, drug treatment courts in Virginia have developed locally in response to local needs and they vary accordingly. Generally, adult drug treatment courts have taken two approaches to processing cases: deferred prosecution (diversion) and post-adjudication. In the diversion-type program, the offender enters into a plea agreement with the Commonwealth Attorney, with the requirement that the offender successfully complete the program. After successful completion the charge can be dismissed by the Commonwealth Attorney, with the concurrence of the Court. This approach provides an incentive for the defendant to rehabilitate because conviction and incarceration are contingent upon successful compliance with the rigorous supervision and treatment requirements imposed in the drug treatment court. In the post-adjudication type program, the offender is already on probation for a felony conviction. He or she requests drug treatment court after being charged with violating probation. The violation of probation is typically the continued use of illegal

drugs. If accepted into the drug treatment court the probationer avoids additional incarceration for the probation violation on the condition that he or she successfully complete. In both types of programs, termination from drug treatment court results in incarceration.

Drug treatment courts are most frequently encountered in the adult criminal justice system; however, alternatives to the adult drug treatment court model have also recently been implemented in an effort to address emerging problems in the traditional court system. Examples of common drug treatment court models are described below.

Adult Drug Treatment Courts. Adult drug treatment courts handle misdemeanor or felony cases involving drug-using offenders in circuit court. Overarching goals of the adult model are to reduce recidivism and drug use among drug-abusing participants. In serving this population, the programs utilize a blend of court-ordered supervision, drug testing, treatment services, court appearances, and behavioral sanctions and incentives. Fifteen adult drug treatment court programs are currently operational in Virginia, with program capacities ranging from about 5 to 100 cases. All of the adult drug treatment courts require a minimum of 12 months of participation for program completion, with one requiring as much as 36 months.

Juvenile Drug Treatment Courts. Similar in concept, the juvenile drug treatment courts strive to reduce recidivism and substance use by processing substance-abusing juveniles charged with delinquency in juvenile and domestic relations court. The juvenile model likewise incorporates probation supervision, drug testing, treatment, court appearances, and behavioral sanctions and incentives. Such programs also strive to address issues which are unique to the juvenile population, such as school attendance for the juvenile and parenting skills for the parents/guardians, and the families of these juveniles play a very important role in the drug treatment court process. As with the adult model, the juvenile drug treatment court program (in juvenile and domestic relations court) targets reduced recidivism and substance use as primary outcome. Eight juvenile drug treatment court programs are currently operational in Virginia, with program capacities ranging from 12 to 30 participants. For each of these programs, the average length of participation is between 9 – 12 months.

Family Drug Treatment Courts. Family drug treatment court programs focus on drug-addicted parents who are brought to the attention of the court through child abuse and/or neglect petitions in juvenile and domestic relations court. Unlike criminal court models, family drug treatment court programs work towards the primary goal of providing safe and permanent homes for children by reducing substance use in parents who participate in the program. A supplementary goal is reducing substance use in parents who participate in the program. Family drug treatment courts integrate treatment, drug testing, social services, court appearances, and behavioral sanctions and incentives. Three family drug treatment court programs are currently operational in Virginia, with program capacities ranging from 15-20 families. For each of these programs, the minimum participation time is 12 months.

DUI Drug Treatment Courts. Driving Under the Influence (DUI) drug treatment courts serve hard-core drinking offenders arrested for DUI. The existing DUI drug treatment court provides intensive judicial oversight, community supervision and long-term treatment services for dependent offenders arrested for DUI. The primary goals of the DUI treatment court are to enhance public safety and reduce alcohol/drug use by these offenders in general district court. DUI drug court is mandatory and charges will not be reduced or dismissed upon the successful

completion of the DUI drug court program. The ultimate goal is to address the reoccurrence rate of Driving Under the Influence by promoting substance abuse intervention with immediate judicial sanctions that support addressing the offender's substance abuse problem. There is currently only one DUI drug treatment court operational in Virginia, which does not have a set capacity limit. For this program, the minimum participation time is 12 months. This is the only drug court model that participants in the program are solely responsible for the fees. Fees include a $300 Alcohol Safety Action Program fee for probation, supervision, and monitoring and $100 intervention fee (DUI Education) plus treatment or counseling fees as needed (average of $15-$25 per group).

II. PROJECT APPROACH

The primary purpose of this evaluation is to report data on performance measures and participant outcome data for selected drug treatment courts operational in the Commonwealth of Virginia. Specifically, this evaluation seeks to accomplish the following primary tasks:

- Describe ongoing evaluation efforts, including utilization of Virginia's Drug Treatment Court (VDTC) web-based database;
- Describe drug treatment court referral and participant characteristics;
- Report on drug treatment court performance measures;
- Report on participant compliance rates;
- Utilize progress assessment and compliance data to assess within-program participant outcomes; and
- Collect follow-up data, where applicable, to assess post-program arrest information for both program referrals and participants.

Sources of Data

For this report, a variety of data collection techniques were employed to maximize the depth of the evaluation process. Both qualitative and quantitative data were collected through a variety of methods. Participant-level data were collected for the cohort actively participating in an adult, juvenile, or family drug treatment court between July 1, 2007 and June 30, 2008. Participants from the DUI court model were not directly examined in the current analysis because their data were not captured in the web-based database; however, a separate analysis of the DUI drug treatment court and is available through the Supreme Court of Virginia.

Supreme Court of Virginia Database

In 2006, the Supreme Court of Virginia began an effort to create a foundational web-based database to support statewide drug treatment court evaluation and case management. The goals of the database initiative included creating a standardized data collection mechanism, supporting case management support for local programs, providing a credible data storeroom to support evaluation, establishing common language for drug treatment courts and increasing capacity for statistical reports. In addressing these goals, the database development initiative represented a significant step toward establishing sustainable infrastructure for Virginia's drug treatment court movement. The following accomplishments were achieved in the prior year:

- Deployment of the database at the state level on July 1, 2007. All adult, juvenile, and family drug treatment courts were required to enter case data into this database.
- Development of reporting mechanisms internal to the database useful for localities and at the state level for addressing specific performance indicators;
- Creating and continuously updating a Frequently Asked Questions (FAQ) document that can be viewed on Virginia's Judicial System website;
- Creating and updating a Definitions Grid document that is available through the 'Page Help' screens within the database; and
- Creating reports for the Drug Treatment Court Coordinator to identify data entry problems.

Data collected from this source included referral and participant demographic information; drug and alcohol histories, summarized criminal history information, mental and physical health histories, program compliance information, progress toward goals, program completion type, and program completion dates. In addition, the DUI drug treatment court is mandated to enter data into the Inferno database of Virginia Alcohol Safety Action Program (VASAP). Efforts are underway to establish data sharing between Inferno and the VDTC database for these cases.

To capture the most accurate information, the study sample was restricted to drug treatment court participants who were active on or since July 1, 2007 through June 30, 2008, as well as individuals who were referred to the program, but not admitted, beginning July 1, 2007 through June 30, 2008.[2] In order to capture this sample, all cases with a completion date or a graduation date prior to July 1, 2007 were excluded. Cases with a referral date, accepted date, or assessment date prior to July 1, 2007, with the exception of cases that remain active, are on administrative probation, or have a graduation or completion date after July 1, 2007, were also excluded from the sample. Cases that revealed missing data for key variables (necessary dates, case identification numbers, etc.) or obvious errors in key variables were excluded from the sample.

This process resulted in a cohort of participants including 1,046 adult drug treatment court participants, 176 juvenile drug treatment court participants, and 39 family drug treatment court participants. In this report, data are generally reported separately for each drug treatment court model and, where feasible, data from the adult drug treatment court model is reported separately for diversionary (pre-plea) and post-plea models.

External Sources of Data

Post-program arrest data were retrieved from the Virginia State Police database for those participants in the identified cohort.

Document Reviews

Document review activities further enhanced the data collected. Funding documentation and reports from the Statewide Advisory Committee and subcommittees were reviewed. Where applicable, information from these supplementary sources was integrated into this report.

[2] While the database currently includes over 6,500 records for both past and current drug treatment court participants and referrals (individuals who were referred to the drug treatment court, but were not admitted) across all four models, a great deal of these records were migrated from a previously-existing database and have been confirmed unsuitable for analysis due to numerous interpretational difficulties (e.g., inconsistent definitions, significant missing data for key variables, etc.).

III. VIRGINIA'S DRUG TREATMENT COURTS

Introduction and Background

Virginia's first drug treatment court program, located in Roanoke, was developed in 1995 as a response to escalating numbers of adult drug offenders on court dockets. Since passage of the Drug Treatment Court Act 2004, the Supreme Court of Virginia has provided administrative oversight for the Commonwealth's drug treatment courts. The five specific goals outlined by the Act for Virginia's drug treatment courts included: 1) reducing drug addiction and drug dependency among offenders; 2) reducing recidivism; 3) reducing drug-related court workloads; 4) increasing personal, familial, and societal accountability among offenders; and 5) promoting effective planning and use of resources among criminal justice system and community agencies. The General Assembly currently provides funds to the Supreme Court of Virginia to administer to a total of 14 (10 adult and 4 juvenile) drug treatment court programs in Virginia. Funding sources for all drug treatment courts in Virginia are located Appendix B.

To date, Virginia has formally implemented 29 drug treatment courts utilizing the four different models (adult, juvenile, family, and DUI models[3]). Currently, there are fifteen adult courts, eight juvenile courts, three family courts, and one DUI court operational in Virginia. In addition, there are currently three planning courts, including Tazewell adult court, Franklin County juvenile court, and Chesterfield DUI drug court, who are seeking approval to operate from the Virginia General Assembly. Table 1 summarizes general characteristics of all drug treatment courts, and a map including the locations of each court is provided in Figure 1.

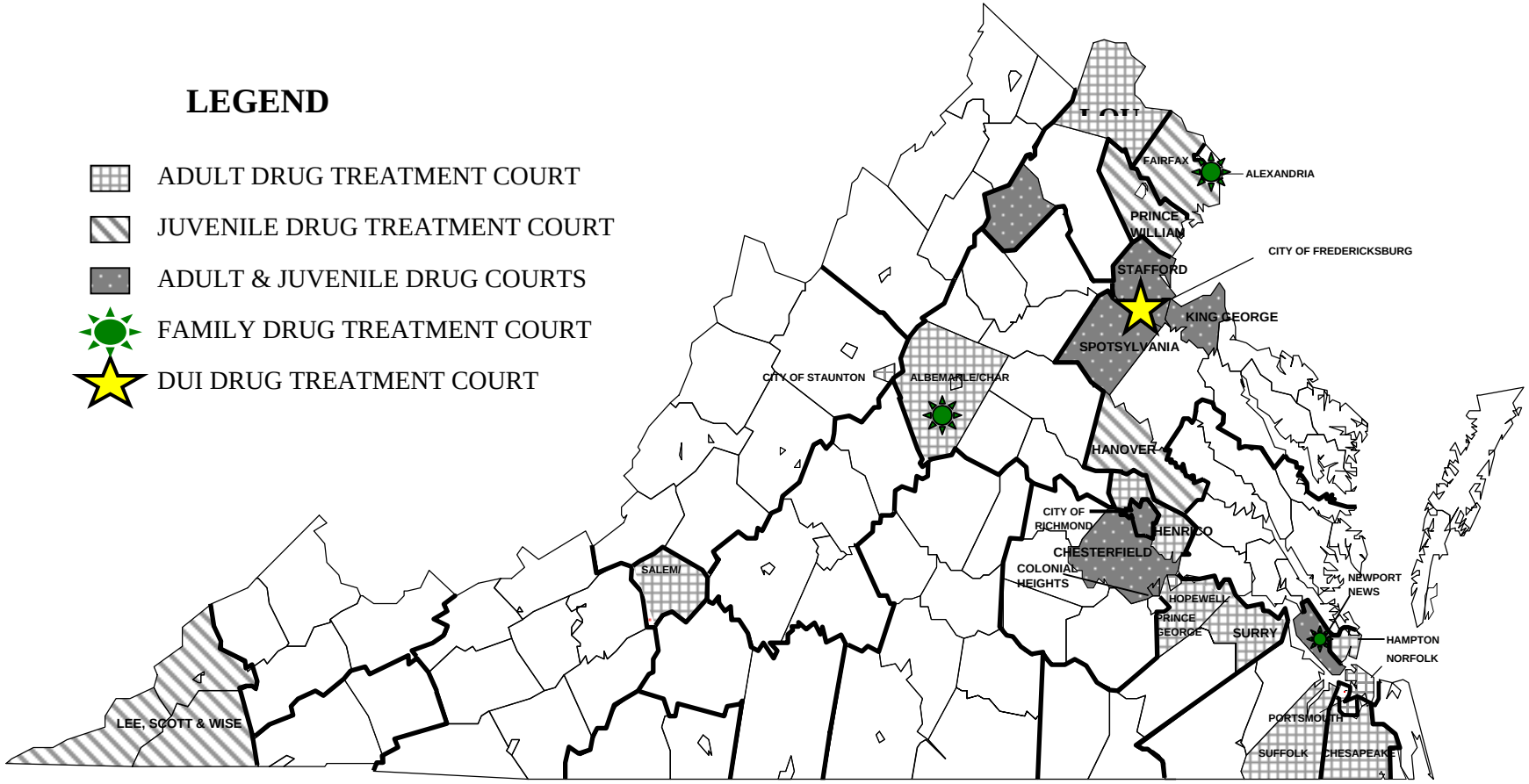
Table 1
General Characteristics of Virginia's Drug Treatment Courts

Locality	Court Model	Date Established	Total Program Capacity	Current Active Enrollment
Charlottesville/Albemarle	Adult	July 1997	50-60	45
Chesapeake	Adult	August 2005	5	9
Chesterfield County/Colonial Heights	Adult	September 2000	65	46
Hampton	Adult	February 2003	60	43
Henrico County	Adult	January 2003	No maximum capacity	42
Hopewell/Prince George County	Adult	September 2002	15-20	16
Loudoun County	Adult	June 2004	20	18
Newport News	Adult	November 1998	55	45
Norfolk	Adult	November 1998	50	39

[3] This includes Tazewell Adult drug treatment court which is pending General Assembly approval.

