

# City of St. Louis Adult Drug Court St. Louis, Missouri *Process Evaluation Report*

*Submitted to:*

**Missouri Office of State  
Courts Administrator**  
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**City of St. Louis Adult Drug Court**  
**St. Louis, Missouri**  
***Process Evaluation Report***

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*Informing policy, improving programs*

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## BACKGROUND

**D**rug courts are designed to guide offenders identified as drug-addicted into treatment that will reduce drug dependence and improve the quality of life for the offenders and their families. Benefits to society include substantial reductions in crime and decreased drug use, resulting in reduced costs to taxpayers and increased public safety.

In the typical drug court program, participants are closely supervised by a judge who is supported by a team of agency representatives operating outside of their traditional roles. The team typically includes a drug court administrator, case managers, substance abuse treatment providers, prosecuting attorneys, defense attorneys, law enforcement officers, and parole and probation officers who work together to provide needed services to drug court participants. Prosecuting and defense attorneys modify their traditional adversarial roles to support the treatment and supervision needs of program participants. Drug court programs blend the resources, expertise and interests of a variety of jurisdictions and agencies.

Drug courts have been shown to be effective in reducing criminal recidivism (GAO, 2005), improving the psycho-social functioning of offenders (Kralstein, 2010), and reducing taxpayer costs due to positive outcomes for drug court participants (including fewer re-arrests, less time in jail and less time in prison) (Carey & Finigan, 2004; Carey, Finigan, Waller, Lucas, & Crumpton, 2005). Some drug courts have been shown to cost less to operate than processing offenders through business-as-usual in the court system (Carey & Finigan, 2004; Carey et al., 2005).

More recently, research has focused not just on *whether* drug courts work but *how* they work, and *who* they work best for. Research-based best practices have been developed (e.g., Volume I of NADCP's Best Practice Standards was published in 2013 and Volume II will be released in July 2015). These Best Practice Standards present multiple practices that have been associated with significant reductions in recidivism or significant increases in cost savings or both. The Standards also describe the research that illustrates for whom the traditional drug court model works best, specifically, high-risk/high-need individuals. The Standards recommend that drug court programs either limit their population to high-risk/high-need individuals, or develop different tracks for participants at different risk and need levels (i.e., follow a risk-need responsivity model). That is, drug courts should assess individuals at intake to determine the appropriate services and supervision level based on their assessment results (e.g., Andrews, Bonta, & Wormith, 2006; Lowenkamp & Latessa, 2005). This research has led to the development of more sophisticated drug court programs, including programs that have implemented multiple tracks for their offenders based on the four "quadrants" of risk and need (high-risk/high-need, high-risk/low-need, low-risk/high-need, and low-risk/low-need). The first known program to implement all four tracks, or quadrants, was the drug court in the City of St. Louis, Missouri, followed soon after by Greene County, Missouri. In these programs the judicial officer and coordinators worked with their teams and with community organizations to develop appropriate supervision, treatment and other complementary services for participants at each risk and need level.

In October 2014, the Office of State Courts Administrator (OSCA) in Missouri, in partnership with NPC Research, received a grant from the Bureau of Justice Assistance, to perform a process evaluation of two

drug courts operating in Missouri that are using the 4-track model, the 4-track program in Greene County (Springfield) and in the City of St. Louis. Both programs are using a specialized screening tool, the Risk and Needs Triage (RANT®), a scientifically validated screening tool developed by the Treatment Research Institute (TRI), to place offenders in one of the four risk-need quadrants (see Table 1). The programs both have separate treatment and supervision requirements according to participants’ risk and need levels. The 4-track model implemented in the City of St. Louis was an effort to tailor the drug court program to the risk and needs of participants in each quadrant with the expectation that this would improve effectiveness and be more cost and resource efficient.

**Table 1. The Risk and Need Quadrants**

	<b>High Risk</b>	<b>Low Risk</b>
<b>High Need</b>	Quadrant 1 (Q1) <i>High-Risk/High-Need</i>	Quadrant 2 (Q2) <i>Low-Risk/High-Need</i>
<b>Low Need</b>	Quadrant 3 (Q3) <i>High-Risk/Low-Need</i>	Quadrant 4 (Q4) <i>Low-Risk/Low-Need</i>

Over time the treatment court has further evolved to become more focused on the high risk/high need offenders. Participants are now separated into different dockets based on diagnostically determined mental health disorders (a “co-occurring” docket) and the need for Medically Assisted Treatment (MAT) (an “MAT” docket). The City of St. Louis also has a Veterans Treatment Court (VTC). This report contains a description of the program practices and procedures and the process evaluation results for the City of St. Louis Adult Drug Court, specifically the 4-track model. The recommendations resulting from the process evaluation are based on research performed by NPC in over 100 drug courts around the country and on NADCP’s Best Practice Standards (2013, 2015), as well as on practical experience working with individual courts and collaborating with the professionals who do this work.

## **Process Evaluation Description and Purpose**

Research has demonstrated that drug courts that have performed monitoring and evaluation and made changes based on the feedback have significantly better outcomes, including twice the reduction in recidivism rates and over twice the cost savings (Carey, Finigan, & Pukstas, 2008; Carey, Mackin, & Finigan, 2012; Carey, Waller, & Weller, 2011). A process evaluation considers a program’s policies and procedures and examines whether the program is meeting its goals and objectives. Process evaluations generally determine whether programs have been implemented as intended and are delivering planned services to target populations. To do this the evaluator must have criteria or standards to apply to the program being studied. In the case of drug treatment courts, some nationally recognized guidelines have been established and have been used to assess drug court program processes. The standards established by the National Association of Drug Court Professionals began with the “10 Key Components of Drug Courts” (NADCP, 1997) and expanded based on a prodigious amount of research in the field to include (as described earlier) the Adult Best Practices Standards Volume 1 (2013) and Volume II (2015). Good process evaluation should provide useful information about program functioning in ways that can

contribute to program improvement. The main benefit of a process evaluation is improving program practices with the intention of increasing program effectiveness for its participants. Program improvement leads to better outcomes and impacts and in turn, increased cost-effectiveness and cost-savings. In addition, and particularly relevant to this study, a process evaluation should include a detailed description of the program that can be used to assist other jurisdictions in implementing the same program model.

## **Process Evaluation Methods**

The information that supports the process evaluation was collected from an online program assessment, staff interviews, participant focus groups, observations of the drug court sessions, and program documents such as the participant contract and staffing sheets. The methods used to gather information from each source are described below.

### **ELECTRONIC PROGRAM SURVEY**

An electronic survey was used to gather program process information from key program staff. This survey, which provides a consistent method for collecting structure and process information from drug courts, was developed based on four main sources: NPC's extensive experience with drug courts, the American University Drug Court Survey, a published paper by Longshore et al. (2001), which lays out a conceptual framework for drug courts, and the 10 Key Components established by the NADCP (1997). The survey covers a number of areas, particularly areas related to the 10 Key Components—including eligibility guidelines, specific drug court program processes (e.g., risk and need assessments used, phases, treatment providers, urinalyses, fee structure, rewards/sanctions), graduation, aftercare, identification of drug court team members and their roles, and a description of drug court participants (e.g., general demographics, drugs of use). The use of an electronic survey allows NPC to begin building an understanding of the program, as well as to collect information that will support a thorough review of the data collected about the site.

### **OBSERVATIONS**

The process evaluation was a collaborative effort by NPC and OSCA research staff. Two NPC staff and two OSCA research staff members visited the City of St. Louis Drug Court (STLDC) in May 2015 to observe the program judicial officer preside over multiple court dockets, interview all staff members, and conduct focus groups with program participants. These observations, team member interviews, and focus groups provided information about the structure, procedures, and routines used in the drug court.

OSCA staff also conducted additional observations and focus groups in the specialized dockets: Medication Assisted Treatment/Medication (MAT/Med), Co-Occurring (COD) and the Veterans Treatment Court (VTC). Observations from these dockets are included in the report.

### **KEY STAKEHOLDER INTERVIEWS**

Key stakeholder interviews, conducted in person, were a critical component of the process study. NPC staff conducted detailed interviews with individuals involved in the administration of the drug court, including the two commissioners, the judge (who had just vacated the treatment court dockets after a long tenure), the drug court administrator, probation officers, the assistant circuit attorney, treatment representatives, and the treatment director.



Interviews were conducted to clarify and expand upon information gained from the online assessment and to obtain a deeper and more comprehensive understanding of the STLDC process. NPC's Drug Court Typology Interview Guide<sup>1</sup> was referenced for detailed questions about the program. This guide was developed from the same sources as the online survey and provides a consistent method for collecting structure and process information from different types of drug courts. The information gathered through the use of this guide assisted the evaluation team in focusing on the day-to-day operations as well as the most important and unique characteristics of the drug court.

## **FOCUS GROUPS**

NPC and OSCA staff conducted focus groups with program participants. The groups were separated by quadrant and were composed of individuals in different phases within each quadrant. The focus groups, which took place in May 2015, provided participants with an opportunity to share their experiences and perceptions regarding the drug court process. The focus groups performed included:

- Q1 (high-risk/high-need) participants—three groups of eight participants each (one with all men)
- Q3 (high-risk/low-need)—six participants
- MAT/Med—five participants (all men)
- VTC—three participants (all men)
- COD—six participants (four men, two women)

## **DOCUMENT REVIEW**

In order to better understand the operations and practices of the STLDC, the evaluation team also reviewed program documents including the program policy and procedure manual, staffing notes, staffing summaries/forms, participant handbook, and several documents related to the requirements of the various dockets.

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<sup>1</sup> The Typology Guide was originally developed by NPC Research under a grant from the Bureau of Justice Assistance and the Administrative Office of the Courts of the State of California. A copy of this guide can be found at the NPC Research website at <http://npcresearch.com/wp-content/uploads/Drug-Court-typology-guide-NPC-Research-01-26-04-copyrighted.pdf>

## GENERAL SUMMARY OF FINDINGS AND RECOMMENDATIONS

**T**his section includes brief background information about the City of St. Louis Drug Court and then a summary of the key results and recommendations. The section following this summary provides the detailed results and recommendations for each key component. *Please note that the commendations and recommendations in this summary do not include all commendations and recommendations and do not include the detailed information available in the main text of the report. Please see the main report later in this document for full information.*

The City of St. Louis Drug Court (STLDC) was established in 1997 to address the substance addiction or substance abuse and the associated lifestyle of felony offenders by providing a structured program designed to hold the offenders accountable, help the offenders gain control over the addiction or abuse, and assure that they develop responsible living skills. The goals are to determine the best options for treatment and supervision for each participant that will optimize outcomes at the least cost to taxpayers and with the least threat to public safety, stop the revolving door of incarceration and criminal activity, and to return offenders to their families and the community as productive citizens.

The STLDC has made many program changes over time, adapting the program as research and best practices evolve. A brief summary of key changes are below:

- The COD track was implemented in 2003 and split into COD-1s and COD-2s (“lower functioning” and “higher functioning” participants, respectively) in 2012. In 2015 a third group of COD-3s was added for individuals with developmental disabilities.
- The VTC began operating in February 2010.
- In late 2011, the STLDC began using the Risk and Needs Triage (RANT) tool to determine participant placement across dockets. The aim of the RANT® is to better assess prognostic risk and criminogenic need, allowing the drug court to use resources more efficiently by targeting the specific risks and needs of the participants. Other tools, such as the Addiction Severity Index (ASI), a mental health screening, a modified Texas Christian University (TCU) drug screening, and a trauma screening tool are also used.
- The STLDC implemented the four quadrant model across its treatment court dockets and rolled out the MAT/Med docket in April 2012.

Since the STLDC began using the RANT® in 2011, there have been a total of 815 participants who entered the drug court program (including COD and MAT/MED participants) with 308 graduates, 292 discharged unsuccessfully, and 17 unable to complete the program (for medical or relocation issues). Since the VTC began in February 2010, there have been 31 graduates, 11 discharged unsuccessfully with 18 currently active. As of June 2015, there were 324 active participants across all dockets. The number of graduates and unsuccessful discharges reported are the number of individual incidents. These numbers could include duplicates, as participants are able to participate in the STLDC program more than once.<sup>2</sup>

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Overall, the STLDC follows the guidelines and best practices within the 10 Key Components of Drug Courts. Among its many positive attributes, the program should be specifically commended for the following practices:

- **A policy committee (the Operations Committee) exists that has appropriate key stakeholders and meets regularly.** The STLDC has an Operations Committee that meets regularly for the purpose of discussing and making recommendations about policy issues. The program ensures that team members are kept up to date on the latest best practices and research, as well as inform the team of policy changes or ideas that are being considered.
- **STLDC staff communicate regularly through email.** Drug courts that shared information among team members through email had 65% lower recidivism than drug courts that did not use email (Carey et al., 2012). Team members reported that updates occur regularly via email regarding participant behavior and court responses. It was also noted that daily in-person conversations occur (since many team members are located in the same building) to discuss ongoing or urgent matters related to participants.
- **There is a treatment director that oversees and coordinates treatment.** Having a single treatment director that oversees treatment contributes to good communication between treatment and the rest of the team. Having a single treatment director that coordinates treatment services can help ensure high-quality and appropriate treatment for each participant.
- **STLDC has a dedicated assistant circuit attorney assigned to the team.** Best practices research indicates that this results in more positive participant outcomes including significantly lower recidivism and increased cost savings (Carey et al., 2008). They provide insight during staffings and are supportive of the drug court concept. The role of the prosecution is to protect public safety, including that of the client, but prosecutors have tremendous power that can be used to facilitate the goals of the court through praise, and engagement with and encouragement of participants in court.
- **Treatment providers are contracted directly with the program and are housed with the drug court.** This is an ideal situation for consistent and reliable communication between treatment and the drug court team, as well as being efficient and convenient for participants to attend treatment groups and court sessions within the same building.
- **The program admits participants with a wide range of charges.** Allowing a wide range of charges is commended, and allows drug court services to be available to a large group of offenders that need them. Research in 69 drug courts showed that programs where charges in addition to drug-related charges are eligible for participation had lower recidivism and higher cost savings. Further, programs that included offenders with violent charges had similar outcomes to those that did not include violent offenders, demonstrating that drug court is effective with high-risk participants (Carey et al., 2012).
- **The program length is greater than the minimum best practice of 12 months, and has more than three phases.** The program had a recent policy change that increased the minimum program length from 11 months to 15 months and from three to four phases. The STLDC is commended for this, as programs that have a minimum length of stay of at least 12 months had significantly higher reductions in recidivism. In addition, programs that had three or more phases showed greater reductions in recidivism (Carey et al., 2012).
- **The program offers an array of treatment services and uses evidence-based programming.** The STLDC offers a breadth of diverse and specialized services to program participants through its unique partnership with the treatment providers. Each counselor has considerable strengths, along with services that allow them to treat participants assigned to specific quadrants and

specific dockets. The program also continuously seeks to expand programming (such as implementing Habilitation, Empowerment, and Accountability Therapy, or HEAT, which targets young black males from ages 18-29).

