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Strafford County *Drug Treatment Court:* Final Performance Evaluation

March 2009

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About this paper

The New Hampshire Center for Public Policy Studies¹ was hired by Strafford County Superior Court to conduct an independent evaluation of its drug treatment court program. This report is comprised of a *process evaluation* to determine whether Strafford County is successfully achieving its goals and objectives for implementation and operation of the drug court program. Outcomes that assess the program's impact on drug abusing offenders will be highlighted where data was available. The paper that follows is a continuation of the Center's work evaluating the processes and impacts of Strafford County's drug court program.

This paper is the final in a series of brief reports the Center has published over three years, as part of its evaluation of the Strafford County Drug Court Program. These performance reviews do not provide a complete assessment of drug court, but are intended to provide feedback to people working in the drug court program, counties currently planning or considering a drug court, and members of the broader public with an interest in alternative sentencing programs in New Hampshire.

¹ Herein referred to as "the Center."

Strafford County Drug Treatment Court Final Performance Evaluation

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Executive Summary

In 2003, nearly 14% of the arrests in Strafford County were related to drugs.² Additionally, it is estimated that half of the county's property crimes were substance-abuse related.³ Although the County's Academy Program provided services to prison-bound offenders, there was no treatment program available for offenders who had substance abuse problems but were charged with lower-level felonies.

In an effort to respond to this problem, Strafford County Superior Court, in conjunction with the Strafford County Commissioners, started an adult drug court program. The Strafford County Drug Treatment Court is based on a partnership among the criminal justice and treatment provider agencies in the county: the Strafford County Commissioners, the Superior Court, the County Attorney's Office, the Public Defender's Office, the Department of Corrections, and Southeastern New Hampshire Services.

By working together, these agencies aim to operate a drug court program – providing drug addicted offenders with substance abuse treatment, psycho-educational programs, and consistent supervision to help offenders achieve and maintain a drug-free, crime-free lifestyle.⁴ The purpose of the Center's evaluation is to determine if this program is operating successfully and to determine the value of drug court in improving the rehabilitation of drug abusing offenders.

To date, 32, or 54%, of all participants admitted in the first two years have graduated from the program, completing all program and treatment requirements. And the vast majority appears to be doing well, with only one graduate charged with a new crime after completing the program. An additional 6 participants have moved to the final phase of the program and can be expected to graduate in the near future. Although this is short of the Strafford's original goal for graduating offenders, research of drug court programs nationwide have found graduation rates are often below 50% with reductions in recidivism compared to offenders under traditional programs.⁵

Graduates spent over 13 months in drug court and intensive treatment services, on average, and now participate in an aftercare program to continue the support of drug court and prevent relapse. However, relapse is common with drug addiction, and it is unclear whether graduates will remain drug-free long term even after a period of prolonged sobriety.

Conversely, 27, or 46%, of all participants admitted in the first two years were terminated from the program and had their previous incarceration sentences brought forward. Of these offenders, nine committed a new offence during the program – less than ten percent

² Strafford County adult drug court implementation grant application, page 2.

³ Ibid.

⁴ Strafford County Drug Treatment Court Participant Handbook.

⁵ United States Government Accountability Office. "Adult Drug Courts: Evidence Indicates Recidivism Reductions and Mixed Results for Other Outcomes." Report to Congressional Committees. (GAO-05-219). February 2005.

of all admissions to drug court – which highlights that the vast majority of offenders, terminated or not - did not recidivate while under the program’s supervision.

The data indicates that several factors influenced a client’s success in drug court. Age, gender, criminal history, and treatment compliance were all factors in whether a participant would complete the program. Understanding how these factors influenced program completion will aid drug court staff in improving the model to be the most effective for the most offenders.

The Center finds that the Strafford County Drug Treatment Court continues their progress in improving effective court supervision and methods for connecting offenders to an integrated program of services. Noteworthy changes to the program include increased use of electronic monitoring devices, offering age-specific treatment groups, allowing clients tardy for treatment to participate, and access to transitional housing. This progress is due in large part to the excellent rapport and common vision shared by the various members of the drug court team – even as team members have changed since the program began – together with broad-based inter-agency support of community corrections in Strafford County. With respect to management and accountability, the County has maintained their drug court database throughout its operation and should continue to do so in the future. This will allow it not only to evaluate the success or failure of individual participants, but also allow the drug court to perform its own ongoing program evaluation in the future.

Despite these successes and improvements, Strafford Country faces challenges in meeting their original performance goals. As the Center reported in previous Performance Reviews,⁶ the length of time an offender waits to enter the program from the time of their referral continues to need attention. Among the program aims are to provide the drug court intervention within 14 days of referral.⁷ The data show that the median time from referral to plea is two months, for referrals in Year 3. Despite improvements in the process for completing substance abuse evaluations, uncontrollable circumstances on a case-by-case basis have prevented timely admissions. Furthermore, recent reductions in the amount of judicial time allowed at each Superior Court adds another layer of complexity in the admissions process, potentially extending the wait time of hearings for drug court referrals. Moreover, not having a judge consistently at the forefront of drug court can impact the overall success of offenders in the program.

A further challenge relates to those with co-occurring mental health issues. Various individuals have raised the concerns that the current treatment system does not have the capacity to meet the needs of those with both substance abuse and mental health issues. In order to address this, drug court is now facilitating referrals to Community Partners, the area’s Community Mental Health Center, for mental health and psychiatric

⁶ New Hampshire Center for Public Policy Studies. “Strafford County Drug Treatment Court: Performance Review 1” December 2006. And, New Hampshire Center for Public Policy Studies “Strafford County Drug Treatment Court: Performance Review 2.” January 2008.

⁷ Stafford County Drug Treatment Court, Policies and Procedures Manual.

evaluations, which also shows how the drug court program is continuing to forge partners in the community to improve services.

Strafford County's experience offers some important lessons for other drug court programs or other community correction or alternative sentencing programs in the state. First, Strafford shows the importance of having all parties of the criminal justice system supporting the program, establishing an infrastructure for community corrections, and investing in continually improving the program. This was evident by the extensive community corrections infrastructure already in place and the number of collaborative changes that have evolved since the program's inceptions. Other communities exploring a drug court program, or other community corrections program, should realize the importance of partnership between all parties involved in the criminal justice and treatment process. Second, other drug court programs and communities considering drug courts should be cognizant of the factors that would influence program success and either target the program to the offenders most likely to succeed or widen the net of services in order to support the differences across drug abusing offenders.

A note about the data

Drug Court Database

This report focuses on the participants in the Strafford County Drug Treatment Court during the first three years of operation. Strafford County has developed its own program database, with assistance from the Center, and this paper draws on those data. The drug court database is an enhancement to the County’s jail and corrections database. Drug court data are collected and entered by the drug court’s case managers. The database includes a wide range of information on the participants and the services they receive in the program, including demographic data, treatment data, and data on court proceedings. With guidance from the Center, this information was compiled in electronic reports for use in this evaluation.

Additionally, the Center gathered feedback from drug court staff on program operations during contacts throughout the evaluation process (on-site, via email, and over telephone), and their comments are incorporated herein.⁸

In many analyses, the Center groups offenders by their year of admission. The following table shows the dates for each “Admission Year.” These time periods are defined specifically for this evaluation and are not based on a grant period or other existing fiscal or county timetables.

Table 1: Date ranges for admission year for this evaluation

Admission Year	Dates
1	January 19, 2006 – October 31, 2006
2	November 1, 2006 – October 31, 2007
3	November 1, 2007 – October 31, 2008

Challenges with the data

In general, the small number of participants in drug court creates challenges in evaluating these data based on characteristics of interest, such as age, gender, and criminal history. Once aggregated by a characteristic, the results of smaller groups become easily influenced by a few individuals. We report the median, where noted, as the measure of central tendency to control for outliers within these small groups.

Although measuring all participants together allows us to draw conclusions about the current drug court group, the small number of drug court participants currently prevents us from drawing conclusions about which aspects of drug court generally are successful, and it prevents us from predicting with absolute certainty what characteristics may predict the success of future participants. This is particularly true when considering the

⁸ Interviews with Criminal Justice Programming Coordinator and Drug Court Director May, June and October 2008.

analysis by clients' completion status or by any comparison group. These analyses are provided to raise policy questions and highlight areas for future evaluation.