Table 1 General Characteristics of Virginia's Drug Treatment Courts				
Locality	**Court Model**	**Date Established**	**Total Program Capacity**	**Current Active Enrollment**
Portsmouth	Adult	January 2001	75	32
Rappahannock Regional	Adult	October 1998	75	68
Richmond City	Adult	March 1998	75-100	51
Roanoke City/Salem City/Roanoke County	Adult	September 1995	80	175
Staunton	Adult	July 2002	20	17
Suffolk	Adult	April 2004	40	24
Chesterfield County	Juvenile	January 2003	25	16
Fairfax County	Juvenile	May 2003	12	8
Hanover County	Juvenile	May 2003	15	4
Newport News	Juvenile	March 2002	25	15
Prince William County	Juvenile	February 2004	12	16
Rappahannock Regional	Juvenile	October 1998	20	15
Richmond City	Juvenile	July 1999	14	5
30th District (Lee, Scott, and Wise Counties)	Juvenile	April 2002	At least 20 (no formal capacity)	17
Alexandria	Family	September 2001	15	10
Charlottesville/ Albemarle County	Family	July 2002	15	8
Newport News	Family	July 2006	20	4
Fredericksburg Regional	DUI	1999	300 or more	383

Figure 1
Drug Treatment Court Programs in Virginia



IV. VOLUME OF REFERRED AND INITIATED CASES

The process of referring participants into the drug treatment courts varies by court model but typically involves a formal referral to the program, followed by an assessment of whether or not the referred individual meets the program's eligibility criteria. If deemed eligible, the participant may or may not be willing to participate in the drug treatment court.

Referral Flow

Over the course of this evaluation period a total of 1,542 individuals were referred to a Virginia drug treatment court program. Of these, the majority (82%) of individuals were admitted. During this time period, the adult programs in Virginia reported a total of 1,266 referrals, of which the majority (83%) was admitted. Similarly, the majority of juvenile referrals during this time period were admitted into the juvenile drug treatment court program (75%). Interestingly, 98% of family drug treatment court referrals entered into the program, with only one individual reported as not eligible to participate. It is important to note that referred offenders who are ultimately deemed ineligible do represent a portion of the drug court staff workload.

Figures 2 and 3 portray the referral flow for both adult and juvenile drug treatment courts. Data from the family court model is not presented below as only one participant was referred and deemed ineligible to participate.

Figure 2: Adult Drug Treatment Court Referral Process

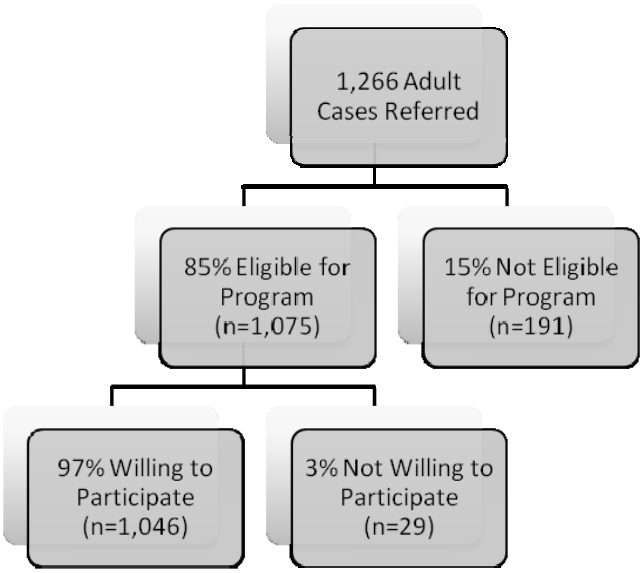
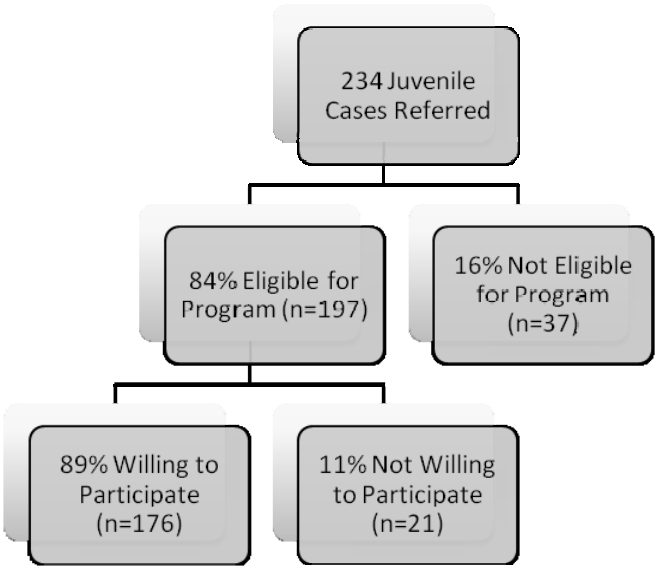


Figure 3: Juvenile Drug Treatment Court Referral Process



Case Volume By Locality

The average number of new participants per locality varied greatly, ranging from five new participants in the family model to over 200 new participants in the adult model. The Drug Treatment Court Act states each local Drug Treatment Court advisory committee establishes its own parameters around capacity, workload, acceptance, as well as incorporating the actual drug court need within the community. On average, the adult courts reported admitting 65 participants over the course of this evaluation period. The juvenile courts reported an average of 22 new participants and the family courts reported an average of 13 new participants. Table 2 portrays the number of referrals not admitted into the drug treatment court program and the number of new participants across drug treatment court programs by locality. Referral data were not maintained in the system by several localities during this time period.

Table 2:
Number of Referrals and New Participants by Locality

	Number of new participants	**Number of referrals not accepted[4]**
Adult drug treatment courts[5]		
Charlottesville/Albemarle	87	--
Chesapeake	12	34
Chesterfield/Colonial Heights	101	12
Rappahannock Regional	123	62
Hampton	40	20
Henrico	76	--
Hopewell	24	--
Loudoun	27	--
Newport News	62	29
Norfolk	75	--
Portsmouth	38	12
Richmond	75	12
Roanoke	223	12
Staunton	32	7
Suffolk	38	18
Juvenile drug treatment courts		
30th District	37	--
Chesterfield/Colonial Heights	24	--
Fairfax	17	8
Rappahannock Regional	31	7
Hanover	13	2
Newport News	14	2
Prince William County	26	26
Richmond	14	15
Family drug treatment courts		
Alexandria	18	--

[4] These data were extracted from available data in the drug treatment court database. Several drug treatment courts had not entered this information at the time the data were extracted for this analysis.

[5] Additional data include 13 new participants and 2 new referrals to the Tazewell Adult Drug Treatment Court program while they are pending General Assembly approval.

Charlottesville/Albemarle	16	1
Newport News	5	--

Case volume data reveal that:

- In both the adult and juvenile drug treatment court models, the eligibility rate is nearly equivalent, with approximately 15% of all referred individuals being deemed ineligible for the drug treatment court program.
- The participation rate among those found eligible to participate, however, is different between the two models, with juvenile offenders being much less likely to agree to participate in the drug treatment court when compared to adults.

Ineligible Cases and Declined Participation

Referred individuals who are not enrolled into the drug treatment court program are either deemed to be ineligible for the program or unwilling to participate. Participants are most frequently deemed ineligible for the drug treatment court programs for the reasons listed below as reported by drug treatment court staff (see Table 3).

Table 3:
Most Common Reasons for Ineligibility

Reason	Adult (n=169)	Juvenile (n=37)
Did not appear	4%	3%
Dual diagnosis	1%	5%
Non-resident	6%	0%
Not drug dependent	2%	8%
Not suitable	33%	27%
Prosecutor objected	7%	5%
Record of distribution	7%	--
Record of violence/sex/weapons	15%	24%
Parents refused	--	3%
Other	27%	24%

Summary findings suggest that:

- Relatively high percentages of referrals were ultimately deemed unsuitable for both the juvenile and adult drug treatment court programs for a variety of reasons including prescription drug use, transportation concerns, failure to admit to substance abuse, and health and mental health considerations.
- Nearly one-fourth and slightly more than a quarter of all adult and juvenile referrals, respectively, were deemed ineligible due to a criminal record of drug distribution or a record of a violent, sexual, or weapons offense.

If participants are eligible to participate in the drug court program, but choose not to participate, drug court team staff captured the reasons for choosing not to participate. Possible reasons which best describe why participants elected not to participate are shown in Table 4.

Table 4: Reasons for Not Participating, if Eligible		
Reason	**Adult (n=29)**	**Juvenile (n=21)**
Too time consuming	10%	21%
Lack of family support	---	14%
Chose to do jail time	14%	3%
Dislikes rules/structure	19%	21%
Chose alternative treatment	10%	17%
Other	47%	24%

Primary findings for this analysis are summarized below.

- Juveniles were nearly twice as likely as adults to choose not to participate in drug treatment court because it was perceived to be "too time consuming".
- Adults were more than four times as likely as juveniles to choose to do jail time rather than drug treatment court.
- Lack of family support was an important consideration for juveniles but not adults when choosing to participate in drug treatment court.
- High percentages of referrals chose not to participate for undisclosed reasons.

V. REVIEW OF DRUG TREATMENT COURT PERFORMANCE INDICATORS

The literature on drug treatment court performance generally identifies five types of performance indicators which any program should track over time (Rempel, 2005). These include the following:

- Participant profiles;
- Volume;
- Case processing time;
- Retention and graduation rates; and
- Time to graduate.

The participant profile includes information on the individuals such as demographic information, criminal history, and other background information that is useful in determining the nature and severity of participants' problems, the extent to which the drug treatment court is serving the intended population, and the possible need for further services to be included in the drug treatment court program (Rempel, 2005). Identifying the volume of drug treatment courts address the question of whether or not programs are screening, assessing, and enrolling enough participants to sustain the program. This is particularly useful in Virginia, as many courts have reported operating below capacity for some time, and some courts have reported a decrease in the number of referrals into their program.

Research further addresses the immediacy related to beginning substance abuse treatment as soon as possible following the arrest, or case processing time, as a critical performance indicator. Retention rates and graduation rates are also a significant indicator of success, with research stating that higher retention rates indicate success in treatment, as well as future success with substance use and criminal activity (Rempel, 2005). Finally, the amount of time it takes an individual to graduate from the drug treatment court program is a key performance indicator. Each of these five performance indicators will be discussed at length in the following sections.[6]

Participant Profiles

Participant Demographic Information

Local drug treatment courts captured basic demographic information on all drug treatment court participants, including gender, race/ethnicity, and age, along with a wide range of additional descriptive information. Table 5 describes the following patterns:

- Both adult and juvenile courts were more likely to provide services to male participants, although a significant proportion of participants in the adult model are female.
- In the family model, the majority of participants are female.
- In both the adult and juvenile models, participants are most likely to be Caucasian, while in the family model; participants are more likely to be African-American.
- Individuals in other racial categories and of Hispanic origin were unlikely to participate in any of the models.
- The mean age of participants in the adult and family models was 34 and 33, respectively.

[6] Due to the small number of family court cases, only selected analyses have been completed for this court model throughout the remainder of this report. Findings for the family court model are specified, when applicable.