- **The program provides relapse prevention education while participants are active in the program and an aftercare program following graduation.** Drug courts that provide relapse prevention education and aftercare have significantly improved participant outcomes (Carey et al., 2012). Aftercare is also a clinical best practice, supporting individuals in their transition to a drug-free lifestyle.
- **Treatment agencies are assigned participants according to the type of services needed by participants in each quadrant and docket.** The separation of some treatment providers by docket allows treatment providers to focus on the specific population(s) they are treating and to understand the importance of risk and need levels. This also creates some efficiencies in that providers can attend staffings just for their relevant docket and have the important information about their assigned participants prepared to give to the team.
- **Drug testing occurs at least twice per week.** Research indicates that testing 2 or more times per week leads to lower recidivism rates. This program is recognized as following best practices in drug testing by requiring at least two weekly UAs and also for maintaining this level of testing for all participants throughout the program.
- **Rapid results from drug testing.** The program receives drug testing results within 2 days. Research has shown that obtaining drug testing results within 48 hours of submission is associated with higher graduation rates and lower recidivism (Carey et al., 2012). The STLDC is commended for adhering to this best practice.
- **The program requires participants to be clean at least 90 days before graduation.** Drug courts where participants are expected to have at least 90 days clean (negative drug tests) before graduation had 164% greater reductions in recidivism compared to programs that expected less clean time (Carey et al., 2012).
- **The program has developed specific guidelines on program responses and given a printed copy to each team member.** Drug courts that have written guidelines for sanctions and rewards and that provide these guidelines to the team have double the graduation rate and 3 times the cost savings compared to drug courts that do not have written guidelines (Carey et al., 2008, 2012). These guidelines help the team maintain consistency across participants so that, when appropriate, similar behaviors result in similar sanctions. The guidelines also serve as a reminder of the various options available to the team.
- **The program is commended for having the commissioners preside over the STLDC indefinitely.** Participants benefit from a consistent relationship with the judicial officer. One of the commissioners is coming up on her 2-year anniversary with the court and both were drug court team members prior to their bench appointment. Experience and longevity are correlated with more positive participant outcomes and significantly higher cost savings, particularly 2 years and longer (Carey et al., 2012; Finigan, Carey, & Cox, 2008).
- **Commissioners spent greater than 3 minutes with each participant.** During observations, the commissioners averaged around 4-5 minutes when addressing each participant. This was consistent across all the court sessions that were observed during the site visit. An *average* of 3 minutes per participant is related to graduation rates 15 percentage points higher and recidivism rates that are 50% lower than drug courts that spend less than 3 minutes per participant (Carey et al., 2011).

- **The STLDC collects electronic data.** The program is commended for performing data collection in their existing statewide database (JIS). The program is continuing to collect data and information about participants that will be used for a forthcoming outcome evaluation, which will provide even further detail and insight into the program's effectiveness.
- **Drug court team members receive ongoing training.** The STLDC understands that the drug court model requires specialized training for all staff members to understand their roles, and the science behind effective treatment. Team member training has been demonstrated to produce significantly lower recidivism and greater program completion rates (Carey et al., 2008, 2012). The STLDC is well aware of this and continues to make team member training a priority.
- **The program has creatively and effectively addressed many participant needs.** Meeting participant needs across the spectrum of issues affecting their lives can help them be more successful, so the program is commended for thoughtfully coming up with solutions to program barriers faced by participants. In addition, providing resources such as appropriate medical care can help mitigate participant use of substances to self-medicate problems related to physical pain. Many programs have seen benefits with reduction in recidivism from offering health services. This responsiveness helps the participants be more likely to succeed and helps them develop a trust in the program that it really is on their side and working in their best interest.

Although this program is functioning very well, NPC's review of program operations resulted in some recommendations for program enhancements. It is recognized that it will not always be feasible to implement all of these recommendations due to budgetary, policy or infrastructure limitations. It is important for the team to be as flexible as possible and do what it can to work around the barriers that are not changeable, in order to accomplish the ultimate goal of doing what is best for the participants. The following recommendations represent the primary areas of suggested program improvement that arose in the staff and participant interviews and observations during the site visit. *Background information, more detailed explanations, and additional recommendations are presented within each of the 10 Key Components in the main body of the report.* Appendix A contains a document providing some suggestions for how to organize the recommendations and make plans to implement any changes.

- **Work toward adding a law enforcement representative to the team.** The STLDC could benefit from having a law enforcement representative on the team. Research has shown that drug courts that include law enforcement as an active team member have higher graduation rates, lower recidivism and higher cost savings (Carey et al., 2012). The role of law enforcement on the team could include assisting probation officers in conducting home visits to verify that participants are living in an environment conducive to recovery. Law enforcement representatives are generally more present in the community than other team members and can provide an extra level of supervision and potentially mediate situations that might involve participants in the community.
- **Continue to evaluate the use of standardized staffing sheets.** At the time of the site visit it was observed that status update sheets used in staffing did not consistently contain the same information across participants. Due to the timing of their appointments with participants, team members were not always able to provide a written update for each participant prior to staffing. In these cases, the team would receive verbal updates or contact the team member directly for an update during staffing, which sometimes meant delaying discussion on some participants. In addition, the quality and quantity of the notations appeared to vary substantially across team members. A new web-based case management system is being developed, which could alleviate the issue of delays and consistency of reporting. More detailed progress reports will also allow



the court to better document a participant's involvement in the program, which is particularly important for participants who have been in the program for a substantial amount of time to track what incentives and sanctions were effective in the past.

- **Work to include a defense attorney and prosecutor (the circuit attorney) at both staffings and court sessions.** Team members noted during the site visit that a defense attorney is not present during most staffing sessions. This is due to a lack of availability from the public defender's office, as the STLDC has numerous staffing sessions that are held each week. It is important to remember that the goal of problem-solving courts is to change behavior by coercing treatment while protecting both participant rights and public safety. Punishment takes place at the initial sentencing. After punishment, the focus of the court shifts to the application of science and research to produce a clean healthy citizen where there was once an addicted criminal, while also protecting the constitutional rights of the participant. Having prepared counsel on both sides present in problem solving court allows for contemporaneous resolution, court response, and return to treatment.
- **Explain the reasons for rewards and sanctions in court.** The STLDC imposes rewards and sanctions on an individualized basis, which is commended. At the same time, this practice requires careful attention in explaining reasons behind these actions both to ensure that participants understand the connection between their specific behavior and the consequence, and to minimize participant perceptions of unfairness. This is most easily addressed by directly and clearly communicating the rationale behind each incentive and sanction, even when this can seem redundant.
- **Increase the attention given to positive participant behaviors.** Due to the larger number of participants that were scheduled to appear in court, minimal time and attention was given to participants doing well in the program during staffing and court. While it is important to properly address the negative behaviors of participants in the program, team members should also ensure that this does not happen at the expense of those doing well in the program. Most of the participants in the drug court program have a plethora of experience in engaging in poor behavior and getting in trouble for it. Conversely, they do not typically know what behaviors are appropriate. The participants doing well are modeling good behavior for the other participants. Spending time on those doing well in court, particularly talking with them about the specific good behaviors they have been engaging in, provides all participants with a better understanding of what the program (and society in general) expects of them.
- **Ensure that a variety of sanctions are available for the team to consider/use during staffings.** The STLDC has guidelines in place for the team to follow when responding to a participant's negative behavior. Having a list of possible sanctions to refer to in staffing sessions may remind the team of the options the program has available. This will also help avoid the tendency for programs to fall back to using the same sanctions repeatedly. Community service was the most consistent sanction used during observations.
- **Differentiate sanctions from treatment responses.** The purpose of sanctions should always be to minimize undesirable behavior. Interviews and observations revealed that occasionally treatment responses are issued sanctions and with little to no input from the treatment provider (such as ordering a participant to in-patient following a positive test). It may be that such responses are appropriate and warranted and that clarifying the treatment motivation for such responses to both the team and the participant would clear up misperceptions.
- **Consider some adjustments to how the graduations are conducted.** Graduation is a milestone for participants and their families. Due to the size of the STLDC program, there are often more than 10 participants in each graduating class and with the attendance of friends and family it

can be a crowded affair. The courtroom was so large that it was at times difficult to hear the participant descriptions read by the commissioners. Providing microphones would help with this issue. Some participant descriptions were also confusing, moving from the probation officer perspective to the participant's own words and then back again. Finally, participants were given a short window at the end to speak and many declined despite the encouragement of family and friends. Some suggested changes include having alumni or other special speakers (such as community members who provide resources to the program) perform a brief (5- or 10-minute) introduction to the graduation ceremony. Have personal summaries of participant experiences in the program that are limited to 5 minutes or less followed by immediate presentation of a certificate and prepared words from the graduate for up to 5 minutes. Because the number of participants graduating is typically large, keeping the presentations brief is important.

- **Utilize the “courtroom as classroom” dynamic.** During the site visit conversations between the commissioners and participants were often inaudible in the courtroom. Because drug court hearings are a forum for educating all participants and impacting their behavior, it is important that the court consider methods to ensure participants can hear these conversations. It is important that participants observe explanations and consequences for both positive and negative behaviors and that the input from the team is solicited when appropriate to reinforce the impression that all the players work as a team in the best interests of the participants. Perhaps exploring ways to incorporate the probation officers and treatment providers more into the court session proceedings would assist in reinforcing the team approach. Asking participants questions, particularly those who are doing well, about the strategies they have engaged in for successfully meeting program requirements can be invaluable for other participants to learn positive behaviors.
- **Collect incentive and sanctions information on participants electronically and start collecting data on MAT and COD participants in JIS.** The court is currently developing a new case management system to improve participants tracking. There are also data entry fields in JIS that are not being utilized currently (such as for tracking sanctions and incentives). It is recommended that the team determine what data elements are crucial for program and participant tracking and how to minimize double-entry of information. Data elements such as treatment, drug tests, sanctions, and incentives are key when assessing what activities are linked to participants' progress and success.

Overall, the STLDC has effectively implemented a program that incorporates the guidelines of the 10 Key Components of Drug Courts in an exemplary fashion. The program is commended for implementing a program that follows best practices and innovative practices to implement the latest research (e.g., the Best Practice Standards (NADCP, 2013 and 2015). The staff should set aside time to discuss the findings and recommendations in this report, both to enjoy the recognition of its accomplishments and to determine how to respond to the recommendations provided.

## **CITY OF ST. LOUIS ADULT DRUG COURT DETAILED PROCESS EVALUATION RESULTS**

**T**he City of St. Louis Drug Court (STLDC) was established in 1997 to address the substance addiction or substance abuse and the associated lifestyle of felony offenders by providing a structured program designed to hold the offenders accountable, help the offenders gain control over the addiction or abuse, and assure that they develop responsible living skills. The goals are to determine the best options for treatment and supervision for each participant that will optimize outcomes at the least cost to taxpayers and with the least threat to public safety, stop the revolving door of incarceration and criminal activity, and to return offenders to their families and the community as productive citizens.

In late 2011, the STLDC began using the Risk and Needs Triage (RANT®) tool. The aim of the RANT® is to better assess prognostic risk and criminogenic need, allowing the drug court to use resources more efficiently by targeting the specific risks and needs of the participants. The STLDC implemented a four quadrant model across its treatment court dockets, assigning participants to tracks based on their risk and need level as assessed by the RANT®. The program has evolved over the past year to focus resources on high risk/high need offenders with specialized needs or a diagnosis. The RANT® is a key tool to identify high risk/high need offenders and will be referenced repeatedly in the report.

The City of St. Louis has a Veterans Treatment Court (VTC), and Medication Assisted Treatment/Medication (MAT/Med), and Co-Occurring Disorders (COD) dockets. The VTC is tailored to veterans who tend to have special needs such as post-traumatic stress disorder and who respond better to a military-oriented court structure, which includes reciting the Pledge of Allegiance at the beginning of the docket. Participants have mentors who are veterans in recovery. These mentors provide community support and stand with the participants when they appear before the judicial officer.

VTC participants are completely separate from adult drug court participants. VTC have their own docket for court but are commingled with other participants for treatment services. VTC participants receive RANT® quadrant-specific treatment from court programming if they are not eligible for VA services or if the VA does not offer the manualized treatment required by the court. They receive Moral Reconation Therapy (MRT™) and MATRIX at the drug court program and other services at the VA. Until recently, most of the participants were assigned to Quadrant 1 (Q1) (high-risk/high-need).

The COD docket places individuals who have addiction and mental health problems into specialized treatment. Their mental health needs are treated at the same time as the participants' addiction. The treatment strategy is to first stabilize mental health symptoms and then to treat the substance use or addiction. Participants have their own treatment groups, probation officers, and court docket sessions. The court's response to compliance is adjusted to include more therapeutic sanctions and more emphasis on rewards.