Comparison Study

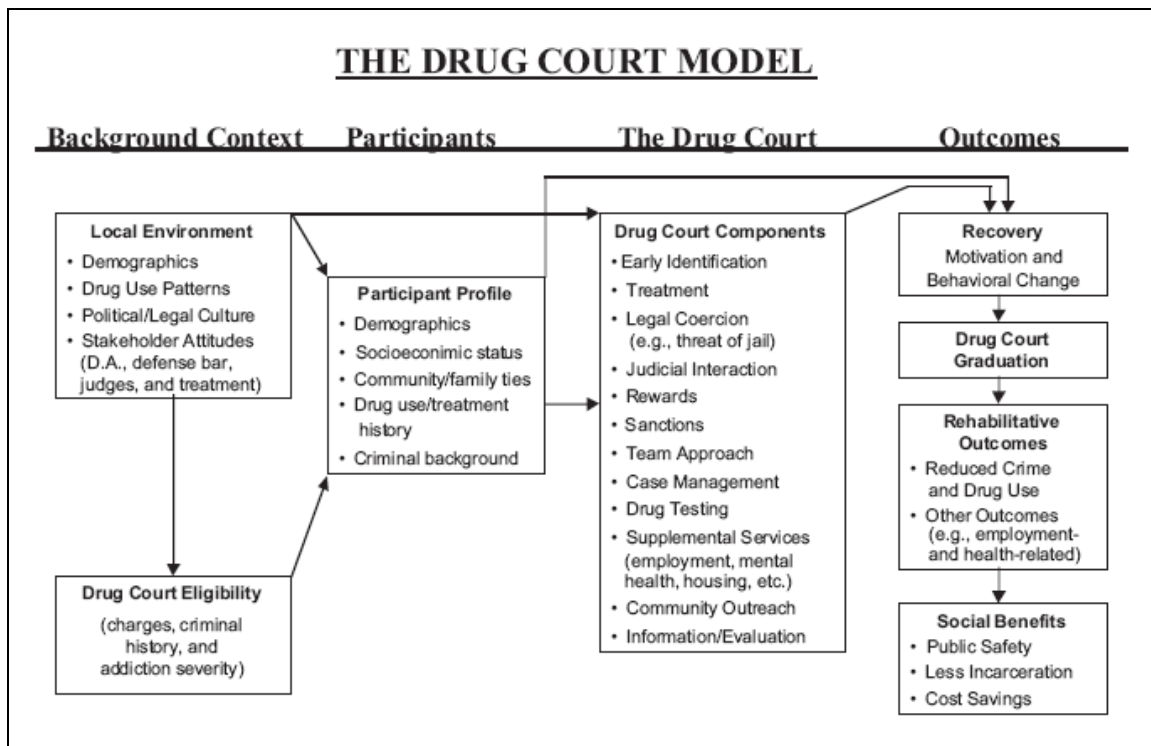
The Center attempted to measure longer term effectiveness by comparing the recidivism of drug court participants against the recidivism of a group of offenders with charges in 2003-2004 who would have been likely admitted to drug court, using drug court's admission standards, if the program had existed in those years. Comparison studies are often part of the evaluation process to increase the usefulness of the research to improve programming.

However, the Center was unable to complete this study due to the lack of offenders who had sufficient time beyond drug court's supervision to be tracked for recidivism (a minimum of six months). Two factors contributed to this. One, several of the comparison offenders originally selected were excluded because of subsequent admission to drug court while on probation, which increased the difficulty in matching offenders. And, two, drug court clients terminated from the program were subsequently incarcerated and, therefore, excluded from tracking. Unfortunately, the pool of drug court clients who had been out in the community after drug court for at least six months became too small to make any meaningful comparisons. This data challenge certainly highlights the difficulty of program evaluations.

What is drug court?

The Strafford County Drug Treatment Court program connects non-violent, substance-abusing, felony-committing offenders⁹ to an integrated system of alcohol and drug treatment in the community, combined with strict court supervision and sanctions. By linking participants to treatment services, the program aims to address offenders’ addiction issues that led to criminal behavior, thereby reducing recidivism, and protecting public safety. All drug court clients receive an individualized treatment plan and a program plan to address life skills, education, medical and psychological needs. Upon successful completion of the program, offenders may petition the court to have their convictions vacated. Figure 1 shows the general model of a typical drug court.

Figure 1: An overview of the drug court model used in Strafford County¹⁰



Drug court is designed to be a 12-month intervention program, divided into three phases, and followed by one year of probation. A participant must successfully complete each

⁹ The drug court recently has expanded the program to offenders who have committed higher level misdemeanors. The misdemeanor drug court is planned to include all of the components of drug treatment court program – including substance abuse treatment, frequent court appearances, drug testing, rewards, and sanctions – but will be tailored to meet the requirements of a shorter misdemeanor sentence. As of this report, very few offenders have been admitted as part of the misdemeanor drug court, so it remains to be seen how the addition of these clients will impact the overall program.

¹⁰ Cissner AB and Remple M. “The State of Drug Court Research: Moving Beyond ‘Do They Work?’” Center for Court Innovation. 2005.

phase before transitioning to the next. Each phase has a key focus and expected duration as presented in Table 2.

Table 2: The three phases of Strafford’s drug court program

Phase	Key Concept	Approximate Duration
I	Recovery & self-assessment	2 months
II	Evaluate/formulate long-term recovery and substance-free life goals	4-6 months
III	Reinforce a clean, sober, and legal lifestyle	4-6 months

As part of all treatment plans and court orders, participants receive frequent drug testing and close monitoring by drug court case managers and a probation officer to ensure compliance with the program requirements. Clients testing positive for drugs or alcohol and/or who otherwise fail to comply with the program requirements are subject to court-ordered sanctions. Sanctions range from increasing drug court fees, to time in the community corrections work program, to short jail sentences. Furthermore, offenders not complying with treatment may have therapeutic consequences imposed, such as increased AA/NA meetings, group sessions, or other psycho-educational requirements tailored to the client’s needs. Similarly, participants are rewarded for their progress and compliant behavior. Rewards may include courtroom recognition, applause, gift cards, and/or other token gifts.

A drug court client completing all requirements – including maintaining employment, maintaining sobriety, payment of restitution, and completing their course of treatment – will graduate from the program and enter one year of probation supervision. Offenders completing the program and probation may petition the court to have their charges vacated. Clients not following the rules, not maintaining employment, not attending treatment, and/or missing hearings, for example, will be terminated from the program and have their original jail or prison sentence brought forward.

Program graduation is only one of many possible measures of client success. National research suggests looking at graduation as an intermediate measure of success; offenders achieving long term sobriety and not re-entering the criminal justice system are better measures of whether the program is successful at rehabilitating offenders. However, offenders graduating the program have completed an intensive course of substance abuse treatment, and these offenders do have better outcomes long term.¹¹ Therefore, we offer an analysis of graduation rates to evaluate the differences between factors for offenders who may be the most likely to succeed long term and to highlight areas for program improvement to maximize the potential for success of all participants.

¹¹ Cissner AB and Remple M. “The State of Drug Court Research: Moving Beyond ‘Do They Work?’” Center for Court Innovation. 2005.

Drug Court's Goals

The Bureau of Justice Assistance, part of the US Department of Justice, has established 10 key components defining drug courts.¹²

The Key Components of Drug Courts:

1. Drug courts integrate alcohol and other drug treatment services with justice system case processing.
2. Using a nonadversarial approach, prosecution and defense counsel promote public safety while protecting participants' due process rights.
3. Eligible participants are identified early and promptly placed in the drug court program.
4. Drug courts provide access to a continuum of alcohol, drug, and other related treatment and rehabilitation services.
5. Abstinence is monitored by frequent alcohol and other drug testing.
6. A coordinated strategy governs drug court responses to participants' compliance.
7. Ongoing judicial interaction with each drug court participant is essential.
8. Monitoring and evaluation measure the achievement of program goals and gauge effectiveness.
9. Continuing interdisciplinary education promotes effective drug court planning, implementation, and operations.
10. Forging partnerships among drug courts, public agencies, and community-based organizations generates local support and enhances drug court program effectiveness.