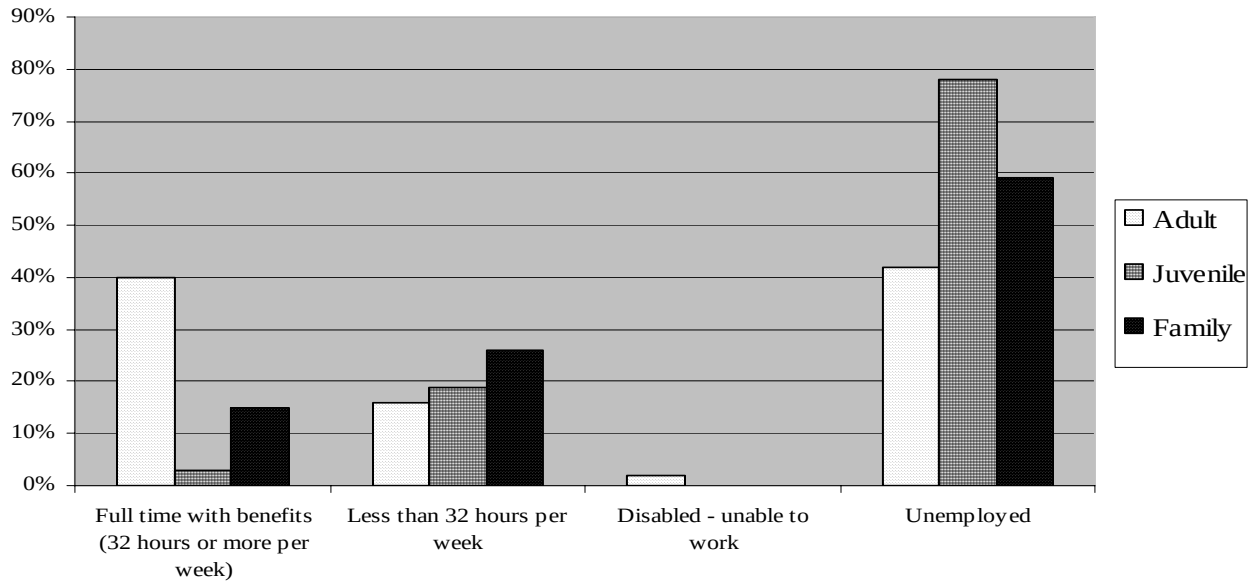
Table 5: Demographic Data for Drug Treatment Court Participants			
	Adult (n=1,046)	**Juvenile (n=176)**	**Family (n=39)**
Gender			
Male	57%	77%	24%
Female	43%	23%	76%
Race/Ethnicity			
Caucasian	55%	73%	27%
African-American	44%	20%	68%
Hispanic	0.3%	4%	5%
Other	0.7%	3%	---
Mean Age	34	16	33

Missing data:
Gender: Adult court - 23 (2%); Juvenile court - 13 (7%); Family court - 1 (3%)
Race/Ethnicity: Adult court – 56 (5%); Juvenile court - 38 (22%); Family court – 2 (5%)
Age: Adult court – 31 (3%); Juvenile court – 21 (12%); Family court – 2 (5%)

Employment Status at Time of Program Entry

At the time of program entry, adult drug treatment court participants were more likely than participants in the other models to be employed full time, either with or without benefits. Across all drug treatment court models, the percentage of participants who were unemployed at the time of program entry was high.

Figure 4: Employment Status at Time of Program Entry



Missing data:
Adult court - 345 (33%); Juvenile court - 54 (31%); Family court - 5 (13%)

Educational Status at Time of Program Entry

At the time of program entry, participants were asked to report on the highest level of education they achieved (see Table 6). As expected, the juvenile population did not include any education level higher than a high school graduate. Interestingly, nearly one fourth of juvenile participants have less than a 9th grade education level. Although the range of educational achievements was considerable across participants in all drug treatment court models, the following generalizations can be made:

- Participants in the adult drug treatment court models tend to have higher educational levels than participants in the other models, with greater proportions reporting college attendance and graduation.
- The typical adult and family drug treatment court participant is a high school graduate, with nearly one-fourth of participants reporting high school graduation.
- A participant in the juvenile drug treatment court model is most likely to be in 10th grade, with nearly half of all participants reporting a 10th grade level.

Table 6:
Educational Status at Time of Program Entry

Educational Level	Adult (n=810)	Juvenile (n=116)	Family (n=30)
Less than 9th grade	5%	23%	3%
9th grade	<1%	3%	---
10th grade	13%	43%	20%
11th grade	6%	17%	17%
12th grade	11%	4%	3%
GED	13%	9%	13%
High school graduate	23%	1%	23%
Vocational training	6%	---	7%
Post-bachelor's education, college or degree	22%	----	13%

Missing data:
Adult court - 236 (22%); Juvenile court - 60 (34%); Family court – 9 (23%)

Marital Status at Time of Program Entry

Upon assessment, participants are asked to report their marital status. Table 7 highlights the marital status of drug treatment court participants at the time of assessment. The findings can be summarized as follows:

- All but one juvenile participant reported being single, a finding which is not surprising given their juvenile status.
- The majority of both adult and family court participants reported being single (never married).
- Approximately one-fourth of adult and family court participants reported being married or divorced.
- Family court participants were more than twice as likely as adult court participants to report being separated but still married.

Table 7: Marital Status at Time of Program Entry			
	Adult (n=794)	**Juvenile (n=123)**	**Family (n=35)**
Single (Never Married)	61%	99%	54%
Married	16%	1%	14%
Divorced	11%	---	9%
Widowed	2%	---	3%
Cohabitating	2%	---	3%
Separated	8%	---	17%

Missing data:
Adult court – 252 (22%); Juvenile court – 53 (30%); Family court – 4 (10%)

Criminal History

Criminal history information was entered into the VDTC database by drug court staff. At the time of the drug treatment court assessment, 43% of adult participants were incarcerated, compared to 37% of juvenile participants and 31% of family participants. Table 8 displays the most frequently cited offenses which brought participants to the attention of the drug treatment court program. Many offenders had more than one instant offense that was reported.[7] Due to the nature of the family drug treatment court, instant offense data was not relevant for this model; however, data from adult and juvenile programs suggest that:

- Significant percentages of both adult and juvenile participants were brought into the drug treatment court program on a possession of a schedule I or II drug charge.
- Juvenile participants were more likely than adult participants to be charged with purchase or possession of alcohol by a minor, drinking in public, assault, grand larceny, petit larceny, or a probation violation.

Table 8: Instant Offense Which Prompted Drug Court Participation		
	Adult (n=414)	**Juvenile (n=89)**
Possession of a schedule I or II drug	61%	46%
Possession of a schedule III or IV drug	0.5%	2%
Possession with intent to sell/manufacture schedule I or II drug	3%	2%
Distribution of a schedule I or II drug	3%	2%
Purchase/possession of alcohol by a minor	--	17%
Drinking in public	--	9%
Assault	0.2%	16%
Forgery/fraud	16%	6%
Grand larceny	11%	15%
Petit larceny	2%	9%
Probation violation	12%	40%
Driving offense	3%	6%
Burglary	1%	4%

[7] Several offenses were reported by only a small percentage of participants, including offenses such as failure to appear in court, resisting arrest, shoplifting, and trespassing. These offenses, as well as other offenses that were only reported by a small number of participants, are captured under the 'other' category.

Contempt of court	--	2%
Disorderly conduct	--	8%
Property damage	0.2%	10%
Obstruction of justice	0.5%	6%
Other	8%	29%

Missing data:
Adult court – 632 (60%); Juvenile court – 87 (49%); Family court – 39 (100%)

Substance Abuse History

Upon admission into the adult, juvenile and family drug treatment court programs, participants are asked to disclose their preferred drugs of choice. Preference for multiple drugs is common among participants across all models and therefore many participants reported more than one drug of choice. As such, these data were analyzed to provide a description of the most commonly cited substances used by participants, rather than simply analyzing one preferred drug of choice. Table 9 portrays the most frequently cited drugs of choice reported by participants across model. This analysis revealed that:

- The majority of participants across all three models report a preference for multiple drugs with alcohol, cocaine crack, and marijuana as the top three preferred drugs.
- The majority of participants across all three models report alcohol and marijuana as a preferred drug of choice.
- Half of the adult and family court participants reported cocaine crack as a preferred drug, with nearly half of juvenile participants reporting in this manner.
- Adult and family participants are twice as likely to report cocaine powder as a preferred drug when compared to juvenile participants.
- Benzodiazepine, heroin, and ecstasy are reported as preferred drugs more frequently in the family court program.

Table 9:
Percentage of Participants Reporting Primary Drug of Choice by Drug Treatment Court Model

	Adult (n=586)	**Juvenile (n=91)**	**Family (n=14)**
Alcohol	68%	58%	64%
Amphetamine	3%	2%	7%
Barbiturate	1%	--	7%
Benzodiazepine	13%	13%	36%
Cocaine Powder	54%	22%	43%
Cocaine Crack	50%	40%	50%
Ecstasy	4%	1%	14%
Hallucinogen	3%	7%	7%
Hashish	5%	2%	7%
Heroin	23%	19%	36%
Inhalant	0.6%	2%	--
Ketamine (Special K)	0.5%	1%	--
LSD	7%	8%	7%
Marijuana	69%	71%	71%

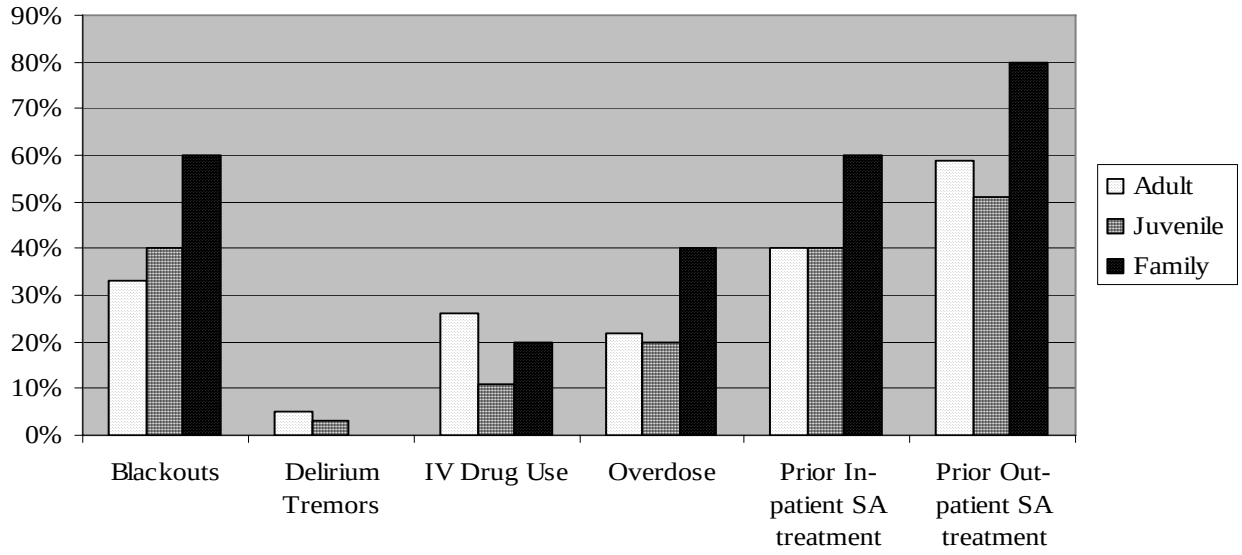
Methadone	--	7%	--
Methamphetamine	7%	5%	7%
Mushrooms	5%	5%	7%
Opiate	11%	11%	7%
Over the Counter	3%	1%	7%
Oxycontin	5%	9%	14%
PCP	1%	2%	--
Prescription	6%	4%	7%
Sedative	--	1%	--

Missing data:
Adult court – 460 (44%); Juvenile court – 85 (48%); Family court – 25 (64%)

Upon assessment, participants are also asked questions pertaining to their substance abuse history, along with other historical information, as shown in Figure 5. This analysis was based only on data available through the VDTC database, which was entered for less than 20% of cases.

The majority of all participants across all three models report prior outpatient substance abuse treatment, and at least 40% of all participants report prior inpatient substance abuse treatment. The family drug treatment court participants demonstrated a higher rate of both inpatient and outpatient treatment, when compared to the adult and juvenile population. Further, the family drug treatment court participants reported a higher rate of blackouts (60%) when compared to both the adult participants (33%) and juvenile participants (40%).

Figure 5: Prevalence of Participants with Substance Abuse Characteristics



Missing data:
Adult court – 856 (82%); Juvenile court – 141 (80%); Family court – 34 (87%)

Mental Health History

Participants are also assessed for mental health history upon admission into the adult, juvenile, and family drug treatment courts. Mental health history includes any mental health diagnoses

from the Diagnostic and Statistical Manual of Mental Disorders IV (DSM-IV), as well as a series of questions that pertain to issues such as past or current abuse, suicidal thoughts or attempts, and violent thoughts or acts, as well as other mental health issues. As indicated in Table 10, the majority of participants across each model did not have a mental health diagnosis reported, either due to data not entered or no DSM-IV diagnosis. For the remainder of the participants, data were analyzed to determine what mental health diagnoses were reported most frequently for this population.