The MAT/MED docket assists with the treatment of addiction using medication which manages cravings and/or the high associated with drug use. Participants learn to manage pain without medication. They attend separate court sessions but attend treatment groups with participants in the appropriate RANT® quadrants (either Q1 or Q2—the high-need tracks, though most MAT participants are in Q1). Their abstinence is monitored more carefully because the program believes that they are greater risk of



overdosing and dying. There is a specific intensive case manager assigned to all MAT clients in addition to trained probation officers, substance abuse counselors, etc. This intensive case manager monitors MAT appointments, communicates directly with the jail and community treatment providers to monitor follow-up appointments, and discusses MAT-specific issues with participants. MAT team members have all been certified by the Missouri Department of Mental Health.

The St. Louis City program accepts pre-plea through post-conviction cases, along with individuals already serving a term of probation. The target population is any nonviolent individual with offenses that are related to (or caused by) substance abuse. The STLDC serves a wide range of people, but has a specific focus on individuals with high prognostic risk and high criminogenic needs (as determined by their RANT<sup>®</sup> score). The most common drugs of use are alcohol (35%), marijuana (46%), heroin (38%), other opiates (28%), cocaine (28%), and methamphetamine (8%).

Most recently the program went from an 11-month, three-phase program, to a 15-month four-phase program in January 2015. Participants who successfully complete typically do so in an average of 18 months.<sup>3</sup> Since the STLDC began using the RANT<sup>®</sup> in 2011, there have been a total of 815 participants who entered the drug court program (including COD and MAT/MED participants) with 308 graduates, 292 discharged unsuccessfully, and 17 unable to complete the program (for medical or relocation issues). As of June 2015, there were 324 active participants across all dockets. The number of graduates and unsuccessful discharges reported are the number of individual incidents. These numbers could include duplicates, as participants are able to participate in the STLDC program more than once.<sup>4</sup>

### **KEY COMPONENT #1: DRUG COURTS INTEGRATE ALCOHOL AND OTHER DRUG TREATMENT SERVICES WITH JUSTICE SYSTEM CASE PROCESSING.**

The focus of this key component is on the integration of treatment services with traditional court case processing. Practices that illustrate an adherence to treatment integration include the role of the treatment provider in the drug court system and the extent of collaboration of all the agencies involved in the program.

In the original monograph on the 10 Key Components (NADCP, 1997), drug court is described as a collaboration between ALL members of a team made up of treatment, the judge, the prosecutor, the defense attorney, the coordinator, case managers, and other community partners. Each team member sees the participant from a different perspective. Participation from all partners contributes to the strength of this model and is one of the reasons it is successful at engaging participants and changing behavior. It is important to keep team members engaged in the process by ensuring they have input on drug court policies and feel their role and contribution is valued.

#### National Research

A plethora of research (e.g., Baker, 2013; Carey et al., 2005, 2012; Schaffer, 2011; Van Wormer, 2010) has indicated that greater representation of team members from collaborating agencies (e.g., defense attorney, treatment, prosecuting attorney) at team meetings and court hearings is correlated with positive outcomes for participants, including reduced recidivism and, consequently, reduced costs at

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<sup>3</sup> Those on the COD docket may have a longer length of stay due to their array of needs.

<sup>4</sup> The number of graduates and unsuccessful discharges reported are the number of individual incidents. These numbers could include duplicates, as participants are able to participate in the STLDC program more than once.

follow-up. Also, greater law enforcement involvement increases graduation rates, reduces recidivism and reduces outcome costs (Carey et al., 2008, 2012).

Research has also demonstrated that drug courts with one treatment provider or a single central agency coordinating treatment resulted in more positive participant outcomes including higher graduation rates and lower recidivism costs (Carey et al., 2005, 2008). Findings also indicated that when the treatment provider uses email to convey information to the team, the program has greater reductions in recidivism (Carey et al., 2012).

In addition, preliminary studies found that training drug court teams on the NIATx Model enhanced team communication skills (Melnick, Wexler, & Zehner, 2014), increased staff job satisfaction (Melnick, Wexler, & Rajan, 2014), and improved program efficiency leading to higher admission rates, shorter wait times for treatment, and reduced no-show rates at scheduled appointments (Wexler, Zehner, & Melnick, 2012).

#### City of St. Louis Drug Court Process

- The STLDC team is composed of two treatment court commissioners, a drug court administrator, drug court coordinator, probation unit supervisor, multiple probation officers, treatment director, multiple treatment providers, assistant circuit attorney, assistant public defender, administrative assistant, project treatment manager, and treatment liaison. Just prior to the site visit, the STLDC treatment court commissioner who ran the drug court for 12 years was appointed to a circuit judge position. The replacement commissioner was appointed just before the site visit; the NPC and OSCA team observed the new commissioner on the bench for the first time the week of the site visit.
- STLDC staff have been trained in the NIATx Model and have reported that their communication has improved, and they feel it has created greater efficiency.
- The assistant circuit attorney or a representative attends staffing, but does not generally attend court sessions. The assistant public defender attends the selection/admission session once a week, but does not attend staffing or court sessions.
- The STLDC does not currently have a law enforcement representative on the team. Home visits are conducted exclusively by the probation office. Several team members reported that visits do not occur as much as they would prefer, due to limited time and safety concerns within certain areas of the jurisdiction.
- Probation officers assigned to the drug court are located in the same wing of the courthouse as the drug court office.
- Staffing sessions, where participant progress is discussed, are daily throughout the week and vary according to a participant's docket. Those who consistently attend the staffing sessions include the drug court commissioner, assigned probation officers, assistant circuit attorney, and assigned treatment representatives. Depending on the staffing session, the drug court administrator, drug court coordinator, assistant public defender, and treatment director will also attend.
  1. A representative from Veterans Affairs Administration (VA) is present during the Veterans court docket and staff meetings. The VA assists the Veterans Treatment court program with treatment and provides additional resources such as residential treatment, housing assistance and medical treatment as needed.

- Most participants are Q1 (high-risk/high-need)—the schedule below reflects this in having two staffing sessions per week for Q1s and staffing every other week for the other quadrants. Over time, the STLDC has had very few (or no) participants in the quadrants other than Q1.

**Table 2. Staffing Details per Quadrant and Docket Type**

Quadrant (“Q”)	Staffing time and day	Frequency	Length of time
Q1 (high-risk, high-need)	Wednesday, 9:00am & 1:30pm	Weekly	Average 4 hours per week (both meetings combined)
Q2 (low-risk, high-need)	Every other Monday, 1:00pm	Every 2 weeks	15 minutes on average per staffing
Q3 (high-risk, low-need)	Every other Monday, 1:00pm	Every 2 weeks	1 hour on average per staffing
Q4 (low-risk, low-need)	Every other Monday, 1:00pm	Every 2 weeks	There are no Q4 staffing meetings as there are currently no Q4 participants
Co-occurring dockets 1 & 2	Tuesday, 9:00am & 11:00am	Weekly	Average 3 hours per week (both meetings combined)
MAT docket	Thursday, 1:30pm	Weekly	1.5 hours on average per staffing.
Veterans	Friday, 9:00am	Every 2 weeks	1.5 hours on average per staffing

- All participants scheduled for court are discussed in staffing sessions held immediately prior to each court session. Due to the high volume of cases on each docket, the program employs a strategy where participants who are doing well and meeting all program requirements (see 5 for 5, later in this paragraph) are highlighted in green, participants making progress but not meeting all requirements are highlighted in yellow and participants without a color highlight require attention. This system is used to determine who is called first on the docket (green), then yellow and then the others. This gives an opportunity for others in the courtroom to benefit from judicial/participant interactions and serves as an incentive to those doing well to be called early on the docket, and thus needs little discussion. Participants who have green highlight are sometimes referred to as “5 for 5” for 1) meeting with probation officer, 2) attending treatment, 3) Attending self-help meetings; 4) Attending court, and 5) Submitting to drug test samples as requested. Any Q3 and Q4 participants have options for “self-help” involvement that does not include recovery meetings, and self-help projects are identified specifically for the individual participants.
- Discussions for non-compliant participants center on drug testing results, meeting requirements, and responding to violations of program rules. The majority of staffing time is spent responding to participants’ negative behaviors, with consideration to whether they are proximal or distal goals (although this is not always explicit). In most cases, the probation officers read their staffing notes to the team and noted any other concerns or issues that would inform the court response. The commissioners regularly prompt the team for input, such as updates from treatment providers, and ask for suggestions on recommended behavior responses. Team members did not always agree on the appropriate response. The commissioners have authority to make the final decision.

- Most team members who participate in staffing also attend court sessions, along with others as needed (such as the project treatment manager, who may help participants get set up with medication assisted treatment services). Bailiffs are always present as well, and are considered a drug court team member and included in trainings, and retreats; however, they are not in staffings or equipped to provide services beyond courtroom security.
- Family/friends of participants are occasionally in attendance in court as well, although children are discouraged from accompanying parents to court because participants may receive an immediate jail sanction and then have no alternative care for their child. The schedule planned for the different quadrants is as follows (though no court occurs for a particular quadrant if there are no active participants in that quadrant).

**Table 3. Court Session Schedule per Quadrant and Docket Type**

Quadrant (“Q’)	Court time and day	Frequency	Length of time
Q1 (high-risk, high-need)	Wednesday, 10:30am & 3:00pm	Weekly	5 hours on average per week- both court sessions combined (Average 58 participants seen per week)
Q2 (low-risk, high-need)	Every other Monday, 3:00pm	Every 2 weeks	15 minutes on average (about 1 participant seen per court session)
Q3 (high-risk, low-need)	Every other Monday, 3:00pm	Every 2 weeks	1 hour on average (about 6 participants seen per court session)
Q4 (low-risk, low-need)	Every other Monday, 3:00pm	Every 2 weeks	No time is being spent on Q4 as there are currently no Q4 participants
Co-occurring dockets 1 & 2	Tuesday, 1:00pm & 3:00pm	Weekly	4 hours on average per week - both court sessions combined (43 participants being seen on average per week)
MAT docket	Thursday, 3:00pm	Weekly	2 hours on average (with 23 participants on average per court session)
Veterans	Friday, 11:00am	Every 2 weeks	1.5 hours on average (with 18 participants being seen on average)

- The STLDC is fortunate to have an attorney in the treatment court administrator role. Her legal expertise is valuable in crafting requests for proposals/contracts and contact language with vendors who assist the drug court program. Language can be included in contracts to ensure that the appropriate type of treatment is delivered based on the risk and needs of the target group.
- The STLDC contract with several treatment providers; the various agencies provide a counselor (or in some cases, multiple counselors) to the STLDC. The treatment suite—as well as the offices occupied by probation and parole—are part of the drug court facilities within the courthouse. The treatment director, also contracted directly with the STLDC, oversees and coordinates the counselors and treatment processes utilized.

- Since the program has multiple treatment providers, services can be tailored to the needs of participants in each quadrant and docket. Most treatment counselors provide written progress reports prior to staffing sessions and contribute verbal updates during staffing sessions as well as speaking in court sessions when needed. There were some instances when written updates were prepared several days in advance and were updated verbally during staffing. There were also instances when written progress reports were missing for some participants.
- The drug court team has a formal policy group called the Operation Committee that meets outside of staffing on an as-needed basis to discuss program issues and policy. Policy changes are discussed with the full team during an operations meeting with further discussion with the Operations Committee. This committee is made up of drug court commissioners, drug court administrator, probation and parole case manager, treatment representative, legal counsel for the state, legal counsel for the defense.
- Policy changes must be approved by two outside groups: the Treatment Court Committee and the 22<sup>nd</sup> Judicial Circuit Court "en banc." The Treatment Court Committee is appointed by the Presiding Judge and generally consists of a judge selected as chair, the judges assigned to Division 25, Division 16, and juvenile division, one drug court commissioner, and any other judicial officer selected by the Presiding Judge of the 22<sup>nd</sup> Judicial Circuit.
- Drug testing is performed at a single location managed by the contracted drug test provider, Avertest. Testing results are reported to the team within 48 hours.
- If on-site urine collection is required due to participants' suspicious behavior or other cause, the collection is accomplished at the request of the Court by bailiffs certified and trained for collection. Urine samples might also be collected at remote treatment facilities.
- Case management is primarily provided by the probation officers and treatment representatives. However, the drug court administrator, drug court coordinator, project treatment manager, treatment director, and other team members will provide case management services in certain situations or when requested.

#### Commendations

- **STLDC staff communicate regularly through email.** Drug courts that shared information among team members through email had 65% lower recidivism than drug courts that did not use email (Carey et al., 2012). Team members reported that updates occur regularly via email regarding participant behavior and court responses. It was also noted that daily in-person conversations occur (since many team members are located in the same building) to discuss ongoing or urgent matters related to participants.
- **A policy committee (the Operations Committee) exists that has appropriate key stakeholders and meets regularly.** The STLDC has an Operations Committee that meets regularly for the purpose of discussing and making recommendations about policy issues. The program ensures that team members are kept up to date on the latest best practices and research, as well as inform the team of policy changes or ideas that are being considered.
- **Treatment providers are contracted directly with the program and are housed with the drug court.** This is an ideal situation for consistent and reliable communication between treatment and the drug court team.
- **There is a treatment director that oversees and coordinates treatment.** Having a single treatment director that oversees treatment contributes to good communication between treatment and the rest of the team. Having a single treatment director that coordinates treatment services can help ensure high-quality and appropriate treatment for each participant.



### Recommendations

- **Work toward adding a law enforcement representative to the team.** The STLDC could benefit from having a law enforcement representative on the team. Research has shown that drug courts that include law enforcement as an active team member have higher graduation rates, lower recidivism and higher cost savings (Carey et al., 2012). The role of law enforcement on the team could include assisting probation officers in conducting home visits to verify that participants are living in an environment conducive to recovery. Law enforcement representatives are generally more present in the community than other team members and can provide an extra level of supervision and potentially mediate situations that might involve participants in the community.
- **Continue to evaluate the use of standardized staffing sheets.** At the time of the site visit it was observed that status update sheets used in staffing did not consistently contain the same information across participants. Due to the timing of their appointments with participants, team members were not always able to provide a written update for each participant prior to staffing. In these cases, the team would receive verbal updates or contact the team member directly for an update during staffing, which sometimes meant delaying discussion on some participants. In addition, the quality and quantity of the notations appeared to vary substantially across team members. A new web-based case management system is being developed, which could alleviate the issue of delays and consistency of reporting. More detailed progress reports will also allow the court to better document a participant's involvement in the program, which is particularly important for participants who have been in the program for a substantial amount of time to track what incentives and sanctions were effective in the past.

