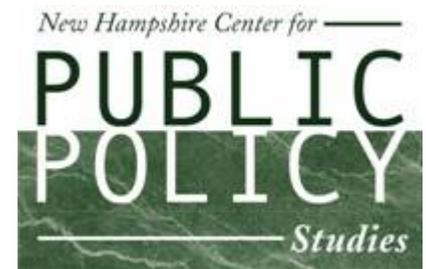


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rjtappin@nhpolicy.org

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carredondo@nhpolicy.org

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doughall@nhpolicy.org

Strafford County *Drug Treatment Court:* Performance Evaluation 2

January 2008

Authors

Ryan J. Tappin
Research Associate

Laura R. McGlashan
Research Associate

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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. The evaluation will be comprised of two main components: (1) a *process evaluation* to determine whether Strafford County is successfully achieving its goals and objectives for implementation and operation of the drug court program; and (2) an *outcome evaluation* to assess the program's impact. The paper that follows is a continuation of the Center's work evaluating the processes and development of Strafford County's drug court program.

This paper is the second in a series of brief reports the Center will publish 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 timely 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 Performance Evaluation 2

Contents

Executive Summary	1
A note about the data	3
Drug Court in Strafford County	4
The Drug Court Treatment Team continues with strong communication	5
The admissions process has improved, but waiting remains	6
Non-admissions to drug court	7
Characteristics of drug court participants	9
Court supervision and services	11
Drug use and testing during the program.....	12
Treatment services	14
Program sanctions and incentives	14
Drug court graduation, termination and participant status.....	15
The Cost of Drug Court	16
Program implementation during the second year	18
Next Steps	19

Tables

Table 1: Median days from date of referral to the various stages.....	7
Table 2: Referrals and admissions by gender and by year.....	8
Table 3: Reasons for non-admission by gender	8
Table 4: Characteristics of participants admitted to Strafford County Drug Treatment Court, January 19, 2006 – November 1, 2007	9
Table 5: Criminal and substance abuse histories of drug court participants.....	10
Table 6: Median drug tests received per participant per month.....	12
Table 7: Percent of participants with positive drug tests during the program	13
Table 8: Percent of total sanctions by reason by phase	15
Table 9: Participant status as of November 1, 2007	16
Table 10: Estimated per day costs of drug court at current case load of 37 participants..	17

Executive Summary

The Strafford County Drug Treatment Court is based on a collaborative 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 provide drug-addicted offenders with substance abuse treatment, psycho-educational programs, and consistent supervision to help offenders maintain a drug-free, crime-free lifestyle.²

The Strafford County Drug Treatment Court continues to provide court supervision and connect offenders to an integrated program of treatment services in accordance with their own program standards. Excellent communication continues to be a defining characteristic of the treatment team. Drug court staff and the treatment team have demonstrated a strong commitment to improving drug court, by addressing program issues in a pro-active and collaborative manner.

As the Center reported in the first Performance Review,³ there was a need for program review in three areas of drug court operations: 1) the timeliness of substance abuse evaluations by Licensed Alcohol and Drug Counselors (LADC) for new referrals; 2) the lack of written standards for program termination for non-compliance, and; 3) mixed gender treatment groups, which seemed to create difficulty for many female participants. Strafford County Drug Treatment Court took steps to address these issues this year.

Among the program aims are to provide the drug court intervention within 14 days of referral.⁴ Last year, logistical issues prevented the completion of full LADC evaluations within the timeframe originally anticipated by program staff. The latest data show that the turn-around time of the evaluations for new referrals has improved. The median days for completion of the LADC assessment decreased from 37 to 28. However, the overall time from referral to plea has decreased less substantially, from 57 to 53 days. The program, therefore, has further work to do in this area to meet its goal of early intervention. It should examine what other factors might be slowing the admission process.

This year, the drug court team worked with a drug court expert to develop standards for termination, as a means of improving consistency and fairness - critical in any drug court model. Moreover, working with this consultant also continued to enforce the collaborative effort of the team and allow for continuous improvement across all services provided in the program.

Also, the drug court continues to offer female-only treatment groups, which are now held on a weekly basis. Furthermore, the team has pushed for other treatment improvements,

² Strafford County Drug Treatment Court Participant Handbook.

³ New Hampshire Center for Public Policy Studies. "Strafford County Drug Treatment Court: Performance Review 1" December 2006.

⁴ Strafford County Drug Treatment Court, Policies and Procedures Manual.

which include clarifying the procedures for clients who are not actively participating in group session, not fully prepared for treatment, or are under the influence of alcohol or drugs while in attendance. Also, the drug court team continues to support evidence-based treatment services for their clients, specifically Motivational Enhancement Therapy.