Table 10:
Percentage of Participants with a Mental Health Diagnosis by Drug Treatment Court Model

	Adult (n = 368)	**Juvenile (n = 67)**	**Family (n = 6)**
Attention Deficit Disorder/Attention Deficit Hyperactivity Disorder	2%	3%	0%
Bipolar Disorder	2%	3%	0%
Depressive Disorders (including Major Depression and Dysthymic Disorder)	5%	6%	0%
PTSD	2%	1%	0%
Alcohol use/abuse/dependence disorder	30%	27%	33%
Cannabis use/abuse/dependence disorder	33%	42%	17%
Cocaine use/abuse/dependence disorder	51%	48%	83%
Opioid use/abuse/dependence disorder	29%	24%	33%
Poly-substance abuse dependence disorder	16%	9%	0%
Personality disorder	1%	4%	17%

Missing data:
Adult court – 678 (65%); Juvenile court – 109 (62%); Family court – 33 (85%)

For participants with available data:

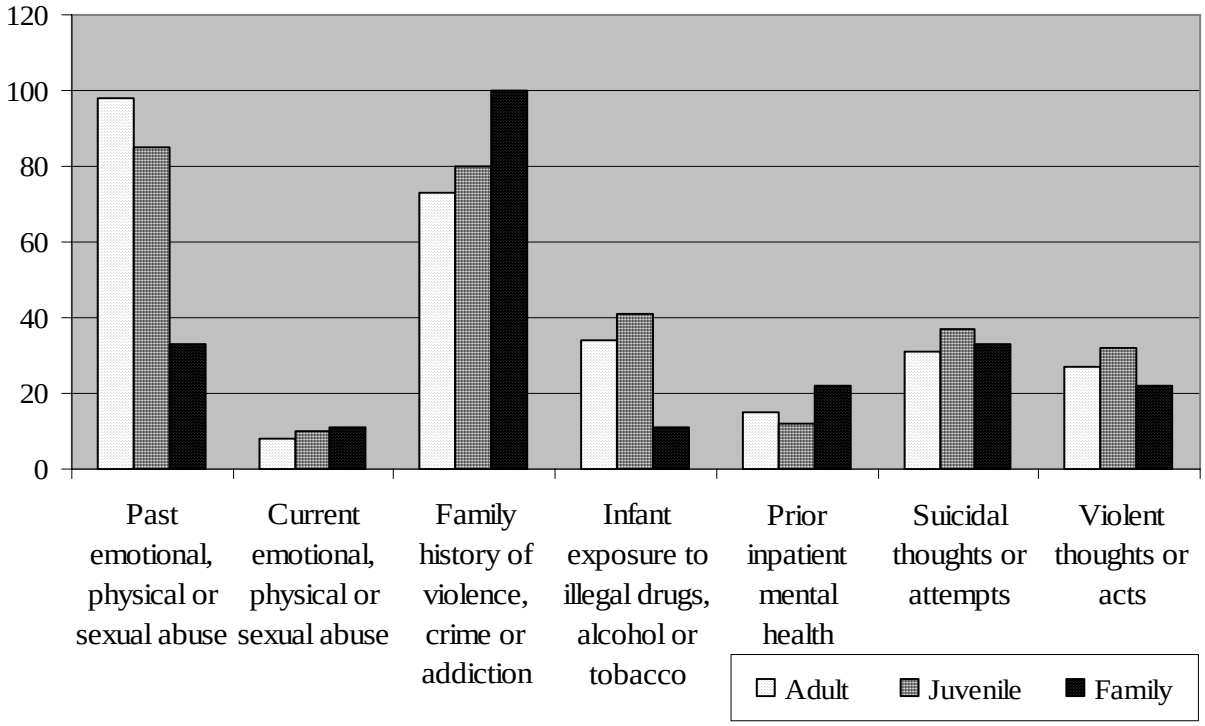
- The majority of participants across all three models demonstrated at least one substance-related DSM diagnosis.
- Alcohol use/abuse/dependence disorders were fairly common across all three models.
- Cannabis use/abuse/dependence disorders were more frequent in the adult and juvenile models.
- Cocaine use/abuse/dependence disorders were significantly more common in the family model than the adult and juvenile models.
- A small percentage of participants across all models demonstrated a personality disorder, with a slightly higher frequency occurring in the family model.

Participants were further asked to respond to a series of questions regarding their mental health history. Twenty-three percent (23%) of both juvenile and family drug treatment court participants reported at least one of the mental health issues reported as shown in Figure 6 below, as compared to 18% of adult participants. Primary findings of this analysis include:

- The majority of all responding participants across all models reported a prior family history of violence, crime or addiction.
- The majority of both adult and juvenile participants reported past emotional, physical or sexual abuse; however, it must be noted that this finding is based on less than 40% of the participants.

- A small number of participants across all models reported infant exposure to illegal drugs, alcohol or tobacco.
- Similarly, a very small number of participants across all models reported prior inpatient mental health treatment, suicidal thoughts or attempts, or violent thoughts or act.

Figure 6: Prevalence of Participants with Mental Health Characteristics



Missing data:
Adult court – 856 (82%); Juvenile court – 135 (77%); Family court – 30 (77%)

Physical Health History

Adult, juvenile and family participants were also asked several assessment questions regarding their physical health. Examples of questions include whether or not the participant suffers from allergies, diabetes, tuberculosis, etc. Available data were analyzed to develop a profile of drug treatment court participants' physical health.

Data were available for less than one-quarter of family participants, which may reflect failure to enter the information or absence of conditions. The majority of participants reported tobacco use (adult 69%; juvenile 85%, family 50%). Further, participants across all models (adult 20%; juvenile 18%; family 17%) reported taking prescription medications. Three percent of adult participants reported being pregnant, compared to 5% of juvenile participants. No family participants reported being pregnant. While no juvenile or family participants reported hepatitis C, 7% of adult participants reported this disease. Other commonly reported physical symptoms across a small number of participants in all three models include allergies, diabetes, vision problems, and hearing problems.

Comparison of Participant and Referral Characteristics

Data were analyzed to compare participants with referred individuals that were never enrolled into the drug treatment court program. While these data provide some insight into the differences between these two groups, caution must be taken when drawing conclusions based on the very limited number of individuals represented. There is no family drug treatment court data represented in this section, as there was only one referral into the family program that was not enrolled.

Demographic Information

Gender, ethnicity, race, marital status, employment status, and education status data were analyzed for both participants in a drug treatment court program, as well as referrals who were not enrolled into the program. Primary findings include:

- Little difference was evident between these groups in regard to gender and marital status.
- There is a significant difference is the racial makeup of the juvenile drug treatment court referrals versus participants, with more Caucasian individuals and far less African-American and Hispanic individuals participating in the program, when compared to the referral population.
- Full time employment rate (40%) is significantly higher for adult participants, as compared to adult referrals (17%).
- Unemployment rates are significantly higher for both adult and juvenile referrals (69% and 92% respectively), as compared to participants (42% and 78% respectively).

Criminal History

Interestingly, the rate of incarceration at the time of assessment is nearly double for both adult and juvenile referrals (81% and 64% respectively) when compared to participants (43% and 37% respectively). Based on the very limited data available for instant offenses, possession with intent to sell or manufacture a schedule I or II drug is significantly higher for the referral population. This finding is consistent with most drug treatment court eligibility criteria.

Substance Abuse History

Based on the available data, there also appears to be few significant differences between the referral population and the participant population with respect to substance abuse history. In general, adult referrals were less likely than adult participants to experience blackouts or intravenous drug use. Similarly, juvenile referrals were less likely than juvenile participants to experience intravenous drug use or have overdosed in the past. The most frequently reported primary drugs of choice include alcohol, cocaine powder, cocaine crack, and marijuana across all groups. Twice the number of both adult and juvenile referrals reported LSD as their primary drug of choice. Finally, adult participants are more likely than referrals to report heroin as their drug of choice, as opposed to juvenile participants, who are less likely than referrals to report heroin as their drug of choice.

Mental Health History

Adult and juvenile participants were less likely to report infant exposure to illegal drugs, alcohol or tobacco as compared to the referral population. Further, less adult referrals reported having

prior inpatient mental health treatment when compared to adult participants, although this percentage is similar across the juvenile population. The juvenile referral population also was more likely to report a history of suicidal thoughts or attempts than the juvenile participants. Finally, both adult and juvenile participants were more likely to report a history of violent thoughts or violent acts when compared to the referral population.

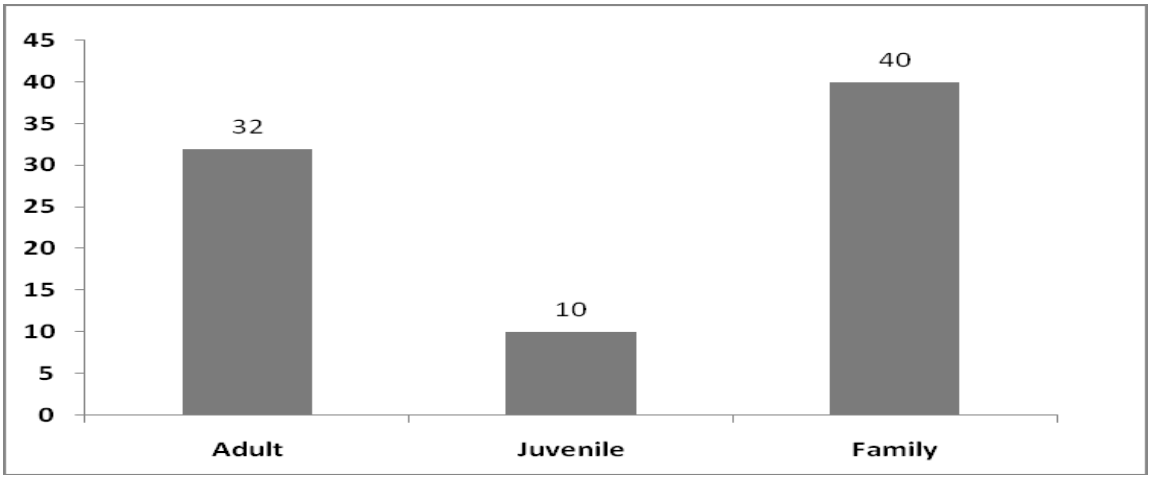
Drug Treatment Court Case Processing Time

Case processing time is also important to examine, as amount of time required to process an individual into the drug treatment court program can be a key measure of that individual's success (Rempel, 2005).

Time to Begin Drug Treatment Court

There is wide variation between court models in the number of days between initial referral to the drug treatment court and date of acceptance into the court as noted below.

Figure 7: Mean Number of Days between Referral and Program Acceptance



Based on these data, it appears that juvenile drug treatment courts are more effective at meeting the immediacy requirement of drug treatment courts, formally accepting participants into their courts approximately three times faster and four times faster than the adult and family courts, respectively.

Length of Time Between Phases

An important question when addressing drug treatment court processing is the length of time it tends to take participants to reach key milestones, such as promotion to program phases. Due to the unique nature of each model, the phases vary greatly both between and within models.

All of the adult drug treatment court programs are divided into three to six phases, depending on the locality. While the requirements of each phase vary greatly depending on the court, there are some common aspects of programming, including urine drug screens, frequent court appearances, attendance and participation in AA/NA meetings, and stable employment or educational training. All of the adult drug treatment courts require group participation throughout the phases. Some of the programs focus primarily on support groups and substance

abuse education, while others offer a wider variety of groups, such as domestic violence support, anger management, gender-specific issues, relapse prevention, moral recognition, and meditation.

Similar to the adult programs, Virginia's juvenile drug treatment court programs are divided into segments, with each defining either three or four distinct program phases. All of the juvenile drug treatment courts place emphasis on either family therapy specifically, or pro-social interactions within the family more generally. In comparison to the adult offender approach, the family's involvement is more prevalent in the juvenile model. In addition, the majority of the courts specifically require individual therapy sessions throughout the program. All of the juvenile drug treatment court programs require court appearances, with the frequency dependent upon the phase, as well as drug screening, attendance at group meetings, and daily school or work attendance, based on an individual's treatment/service plan.

Each family drug treatment court divides its program into three to five phases. The requirements for each phase vary greatly depending on the court; however, some consistent aspects of programming include random drug screens, court appearances, the development and follow-through of an individualized treatment plan, and participation in a self-help group/12-step program. Other aspects of treatment include employment/vocational programming, parenting skills groups, and contact with support agencies, including the Department of Social Services, clinicians, Court Appointed Special Advocates, and Guardian ad Litems.

Finally, the DUI drug treatment court program requires a minimum participation period of 12 months, including a minimum of 4-6 months of active treatment and an additional monitoring period of at least 8 months. Some of the active treatment phase activities include drug education groups, support groups, treatment sessions with a licensed therapist, drug screenings, and monthly DUI drug treatment court review sessions. The monitoring phase includes attendance at community resources groups, face-to-face reviews, DUI drug treatment court monitoring sessions, and alcohol and drug screenings. There is no specified length of time in which participants must remain sober before they are released from the program.