These "Key Components" will be used as the standards to which Stafford's drug court program will be evaluated, and they will be highlighted throughout the report.

More specific benchmarks defined by the Stafford County Drug Treatment Court are as follows:¹³

1. To provide early screening, assessment, and intervention to offenders within the target population, defined as providing clients with the start of drug court within 14 days of referral;
2. To provide effective court supervision for 100% of participants with frequent court hearings, ongoing case management, incentives for program successes, and sanctions for failures;
 - a. 85% of participants receiving services will reduce the frequency of alcohol and drug use;

¹² Bureau of Justice Assistance. US Department of Justice. "Defining Drug Courts: The Key Components." NCJ 205621. October 2004. Later referred to as, BJA "The Key Components."

¹³ Stafford County Drug Treatment Court, Policy and Procedures Manual.

- b. 75% of participants will complete the program successfully (graduate);
3. To provide an integrated program of substance abuse treatment, education, and rehabilitation services, including, weekly drug testing, comprehensive substance abuse treatment, and support for finding employment or continuing education for 100% of participants;
 - a. 90% of participants will be employed or engaged in another meaningful activity, such as continuing education by graduation;
 - b. 50% of graduates without a high-school education will earn a G.E.D.; and,
4. To promote public safety by reducing recidivism – no more than 10% of graduates will be re-arrested within 6 months or 15% within one year.

Drug Court in Strafford County

Strafford County has a long history of collaborative partnership among its criminal justice agencies and an established community corrections infrastructure.¹⁴ This collaborative work led to the formation of the Strafford County Criminal Justice Committee in 2003 which, after careful study, recommended that the County convene a Drug Court Planning Team and proceed with plans to develop a drug court.

The Drug Court Planning Team successfully pursued a Technical Assistant grant in 2003, and participated in a series of trainings sponsored by the US Department of Justice Bureau of Justice Assistance. The Team received instruction in the areas of co-occurring disorders, treatment modalities and addiction models, as well as drug treatment court planning and operations.

In September 2005, the Department of Justice approved the County's grant to operate a drug treatment court, including the funding for case management, through the end of 2008. Treatment services for the program are provided by Southeastern New Hampshire Services through a grant from the Governor's Commission on Alcohol and Drug Abuse Prevention, Intervention and Treatment. Following a year-long pilot program, the Strafford County Drug Treatment Court commenced operations on January 19, 2006.

The drug court is under the supervision of Strafford County Superior Court. The drug court admits offenders from its own superior court, as well as inmates/parolees from New Hampshire state prison who are residents of Strafford County.

The Drug Court Team follows written policies and procedures, a key component of drug court best practices.¹⁵ The drug court manual provides criteria for program eligibility,

¹⁴ Strafford County has had a number of inter-agency community corrections programs, dating back to 1998. < www.co.strafford.nh.us/jail/community_corrections.html> Accessed 12/12/2008.

¹⁵ See *Strafford County Adult Drug Court Policies and Procedures Manual* and BJA "The Key Components #1."

program phases and graduation, sanctions and incentives, and protocols for treatment and supervision services.

The original operations manual did not contain standards for participant termination for program noncompliance. The lack of explicit termination criteria was a concern, due to the potential for inconsistent terminations, and the perception on the part of some participants that the terminations were unfair. During the second year of operations, the team worked collectively in conjunction with a national drug court expert to develop and agree upon termination criteria.

The Drug Court Team

One of the key factors distinguishing drug court from traditional court is the existence of the Drug Court Team. The Team is comprised of representatives from the various criminal justice agencies in the County. It meets on a weekly basis to discuss each case in-depth and to make recommendations going forward. Although the presiding judge generally leads the meetings, all decisions are reached by consensus. Each member of the team has an equal opportunity to “weigh-in” on the various issues. This shared decision-making differs significantly from the traditional, more adversarial, approach.¹⁶

Currently, the Strafford County Drug Court is staffed by the following individuals:

- Presiding Justice, Strafford County Superior Court
- Public Defender
- County Attorney
- Probation-Parole Officer
- Representative of the local police force
- Criminal Justice Coordinator
- Drug Court Director
- Drug Court Case Managers
- Representatives from the treatment provider, Southeastern New Hampshire Services
- Superior Court Clerk
- Administrative support

The Drug Court Treatment Team continues with strong communication

Members of the Drug Court Team were in general agreement that they had developed an excellent rapport over the course of the three years.¹⁷ Team members described how they engage in regular, frequent, and open communication about each participant's overall performance. The quantity and quality of their communications help to ensure that the

¹⁶ BJA “The Key Components #2.”

¹⁷ Interviews with Criminal Justice Programming Coordinator and Drug Court Director May, June and October 2008.

services provided are appropriate and allow a coordinated strategy for dealing with any participant non-compliance issues.

Drug court staff and the members of the treatment team demonstrated commitment to improving drug court by addressing program problems in a collaborative manner. This was most strongly evidenced by the team's engagement of a national drug court expert in two day-long consultative sessions during the court's second year of operation. A review of the meeting agendas and meeting minutes indicated that the team addressed a wide range of topics – including the review of operational and service protocols and roles and functions of the treatment team members – and identified opportunities for improvement. The team also held several follow-up team meetings to discuss the expert's recommendations and their implementation.

The team reported that several positive changes resulted from this work: the achievement of greater clarity and understanding of treatment team member roles, and the refinement of drug court operational and service protocols to be consistent with the current thinking on drug court best practices. Overall, team collaboration with a non-adversarial approach is a key component to successful drug court programs.¹⁸

Furthermore, over the past year, a new county attorney took office, the presiding judges changed, and additional representatives from the other aspects of the criminal justice system have joined the team. Drug court staff and members of the treatment team have expressed that the positive rapport and excellent communication has remained during the past year even with these changes and additions to the drug court team.

Admissions to drug court

Over the past three years, to participate in the Strafford County Drug Treatment Court, an offender must meet the following criteria found in their Policies and Procedures Manual, pursuant to their federal grant requirements:

- Resident of Strafford County
- Diagnosed as substance-abuse dependent
- Committed non-violent drug and/or drug-related property offense (or substance abuse-related violation of probation/parole) with no history of violent or sex offenses¹⁹
- Any mental health condition(s) are stabilized with no evidence of suicidal ideation
- Possesses the cognitive/physical ability to participate

Drug court does not admit offenders who are drug entrepreneurs. That is to say, drug court will not accept an offender who sells drugs unless the program staff determines that the offender is selling to support his or her own addiction only and not for personal profit.

¹⁸ BJA "The Key Components #2"

¹⁹ An offender with only past simple assault charges may be admitted.

The program has also excluded offenders who have been currently charged or convicted of a misdemeanor or aggravated DWI offense.²⁰

The requirement that offenders have available transportation has caused some applicants, who otherwise would meet the drug court criteria, to decline participation. However, over the past two years, the County has worked with the local public transportation company to improve bus access to the courthouse and treatment facilities. As of November 2008, buses run a route to the County complex, increasing transportation options for drug court clients.

Many offenders also do not have driver's licenses; only 44% of offenders had a valid driver's license at the time of entry into the program. Nevertheless, program staff did not feel that the transportation requirement was a central disqualifying factor. They report that, as part of an offender's case management plans, transportation is addressed to ensure that the client will be able to complete his or her commitments.

However, now that federal support for drug court has ended, so have the terms of the grant that restricted what types of offenses would exclude a potential participant. The drug court, if they so choose, may now accept an offender with a history of DWI or with a domestic violence charge. It remains to be seen how the lifting of these restrictions may impact the type and number of potential drug court clients. Furthermore, best practices would urge the drug court team to review and agree to any changes in the admission criteria collaboratively, and to add them in writing to the Policies and Procedures Manual.²¹

The referral process

Initial referrals into drug court may be made by members from any branch of the criminal justice system. Yet the largest source of all referrals, to date, has come from an offender's defense attorney.

All referrals are made to the Drug Court Director who helps the prospective participant complete a program application. The County Attorney is responsible for conducting the legal screening of the applicant, including a comprehensive background check. The County Attorney may veto admittance of any prospective applicant if his review of the offender's criminal history and the circumstances of the current charge indicate that drug court is not an appropriate option. The offender's defense counsel explains the nature and purpose of drug court and provides advice on legal and treatment alternatives outside the drug court program.

