

Beltrami County DWI Court Beltrami County, MN Process, Outcome, and Cost Evaluation Report



Submitted to:

**Minnesota Department of
Public Safety**
Office of Traffic Safety
445 Minnesota Street, Suite 150
St. Paul, MN

Submitted by:

NPC Research
Portland, OR

July 2014



5100 SW Macadam Ave., Suite 575
Portland, OR 97239
(503) 243-2436
www.npcresearch.com

Beltrami County DWI Court Beltrami County, MN

Process, Outcome, and Cost Evaluation Report

Submitted By

NPC Research

Charlene E. Zil, M.P.A.

Mark S. Waller, B.S.

Paige M. Harrison, Ph.D.

Adrian J. Johnson, M.S.W.

Shannon M. Carey, Ph.D.

www.npcresearch.com

July 2014



Informing policy, improving programs

ACKNOWLEDGMENTS

This report is made possible by the great efforts, support, and participation of many people and organizations. In particular, we wish to express gratitude to:

- Judge Shari Schluchter for welcoming us into her courtroom and sharing with us her experiences as a judge in Beltrami County and as a DWI court judge.
- Pam Norenburg and Lisa Santee for being available for and answering constant questions.
- The entire DWI court team, including Cindy Borowski, Jessica Dewey, Tim Faver, Danna Farabee, Lynn Kistler, Jeff Lind, Jim Marcotte, Mark Smith, and Paul Thompson, for cheerfully participating in our phone and in-person interviews, welcoming us on our site visit, and providing us with important information about their court process, activities, and cost information.
- The staff at the Bemidji Police Department, Beltrami County Sheriff's Office, Beltrami County Attorney's Office, Minnesota Department of Corrections, Minnesota Board of Public Defense, 9th Judicial District Court, Lakes Region Chemical Dependency, and Bemidji Area Program for Recovery for diligently looking up financial information related to DWI court activities for our cost evaluation.
- Hal Campbell, Jody Oscarson, Jean Ryan, Jane Landwehr, and Jonathan Walseth from the Office of Traffic Safety for serving as our project advisors and providing us with data.
- Kim Jacobson and Denny Lennartson from Minnesota Driver and Vehicle Services.
- Staff from the Minnesota Department of Corrections, particularly Deb Kerschner who went above and beyond her responsibilities to graciously assist other sites in providing community corrections data, as well as Valerie Clark, Danya Burmeister, Jan Krogman, Grant Duwe, and Jill Carlson.
- Staff from the Department of Human Services, with a special thanks to Jim McRae in addition to Jeffrey Hunsberger, for working with us to acquire and understand treatment and billing data.
- Members from the State Court Administrator's Office in Minnesota, notably Katie Schurrer and Deb Dailey for their tireless efforts to help us acquire court record information, as well as Craig Hagensick, Paul Regan, and Jim Eberspacher.
- Katherine Kissick for her brilliant data support, as well as Charley Jaspera and Jade Croome for their skillful editing.
- The countless others working behind the scenes at each agency to provide us a wealth of data for this evaluation.

TABLE OF CONTENTS

EXECUTIVE SUMMARY.....	I
BACKGROUND.....	1
Process, Outcome, & Cost Evaluation Description and Purpose	1
SECTION I: PROCESS EVALUATION.....	3
Beltrami County DWI Court Process Evaluation Activities and Methods.....	3
Electronic Program Assessment	4
Key Stakeholder Interviews	4
Focus Groups	4
Document Review.....	4
Detailed Process Evaluation Results.....	5
Key Component #1: Drug courts integrate alcohol and other drug treatment services with justice system case processing.....	5
Key Component #2: Using a non-adversarial approach, prosecution and defense counsel promote public safety while protecting participants' due process rights.	10
Key Component #3: Eligible participants are identified early and promptly placed in the drug court program.....	11
Key Component #4: Drug courts provide access to a continuum of alcohol, drug and other treatment and rehabilitation services.	15
Key Component #5: Abstinence is monitored by frequent alcohol and other drug testing.....	20
Key Component #6: A coordinated strategy governs drug court responses to participants' compliance.	24
Key Component #7: Ongoing judicial interaction with each participant is essential.	27
Key Component #8: Monitoring and evaluation measure the achievement of program goals and gauge effectiveness.	30
Key Component #9: Continuing interdisciplinary education promotes effective drug court planning, implementation, and operations.....	32
Key Component #10: Forging partnerships among drug courts, public agencies, and community-based organizations generates local support and enhances drug court program effectiveness.	34
Additional Resources	36
Summary of Process Findings and Recommendations.....	36
SECTION II: OUTCOME EVALUATION	45
Outcome Evaluation Methods	45
Sample/Cohort Selection	46

Data Collection and Sources	47
Data Analyses	49
Outcome Evaluation Results.....	52
Research Question #1: What is the impact of DWI court on recidivism?	55
Research Question #2: What is the impact of DWI court on other outcomes of interest?	63
Research Question #3: How successful is the program in bringing program participants to completion and graduation within the expected time frame?	64
Research Question #4: What participant and program characteristics predict successful DWI Court outcomes?	65
Summary of Outcome Results	70
SECTION III: COST EVALUATION	73
Cost Evaluation Design and Methods.....	73
Cost Evaluation Design.....	73
Cost Evaluation Methods	74
TICA Methodology	75
Cost Data Collection	76
Cost Evaluation Results	78
Cost Evaluation Research Question #1: Program Costs	78
Cost Evaluation Research Question #2: Outcome/Recidivism Costs	82
Cost evaluation Research Question #3: Cost of Time between Arrest and DWI Court Entry.....	89
Summary of Cost Evaluation	92
REFERENCES	93
APPENDIX A: THE GUIDING PRINCIPLES OF DWI COURTS.....	95
APPENDIX B: MINNESOTA OFFENDER DRUG COURT STANDARDS	99

LIST OF TABLES

Table 1. MN DWI Court Evaluation Data and Sources	47
Table 2. DWI Court Participant and Comparison Group Characteristics: Demographics	52
Table 3. DWI Court Participant and Comparison Group Characteristics: Criminal History	53
Table 4. DWI Court Participant Characteristics: Other	54
Table 5. BCDWI Completion Status by Entry Year.....	64
Table 6. DWI Court Graduate and Non-Graduate Characteristics: Demographics.....	66
Table 7. DWI Court Graduate and Non-Graduate Characteristics: Criminal History.....	67
Table 8. DWI Court Graduate and Non-Graduate Characteristics: Other	68
Table 9. DWI Court Graduate and Non-Graduate Characteristics: Risk and Needs Assessments and Treatment.....	69
Table 10. The Six Steps of TICA	75
Table 11. Program Costs per Participant	80
Table 12. Program Costs per Participant by Agency	81
Table 13. Average Number of Recidivism Events after DWI Court Entry per Person over 2 Years from DWI Court Entry	85
Table 14. Recidivism (Outcome) Costs per Participant over 2 Years	86
Table 15. Recidivism (Outcome) Costs per Participant by Agency over 2 Years.....	88
Table 16. Criminal Justice Costs per DWI Court Participant from Arrest to Program Entry	90

LIST OF FIGURES

Figure 1. Average Number of Rearrests over 2 Years.....	55
Figure 2. Average Number of Rearrests by Gender at 2 Years	56
Figure 3. Average Number of DWI Rearrests over 2 Years.....	57
Figure 4. Percent of Individuals Rearrested over 2 Years	58
Figure 5. Percent of Individuals Rearrested with a DWI Charge over 2 years.....	59
Figure 6. Percent of Individuals Rearrested by Arrest Charge at 2 Years	60
Figure 7. Percent of Individuals Rearrested by Arrest Level at 2 Years	60
Figure 8. Probability of Remaining Un-Arrested over Time (Survival Function)	61
Figure 9. Percent of Licenses Reinstated over 2 Years	63
Figure 10. Criminal Justice Recidivism Cost Consequences per Person: DWI Court Participants and Comparison Group Members over 2 Years	91

EXECUTIVE SUMMARY

DWI courts are complex programs designed to deal with some of the most challenging problems that communities face. These courts bring together multiple and traditionally adversarial roles plus stakeholders from different systems with different training, professional language, and approaches. They take on groups of clients that frequently have serious substance abuse treatment needs. Adults with substance abuse issues involved in the criminal justice system must be seen within an ecological context; that is, within the environment that has contributed to their attitudes and behaviors. This environment includes their neighborhoods, families, friends, and formal or informal economies through which they support themselves. The DWI court must understand the various social, economic, mental health and cultural factors that affect their participants.