To date, 14, or 21%, of all participants admitted have graduated from the program, and the vast majority appears to be doing well. An additional 13 participants have moved to the final phase of the program and can be expected to graduate in the near future. However, 16, or 24%, of all admits were terminated from the program and had their previous sentences brought forward.

In addition to presenting data on process measures of drug court operations, the Center also presents data on the cost of the program to allow the court to begin to think about a long term cost-benefit analysis of the program. And, we present this information to add context to conversations regarding program sustainability. Currently, at a client load of 37 individuals, drug court costs an estimated \$43 per client per day for treatment, case management, court, and administrative services.

Finally, the court has successfully maintained the drug court database through the second year of operation. 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, once the Center's involvement has ended. The Center will continue to work with drug court staff over the coming year to improve the quality and usefulness of the drug court data. In addition, the Center will focus its final phase of the evaluation on the outcomes of participants and discuss the overall implications of Strafford County's drug court in the broad context of alternative sentencing in the state.

A note about the data

This report focuses on the participants in the Strafford County Drug Treatment Court during the first two 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 probation database. Drug court data are collected and entered by drug court coordinators and 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, and future, evaluations.

Additionally, the Center gathered feedback from drug court staff on program operations during meetings throughout the year (on-site, via email, and over telephone), and their comments are incorporated herein.⁵

In many analyses, the Center grouped offenders by their year of admission. Year 1 is defined as the period from the start of the program, January 19, 2006 through October 31, 2006. Year 2 is defined as the period from November 1, 2006 – October 31, 2007. This time period is defined specifically for this evaluation and is not based on a grant period or other existing fiscal or county calendars.

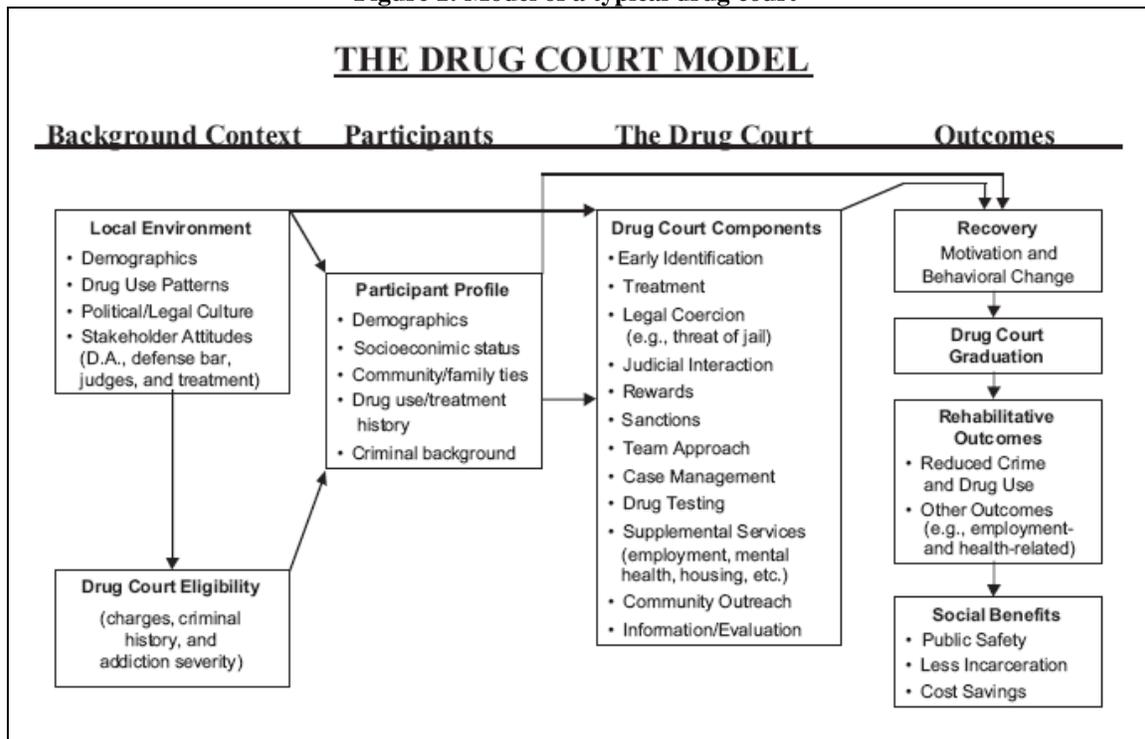
In general, the small number of participants in drug court creates challenges in evaluating these data based on characteristics of interest, such as age, gender, and criminal history. Once aggregated by a characteristic, the results of smaller groups become easily influenced by one or two individuals. Often we report the median as the measure of central tendency to control for outliers within these small groups. Although measuring all participants allows us to draw conclusions about the current drug court group, the small number of drug court participants currently prevents us from drawing general conclusions about which aspects of drug court are successful, and it prevents us predicting what characteristics of future participants might fare better than others in the program.