If a case meets the legal criteria, the applicant receives a full alcohol and drug evaluation by a licensed alcohol and drug counselor (LADC), if one was not completed previously, to determine whether he or she has an appropriate drug-related diagnosis for the program. The file then gets assigned to a case manager followed by the development of a case plan

²⁰ An offender with a past DWI charge may be admitted if alcohol is not the offender's primary addiction issue.

²¹ BJA "The Key Components #2 and #3."

that addresses treatment, employment, transportation, and child care issues, among others.

All applications must receive the unanimous consent of the Drug Court Team. Applicants then appear before the judge to formally enter their plea. At the plea hearing, the judge explains how difficult, yet beneficial, drug court can be, reviews how the program works, and explains to offenders what rights they waive in order to participate. The initial assessment phase is designed to ensure that participants enter drug court with a full understanding of the program and its implications.

The admissions process has improved, but waiting remains

One of drug court’s main goals is to provide early screening, assessment and court intervention to offenders. Specific program goals aim to complete the initial assessment phase within 14 days.²² Although legal screening, the process to approve or deny a referral by the County Attorney, is accomplished relatively quickly – on the same or next day – the process of clinical screening and then accepting the plea in court takes much longer. Table 3 breaks down the length of time each step in the assessment/referral process takes to be completed.

Table 3: Median days from date of referral to the various stages of assessment and admission by admission year²³

Time (days) from initial referral to...	Year 1	Year 2	Year 3
<i>LADC assignment</i>	15	18	15
<i>LADC completed</i>	37	28	30
<i>Total Time from Referral to Plea</i>	57	53	61

The data show that the median time from referral to plea is two months for referrals admitted in Year 3, which has increased slightly over the previous years. For admissions in the first year, the median time for completion of a LADC evaluation was 37 days. This was of particular concern not only because it delayed the participant’s entry into treatment, but also because of the potential for applicants to use drugs right up until the time they are admitted to drug court. Over the past two years, Southeastern New Hampshire Services, the treatment provider, strived to shorten the time to complete evaluations by increasing the number of appointment slots available and allowing staff more time to complete evaluation reports.

Drug court staff and the treatment provider report, in several cases, that influences beyond their control delayed admission, such as the inability to contact offenders without a phone number or offenders not showing up or canceling appointments. Drug court staff also reported that clients may be spending some time in jail, in residential treatment, or

²² The initial phase spans the time from referral to the program to the time accepted applicants plea into drug court.

²³ Year 2 median calculations for LADC evaluations exclude 24% of cases and Year 3 excluded 49% for which these data were missing at the time of data collection for that year.

are on methadone treatment and have begun the referral process although the client will not be admitted until the completion of those activities. Furthermore, the drug court may receive a referral who has not been assigned defense counsel, which may take weeks to process. Drug court staff would be unable to engage that offender until they are allowed to do so by their attorney. Also, recent reductions in the amount of judicial time allowed at each Superior Court adds another layer of complexity in the admissions process, potentially extending the wait time of hearings for drug court referrals due to scheduling constraints.²⁴

In the past year drug court staff has been more vigilant in connecting with offenders earlier in the judicial process. Drug court staff is more often engaging with potential participants as part of the County's early case resolution program. This allows drug court staff, the County Attorney, and the public defender an early opportunity, as an offender is coming into the system for arraignment, to collaboratively identify potential candidates for the drug court program.

Overall, drug court best practices are based on the premise that drug-using offenders are most receptive to change at the "crisis moment" of the arrest, and should therefore be identified, assessed and placed into treatment as quickly as possible. Therefore, any lag time is of concern, and may constitute a lost opportunity.²⁵

In the previous *Performance Review*,²⁶ we concluded that there was a relationship between delaying substance abuse evaluations and earlier positive drug tests. However, with the additional data used in this report, this relationship is no longer seen. Given that the times from referral to assessment has changed little from year to year, it is unclear why this is and could very well be due to chance. However, no differences were found in assessment time or time from referral to plea and an offender's termination status.

Admissions to drug court

Strafford County anticipated a case load of approximately 60 clients in drug court. As of October 31, 2008, there were 33 active participants in the program with 11 additional graduates in their second year of probation supervision.²⁷ Since the program began in January 2006, a total of 221 offenders have been referred to the program. Of these, 102 clients, 46%, have been admitted.

²⁴ Discussion with Julie Howard, Superior Court Clerk, June 2008.

²⁵ BJA. "The Key Components #3."

²⁶ *Performance Review 2*.

²⁷ These represent all offenders who have pled into the program. Since these data were collected, an additional 8 offenders have pled into the program that are not included in these analyses. (Source: Drug Court Director).

The total number of referrals and admissions by gender and by admission year is shown in Table 4.

Table 4: Referrals and admissions by gender and by year²⁸

	Year 1	Year 2	Year 3	Overall
Female				
Referred	32	20	34	86
Admitted	15	9	16	40
%	47%	45%	47%	47%
Male				
Referred	38	47	48	135
Admitted	23	20	19	62
%	61%	43%	40%	46%
Total				
Referred	70	67	82	221
Admitted	38	29	35	102
%	54%	43%	43%	46%

Furthermore, the percent of all non-admissions to date by the reason for non-admission is shown in Table 5.

Table 5: Reasons for non-admission of referrals thru October 31, 2008

Reason not admitted	Overall	
	No.	%
Cannot meet requirements or comply with rules ²⁹	41	34%
Opting for traditional court process	3	2%
Not a county resident	10	8%
Drug entrepreneur or drug taskforce refusal	8	7%
Pursuing other program ³⁰	29	24%
Violent history or sex offense	9	7%
Commit new charges or absconded	5	4%
Violation of probation/parole withdrawn or charges dropped	2	2%
Unknown	14	12%
Total	121	100%

²⁸ Year is the most probable admission year calculated by adding the median days from the offender’s referral to actual admission for that given year. Gender information for two offenders was missing; these offenders were excluded from the data.

²⁹ Category includes: Cannot meet requirements, suicidal/psychological issues, non-compliance with rules, unmotivated, application denied, LADC denied, denied by other county, probation, or County Attorney.

³⁰ Category includes: Accepting state prison or jail sentence, pursuing other program, and not pursuing drug court

In general, the proportion of referrals admitted between the genders is virtually the same. This suggests that gender bias in admissions does not exist. In the previous report, drug court staff had raised concerns that women may choose not to enter the program due to child care obligations.³¹ However, the aggregate data suggest that this may only have impacted a few women. Overall, when looking at the reasons for non-admission across genders, all but one reason for not admitting a referral showed a substantial difference between men and women; only men were denied entry into drug court because of a history of violent charges.

Characteristics of drug court participants

Table 6 presents detailed characteristics of drug court participants.

Table 6: Characteristics of participants admitted to Strafford County Drug Treatment Court, January 19, 2006 – November 1, 2008

Characteristics	Year 1		Year 2		Year 3		Overall	
	No.	%	No.	%	No.	%	No.	%
Total individuals admitted	38		29		35		102	
Gender								
Male	23	61%	20	69%	19	54%	62	61%
Female	15	39%	9	31%	16	46%	40	39%
Race								
White (non-Hispanic)	37	97%	28	97%	30	86%	95	93%
Age at entry (years)								
18-24	15	39%	10	34%	11	31%	36	35%
25-34	18	47%	7	24%	16	46%	41	40%
35+	5	13%	12	41%	8	23%	25	25%
Median	27	-	31	-	27	-	28	-
Educational attainment at entry³²								
Less than high school diploma	9	24%	6	22%	2	9%	17	20%
High school or GED	23	61%	17	63%	16	73%	56	64%
Some College/Associates Degree/Trade School	6	16%	4	15%	4	18%	14	16%
Employment³³								
At program entry	10	26%	13	50%	7	27%	30	33%
During the program ³⁴	33	87%	21	81%	22	88%	76	84%

Roughly 60% of drug court participants are male and the vast majority of offenders are white.³⁵ In Years 1 and 3, most participants admitted were young. Eighty-six percent of

³¹ *Strafford County Drug Court 2.*

³² Educational attainment information is missing in 2 cases in year 2 and 13 cases in year 3.