In late 2011, NPC Research was contracted by the State of Minnesota's Department of Public Safety, Office of Traffic Safety (OTS) to conduct an assessment of Minnesota's DWI courts and to determine the work necessary and the feasibility of performing process, outcome, and cost evaluations in these programs. The overall goal of the DWI court project was to have a credible and rigorous evaluation of Minnesota's DWI courts. In June 2012, it was decided to move forward with a full evaluation including a detailed process evaluation and outcome evaluation in all nine of Minnesota's DWI court programs and a cost-benefit evaluation in seven of these programs.¹ This is the site-specific report for the Beltrami County DWI Court (BCDWI).

The BCDWI was implemented in June 2007. This program, which is designed to take a minimum of 18 months to complete, accepts post-conviction participants. The general program population consists of repeat DWI offenders (two or more DWI offenses within 10 years) charged in Beltrami County who are determined to be chemically dependent and who voluntarily agree to participate.

Process Evaluation Summary. The BCDWI has been responsive to the community needs and strives to meet the challenges presented by substance dependant individuals. The BCDWI has implemented its DWI court program within the guidelines of the 10 Key Components and 10 Guiding Principles. The program is implementing some research-based best practices including having a law enforcement representative on the team, ensuring that both the prosecuting attorney and the public defender have been trained in the DWI court model, coordinating treatment through just two organizations, offering gender-specific and mental health treatment, and having a swift team response to participant behavior as well as incorporating a variety of incentives and sanctions, having written guidelines for team responses to participant behavior provided to the team, and having a judge that has been with the program long term and spends at least 3 minutes with participants during court hearings.

Although this program is functioning very well in many areas, NPC's review of program operations resulted in some recommendations for program improvements. These recommendations include the following examples:

- **Work toward having all team members attend team meetings and court hearings.** The BCDWI program does not have a defense attorney on the team who is able to attend staffing and court sessions on a regular basis. Best practices research shows that programs have 90%

¹ No cost evaluations were performed for the Borderland Substance Abuse Court or the Roseau County DWI Court due to the very small participant samples sizes available in those programs.

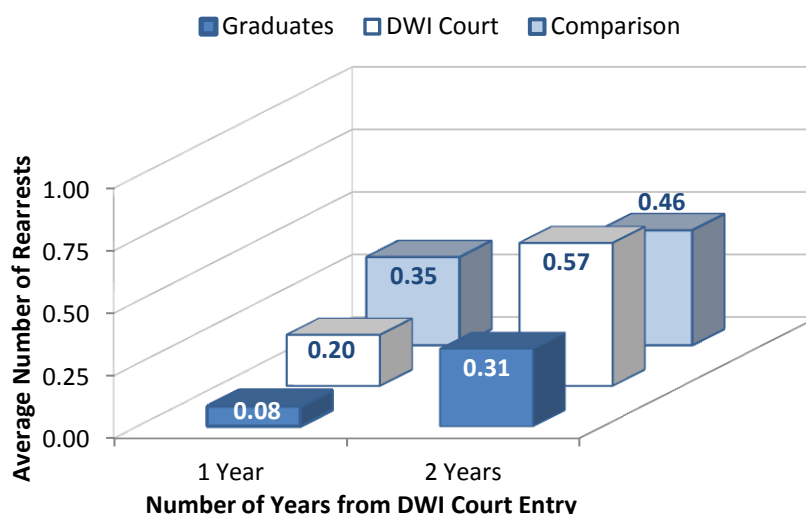
greater cost saving when the defense attorney regularly attends staffing, compared to programs that do not perform this practice (Carey et al., 2012).

- **Continue to increase communication between all team members.** Team members reported that communication outside of staffing and court is limited to only a few members on the team, and that group emails regarding participant progress are rare. Since BCDWI meets every other week, this delay in communication occasionally results in delayed decision-making. We recommend that BCDWI make regular efforts to actively engage all team members when it comes to reporting on participant status and progress. 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., 2011).
- **Create a memorandum of understanding (MOU) between all team members.** Some members reported confusion about other team members' responsibilities, particularly in terms of providing information to the DWI court. We recommend that BCDWI develop a MOU with each agency represented on the team that describes each team member's role, including expected duties and tasks.
- **Review assessment results to ensure that participants are both high risk and high need.** A number of participants indicated that they misrepresented their substance use in order to gain entry into the program; however, team members reflected that participants may still be coming to terms with how much their addiction has impacted their lives and believe the program is reaching the intended population. In addition, the DWI court model is best suited to offenders who are both high risk and high need. If other offenders who are lower risk and/or lower need are being served, the program should adjust the supervision and treatment requirements to best suit the participants' level of need.
- **Follow through on sanctions for noncompliant behavior.** During the site visit, it was noted that a number of participants violated the rules of the program without any consequences (e.g., missed treatment sessions and interlock device failures linked to the use of mouthwash, which participants admitted knowing is not an acceptable excuse). The BCDWI should review the requirements of the program and consistently apply the sanctions for program violations to all participants.
- **Consider moving all BCDWI team members to the front of the courtroom, to present a more unified appearance to participants.** With the exception of the judge, coordinator, and probation officer, all remaining team members sit in the gallery some distance from the judge. During the observed court session this made it more difficult for the judge to elicit information from the team. We recommend that team members move up toward the front of the court to present a more unified team presence and enhance communication during court sessions.

Outcome Evaluation Summary. The outcome analyses were primarily performed on BCDWI participants who entered the DWI court program from July 2007 through November 2011, and a matched comparison group of offenders eligible for DWI court but who received the traditional court process rather than BCDWI.

Figure A illustrates the average number of cumulative rearrests for each year up to 2 years after program entry for BCDWI graduates, all BCDWI participants, and the comparison group. DWI court participants had a lower number of rearrests than the comparison group in the first year after program entry, but had significantly higher numbers of rearrests in the second year after program entry ($p < .05$).

Figure A. Average Number of Rearrests over 2 Years²



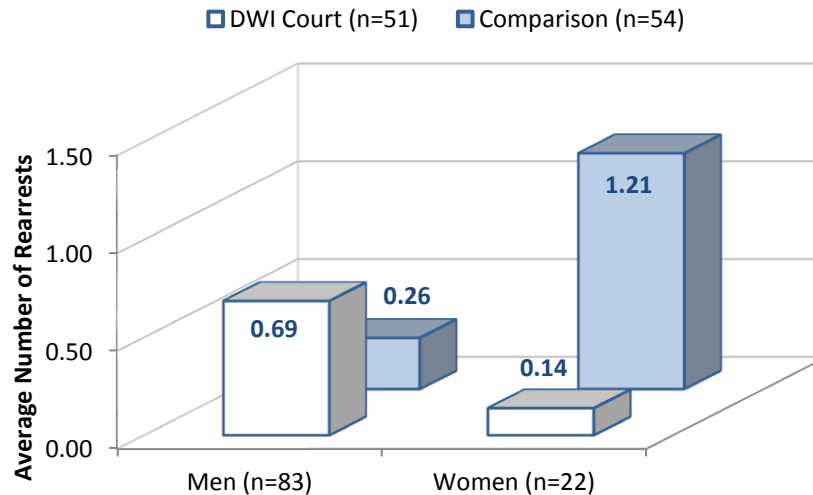
The results of the outcome analysis for the BCDWI are mixed. Compared to offenders who experienced traditional court processes, the BCDWI participants (regardless of whether they graduated from the program):

- Had fewer rearrests in the first year after program entry (not significant), but had significantly more rearrests in the second year
- Had an 88% reduction in rearrests for female participants at 2 years post entry

² Sample sizes by group and time period (1 Year, 2 Years): Graduates $n = 40, 39$; All DWI Court Participants $n = 54, 51$; Comparison Group $n = 65, 54$.