### **KEY COMPONENT #2: USING A NON-ADVERSARIAL APPROACH, PROSECUTION AND DEFENSE COUNSEL PROMOTE PUBLIC SAFETY WHILE PROTECTING PARTICIPANTS' DUE PROCESS RIGHTS.**

This key component is concerned with the balance of three important issues. The first issue is the nature of the relationship between the prosecution and defense counsel in drug court. Unlike traditional case processing, drug court case processing favors a collaborative approach. The second issue is to ensure the drug court remains responsible for promoting public safety. The third issue is to ensure the protection of participants' due process rights.

### National Research

Research by Cissner et al. (2013) and Carey et al. (2012) found that participation by the prosecution and defense attorneys in team meetings and at drug court status review hearings had a positive effect on graduation rates and recidivism<sup>5</sup> costs.

In addition, drug courts that included charges in addition to drug offenses also showed lower recidivism costs. Allowing participants into the drug court program only post-plea was associated with lower graduation rates and higher investment<sup>6</sup> costs while drug courts that mixed pre-trial and post-trial offenders had similar outcomes as drug courts that keep those populations separate (Carey et al., 2008).

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<sup>5</sup> Recidivism costs are the expenses related to the measures of participant outcomes, such as re-arrests, jail time, probation, etc. Successful programs result in lower recidivism costs, due to reductions in new arrests and incarcerations, because they create less work for courts, law enforcement, and other agencies than individuals who have more new offenses.

<sup>6</sup> Investment costs are the resources that each agency and the program overall spend to run the drug court, including program and affiliated agency staff time, costs to pay for drug testing, etc.

### City of St. Louis Drug Court Process

- A dedicated assistant circuit attorney is assigned to the STLDC team and she or a representative participates in all staffing sessions but does not generally attend court. Although different individuals have fulfilled this role over time, the role does not rotate on a regular basis.
- The STLDC assistant circuit attorney ensures that they review each case the team has under consideration. This allows the assistant circuit attorney to speak on behalf of her office by providing their support or objection to individuals entering the program.
- The program has an assistant public defender assigned to the team, but this person is rarely available to attend most staffing and court sessions during the week. The assistant public defender is always available during the admission staffing sessions (where the team discusses potential admissions to the program).
- The assistant public defender and assistant circuit attorney are included when the STLDC discusses policy-related matters.
- The assistant circuit attorney has received drug court-specific training in the form of online materials, attended the state drug court conference, and attended the NADCP conference in July 2015.
- The assistant public defender has participated in in-house training through the STLDC team, as well as on-the-job training.
- The program can accept pre-plea, post-plea, and probation referrals. Potential admissions can be identified by the (prosecuting) circuit attorney's office or the public defender's office, but most referrals are received from local judges/commissioners.
- The assistant circuit attorney is typically aware when a drug court participant is sanctioned to jail for non-compliant behavior. The assistant public defender is not always aware of this and other sanctions, as they are unable to attend most staffing and court sessions.
- The program may allow participants with non-drug charges, violent charges (recent and past for Veterans Court and within the BJA definition of violence for the other dockets), drug dealing charges, and mental health issues into the program. These charge types and circumstances are considered on a case-by-case basis.

### Commendations

- **STLDC has a dedicated assistant circuit attorney assigned to the team.** Best practices research indicates that this results in more positive participant outcomes including significantly lower recidivism and increased cost savings (Carey et al., 2008). They provide insight during staffings and are supportive of the drug court concept.

The role of the prosecution is to protect public safety, including that of the client, but prosecutors have tremendous power that can be used to facilitate the goals of the court through praise, and engagement with and encouragement of participants in court.

- **The program admits participants with a wide range of charges.** Allowing a wide range of charges is commended, and allows drug court services to be available to a large group of offenders that need them. Research in 69 drug courts showed that programs where charges in addition to drug related charges are eligible for participation had lower recidivism and higher cost savings. Further, programs that included offenders with violent charges had similar outcomes to those that did not include violent offenders, demonstrating that drug court is effective with high-risk participants (Carey et al., 2012).

### Recommendations

- **Work to include a defense attorney and prosecutor (the circuit attorney) at both staffings and court sessions.** Team members noted during the site visit that a defense attorney is not present during most staffing sessions. This is due to a lack of availability from the public defender's office, as the STLDC has numerous staffing sessions that are held each week.

It is important to remember that the goal of problem-solving courts is to change behavior by coercing treatment while protecting both participant rights and public safety. Punishment takes place at the initial sentencing. After punishment, the focus of the court shifts to the application of science and research to produce a clean healthy citizen where there was once an addicted criminal, while also protecting the constitutional rights of the participant. Having prepared counsel on both sides present in problem-solving courts allows for contemporaneous resolution, court response, and return to treatment.

The role of the defense counsel continues to be advocacy, as long as it does not interrupt the behavior modification principles of timely response to participant behavior. Advocacy takes different forms and occurs at different times, but it is equally powerful and critical in the problem-solving court setting regardless of whether the program is pre-adjudication or post-adjudication. Drug courts are not due process short cuts; they are the courts and counsel using their power and skills to facilitate treatment within constitutional bounds while monitoring the safety of the public and the client participant. Drug court clients are seen more frequently, supervised more closely, and monitored more stringently than other offenders. Thus, they have more violations of program rules and probation. Counsel must be there to rapidly address legal issues, settle violations, and move the case back to treatment and program case plans.

The role of the prosecution is still to protect public safety, including that of the client. Prosecutors (or circuit attorneys) have tremendous power that can be used to facilitate the goals of the Court. The power can be used to praise, engage, and encourage participants in the Court. Prosecutors can be excellent participants in reinforcing incentives, or in instilling hope on "bad days." Sometimes a simple "I am glad to see you" makes a difference when it comes from such an unusual source.

### **KEY COMPONENT #3: ELIGIBLE PARTICIPANTS ARE IDENTIFIED EARLY AND PROMPTLY PLACED IN THE DRUG COURT PROGRAM.**

The focus of this component is on the development, clarity and effectiveness of the eligibility criteria and referral process. Different drug courts have different eligibility and exclusion criteria. Some drug courts include criteria unrelated to the defendant's criminal history or addiction severity, such as requiring that participants admit to a drug problem or meet other "suitability" requirements. Research reveals that the most effective drug courts have clearly defined eligibility criteria. It is advisable to have these criteria written and provided to all potential referral sources. Drug courts also differ in how they determine if a client meets entry criteria. While drug courts are always targeting clients with a substance use problem, the drug court may or may not use a substance abuse screening instrument to determine eligibility. The same may apply to mental health screens. A screening process that includes more than just an examination of legal eligibility may take more time, but also results in more accurate identification of individuals who are appropriate for the services provided by the drug court.

Related to the eligibility process is the efficiency of the program entry process, including how long it takes a defendant to move through the system from arrest to referral to drug court entry. The goal is to implement an expedient process. The time between arrest to referral and referral to drug court entry,

the key staff involved in the referral process, and whether there is a central agency responsible for treatment intake, are all factors that impact the expediency of program entry.

### National Research

There is extensive research indicating that offenders who are addicted to illicit drugs or alcohol (i.e., have moderate to severe substance use disorder) and are at high risk for criminal recidivism or failure in typical rehabilitative dispositions are best suited for the full drug court model including intensive supervision and drug and alcohol treatment. Drug courts that focus their efforts on high-risk/high-need offenders show substantial reductions in recidivism and higher cost savings (Carey et al., 2008, 2012; Cissner et al., 2013; Downey & Roman, 2010; Lowenkamp et al., 2005). It is recommended in the Best Practice Standards (NADCP, 2013) that drug courts that allow offenders who are not high-risk/high-need into their programs should develop different tracks that adapt the treatment and supervision services to fit the specific risk and need level of their participants.

Carey et al. (2008) found that courts that accepted pre-plea offenders and included misdemeanors as well as felonies had both lower investment costs and outcome costs. Courts that accepted other types of charges, in addition to drug charges also had lower outcome costs, although their investment costs were higher.

Those courts that expected 50 days or less from arrest to drug court entry had higher savings than those courts that had a longer time period between arrest and entry (Carey et al., 2012).

Other research found that drug courts that included a screen for suitability and excluded participants who were found unsuitable had the same outcomes (e.g., the same graduation rates) as drug courts that did not screen for suitability and did not exclude individuals based on suitability (Carey & Perkins, 2008). Moreover, programs that did *not* exclude offenders with mental health issues had a significant cost savings compared with those that did (Carey et al., 2012).

### City of St. Louis Drug Court Process

- The target population of the STLDC is any individual with an offense related to (or caused by) substance abuse. They accept both pre and post-plea cases. Individuals with certain sex offenses or certain violent charges are not eligible to participate in the drug court. The program accepts substance abusers, as well as those diagnosed as substance dependent. Team members, and data from RANT<sup>®</sup> scores, indicate that most candidates and participants are high-risk/high-need based on their RANT<sup>®</sup> and ASI scores. Other factors are also reviewed before admission including criminal history, treatment needs, and mental health issues (persons with co-occurring issues may be placed on the COD). Specifically, for entry into the program
  1. Pre-Plea applicants must: 1. Be charged with felony drug or alcohol offense or was motivated by alcohol or drug abuse; 2. Have alcohol or drug abuse problem; 3. Have the victim, if any, agree to admission; 4. Not be on parole; 5. Not have more than three previous felony convictions; 6. Not have a violent charge or history; 7. Agree to rigors of the program and payment of fees; 8. No significant and substantial drug dealing; and 9. Not be a graduate of an adult drug court program.
  2. Post-Plea applicants must: 1. Be charged with a felony drug or alcohol offense or the charge was motivated by alcohol or drug abuse 2. Have alcohol or drug abuse problem; 3. Have no violent charge or history (as defined by BJA but some violent charges are allowed on a case-by-case basis); 4. Agree to rigors of the program and payment of fees; 5. Have no significant or substantial drug dealing; and 6. Not be a graduate of an adult drug court program.

3. VTC admission standards are different as set out in VTC Policy and Procedure: 1. An applicant must currently serve in the United States Armed Forces or have prior service history; 2. An applicant must have a mental health and/or substance abuse disorder based upon an assessment performed by clinical staff for the VTC, and/or information provided by members of the Operation's Committee at admission staffing.
- The Circuit Attorney selects and recommends participants for the VTC pre-plea program. Participants not recommended for the pre-plea program by the Office of the Circuit Attorney may request consideration for participation in the post-plea program following arraignment.
  - The STLDC will accept individuals using MAT (such as methadone or other legally prescribed narcotics); these individuals are typically assigned to the MAT/Med docket within the drug court. Individuals must voluntarily agree to participate in the MAT services and they must be examined by a qualified physician before they are placed in this docket. If they do not agree to MAT or a physician does not consider them eligible, they are placed in the appropriate quadrant on the regular drug court docket.
  - The STLDC eligibility requirements are written and all referring team agencies have copies of the eligibility criteria.
  - Local judges/commissioners regularly send cases to the drug court to be screened for eligibility, which represents the majority of program referrals that are received by the STLDC. Other agencies, including the circuit attorney's office, probation office, as well as private attorneys can also provide referrals.
  - The STLDC has educated circuit court judges/commissioners on the drug court process and how to have defendants screened to determine their drug court eligibility. Once a case has been identified, the judge/commissioner will order a defendant to attend drug court screening (which is held every Friday), where a substance abuse assessment, mental health assessment, trauma screening, and RANT<sup>®</sup> are completed. The defendants are then reviewed at an "admission" staffing session the following Thursday. The admission staffing occurs with the drug court commissioners, assistant public defender, assistant circuit attorney, drug court administrator, drug court coordinator, treatment director, and the probation officer's unit supervisor. Private attorneys may also attend when their clients are being considered for admission. A vote taken by the Operations Committee is the final review to determine the eligibility of potential participants. It was reported in staff interviews that much more is considered than the standardized assessments. Each member views the information from their own perspective—thus, opinions differ.
  - Following admission, participants begin the Pre-Treatment phase where they are informed of program requirements, provided exercises to display an understanding of the material, shown a presentation on recovery, start submitting drug tests through the randomized system, and attend court sessions. In their second week of pre-treatment, STLDC team members (treatment counselor, probation officer, treatment director, and an assessment specialist) discuss participants and recommend assignment to a permanent docket, probation officer, and treatment counselor. These assignments are based on a participant's history, assessment results, and behavior exhibited during the pre-treatment phase. Individuals with military experience are generally placed in VTC.
  - Participants are classified by docket during screening, which is usually during the admission staffing. The RANT<sup>®</sup> quadrant is a primary consideration during the admission staffing, with the main focus of determining whether the participant is high risk/high need. Participants on the COD docket are classified by their level of functioning.

- Team members noted that participants can change quadrants or dockets based on their behavior after they enter the program; this occurs infrequently and can be temporarily disruptive, but this flexibility ensures participants receive the treatment and other programming that will work best for them.
- The prosecuting attorney can oppose a potential referral to the drug court, but cannot veto a case from entering the program on post plea or probation revocation matters. The circuit attorney is the gatekeeper for pre-plea consideration thus has the ability to block pre-plea admission; however, the circuit attorney is just one vote in the decision for admission to post plea or probation revocation.
- The estimated time between participant arrest and referral is over 51 days. The estimated time between referral and program entry is 31-50 days.
- The program always evaluates a participant's prognostic risks and criminogenic needs with the RANT. This screening tool, often used in conjunction with more in-depth assessment tools, helps determine the ideal level (and type) of supervision and treatment necessary for an individual to be successful in drug court.
- The team reported that 100% of STLDC participants are polysubstance users/abusers. The most common drugs of use are alcohol (35%), marijuana (46%), heroin (38%), other opiates (28%), cocaine (28%), and methamphetamine (8%).
- Team members said that incentives for entering the program include early termination of probation, jail/prison/probation sentences not being served, and, for pre-plea participants, charges for the case that led to drug court being dismissed.
- The drug court's capacity is reported to be approximately 325 participants across all the dockets described in this document. As of June 2015, the program had 324 active participants.