³³ Employment information is missing in 3 cases in year 2 and 9 cases in year 3.

³⁴ This figure is based on the employment status of participants at the end of that particular admission year.

³⁵ The Center was unable to determine if differences existed across race between admits and those offenders not admitted since race information was missing for 44% of non-admits.

Year 1 and 77% of Year 3 admits were between the ages of 18-34. In Year 2 the numbers show a different pattern. Fifty-eight percent of Year 2 participants were between the ages of 18-34, and 41% were over the age of 35. Furthermore, among offenders not admitted during Year 2, the median age was 26 compared to age 31 in the other two years. Drug court research has shown that the drug court model often is less effective for young offenders.³⁶ Whether or not drug court completion rates differ by age will be explored in subsequent sections of this report.

Most of the participants to date - 80% - had received a high school degree, the equivalent, or reached higher educational attainment. Only one-third of the offenders admitted were employed at the time of entry. This is in contrast to 84% of participants who were working during the program at the time of this report, which shows that the requirement that clients are gainfully employed during the program to avoid sanctions is motivating for offenders to find work. However, it remains to be seen if those who graduated continue to stay employed after drug court and probation supervision has been removed.

³⁶ Cissner AB and Remple M. "The State of Drug Court Research: Moving Beyond 'Do They Work?'" Center for Court Innovation. 2005.

The criminal and substance abuse history of drug court participants by admission year is detailed in Table 7.

Table 7: Criminal and substance abuse histories of drug court participants

History	Year 1		Year 2		Year 3		Overall	
	No.	%	No.	%	No.	%	No.	%
Most serious drug court charge³⁷								
Controlled drug act (RSA 318-B offenses)	23	61%	21	72%	23	66%	67	66%
Burglary, theft, forgery, or other property	12	32%	7	24%	12	34%	34	33%
Robbery	3	8%	0	0%	0	0%	3	3%
Violation of probation	0	0%	1	3%	0	0%	1	1%
Prior charges of any kind³⁸	15	39%	6	21%	9	26%	30	29%
Prior drug charges	8	21%	3	10%	4	11%	15	15%
Sentencing Type at Plea³⁹								
New Hampshire State Prison	25	66%	15	52%	11	32%	51	50%
County House of Corrections	13	34%	14	48%	23	68%	50	50%
Drug of choice⁴⁰								
Alcohol	1	3%	3	10%	4	13%	8	8%
Marijuana	10	26%	9	31%	7	22%	26	26%
Cocaine	13	34%	8	28%	12	38%	33	33%
Heroin	8	21%	3	10%	5	16%	16	16%
Amphetamines/Methamphetamines	2	5%	0	0%	1	3%	3	3%
Painkillers/Opiates	4	11%	5	17%	3	9%	12	12%
Hallucinogens	0	0%	1	3%	0	0%	1	1%
Prior AOD treatment as of entry⁴¹								
Had prior treatment	15	39%	14	48%	11	34%	40	40%
No prior treatment	23	61%	15	52%	21	66%	59	60%
Mental health status as of entry⁴²								
No diagnosis	32	84%	21	72%	17	63%	70	74%
Prior diagnosis	6	16%	8	28%	10	37%	24	26%
Prior mental health treatment	6	16%	6	21%	10	37%	22	23%

Two-thirds entering drug court had committed at least one drug-related offense, and almost 30% of the participants admitted to drug court had at least one prior charge. Moreover, 15 participants, or 15%, had a history of drug-related offenses. Research has

³⁷ This represents the most serious charge that was considered at the plea into drug court and is not included as a prior charge.

³⁸ In the first Performance Review, the Center counted any charge with a charge date prior to the plea as a prior charge, flagging only the major offense as the drug court charge. Data regarding priors has been clarified and the updated data is presented here.

³⁹ Sentencing information is missing in 1 case in year 3.

⁴⁰ Drug of choice does not consider that many offenders often used multiple drugs, only the drug that the offender reported. Those reporting alcohol as their drug of choice also reported issues with other substances as well. Drug of choice information is missing in 3 cases in year 3.

⁴¹ Prior AOD treatment information is missing in 3 cases in year 3.

⁴² Mental health information is missing in 8 cases in year 3.

shown that drug courts are most effective for first-time offenders.⁴³ However, it remains to be seen if the clients entering treatment for the first time in this program will be successful long-term, regardless if they complete the program.

Only 40% of clients had received any alcohol or drug treatment or treatment for a mental health problem before entering drug court. And, those that had received treatment were primarily female and young. Women were more likely to have had any type of prior treatment (63% of women versus 52% of men), and women were almost twice as likely – 30% to 16% - to have received mental health treatment than men. Furthermore, although there was little difference seen between age and any prior treatment, younger offenders coming into the program were more likely to have had mental health treatment than their older counterparts at 27% versus 15%, respectively.

The top two drugs of choice among individuals admitted to drug court were cocaine and marijuana, representing almost 60% of all admits to the program. This pattern holds true across those admitted during both years of drug court operation. Furthermore, it is important to note that often offenders are using multiple drugs; these data reflect only the drug the offender reported as their drug of choice.

Overall, half of offenders had a sentence to the NH State Prison deferred at the time of their plea into drug court. Over the past three years, the proportion of offenders sentenced to state prison has declined, from 66% in Year 1 to 32% in Year 3. However, it is unclear what has caused this shift in sentencing. A higher proportion of offenders in Year 1 had a non-drug charge as the most serious charge at entry, had a prior charge, and had a prior drug charge. It is possible that the offenders entering the program in Year 1 had more severe charges and criminal histories overall and would, therefore, receive more severe sentences.

Court supervision and services

The amount of court supervision and treatment services – both defining aspects of a drug court program⁴⁴ – differ by phase of the program with the most intensive supervision in the initial phase, which includes weekly court hearings, case management meetings, two scheduled drug tests and at least one random drug tests, 4 weekly group treatment sessions, several AA/NA meetings, and weekly individual counseling. As a client progresses through drug court, these decline to monthly court hearings, one scheduled drug test and possible random drug tests per week, and less intensive treatment. The Center finds that Strafford County continues to make improvements to ensure that all clients are receiving the appropriate services and to ensure that clients have the appropriate supervision in the community to ensure public safety.

⁴³ Cissner AB and Remple M. “The State of Drug Court Research: Moving Beyond ‘Do They Work?’” Center for Court Innovation. 2005.

⁴⁴ BJA “The Key Components #4 and #7.”

For example, as reported in the first Performance Review,⁴⁵ limited resources and the need to prioritize cases had prevented probation and program staff from making regular home visits.⁴⁶ Drug court staff report that the number of home visits increased in the past two years due to increased coordination and cooperation of the drug court case managers and probation staff. Drug court case managers now engage and accompany probation officers to home visits for drug court clients. It remains to be seen whether the increase in home visits will lead to greater compliance on the part of participants, and ultimately to the greater overall success of these individuals.

Another example of changing supervision practices since the start of drug court is with increasing the use of electric home tracking devices and electronic sobriety testers. This technology has aided drug court staff to more closely monitor participants who may be non-compliant with a curfew, or who may be struggling with alcohol use – especially at times when in-person drug testing is not available, such as on weekends.

Finally, as an example of increasing the support services provided to drug clients, the drug court now has access to transitional housing. Drug court clients who become homeless or were recently released from incarceration may have a short stay while they look for stable housing and employment. In fact, drug court staff is currently seeking grants to expand this service for its clients.

The following sections describe the drug use monitoring, the treatment received, sanctions levied for non-compliance with program rules, and rewards given for successful participation.

Drug Court hearings

Essential to the success of each participant is ongoing judicial interaction.⁴⁷ The judge is often viewed as key to program success.⁴⁸ Clients in Phase 1 of the program will attend a drug court hearing weekly where they will speak directly with the judge in a non-adversarial manner, unlike traditional court proceedings. This is reduced to every other week in Phase 2 and monthly in Phase 3.