Figure B shows the average number of rearrests for men and women at 2 years after program entry. As seen in the graph, men had a higher number of rearrests than comparison men (although not significant), while women had a significantly lower number of rearrests than comparison women ($p < .05$).

Figure B. Average Number of Rearrests by Gender at 2 Years



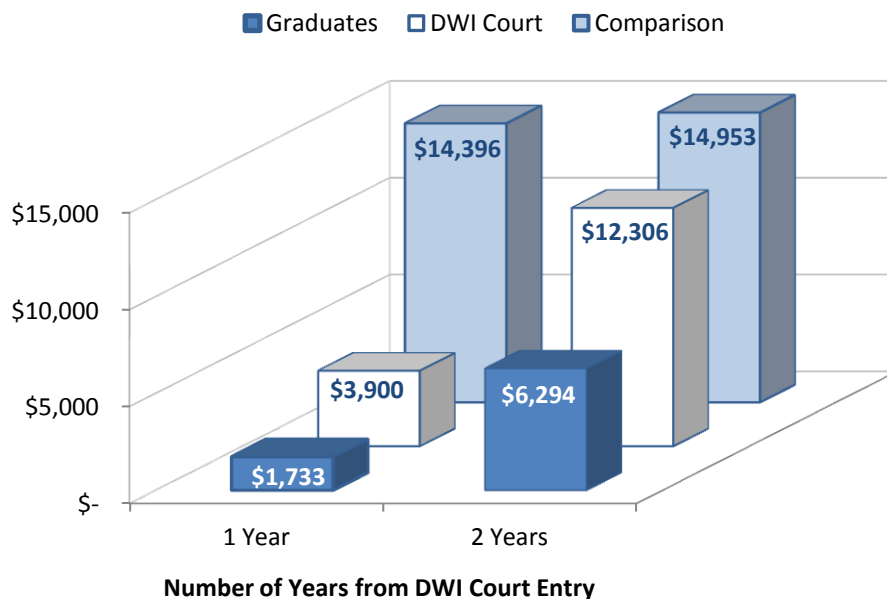
The average graduation rate for the BCDWI program is 77%, which is higher than the national average of 57%. The BCDWI team should continue to work toward ways to assist participants in addressing challenges to following program requirements so that an even greater number can stay in the program longer and successfully complete the program as well as focus on a continuing care plan to help participants in the transition from the program into the community.

We recommend that the BCDWI program discuss these outcome results in conjunction with the process evaluation findings, and continue review of program policies and practices in an effort to achieve its main goals of reducing recidivism and increasing public safety.

Cost Evaluation Summary. The BCDWI is a substantial taxpayer investment and, while it does result in a small cost savings, it takes an extended time to recoup its investment. The program investment cost is \$11,797 per DWI court participant, which fits within the average costs for a DWI and drug court program (e.g., Carey, Mackin & Finigan, 2012). The benefit due to reduced recidivism (mainly reduced time in prison) for DWI court participants over the 2 years included in this analysis came to \$2,647, or \$1,324 per year. This means that it would take just under 9 years for the savings to overtake the initial investment per participant.

Figure C provides a graph of the outcome costs for graduates, all participants and the comparison group over 2 years.

Figure C. Criminal Justice Recidivism Cost Consequences per Person: DWI Court Participants and Comparison Group Members over 2 Years



Overall, although the BCDWI had mixed recidivism results, the cost analysis showed:

- A criminal justice system cost savings of \$2,647 per participant over 2 years
- A 112% return on its investment after 10 years (a 1:1.12 cost-benefit ratio)

BCDWI court participants appear to do well in the first year during program participation. As participants exit the program, recidivism events including rearrests, jail and probation are substantially higher. The BCDWI may want to examine the program requirements in the final phase, and ensure that the focus is on relapse prevention and/or other services to help prevent recidivism (e.g., Criminal Thinking, employment, education, etc.). It is possible that there is something about the transition of the program (either to the final phase or when participants leave the program) that is not meeting the participants' needs. In addition, only one-third of BCDWI participants were assessed as high risk. The program should also focus on targeting high-risk offenders, as the intensive supervision in DWI courts is beneficial for high-risk participants, while it could be harmful to lower risk participants. If the BCDWI prefers to continue to serve both high- and low-risk participants, the program should ensure that the appropriate level of treatment and supervision is provided to participants according to their assessed level of need.

Recommendations. There are several possibilities to consider for explaining some of the non-significant outcomes and for potential program improvements. Since there appears to be a dramatic shift in recidivism in the second year after program entry, we recommend that the BCDWI look at the policies and practices that change during this time. For the typical DWI court participant, this is the time when treatment has concluded, supervision is relaxed, and court sessions are less frequent. The BCDWI should ensure that participants have a continuing care plan that focuses on relapse prevention and other positive activities participants in which participants can engage.

In addition, we found that women in the BCDWI had significantly fewer rearrests than women in the comparison group, whereas men in the program had more rearrests than men in the comparison group. We could find no other differences between men and women (e.g., risk scores) that explained these differences in recidivism. We recommend that the BCDWI treatment providers continue to work toward expanding the current repertoire of treatment services to provide participants with a wider breadth of services, perhaps gender-specific services for men and more individualized planning, particularly for men in the program.

Finally, of the participants included in the outcomes analysis, just one-third (35%) entered into the program on a felony DWI charge, and one-third were assessed as high risk, which indicates that the majority of participants are lower risk. The research-based best practice standards (NADCP, 2013) state that the drug court model is best suited to high-risk/high-need participants, and lower risk participants may not do well with high intensity structure and supervision. Analyses in other Minnesota DWI court programs found that these programs performed substantially, and significantly better when working with higher risk participants, specifically with participants who had three or more arrests (for any charge) in the 2 years prior to DWI court entry. We recommend that the BCDWI target population be high-risk/high-need individuals, or that the program adjust program practices on an individual basis to best fit the risk level of their participants.

Overall, the BCDWI has implemented many research-based best practices within the 10 Key Components of Drug Courts and the 10 Guiding Principles of DWI Courts and has several recommendations for implementing other best practices that will enhance participant outcomes. This program is having some positive impact on its participants, including reducing recidivism in the first year, and reducing time in prison, as well as realizing some cost savings. The BCDWI should continue its efforts to enhance its services to best serve its participants and the community.

BACKGROUND

Drug courts and DWI courts are designed to guide offenders identified as drug- or alcohol-addicted into treatment that will reduce substance dependence and improve the quality of life for offenders and their families. DWI courts specifically target repeat driving-while-intoxicated (DWI) offenders with the goal of protecting public safety. Benefits to society take the form of reductions in future DWIs and other crimes, resulting in reduced costs to taxpayers and increased public safety.

DWI court programs follow both the 10 Key Components of Drug Courts (NADCP, 1997) and the 10 Guiding Principles of DWI Courts (NCDC, 2005). In the typical DWI 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 DWI court coordinator, case managers, substance abuse treatment providers, prosecuting attorneys, defense attorneys, law enforcement officers, and probation officers who work together to provide needed services to DWI court participants. Prosecuting and defense attorneys modify their traditional adversarial roles to support the treatment and supervision needs of program participants. Drug court and DWI 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 rearrests, 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). DWI courts, specifically, have been shown to be effective in reducing recidivism (both of DWIs and other crimes) and in reducing taxpayer costs due to positive outcomes for DWI court participants (Carey, Fuller, Kissick, Taylor, & Zold-Kilbourn, 2008).