#### Commendations

- **Once they are referred to the STLDC, program participants are connected with treatment services swiftly.** One of the goals of drug court is to connect individuals to services expeditiously and limit their time in the criminal justice system, so the program works to get participants screened and into treatment within a week of their initial referral. The program has also has specific staff members assigned to orient and monitor participants during the "pre-treatment" phase. This orientation is thorough and alleviates concerns that participants don't understand the expectations of the program. It also assists in transitioning participants into the program while allowing the STLDC team to obtain more information about participants to verify that they are appropriately placed.
- **The program assesses offenders to determine whether they are substance dependent (have moderate to severe substance use disorder) or abusers (have mild substance use disorder).** Identifying whether participants are substance users or abusers ensures appropriate care is provided and expectations are imposed on the right groups of participants. The STLDC is one of the very first programs to implement the 4-track model within a drug court. Several team members spoke of its effectiveness, noting that differences exist with the participants related to their assigned quadrant, and that the adjustments made to their program requirements (such as not requiring substance abuse treatment for some) are beneficial. Resources that are not helpful are no longer being used on those who don't need them and instead being used for those who need it most. The program is also commended for being flexible and reclassifying participants when necessary. The program has evolved over the past year to focus resources on high risk/high need participants including new dockets for special needs and/or diagnoses.

- **The STLDC does not assess for suitability.** Program staff do not consider a participant’s perceived motivation level (what makes them a good candidate) and openness to treatment prior to admission. The STLDC is commended for this practice, as research has shown that screening participants for suitability and excluding “unsuitable” participants has no effect on program outcomes including graduation and recidivism rates (Carey & Perkins, 2008; Carey et al., 2008, 2011).

#### Recommendations

- **Work to decrease the length of time from arrest to program entry.** The length of time between referral and drug court entry is longer than indicated by current best practices (best practice is 50 days or less). If it has not been completed recently, the team should discuss the possibility of a review of case flow (from arrest to drug court entry) to identify bottlenecks or structural barriers, and points in the process where more efficient procedures may be implemented (e.g., law enforcement could flag potential cases, schedule arraignments sooner, etc.). In addition, the team should brainstorm, perhaps during a policy committee meeting, possible solutions to issues identified in the case flow analysis. Further, one team member could be assigned to review the systems of programs that have shorter lapses between eligibility determination and drug court entry and bring this information back to the team. The program should set a goal for how many days it should take to get participants into the program (even if 50 days is not possible), and work toward achieving that goal.

#### **KEY COMPONENT #4: DRUG COURTS PROVIDE ACCESS TO A CONTINUUM OF ALCOHOL, DRUG AND OTHER TREATMENT AND REHABILITATION SERVICES.**

The focus of this key component is on the drug court’s ability to provide participants with a range of treatment services appropriate to their clinical needs. Success under this component is highly dependent on success under the first component (i.e., ability to integrate treatment services within the program). Compliance with Key Component #4 requires having a range of treatment modalities or types of service available. However, drug courts still have decisions to make about how wide a range of treatment and habilitation services to provide, available levels of care, and which services are important for their target population.

#### National Research

National research has demonstrated that outcomes are significantly better in drug courts that offer a continuum of care for substance abuse treatment including residential treatment and recovery housing in addition to outpatient treatment (Carey et al., 2012; Koob, Brocato, & Kleinpeter, 2011; McKee, 2010). Assigning a level of care based on a standardized assessment of treatment needs as opposed to relying on professional judgment or discretion results in significantly better outcomes (Andrews & Bonta, 2010; Vieira, Skilling, & Peterson-Badali, 2009). In the criminal justice system, mismatching offenders to a higher level of care than they require has been associated with negative effects including poor outcomes. For example, offenders who received residential treatment when a lower level of care was appropriate had significantly higher rates of treatment failure and criminal recidivism than offenders with comparable needs who were assigned to outpatient treatment (Lovins, Lowenkamp, Latessa, & Smith, 2007; Lowenkamp & Latessa, 2005).

Further, drug courts are more effective when they offer access to complementary treatment and social services to address co-occurring needs. A multisite study of approximately 70 drug courts found that programs were significantly more effective at reducing crime when they offered mental health treatment,

family counseling and parenting classes, and were marginally more effective when they offered medical and dental services (Carey et al., 2012). Drug courts were also more cost-effective when they helped participants find a job, enroll in an educational program, or obtain sober and supportive housing (Carey et al., 2012). A statewide study of 86 drug courts in New York found that when drug courts assessed participants for trauma and other mental health needs, and delivered mental health, medical, vocational or educational services where indicated had significantly greater reductions in criminal recidivism (Cissner et al., 2013).

However, research does not support a practice of delivering the same complementary services to all participants. Drug courts that required all of their participants to receive educational or employment services were determined to be less effective at reducing crime than drug courts that matched the services to the assessed needs of the participants (Shaffer, 2006). Further, according to Volume II of NADCP's Best Practice Standards, "Requiring participants to receive unnecessary services is not merely a waste of time and resources. This practice can make outcomes worse by placing excessive demands on participants and interfering with the time they have available to engage in productive activities (Gutierrez & Bourgon, 2012; Lowenkamp, Latessa, & Smith, 2006; Prendergast, Pearson, Podus, Hamilton, & Greenwell, 2013; Vieira et al., 2009)."

Other research on drug court practices found that programs that require at least 12 months for participants to successfully complete have higher reductions in recidivism. In addition, programs that had three or more phases showed greater reductions in recidivism (Carey et al., 2012).

The American University National Drug Court Survey (Cooper, 2000) showed that most drug courts have a single treatment provider agency. NPC, in a study of 18 drug courts in four different states (Carey et al., 2008), found that having a single provider or an agency that oversees all the providers is correlated with more positive participant outcomes, including lower recidivism and lower recidivism-related costs. More recent research supports this finding, revealing that reductions in recidivism decrease as the number of treatment agencies increase (Carey et al., 2012).

Discharge and transitional services planning is a core element of substance abuse treatment (SAMHSA/CSAT, 1994). The longer drug-abusing offenders remain in treatment and the greater the continuity of care following treatment, the greater their chance for success (Lurigio, 2000).

#### City of St. Louis Drug Court Process

- The STLDC is intended to last 15 months and has four phases, with program requirements progressively reduced over time. The team reported that successful participants typically spend an average of 18 months in the program.
- Treatment is tailored to individual needs beginning with the RANT® screening conducted on potential participants. Results are reviewed during a formal admission staffing to determine eligibility, then are used at the assignment meeting where recommendations are made for participants docket placement based on the needs of the individual, assignment of case manager and treatment provider.
- The ASI is administered to everyone and the Trauma Assessment is provided to those participants deemed appropriate through initial screening answers or observation. Additional assessments may be conducted as needed, and participants may also be moved to a different docket, case manager, or treatment provider as needed.



- Participants on the COD dockets who receive Illness Management Recovery therapy also have Illness Management Recovery plans to prepare those with severe persistent psychiatric diagnoses for life after drug court. The plans include recovery goals, instruction in medication management, and advice on how to self-manage symptoms and stress.
- The ASI is performed on all participants during Pre-Treatment in the first 2 weeks of the program to determine level of care. The assessment gathers current and historical information on drug/alcohol use, employment, family/social relationships, medical issues, legal issues, and psychiatric status. An individualized treatment plan is developed from the ASI assessment and other screener tools used (such as trauma and mental health) including group and individual sessions, as well as any other service needs (trauma support, relapse prevention, Moral Reconciliation Therapy [MRT™], etc).
- Participants attend treatment sessions (group and individual sessions based on their case plan and recommendations from the treatment providers), but there are no general requirements or minimums. Each docket also varies in the type of treatment received. The amount of treatment/number of sessions is continually evaluated by the treatment provider and gradually decreases as participants' progress through the program.
- Some participants (high-need – Q1s and Q2s only) are also required to attend self-help meetings while participating in the program. Those who are not required to attend self-help meetings instead complete weekly volunteer service hours (typically 3 hours per week) or self-help assignments designed to improve the specific participant's individual circumstances.
- Due to the differing needs of participants, multiple treatment providers work with the STLDC to provide services, although there is a treatment director that provides oversight and coordination. The use of multiple treatment providers prevents participants with different risk levels from attending the same groups, which can be harmful in some situations. This also allows the treatment providers to have a specific treatment focus and tailor services to their assigned participants.
- Participants are always screened for co-occurring mental disorders as well as suicidal ideation before being admitted to the program. If an individual is found to have a co-occurring disorder, mental health treatment is required as part of their program-related treatment, as they would be assigned to the co-occurring disorders docket within the drug court.
- It was reported that participants with mental health challenges generally take longer to successfully complete program requirements and that mental health issues are factors in the determination of incentives and sanctions for their behavior.
- Some aftercare services are available to participants after graduating from the program. The STLDC has established an alumni group that meets regularly, and helps engage new members by working with participants before they graduate the program.
- The STLDC does not have child care services available for participants with children, but may refer participants to agencies with resources in this area. Limited transportation assistance may also be available to participants who are experiencing transportation difficulties. Transitional housing (and occasionally longer term housing) is provided by various providers in the area, but is extremely difficult to obtain due to limited resources in the area. All participant resources are contained within the Computer-Assisted System for Patient Assessment and Referral (CASPAR). The CASPAR Resource Guide can be accessed by any team member, who can then search or browse various resources when needed.
- All participants are required to pay fees once they enter the drug court program. Fees do not vary based on a participant's ability to pay; however, the commissioner can grant credits toward the fees as incentives. The monthly fees increased from \$30 to \$40 in January 2015.

### Commendations

- **The program length is greater than the minimum best practice of 12 months, and has more than three phases.** The program had a recent policy change that increased the minimum program length from 11 months to 15 months and from three to four phases. The STLDC is commended for this, as programs that have a minimum length of stay of at least 12 months had significantly higher reductions in recidivism. In addition, programs that had three or more phases showed greater reductions in recidivism (Carey et al., 2012).
- **The program offers an array of treatment services and uses evidence-based programming.** As described above, the STLDC offers a breadth of diverse and specialized services to program participants through its unique partnership with the treatment providers. Each counselor has considerable strengths, along with services that allow them to treat participants assigned to specific dockets. The program also continuously seeks to expand programming (such as implementing Habilitation, Empowerment, and Accountability Therapy, or HEAT, which targets young black males from ages 18-29). The treatment counselors are also housed within the drug court program, allowing for more communication and oversight than most programs are able to achieve. This setup helps monitor the resources being utilized, and ensures that participants are receiving the effective treatment they need.
- **The program provides relapse prevention education while participants are active in the program and an aftercare program following graduation.** Drug courts that provide relapse prevention education and aftercare have significantly improved participant outcomes (Carey et al., 2012). Aftercare is also a clinical best practice, supporting individuals in their transition to a drug-free lifestyle.
- **Treatment agencies are assigned participants according the typical services needed by participants in each docket.** The separation of some treatment providers by docket allows treatment providers to focus on the specific population(s) they are treating and to understand the importance of risk and need levels. This also creates some efficiencies in that providers can attend staffings just for their relevant docket and have the important information about their assigned participants prepared to give to the team.

Participant comments on treatment:

*"[Drug court] is like a whole other world...gets you connected with other addicts who are clean. You learn how to have clean fun."*

*"They got resources for everything – relapse, detox – you can ask anything and they help you."*

*"The one [I] have is nice, sweet, understanding...she tell you the for-real. She's like another Mom to me. But they're changing her on us."*

### Recommendations

- **There are no recommendations under this component at this time.**

### **KEY COMPONENT #5: ABSTINENCE IS MONITORED BY FREQUENT ALCOHOL AND OTHER DRUG TESTING.**

The focus of this key component is on the use of alcohol and other drug testing as a part of the drug court program. Drug testing is important both for court supervision and for participant accountability. It is generally seen as a key practice in participants' treatment process. This component encourages frequent testing but does not define the term "frequent" so drug courts have developed their own guidelines on the number of tests required. Related to this component, the drug court must assign responsibility for these tests and the method for collection.

Drug and alcohol testing should provide an accurate, timely and comprehensive assessment of unauthorized substance use throughout participants' enrollment in the drug court.

### National Research

Research has demonstrated that outcomes are significantly more positive when detection of substance use is likely (Kilmer, Nicosia, Heaton, & Midgette, 2012; Marques, Jesus, Olea, Vairinhos, & Jacinto, 2014; Schuler, Griffin, Ramchand, Almirall, & McCaffrey, 2014) and also when participants receive incentives for abstinence and sanctions or treatment adjustments for positive test results (Hawken & Kleiman, 2009; Marlowe, Festinger, Foltz, Lee, & Patapis, 2005). Therefore, the success of drug courts depends, in part, on the reliable monitoring of substance use.

Participants are unlikely to disclose substance use accurately. Studies find that between 25% and 75% of participants in substance abuse treatment deny recent substance use when biological testing reveals a positive result (e.g., Auerbach, 2007; Harris, Griffin, McCaffrey, & Morral, 2008; Morral, McCaffrey, & Iguchi, 2000; Tassiopoulos et al., 2004). Accurate self-report is particularly low among individuals involved in the criminal justice system, most likely because they are likely to receive punishment for substance use (Harrison, 1997).

Research on drug courts in California and nationally (Carey et al., 2005, 2012) found that drug testing that occurs randomly, at least twice per week, is the most effective model. Because the metabolites of most drugs of abuse are detectable in urine for approximately 2 to 4 days, testing less frequently leaves an unacceptable time gap during which participants can abuse substances and evade detection, thus leading to significantly worse outcomes (Stitzer & Kellogg, 2008). In addition, drug test results that were returned to the program in 2 days or less have been associated with greater cost savings and greater reductions in recidivism (Carey et al., 2012).

