

California Drug Courts: Costs and Benefits

**PHASE III:
DC-CSET Statewide Launch
Superior Court of Sacramento County
Sacramento Drug Court Site-Specific Report**

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SACRAMENTO DRUG COURT COST STUDY DETAILED REPORT

Preface

This report contains the site-specific cost-benefit results for the Sacramento Drug Court. These results are part of a multi-site evaluation of the costs and benefits of California’s drug courts. This report is a part of Phase III, the statewide launch phase, of this research effort to develop a statewide methodology for assessing the benefits and costs of drug courts in the State of California. The aim of this effort is to produce a validated methodology to conduct inexpensive cost-benefit studies on an ongoing basis of drug courts throughout the state. This methodology, when fully implemented, will enable NPC Research and the California State Administrative Office of the Courts (AOC) to answer important public policy questions from a cost-benefit perspective. These questions include the following:

1. Are adult drug courts cost-beneficial?¹
2. What adult drug court practices appear most promising and cost-beneficial?

As a part of this effort, a web-based tool was created – the Drug Court Cost Self-Evaluation Tool (DC-CSET) – that drug courts statewide can use to help determine their own costs and benefits. This tool has been piloted in four drug court program sites. The results of the pilot, and in particular feedback from the pilot sites, were used to adjust the web-tool in preparation for the statewide launch. This report is the result of the statewide launch. For more information on the DC-CSET, please contact Francine Byrne at the Administrative Office of the Courts 415-865-8069 or Shannon Carey at NPC Research (503) 243-2436 X104. For more information on this study and other drug court studies go to www.npcresearch.com and <http://www.courtinfo.ca.gov/courtadmin/aoc>.

This report contains the site-specific results for the Sacramento Drug Court in Sacramento County, California. We would like to acknowledge the effort and support of the drug court and related agency staffs at each of the drug courts for participating in the study, including attending the training, collecting and entering the information needed for the tool and for providing feedback on their experience. Their willingness to perform this work made this project a success.

¹ The original language for this question used the phrase “cost-effective” rather than “cost-beneficial.” However, it was determined that the intent behind this question was not a cost-effectiveness analysis but a cost-benefit analysis, therefore the language has been changed to more accurately describe the research occurring for this study. Cost-effectiveness analysis does not assign cost amounts to outcomes, but instead relates the cost of the program to specifically defined outcomes. Cost-benefit analysis does assign costs to outcomes and compares program costs to outcome costs.

Methods

TRANSACTIONAL AND INSTITUTIONAL COST ANALYSIS

The cost approach utilized by NPC Research in the DC-CSET is called Transactional and Institutional Cost Analysis (TICA). The TICA approach views an individual’s interaction with publicly funded agencies as a set of *transactions* (also called *events* in this document) in which the individual utilizes resources contributed from multiple agencies. Transactions are those points within a system where resources are consumed and/or change hands. In the case of drug courts, when a drug court participant appears in court or has a drug test, resources such as judge time, defense attorney time, court facilities, and urine cups are used. Court appearances and drug tests are transactions. In addition, the TICA approach recognizes that these transactions take place within multiple organizations and institutions that work together to create the program of interest. These organizations and institutions contribute to the cost of each transaction that occurs for program participants. TICA is an intuitively appropriate approach to conducting costs assessment in an environment such as a drug court, which involves complex interactions among multiple taxpayer-funded organizations.

THE DRUG COURT COST SELF-EVALUATION TOOL (DC-CSET)

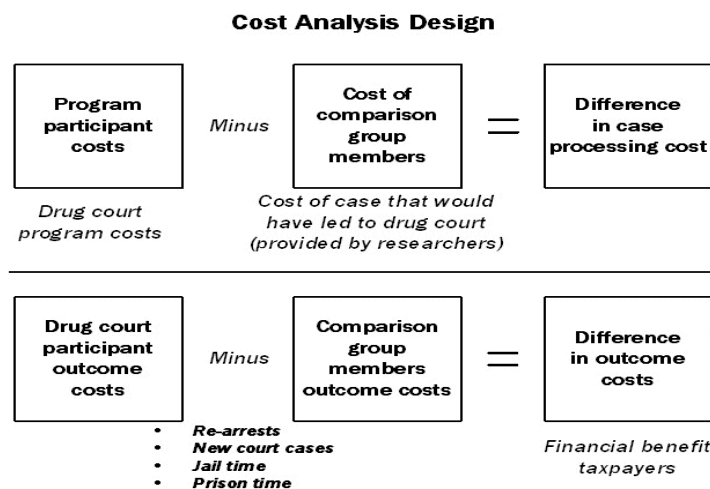
The DC-CSET was created based on the methodology developed in three adult drug courts in Phase I and tested in six adult drug courts in Phase II. The tool was designed to allow each drug court in the state to gather information to evaluate drug court program costs and benefits.

The DC-CSET can help answer questions such as:

1. What are the total criminal justice system costs invested in drug court?
2. What are the costs for each agency that invests in drug court?
3. What are the cost-benefits associated with drug court?
4. What are the benefits for each agency?
5. Which expenditures provide taxpayers with the best return on their money?

The basic research design behind the tool is shown in the following diagram (Fig. 1).