Over the past three years, drug court has experienced several changes in judicial leadership. As mentioned previously, judicial time across the state has been reduced at the Superior Courts. This has increased the difficulty in providing continuity in judges for drug court clients. One Superior Court judge who has recently retired continues to preside over drug court cases having realized the important of judicial consistency. Drug court research has found that clients respond positively to the personal attention of one judge better than seeing several judges. Research has shown that the more judges a

⁴⁵ New Hampshire Center for Public Policy Studies. “Strafford County Drug Treatment Court: Performance Review 1” December 2006.

⁴⁶ In an interview with the chief of probation, December 2006, it was reported that the department has fewer staff than was standard. Therefore, staff resources were shifted to more risky criminal cases and less to drug court cases, which already have other avenues for supervision.

⁴⁷ BJA. “The Key Components #7.”

⁴⁸ National Institute of Justice. U.S. Department of Justice. “Drug Courts: The Second Decade.” June 2006. (NCJ 211081).

participants saw, the more likely they would be non-compliant and be terminated from the program.⁴⁹

Furthermore, judges (and all drug court personnel) need to be familiar with the nature of substance abuse issues, the treatment process, and national drug court standards. Initial and ongoing education is key to ensuring drug court's operation is successful – especially for judges, who are often considered the leaders of the drug court team.⁵⁰ Strafford's drug court judges have reported that specialized training helped them to fully understand the benefits of problem solving courts like drug court and to shift their thinking about their role as a judge overall.⁵¹

Drug use and testing during the program

One of the cornerstones of drug court supervision is frequent drug testing. On average, all drug court clients have received 8 drug tests per month, which is consistent with best practices – clients, especially in the early stages of the program, should have at least two drug tests per week.⁵² Moreover, clients are subjected to a breathalyzer at treatment sessions to ensure abstinence from alcohol use.

This figure did not differ between offenders with a drug charge at entry, offenders with a history of alcohol and/or drug abuse treatment, termination status, gender, or by age group (the youngest 50% versus the oldest 50% of clients). In previous reports, the Center reported a difference between the numbers of drug tests between participants who later graduated versus participants who were later terminated from the program. However, with the additional data included in this report, this difference is no longer present and may have been due to chance as well as other factors, such as those later terminated spending more time in jail and, therefore, being tested less often.

Since the start of the program, 7,138 drug tests have been performed on admitted offenders. Of those, less than 2% of tests were positive for an illicit drug. Table 8 presents a breakdown of the percent of clients who had at least one positive drug test or a “status” positive test during their time in drug court.⁵³ Overall, the data show that 78% of clients had any positive test during drug court – or, that 22% of participants remained drug free for the duration of their time in the program.

⁴⁹ Ibid.

⁵⁰ BJA. “The Key Components #7 and #9.”

⁵¹ Interviews with Hon. Bruce E. Mohl, Senior Justice (October 2006) and Hon. Peter H. Fauver, Superior Court Justice (June 2008).

⁵² BJA. “The Key Components #5.”

⁵³ Per drug court regulations, positive drug tests also include when a client misses a drug test, cannot produce a sample, has a diluted sample, or admits to using drugs. This report refers to these tests as “status” positive tests.

Table 8: Percent of participants with positive drug tests during the program

	Percent of clients with a positive drug test	Percent of clients with a “status” positive test only	Percent of clients with any positive test overall	Average number of any positive tests (over 6 months)	Time to first any positive test (average days)
Overall	52%	27%	78%	4	67
Multi-drug positive ⁵⁴	11%	N/A	11%	5	83
Gender					
Male	52%	27%	79%	5	81
Female	51%	26%	77%	3	43
Age Group					
Younger 50%	48%	32%	80%	5	60
Older 50%	55%	22%	77%	3	74
Admission Year					
Year 1	63%	13%	76%	2	60
Year 2	45%	41%	86%	6	96
Year 3	41%	29%	74%	5	45
Current Status					
Graduated	50%	25%	75%	1	76
Terminated	53%	31%	83%	4	59
Open Cases	44%	26%	70%	8	68
Treatment History					
Prior AOD treatment	64%	19%	83%	4	66
No prior AOD treatment	46%	30%	76%	4	70
Prior charges of any kind					
Yes	57%	20%	77%	3	75
No	49%	30%	79%	5	63
Drug charge at entry					
Yes	47%	29%	76%	3	64
No	60%	23%	83%	7	72

Slightly more than half (52%) of participants actually tested positive for drug use during their time in drug court, and 11% of clients had at least one positive test that indicated more than one drug has been used at the time of the test. Additionally, 27% of clients had a “status” positive test, which includes a missed test, a refusal to test, a diluted sample, or a failure to produce a sample for testing by the client.

Overall, participants had four positive tests (including status positive tests) in any average six-month period, among clients who ever have a positive test, and they have their first positive test at about two months into the program. Furthermore, 56% of all participants

⁵⁴ For average number of any positive tests and average days to first positive test, number refers to any positive test, not just multi-drug positive tests.

had their first positive after 30 days in the program, and roughly one-third of all participants who had a positive drug test had their first positive test after moving beyond Phase I of the program - where they receive the highest level of supervision and support. This raises the question of whether the reduced support in the later phases of the program allows some of the participants to relapse. But it also shows that the level of support provided during the first 30 days, when relapse is common, is preventing continued drug use for many participants.

As can be seen in the Table, differences in positive drug tests emerge when the data is stratified by demographics and other factors. Although little to no difference is seen between treatment or criminal history, the differences between genders, age groups, admission years, having a drug charge at entry, and termination status are noteworthy.

First, there was no difference seen between the percent of males with any positive test (including “status” positive tests) over females, but men had more positive tests, on average, at 5 over a six month period than women, at three. Despite having more positive tests, men, however, had their first positive test much later than women, at 81 days versus 43 days, respectively.

Second, those participants in the younger half of all clients are more likely to use drugs more often and use them sooner from the start of the program compared to the older participants. Younger clients (under age 28) who had any positive test averaged 5 tests in a six month period and had their first positive at about 60 days. Contrast that with older participants who ever had any positive test – averaging 3 positive tests and having their first positive test at an average of 74 days. This echoes drug court staff’s reports and the national research that younger offenders tend to struggle with success in drug courts.

Third is the differences between admission years;⁵⁵ whereas, clients admitted in Year 1 were more likely to have a positive drug test more often (not including “status” positive tests) and have any positive test sooner than those entering in Year 2. It is not definitively clear why this is the case, but several differences between these groups raise questions about their severity of substance abuse problems. Clients admitted in Year 2 were more likely to be older, a first time offender, and employed at entry into the program.

Fourth, clients who had a drug charge at entry into the program were less likely to have a positive drug test – with 3 positive tests, on average, over six months – compared with clients who did not – with more than twice the number of positive tests, at 7. The reason for this is unknown, but it is possible that the difference in criminal history and drug abuse severity is correlated with treatment compliance. Drug court staff may want to examine this further – particularly because offenders who enter drug court without drug charges are less likely to graduate, as will be discussed later in this report.

⁵⁵ Although Year 3 shows the lowest percentage of offenders with positive drug tests, the vast majority of these offenders are still in the program with the possibility of relapse over time, unlike clients admitted in Years 1 and 2 who have generally graduated or were terminated from the program.

Finally, the Center also examined the differences in positive drug tests between graduates and those clients who were terminated. The average number of positive drug tests for clients who were terminated was four times that of the participants who later graduated – at 4 and 1 positive drug tests, respectively, over an average 6 month period. Given that half of offenders who are terminated are removed for not complying with the drug court rules or treatment, which includes maintaining sobriety, raises questions of whether drug court is removing offenders for continued drug use.

Treatment services

All participants attend both individual and group treatment sessions on an ongoing basis while in drug court. The current Intensive Outpatient Program (IOP) model, operated by Southeastern New Hampshire Services (SENHS), has 4 levels that decrease in intensity as a client makes progress. The first level includes 12 hours of group treatment plus one 30 minute individual session each week and AA/NA meetings. The fourth level, to contrast, includes only 3 hours of group treatment weekly and a monthly one hour individual session. Drug court participants must complete all levels of treatment in order to graduate the program.

Over the past two years, drug court and SENHS have taken steps to improve the treatment experience of certain participants by working with the treatment provider to offer female-only and younger-only treatment groups. Both of these treatment groups run every other week. As mentioned above, drug court research has shown that the drug court model often is less effective for young offenders. Also, research has shown that women respond better to treatment when they are placed in same gender groups.⁵⁶ SENHS also now provides a monthly life-skills group to help drug court clients with skills such as finding employment or personal finance, among other topics.