⁵ Interviews with Criminal Justice Programming Coordinator and Drug Court Director June and October 2007.

Drug Court in Stafford County

The Stafford County Drug Treatment Court program connects non-violent, substance-abusing, felony-committing offenders to an integrated system of alcohol and drug treatment in the community, combined with strict court supervision and sanctions. All drug court clients receive a unique 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: Model of a typical drug court⁶



More specifically, the goals of the Stafford County Drug Treatment Court are as follows:

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 with frequent court hearings, ongoing case management, incentives for program successes, and sanctions for failures; and,

⁶ Cissner AB and Remple M. "The State of Drug Court Research: Moving Beyond 'Do They Work?'" Center for Court Innovation. 2005.

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.⁷

In the first year evaluation of the program, the Center detailed the long history of collaborative partnership among the criminal justice agencies in Strafford County, which ultimately led to the development of the drug court. Strafford County Drug Treatment Court is under the supervision of Strafford County Superior Court. The drug court admits offenders from its own superior court charged with felony level offenses and parolees from New Hampshire state prison who are residents of Strafford County.⁸

Furthermore, 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, no offenders were 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.

The Drug Court Treatment Team continues with strong communication

The drug court treatment team members consist of the presiding justices, defense counsel, county attorney, probation officer, treatment provider, the drug court coordinator, and the drug court case managers with administrative support as needed. The drug court treatment team meets on a weekly basis to discuss each case in-depth and to make recommendations going forward. The team utilizes a shared decision making approach. Each member of the team has an equal opportunity to “weigh-in” on the various issues – to contribute the knowledge and expertise of their respective disciplines. All decisions ultimately are reached by consensus. Members of the treatment team continue to report they have an excellent working rapport.⁹

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. 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.

⁷ Strafford County Drug Treatment Court, Policy and Procedures Manual.

⁸ New Hampshire Center for Public Policy Studies. “Strafford County Drug Treatment Court: Performance Review 1” December 2006.

⁹ Interviews with Criminal Justice Programming Coordinator and Drug Court Director June and October 2007.

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.¹⁰

Furthermore, the original operation 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. Over the past year, the team worked in conjunction with a national drug court expert to develop and agree upon termination criteria.

The admissions process has improved, but waiting remains

To participate in Strafford County Drug Treatment Court, an offender must meet certain criteria, including: County residency, a diagnosis of substance dependence, the cognitive and physical ability to participate, stabilization of any mental health condition(s), and the commission of a non-violent drug and/or property related offense. Strafford County drug court generally does not accept offenders who sell drugs unless program staff determines that the offender is selling to support his or her own addiction. Furthermore, the program will not admit offenders with a history of a violent offense.¹¹ Initial referrals into drug court may be made by members from any branch of the criminal justice system.

One of drug court's main goals is to provide early screening, assessment and court intervention to offenders. Program guidelines aim to complete the initial assessment phase within 14 days.¹²

¹⁰ 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."

¹¹ Offenders with a history of Simple Assault only may be considered for admission.

¹² The initial phase spans the time from referral to the program to the time accepted applicants plea into drug court.

Table 1 breaks down the length of time each step in the assessment/referral process takes to be completed. 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 takes much longer. For admissions in the first year, the median time for completion of a LADC evaluation was 37 days. This was of 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 year, the median time for completion of the evaluation has decreased to 28 days.

Table 1: Median days from date of referral to the various stages of assessment and admission by admission year

Time from initial referral to...	Year 1	Year 2¹³
<i>LADC assignment</i>	15	18
<i>LADC completed</i>	37	28
<i>Total Time from Referral to Plea</i>	57	53

The data show that the median time from referral to plea is almost two months for referrals in Year 2, which has decreased only by a few days over referrals admitted in the first year. This raises questions of whether other aspects of the referral process need review in order to shorten the overall time. Drug court staff report, in several cases, that influences beyond the court’s control delayed admission such as the inability to contact offenders without a phone number. Drug court staff also reported that clients may be spending some time in jail, in residential treatment, or are on methadone treatment and have begun the referral process although the client will not be admitted until the completion of those activities.