Process, Outcome, & Cost Evaluation Description and Purpose

In late 2011, NPC Research was contracted by the State of Minnesota's Department of Public Safety, Office of Traffic Safety (OTS) to conduct an assessment of Minnesota's DWI courts and to determine the work necessary and the feasibility of performing process, outcome, and cost evaluations in these programs. In June 2012, it was decided to move forward with a full evaluation, including a detailed process evaluation and outcome evaluation in all nine of Minnesota's DWI court programs and a cost evaluation in seven of these programs. No cost evaluations were performed for the Borderland Substance Abuse Court or the Roseau County DWI Court due to very small sample sizes in those programs. The overall goal of the DWI court project is to have a credible and rigorous evaluation of Minnesota's DWI courts.

This *process evaluation* was designed to include the collection of the following information:

- Jurisdictional characteristics of each of the nine Minnesota DWI courts
- Description of the eligibility criteria for participants
- Description of the DWI court team including the roles and responsibilities of each team member
- Description of the DWI courts' program phases and requirements

The subsequent *outcome evaluation* was designed to provide the following information.

- Recidivism outcomes of all DWI court participants, from date of entry in the DWI court, and a comparison of those outcomes to a matched group that received traditional court monitoring over a period of 12, 24, and 36 months based on available data
- Prediction of successful outcomes based on program and participant characteristics
- Description of significant predictors of recidivism at 12, 24, and 36 months according to available data

The subsequent *cost evaluation* (for those sites that were included in the cost evaluation) was designed to gather information that allows the calculation of:

- Program-related costs such as the DWI court status review hearings, treatment, drug tests, case management, jail sanctions, etc.
- Outcome-related costs such as arrests, court cases, probation, jail, prison, etc.

Evaluation activities included administration of an electronic assessment, interviews performed by telephone and in person (with key stakeholders, program coordinators at each site, and other team members as needed), site visits to each DWI court, participant focus groups, and administrative data collection from multiple agencies.

This report describes the results of the evaluation of the Borderlands Substance Abuse Court. Details about the methodology used in the evaluation of this program are provided in each of the two sections of this report: 1) process, 2) outcome, and 3) cost.

SECTION I: PROCESS EVALUATION

The purpose of a process evaluation is to establish whether a program has the basic components needed to implement an effective DWI court. The assessment process examined the extent to which the program was implementing the 10 Key Components of Drug Courts (NADCP, 1997) and the 10 DWI Court Guiding Principles as well as the best practices that research indicates are related to positive outcomes. Activities, described in more detail below, included a site visit to the drug court, administration of an electronic assessment, and interviews in person and/or by telephone with the program coordinator and other drug court team members.

Beltrami County DWI Court Process Evaluation Activities and Methods

For the process evaluation, NPC staff conducted the following activities with the Beltrami County DWI Court (referred to as BCDWI in the remainder of the report):

1. Employed an electronic survey to gather program process information from the DWI court coordinator (in collaboration with other DWI court team members).
2. Conducted a site visit to:
 - a. Observe a staffing meeting and DWI court session.
 - b. Perform interviews with key DWI court team members to learn more about the program's policies and procedures and how they are implementing these as they relate to the 10 Key Components, 10 Guiding Principles, and best practices. Interviews also assisted the evaluation team in focusing on day-to-day operations, as well as the most important and unique characteristics of the BCDWI.
 - c. Facilitate a focus group with current program participants and graduates as well as previous participants who did not complete the program.
3. Reviewed program documents including the policy manual, participant handbook, participant orientation information, forms used to process participants, previous evaluation reports, and other program-related documents.
4. Reviewed a data elements worksheet with program staff to locate/collect data for the outcome and cost evaluations.
5. Conducted a detailed review of the program data collection process and data availability (including data available for a comparison group).
6. Facilitated a discussion of practices observed and enhancement recommendations at a teleconference of DWI court staff, court administration, and NPC assessment staff to ensure accuracy and determine feasibility of enhancements.

A synthesis of the information collected through these activities provided NPC with a good understanding of the DWI court's organization and current processes, assisted the assessment team in determining the direction and content of further questions and technical assistance needs and supports, and informed the outcome and cost evaluations of the program.

This section of the report is the main product of the process evaluation. It summarizes program characteristics and practices, analyzes the degree to which this program is following guidelines

based on the 10 Key Components and 10 Guiding Principles, and provides commendations on best practices and recommendations for program improvement and enhancement.

ELECTRONIC PROGRAM ASSESSMENT

An electronic assessment was used to gather program process information from the BSAC staff. This assessment, which provides a consistent method for collecting structure and process information from programs using a drug court model, was developed based on three main sources: NPC's extensive experience and research on drug courts, the American University Drug Court Survey, and a published paper by Longshore et al. (2001), which lays out a conceptual framework for drug courts. The assessment is regularly updated based on information from the latest drug court research in the literature and feedback from programs and experts in the field. The assessment covers a number of areas, particularly topics related to the 10 Key Components, including eligibility guidelines, specific program processes (e.g., phases, treatment providers, drug and alcohol testing, fee structure, rewards/sanctions), graduation, aftercare, termination, and identification of team members and their roles. The use of an electronic assessment allows NPC to begin building an understanding of the program, as well as to collect information to support a thorough review of the site.

KEY STAKEHOLDER INTERVIEWS

Key stakeholder interviews, conducted in person and by telephone, were a critical component of the process study. NPC staff conducted detailed interviews with individuals involved in the administration of the DWI court, including the judge, the DWI court coordinator, treatment provider, case managers, probation officers, and attorneys.

NPC's Drug Court Typology Interview Guide was referenced for detailed questions about the program.³ This guide was developed from the same sources as the online assessment and provides a consistent method for collecting structure and process information from 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 DWI court.

FOCUS GROUPS

NPC staff conducted a focus group with current participants during the site visit. The focus group provided participants with an opportunity to share their experiences and perceptions regarding the DWI court process.

DOCUMENT REVIEW

In order to better understand the operations and practices of the DWI court, the evaluation team also reviewed program documents including assessment forms, past reports, the current draft of the participant handbook, and other related documents.

³ 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 Web site at [www.npcresearch.com/Files/NPC Research Drug Court Typology Interview Guide \(copyrighted\).pdf](http://www.npcresearch.com/Files/NPC%20Research%20Drug%20Court%20Typology%20Interview%20Guide%20(copyrighted).pdf)

Detailed Process Evaluation Results

The following is a detailed description of the results of the process evaluation for the BSAC program. To provide background for these results, the 10 Key Components of Drug Courts and DWI Court Guiding Principles are described along with the associated research on best practices within each component. A summary of the overall commendations and recommendations is provided at the end of this section (Section I).

The BCDWI was implemented in June 2007. This program, which is designed to take a minimum of 18 months to complete, accepts post-conviction participants. The general program population consists of repeat DWI offenders (two or more DWI offenses within 10 years) charged in Beltrami County who are determined to be chemically dependent and who voluntarily agree to participate.

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

The focus of this 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 of 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 court coordinator, case managers, and other community partners. Involvement of 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 through ensuring that they have input on drug court policies and feel their role and contribution are valued.

Key Component #1, as well as the associated DWI Court Guiding Principle on forging relationships in the community, focuses on the collaboration of various agencies.⁴ The partnerships include the integration of treatment services with traditional court case processing, and the engagement of various other criminal justice and service agencies, including probation, law enforcement, and community partners (employment, housing, transportation, and other groups). Each professional who interacts with the participants observes them from a unique perspective, at different times of the day or week, and under varied circumstances. This offers holistic, useful information for the team to draw upon in determining court responses that will change participant behavior. 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. For these collaborations to be true “partnerships,” regular meetings and communication with these partners should occur. If successful, the DWI 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.

National Research

Research 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 clients, including reduced recidivism and, consequently,

⁴ DWI Court Guiding Principle #5

reduced costs at follow-up (Carey et al., 2005; Carey, Finigan, & Pukstas, 2008; Carey et al., 2012). Greater law enforcement involvement increased graduation rates and reduced outcome costs (Carey, Finigan, & Pukstas, 2008), and participation by the prosecution and defense attorneys in team meetings and at DWI court hearings had a positive effect on graduation rate and on recidivism costs (Carey, Finigan, & Pukstas, 2008; Carey et al., 2011).⁵

Research has also demonstrated that drug courts with fewer treatment agencies resulted in more positive participant outcomes, including higher graduation rates and lower recidivism costs (Carey et al., 2005; Carey, Finigan, & Pukstas, 2008; Carey et al., 2012).