Figure 1: Basic Research Design for Cost Evaluation Using DC-CSET



Although the tool will allow each drug court in the state to gather information to evaluate drug court program costs and benefits, it cannot be used as a case management database for drug court participants. It was created to train drug court staff on how to find and compile data that has already been collected on drug court participants. This tool can also be used as a guide for drug courts on what data to collect routinely for drug court evaluation.

DATA COLLECTION AND ANALYSIS

The data required by the DC-CSET includes information necessary to calculate; 1. Program costs (average amount of time participants spend in the program, number of drug court sessions per participant, number of individual treatment sessions per participant, number of group treatment sessions per participant, number of drug tests per participant, number of days in residential treatment, number of jail days as a sanction; and 2. Outcome benefits (number of re-arrests per participant since drug court entry, number of days in jail due to re-arrests per participant since program entry, number of days on probation since drug court exit due to recidivism, number of days in prison per participant due to new charges after drug court entry, number of subsequent court cases per participant after drug court entry, staff salary and benefits, cost of drug tests, cost of treatment sessions, and agency indirect - support and overhead – rates).

The data entered into the tool by each court is stored in a database that can easily be exported into Microsoft Access. NPC exported the completed data files from each of the drug courts and then calculated the costs for each transaction and for each agency. Comparison data from nine drug court sites in seven California counties on a group of offenders who were eligible for drug court but did not participate were collected as a part of Phase I and II of this study. The comparison data from all nine sites were combined to create an average number of transactions and average cost per offender for the drug court eligible case and for recidivism outcomes (e.g., re-arrests, incarceration) after the drug court eligible arrest. In 2008, the California AOC has funded a project to update the comparison group for the DC-CSET to a statewide comparison that can be matched to drug court jurisdiction

Sacramento Drug Court Process

An overview of the Sacramento Drug Court process, emphasizing key procedures and practices, can be found in Appendix B. Drug courts should review their own practices on a regular basis as specific drug court practices can have a significant impact on participant outcomes. For example, the use of jail as a sanction can be used frequently or rarely, and can be used for extended periods or for very short time frames. The use of jail tends to be expensive and may not have the intended effect. Jail can work as an effective wake-up call or, if used frequently or for long periods (e.g., one week or more), it can impact participant employment and relationships in ways that are counterproductive to program goals of reducing drug use and producing productive members of society. It is important to consider your program practices in terms of both their impact on program goals for its participants and their expense. The 10 Key Components (NADCP, 1997) provide guidelines for good program practice. Appendix A contains a list of questions you can use to determine if your program is following promising practices with regards to the Ten Key Components of Drug Courts. The answers you give to these questions may tell you about areas where you could enhance your drug court practices.

Recidivism and Cost Results

PROGRAM PARTICIPANTS

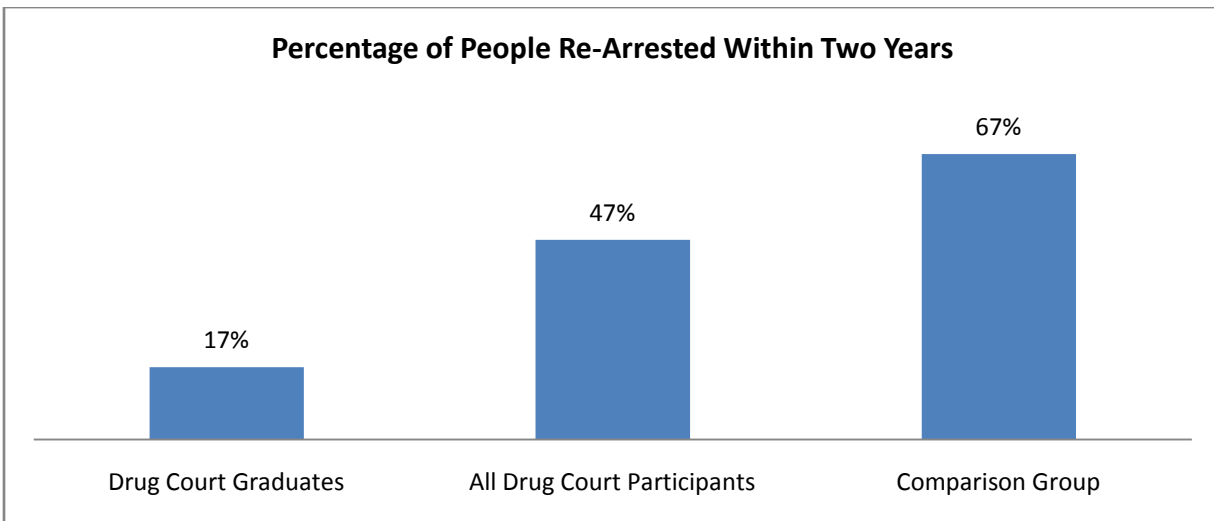
The sample chosen for the Sacramento Drug Court consisted of the 401 participants who entered the program from January 1, 2004 through December 31, 2005; 101 were graduated and 300 were non-completers (did not graduate). There were 57% men and 43% women. There were 68% White, 22% African American, 9% Hispanic/Latino, and 1% Pacific Islander. The primary drugs of choice for these participants were methamphetamine (51%), followed by not specified (31%), marijuana (8%), cocaine (6%), heroin (2%), and alcohol (2%). On average, these participants spent 5.18 months in the program.