It remains to be seen if these special treatment groups increase the success of these populations. However, given that a relatively large proportion of the participants are women – 39% – or younger – 35% are 25 years or younger - it would be wise to continue offering these population-specific treatment groups. Best-practices recommend that treatment programs consider special populations and tailor treatment to maximize the chances of achieving sobriety.⁵⁷

There have been concerns raised about the availability of additional treatment for offenders entering drug court with a co-occurring mental health issue. Currently, clients are allowed to take psycho-active medications deemed medically necessary and under the care of a physician to treat depression, anxiety, and/or other mental health issues. However, many of these clients require additional mental health care to achieve long-term success. To address this, drug court staff has recently connected offenders to Community Partners, the area's Community Mental Health Center, for mental health or psychiatric evaluations in order to improve connecting them with the appropriate

⁵⁶ National Institute on Drug Abuse, Principles of Drug Abuse Treatment for Criminal Justice Populations. < http://www.drugabuse.gov/PODAT_CJ > Accessed 01/02/2009.

⁵⁷ BJA. "The Key Components #4."

services. This is also an example of drug court forging more partnerships with community-based organizations – another key component.⁵⁸

Overall, half of drug court clients were sanctioned for missing treatment at some point during the program. Many of them – 41% of those who missed any treatment – missed only one appointment. This reflects an average of 3 missed treatment sessions among those participants who missed treatment over the course of the program. Therefore, 71% of drug court participants missed no more than one unexcused treatment session,⁵⁹ and, as discussed below, were among those more likely to successfully complete the program. Clients who complete the program, at a minimum, have attended over 130 group and individual substance abuse treatment sessions.

To potentially improve treatment adherence, the drug court team changed a policy to allow drug court clients to participate in group treatment, even if they were late. Previously, if a client was late to treatment, they were not allowed to interrupt the session and were sanctioned for the missed treatment session. Recently, the drug court team collaboratively decided to begin allowing clients late for treatment to participate and sanction them for their tardiness. This will allow offenders to be punished for their tardiness while they still benefit from some treatment activities. However, it remains to be seen if this will improve treatment adherence, and therefore outcomes, overall.

Program sanctions and incentives

Regular encouragement for making progress and punishment for infractions are essential to changing the addictive behavior for drug court clients.⁶⁰ Table 9 provides a breakdown of the different reasons for any sanction by reason between graduates and clients terminated during the program. Overall, 92% of clients received at least one sanction. Eighty-eight percent of graduates and all clients later terminated were sanctioned for program infractions. Most sanctions were imposed for positive drug tests and for missed treatment sessions – except for clients terminated where just as many participants were sanctioned for not complying with program rules as with not complying with treatment. Not surprising, clients who were later terminated received sanctions more often overall, and especially for missing treatment and failing to be employed.

⁵⁸ BJA “The Key Components #10.”

⁵⁹ Offenders could be excused from treatment for a legitimate, documented medical reason.

⁶⁰ BJA “The Key Components #6.”

Table 9: Percent of drug court clients receiving sanctions by reason by termination status

Reason for sanction	Graduated		Terminated		All Admits	
	Percent Of Clients	Avg. # Sanctions	Percent Of Clients	Avg. # Sanctions	Percent Of Clients	Avg. # Sanctions
Drug use/Status positive drug test	86%	2.6	81%	3.3	81%	2.9
Missed treatment/Treatment related	68%	3.3	70%	4.8	66%	3.6
Failure to obtain employment	29%	1.8	33%	2.9	30%	2.5
Failure to complete previous sanction	11%	2.7	33%	2.0	18%	2.1
Other non-compliance or negative attitude	36%	1.5	70%	1.7	50%	1.8
Absconded/ Missed hearings/New Charges	11%	1.3	67%	1.3	28%	1.3
Multiple reasons	4%	3.0	15%	1.0	11%	1.2
TOTAL	88%	6.1	100%	9.9	92%	7.2

The types of sanctions more often used for clients who later graduated and clients later terminated also had differences. Although the same proportion of graduates and those terminated received jail time or time in the work program, clients who were terminated more often received increased treatment orders or an alternative sanction (Table 10). This suggests that drug court staff is using a variety of sanctions to attempt to modify the behavior of less compliant participants. However, the data were not clear to whether these sanctions, other than jail and the work program, were applied in a manner of increasing severity. Research has shown that the imposition of a relatively severe sanction such as jail time early on may diminish its impact on an offender’s behavior later on. And, conversely, the imposition of a relatively mild sanction later in the program will also have diminished impact.⁶¹

Table 10: Percent of drug court client receiving sanction by type and by termination status

Sanction Received	Graduated		Terminated		All Admits	
	Percent	Avg. #	Percent	Avg. #	Percent	Avg. #
Jail	86%	2.0	85%	2.9	74%	2.4
Work Program	86%	3.3	81%	4.5	76%	3.3
Increased Treatment	32%	1.3	56%	1.9	46%	1.9
Other ⁶²	50%	2.4	89%	3.0	68%	2.9
TOTAL	88%	6.1	100%	9.9	92%	7.2

Strafford County Drug Treatment Court staff use written standards for the imposition of sanctions and rewards. The drug court manual requires that sanctions be graduated. This requirement is in accordance with drug court best practices, which advise that penalties should escalate in proportion to the severity and the number of violations. Behavioral research has shown that graduated penalties result in better compliance with program

⁶¹ Ibid.

⁶² Other includes increased drug court fees, increased supervision services, written assignments, imposed curfews, and phase reductions or extensions.

requirements.⁶³ Table 11 highlights how the drug court in Strafford County is following this practice.

Table 11: Percent of client receiving work program or jail sanctions by phase

Sanction Received	Phase I			Phase II			Phase III			All Phases Combined		
	%	Avg. # times	Avg. # days	%	Avg. # times	Avg. # days	%	Avg. # times	Avg. # days	%	Avg. # times	Avg. # days
Work Program	62%	3.0	2.3	81%	2.0	3.0	31%	1.1	1.4	78%	3.3	2.5
Jail	53%	1.8	4.6	54%	1.9	8.0	75%	1.6	4.8	74%	2.4	5.4

Overall, about three-quarters of clients spent time in jail or in the work program for a program infraction and 61% received both as sanctions. For the first two phases of drug court, the work program was levied on more clients than jail time while the reverse was true among clients during the last phase of the program. This suggests that among those who made it to the final phase of the program, harsher sanctions were ordered to deal with non-compliance. It is unclear, however, why more jail days, on average, were ordered than that of work program days throughout all phases of the program. The drug court team may wish to review this and adjust their sanctioning practices to reflect best-practices even more.

In contrast to sanctions, 80% of drug court clients received a reward at some time during the program.⁶⁴ Of the clients receiving a reward, the two most common reasons were for obtaining a job or progressing through to another phase of the program. Table 12 below shows the percent of clients receiving an incentive by reason across program phases.

Table 12: Percent of clients receiving incentives by type and by phase

Reason for Incentive	Phase I	Phase II	Phase III	All Phases Combined
Doing Well	14%	27%	50%	39%
Drivers License	4%	2%	15%	10%
Employment Related	63%	29%	23%	66%
Phase Promotion	60%	88%	54%	78%
Treatment Achievement	19%	11%	15%	26%
Total	69%	88%	65%	80%

As one would expect, fewer rewards are given to participants in the final phase of the program for advancing to the next phase. Also, given that maintaining employment is

⁶³ Arabia PL, Fox G, Caughie J, Marlow DB, and Festinger DS. “Sanctioning Practices in an Adult Felony Drug Court.” Drug Court Review. Vol. 6. Issue 1. Pages 1-17. 2008.

⁶⁴ Rewards include, but are not limited to, courtroom recognition, a reduction or elimination of drug court fees, and/or token gifts.

generally a requirement to advance through the program, it makes sense that fewer clients are receiving rewards for employment related reasons. For those participants rewarded for employment related reasons in the later phase, it is often due to a client receiving a promotion or a raise at their current job.