Table 11 presents the mean number of days a participant spends in each phase of the drug treatment court program, which reflects the average number of days to be promoted to the next phase.

Table 11:
Average Days to Progress Through Phases

	Phase 1	**Phase 2**	**Phase 3**	**Phase 4**	**Phase 5**
Adult	134	146	195	134	262
Juvenile	114	153	183	102	105
Family	156	135	126	107	89

It appears to take family drug treatment court participants slightly longer to move through Phase 1, but less time to move through Phases 2 and 3 than participants in the other court models. In addition, juvenile and family drug treatment court participants appear to spend significantly less time in Phase 5 than do adult court participants, which is typically an aftercare phase.

Retention and Graduation Rates

Retention and graduation rates were also examined for the study sample. Higher retention and graduation rates among drug treatment court programs have been shown to impact an individual's success, not only during treatment, but also indicate future success in reducing substance use and criminal activity. It is important to note; however, that some drug treatment court programs may have a lower retention or graduation rate because they work with more difficult populations. For this reason, it would be inaccurate to assume that the programs with the highest retention and graduation rates are more likely to most positively impact the participant (Rempel, 2005).

Program Completion Rates

Completion rates were analyzed by drug treatment court model, as well as by sub-model (diversionary versus post-dispositional) for the adult courts. In Virginia, eight adult drug treatment court programs operate primarily under the diversionary model, whereas the remaining seven programs operate primarily under the post-dispositional model. Table 12 portrays the completion rates across these models.

Table 12:
Program Completion Rates by Court Model

Category	Adult (Diversionary)	Adult (Post-Dispositional)	Juvenile	Family
Total Number of Successful Completers	151	70	40	6
Total Number of Participants Who Withdrew, Died or Were Terminated	133	59	58	12
Successful Completion Rate	***53%***	***54%***	***41%***	***33%***

The two adult models appear to have equivalent completion rates and notably higher completion rates than the juvenile and family court models.

Reasons for Leaving Drug Treatment Court

Drug treatment court participants leave the program unsuccessfully for many different reasons, depending upon the model. Participants are able to withdraw from drug treatment court programs at any point during the program. Further, participants can be terminated from the program based on several different factors, including absconding, excessive relapses, new criminal offenses, repeated minor violations, unsatisfactory performance, or permanency goal was not achieved. The primary reasons for leaving drug treatment court are highlighted in Table 13 below.

Table 13:
Reasons for Leaving Drug Treatment Court Prior to Completion

Reason	Adult (Pre) (n=133)	Adult (Post) (n=59)	Juvenile (n=58)	Family (n=12)
Absconded	21%	24%	19%	---
Excessive relapses	10%	17%	14%	8%

New criminal offense	7%	8%	10%	n/a
Repeated minor violations	2%	8%	12%	n/a
Unsatisfactory performance	36%	22%	21%	42%
Withdrawal from the program	2%	12%	7%	25%
Death	2%	8%	---	---
Other reason (not specified)	20%	2%	17%	17%
Permanency goal not achieved	n/a	n/a	n/a	8%

The most commonly reported reasons for being terminated from drug treatment court for adult and juvenile court participants were absconding and unsatisfactory performance. Among family drug treatment court participants, the most common reason for termination was unsatisfactory performance while in the program.

When Is Termination Most Likely to Happen?

Data were also analyzed to examine any patterns in timeframes related to individuals terminated (non-completers) versus participants who successfully completed the program (completers). For adult drug treatment court programs, the majority of successful participants (90%) complete the program in over a year. Similarly, for the juvenile drug treatment court programs, the majority of successful participants (60%) complete the program in over a year. For family drug treatment court programs, all of the successful participants complete the program in over a year. Analogous findings for the timing of termination for non-completers is shown in Table 14 and summarized below.

Table 14:
Number of Days in Program Prior to Termination

Time in Program	Adult (n = 186)	Juvenile (n = 58)	Family (n = 9)
Less than 30 days	3%	3%	11%
Between 30 days and 3 months	8%	19%	11%
Between 3 months and 6 months	18%	24%	11%
Between 6 months and 1 year	29%	33%	44%
Over a year[8]	43%	21%	22%

- It appears that adult drug treatment court terminations occur more frequently after one year of participation when compared to the juvenile and family court programs;
- Very few terminations occur before the first 30 days in treatment across all models;
- A significant number of terminations occur between 6 months of 1 year of treatment.

[8] For additional information on the relationship between time in program and within-program outcomes, please refer to the "Short-Term Participant Progress During Program Participation" section on page 35.

What Type of Participant is Most Likely to Successfully Complete the Program?

To partially address the question of which type of participant is most likely to successfully complete drug treatment court, data were analyzed across drug court models disaggregated by various demographic and other status traits. Table 15 presents the percentage of participants within each status category who successfully completed drug treatment court by court model.

Among adult court participants:

- Being married, male, African-American, employed full-time, and having vocational training or college experience (some college or college graduation) are associated with greater likelihood of successful completion.

Among juvenile court participants:

- Being female and Caucasian are factors associated with higher degrees of success in the drug treatment court program.

Among family court participants:

- Females, African-American participants, those employed full-time, and those with a high school diploma or equivalent as opposed to those with less than a high school diploma or GED are more likely to successfully complete the program.

Future analyses should address the question of what types of within-program variables might mediate successful program completion when more complete programmatic data are available.

Table 15:
Characteristics Which Relate to Successful Completion of Drug Treatment Court

	Adult	Juvenile	Family
Gender			
Female	35% (n=163)	57% (n=21)	36% (n=14)
Male	52% (n=243)	35% (n=72)	25% (n=4)
Race			
Caucasian	51% (n=162)	53% (n=55)	0% (n=4)
African-American	56% (n=162)	24% (n=17)	50% (n=12)
Marital Status*			
Married	60% (n=62)	n/a**	100% (n=1)
Single	52% (n=212)		29% (n=14)
Divorced	40% (n=37)		0% (n=1)
Employment Status (Entry)			
Full-time	69% (n=108)	n/a	50% (n=2)
Part-time (less than 32 hrs)	18% (n=74)		20% (n=5)
Unemployed	26% (n=86)		30% (n=10)
Educational Level (Entry)			
Less than high school diploma	50% (n=116)		0% (n=4)
High school graduate (GED)	52% (n=119)	n/a	33% (n=9)
Vocational training	81% (n=31)		
Some college	66% (n=38)		
College degree	68% (n=25)		

*Married includes married, living as married, and cohabitating. Single includes widowed and separated.**Shaded spaces reflect inability to calculate percentages due to lack of variance in the data or a status that is not applicable to a particular sub-group.
**There are too few numbers so 33% this reflects percentage with two or more misdemeanor convictions.

Time to Completion

The average number of days that adult participants participate in the drug treatment court program prior to being terminated is 367 (approximately 1 year), compared to an average of 559 days (about 1.5 years) for those who successfully complete the program. The average number of days that juvenile participants participate in the drug treatment court program prior to being terminated is 246 (about 8 months), compared to an average of 346 days (almost 1 year) for those who successfully complete the program. Finally, the average number of days that individuals participate in the family drug treatment court program prior to being terminated is 289 (about 9.5 months), compared to an average of 498 days (about 16 months) for those who successfully complete the program.

The average number of days needed to successfully complete drug treatment court by court model is provided in Table 16 below. Successful participants in post-dispositional adult programs average about two months longer to achieve completion than those in diversionary programs.

Table 16:
Average Number of Days to Successfully Complete Program

Adult (Diversionary)	Adult (Post-Plea)	Juvenile	Family
543	594	346	498

VI. PARTICIPANT OUTCOMES: WITHIN-PROGRAM

In general, participation in drug treatment court, regardless of model, is lengthy. Successful participants traditionally spend no less than 12 months in the program, and often participate for much longer. Because the delivery model is designed for sustained and intensive supervision and treatment over one year or longer, tracking post-program outcomes appropriately for strong conclusions is a multi-year process. For this reason, it is important to assess mid-course outcomes for participants while they are in the program, to the degree possible. This study examined several shorter-term indicators, including program compliance, consequences of sanctions and incentives, within-program sobriety, within-program arrests, and within-program progress towards desired behaviors. Findings for these analyses are provided in the section below.

Compliance with Program Requirements

This evaluation analyzed participants' compliance with all areas of program requirements, including compliance with court hearings, employment, education, curfew, community service, supervision, treatment groups, individual therapy, family therapy, and support groups. Table 17 portrays the compliance percentages across models and separated by participants who successfully completed the program, were terminated from the program, or who voluntarily withdrew from the program.

As expected, participants who successfully completed the program demonstrated more program compliance while active in the program, when compared to both participants who were terminated or who withdrew from the program.

Table 17:
Percentage of Participants who Demonstrated Program Compliance

	Adult	Juvenile	Family
Successful Completers			
Drug screens	100%	99%	100%
Court hearings	100%	100%	100%
Employment	100%	98%	100%
Education	100%	99%	100%
Curfew	100%	99%	100%
Community service	100%	99%	100%
Supervision	100%	100%	100%
Treatment groups	100%	100%	97%
Individual therapy	100%	100%	100%
Family therapy	100%	100%	100%
Support groups	100%	100%	100%
Terminated Participants			
Drug screens	90%	94%	31%
Court hearings	100%	100%	100%
Employment	87%	96%	69%
Education	95%	88%	100%
Curfew	94%	92%	100%

Community service	94%	97%	100%
Supervision	94%	97%	66%
Treatment groups	94%	98%	38%
Individual therapy	97%	97%	76%
Family therapy	100%	99%	100%
Support groups	89%	98%	37%
Withdrawn Participants			
Drug screens	100%	98%	96%
Court hearings	100%	100%	100%
Employment	94%	81%	100%
Education	92%	90%	100%
Curfew	99%	90%	100%
Community service	85%	97%	100%
Supervision	100%	98%	91%
Treatment groups	100%	100%	96%
Individual therapy	100%	100%	100%
Family therapy	100%	100%	100%
Support groups	100%	100%	82%

Application of Sanctions and Incentives

Across all models, a total of 3,899 incentives and 3,538 sanctions were reportedly applied to drug treatment court participants included in this study. Variations by court model are shown in Table 18 and summarized below.

Table 18:
Number of Incentives and Sanctions Given to Drug Treatment Court Participants

	Adult	Juvenile	Family
Total # of incentives	3,196	638	65
Average # of incentives per participant	3.1	3.6	1.7
Total # of sanctions	2,475	970	93
Average # of sanctions per participant	2.4	5.5	2.4

- While the family and juvenile drug treatment courts appear to apply sanctions more frequently than incentives, adult drug treatment courts tend to utilize incentives substantially more frequently than sanctions.
- On average, a participant in an adult drug treatment court receives nearly twice as many incentives as a participant in a family court model, although the average number of sanctions received on average is identical. (The actual number of incentives and sanctions received may be dependent on the phase a given participant is in).
- Participants in the juvenile drug treatment court model were significantly more likely to receive a sanction than participants in the other court models.

Incentives are used in drug court, and in other treatment settings to motivate participant behavior towards pro-social behavior. Incentives provide extrinsic motivation which has been

scientifically shown to increase participant engagement and retention. A growing body of literature demonstrates a direct connection between treatment retention and lower recidivism rates. Incentives are used to shape behavior gradually by rewarding the participant's positive behavior or achievement of a specific target behavior in order to reinforce this positive behavior. Incentives can be a simple as praise from a staff member or the Drug Court Judge, a certificate for completion of a specific milestone of the program, medallions that reward and acknowledge specific lengths of sobriety, etc. The use of sanctions and incentives is firmly grounded in scientific literature and is a key component of drug courts throughout the United States.

Table 19 represents the proportion of the total applied incentives by type, as reported by drug treatment court staff. The table further portrays the most commonly reported reasons for applying incentives for each drug treatment court model. Unfortunately, staff frequently did not explain the reasons for incentives. Because of this limitation, the ability of evaluators to assess all reasons given for applying incentives is limited. With the available data, incentives can be summarized as follows:

Table 19:
Most Commonly Reported Types of Incentives and Common Reasons for Applying Them to Drug Treatment Court Participants

	Adult	Juvenile	Family
Incentives			
Rewards (varies by program)	26%	9%	---
Recognition from judge	9%	12%	12%
Advancement certificate	7%	7%	3%
Medallion	8%	1%	---
Gift cards (nominal value)	31%	44%	46%
Reasons			
Clean days	66%	32%	14%
Exceptional Performance	10%	32%	37%
Compliance	1%	2%	---
Phase Advancement	15%	9%	12%
Significant Accomplishment	2%	12%	3%

- In the adult drug treatment court model, entrance into a drawing represents approximately one-fourth of all applied incentives.
- Across all drug treatment court models, recognition from the judge is the applied incentive in approximately 1 in 10 cases.
- The most commonly applied incentive across all drug treatment courts is a gift card or gift certificate.
- Incentives are applied most frequently in the adult court model when participants stay clean for a required number of days.
- Juvenile court participants are most likely to receive an incentive for staying clean and having exceptional performance while family court participants are most likely to be rewarded for exceptional performance.
- Across all three models, compliance with program requirements is rarely, if ever, rewarded.