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, this lag time is of concern, and may constitute a lost opportunity.¹⁴ Recently, the judge has invited potential clients to observe drug court before referral, so the offender better understands the program. This also allows drug court staff an opportunity to begin the admissions process face-to-face instead of needed to contact the offender outside of court.

Currently, no differences were found in assessment time and termination status or for later drug use. However, among clients with a positive drug test, there was a moderate inverse relationship observed in the time to the first positive drug test. That is to say, for the client who had their substance abuse evaluation delayed, the more likely they were to have a positive drug test sooner than a client whose evaluation was not delayed.¹⁵

Admissions to drug court

Strafford County anticipated a case load of approximately 50 clients in drug court. As of October 31, 2007, there were 37 active participants in the program. Since the program began in January 2006, a total of 137 offenders have been referred to the program. Of these, 67 clients, nearly half of the referrals, have been admitted.

The total number of referrals and admissions by gender and by admission year is shown in Table 2.

¹³ Year 2 median calculations exclude 24% cases for which these data were missing.

¹⁴ BJA. “The Key Components.”

¹⁵ Pearson correlation = -0.396.

Table 2: Referrals and admissions by gender and by year

	Year 1	Year 2	Overall
Female			
Referred	32	20	52
Admitted	15	9	24
%	47%	45%	46%
Male			
Referred	38	47	85
Admitted	23	20	43
%	61%	43%	51%
Total			
Referred	70	67	137
Admitted	38	29	67
%	54%	43%	49%

Furthermore, the percent of all non-admissions to date by the reason and gender is shown in Table 3.

Table 3: Reasons for non-admission by gender

Reason not admitted ¹⁶	Overall		Male		Female	
	No.	%	No.	%	No.	%
Cannot meet requirements or comply with rules ¹⁷	24	30%	10	22%	12	39%
Opting for traditional court process	1	1%	1	2%	0	0%
Not a county resident	8	10%	2	4%	6	19%
Entrepreneur or drug taskforce refusal	6	8%	5	11%	1	3%
Pursuing other program ¹⁸	20	25%	12	27%	7	23%
Violent history ¹⁹	8	10%	8	18%	0	0%
Commit new charges or absconded	3	4%	3	7%	0	0%
Violation of probation/parole withdrawn	1	1%	0	0%	1	3%
Unknown	8	10%	4	9%	4	13%
Totals	79		45		31	

In general, the proportion of referrals admitted between the genders differs only by a few offenders. This suggests that gender bias in admissions does not exist. However, there has been concern raised by drug court staff that some women may be opting for an alternative to drug court due to the strain the program would cause with family/child issues.²⁰ The majority of women not admitted to drug court – 61% of non-admits– either reported not being able to meet the requirements or were pursuing another program. It is

¹⁶ Eight cases excluded due to reasons unknown.

¹⁷ Category includes: Cannot meet requirements, suicidal/psychological issues, non-compliance with rules, unmotivated, application denied, LADC denied, denied by other county.

¹⁸ Category includes: Pursuing state prison, pursuing other program, and not pursuing drug court

¹⁹ Category includes: Violent history and sexual assault.

²⁰ Discussions with drug court staff, June 2007.

unclear if this is a reflection of the concern given that the majority of men – 49% of non-admits – were not admitted for the same reasons.

Other reasons for non-admission include a participant’s violent history; all of the denials for this reason were male. And, in six cases, the County Attorney denied the application due to objections of the County’s drug taskforce. All but one of the denials for this reason was male.

Characteristics of drug court participants

Table 4 presents detailed characteristics of drug court participants.

Table 4: Characteristics of participants admitted to Strafford County Drug Treatment Court, January 19, 2006 – November 1, 2007

Characteristics	Year 1		Year 2		Overall	
	No.	%	No.	%	No.	%
Total individuals admitted	38		29		67	
Gender						
Male	23	61%	20	69%	43	64%
Female	15	39%	9	31%	24	36%
Race						
White (non-Hispanic)	37	97%	28	97%	65	98%
Age at entry						
18-24	15	39%	10	34%	25	37%
25-34	18	47%	7	24%	25	37%
35+	5	13%	12	41%	17	25%
Median age (years)	27	-	31	-	29	-
Educational attainment at entry²¹						
Less than high school	7	18%	6	22%	13	20%
High school or GED	24	63%	17	63%	41	63%
Some College/Associates degree	7	18%	4	15%	11	17%
Employment²²						
At program entry	9	24%	13	50%	22	34%
During the program	31	82%	21	81%	52	81%

Overall, two-thirds of drug court participants are male and the majority of offenders are white.²³ In Year 1, most participants were young. Eighty-six percent of the Year 1 admits were between the ages of 18-34. Only 13% participants were 35 or older. 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. Drug court research has shown that the drug court model often is less effective for young offenders.²⁴ Therefore, having an older population may lead to an overall increase in successful completions.