BCDWI Process

- The team is currently composed of the judge, DWI court coordinator, multiple treatment providers, Beltrami County prosecuting attorney, two defense attorneys, probation officer, law enforcement, victim advocate, social worker, jail administrator, and human services program manager.
- Team holds staffing meetings twice per month (Wednesdays at 2:30 p.m.) with each meeting lasting approximately 1 hour and 15 minutes.
- The Beltrami County Attorney's Office prosecutes all cases in the BCDWI. Typically the Bemidji City Attorney's Office would prosecute all misdemeanor and gross misdemeanor cases (including defendants with one to three DWIs in a 10-year period) and the County Attorney's Office would be responsible for all felony cases (including defendants with four or more DWIs in a 10-year period); however, the Beltrami County Attorney's Office has been contracted by the Bemidji City Attorney's Office to prosecute all DWI cases. Currently, the city attorney is not a DWI court team member and has no regular involvement with the program.
- There are two defense attorneys participating in DWI court activities, one from the public defender's office and one from Regional Native Public Defense Corporation (RNPDC), which provides legal services to Tribal participants. Due to cutbacks at the public defender's office, for the last 2 years the assistant public defender on the team has not been able to attend staffing or court, but does attend the quarterly steering committee meetings. The Native defense attorney, whose position is funded privately through RNPDC, covers multiple counties in the region and is therefore not always able to attend staffing and court.
- A representative from the Bemidji Police Department is a member of the team and attends team meetings and court sessions regularly. The Bemidji Police Department contributes regular officer time to the program and performs home visits. The Beltrami County Sheriff's Office is represented by the jail administrator; however, a representative from patrol does not participate on the team. The Bemidji Police officers conduct home visits for participants living within the jurisdiction of the city, and the Beltrami County Sheriff's Office conducts home visits for participants living outside the city limits, with the exception of participants living on the Red Lake Reservation. All home visits on Red Lake Reservation are conducted by the probation officer, as law enforcement officials do not have jurisdiction on the reservation.

⁵ Recidivism costs are the expenses related to the measures of participant outcomes, such as rearrests, jail time, probation, etc. Successful programs result in lower recidivism costs, due to reductions in new arrests and incarcerations for program participants. The program participants, therefore, create less work for courts, law enforcement, and other agencies than individuals who have more new offenses.

- The probation officer performs the majority of case management for DWI court participants and acts as case manager. The treatment providers on the team also participate in case management.
- With the exception of the defense attorneys, most team members attend every DWI staffing meeting and court session. Staffing meetings are reserved for discussing participant progress, and larger policy issues such as sustainability, community connections, and participant needs are addressed at steering committee meetings.
- Every participant scheduled for court is discussed in staffing. The discussions center on employment, family and peer associations, home visits, phase advancement, drug testing, and responding to participants' positive and negative behaviors. If a participant is scheduled to phase up at the next court session, the participant is invited to attend the last 15 minutes of the staffing session and is interviewed by the DWI court team regarding their progress in the program.
- A DWI court steering committee is scheduled to meet on a quarterly basis, but the team reports that the frequency has been less regular recently. The committee discusses program-level policies and practices, such as eligibility requirements, treatment coordination, and the creation of an alumni group, as well as issues related to funding and sustainability. The policy committee consists of all team members as well as the heads of most agencies involved in the BCDWI. City council members and county commissioners also attend the steering committee, as well as members from the public, such as local Alcoholics Anonymous representatives.
- All DWI court participants are served by two outpatient drug and alcohol treatment agencies—Bemidji Area Program for Recovery and Lakes Region Chemical Dependency. Any participant requiring inpatient treatment services is matched with a service provider contracted with the participant's source of funding and must offer a curriculum that corresponds with the participant's Chemical Health Assessment.
- The main treatment providers share information with the team during team meetings and with the probation officer between court sessions via phone calls and text messages. Team members reported that information from the main treatment providers is adequately reported and has improved over time, but that the consistency of timely communication varies by counselor. Communication with peripheral treatment providers is irregular, and the team experiences difficulties obtaining pertinent information, such as progress reports and dates of expected discharge, from other providers.

Commendations

- **The program includes law enforcement representatives on the team.** Drug court programs that included a representative from law enforcement on the drug court team had 88% greater reductions in recidivism and 44% higher cost savings compared to programs that did not include law enforcement (Carey et al., 2012). The BCDWI demonstrates a commitment to following this best practice by having representatives of multiple law enforcement agencies active on the team.
- **The program includes community members on the team.** The BCDWI has a victim advocate on the team, and local Alcoholics Anonymous (AA) community members are invited to steering committee meetings. The BCDWI demonstrates a commitment to

developing and maintaining an integrated DWI court team and developing community connections, following this best practice for achieving success.

- **Regularly updated policy manual and participant handbook.** The BCDWI regularly updates its policy manual, which is invaluable in ensuring that all partners are operating under the same assumptions and for clarifying roles, responsibilities, and expectations. The participant handbook is also updated regularly, which ensures that participants are well informed about the program's expectations. There is also a DWI court brochure for prospective participants.

Suggestions/Recommendations

- **Continue working toward having all local law enforcement departments involved in home visits.** The BCDWI has done an excellent job of gaining the support of the Bemidji Police Department, but the Beltrami County Sheriff's Office participation in home visits has been limited. Focus group participants were able to discern that those living closer in the city receive more frequent visits from law enforcement officials compared to those that live farther out of town. We recommend the BCDWI continue with its attempts to gain the support of the Sheriff's office. One way to do this would be by having the team representative from the Bemidji Police Department or the jail administrator contact the patrol unit at the sheriff's office to explain the program and what is involved in participation, and why their partnership is important to the success of the program. Frequent and consistent testing and field visits for all participants are necessary to ensure participant compliance with the DWI court program.
- **Work toward having all team members attend team meetings and court hearings.** The BCDWI program does not have a defense attorney on the team who is able to attend staffing and court sessions on a regular basis. Best practices research shows that programs have 90% greater cost saving when the defense attorney regularly attends staffing, compared to programs that do not perform this practice (Carey et al., 2012). We recommend that the BCDWI public defender resume attendance at BCDWI staffing and court sessions in order to stay informed on participant issues and strengthen the team by advocating for the participants' best interests, as well as presenting a unified and consistent support system for participants. The role each team member represents is an important part of determining court responses that will change participant behavior. If consistent participation is not possible without additional funds, we suggest looking for grant opportunities to adequately support defense attorney involvement that is commensurate with their position and responsibilities.
- **Continue to increase communication between all team members.** Team members reported that communication outside of staffing and court is limited to only a few members on the team, and that group emails regarding participant progress are rare. Since BCDWI meets every other week, this delay in communication occasionally results in delayed decision-making. It was noted during observations that not all team members participate in discussion or provide input without prompting, which may be in part because they were not apprised of key changes in status prior to the meeting. We recommend that BCDWI make regular efforts to actively engage all team members when it comes to reporting on participant status and progress, including incorporating all team members in interim staffing session communication. Frequent email and phone contact between team members ensures that all the team members have the information they need, and that appropriate responses to behavior can be determined swiftly. This can also result

in more efficient staff meetings. 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., 2011). The team reported the limited communication among members between meetings is to be respectful of team members' time, particularly since several volunteer their time, and that they felt the current level of communication was appropriate. Although the team feels that the level of communication is appropriate, best practices research suggests that additional communication would benefit the participants. We recommend that the team consider including more team members in interim communications and assessing whether there is a positive impact on the efficiency and effectiveness of staffing meeting discussions and participant outcomes.