Table 20 represents the proportion of sanctions applied by type, as well as the most common reasons for applying sanctions, as reported by drug treatment court staff. Again, staff frequently failed to report the reasons for applying incentives. Because of this limitation, the ability of evaluators to assess all reasons given for applying sanctions is limited. With the available data, sanctions are summarized below.

Table 20:
Most Commonly Reported Types of Sanctions and Common Reasons for Applying Them to Drug Treatment Court Participants

	Adult	Juvenile	Family
Sanctions			
Incarceration	45%	28%	23%
Community service	18%	21%	9%
House arrest	---	12%	---
Increase 12-step attendance	4%	---	---
Personalized sanction	9%	5%	19%
Reasons			
Positive drug test	33%	14%	10%
Missing drug test	10%	3%	19%
Admit use	3%	6%	8%
Continued program non-compliance	4%	10%	13%
Missed treatment	5%	2%	8%

- Nearly half of sanctions applied in the adult court models involved incarceration.
- Incarceration was also used quite frequently in the juvenile and family court models, representing approximately one-fourth of all applied sanctions in those courts.
- Sanctions in the adult and juvenile court models were most commonly applied for a positive drug test.
- In the family court model, sanctions were most commonly applied for missing a drug test.
- Generally, there is a lack of consistency across court models in the reasons for applying both incentives and sanctions.

Within-Program Sobriety

Drug testing data were analyzed to determine how common relapses are while participants are active in the drug treatment court program. Negative drug screens are those in which the participant was found to have used no substances while positive drug screens indicate evidence of use. The adult drug treatment court programs conducted over 81,000 drug tests during the evaluation period, with an average of 78 drug screens per participant. Of these screens, participants in the adult programs averaged a total of 5 positive drug screens while in the program. The juvenile drug treatment court programs conducted far less drug screens than the adult programs, at nearly 12,000 screens over this evaluation period, which is logical given the much smaller number of participants. However, juvenile participants were administered about the same amount of drug screens (average=67) as the adult population per participant. Similarly, the juvenile population averaged a total of 6 positive drug screens while in the program. Finally,

the family drug court programs conducted less than 3,200 drug screens; however, averaged a total number of drug screens per participant of 80, higher than that of both the juvenile and adult programs. Further, the average number of positive drug screens per participant was higher in the family courts (13 per participant) when compared to both the juvenile and adult programs. Clearly, the level of drug testing for participants across all programs is high, suggesting substantial supervision of substance-using behaviors during program participation (see Table 21).

The majority of participants across all three models demonstrated some level of substance relapse while active in the drug treatment court program. While many participants experienced relatively few positive drug screens during participation, there are some participants who had at least 16 positive drug screens, and took as many as 110 drug screens. Both the juvenile and family program only had two participants who tested positive for drug use over 50 times while in the program; however, the adult program had 14 participants who tested positive for drug use over 50 times while in the program. Again, the total volume of participants examined in each model should be considered in interpreting these results.

Table 21:
Average Number of Participants with Positive Drug Screens in Program

Screening Results	Adult (n = 1,046)	Juvenile (n = 176)	Family (n = 39)
No positive drug screens	39%	19%	21%
Between 1 – 3 positive drug screens	31%	35%	21%
Between 4 – 6 positive drug screens	10%	16%	15%
Between 7 – 15 positive drug screens	11%	20%	13%
Between 16 – 25 positive drug screens	3%	6%	18%
Over 25 positive drug screens	5%	4%	13%

Primary findings from this analysis include:

- Adult drug treatment court participants were more likely than juvenile and family participants to demonstrate no positive drug screens through the duration of the program.
- Very few participants across all models demonstrate over 25 positive drug screens, although family court participants were more likely than adult and juvenile participants to exceed this level.
- Across all models, around one-quarter to one-third of participants had between 1 and 6 positive drug screens.

Within-Program Arrests

To assess outcomes consistent with program goals, adult and juvenile drug treatment court team members documented any new arrests that participants experienced while they were active in the program. According to available data, only 24 (2%) adult participants and 17 (10%) juvenile participants were arrested while participating in the drug treatment court (see Table 22). These numbers are fairly low, potentially indicating that the increased supervision requirements are impacting criminal activity.

Juvenile participants who were arrested during program participation were most likely to be arrested during the first six months of treatment. While data are very limited for adult drug

treatment court participants who were arrested in the program, it appears that participants are more likely to be arrested after they have been in treatment for over one year.

Of the participants with documented within-program arrests, half of adult participants and 35% of juvenile participants are still currently active in the program. The majority of juvenile participants who were arrested during participation were later terminated. In contrast, only a small number of adult participants who had documented within-program arrests were terminated from the program, while 42% ultimately completed all drug court program requirements successfully.

Table 22:
Prevalence of Within-Program Arrests By Time of Arrest and Program Status

Timing of Within-Program Arrest**	**Adult (n = 1046)**	**Juvenile (n = 176)**
No arrests while in program	98%	90%
Between acceptance and 6 months	1%	11%
Between 6 months and 12 months	0.6%	3%
Between 12 months and 24 months	2%	2%
Over 24 months	0.1%	--
Program Status	**Adult (n = 24)**	**Juvenile (n = 17)**
Active	50%	35%
Successfully completed	42%	12%
Terminated	8%	53%

** Percentages may not equal 100% because some participants were arrested within multiple time periods.

Short-Term Participant Progress During Program Participation

By design, drug treatment court programs provide services over an extended time period with the intention of creating behavioral changes, thereby creating opportunities for a productive, drug-free life. This approach had marked differences from incarceration models, which remove the offender from society and are generally much more limiting in terms of employment, education, and treatment.

While this evaluation does pursue an examination of post-program outcomes for drug treatment court participants, it is also important to examine shorter-term, within-program outcomes to the extent feasible. This is critically important to provide mid-term findings for programs such as the drug treatment courts, where thorough reviews of program outcomes may require several years due to the combined timeframe of program delivery (1-2 years or more) and participant tracking intervals (ideally, at least one year post-program).

To examine possible gains experienced by participants during drug treatment court participation, drug court staff were asked to document the status of participant progress in selected areas, including employment, education, social support, housing, physical health, mental health, and family relationships. Specific indicators were established by a development team including drug court professionals and evaluators, and then disseminated for ongoing collection by local program staff at five intervals: intake, 6 months post acceptance, 12 months post acceptance, 24 months post acceptance, and termination. By initiating this strategy in FY08, complete data was limited for many active participants who had entered the program prior to July 1, 2007; however,

some level of analysis was feasible for 413 participants (Family = 14, Juvenile = 44, Adult= 355).

Data were analyzed to reflect recorded progress for participants in the key areas noted below. Some indicators represent a combination of possible progress factors, as specified. Figures reflect the percentage of participants who demonstrated progress in at least one observation interval; however, evidence of progress exceeded this benchmark in many cases. Also, it is important to consider that not all participants may require gains in all areas due to their varying functioning levels at intake, or due to developmental stages (e.g., juveniles typically do not have control over housing decisions). In addition, the degree of missing data for each indicator varied somewhat.

Findings in Table 23 below show overall progress by model. Results suggest notable progress in several key areas for all models, including improved employment status and becoming/maintaining employment through legal means. Progress in education is very high for juvenile court offenders, which is consistent with the goals of this model. Social support gains are also strong across all models.

Table 23:
Percentage of Participants Showing Progress by Drug Treatment Court Model

Indicator	Drug Treatment Court Model		
	Adult	**Juvenile**	**Family**
Employment status improved	73.0%	59.1%	50.0%
Became employed or maintained employment through legal means	84.4%	65.9%	64.3%
Completed an education program	16.9%	22.7%	0%
Demonstrated progress in education[9]	35.2%	98.4%	21.3%
Demonstrated progress in social support[10]	97.7%	95.5%	100%
Improved current housing level	52.4%	4.5%	21.4%
Maintained a consistent place of residence without moving more than twice	89.0%	72.7%	78.6%
Demonstrated progress in physical health[11]	97.2%	95.5%	100%
Demonstrated progress in family relationships:			
• Family has attended drug treatment court	52.1%	97.7%	57.1%
• Family is supportive of drug treatment court	90.7%	97.7%	92.9%
Demonstrated progress in mental health[12]	99.1%	97.7%	100%

[9] Reflects one or more of the following: became enrolled in or maintained continuing education, vocational education, or middle school/high school/college; maintained or improved educational attendance; working towards or obtained GED; and maintained regular school attendance without suspensions.

[10] Reflects one or more of the following: majority of acquaintances do not use drugs, majority of close friends do not use drugs, has one or more acquaintance not involved in the criminal justice system, has one or more friends not involved in the criminal justice system, has attended recovery based support groups outside drug court, has participated in community/civic/faith-based activities outside of drug court once per month; and has at least one person outside of drug court supportive of change in lifestyle.

[11] Reflects one of more of the following: had no emergency room visits, maintained a regular health care provider or has identified one to use, engaged in physical activity two times per week; has discontinued smoking; has undergone testing for communicable diseases.

Short-term participant progress was also examined for adult drug treatment court participants only, to consider possible differences between diversionary and post-dispositional models. As shown in Table 24, a few areas showed variation between diversionary and post-plea models. Improved employment status, education progress, and improved housing level were a bit higher for post-dispositional programs as compared to diversionary programs. On the other hand, diversionary programs showed slightly more progress in completing education programs. Both sub-models showed high percentages of participants with progress in mental health, physical health, and social support.

Table 24:
Percentage of Adult Participants Showing Progress by Drug Treatment Court Sub-model (Diversion vs. Post Disposition)[13]

Indicator	Diversionary	Post-Dispositional
Employment status improved	70.0%	83.3%
Became employed or maintained employment through legal means	82.3%	87.2%
Completed an education program	20.2%	5.1%
Demonstrated progress in education	37.5%	75.2%
Demonstrated progress in social support	98.2%	96.2%
Improved current housing level	46.6%	73.1%
Maintained a consistent place of residence without moving more than twice	88.1%	92.3%
Demonstrated progress in physical health	96.8%	98.7%
Demonstrated progress in family relationships: • Family has attended drug treatment court • Family is supportive of drug treatment court	 54.5% 88.8%	 46.2% 97.4%
Demonstrated progress in mental health	98.9%	100%

Additional analyses were conducted to examine progress within the context of treatment length and completion type (completers vs. non-completers/withdrawals). Family drug treatment court participants were excluded from these analyses due to the small number of available cases.

Regarding length of treatment, some indicators, such as progress in mental health and social support, show strong progress across the board. For both adults and juveniles, employment progress is higher for those with longer treatment. Adults also show improvements in housing level and family relationships, associated with longer treatment.

[12] Reflects one or more of the following: has not been hospitalized for mental health issues; seeing a mental health professional or has completed treatment plan; prescribed psychotropic medications; began taking or continued to take psychotropic medications; and has not attempted suicide.
[13] See footnotes 8 through 11 for explanation of terms.

Table 25: Percentage of Participants Showing Progress by Length of Treatment and Drug Treatment Court Model[14]				
Indicator	**Length of treatment**			
	Less than 6 months	**6 months up to 12 months**	**12 -24 months**	**More than 24 months**
Adult				
Employment status improved	19.2%	70.6%	81.3%	83.7%
Became employed or maintained employment through legal means	26.9%	82.6%	91.6%	90.7%
Completed an education program	0%	22.0%	61.0%	16.9%
Demonstrated progress in education	7.7%	30.3%	40.4%	41.9%
Demonstrated progress in social support	84.6%	98.2%	99.4%	100%
Improved current housing level	19.2%	40.4%	62.7%	60.5%
Maintained a consistent place of residence without moving more than twice	65.4%	88.1%	92.8%	95.3%
Demonstrated progress in physical health	92.3%	98.2%	97%	97.7%
Demonstrated progress in family relationships: • Family has attended drug treatment court • Family is supportive of drug treatment court	 38.5% 57.7%	 40.4% 89%	 57.8% 95.2%	 69.8% 97.7%
Demonstrated progress in mental health	100%	100%	100%	93%
Juvenile				
Employment status improved	18.2%	53.8%	83.3%	100%
Became employed or maintained employment through legal means	18.2%	69.2%	88.9%	100%
Completed an education program	10%	20%	60%	10%
Demonstrated progress in education	100%	76.9%	94.4%	100%
Demonstrated progress in social support	100%	92.3%	94.4%	100%
Improved current housing level	0%	0%	0%	100%
Maintained a consistent place of residence without moving more than twice	27.3%	76.9%	94.4%	100%

[14] See footnotes 8 through 11 for explanation of terms.