²¹ Educational attainment information is missing in 2 cases in year 2.

²² Employment information is missing in 3 cases in year 2.

²³ The Center was unable to determine if differences existed across race between admits and those offenders not admitted since race information was missing for 35% of non-admits.

²⁴ Cissner AB and Remple M. “The State of Drug Court Research: Moving Beyond ‘Do They Work?’” Center for Court Innovation. 2005.

Furthermore, among offenders not admitted during Year 2, the median age was 26. It is unknown if this shift to admitting an older population has occurred due to a change in practice or just because of chance.

Most of the participants to date - 78% - 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 78% of participants who were working during the program at the time of this report. It remains to be seen if those who are terminated from the program or those who graduated continue to be employed after drug court supervision has been removed.

The criminal and substance abuse history of drug court participants is detailed in Table 5.

Table 5: Criminal and substance abuse histories of drug court participants

History	Year 1		Year 2		Overall	
	No.	%	No.	%	No.	%
Most serious drug court charge²⁵						
Controlled drug act (RSA 318-B offenses)	23	61%	21	72%	44	66%
Burglary, theft, forgery, or other property	12	32%	7	24%	19	28%
Robbery	3	8%	0	0%	3	4%
Violation of probation	0	0%	1	3%	1	1%
Prior charges of any kind²⁶	15	39%	6	21%	21	31%
Prior drug charges	8	21%	3	10%	11	16%
Sentencing Type at Plea						
NH Prison	25	66%	15	52%	40	60%
HOC	13	34%	14	48%	27	40%
Drug of choice						
Alcohol	1	3%	3	10%	4	6%
Marijuana	10	26%	9	31%	19	28%
Cocaine	13	34%	8	28%	21	31%
Heroin	8	21%	3	10%	11	16%
Amphetamines/Methamphetamines	2	5%	0	0%	2	3%
Painkillers/Opiates	4	11%	5	17%	9	13%
Hallucinogens	0	0%	1	3%	1	1%
Prior AOD treatment						
Had prior treatment	15	39%	14	48%	29	43%
No prior treatment	23	61%	15	52%	38	57%
Mental health status at entry						
No diagnosis	32	84%	21	72%	53	79%
Prior diagnosis	6	16%	8	28%	14	21%
Prior mental health treatment	6	16%	6	21%	12	18%

²⁵ This represents the most serious charge that was considered at the plea into drug court and is not included as a prior charge.

²⁶ 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.

Two-thirds entering drug court had committed at least one drug-related offense, and almost one-third of the participants admitted to drug court had at least one prior charge. Moreover, 11 participants, or 16%, had a history of drug-related offenses. Research has shown that drug courts are most effective for first-time offenders.²⁷ 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 54% 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. Three-quarters of those clients who received treatment for mental health prior to drug court were female. Three-quarters of these clients were also among the younger 50% of participants. However, there were no differences seen for clients who had received any prior substance abuse treatment with respect to age, gender, or prior charges.

The top two drugs of choice among individuals admitted to drug court were cocaine and marijuana, representing over half 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 the drug the offender reported as their drug of choice.

Overall, sixty percent of offenders had a sentence to the NH State prison deferred at the time of their plea into drug court. Presumably, this pattern will shift to a greater proportion of offenders sentenced to the County jail as clients enter the program as part of the misdemeanor drug court. Such a shift would have cost-benefit implications for the County, which will be discussed later in this evaluation.

Court supervision and services

The amount of court supervision and treatment services differ by phase of the program with the most intensive supervision in the initial phase, which includes weekly court hearings, 3 drug tests, weekly group treatment sessions, several AA/NA meetings, and individual counseling. As a client progresses through drug court, these decline to monthly court hearings, 1 drug test per week, and treatment as outlined by the client's provider. The Center finds that Strafford County continues to make improvements to ensure that clients are receiving the appropriate services and to ensure that clients have the appropriate supervision in the community to ensure public safety.

For example, as reported in the first performance review,²⁸ limited resources and the need to prioritize cases had prevented probation and program staff from making regular home

²⁷ Cissner AB and Remple M. "The State of Drug Court Research: Moving Beyond 'Do They Work?'" Center for Court Innovation. 2005.