- **Create a memorandum of understanding (MOU) between all team members.** Some members reported confusion about other team members' responsibilities, particularly in terms of providing information to the DWI court. We recommend that BCDWI develop a MOU with each agency represented on the team that describes each team member's role, including expected duties and tasks. The MOU should include what information will be shared by each agency and what information should NOT be shared, as well who it can be shared with (e.g., what information should be shared with the team and what information can be shared with clients). MOUs can be invaluable in clarifying roles, responsibilities, and expectations. Having all DWI court partner agencies involved will help share decision-making, and thus creating greater buy in. The MOU can also be used as a part of the training process for new team members, to help clarify the expectations and duties associated with their role.
- **Continue to streamline communication between treatment providers and probation and define the appropriate information to be included in the reports.** In order for the team to make informed and fair decisions about their response to participant behavior, it is crucial that all necessary treatment information be provided to probation and the court before these decisions need to be made. At the time of the site visit, the main treatment providers conveyed treatment information verbally during staffing sessions or over the phone, but the timeliness was inconsistent and updated treatment information was not included in the staffing roster. Since the time of the site visit, the team has revised this process and now schedules a time for the probation officer to check in with treatment providers several days before the staffing session which has helped improve communication greatly. The probation agent and treatment providers have also worked together to include written progress reports as part of the regular team communication, and the team reports that this has also increased the timeliness and usefulness of treatment provider information. We recommend that the team continue to monitor communication between treatment providers and ensure that progress reports cover topics that relevant to DWI court or issues that the team needs to discuss in staffing meetings or in court (e.g., attendance at treatment, progress in group, etc.).

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

This component is concerned with the balance of three important areas. The first is the nature of the relationship between the prosecution and defense counsel in DWI court. Unlike traditional case processing, DWI court case processing favors a non-adversarial approach. The second focus area is that DWI court programs remain responsible for promoting public safety. The third focus area is the protection of the participants' due process rights.

National Research

Research by Carey, Finigan, and Pukstas (2008) 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 on recidivism costs. In addition, courts that allowed non-drug-related charges also showed lower recidivism costs. Allowing participants into the drug court program only post plea was associated with lower graduation rates and higher investment costs, while drug courts that mixed pre-trial and post trial offenders had similar outcomes as drug courts that keep those populations separate (Carey, Finigan, & Pukstas, 2008).⁶

BCDWI Process

- The Beltrami County prosecutor and two defense attorneys are included as part of the DWI court team. The county prosecutor attends staffing and court regularly, and the city attorney, as noted previously, is not a member of the team. The representative from the public defender's office is only able to attend the quarterly steering committee meetings, and the Regional Native public defense attorney attends staffing and court sessions when available.
- The Beltrami County prosecutor and the defense attorney positions do not rotate on a regular basis.
- The Beltrami County prosecutor and the public defender have received training specifically on the drug court/DWI court model.

Commendations

- **Both the prosecuting attorney and the public defender have been trained in the DWI court model.** Interviews with attorneys revealed that the BCDWI attorneys have not only been trained in the drug court model but have also received role-specific training in their responsibilities as attorneys under this model.

Suggestions/Recommendations

- **Work toward having a permanent defense attorney to attend staffing and court sessions.** The BCDWI program includes a public defender, but due to budget cutbacks he is unable to attend staffing and court sessions. There is a second defense attorney who represents Tribal participants, but due to his large jurisdiction he is unable to attend regularly. Best practices research indicates that teams with both a permanent prosecuting attorney and defense attorney who regularly attend staffing and court sessions have more

⁶ 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.

positive participant outcomes, including lower recidivism. Research also indicates that when defense attorneys regularly attend staffing meetings, programs exhibit a 93% increase in cost savings compared to programs that do not perform this practice (Carey, Finigan, & Pukstas, 2008; Carey et al., 2012).

Team members reported that the 2008 statewide decision by the public defender's office to stop providing representation in post-sentencing problem-solving courts has had a significant impact on the BCDWI's ability to engage a consistent defense attorney for the team. The team reports attempts at recruiting a private defense attorney, but local attorneys have declined their offers, due to the relatively large time commitment and other opportunity costs.

We recommend that the state review the importance and cost savings involved in defense attorney representation in DWI courts and consider establishing a funding stream for defense attorneys in drug and DWI courts.

It is important for the state and for programs to remember, that the goal of problem-solving courts is to change behavior 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.

Drug courts are not due process shortcuts, 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.

Prosecution and defense attorneys should not engage in activities with the court without the other attorney being present. Having prepared counsel on both sides present in court allows for contemporaneous resolution, court response, and return to treatment. Working together, attorneys can facilitate the goals of the court and simultaneously protect the client and the constitution.

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

The focus of this component, as well as the DWI Guiding Principle regarding determining the program population, is on the development and effectiveness of the eligibility criteria and referral process.⁷ Different drug and DWI courts allow different types of criminal histories. Some courts also include other criteria such as requiring that participants assess as drug dependent, admit to a drug problem, or other "suitability" requirements that the team uses to determine whether they believe specific individuals will benefit from and do well in the program. Drug and DWI courts should have clearly defined eligibility criteria. It is advisable to have these criteria written and provided to the individuals who do the referring, so that appropriate individuals who fit the court's target population are referred.

⁷ DWI Court Guiding Principle #1

This component also discusses the practices different drug courts use to determine if a client meets these 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 may also result in more accurate identification of individuals who are appropriate for the services provided by the program.

Related to the eligibility process is the length of time it takes participants to move through the system from arrest to referral to DWI court entry. The goal is to implement an expedient process. The amount of time that passes between arrest to referral and referral to DWI 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

Carey, Finigan, and Pukstas (2008) found that courts that accepted pre-plea offenders and included misdemeanors as well as felonies had both lower investment and outcome costs. Courts that accepted additional, non-drug- charges (such as theft and forgery) also had lower costs, due to reduced recidivism, though their investment costs in the program were higher.

Those courts that expected it would take 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). Further, reducing time between arrest (or other precipitating incident) and the first treatment session has been shown to significantly decrease substance use. Donovan, Padin-Rivera, and Kowaliw (2001) found that in reducing the time to entry approximately 70% of clients entered treatment, and of those clients who entered, 70% completed their assigned treatment. Those individuals who entered treatment showed significant reductions in substance use and improved psychosocial function.

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). This finding indicates that screening participants for suitability does not improve participant outcomes.

BCDWI Process

- The BCDWI court accepts participants post-conviction.
- All participants are screened for co-occurring mental disorders, suicidal ideation, and whether they are alcohol/drug dependant or alcohol/drug abusers during an assessment with the chemical health assessor.
- Participants must be assessed as chemically dependent and must be amenable to alcohol/drug treatment to be eligible for the program. Discussions regarding eligible participants take place in staffing meetings as needed. These discussions relate to assessment results and legal eligibility. The team avoids subjective suitability criteria in determining whether an offender is appropriate for the program.
- The county prosecuting attorney's office is responsible for screening all eligible participants, but judges, probation, and defense attorneys may identify and refer potential participants to the program.

- The BCDWI eligibility requirements were recently expanded to include new charges. Prior to the change, the BCDWI targeted first and second degree DWI offenders (felonies and gross misdemeanor DWIs). This target has been expanded to include third degree DWI charges, but only if there are aggravating factors. The revised eligibility requirements have been circulated to all referring agencies.
- The BCDWI targets adult, repeat DWI offenders who are chemically dependent. Per program policy, first DWI offenses are not eligible for program entry. Offenders with current violent charges or prior violent convictions, those with current drug sales charges, and those who do not admit to having an alcohol or drug problem are excluded from the program. Additionally, offenders with serious mental illness, on narcotic replacement therapy, or on suboxone or benzodiazepines are also excluded from the program. Team members reported that the BCDWI program has had very few felony DWI cases, which lead to an expansion in the charges eligible for entry.
- Team members noted that it is difficult to refer offenders to the program on their second DWI because of the sentencing practices of the courts. The mandatory minimum jail time for a second DWI offense is only 45 days, whereas the BCDWI is an 18-month commitment. Offenders with three or more DWI offenses, which carry higher minimum sentences, are more likely to enter the program.
- The Level of Service Inventory (LSI-R) and Rule 25 Chemical Health Assessment are used by a chemical health assessor to screen for eligibility. Both treatment providers follow the Rule 31 assessment protocol to determine level of care for the participant. The team reports that Chemical Health Assessments are typically conducted within 1 week of notification by the probation officer that the participant is interested in the program. Several focus group participants indicated that they lied on the chemical health assessment so that they could get into the program.
- The estimated time between participant arrest and referral to the DWI court program is less than 1 week. The estimated time between DWI court referral and program entry is 31 to 60 days, for a minimum total estimated time from arrest to DWI court entry of 31 days (if the referral is made immediately, on the same day as the arrest). Based on a review of a previous evaluation, BCDWI instituted a policy that all participants must enter the program within 45 days of arrest. After the 45-day time limit the client is no longer eligible. The team reported that cases extending beyond the 45-day limit are typically lagging due to the constitutionality of the arrest and would likely not end up in the program either due to previous time served or dismissed cases. The team decided to implement the 45-day threshold as a strategy to automatically filter out cases that will likely be dismissed.
- The BCDWI's capacity is reported to be 25 participants. As of May 2013, the program had 18 active participants.
- Since it was implemented, 71 participants have entered the program. A total of 40 have graduated, and 13 have been terminated.
- The BCDWI estimates that 35% of participants are poly-substance users/abusers.