The comparison group used for the DC-CSET represents 9 different counties/jurisdictions analyzed in Phases I and II of this research effort. This comparison group consisted of 1,685 participants. The average age of the comparison group is 34 with 71% men and 29% women. There were 50% White, 36% Hispanic/Latino, 12% African-American, 1% Asian, and 1% comparison group members of other ethnicities. The primary drugs of choice for these offenders were not available. The comparison group may not match the participant group for this site exactly, but in lieu of a detailed and more time-intensive study, this broad comparison group offers a reasonable representation of traditional court processing in California for those that were eligible for drug court but did not participate. This comparison group was selected from offenders during a time period before the implementation of Proposition 36, therefore they represent traditional court processing without SACPA treatment.²

RECIDIVISM RATE

Sacramento Drug Court participants had the following recidivism (re-arrest) rates over a two-year period.

Figure 2: Two-Year Recidivism (Re-Arrest) Rate for Sacramento Drug Court: Graduates, All Participants and Comparison Group



² The California AOC has funded the development of a statewide and contemporary comparison group for the DC-CSET. This comparison group will be available for the final reports on this project.

PROGRAM/CASE COSTS (INVESTMENT)

Table 1 displays the unit cost per program related event, the number of events and the average cost *per individual* for each of the drug court events for program graduates and for all participants.

Table 1: Sacramento Drug Court Average Program Costs per Participant

Events	Unit Cost	Avg. # of Events for DC Graduates Per Person	Avg. Cost per DC Graduate Per Person	Avg. # of Events for all DC Participants Per Person	Avg. Cost per DC Participant Per Person
Arrest/Booking	\$310.86	1	\$311	1	\$311
Drug Court Appearances	\$214.27	17.96	\$3,848	9.28	\$1,988
Case Management	\$14.32	157.62 Days ³	\$2,257	157.62 Days	\$2,257
Individual Treatment	\$37.99	18.48	\$702	7.57	\$288
Group Treatment	\$75.99	114.00	\$8,663	40.91	\$3,109
Residential Treatment per Day	\$73.41	7.17	\$526	2.11	\$155
Drug Tests	\$10.81	128.43	\$1,388	47.47	\$513
Jail Days as a Sanction	\$102.49	2.57	\$263	5.44	\$558
Total Drug Court			\$17,959		\$9,178

The total cost of the Sacramento Drug Court program per participant is \$9,178. From prior research, in drug court programs studied by NPC, the program cost per participant ranged from \$4,000 to just under \$20,000 depending on the intensity of the program and the extent to which the programs used public funds for their services (Carey & Finigan, 2004; Carey et al., 2005).

³ Case management is calculated by number of days in drug court, so the average number of transactions in this case is the average number of days spent in the drug court program.

The costs displayed in Table 2 below were calculated based on cost information entered into the DC-CSET by Drug Court staff for Sacramento County. The number of comparison group events is the average number of events for the nine sites that participated in the first two phases of this study. Note that this is for traditional court processing, and does not refer to Prop 36 court processing. In the near future, an updated comparison group of drug court eligible offenders statewide will be created.

Table 2. Sacramento County Average Traditional Court Processing Costs per Person

Event	Event Unit Cost	Avg. # of Events Per Person	Avg. Cost Per Person
Arrest/Booking	\$310.86	1	\$311
Court Case	\$3,156.35	1	\$3,156
Treatment	\$1,724.30	NA	\$1,724
Jail Days	\$102.49	67.44	\$6,912
Probation Days	\$12.07	380.04	\$4,587
Total			\$16,691

PROGRAM COSTS PER AGENCY

Table 3 displays the cost per drug court participant and comparison group member for each agency involved in the drug court program and the difference in cost between the two groups (the net investment). A negative number in the difference column indicates that it costs *less* for drug court than for traditional court.

Table 3. Sacramento Drug Court Average Cost per Person by Agency

Agency	Avg. Cost per Drug Court Participant	Avg. Cost per Traditional Court Offender	Difference (Net Investment)
Superior Court	\$116	\$2,155	-\$2,039
District Attorney	\$342	\$391	-\$49
Defense Attorney	\$300	\$611	-\$311
Treatment Agencies	\$4,495	\$1,724	\$2,771
Probation	\$3,057	\$4,587	-\$1,530
Law Enforcement	\$868	\$7,223	-\$6,355
Total*	\$9,178	\$16,691	-\$7,513

* Totals in this row may not equal the totals in the costs by transaction table due to rounding.

RECIDIVISM RELATED COSTS AND BENEFITS

Table 4 shows the average number of recidivism-related events per offender for drug court graduates, all drug court participants (regardless of graduation status) and the comparison group over the 2 years of outcome data entered into the DC-CSET.

Table 4: Sacramento Drug Court: Average Number of Recidivism Events After Drug Court Entry per Person Over 2 Years

Recidivism Related Events	Drug Court Graduates Per Person (n=23)	Drug Court Participants Per Person (n=100)	Comparison Group Per Person (n=1,685)
Re-Arrests/Bookings	0.26	0.93	1.83
Court Cases	0.61	1.35	0.76
Jail Bookings*	0.24	0.85	1.69
Jail Days	16.57	133.47	126.11
Probation Days After Exit	0.00	296.17	612.51
Prison Days	0.00	24.45	74.56

*Data on the number of jail bookings for Drug Court participants and graduates are estimates from similar sites and were calculated based on the number of arrests.