In addition to frequency of testing, it is important to ensure that drug testing is random and fully observed during sample collection, as there are numerous ways for individuals to predict when testing will happen and therefore use in between tests or submit a sample that is not their own (ASAM, 2013; ASAM, 2010; Auerbach, 2007; Carver, 2004; Cary, 2011; McIntire, Lessenger, & Roper, 2007). In focus groups with participants after they left their programs, individuals have reported many ways they were able to "get around" the drug testing process, including sending their cousin to the testing agency and bringing their 12-year-old daughter's urine to submit.

### City of St. Louis Drug Court Process

- Drug testing is performed through a randomized call-in system. Participants are required to call-in every day (after 11:00 p.m. the day before testing) where a message will tell them the color(s) that are required to submit that day. If the message states a participant's color group they have from 7:00 a.m. – 6:00 p.m. to submit a sample at the drug test collection site.
- Drug test collection is performed for the drug court exclusively by Avertest, which is approved and contracted with the State of Missouri to perform drug testing. Avertest has a permanent facility that is always staffed by a male and female, and tests are fully observed.
- A participant's drug testing color can change while participating in the program, but all participants submit an average of twice per week throughout the length of the program. This does not vary based on a participant's docket. Drug testing is also done for cause, such as suspicions or if someone appears under the influence. Participants may also be assigned to mandatory days



“plus color” (e.g., submit every Tuesday and Thursday and call for color the other days of the week).

- Drug testing at Avertest is completed using a 5-panel drug screen as well as a breathalyzer. An ETG is included when the commissioners determine the specialized testing is appropriate for that individual participant. Tests are analyzed the next day at an off-site facility and results provided immediately thereafter.
- The types of drugs included in the 5-panel screening typically remain the same, but are occasionally (and randomly) changed to ensure all types of drugs are tested for on a periodic basis. The drug court administrator is also able to specify certain drugs for certain participants if needed. Additional panel testing (and specialized testing for synthetic marijuana and bath salts) occurs periodically. The program also reported that they utilize breathalyzers, oral swabs, alcohol monitoring bracelets, hair tests, and sweat patches when appropriate.
- The standard five panel test consists of Benzodiazepines, Amphetamine, THC, Cocaine, Opiates and Creatinine. The standard five panel PCP panel test consists of Phencyclidine (PCP), Amphetamine, THC, Cocaine, Opiates and Creatinine. The standard methadone five panel test consists of Methadone, Benzodiazepines, THC, Cocaine, Opiates and Creatinine.
- Several clients talked about the inconvenience of having a single drug testing location located downtown. However, staff reported that Avertest has drug testing locations in St. Charles County, Jefferson County, and St. Louis County, which are used for convenience as long as there is a gender-appropriate staff to observe the drop. In addition, the St. Louis Drug Court has used a drug testing facility in Franklin County for participant convenience upon request.
- The probation officers and treatment providers are able to access drug test results online whenever needed.
- Participants are required to have a minimum of 90 days sober (negative drug tests) before graduation.

#### Commendations

- **Drug testing occurs at least twice per week in the first phase.** Research indicates that testing two or more times per week in the first phase leads to lower recidivism rates. This program is recognized as following best practices in Phase I drug testing by requiring at least two weekly UAs and also for maintaining this level of testing for all participants throughout the program.
- **Rapid results from drug testing.** Research has shown that obtaining drug testing results within 48 hours of submission is associated with higher graduation rates and lower recidivism (Carey et al., 2012). The STLDC is commended for adhering to this best practice.
- **Program performs specialized testing when possible.** Despite budget constraints, the STLDC is able to periodically use specialized testing to confirm participants are not using substances that do not show up on the standard drug tests. This is another extremely valuable tool for programs to have to ensure participants remain clean and honest.
- **The program requires participants to be clean at least 90 days before graduation.** Drug courts where participants are expected to have at least 90 days clean (negative drug tests) before graduation had 164% greater reductions in recidivism compared to programs that expected less clean time (Carey et al., 2012).

#### Recommendations

- **There are no recommendations in this area at this time.**

## **KEY COMPONENT #6: A COORDINATED STRATEGY GOVERNS DRUG COURT RESPONSES TO PARTICIPANTS' COMPLIANCE.**

The focus of this component is on how the drug court team responds to participant behavior during program participation, including how the team works together to determine an effective, coordinated response. Drug courts have established a system of rewards and sanctions that determine the program's response to acts of both non-compliance and compliance with program requirements. This system may be informal and implemented on a case-by-case basis, a formal system applied evenly to all participants, or a combination of both. The key staff involved in decisions about appropriate responses to participant behavior varies across courts. Drug court team members may meet and decide on responses, and/or the judge may decide on the response in court. Drug court participants may (or may not) be informed of the details on this system of rewards and sanctions, so their ability to anticipate a response from their team may vary significantly across programs.

### National Research

The drug court judge is legally and ethically required to make the final decision regarding sanctions or rewards, based on expert and informed input from the drug court team including information gained from case management. All drug courts surveyed in an American University study reported that they had established guidelines for their sanctions and rewards policies, and nearly two-thirds (64%) reported that their guidelines were written (Cooper, 2000).

The Multisite Adult Drug Court Evaluation (MADCE), found significantly better outcomes for drug courts that had a written schedule of predictable sanctions that was shared with participants and staff members (Zweig, Lindquist, Downey, Roman, & Rossman, 2012). Another study found 72% greater cost savings for Drug Courts that shared their sanctioning regimen with all team members (Carey et al., 2008, 2012).

The MADCE results also suggest that drug courts should remind participants frequently about what is expected of them in the program and the likely consequences of success or failure (Zweig et al., 2012). Another study showed that when staff members in drug courts consistently reminded participants about their responsibilities in treatment and the consequences that would ensue from graduation or termination they had higher program retention rates (Young & Belenko, 2002).

It is important to avoid having the sanctions and incentives guidelines be overly structured. Two studies reported significantly better outcomes when the drug court team reserved discretion to modify scheduled consequence in light of the context in which the participant behavior occurred (Carey et al., 2012; Zweig et al., 2012).

Drug courts working with addicted offenders should adjust participants' treatment requirements in response to positive drug tests during the early phases of the program rather than imposing sanctions. Participants might, for example, require medication, residential treatment, or motivational-enhancement therapy to improve their commitment to abstinence (Chandler, Fletcher, & Volkow, 2009) and be unable to comply with program abstinence requirements early in the program.

Drug courts achieve significantly better outcomes when they focus more on providing incentives for positive behaviors than they do on sanctioning negative behavior. Incentives teach participants what positive behaviors they should continue to perform, while sanctions teach only what behaviors participants should stop doing. In the MADCE, significantly better outcomes were achieved by drug

courts that offered higher and more consistent levels of praise and positive incentives from the judge (Zweig et al., 2012).

Drug courts have significantly better outcomes when they use jail sanctions sparingly (Carey et al., 2008; Hepburn & Harvey, 2007). Research indicates that jail sanctions produce diminishing, or even negative, returns after approximately 3 to 6 days (Carey et al., 2012; Hawken & Kleiman, 2009). Also, studies show better outcomes in drug courts that exert leverage over their participants, meaning the participants can avoid a serious sentence or disposition if they complete the program successfully (Carey et al., 2012; Cissner et al., 2013; Goldkamp, White, & Robinson, 2001; Longshore et al., 2001; Mitchell, Wilson, Eggers, & MacKenzie, 2012).

Finally, drug courts that responded to infractions immediately, particularly by requiring participants to attend the next scheduled court session, had twice the cost savings and programs that required participants to pay fees and have a job or be in school at the time of graduation had significant cost savings compared to programs that did not (Carey et al., 2012).

#### City of St. Louis Drug Court Process

- Case management is primarily performed by the probation officers. Participants have contact with their probation officer on a regular basis, with the frequency of contact determined by the individual needs of the participant. Probation officers noted that the majority of their contacts occur during office visits, with home visits occurring approximately every few months. Meetings with probation consist of discussing participant updates related to employment, family, housing, and other areas; verifying program requirements such as treatment attendance; discussing drug test results; and performing additional case management activities that may be necessary, such as referrals for additional services.
- Incentives to enter the program include early termination from probation and jail/prison/probation sentences not being served. Charges that led participants to drug court can be dismissed for pre-plea cases. In certain post-plea cases the arrest record can be expunged upon participant application for civil relief (which is beyond the jurisdiction of the drug court).
- Participants are given a participant handbook upon entry into the program. Participants also receive a workbook that outlines the program requirements and expectations.
- The program provides participants a written list of incentives upon entering the program. Participants are also given a written list of behaviors that lead to incentives. The STLDC does provide some rewards in a standardized manner, so participants know some of the behaviors that lead to rewards. For example, participants are always able to draw from a fishbowl in court if they have negative drug test results since the last court data. Participants who are "5 of 5" place their name in a container to be eligible for a weekly drawing.
- Participants regularly receive intangible rewards (praise from the commissioner, applause) and tangible rewards (fishbowl drawings, phase certificates) through the program. When participants phase up they are given a certificate, a \$20 fee credit, and the choice of movie tickets or a voucher for groceries.
- There are written guidelines for team members regarding the use of incentives and sanctions. Initial decisions are made during staffing meetings on a case-by-case basis and the team actively works to make responses individualized to the participant.
- Staff have identified strategies for coaching participants in effective lifestyle strategies. Many participants, particularly those in the specialized dockets, MAT/MED and COD, need much more structure in their lives. The judicial officers distribute calendars for them to write down their

appointments. When participants miss appointments, the judicial officer reinforces the value of the calendar.

- Sanctions are graduated so that the severity increases with more frequent or more serious infractions. They are typically imposed by the commissioner at either the participant's next scheduled court appearance or the next court session for non-compliant behavior, whichever comes first.
- Sanctions for the COD participants are reported to be more therapeutic than for other participants. Sanction options for this group can include individual treatment sessions, medication management, essay writing and tailoring their Illness Management Recovery Plan to address non-compliant behaviors. While jail is a sanction option for this group, they are generally given more lead time to prepare for jail sanctions.
- Participants are given a written list of sanctions and behaviors that lead to sanctions in the Participant Handbook.
- Team members reported that community service is the most commonly used sanction. Other sanctions include short jail sanctions (1-2 days), extending the term of the drug program (by returning participants to the beginning of their current phase or possibly to an earlier phase), writing essays, sit sanctions, increased number of self-help meetings, more court appearances, and increased drug testing.
- Treatment plans are continuously evaluated by counselors throughout the program. Treatment responses may include new treatment curriculum, residential treatment, and increased treatment sessions.
- To graduate participants must complete the requirements from each phase; complete a relapse prevention plan; complete a sustainable recovery plan; be in compliance with the individual treatment plan including medication compliance; be employed (or enrolled in school) for the last eight (8) consecutive weeks in the program; have no major sanctions, including a positive drug or alcohol test for the last twelve (12) consecutive weeks of the program (at least 90 days clean); complete a written request to graduate; pay all restitution and drug court fees, complete all volunteer hours; attend two (2) court sponsored or alumni events per month; and integrated the necessary information to support long-term recovery.
- Graduation ceremonies are held every other month and occur outside of regular court sessions. All participants are encouraged to attend graduation ceremonies (and receive credit for a self-help meeting if they attend), so a large ceremonial courtroom is used. The drug court commissioners read a history of the participant that is written by the participant's probation officer, including information from when a participant entered the program up to their completion of the program. The assistant circuit attorney will also present the dismissal of charges for those eligible during the graduation. Participants are called up individually by the commissioners and receive a certificate and have their pictures taken. Graduates are then encouraged to speak to the courtroom to offer any advice or just to speak about their experiences.
- Major program violations that may result in a participant being removed from the program include: new arrest for a violent offense, failure to appear in court with no excuse, multiple failures to appear, missing treatment sessions, repeated positive drug tests or continued use, and lack of progress in treatment. Team members reported these are not necessarily automatic termination criteria, as team discussions occur before anyone is officially terminated from the program.

- A participant who does not complete the program requirements and is terminated from the program returns to the court where their case(s) originated, and traditional criminal case processing resumes.

### Commendations

- **Sanctions are imposed swiftly after non-compliant behavior.** In order for behavior change to occur, there must be a link between the behavior and consequences. Scheduling the non-compliant participant for the next upcoming court session (or the non-compliance docket) rather than waiting until the participant's next scheduled session is optimal. The program understands that if a participant has engaged in a behavior that requires a sanction, they need to ensure that the sanction occurs as close to the behavior as possible.
- **The program has developed specific guidelines on program responses and given a printed copy to each team member.** Drug courts that have written guidelines for sanctions and rewards and that provide these guidelines to the team have double the graduation rate and 3 times the cost savings compared to drug courts that do not have written guidelines (Carey et al., 2008, 2012). These guidelines help the team maintain consistency across participants so that, when appropriate, similar behaviors result in similar sanctions. The guidelines also serve as a reminder of the various options available to the team.

### Recommendations

- **Explain the reasons for rewards and sanctions in court.** The STLDC imposes rewards and sanctions on an individualized basis, which is commended. At the same time, this practice requires careful attention in explaining reasons behind these actions both to ensure that participants understand the connection between their specific behavior and the consequence, and to minimize participant perceptions of unfairness. This is most easily addressed by directly and clearly communicating the rationale behind each incentive and sanction, even when this can seem redundant. This did not occur consistently during the observed court sessions, perhaps due to the volume of participants being seen in court and the fact that the commissioners were transitioning cases in some of these sessions.

Certainty, immediacy, and magnitude relate to how rewards and sanctions are actually imposed. However, *perceptions* of rewards and sanctions are also very important. Evidence from cognitive psychology reveals that individuals are more likely to perceive a decision as being correct and appropriate if they believe that fair procedures were employed in reaching that decision. In fact, the perceived fairness of the procedures exerts a greater influence over participants' reactions than does the outcome of the decision. Specifically, participants will be most likely to accept an adverse judgment if they feel they (1) had a fair opportunity to voice their side of the story, (2) were treated in an equivalent manner to similar people in similar circumstances, and (3) were accorded respect and dignity throughout the process. When any one of these factors is absent, behavior not only fails to improve, but may get worse, and participants may sabotage their own treatment goals.