Focus group participants:

"I ended up fudging the assessment to get into the program."

"I lied on the assessment. You know which questions to answer and what to say. Or just say you drink all the time every day."

- An estimated 75% of participants are male and 25% are female.
- The BCDWI program is at the center of an urban Native American community, with three major reservations in or near the jurisdiction. The program population is predominately Native American (73%) with Caucasian (27%) making up the remainder of the group. Most participants fall into the age 25-34 (46%) and 35-50 (36%) ranges.
- The BCDWI does not offer a window of time when a participant can try the program but decide not to participate.

Commendations

- **The eligibility requirements are written and all team members and referring agencies have a copy.** Team members reported that in recent history, there has been confusion at some of the referring agencies about the charges eligible for entry to DWI court. The team addressed this confusion by printing copies of the new eligibility criteria and distributed this information to all referring agencies. Having written eligibility criteria ensures that the target population is being properly identified and referred to the program in a timely manner. The BCDWI should be commended for identifying this lapse in communication between agencies and taking the initiative to remedy the situation. We recommend that the BCDWI regularly follow-up with all referring agencies to make sure they are up to date on the DWI court referral process.
- **Potential participants are not assessed for suitability.** Research has shown that screening participants for subjective suitability requirements (such as staff member beliefs that the person will do well in the program) and excluding “unsuitable” participants has no effect on program outcomes including graduation and recidivism rates (Carey, Finigan, & Pukstas, 2008; Carey & Perkins, 2008; Carey et al., 2011). It is probable that this is due to the extreme difficulty and subjectivity in determining what participant characteristics are likely to lead to successful outcomes, particularly at the time of participant referral as the participants are generally not at their best. The BCDWI program should be commended for adhering to this best practice.
- **Participants are connected with treatment services as soon as possible.** The BCDWI’s strategy is to have offenders enter the program and begin treatment within 45 days of arrest. Because the intent of DWI court is to connect individuals to services expeditiously and limit their time in the criminal justice system, the program makes every effort to get individuals into treatment as soon as possible. Research shows that drug courts with a referral and placement process of 50 days or less (from arrest to drug court entry) have higher cost savings than those courts that had a longer time period between arrest and entry (Carey et al., 2012).
- **The program caseload (number of active participants) is less than 125.** As of April 2013, the BCDWI had an active caseload of 19 active participants. Research indicates that programs with 125 active participants or fewer have significantly greater outcomes than those programs with more than 125 participants (Carey et al., 2012).

Suggestions/Recommendations

- **Review assessment results to ensure that substance dependent participants are entering the program.** A number of participants indicated that they misrepresented their substance use in order to gain entry into the program; however team members reflected that participants may still be coming to terms with how much their addiction has impact-

ed their lives and believe the program is reaching the intended population. The BCDWI is encouraged to review the findings of the chemical health assessment carefully, and combine these results with a secondary assessment (such as collateral information) to verify that they are reaching the target population of high-risk and high-need offenders.

- **Continue to monitor referrals from the county attorney.** At the time of the site visit, some team members noted that some eligible participants were not being referred to the DWI court program by the County Attorney's Office, but were finding out about the program through their defense attorney. In the weeks prior to the site visit, a new electronic filing system was implemented in the County Attorney's Office, and there is now a designation to mark a case as "DWI court eligible," and team members noted that the referral process has improved. We recommend that BCDWI continue to monitor referrals from the County Attorney's Office, and make sure that all referring agencies are updated when there is a change in eligibility criteria.

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

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

There are several DWI Court Guiding Principles that address treatment protocols and other services offered by the program to address needs specific to DWI offenders. These principles include performing a clinical assessment for appropriate placement in treatment and other services, developing a treatment plan, and ensuring that services to address DWI court participants' unique transportation issues are available.⁸

DWI courts differ in how they determine a client's needs. While DWI courts are always targeting clients with a substance use problem, the DWI court may or may not use a substance abuse and/or mental health assessment instrument to develop a case plan. A screening and assessment process will result in more accurate identification of a clinically sound treatment plan. The assessment should include alcohol use severity, drug involvement/severity, level of needed care, medical and mental health status, employment and financial status, extent of social support systems including family support, alcohol (or drug) triggers, refusal skills, thought patterns, confidence in their ability to stop using alcohol/drugs, and motivation to change.

Because most DWI offenders will face a revoked or suspended license, the program must work on reinforcing the importance of obeying all laws, including not driving without a license, as well as provide resources and supports for alternative transportation options, particularly related to the participant being able to attend treatment, court, medical and other program-related appointments. The program must encourage the participant to solve her/his own transportation issues as much as possible, but provide case management support and alternatives when needed.

⁸ DWI Court Guiding Principles #2, #3, and #8

National Research

The National Institute on Alcohol Abuse and Alcoholism (NIAAA) maintains an updated guide on the reliability and validity of alcohol assessment instruments (Allen & Wilson, 2003). The American Society of Addiction Medicine (ASAM) publishes non-proprietary patient placement criteria for matching substance abuse clients to indicated levels or modalities of care. The ASAM guidelines specify the areas that should be covered in a clinical assessment and matches the clients' results with levels of care that guide a patient's placement in treatment services (American Society of Addiction Medicine, 1996).

Programs that have requirements for the frequency of group and individual treatment sessions (e.g., group sessions 3 times per week and individual sessions 1 time per week) have lower investment costs (Carey et al., 2005), substantially higher graduation rates, and improved recidivism costs (Carey, Finigan, & Pukstas, 2008). Clear requirements of this type may make it easier for participants to comply with program goals and for program staff to determine if participants have been compliant. These types of requirements also ensure that participants are receiving the optimal dosage of treatment determined by the program as being associated with future success.

A variety of treatment approaches and motivational strategies that focus on individual needs, such as cognitive-behavioral therapy, self-help groups, and appropriate use of pharmacological treatments, can all facilitate positive change and abstinence from alcohol and drug use. Multi-systemic treatment works best because multiple life domains, issues, and challenges are addressed together; using existing resources, skills, and supports available to the participant. It is also crucial to provide aftercare services to help transition a person from the structure and encouragement of the treatment environment to a sustainable network in her/his natural environment (Miller, Wilbourne, & Hettema, 2003).

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

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, Finigan, & Pukstas, 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 costs.

Revoking or suspending the license of DWI offenders is an effective method for reducing subsequent dangerous driving (Ross & Gonzales, 1988). However, this procedure also limits the access offenders have to treatment and other rehabilitation services. Ignition interlock systems are another effective way to prevent alcohol-related traffic offenses, even for drivers with multiple prior DWI offenses (Beck, Rauch, Baker, & Williams, 1999), with the benefit of allowing participants to continue to have access to driving as a means of transportation. This intervention, however, only remains effective while the interlock device remains on the vehicle. Once it is removed, the benefits are not retained.