Demonstrated progress in physical health	100%	84.6%	100%	100%
Demonstrated progress in family relationships: • Family has attended drug treatment court • Family is supportive of drug treatment court	 90.9% 90.9%	 100% 100%	 100% 100%	 100% 100%
Demonstrated progress in mental health	100%	92.3%	100%	100%

Finally, short-term outcomes were examined by completion type, that is, participants who completed the program successfully versus those that terminated unsuccessfully or withdrew. One very interesting finding is the percentage of non-completers who show progress, across most measured indicators, suggesting that program treatment may also be beneficial to participants who ultimately leave the program. Having noted this, completers still show stronger gains than non-completers in most areas, implying that lack of significant progress in key areas does lead to program termination.

Table 26:
Percentage of Participants Showing Progress by Completion Type and Drug Treatment Court Model[15]

Indicator	Completers	Non-Completers or Withdrawals
Adult		
Employment status improved	85.9%	50%
Became employed or maintained employment through legal means	96.5%	59.1%
Completed an education program	28.2%	13.6%
Demonstrated progress in education	44.7%	26.1%
Demonstrated progress in social support	100%	92%
Improved current housing level	64.7%	30.7%
Maintained a consistent place of residence without moving more than twice	97.6%	81.8%
Demonstrated progress in physical health	98.8%	95.5%
Demonstrated progress in family relationships: • Family has attended drug treatment court • Family is supportive of drug treatment court	 69.4% 99.8%	 50.0% 80.7%
Demonstrated progress in mental health	100%	100%
Juvenile		
Employment status improved	77.8%	42.9%

[15] See footnotes 8 through 11 for explanation of terms.

Became employed or maintained employment through legal means	88.9%	47.6%
Completed an education program	22.2%	19.0%
Demonstrated progress in education	100%	90.5%
Demonstrated progress in social support	100%	90.5%
Improved current housing level	11.1%	0%
Maintained a consistent place of residence without moving more than twice	100%	52.4%
Demonstrated progress in physical health	100%	90.5%
Demonstrated progress in family relationships: • Family has attended drug treatment court • Family is supportive of drug treatment court	 100% 100%	 95.2% 95.2%
Demonstrated progress in mental health	100%	95.2%

Also, analyses were performed to summarize progress gains as compared to intake in selected areas. Notable findings are as follows:

- Of 53 participants who had no evidence of desired mental health indicators, all but 1 showed mental health progress in at least two areas at the time of analysis.
- Of 101 participants who had no evidence of desired social support indicators at intake, 97 showed social support progress in at least one area at the time of analysis.
- Of 63 participants that had no evidence of desired physical health indicators at intake, 61 showed physical health progress in at least one area at the time of analysis.
- Of 20 participants who were reported as perpetrators of family violence in the 6 months prior to intake, 4 had not repeated this behavior at the time of analysis.
- Of 15 participants who were reported as victims of family violence in the 6 months prior to intake, 6 had not experienced such victimization at the time of analysis.
- Of 151 participants who had not been employed through legal means for six months at the time of intake, 104 had become employed at the time of analysis.
- Of 74 participants who had moved more than twice in the six month period preceding intake, 52 achieved stability for at least one assessment interval.

VII. PARTICIPANT OUTCOMES: POST-PROGRAM

As a part of this study, outcomes for participants after program completion were examined. In reviewing these findings, it is important to note that the availability of follow-up data were limited because a large portion of the sample were still active participants, and many others had only recently left the program. Consequently, feasible outcomes tracking periods were quite short for some participants. It is recommended that these data continue to be collected in the upcoming year to provide a longer-term perspective on participant outcomes.

Recidivism Data

Recidivism, or reoffending, is an important concept for any evaluation of a criminal justice intervention because it provides a measure of post-program success. There are many different evaluation methodologies for calculating recidivism as well as definitions of recidivism. For instance, researchers have traditionally examined three measures of recidivism, including rearrest, reconviction, and reincarceration rates, and program participants have been followed for periods of time extending from several months to several years after completing an intervention or being released from a correctional facility.

In this study, the type of recidivism analysis completed is constrained by a number of factors. Because many of the individuals in the study sample only recently completed their participation with the drug treatment court, it was not feasible to examine reconviction or reincarceration rates, nor was it feasible to track the study sample for longer than a six-month period of time (as data for longer periods of time were frequently unavailable for participants). Given these constraints, for the purposes of this study, recidivism was measured by examining rearrest data for a six-month period of time following program completion, termination, or referral to the program, respectively. Although examining rearrest data is not without criticisms, as it may be a better indicator of police activity than offending behavior, it is helpful because it provides a sense of the maximum rate of known reoffending that occurs over time.

In an effort to be consistent with prior studies of recidivism by state agencies in Virginia, the analysis includes only rearrests for an offense that involved a new criminal act. The rearrest data utilized in this study, therefore, does not include violations of probation or parole, contempt of court, failure to appear, or traffic (other than those that fall at the felony or misdemeanor level) offenses. Rearrest data were supplied by the Virginia State Police for all drug treatment court participants and referrals included in the study sample. Data are compared for several groups of individuals, including adult drug treatment court completers (Completers), adult drug treatment court participants who were terminated or withdrew from the program (Non-completers), and a comparison group who were referred to an adult drug treatment court but found to be ineligible or eligible but unwilling to participate (Non-participants).

Rearrest Rates at Six Months

Table 27 examines the percentage of individual rearrested for any new offense, any new felony offense, as well as for any new drug offense.

Table 27: Percent of Completers, Non-completers, and Non-participants Rearrested			
	Any New Offense	***A Drug Offense***	***A Felony Offense***
Completers (n=129)	12%	5%	5%
Non-completers (n=81)	11%	4%	5%
Non-participants (n=117)	17%	7%	12%

- There were few differences between the rearrest rates of completers and non-completers during the six months since program participation;
- Non-participants, however, were more likely to be rearrested than both completers and non-completers in the six months following program participation;
- Non-participants were more likely than both completers and non-completers to be rearrested for a drug offense;
- Non-participants were approximately twice as likely to be rearrested for a felony offense than both completers and non-completers; and
- These findings, in part, are consistent with a JLARC study of two Virginia adult drug treatment courts which found that program completers were less likely to be re-arrested within the 18-month period following drug treatment court than a group of non-completers.

Use of program referrals as a comparison group is not without limitations, as these groups may differ in their legal status, drug use histories, or motivation for change. While this comparison group was readily available for preliminary examination, key matching data were often unavailable for the referral population. The identification and collection of data for alternative comparison groups will be pursued in the evaluation activities for the upcoming year, allowing time to pass and enhance the availability of matching and tracking information for participants.

Recidivism Data by Adult Court Model

Table 28 presents six-month rearrest data for Completers and Non-Completers from both diversionary and post-dispositional adult drug treatment courts.

Table 28: Percent Rearrested by Adult Drug Treatment Court Model Type		
	Diversionary Courts (n=227)	**Post-dispositional courts (n=100)**
All participants	15%	9%
Completers	13%	11%
Non-completers	13%	7%
Non-participants	17%	17%

Among completers, those in diversionary courts were slightly more likely to be rearrested within six months after program participation than those in post-dispositional courts. There were no differences in rearrest rates for non-participants between the two court model types, although for non-completers, those in diversionary courts were nearly twice as likely to be rearrested.

VIII. PREPARING FOR COST-BENEFIT ANALYSIS

The premise behind cost-efficiency research is to identify services which provide the most value, or benefits, at the lowest level of expenditures (Belenko, Patapis, and French, 2005). For programs such as drug treatment courts, cost-benefit analyses are most typically conducted after a program has been in place for some time and there is an interest in making it permanent or possibly expanding it (Boardman, Greenberg, Vining, and Weimer, 2006; Rossi et al., 1999). To ensure that cost-benefit results are reasonably meaningful, it is also important to consider the total number of participants or observations available to analyze. Outcomes or benefit information should be collected on a sufficient number of participants to provide an adequate sample for drawing conclusions. By selecting programs with sufficient maturity, this consideration is often satisfied. Finally, cost-benefit analyses are most appropriately used as an extension of impact evaluation, and are not an appropriate use of resources if effectiveness has not been demonstrated (Rossi et al., 1999).

Conducting the Cost-Benefit Study

To conduct a cost-benefit study for Virginia's drug treatment courts, evaluators will follow guidance on primary steps recommended by the Urban Institute (Lawrence and Mears, 2006), as well as input previously provided by the Evaluation Subcommittee of the Virginia Drug Treatment Court Advisory Committee. The primary, and likely most important, steps in this process will include a determination of the specific costs and benefits to be measured and how this will be achieved.

Costs

The primary costs of operating drug treatment court programs will be estimated for FY2009 for fully implemented programs with steady caseloads. Because the key evaluation question concerns the costs of continuing operations, start-up costs will be excluded from this analysis. The total costs for this year of operation will be calculated as the difference in costs between the drug treatment court docket and the standard docket. Program cost categories may include the following – program expenditures (staff salaries, fringe benefits, facilities, materials, supplies, equipment, contractual services for treatment, and drug testing costs); court expenditures (docket costs for hearings for program participants; costs of issuing warrants; and miscellaneous costs); and below-market expenditures (in-kind costs of detoxification and jail space for sanctions).

The costs noted above will include aggregated incremental costs; per program participant incremental costs; and, because the duration of participation varies widely across programs and defendants, incremental costs per participant per day of operation. With this information, evaluators will be able to calculate a cost per participant and a cost per participant per day. It is extremely important to recognize that per-day and per-participant costs of the drug treatment court and standard docket could be dependent on several factors, including the number of participants, program duration, treatment modalities available, intensity of judicial oversight, and program compliance. Additionally, it should be remembered that characteristics of the standard docket, which provides the "baseline" court costs, must also be considered when determining incremental costs. Other influences on program costs include the prevalence of drug use and drug use patterns among the targeted population, which shape the amount and type of treatment

required, the extent to which community-based alternatives are available and used, and the intensity and consistency of judicial oversight.

Benefits

The benefits analysis will focus primarily on estimating benefits (costs averted) due to a decrease in criminal activity among drug-involved offenders. Benefits in this category are measured by a decrease in the number of crimes committed by defendants in the drug treatment court programs as compared with defendants on the standard docket. These benefits are measured in terms of cost savings resulting from crimes not committed, referred to as "costs of averted crimes." In order to capture the net benefit from each crime averted due to drug treatment court participation, the costs associated with various types of crimes need to be estimated. For this type of analysis, the primary benefits from averting crime generally are broken down into three areas:

- The commission of a crime (costs associated with victimization such as medical care, mental health expenditure, police response, etc.)
- The arrest for a crime (criminal justice system processing including investigation and arrest, booking, pretrial jail, screening, court costs) and
- Penalties associated with a crime (incarceration and probation)

Additional Federal Funds to the State for DUI Drug Courts

The National Highway Traffic Safety Administration (NHTSA) amended the regulation that implements 23 U.S.C. Section 410, under which States can receive incentive grants for alcohol-impaired driving prevention programs. The final rule implements changes that were made to the Section 410 program by the Safe, Accountable, Flexible, Efficient Transportation Equity Act: A Legacy For Users (SAFETEA–LU). SAFETEA–LU provides States with two alternative means to qualify for a Section 410 grant. The final rule establishes the criteria States must meet and the procedures they must follow to qualify for Section 410 grants including an alcohol rehabilitation or (Driving While Intoxicated) DWI court program, among other things. To qualify for a grant based DWI Court Program criterion, SAFETEA–LU requires a State to demonstrate: a program to refer impaired driving cases to courts that specialize in driving while impaired cases that emphasize the close supervision of high-risk offenders. The rule has been revised to allow the use of a minimum one court for initial compliance, regardless of the fiscal year of the application, a minimum of two courts for the second year of compliance, three courts for third year of compliance, and four courts for the fourth year of compliance. While such efforts are not without cost, the amount of funds available under the Section 410 program has tripled under the current statute, and these funds may be used to cover the costs. Additional DUI drug courts qualify the state for additional 410 grant funds.

Recent Prior Research on the Cost-Benefit of Drug Treatment Courts

Generally, findings from credible, published studies suggest that drug treatment courts, on average, do result in substantial cost savings for localities. Nationally, adult drug court regimes produce about $2.21 in benefits for every $1.00 spent in costs (Bhati, Roman, and Chalfin, 2008). In a study of nine drug treatment courts in the state of California, researchers found that drug court completion produced about $3.50 in benefits for every $1.00 spent, reflecting an

average cost savings per client of approximately $11,000.00 (Carey et al., 2006). In Oregon, a study of one drug treatment court suggested a benefit of $2.63 per $1.00 spent in costs, reflecting a cost savings per client ranging from $6,744.00 to $12,218.00 (Finigan et al., 2006).