Table 5 provides the average cost per graduate, per drug court participant and per comparison group member for each type of recidivism event. Recidivism costs for drug court participants as a whole are lower than those for the comparison group, indicating a cost savings.

Table 5: Sacramento Drug Court: Costs Associated with Recidivism per Drug Court and Comparison Group Member

Recidivism Related Event	Unit Costs	Drug Court Graduates Per Person (n=23)	Drug Court Participants Per Person (n=100)	Comparison Group Per Person (n=1,685)
Re-Arrests/Bookings	\$310.86	\$81	\$289	\$569
Court Cases	\$3,156.35	\$1,925	\$4,261	\$2,399
Jail Bookings	\$282.64	\$68	\$240	\$478
Jail Days	\$102.49	\$1,698	\$13,679	\$12,925
Probation Days After Exit	\$12.07	\$0	\$3,575	\$7,393
Prison Days	\$97.50	\$0	\$2,384	\$7,270
Total		\$3,772	\$24,428	\$31,034

RECIDIVISM RELATED COSTS BY AGENCY

Table 6 provides the cost for each agency and the difference in cost between the drug court participants and the comparison group per person. A positive number in the benefit column indicates a cost savings for drug court participants.

Table 6. Sacramento Drug Court Costs Associated with Recidivism by Agency per Person: Drug Court and Comparison

Jurisdiction/Agency	Drug Court Participants Per Person (n=100)	Comparison Group Per Person (n=1,685)	Drug Court Benefit* Per Person
Superior Court	\$2,909	\$1,638	-\$1,271
District Attorney	\$527	\$297	-\$230
Defense Attorney	\$825	\$464	-\$361
Probation	\$3,575	\$7,393	\$3,818
Law Enforcement (Police and Sheriff)	\$14,209	\$13,972	-\$237
Department of Corrections and Rehabilitation	\$2,384	\$7,270	\$4,886
Total⁴	\$24,429	\$31,034	\$6,605

* Comparison Group minus Drug Court Participants = Drug Court Benefit

As shown in Tables 5 and 6, the total cost of recidivism for the Sacramento Drug Court per drug court graduate was \$3,772 and per drug court participant (regardless of graduation status) was \$24,429, while the cost per comparison group member was \$31,034. The difference between the drug court and comparison group was **\$6,605** per participant. This amount represents the recidivism cost savings per offender due to participation in drug court over 2 years. If this amount is multiplied by the total number of participants who have entered the program since its inception (approximately 3,067 offenders), the total cost amount “saved” (or avoided) by the program due to positive outcomes for its participants (e.g., lower recidivism) is **\$20,257,535**.

⁴ Totals in this row may not equal totals in the cost per outcome transaction table due to rounding.

APPENDIX A

NPC'S TEN KEY COMPONENTS CROSSWALK TO GOOD PRACTICES

Important Note: The questions listed under each Key Component in this Appendix are for your own self-assessment of how you are implementing the 10 Key Components of Drug Court. The suggestions included in this list are based on NPC's experience in over 100 drug courts on what practices lead to more positive outcomes (including lower recidivism and lower costs). For more information on the studies that were the basis of this Key Component list, go to www.npcresearch.com.

Key Component #1: Drug Courts integrate alcohol and other drug treatment services with justice system case processing.

- What agencies are included as part of the drug court staff? Are all agencies that might need to work directly with participants included on the staff/team?
- Do you have a steering and/or policy committee? Who is on those committees? Are there representatives from all agencies that commonly interact with or provide services (or who you would like to provide services) to your participants? (Examples: Court, Prosecution, Defense Counsel, Treatment, Juvenile Department, Schools, Probation, Social Services, Employment...)
- How does the treatment provider(s) communicate with the court? Are there written progress reports? Does a treatment representative attend drug court sessions and team meetings on participant progress?
- How many treatment providers work with your drug court? Is there is more than one provider? Is there a central intake and overseeing treatment provider that is responsible for consistent assessment and the collection of the necessary information for the Court?
- Who performs drug testing? Are drug test results provided to the drug court staff in time for staff to respond quickly to positive results (within one or two days, at least before the participant's next drug court hearing)?

Key Component #2: Using a non-adversarial approach, prosecution and defense counsel promote public safety while protecting participants' due process rights.

- Are the prosecution and defense counsel involved in the determination of drug court eligibility?
- Are prosecution and defense counsel included as part of the drug court staff/team?
- Do they communicate with each other and the team during team meetings and outside of meetings about participant progress?
- Do prosecution and defense counsel attend team meetings and drug court sessions?
- Are representatives from prosecution and defense included in policy meetings?

Key Component #3: Eligible participants are identified early and promptly placed in the drug court program.