Conversely, participants in the final phase are more often rewarded for just doing well in the program compared to the first phase showing that, although there are fewer specific reasons to give an incentive, drug court still may reward some clients throughout the program. However, a client is less likely to have received an incentive in the last phase, or the first phase, of drug court overall. This raises questions of how consistently incentives are given. The drug court team may want to review their standards for the provision of incentives to ensure they are being used in a consistent and effective manner.

Drug court graduation, termination and participant status

The overall breakdown of the current status of each of the 102 admitted drug court participants is presented in Table 13.

Table 13: Participant status as of November 1, 2008⁶⁵

Status	Year 1		Year 2		Year 3		Overall	
	No.	%	No.	%	No.	%	No.	%
Phase 1	0	0%	2	7%	10	10%	12	12%
Phase 2	1	3%	0	0%	8	34%	9	9%
Phase 3	0	0%	4	14%	2	31%	6	6%
Residential Treatment	0	0%	1	3%	5	14%	6	6%
Graduates	20	53%	12	41%	0	0%	32	31%
Terminated	17	45%	10	35%	10	7%	37	36%

A total of 37 participants – 36% of all admits – have been terminated from the program. Of those terminated, nine committed a new offense. This represents less than ten percent of all offenders admitted to drug court. Only four offenders were terminated due to these new charges, the remainder of participants terminated was not compliant with the drug court rules or treatment, absconded, or opted out for a different program.

Only seven clients terminated spent less than two months in the program. Of the clients terminated after 60 days in the program, the average time in the program was more than 8 months. This means that the drug court program still provided an extended length of treatment for these offenders. However, among those who were terminated, half of them had a positive drug test within the two months prior to their termination. As previously noted, clients who were later terminated also had a far greater number of positive tests, on average, than those who later graduated. These findings raise the question of whether drug court may be removing clients due to continued drug use, which is contradictory to

⁶⁵ Since the end of data collection for this report, an additional 2 participants graduated the program.

the best-practice of a drug court program. It is possible that these clients were also non-compliant with other aspects of the program as well like the data indicates. Nevertheless, drug court should ensure that they are removing clients according to best-practices.

As shown in Table 14 below, of those admitted in the first two years of operation only, 54% of participants graduated, which is less than the original goal of 75%.

Table 14: Percent of participants graduating drug court by year, gender, and criminal and drug use history⁶⁶

	Graduated
Overall	54%
Admit year	
Year 1	54%
Year 2	55%
Gender	
Male	51%
Female	40%
Had a drug charge at entry	
Yes	54%
No	36%
Had prior charges	
Yes	43%
No	53%
Age (median age = 29 yrs)	
Younger 50%	46%
Older 50%	61%
Treatment Attendance	
No more than 1 session missed	64%
More than 1 session missed	23%

Overall, on average, clients who graduated were sober for over 7 months before graduating and almost one-fifth of the current graduates did not have one positive drug test for their entire time in the program. Higher graduation rates were seen among males, first-time offenders, offenders entering with a drug charge, offenders who were among the older half of participants, and those more adherent to treatment. In fact, older, first-time drug offenders had the highest graduation rate in general – at 71%.

It is not surprising that older offenders were more likely to graduate given that this reflects the national research about age as a factor for success in drug court.⁶⁷ It is also not surprising that clients more adherent to treatment would also be successful. However, it is unclear why females were less likely to complete drug court. Although data did not suggest that women were not pursuing drug court due to child care obligations, drug court staff may want to explore this as one of many reasons women

⁶⁶ These graduation rates only include participants admitted in the first two years of the program since the majority of offenders admitted in Year 3 have not had sufficient time to complete the program.

⁶⁷ Cissner and Remple. 2005.

have not been as successful. Furthermore, research shows that women are more likely than men to report mental health issues or abuse, among others factors, all of which may influence successful completion of the program.⁶⁸

National experts state that, “drug courts should seek to graduate a meaningful percentage of their participants.”⁶⁹ Research is unclear on what exactly that means. However, drug court programs nationwide have been found to have graduation rates below 50% and still reduce recidivism compared to offenders going through the traditional court process.⁷⁰ Therefore, we are unable to conclude what the current graduation rate suggests about the program’s effectiveness.

Supervision after graduation

Over the past year, drug court began an aftercare part of the program. The aim of aftercare is to provide a smoother transition for graduates into their year of probation and prevent relapse. As graduates move into their one year of probation following drug court, they will continue to have monthly status hearings in court, meetings with their case manager, and attend treatment once a week. Drug testing will continue as part of the graduates’ probation requirements.

Furthermore, graduates have formed a group for alumni for continued support and to help support new clients coming into the program. And, to keep communication open between current participants, graduates and the drug court staff, a drug court newsletter has been developed as an avenue to keep everyone involved with the program well informed.

⁶⁸ D’Angelo L and Wolf RV. “Management Note: Women and Addiction: Challenges for Drug Court Practitioners.” *Justice System Journal*. 2002.

⁶⁹ Cissner and Remple. 2005.

⁷⁰ United States Government Accountability Office. “Adult Drug Courts: Evidence Indicates Recidivism Reductions and Mixed Results for Other Outcomes.” Report to Congressional Committees. (GAO-05-219). February 2005.

Strafford County Drug Treatment Court: Successes and Challenges into the Future

The overarching goals of drug court are to provide intensive treatment services to rehabilitate drug abusing offenders while providing strict community-based supervision to protect public safety. The Center finds that Strafford's drug court continues to make progress towards this goal particularly with keeping participants engaged in treatment services and the provision of effective court supervision. All offenders referred into the program received extensive time in intensive treatment, including many offenders later terminated from the program. And, with the use of frequent court hearings, case managers meetings, probation supervision, home visits, and electronic monitoring, less than ten percent of offenders admitted had a new charge brought forward while enrolled in drug court.

Despite the services provided to all clients, drug court did not yet meet its goal for the percent of participants graduating the program. Several differences in graduation rates across offender characteristics highlight areas for program changes. Older, first-time drug offenders appeared to be more successful while younger and female clients struggled.

In order to maximize the program's effectiveness, drug court can target the population that the program currently is working well for, or drug court can increase the breadth of services it provides paying special attention to the populations that may require additional supports, such as with increasing population-specific treatment groups. Moreover, drug court is no longer under grant-related obligations to bar admissions to offenders with domestic violence or offenders with an extensive history of DWI. With the additional expansion of the program to include offenders who had committed higher level misdemeanors, including offenders with diverse criminal backgrounds may increase the challenge of providing effective services for all clients. However, few misdemeanor offenders have entered the program thus far, and it remains to be seen if drug court will begin admitting these different types of offenders.

Drug court may also wish to review the use of sanctions and incentives to improve the overall success of participants. Increasing the number of rewards given early in the program combined with increasing treatment activities as a sanction may elevate the likelihood of achieving graduation for struggling offenders. And, although judicial scheduling is beyond the control of the program, drug court may wish to create strategies for working around judge availability to ensure the most consistent judicial presence possible.

The Center also finds that the continued rapport, excellent communication, and willingness for ongoing improvement among the drug court treatment team members have helped to ensure the identification and remedy of system issues in an effective manner. This communication and willingness for improvement is exemplified by changes in several program areas including the increased use of home visits, electronic monitoring, and changes in treatment policy to increase access. Moreover, drug court has

increased working with other community agencies through providing transitional housing and referring clients with co-occurring mental health issues to the local Community Mental Health Center.

However, findings suggest that continuing attention needs to be paid to the referral process. The data show that the median time from referral to plea is two months for referrals, which has not changed substantially over referrals admitted in the first year despite an improvement in the timeliness of substance abuse evaluations. Although there were often unforeseen and uncontrollable circumstances that prevented timely admissions, the drug court may wish to explore other ways of engaging potential clients earlier, such as with the early case resolution program, and develop protocols to ensure these clients receive drug court services as quickly as possible.

Finally, the Center urges drug court to continually improve their data collection and reporting efforts. With a few exceptions of missing data previously noted, drug court staff has been successful in maintaining a database of process measures on their participants. Drug court staff should continue to maintain these data, improve reporting, and plan to continue program evaluation long-term as an ongoing function of the drug court's administration according to national standards.⁷¹

⁷¹ BJA. "The Key Components #8."

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