²⁸ New Hampshire Center for Public Policy Studies. "Strafford County Drug Treatment Court: Performance Review 1" December 2006.

visits.²⁹ Drug court staff report that the number of home visits increased in the past year. 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.

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. Currently, national research is still lacking in many areas to determine if Stafford County is following best-practices, but national research is highlighted where appropriate.

Drug use and testing during the program

One of the cornerstones of drug court supervision is frequent drug testing. The drug testing for the Stafford county program participants is detailed in Tables 6 and 7. Overall, the data show that 22% of participants remained clean for the duration of their time in the program.

Table 6: Median drug tests received per participant per month by gender and current status³⁰

	Median drug tests per month
Overall	7
Gender	
Male	8
Female	6
Current Status	
Graduated	7
Terminated	4
Open Cases	8

Generally, drug court clients received 7 drug tests per month. This figure did not differ between offenders with a drug charge at entry, offenders with a history of alcohol and/or drug abuse treatment, or by age group (the youngest 50% versus the oldest 50% of clients). Two factors that showed a slight difference were between gender and between admission years. This is most likely due to the number of participants within each phase of the program, as the number of drug tests is reduced as a client progresses through each program phase.

Interestingly, the median number of drug tests for clients who were later terminated is less than for the graduates and current open cases. There was also wide variability in drug testing among those terminated, which was not seen among the graduates or the

²⁹ 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, who already have other avenues for supervision.

³⁰ These figures include all scheduled drug tests and are counted, regardless if the client did not show to complete the test.

currently open cases. Presumably, clients who were later terminated should have been drug tested just as often as any other client as dictated by the drug courts standard procedure. These results are most likely due to the fact that clients later terminated were confined in jail, as a sanction, more often. While in jail, these clients would not have been drug tested by drug court staff. Eighty-eight percent of clients later terminated were sent to jail during the program compared to 43% of client who later graduated. Furthermore, clients later terminated spent more than twice the average time in jail than graduates, at 16 days versus 6 days, respectively. However, the fact that open cases show an average of 8 tests per month is consistent with best practices – clients in the early stages of the program should have at least two drug tests per week.³¹

Table 7 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.³²

Table 7: 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 overall
Overall	49%	24%	78%
Multi-drug positive	12%	N/A	12%
Gender			
Male	56%	23%	79%
Female	50%	25%	75%
Age Group			
Younger 50%	72%	13%	85%
Older 50%	65%	15%	70%
Admission Year			
Year 1	68%	13%	82%
Year 2	34%	38%	72%
Current Status			
Graduated	42%	29%	71%
Terminated	63%	19%	81%
Open Cases	53%	22%	75%
Treatment History			
Prior AOD treatment	59%	14%	72%
No prior treatment	50%	32%	82%

Almost one-half of participants had at least one positive test during their time in drug court, and 12% of clients had at least one positive test that indicated more than one drug was used at the time of the test. Additionally, one-fourth 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.

³¹ BJA “The Key Components.”

³² 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.

Currently, most of the differences in positive drug tests seen within each of the groups can be explained by differences of very few individuals. However, the difference between the age groups is noteworthy. Those participants in the younger half of all clients are more likely to use drugs while in the program compared to the older participants. Also noteworthy is the differences between the admission years; whereas, client admitted in Year 1 were more likely to have a positive drug test than those entering in Year 2. It is unknown why this is the case, but it raises questions about the severity of substance abuse problems between the groups.

The Center also examined the differences in positive drug tests between graduates and those clients who were terminated. The median number of positive drug tests for clients who were terminated was twice that of the other participants – at 4 and 2 positive drug tests, respectively, over an average 6 month period. However, these differences are driven by the experience of a small number of clients, calling into question the degree to which one can use these results to generalize about the program.

Treatment services

All drug court participants attended both individual and group treatment sessions on an ongoing basis while in drug court. On average, each participant attended 10 group treatment sessions and 2 individual treatment sessions per month. Overall, 54% of clients were sanctioned for missing treatment at some point during the program. This reflects an average of 2 missed treatment sessions among those participants who missed treatment over the course of the program. However, only one-third of clients missed more than one treatment session.

Over the past year, drug court has taken steps to improve the treatment experience of female participants by working with the treatment provider to offer female-only treatment groups. Given that a relatively large proportion of the participants are women – 36% – and that research has shown that women respond better to treatment when they are placed in same gender groups³³, it would be wise to continue offering gender-specific groups.