- Who can make referrals to drug court (how many different agencies)?
- Do you have written eligibility requirements? (What is your target population? Do your eligibility requirements target your intended population? Is family willingness and/or ability to participate considered in the eligibility process for juveniles?)
- Do all departments/individuals that can make referrals have a copy of the eligibility requirements?
- Is your program pre-plea, post-plea, post-conviction or a combination? [Pre-plea programs tend to get people in faster because they can refer them at the time of the arrest. Post-plea programs are either referred after they are already on probation (sometimes years after the arrest) or they at least have to wait to go through the whole traditional court process and be convicted before they can start the program. (This also means a post-plea court is more expensive because you pay for the traditional court process plus the drug court!)]
- What is the *intended time* between arrest and referral and between referral and program entry? What is the *actual time* between arrest and referral and between referral and program entry? How many *steps* are there from arrest/probation to referral to entry into the program? If your *actual time* is longer than your intended time is there a way to minimize the number of steps in the arrest/referral process or to make each step happen more quickly? (Make and/or review a flowchart of your process and see if there are any possible efficiencies. Talk to each person involved in the eligibility process and see if there are barriers that the drug court staff could help overcome.)
- What is your capacity? Is your program at capacity? If not, what are the barriers that prevent eligible participants from entering? Do you operate over your capacity? Do you turn people away or put them on a wait list? How many participants do you estimate that you are unable to serve at your current capacity? (These numbers, along with any cost savings shown in this report, can be helpful in arguing with funding sources for more money to address issues of being over capacity.)

Key Component #4: Drug Courts provide access to a continuum of alcohol, drug and other treatment and rehabilitation service.

- Is a representative from your treatment provider a part of your drug court staff? Do your treatment and other service providers understand the drug court model, your drug court process and the goals for your drug court program?
- Does your program have at least three phases (with decreasing supervision in each successive phase) so that participants can feel that they have made progress over time and so that participants can begin to take responsibility for structuring their own lives while still under program supervision?

- Are there clear requirements that must be satisfied (aside from time spent in the program) in order for a participant to move from one phase to the next? Are these requirements provided to both the drug court staff and the participants?
- Are phase requirements appropriate to effect change in participants? (Group treatment sessions at least 3 times per week in the first phase? Individual treatment sessions as needed for specific needs of participant? Drug court sessions at about once every three weeks in the first phase?)
- What treatment services are provided? Are the treatment services appropriate to the age, gender, ethnicity, and drugs of choice of your drug court participants? Do your assessments and services focus on the strengths of your drug court participants?
- Are there services provided beyond drug and alcohol treatment that will assist participants to function better in the community once they have completed the program? (Family treatment and other services? Job training and other employment services? GED or other school related programs? Anger management classes? Parenting classes? Faith-based opportunities?)
- Are there services provided that facilitate the ability of participants to succeed in the program? (Childcare for participants with children? Transportation to and from program requirements?)
- Are your program requirements scheduled/arranged so that participants can continue to engage successfully in necessary activities outside of the program (e.g., parenting, employment, school)?
- Does your drug court have an aftercare program (or continued availability of community services) that provide(s) continued support for participants after program completion?

Key Component #5: Abstinence is monitored by frequent alcohol and other drug testing.

- What types of drug tests does your program use? Are they appropriate to the drugs of choice of your participants (e.g., wrist/ankle monitors and/or breath tests for alcohol users)?
- Do your participants get tested at least three times per week in the first phase? (Some drug courts take urine samples five or more days per week but only test two or three of the samples for each participant each week. The participant does not know which samples will be tested.)
- Does your drug testing occur on a *random* basis? What is your method for randomizing tests to ensure that participants do not know when they will be tested?
- Is the sample collection for your urinalyses *fully observed* by staff of the appropriate gender?

Key Component #6: A coordinated strategy governs drug court responses to participants' compliance.

- Have rewards and sanctions (and other responses to participant behavior) been considered for whether they will be effective in producing a positive change in participant behavior?
- Does your drug court have clearly stated guidelines on what constitutes compliant and non-compliant behavior? Is this information written? Are the drug court staff and the participants provided with this information?

- Does your drug court have clearly stated guidelines on what the responses will be to compliant and non-compliant behavior? Is this information written? Are the drug court staff and the participants provided with this information?
- How quickly can staff respond to non-compliant behavior? Are drug court staff, in addition to the judge, allowed to respond at (or near) the time that non-compliant behavior occurs?
- Does your drug court staff have clear lines of communication about client behavior and drug court staff response?
- Has your drug court staff (including the judge) had training on how to use rewards and sanctions to modify participant behavior?
- Are your rewards and sanctions graduated (the severity of the sanction increases with more frequent or more serious infractions)?
- Do you have a variety of rewards and sanctions (and other responses) available that can be adjusted to fit the needs of each participant? (See list of examples of rewards and sanctions at www.npcresearch.com)
- Does your court have clear incentives for offenders to enter and complete the program (e.g., drug court case is dismissed or record is expunged, suspended or decreased jail, probation, and/or prison time, job training, GED classes, or other services?)
- Is jail as a sanction used effectively to change participant behavior in positive ways? Is extended jail time avoided, so participants' lives are not impacted in negative ways (e.g., loss of employment) that will prevent their recovery?

Key Component #7: Ongoing judicial interaction with each participant is essential.