This does not mean that participants should necessarily get what they want. The important point is that they should be given a fair chance to explain their side of the story, and they should be offered a clear explanation about how and why a particular decision was reached. If staff members have difficulty articulating a defensible rationale for why a participant is being treated a given way, it may be an opportunity to rethink their response. It should be clear that the sanction is intended to address the participant's misconduct, and is not being imposed because the participant is a bad person or intrinsically deserves to be punished (Marlowe & Meyer, 2011).



- **Increase the attention given to positive participant behaviors.** Due to the larger number of participants that were scheduled to appear in court, minimal time and attention was given to participants doing well in the program during staffing and court. While it is important to properly address the negative behaviors of participants in the program, team members should also ensure that this does not happen at the expense of those doing well in the program. Most of the participants in the drug court program have a plethora of experience in engaging in poor behavior and getting in trouble for it. Conversely, they do not typically know what behaviors are appropriate. The participants doing well are modeling good behavior for the other participants. Spending time on those doing well in court, particularly talking with them about the specific good behaviors they have been engaging in, provides all participants with a better understanding of what the program (and society in general) expects of them.
- **Ensure that a variety of sanctions are available for the team to consider/use during staffings.** The STLDC has guidelines in place for the team to follow when responding to a participant's negative behavior. Having a list of possible sanctions to refer to in staffing sessions may remind the team of the options the program has available. This will also help avoid the tendency for programs to fall back to using the same sanctions repeatedly. Community service was the most consistent sanction used during observations.
- **Differentiate sanctions from treatment responses.** The purpose of sanctions should always be to minimize undesirable behavior. Interviews and observations revealed that occasionally treatment responses are issued sanctions and with little to no input from the treatment provider (such as ordering a participant to in-patient following a positive test). It may be that such responses are appropriate and warranted and that clarifying the treatment motivation for such responses to both the team and the participant would clear up misperceptions.
- **Consider some adjustments to how the graduations are conducted.** Graduation is a milestone for participants and their families. Due to the size of the STLDC program, there are often more than 10 participants in each graduating class, and with the attendance of friends and family it can be a crowded affair. The courtroom was so large that it was at times difficult to hear the participant descriptions read by the commissioners. Providing microphones would help with this issue. Some participant descriptions were also confusing, moving from the probation officer perspective to participant's own words and then back again. Finally, participants were given a short window at the end to speak and many declined despite the encouragement of family and friends. Some suggested changes include having alumni or other special speakers (such as community members who provide resources to the program) perform a brief (5- or 10-minute) introduction to the graduation ceremony. Have personal summaries of participant experiences in the program that are limited to 5 minutes or less followed by immediate presentation of a certificate and prepared words from the graduate for up to 5 minutes. Because the number of participants graduating is typically large, keeping the presentations brief is important.

### **KEY COMPONENT #7: ONGOING JUDICIAL INTERACTION WITH EACH PARTICIPANT IS ESSENTIAL.**

The focus of this component is on the judge's role in drug court. The judge has an extremely important function for drug court in monitoring participant progress and using the court's authority to promote positive outcomes. While this component encourages ongoing interaction, drug courts must still decide more specifically how to structure the judge's role. Courts need to determine the appropriate amount of courtroom interaction between the participant and the judge as well as how involved the judge is with the participant's case. Outside of the court sessions, depending on the program, the judge may or may not be involved in team discussions, progress reports and policy making. One of the key roles of the drug

court judge is to provide the authority to ensure that appropriate treatment recommendations from trained treatment providers are followed.

### National Research

Drug court judges have a professional obligation to remain abreast of legal, ethical and constitutional requirements related to drug court practices (Meyer, 2011; Meyer & Tauber, 2011). Further, outcomes are significantly better when the drug court judge attends regular training including annual conferences on evidence-based practices in substance abuse and mental health treatment and community supervision (Carey et al., 2008, 2012; Shaffer, 2011).

National research (Carey et al., 2005, 2008, 2011) demonstrated that, on average, participants have the most positive outcomes if they attend approximately one court appearance every 2 weeks in the first phase of their involvement in the program. Marlowe, Festinger, Lee, Dugosh, & Benasutti (2006) also demonstrated that biweekly court sessions were more effective for high-risk offenders, whereas less frequent sessions (e.g., monthly) were as effective for lower risk offenders. Similarly, a meta-analysis involving 92 adult drug courts (Mitchell et al., 2012) and another study of nearly 70 drug courts (Carey et al., 2012) found significantly better outcomes for drug courts that scheduled status hearings every 2 weeks during the first phase of the program.

In addition, programs in which the judge remained on the bench for at least 2 years had the most positive participant outcomes. It is recommended that drug courts either avoid fixed terms, or require judges with fixed terms to serve 2 years or more, and that courts with fixed terms consider having judges rotate through the drug court more than once, as experience and longevity are correlated with more positive participant outcomes and cost savings (Carey et al., 2005, 2012; Finigan et al., 2007). There is evidence that drug court judges are significantly less effective at reducing recidivism during their first year on the drug court bench than during ensuing years (Finigan et al., 2007). Most likely this is because judges, like most professionals, require time and experience to learn how to perform their jobs effectively.

Studies have also found that outcomes were significantly better in drug courts where the judges regularly attended staffing meetings (Carey et al., 2008, 2012). Observational studies have shown that when judges do not attend staffing meetings before court, they are less likely to be adequately informed or prepared when they interact with the participants during court hearings (Baker, 2013; Portillo, Rudes, Viglione, & Nelson, 2013).

According to NADCP's Best Practice Standards (2013), "Studies have consistently found that Drug Court participants perceived the quality of their interactions with the judge to be among the most influential factors for success in the program (Farole & Cissner, 2007; Goldkamp, White, & Robinson, 2002; Jones & Kemp, 2013; National Institute of Justice, 2006; Satel, 1998; Saum et al., 2002; Turner, Greenwood, Fain, & Deschenes, 1999). The MADCE study found that significantly greater reductions in crime and substance use were produced by judges who were rated by independent observers as being more respectful, fair, attentive, enthusiastic, consistent and caring in their interactions with the participants in court (Zweig et al., 2012)."

In a study of nearly 70 adult drug courts, outcomes were significantly better when the judges spent an average of at least 3 minutes, interacting with the participants during court sessions (Carey et al., 2008, 2012). Interactions of less than 3 minutes may not allow the judge the necessary time to understand each participant's perspective, discuss with the participant the importance of compliance with treatment,

explain the reason for a sanction about to be applied, or communicate that the participant’s efforts are recognized and valued by staff.

City of St. Louis Drug Court Process

- Staffing is primarily facilitated by the drug court commissioners. Team members engage in the discussions during the staffing, and the team confers about necessary issues in great detail. Staffing sheets are used to summarize a participant’s progress since his or her last court date, and team members provide verbal updates on the participants—and will contact team members not present in the staffing session if more information is needed.
- Drug court participants attend court sessions based on their assigned docket. Court attendance is typically reduced as participants progress through the program, but can be increased if necessary. The frequency of court sessions as planned for each quadrant can be found below.

**Table 4. Frequency of Court Sessions**

Quadrant (Risk/Need level)	Court session requirements
Q1 (high-risk, high-need)	Phase 1: Weekly Phase 2 &3: Twice per month Phase 4: Once per month
Q2 (low-risk, high-need)	Phase 1: Twice per month Phase 2, 3, &4: Once per month
Q3 (high-risk, low-need)	Phase 1 & 2: twice per month Phase 3 & 4: Once per month
Q4 (low-risk, low-need)	Once per month for length of program.
All Qs	May appear on weekly non-compliance docket as needed.

- Participants are not required to stay for the entire drug court session (with the exception of VTC). Also, those who need to return to work or have been excused for pre-approved reasons may be called up earlier in the session.
- VTC participants are required to stay the entire court session based on the theory “no man left behind” and as a means to build camaraderie among participants.
- Several court sessions were observed during the site visit. The average time spent per participant across court sessions was between 4 and 5 minutes. However, because the court was undergoing transition from one commissioner to another, several dockets had both commissioners on the bench as they explained the case transition to each participant, so this time may not be representative of the average routine.
- There are two drug court commissioners that are assigned to the program indefinitely. The City of St. Louis has several different treatment courts in its jurisdiction (family treatment court, juvenile drug court, VTC, etc.), and each of the two commissioners are assigned to specific dockets. In between the time spent in staffing and court, the commissioners receive communication from team members about participants and other administrative matters on a regular basis.
- Both commissioners were involved in the STLDC before their appointment (as an assistant circuit attorney and a defense attorney) and have received training on the drug court model. They have

both attended national drug court conferences, state drug court conferences, and also participated in trainings hosted by the STLDC program.

- During court sessions, the participants typically stand in front of the bench and address the commissioner directly. Probation officers and treatment providers are seated at a centrally placed table behind the participants and may clarify issues such as drug test results, previous conversations with participants, or follow up on court orders/directives as needed.
- Observations of the commissioner who took over one of the previous commissioner's dockets in June 2013 revealed that she was supportive of participants while maintaining a formal demeanor. She is able to maintain her authoritative role while also offering encouragement. She praised those doing well (especially those who had met all "5 out of 5" program requirements) and was able to be direct when needed.
- The site visit coincided with one commissioner's first court appearance with participants. Therefore, the interactions observed during the site visit were more introductory and didn't necessarily reflect the new commissioner's overall approach or demeanor in court going forward. Initial impressions indicate a friendly, polite, and open approach with participants, offering encouragement when appropriate.
- Staff takes into account participants' mental health. The commissioner also takes participants' mental health status and level of functioning into account and keeps instructions simple and repeats them several times for participants who are mentally impaired. The commissioner also questions participants about taking their medications.

Participant comments on the prior judge:

*"I miss that dude. He was passionate—he knows his 12 steps and never worked one, but he knows. He's tough, but I don't need someone who's nice, but someone who wants me to get through. He wanted to hear your side of the story and then decide what to do."*

*"Harder when you mess up to know that the judge knows [vs. peers]."*

### Commendations

- **The program is commended for having the commissioners preside over the STLDC indefinitely.** Participants benefit from a consistent relationship with the judicial officer. One of the commissioners is coming up on her 2-year anniversary with the court, and both were drug court team members prior to their bench appointment. Experience and longevity are correlated with more positive participant outcomes and significantly higher cost savings, particularly 2 years and longer (Carey et al., 2012; Finigan et al., 2008).
- **Commissioners spent greater than 3 minutes with each participant.** During observations, the commissioners averaged around 4-5 minutes when addressing each participant. This was consistent across all the court sessions observed during the site visit. An *average* of 3 minutes per participant is related to graduation rates 15 percentage points higher and recidivism rates that are 50% lower than drug courts that spend less than 3 minutes per participant (Carey et al., 2011).

### Recommendations

- **Utilize the "courtroom as classroom" dynamic.** During the site visit conversations between the commissioners and participants were often inaudible in the courtroom. Because drug court hearings are a forum for educating all participants and impacting their behavior, it is important that the court consider methods to ensure participants can hear these conversations. It is important that participants observe explanations and consequences for both positive and

negative behaviors and that the input from the team is solicited when appropriate to reinforce the impression that all the players work as a team in the best interests of the participants. Perhaps exploring ways to incorporate the probation officers and treatment providers more into the court session proceedings would assist in reinforcing the team approach. Asking participants questions, particularly those who are doing well, about the strategies they have engaged in for successfully meeting program requirements can be invaluable for other participants to learn positive behaviors.

**KEY COMPONENT #8: MONITORING AND EVALUATION MEASURE THE ACHIEVEMENT OF PROGRAM GOALS AND GAUGE EFFECTIVENESS.**

This component encourages drug court programs to monitor their progress toward their goals and evaluate the effectiveness of their practices. The purpose is to establish program accountability to funding agencies and policymakers as well as to themselves and their participants. Further, regular monitoring and evaluation provides programs with the feedback needed to make adjustments in program practices that will increase effectiveness. Finally, programs that collect data and are able to document success can use that information to gain additional funding and community support. Monitoring and evaluation require the collection of thorough and accurate records. Drug courts may record important information electronically, in paper files or both. Ideally, drug courts will partner with an independent evaluator to help assess their progress. Lastly, it is important to determine how receptive programs are to modifying their procedures in response to feedback.

National Research

Like most complex service organizations, drug courts have a tendency to *drift*, in which the quality of their services may decline appreciably over time (Van Wormer, 2010). The best way for a drug court to guard against this drift is to monitor its operations, compare its performance to established benchmarks, and seek to align itself continually with best practices (NADCP, Best Practice Standards, Volume II, 2015). That is, the best way for drug courts to ensure they are following the model is to perform self-monitoring of whether they are engaged in best practices and to have an outside evaluator assess the program's process, provide feedback, and then make adjustments as needed to meet best practices.

Carey et al. (2008) and Carey et al. (2012) found that programs with evaluation processes in place had better outcomes. Four types of evaluation processes were found to be correlated with significant reductions in recidivism and cost savings: 1) maintaining electronic records that are critical to participant case management and to an evaluation, 2) the use of program statistics by the program to make modifications in drug court operations, 3) the use of program evaluation results to make modification to drug court operations, and 4) the participation of the drug court in more than one evaluation by an independent evaluator. Courts that have modified their programs based on evaluation findings have experienced a significant reduction in recidivism and twice the cost savings compared to courts that do no modifications (Carey et al., 2012). The same is true of programs that make modifications based on self-review of program statistics (Carey et al., 2012).