Program sanctions and incentives

Table 8 provides a breakdown of the different reasons for any sanction by reason across the different phases of the program. Most sanctions were imposed for positive drug tests and for missed treatment sessions. For Phase III, the vast majority of clients are being sanctioned for positive drug tests (or a status positive test) and relatively few participants are sanctioned because of missed treatment sessions compared to the other phases. Also, sanctions levied due to failure to obtain and keep employment decrease as clients move through the phases, suggesting that participants entering the third phase achieved steady employment.

³³ National Institute on Drug Abuse, Principles of Drug Abuse Treatment for Criminal Justice Populations. < http://www.drugabuse.gov/PODAT_CJ > Accessed 1/2/2008.

Table 8: Percent of total sanctions by reason by phase

Reason for sanction	Phase I	Phase II	Phase III	Overall
Drug use/Status positive drug test	24%	28%	62%	30%
Missed treatment	24%	38%	12%	27%
Failure to obtain employment	19%	5%	0%	12%
Failure to complete previous sanction	6%	10%	5%	7%
Other non-compliance or negative attitude	15%	14%	10%	14%
Absconded/ Missed hearings	3%	2%	5%	3%
Multiple reasons	7%	2%	2%	5%
New charges	2%	2%	5%	2%
TOTAL	100%	100%	100%	100%

Overall, 82% of offenders received either jail or the work program as a sanction at least once during the program. Fifty-four percent of participants received both work program and jail as sanctions. The number of times sanctioned and the number of days sanctioned has remained consistent across clients admitted over the past two years. And, as discussed above, the number of clients terminated and sanctioned to jail was twice that of clients who later graduated the program.

In contrast to sanctions, 84% of drug court clients received a reward at some time during the program.³⁴ As of the first performance review, only 67% of participants admitted in the first year had received any incentives.³⁵ Among the clients admitted during the second year, 90% received a reward. This is due to an increase in the number of client receiving a reward for employment related activities. During the first year, 16% of participants were given incentives for finding employment, but, during the second year, 35% of participants were rewarded. Overall, the majority of rewards were given in recognition of a participant’s successful completion of a program phase, accounting for half of all incentives given.

Drug court graduation, termination and participant status

This past year, the drug court developed criteria for program termination resulting from participant non-compliance. Last year, when written termination requirements did not exist, members of the treatment team reported that they were divided over whether to terminate certain cases. As more clients move through the program, the Center will be better able to ascertain if the standards for graduation and termination appear to be fair to all parties involved.

³⁴ Rewards include, but are not limited to, courtroom recognition, a reduction or elimination of drug court fees, and/or token gifts.

³⁵ New Hampshire Center for Public Policy Studies. “Strafford County Drug Treatment Court: Performance Review 1” December 2006.

The overall breakdown of the current status of each of the 67 admitted drug court participants is presented in Table 9.

Table 9: Participant status as of November 1, 2007

Status	Year 1		Year 2		Overall	
	No.	%	No.	%	No.	%
Phase 1	1	3%	3	10%	4	6%
Phase 2	4	11%	10	34%	14	21%
Phase 3	4	11%	9	31%	13	19%
Residential Treatment	1	3%	4	14%	5	7%
Graduates	14	37%	0	0%	14	21%
Terminated	14	37%	2	7%	16	24%
Jail	0	0%	1	3%	1	1%

A total of 16 participants – 24% of all admits – have been terminated from the program. Of those terminated, only 4 had new charges, the remainder were not compliant with the drug court rules or absconded. Only 3 spent less than two months in the program and all of these clients committed new offenses. Furthermore, of the clients terminated after 60 days in the program, two-thirds of them achieved sobriety for at least the two months prior to their termination. This suggests that the drug court is not removing participants from the program due to continued drug use – following best-practices and their own termination standards.

Conversely, all of the graduates achieved at least two month of sobriety before they graduated. On average, clients who graduated were sober for over 8 months before graduating and one-third of the current graduates did not have one positive drug test for their entire time in the program.

The Cost of Drug Court

Currently Strafford County’s drug court is grant funded. However, the current federal operating grant will come to end in 2008, leaving the county to fund the program if outside resources are not secured. In what follows, we provide a simple review of costs and at the investment the county may have to make to keep the program in operation and as a starting point to compare costs to other correction programs. Table 10 presents estimated costs based on the current client case load of 37 clients.