- Do participants have drug court hearings at least once every three weeks in the first phase?
- Does the judge speak directly to the participant during each court appearance?
- Does the judge (or someone) keep notes on individual participants so that s/he can remember individuals from one court session to the next? Does the judge keep notes (or have access to notes) so that s/he can remember what s/he has told the participant would happen at the next court appearance?
- Does the judge provide consistent guidance and follow through on warnings to participants?
- Does the judge have training in the drug court model and the use of rewards and sanctions? (This can include reading literature, attending official drug court training sessions, training by previous drug court judges and observing other drug courts.) Does the judge/team keep in mind the effect a sanction or reward may have on both the participants and the participants' families?
- Does the judge work with the treatment providers and other members of the team to determine appropriate responses to participants' actions?
- Is the drug court judge assigned to drug court for at least two years before any rotation? Do judges rotate through the drug court assignment more than once? (Drug courts with judges who

preside for at least two years, and/or who rotate through more than once have better outcomes than drug courts with regular rotations of less than two years.)

Key Component #8: Monitoring and evaluation measure the achievement of program goals and gauge effectiveness.

- Does your program collect electronic data appropriate for participant tracking and program evaluation? Does the data you collect allow you to monitor maintain quality of service, monitor program impact and contribute to knowledge in the field? (See data list and definitions in “drug court resources” at www.npcresearch.com.)
- Are appropriate safeguards in place to protect the confidentiality of data while allowing access to the program staff and to researchers for evaluation purposes?
- Does the drug court staff understand and have common goals for the program? (What are your program goals? What activities are you performing that will move you toward those goals?)
- Do you have plans to perform self-monitoring of program data to determine if you are moving toward your goals? (How will you know if/when achieving your program goals?)
- Have you had or do you have plans for an outside evaluator to measure whether you are implementing the program as you intended and whether the program is achieving its intended outcomes?
- Does your policy and/or steering committee help adjust the program process based on feedback from self-monitoring and/or outside evaluation?

Key Component #9: Continuing interdisciplinary education promotes effective drug court planning, implementation, and operations.

- Does the drug court staff receive regular (at least once per year) education on drug court practices? (This can include reading literature, attending official drug court training sessions, training by previous drug court judges and observing other drug courts.)
- Are the trainings received by drug court staff appropriate for the specific target population in your court including age, gender, ethnicity and drugs of choice and do they include information on drug addiction and treatment?
- Have the drug court staff received training specific to their role?
- Does drug court staff bring new information on drug court practices including drug addiction and treatment to staff/team meetings?
- Do new drug court staff members get training on the drug court model before or soon after starting work? (Formal training? On the job training?)

Key Component #10: Forging partnerships among drug courts, public agencies, and community-based organizations generates local support and enhances drug court program effectiveness.

- Do you have relationships with community agencies that can provide services for your participants in the community? Have you reviewed the services provided by these agencies to determine whether they are of good quality and appropriate for your drug court participants?
- Do you regularly refer your participants to services available in the community?
- Does the Drug Court staff include representatives from community agencies that work regularly with drug court participants? (E.g., Employment assistance, community service agencies.)
- Do representatives from community agencies serve on your drug court policy or steering committee?
- Do you have connections in the community that you can use to set up a variety of community service options for your participants? Do these connections in the community continue to be available to participants after they leave the program?
- Can the drug court program and/or its participants receive donations of time or funds from community agencies? If not, what are the barriers to receiving donations? Are there any specific program activities that can be funded by community donations?

APPENDIX B

SACRAMENTO ADULT DRUG COURT PROCESS OVERVIEW

The table in this section, Appendix B, provides an overview of the Sacramento Adult Drug Court, emphasizing key procedures and operations. The previous appendix, Appendix A, contains a list of questions you can use to determine if your program is following promising practices with regards to the Ten Key Components of Drug Courts (NADCP 1997). As you read through the practices of your drug court, it can be useful to keep in the mind the questions associated with the 10 Key Components.



Report - Court Information Table

1. Drug Court Implementation Date	5/1995-Pilot Project 3/1996-Full Implementation
2. Number of participants since inception	3067 participants have entered the program since its inception, 119 are currently active, 0 have completed treatment but have not graduated, 773 have completed the program (graduated), and 2175 have been terminated.
3. Court plea status	Post-plea/pre-sentencing
4. Time from referral to drug court entry	Between one and three weeks
5. Referral sources	District Attorney Public Defender/Defense Attorney
6. Incentive to complete program	Charges for the case that led to drug court are dismissed Early termination of probation or probation sentence is not served Jail sentence for case that led to drug court is not served Prison sentence for case that led to drug court is not served Fees and fines associated with the Drug Court case are waived.
7. Eligibility	<i>Legal Criteria: An offender may be excluded if he or she has any of the following:</i> Current manufacturing charges Prior manufacturing convictions Current violence charges Prior violence convictions Current weapons charges



Report - Court Information Table

7. Eligibility	<p><i>Legal Criteria: An offender may be excluded if he or she has any of the following:</i></p> <p>Prior weapons convictions</p> <p>Serious mental health issues</p> <p>10 year violence Felony, 5 year violence Misdemeanor, sales offenses with facts indicating sophistication will accept current misdemeanors</p>
8. Participant drug of choice	Methamphetamine (51%), Cocaine (6%), Heroin (2%), Marijuana (8%), Opiates (other than heroin) (0%), Alcohol (2%), and Other Drug (31%)
9. Number of Treatment Providers	3 treatment provider agencies work directly with the drug court.
10. Assessments	The ASI and anti-social personality inventory tools are used to determine whether an offender is suitable for drug court.
11. Treatment services provided	<p>Gender-specific treatment sessions</p> <p>Residential treatment</p> <p>Mental health counseling</p> <p>Psychiatric treatment</p> <p>Acupuncture</p> <p>Self-help meetings</p> <p>Health education (AIDS/HIV, ect.)</p> <p>Housing/homelessness assistance</p> <p>Nutrition</p> <p>Mind and Body (Qi Gong, Yoga, Tai Chi)</p>
12. Length of program	From participant entry to graduation is a minimum of 10 months
13. Phases	
	There are 4 phases in our program.