### City of St. Louis Drug Court Process

- The STLDC collects data electronically for participant tracking. For all courts that receive state funding, data entry into the Missouri electronic case management system (Judicial Information System, or JIS) is required. The database has several forms that (at a minimum) must be completed for each drug court participant, as well as additional forms that track supplementary information that are considered optional. The different treatment providers and the probation office have separate databases, with the data tracking requirements set by the respective agencies.
- The STLDC keeps track of key information on all drug court participants (drug testing, program outcomes, treatment attendance, sanctions, etc.) in the different systems described above. A new web-based management system to improve the quality, quantity, and timeliness of the information available to team members was also under development at the time of the site visit.
- An exception in the use of JIS is the tracking of incentives and sanctions. The incentives and sanctions given to each participant over the course of the program are recorded in their individual paper files.
- The STLDC previously had an outside evaluator conduct a process and outcome evaluation (prior to this evaluation), and made changes to program policy and procedures based on this feedback. The former commissioner, coordinator, and several other team members also keep abreast on the latest drug court research.

### Commendations

- **The STLDC collects electronic data.** The program is commended for performing data collection in their existing statewide database (JIS). The program is continuing to collect data and information about participants that will be used for a forthcoming outcome evaluation, which will provide even further detail and insight into the program's effectiveness.
- **The STLDC had a previous evaluation (and is participating in the current evaluation).** Courts that have participated in evaluation and made program modifications based on evaluation feedback have had twice the cost savings compared to courts that have not adjusted their program based on evaluation feedback (Carey et al., 2012).

### Recommendations

- **Share evaluation and assessment results.** The STLDC team members are encouraged to discuss the overall findings, both to enjoy the recognition of its accomplishments and to identify areas of potential program adjustment and improvement. Plan a time for the policy committee to discuss the results of this evaluation and make a plan for how to use the information. Appendix A contains a brief set of guidelines for how to review program feedback and next steps in making changes to the program. In addition, the assessment and evaluation results can be very beneficial to the program if it is looking to apply for grants to fund additional positions, etc., or for local funders/agencies to help them access resources. These results can document needs as well as show how well the program has done in other areas.
- **Collect incentive and sanctions information on participants electronically.** The court is currently developing a new case management system to improve participant tracking. There are also data entry fields in JIS that are not being utilized currently (such as for tracking sanctions and incentives). It is recommended that the team determine what data elements are crucial for program and participant tracking and how to minimize double-entry of information. Data elements such as treatment, drug tests, sanctions, and incentives are key when assessing what activities are linked to participants' progress and success.

- **Start collecting data on MAT and COD participants.** In order to evaluate the MAT and COD dockets, it would be beneficial to identify these participants in the judicial information system so their progress can be analyzed.
- **Perform regular reviews of program statistics from the electronic data being collected.** Programs that review their own data and make modifications to improve programs practices based on their own data have significantly lower recidivism and higher cost savings (Carey et al., 2012). Simple comparisons such as whether one gender is more likely to graduate than another, or whether participants are more likely to drop out during a particular phase can give the program information about appropriate services (e.g., gender-specific treatment) or phase requirements (e.g., if requirements in a particular phase are particularly challenging to meet).

### **KEY COMPONENT #9: CONTINUING INTERDISCIPLINARY EDUCATION PROMOTES EFFECTIVE DRUG COURT PLANNING, IMPLEMENTATION, AND OPERATIONS.**

This component encourages ongoing professional development and training of drug court staff. Team members need to be updated on new research-based procedures and maintain a high level of professionalism. Drug and DWI courts must decide who receives this training and how often. Ensuring thorough training for all team members can be a challenge during implementation as well as for courts with a long track record. Drug and DWI courts are encouraged to continue organizational learning and share lessons learned with new hires.

Team members must receive role-specific training in order to understand the collaborative nature of the model. Team members must not only be fully trained on their role and requirements, but also be willing to adopt the balanced and strength-based philosophy of the drug court. Once understood and adopted, long assignment periods for team members are ideal, as tenure and experience allow for better understanding and full assimilation of the model components into daily operations.

#### National Research

As stated eloquently in NADCP's Best Practice Standard on Multidisciplinary Teams (Volume II, 2015), "Drug Courts represent a fundamentally new way of treating persons charged with drug-related offenses (Roper & Lessenger, 2007). Specialized knowledge and skills are required to implement these multifaceted programs effectively (Carey et al., 2012; Shaffer, 2011; Van Wormer, 2010). To be successful in their new roles, staff members require at least a journeyman's knowledge of best practices in a wide range of areas, including substance abuse and mental health treatment, complementary treatment and social services, behavior modification, community supervision, and drug and alcohol testing. Staff must also learn to perform their duties in a multidisciplinary environment, consistent with constitutional due process and the ethical mandates of their respective professions. These skills and knowledge-sets are not taught in traditional law school or graduate school programs, or in most continuing education programs for practicing professionals (Berman & Feinblatt, 2005; Center for Court Innovation, n.d.; Harvard Law School, n.d.; Holland, 2010). Ongoing specialized training and supervision are needed for staff to achieve the goals of Drug Court and conduct themselves in an ethical, professional and effective manner."

Research on the use of evidence-based and promising practices in the criminal justice field has consistently shown that in order to operate effective programs as intended, practitioners must receive the necessary resources to make the program work, receive ongoing training and technical assistance, and be committed to the quality assurance process (Barnoski, 2004; Latessa & Lowenkamp, 2006).

Andrews and Bonta (2010) maintain that correctional and court programs must concentrate on effectively building and *maintaining* the skill set of the employees (in the case of drug courts—team members) who work with offenders. Training and support allow teams to focus on translating drug court best practice findings into daily operations and build natural integrity to the model (Bourgon, Bonta, Rugge, Scott, & Yessine, 2010).

Carey et al. (2008) and Carey et al. (2012) found that drug court programs requiring all new hires to complete formal training or orientation and requiring *all* team members be provided with regular training were associated with higher graduation rates and greater cost savings due to lower recidivism.

#### City of St. Louis Drug Court Process

- Almost all team members have received training or education specifically on the drug court model, including through the Missouri Association of Treatment Court Professionals (MATCP) and the National Association of Drug Court Professionals (NADCP) conferences.
- All new drug court staff members receive training on the drug court model before or soon after starting work.
- Many team members have also received training specifically related to the target population of the court, the use of rewards/sanctions, ongoing cultural competency, their role on the drug court team, and strength-based philosophies and practices.
- Other staff such as probation officers receive specialized training from the Department of Corrections. The Veterans Court participants receive some services from the VA. The VA staff has training in PTSD and other issues that affect veterans.
- Drug court staff members also bring new information on drug court practices and drug addiction and treatment to staffing meetings.

#### Commendations

- **Drug court team members receive ongoing training.** The STLDC understands that the drug court model requires specialized training for all staff members to understand their roles, and the science behind effective treatment. Team member training has been demonstrated to produce significantly lower recidivism and greater program completion rates (Carey et al., 2008, 2012). The STLDC is well aware of this and continues to make team member training a priority.

#### Recommendations

- No recommendations under this component at this time.



**KEY COMPONENT #10: FORGING PARTNERSHIPS AMONG DRUG COURTS, PUBLIC AGENCIES, AND COMMUNITY-BASED ORGANIZATIONS GENERATES LOCAL SUPPORT AND ENHANCES DRUG COURT PROGRAM EFFECTIVENESS.**

This component encourages drug courts to develop partnerships with other criminal justice service, nonprofit and commercial agencies. For these collaborations to be true “partnerships,” regular meetings and collaborations with the partners should occur. If successful, the drug court will benefit from the expertise that resides in all of the partner agencies and participants will enjoy greater access to a variety of services. Drug courts must still determine what partners are available and decide with whom to partner and how formal to make these partnerships. Other important factors to weigh include who will be considered as part of the main drug court team; who will provide input primarily through policymaking; and what types of services will be available to participants through these partnerships.

The overall focus is on sustainability, which includes engaging interagency partners, becoming an integral approach to the drug problem in the community, creating collaborative partnerships, learning to foresee obstacles and addressing them proactively, and planning for future funding needs.

National Research

Responses to American University’s National Drug Court Survey (Cooper, 2000) show that most drug courts are working closely with community groups to provide support services for their drug court participants. Examples of community resources with which drug courts are connected include self-help groups such as AA and NA, medical providers, local education systems, employment services, faith communities, and Chambers of Commerce.

In addition, Carey et al. (2005) and Carey et al. (2011) found that drug courts that had formal partnerships with community agencies that provide services to drug court participants had better outcomes than drug courts that did not have these partnerships.

City of St. Louis Drug Court Process

- The STLDC does not have an advisory board, but their policy committee meets regularly outside of staffing when needed to discuss program issues.
- The STLDC has been primarily funded through the Missouri Drug Court Resource Fund and local public funding, along with several federal grants (the Bureau of Justice Assistance and the Substance Abuse and Mental Health Services Administration, among others) that have been received since program inception. Participant fees that are regularly collected are also used to fund different areas of the program.
- The drug court has developed and maintained relationships with organizations that can provide services for participants in the community and refers participants to those services when appropriate. Some of these services include employment assistance, health care, dental care, transportation assistance, legal assistance, and educational services.
- The STLDC has a close relationship with the provider of Vivitrol for the MAT participants. The provider works with the court to keep costs down and make the medication accessible to participants.

### Commendations

- **The program has creatively and effectively addressed many participant needs.** Meeting participant needs across the spectrum of issues affecting their lives can help them be more successful, so the program is commended for thoughtfully coming up with solutions to program barriers faced by participants. In addition, providing resources such as appropriate medical care can help mitigate participant use of substances to self-medicate problems related to physical pain. Many programs have seen benefits with reduction in recidivism from offering health services. This responsiveness helps the participants be more likely to succeed and helps them develop a trust in the program that it really is on their side and working in their best interest.
- **The graduation ceremony brings the community together.** The graduation ceremony brings together graduates, family members, staff, and other stakeholders. It provides a good opportunity for participants to continue on their journey to a drug-free life outside the strictures of the court system. It also provides a good opportunity to promote the drug court programs to the wider community.

### Recommendations

- **Continue to invite community members and staff from other agencies to STLDC graduations.** Graduation ceremonies provide powerful testimony for the effectiveness of drug courts. Inviting potential community partners to graduations is one low-cost strategy for strengthening outreach efforts and allows them to witness positive program impacts. It is important to educate those not familiar with drug courts in how the drug court model works and its benefits. This is also a significant accomplishment for the graduate, and it is important to have graduations be distinct from the regular drug court hearings, even if it occurs during a regular hearing. Further, requiring program participants to attend drug court graduations is a way to help create and strengthen a supportive environment among individual participants and serve to motivate current participants to progress to the graduation themselves.
- **Enhance communication and treatment planning with physicians.** Particularly in the specialized dockets, MAT/MED and COD, many participants are prescribed medications. Treatment staff often do not know the purpose of the medication or required duration. Some staff report that physicians do not understand the treatment court program and impact of pharmaceuticals on recovery. Physicians may not be aware of the long-term patterns of medication abuse by their patients, either. Opportunities for non-medicated approaches to symptom treatment may be missed.

### **ADDITIONAL RESOURCES**

The appendices at the end of this document contain resources to assist the program in making any changes based on the feedback and recommendation in this report. Appendix A provides a brief “how-to” guide for beginning the process of changing program structure and policies. Other important and useful resources for drug courts are available at the National Drug Court Resource Center’s website: <http://www.ndcrc.org> and [www.drugcourtonline.org](http://www.drugcourtonline.org).

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**APPENDIX A: GUIDE FOR USE OF NPC ASSESSMENT AND  
TECHNICAL ASSISTANCE REPORTS**



## Brief Guide for Use of NPC Assessment and Technical Assistance Reports

The 10 Key Component assessment results can be used for many purposes, including 1) improvement of program structure and practices for better participant outcomes (the primary purpose), 2) grant applications to demonstrate program needs or illustrate the program's capabilities, and 3) requesting resources from boards of county commissioners or other local groups.

### When you receive the results:

- Distribute copies of the report** to all members of your team, advisory group, and other key individuals involved with your program.
- Set up a meeting** with your team and steering committee to discuss the report's findings and recommendations. Ask all members of the group to **read the report** prior to the meeting and **bring ideas and questions**. Identify who will **facilitate** the meeting (bring in a person from outside the core group if all group members would like to be actively involved in the discussion).
- During the meeting(s), **review each recommendation**, discuss any questions that arise from the group, and **summarize the discussion, any decisions, and next steps**. You can use the format below or develop your own:

### **Format for reviewing recommendations:**

Recommendation: Copy the recommendations from the electronic version of report and provide to the group.

Responsible individual, group, or agency: Identify who is the focus of the recommendation, and who has the authority to make related changes.

Response to recommendation: Describe the status of action related to the recommendation (some changes or decisions may already have been made). Indicate the following:

- 1. This recommendation will be accepted. (see next steps below)
- 2. Part of this recommendation can be accepted (see next steps below and indicate here which parts are not feasible or desirable, and why)
- 3. This recommendation cannot be accepted. Describe barriers to making related changes (at a future time point, these barriers may no longer exist) or reason why the recommendation is not desirable or would have other negative impacts on the program overall.

Next steps: Identify which tasks have been assigned, to whom, and by what date they will be accomplished or progress reviewed. Assign tasks only to a **person who is present**. If the appropriate person is not present or not yet identified (because the task falls to an agency or to the community, for example), identify who from the group will take on the task of identifying and contacting the appropriate person.

- Person: (Name)
  - Task: (make sure tasks are specific, measurable, and attainable)
  - Deadline or review date: (e.g., June 10<sup>th</sup>) The dates for some tasks should be soon (next month, next 6-months, etc.); others (for longer-term goals for example) may be further in the future.
  - Who will review: (e.g., advisory board will review progress at their next meeting)
- 
- **Contact NPC Research** after your meeting(s) to discuss any questions that the team has raised and not answered internally, or if you have requests for other resources or information.
  - **Contact NPC Research** if you would like to hold an additional conference call with or presentation to any key groups related to the study findings.
  - **Request technical assistance or training as needed** from NADCP/NDCI or other appropriate groups.
  - **Add task deadlines to the agendas of future steering committee meetings**, to ensure they will be reviewed, or select a date for a follow-up review (in 3 or 6 months, for example), to discuss progress and challenges, and to establish new next steps, task lists, and review dates.