A recent study completed by JLARC study of two adult drug treatment courts in Virginia found considerable cost savings for participants who successfully completed drug court compared to three comparison groups during the 18-month period after treatment ended, accounting for treatment expenditures (see Table 29). As indicated, the daily cost of each drug court completer was $14.84 less than each offender who did not complete drug court treatment, $2.43 less than each probationer who completed community-based treatment, and $7.28 less than each jail inmate who completed treatment while incarcerated. The major cost differences between drug court completers and the comparison groups are likely the result of lower jail, arrest, state probation services, and prison expenditures. Drug treatment court non-completers imposed substantially higher costs than other groups because most were automatically sentenced to jail as a result of being terminated from drug treatment court.

Table 29:
Daily Cost Figures For Drug Treatment Court Completers and Comparison Groups (During the 18-month Period After Treatment Ended)[16]

	Drug Court Completers	***Drug Court Non-Completers***	***Probation Completers***	***Jail Completers***
Daily cost including treatment	$11.57	$26.41	$14.00	$18.85

A partial review of previously completed cost-benefit studies in drug court settings reveals many common themes in terms of the types of costs and benefits considered for analysis, but the methodological approaches used to measure the relevant constructs varies widely from study to study. For example, many studies attempt to measure costs related to direct program operations, judges, prosecutors, defense attorneys, other court staff, treatment, and sanctions (i.e., probation and jail time). Nearly all studies define benefits as the cost savings from averted criminal offending, but these costs are also measured differently. Given these principles and practices for cost-benefit analysis, it is clear that many methodological decisions must be determined on a case-by-case basis, in accordance with the needs and characteristics of the program and its stakeholders. With this in mind, strategies for conducting cost-benefit studies of individual localities will be determined with stakeholder input to ensure buy-in and utilization of the research findings.

Sources of Data

Numerous data sources may be relevant for cost-benefit analyses of Virginia drug treatment court programs, such as recidivism and probation officer caseload data (Department of Juvenile Justice and Department of Corrections); recidivism data from the Virginia State Police, jail costs from the Compensation Board; and employment and earning figures from the Virginia Employment Commission. These and other sources will be explored and data accessed as relevant for the study.

[16] Source: Joint Legislative Audit and Review Commission (2008). Mitigating the costs of substance abuse in Virginia. House Document No. 19.

IX. EVALUATION NEXT STEPS

In 2009, statewide program evaluation will continue for all four drug treatment court program models, incorporating customized methodologies as appropriate. In general terms, key program evaluation tasks for the upcoming year will include:

- Planning and implementation of continuing outcomes evaluation activities, to include monitoring drug court data collection, collecting supplemental evaluation data, and data analysis and reporting;
- Acquisition of participant feedback; and
- Initiating a cost-benefit study.

This evaluation plan is grounded in continued utilization of the statewide drug treatment court database. As the database, launched in July 2007, continues maturing in upcoming months, its utility for providing comprehensive and credible statewide evaluation data will be greatly enhanced. Evaluators will conduct ongoing monitoring of collected data to ensure data integrity, identify site compliance concerns, and recommend database enhancements.

In addition to utilizing the database, data from supplemental sources, which will be identified upon consultation with relevant agencies, will also be collected as appropriate. This task will entail communication and collaboration with agency staff, assessment of appropriateness of available data for evaluation purposes, identification of necessary data elements, obtaining necessary approvals, and creating compatible data retrieval formats. The following activities are planned in the upcoming year:

a) Further analysis of what mediating variables (treatment intensity, program compliance, and participant characteristics) impact successful program completion;
b) Collection of post-program participant feedback on the sustainability of within-program gains, such as self-reported substance use, employment, personal goal achievement, and arrests;
c) Continued tracking of drug court participants to provide post-program outcomes, including arrest and conviction data, for 12-month time periods and 18-month time periods for some participants;
d) Identification of a feasible comparison group of non-participants, to examine differences in post-program recidivism; and
e) Cost-benefit analyses to include:
    - Identification of the localities for which a cost-benefit study is feasible with focus on those localities which are fully operational, at or close to program capacity, stable, and produce evidence of positive outcomes for their participants;
    - Identification of the specific costs and benefits to be measured within each locality and with buy-in from key stakeholders;
    - Identification of required data sources to measure the identified costs and benefits; and
    - Collection and analysis of cost-benefit data.

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Appendix A

The Virginia Drug Treatment Court Act

§ 18.2-254.1. Drug Treatment Court Act.

A. This section shall be known and may be cited as the "Drug Treatment Court Act."

B. The General Assembly recognizes that there is a critical need in the Commonwealth for effective treatment programs that reduce the incidence of drug use, drug addiction, family separation due to parental substance abuse, and drug-related crimes. It is the intent of the General Assembly by this section to enhance public safety by facilitating the creation of drug treatment courts as means by which to accomplish this purpose.

C. The goals of drug treatment courts include: (i) reducing drug addiction and drug dependency among offenders; (ii) reducing recidivism; (iii) reducing drug-related court workloads; (iv) increasing personal, familial and societal accountability among offenders; and, (v) promoting effective planning and use of resources among the criminal justice system and community agencies.

D. Drug treatment courts are specialized court dockets within the existing structure of Virginia's court system offering judicial monitoring of intensive treatment and strict supervision of addicts in drug and drug-related cases. Local officials must complete a recognized planning process before establishing a drug treatment court program.

E. Administrative oversight for implementation of the Drug Treatment Court Act shall be conducted by the Supreme Court of Virginia. The Supreme Court of Virginia shall be responsible for (i) providing oversight for the distribution of funds for drug treatment courts; (ii) providing technical assistance to drug treatment courts; (iii) providing training for judges who preside over drug treatment courts; (iv) providing training to the providers of administrative, case management, and treatment services to drug treatment courts; and (v) monitoring the completion of evaluations of the effectiveness and efficiency of drug treatment courts in the Commonwealth.

F. A state drug treatment court advisory committee shall be established to (i) evaluate and recommend standards for the planning and implementation of drug treatment courts; (ii) assist in the evaluation of their effectiveness and efficiency; and (iii) encourage and enhance cooperation among agencies that participate in their planning and implementation. The committee shall be chaired by the Chief Justice of the Supreme Court of Virginia or his designee and shall include a member of the Judicial Conference of Virginia who presides over a drug treatment court; a district court judge; the Executive Secretary or his designee; the directors of the following executive branch agencies: Department of Corrections, Department of Criminal Justice Services, Department of Juvenile Justice, Department of Mental Health, Mental Retardation and Substance Abuse Services, Department of Social Services; a representative of the following entities: a local community-based probation and pretrial services agency, the Commonwealth's Attorney's Association, the Virginia Indigent Defense Commission, the Circuit Court Clerk's Association, the Virginia Sheriff's Association, the Virginia Association of Chiefs of Police, the Commission on VASAP, and two representatives designated by the Virginia Drug Court Association.

G. Each jurisdiction or combination of jurisdictions that intend to establish a drug treatment court or continue the operation of an existing one shall establish a local drug treatment court advisory committee. Jurisdictions that establish separate adult and juvenile drug treatment courts may establish an advisory committee for each such court. Each advisory committee shall ensure quality, efficiency, and fairness in the planning, implementation, and operation of the drug treatment court or courts that serve the jurisdiction or combination of jurisdictions. Advisory committee membership shall include, but shall not be limited to the following people or their designees: (i) the drug treatment court judge; (ii) the attorney for the Commonwealth, or, where applicable, the city or county attorney who has responsibility for the prosecution of misdemeanor offenses; (iii) the public defender or a member of the local criminal defense bar in jurisdictions in which there is no public defender; (iv) the clerk of the court in which the drug treatment court is located; (v) a representative of the Virginia Department of Corrections, or the Department of Juvenile Justice, or both, from the local office which serves the jurisdiction or combination of jurisdictions; (vi) a representative of a local community-based probation and pretrial services agency; (vii) a local law-enforcement officer; (viii) a representative of the Department of Mental Health, Mental Retardation, and Substance Abuse Services or a representative of local drug treatment providers; (ix) the drug court administrator; (x) a representative of the Department of Social Services; (xi) county administrator or city manager; and (xii) any other people selected by the drug treatment court advisory committee.

H. Each local drug treatment court advisory committee shall establish criteria for the eligibility and participation of offenders who have been determined to be addicted to or dependent upon drugs. Subject to the provisions of this section, neither the establishment of a drug treatment court nor anything herein shall be construed as limiting the discretion of the attorney for the Commonwealth to prosecute any criminal case arising therein which he deems advisable to prosecute, except to the extent the participating attorney for the Commonwealth agrees to do so. As defined in § 17.1-805 or 19.2-297.1, adult offenders who have been convicted of a violent criminal offense within the preceding 10 years, or juvenile offenders who previously have been adjudicated not innocent of any such offense within the preceding 10 years, shall not be eligible for participation in any drug treatment court established or continued in operation pursuant to this section.

I. Each drug treatment court advisory committee shall establish policies and procedures for the operation of the court to attain the following goals: (i) effective integration of drug and alcohol treatment services with criminal justice system case processing; (ii) enhanced public safety through intensive offender supervision and drug treatment; (iii) prompt identification and placement of eligible participants; (iv) efficient access to a continuum of alcohol, drug, and related treatment and rehabilitation services; (v) verified participant abstinence through frequent alcohol and other drug testing; (vi) prompt response to participants' noncompliance with program requirements through a coordinated strategy; (vii) ongoing judicial interaction with each drug court participant; (viii) ongoing monitoring and evaluation of program effectiveness and efficiency; (ix) ongoing interdisciplinary education and training in support of program effectiveness and efficiency; and (x) ongoing collaboration among drug treatment courts, public agencies, and community-based organizations to enhance program effectiveness and efficiency.

J. Participation by an offender in a drug treatment court shall be voluntary and made pursuant only to a written agreement entered into by and between the offender and the Commonwealth with the concurrence of the court.

K. Nothing in this section shall preclude the establishment of substance abuse treatment programs and services pursuant to the deferred judgment provisions of § 18.2-251.

L. Each offender shall contribute to the cost of the substance abuse treatment he receives while participating in a drug treatment court pursuant to guidelines developed by the drug treatment court advisory committee.

M. Nothing contained in this section shall confer a right or an expectation of a right to treatment for an offender or be construed as requiring a local drug treatment court advisory committee to accept for participation every offender.

N. The Office of the Executive Secretary shall, with the assistance of the state drug treatment court advisory committee, develop a statewide evaluation model and conduct ongoing evaluations of the effectiveness and efficiency of all local drug treatment courts. A report of these evaluations shall be submitted to the General Assembly by December 1 of each year. Each local drug treatment court advisory committee shall submit evaluative reports to the Office of the Executive Secretary as requested.

O. Notwithstanding any other provision of this section, no drug treatment court shall be established subsequent to March 1, 2004, unless the jurisdiction or jurisdictions intending or proposing to establish such court have been specifically granted permission under the Code of Virginia to establish such court. The provisions of this subsection shall not apply to any drug treatment court established on or before March 1, 2004, and operational as of July 1, 2004.

P. Subject to the requirements and conditions established by the state Drug Treatment Court Advisory Committee, there shall be established a drug treatment court in the following jurisdictions: the City of Chesapeake and the City of Newport News.

(2004, c. 1004; 2005, cc. 519, 602; 2006, cc. 175, 341; 2007, c. 133.)

Appendix B

Sources of Funding in Virginia's Drug Treatment Courts by Locality

Sources of Funding in Virginia's Drug Treatment Courts by Locality						
	State Funds	**Federal Funds**	**Local Funds**	**Participant Fees**	**Existing Agency Funds**	**Private Foundation Funds**
Adult Drug Treatment Courts						
Charlottesville/Albemarle	61%		39%			
Chesapeake		90%	10%			
Chesterfield County	27%	52%	16%	5%		
Hampton	95%		4.5%	.5%		
Henrico County	65%		33%	2%		
Hopewell/Prince George			100%			
Loudoun County			100%			
Newport News	63%		37			
Norfolk	66%		29%	5%		
Portsmouth	95%					5%
Rappahannock Regional	45%		55%			
Richmond City	70%	10%	20%			
Roanoke City/Salem City	100%					
Staunton		90%	10%			
Suffolk		75%	25%			
Tazewell					100%	
Juvenile Drug Treatment Courts						
Chesterfield County	40%		60%			
Fairfax County			100%			
Hanover County		65%	35%			
Newport News	100%					
Prince William County		100%				
Rappahannock Regional	75%		25%			
Richmond City	60%		40%			8%
30th District			100%			
Family Drug Treatment Courts						
Charlottesville/Albemarle					100%	
Alexandria					100%	
Newport News					100%	
DUI Drug Treatment Court						
Fredericksburg Regional DUI				100%		