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13. Phases	<p>Phase 1:</p> <p>Minimum length (number of weeks): 4</p> <p>Minimum number of drug tests: 3 times per week</p> <p>Minimum number of drug court sessions: once every two weeks</p> <p>Minimum number of group sessions: 3 times per week</p> <p>Minimum number of individual sessions: once every two weeks</p> <p>Phase 2:</p> <p>Minimum length (number of weeks): 12</p> <p>Minimum number of drug tests: 3 times per week</p> <p>Minimum number of drug court sessions: once every three weeks</p> <p>Minimum number of group sessions: 2 times per week</p> <p>Minimum number of individual sessions: less than once every two months</p> <p>Phase 3:</p> <p>Minimum length (number of weeks): 12</p> <p>Minimum number of drug tests: 2 times per week</p> <p>Minimum number of drug court sessions: once per month</p> <p>Minimum number of group sessions: 2 times per week</p> <p>Minimum number of individual sessions: less than once every two months</p> <p>Phase 4:</p> <p>Minimum length (number of weeks): 12</p> <p>Minimum number of drug tests: 2 times per week</p> <p>Minimum number of drug court sessions: once every six weeks</p> <p>Minimum number of group sessions: 2 times per week</p> <p>Minimum number of individual sessions: less than once every two months</p>
14. Self Help Groups	Participants are required to attend self-help groups.



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15. Drug Court Participant fees	Drug court participants are required to pay a minimum of \$40 per month (\$500 minimum total) treatment fees: On average, participants are ordered to pay \$500 Participants pay Monthly fees
16. Drug Court Team Members	Supervising Probation Officer/Drug Court Coordinator Senior Duputy Probation Officer Deputy Probation Officer Deputy Probation Officer Probation Assistant AOD Case Manager AOD Case Manager AOD Counselor AOD Counselor AOD Counselor Courtroom Clerk A Superior Court Judge Principal Criminal Attorney Attorney, Level 5 Criminal Bailiff/Deputy Bailiff/Deputy Office Assistant
17. Drug Testing	We use the following types of drug tests for our participants: Urinalysis (always) EtG for alcohol detection (sometimes)



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18. Team Meetings	The following people attend "staffing" meetings (where participant progress is discussed): Treatment Provider(s)/Counselors (Always/Usually) Case Managers (Always/Usually) Probation (Always/Usually) Drug Court Coordinator (Always/Usually) nurse(Always/Usually) mental health(Always/Usually)
19. Drug Court Sessions	The following people attend drug court sessions/drug court appearances: District Attorney (Always/Usually) Public Defender/Defense Attorney (Always/Usually) Treatment Provider(s)/Counselors (When needed) Case Managers (When needed) Judge (Always/Usually) Probation (Always/Usually) Drug Court Coordinator (Always/Usually) Court Clerk (Always/Usually) Bailiff (Always/Usually)
20. Judge	Drug Court appointment is for indefinite length of time.
21. Rewards	Participants are given tangible rewards (such as movie tickets, candy, key chains). Participants are given intangible rewards (applause, praise from Judge or Team). Rewards are given in a standardized way for specific behaviors. Participants know what specific behaviors lead to rewards. Participants are given a written list of possible rewards.



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21. Rewards	Participants are given a written list of the behaviors that lead to rewards.
22. Sanctions	<p>Sanctions are imposed at the first court session after the non-compliant behavior.</p> <p>Sanctions are imposed only by the Judge.</p> <p>Participants know which behaviors lead to sanctions.</p> <p>Participants are given a written list of possible sanctions.</p> <p>Participants are given a written list of the behaviors that lead to sanctions.</p> <p>There are written rules regarding participant behavior and team responses for sanctions.</p> <p>There are written rules regarding participant behavior and team responses for rewards.</p> <p>Program staff has a copy of rules regarding sanctions.</p> <p>Program staff has a copy of rules regarding rewards.</p> <p>Clients are given a copy of the rules regarding sanctions.</p> <p>Clients are given a copy of the rules regarding rewards.</p>
23. Graduation	<p>Participants must be clean a minimum of 70 days before they can graduate.</p> <p>In order to graduate, participants must:</p> <p>Pay all drug court fees.</p> <p>Graduation from our drug court occurs at a public ceremony.</p> <p>Graduation from our drug court occurs during a regular drug court session.</p> <p>Graduation includes a certificate, memento or gift for the participant from the Judge or Team.</p>
24. Post-graduation support	<p>Our drug court has:</p> <p>An alumni group that meets regularly after graduation.</p> <p>An alumni group that provides support for current participants.</p> <p>Alumni may continue to be financially supported in vocational rehabilitation costs and tattoo removal.</p>