Table 10: Estimated per day costs of drug court at current case load of 37 participants³⁶

	Annual Cost	Per Day Operating Costs	Per Client/Per Day Cost at Current Case Load
Personnel³⁷			
Coordinator/Case Managers	\$202,412	\$555	\$15
Administrative	\$2,150	\$6	< \$1
Training	\$7,000	\$19	\$1
Consultants	\$24,000	\$66	\$2
Treatment Team Staff Time	\$224,877	\$616	\$17
Drug Testing³⁸	\$7,023	\$19	\$1
Treatment³⁹	\$26,250	\$72	\$2
Sanctions/Incentives			
Jail or Work Program ⁴⁰	\$60,440	\$166	\$4
Incentives	\$500	\$1	< \$1
Facilities and Other Administrative⁴¹	\$15,900	\$44	\$1
Probation Supervision	\$34,342	\$94	\$3
Subtotal	\$604,894	\$1,657	\$45
Drug court fees collected	(\$21,034)	(\$58)	(\$2)
Total Estimated Expenses	\$583,860	\$1,600	\$43

The per client per day estimated operation costs is \$43. However, several factors could substantially affect this cost estimate. For example, increasing case load to 50 clients would reduce the cost to \$31 per client per day, more efficiently using staff time and increasing the amount of fees collected. Reduction in the use of jail or the work program or increases in the collection of drug court fees would also reduce the overall cost of the program.

Although long-term cost-savings of the drug court program compared to other corrections programs in Strafford County is not presented, to put this estimate in context, the current estimated operating cost is 78% of the cost of a day in the County’s House of Corrections, which costs an estimated \$55 per day.⁴²

³⁶ Data for costs provided by the Drug Court Coordinator.

³⁷ Personnel costs are actuals for the coordinator/case managers, and all of their time is included. Treatment team time is based on an average salary for judges and for other staff and includes the estimated amount of time these staff members spend in treatment team meetings, clinical staffing, and court hearings. Fringe benefits are estimated at 30% of salary.

³⁸ The cost for drug testing includes the total cost of the equipment, which is shared by other county programs. Therefore, the actual cost attributable to drug cost is presumably less.

³⁹ Based on the charge for a private pay patient, if they were to receive the same level of treatment services.

⁴⁰ Based on \$55/day, per drug court staff.

⁴¹ Facility costs are based on what is currently charged to the federal grant per year.

⁴² Based on the charge for a private pay patient, if they were to receive the same level of treatment services.

Should Stafford decide to conduct a cost-benefit analysis of this program, several factors should be reviewed more closely. The strengths and weaknesses of each cost estimate should be clear in order to make educated and fair comparisons between the costs. For example, judges would still be paid the same salary whether drug court existed, so this estimate may be a slight overestimate of personnel costs. And, additional, to discuss long-term savings, the recidivism of offenders who have moved through the program must be known in order to consider any savings attributable to preventing further crimes. Information to make this assessment is currently unavailable in large part due to the size of the program. However, as more participants move through the program, the County may wish to pursue more sophisticated cost-benefit analyses. These analyses should attempt to consider other social benefits and indirect cost-savings of drug court beyond treatment and community supervision.

Program implementation during the second year: successes and challenges for the future

The Center finds that the Stafford County Drug Treatment Court continues to make significant progress toward attaining several of its stated goals, particularly the provision of effective court supervision and keeping participants engaged in treatment services. 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.

However, these 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 almost two months for referrals in Year 2, which has decreased only by a few days over referrals admitted in the first year despite an improvement in the timeliness of substance abuse evaluations. Although there were often unforeseen circumstances that prevented timely admissions, the drug court may wish to review those circumstances further, and develop protocols to ensure these clients receive drug court services as quickly as possible.

Furthermore, the drug court has expanded the program to include offenders who had 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. By allowing misdemeanor offenders into the program, drug court may increase its case load and become more cost effective. However, the drug court may wish to keep in mind the drug abuse severity of these clients. The drug court should not offer treatment services that are either too intense or lack the sufficient duration for successful treatment for these individuals.

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.

Next Steps

The Center will continue to work with Strafford County Drug Treatment Court staff in the coming year to improve the quality and efficacy of the data collected to allow for ongoing program evaluation. The Center will publish its final report on Strafford County's drug court in January of 2009, which will include the following:

1. Final process evaluation – comparing drug court to their own set goals and to current best-practices.
2. Outcomes evaluation – comparing the recidivism and other measures across several groups; termination status, gender, and age, and also to a comparison group of similar offenders who entered the court system before drug court began.
3. An evaluation of the data collection and analytical methods the drug court uses for the development of self-evaluation capacity beyond this evaluation.