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25. Partnerships with Community Agencies	Our drug court has formally partnered with community agencies (9 nonprofit).
26. Communication from Treatment Providers to Court	<p>The information from the treatment provider is provided in a timely manner (e.g., in advance of drug court appearances).</p> <p>Treatment providers communicate with the court and drug court team using eMail.</p> <p>Treatment providers communicate with the court and drug court team using verbal reports during team meetings.</p> <p>Treatment providers communicate with the court and drug court team using written reports.</p> <p>The following types of information are shared with the court:</p> <p>Missed treatment sessions.</p> <p>Groups attended.</p> <p>Drug tests conducted and results.</p> <p>Progress towards goals.</p> <p>Attitude toward/engagement in treatment</p> <p>Participant crises.</p> <p>Treatment completion.</p>
27. Use of electronic database	We have an electronic database for tracking drug court clients.
28. Team Training	<p>The following team members received formal training on drug court practices:</p> <p>Team members receive the following types of training before (or soon after) starting work:</p> <p>On-the-job training</p> <p>Formal orientation</p>
29. Changes to the drug court over time	See table below for changes from 2001-2007

Changes to Drug Court Treatment Program 2001-2007

2001-2005	2006	2007
<p>Group Treatment and Services</p> <ul style="list-style-type: none"> • Nutrition program (trial Fall/01; permanent 7/1/02) • Life skills, anger management and domestic violence • Added amino acids to nutrition program (7/1/02) • Stress reduction (mind/body) for level 1 & 2 (7/1/02) • Men's and women's PTSD (Post Traumatic Stress Syndrome) mental health groups • Training of staff in evidence/research-based programming, including a move toward cognitive behavioral curriculums. (4th Qtr/05) • Alumni groups for after care and support of at-risk level 1 clients • Community Service: designated mile on American River Parkway (Spring/03) <p>Individual Treatment and Services</p> <ul style="list-style-type: none"> • Mental health services for dual diagnosis clients 2/02 • Tattoo removal (Spring/03) • Continuity of medical and psychiatric services during in-custody sanctions. • Buddy/mentor program <p>Reinforcement and Sanctions</p> <ul style="list-style-type: none"> • Voucher/incentive system • Sobriety medallions • Reduction of jail sanctions from 5-10-15-21 days to 3-7-10-15 days (has been further reduced to 3-7-8-10 days as of 10/08) <p>Practical Support</p> <ul style="list-style-type: none"> • Transportation from jail to DCTC, residential, or mental health services for at risk clients returning from jail day sanctions • Childcare <p>Program Intake and Client Tracking</p> <ul style="list-style-type: none"> • Adjustment to intake and eligibility procedures in coordination with Prop 36 implementation. • Client tracking database (CADI) upgrade 	<p>Group Treatment and Services</p> <ul style="list-style-type: none"> • Continued staff training in evidence/research-based programming • Life skills/college orientation class for level 1 and 2 clients. • Committee to oversee curriculum and program redesign toward evidenced-based practices • Refinement of cognitive based-treatment curriculum • Separate treatment curriculum for low risk clients <p>Individual Treatment and Services</p> <ul style="list-style-type: none"> • Dental and optical services for clients on a case by case basis • Increased availability of psychiatric services and (where needed) prescriptions of psychotropic medication <p>Reinforcement and Sanctions</p> <ul style="list-style-type: none"> • Motivational interviewing training for Probation and counseling staff. • Modification of court calendar for low risk clients <p>Practical Support</p> <ul style="list-style-type: none"> • Transportation of new clients from jail to orientation at the Drug Court Treatment Center • Clean and sober living environments on an as-needed basis for clients with limited or no housing. • Improved food service at the treatment center <p>Program Intake and Client Tracking</p> <ul style="list-style-type: none"> • Low/high risk assessment and appropriate treatment referral • Amended database to track treatment dosage levels for incoming clients, demographics and statistics 	<p>Group Treatment and Services</p> <ul style="list-style-type: none"> • Spanish speaking curriculum (1st Qtr) • Relapse prevention curriculum (3rd Qtr) • Strategies for Change (for cognitively impaired) (4th Qtr) <p>Individual Treatment and Services</p> <ul style="list-style-type: none"> • Reinstatement of Deputy Probation Officer position cut in FY 2003-2004 (3rd Qtr) <p>Reinforcement and Sanctions</p> <p>No changes</p> <p>Practical Support</p> <ul style="list-style-type: none"> • 3 additional providers of clean and sober living environments on an as-needed basis for clients with limited or no housing. (1st Qtr) • Commuting of fines and fees and other obstacles to reinstated driver's licenses for Drug Court clients (2nd Qtr) • Suspensions and/or waivers of outstanding court imposed fine/fee balances per 1203.3 (b)(4) PC (2nd Qtr) • On-site alternative for community service for clients to complete in lieu of fines (4th Qtr) <p>Program intake and Client Tracking</p> <ul style="list-style-type: none"> • Restriction of eligibility to misdemeanants with >180 day County Jail exposure (1st Qtr) • Upgrade to database to expedite attendance tracking (2nd Qtr) • Monitoring compliance of clients referred to Alternative Sentencing Program who may be converting fines/fees (3rd Qtr) • Expanded eligibility for clients seeking a methadone maintenance regimen (3rd Qtr)