BCDWI Process

- The BCDWI program is intended to last a minimum of 18 months and has three phases (each of which lasts approximately 6 months). Most participants take an average of 18 months to successfully complete the program.

- In Phase 1, participants are required to attend group sessions 2 times per week and individual session requirements are not required. The entire treatment program is a minimum 72-hour program and is designed to be completed within 3 months. Any treatment extending into Phase 2 or 3 is specific to the participant's individual needs.
- After treatment is complete, participants are required to attend at least one abstinence-based self-help meeting per week until graduation. BCDWI recently started a support group specific to the DWI court participants led by the probation officer, and BCDWI plans to eventually require that all participants in Phase 3 attend this support group. Additionally, the Bemidji Area Program for Recovery and the Lakes Region Chemical Dependency treatment providers offer abstinence-based support group meetings at their facilities. Most participants attend one of these three support groups.
- A full clinical substance abuse treatment assessment put out by the state (the Rule 25 Assessment) is performed by the chemical health assessor to determine whether someone qualifies for state-funded treatment. The chemical assessment does not dictate where a client will go for treatment, but the treatment provider must offer the services that are indicated by the assessment. Both of the primary treatment providers also conduct their own assessments using the Rule 31 protocol to determine level of care.
- The DWI court is partnered with Bemidji Area Program for Recovery (BAPR) and Lakes Region Chemical Dependency ("Lakes") to provide all outpatient substance abuse treatment to DWI court participants. If the participant requires additional services, such as inpatient substance abuse treatment, local services are scarcer, but there are a number of options within a few hours of Bemidji. Currently, all of the female DWI court participants attend treatment at Lakes, and all of the men attend treatment at BAPR.
- Participants are screened for co-occurring mental disorders as well as suicidal ideation. Mental health treatment is required for BCDWI participants who have co-occurring disorders. BAPR offers outpatient mental health services and Lakes refers any participants requiring mental health services to one of two local providers. There is only one local inpatient facility offering mental health services, a faith-based program. In the event that the participant requires different services, there are several available outside of the area.
- *Services required for all participants are based on assessed level of care and include:* self-help meetings (e.g., AA or Narcotics Anonymous, also known as NA) and aftercare. *Services required for some participants include:* relapse prevention, detoxification, outpatient individual treatment sessions, outpatient group treatment sessions, residential treatment, mental health counseling, psychiatric services, violence prevention, relapse prevention, and family counseling. *Services offered to participants but not required include:* gender-specific treatment sessions, language or culturally specific programs, parenting classes, job training/vocational program, employment assistance, General Education Development (GED)/education assistance, health education, housing assistance, health care, dental care, and transportation assistance. *Services not offered include:* acupuncture, prenatal care, child care, and prescription drugs for substance dependence.
- *Required types of treatment for all participants include: Moral Reconation Therapy (MRT) and motivation interviewing. Types of treatment required for some participants:* 12-step facilitation therapy and social skills training. *Types of treatment offered to participants but not required include:* motivational enhancement therapy. *Types of treatment not offered include:* living in balance, recovery training and self help, Texas Christian

University (TCU) mapping enhanced counseling, community reinforcement approach, contingency management, and Motivational Enhancement Therapy (MET).

- Culturally specific treatment is available at BAPR. A majority of BCDWI participants are Native American, and the team reports having discussions about how to connect participants to treatment that is most meaningful to them.
- A case management plan is developed for each participant, based on information from the Chemical Health Assessment, intake interview, and input from probation. Interviews during the site visit indicated there was not a lot of variation between participant case management plans and that case management plans are not updated unless the participant relapses. All participants learn about relapse prevention as part of the program.
- Participants are required to obtain a sponsor while they are in the program, but team members reported that some participants were not aware of this requirement, or were confused about the role of a sponsor and the structure of 12-step programs.
- Aftercare services are available at both BAPR and Lakes (the weekly abstinence-based support groups) and begin after treatment has ended. Participants can continue to attend these sessions after they graduate from the program.
- Payment of fees to probation and the court are required by the BCDWI, and this does not vary by a participant's ability to pay. On average, participants pay \$200 while in the program. Fees may go toward program incentives, drug testing, and training.
- The BCDWI uses BJA grant dollars to pay for installation and monthly recalibrations of ignition interlock devices, and to reimburse volunteer drivers who provide transportation for participants to attend treatment, court hearings and work. Beltrami County is quite large, and most team members reflected that transportation is a major challenge for DWI court participants. The team also provides gas cards as an incentive for participants meeting the weekly support group requirements.

Commendations

- **Continue coordinating treatment through one or two organizations.** The team currently uses two treatment providers to deliver all outpatient services. The DWI court has discussed the possibility of consolidating treatment services to create a DWI court-specific program, but at this time all participants are referred to one of two providers. Research shows that having one to two treatment providing agencies is related to significantly better program outcomes including lower recidivism and greater cost savings (Carey et al., 2012). The BCDWI should be commended for following best practices in this area by having two main organizations that coordinate an array of treatment services for the majority of participants.
- **The program offers gender-specific and outpatient mental health treatment.** This program is commended for offering gender-specific services and outpatient mental health services, both of which are associated with greater reductions in recidivism (Carey et al., 2012).
- **Participants must write a relapse prevention plan, and there are resources for participants in the community after their time in the program.** A relapse prevention plan is created with the probation officer or with one of the treatment counselors. The relapse prevention plan includes strategies to avoid triggers, coping with triggers, and developing alternative alcohol-free activities that will help support sustained recovery.

The relapse plans the counselor creates are then laminated, and participants carry the cards with them. Having a relapse prevention plan enhances participants' ability to maintain the behavioral changes they have accomplished through participation in the BCDWI. In addition, a DWI court alumni group meets weekly, providing support to former participants.

Suggestions/Recommendations

- **Continue to build a library of additional resources around addiction case management strategies and skills, and additional topics or curricula to cover in group sessions.** The two providers currently offer evidence-based practices, such as Moral Reconation Therapy (MRT) and Motivation Interviewing. Participants could benefit from additional evidence-based treatment approaches. The BCDWI treatment providers in the BCDWI program are encouraged to explore additional evidence-based practices. For more information, check out www.ndci.org for useful resources specific to the drug/DWI court model.
- **Continue to regularly review treatment offerings to ensure that all participants are receiving the modality and amount of treatment appropriate to their assessed need.** In conjunction with the recommendation above, it is important to create an individualized case plan for each participant, matching treatment case plans to the participants' assessed level of care, with special attention on collateral information to assess the honesty of the participants' assessment answers. Team members reported that they have recently initiated a process to regularly review of treatment options. We recommend that the BCDWI treatment providers continue to work toward expanding the current repertoire of treatment services to provide participants with a wider breadth of services and more individualized planning.
- **Invite an elder or other representative from the Red Lake Reservation to participate on or speak to the team about specific tribal participant needs.** As a strategy to build trust and communication between the Red Lake Tribe and larger Beltrami community, we recommend that the BCDWI team invite an elder or tribal representative (such as a member from the tribe's cultural department) to come speak to the team about participant needs that are specific to the Red Lake tribal population. A majority of the BCDWI participants are Native American (many of whom are from the Red Lake Reservation), and the team has previously discussed approaches to better connect participants to treatment that is most meaningful to them. Including a member from the local tribal community may provide additional perspectives or ideas that may be unique to tribal participants, as well as to strengthen relationships between court and the community, which may also benefit the sustainability of the BCDWI program.
- **The program should continue to provide—and ensure participants are aware of—transportation assistance to maximize participant opportunities to be successful in the program.** In addition to the current practices of assisting participants with the fees for ignition interlock devices and supplying gas cards, support could include coordinating required appointments so they occur on the same day or in the same location. The program leadership could also consider discussing with community providers options such as ridesharing programs, volunteer drivers, or vehicle sharing programs.

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

The focus of this component and the associated DWI Court Guiding Principle is the use of alcohol and other drug testing as a part of the drug court or DWI court program supervision practices.⁹ Drug testing is important both for supervision by the court and the team and for participant accountability. It is seen as an essential practice in participants' treatment. This component encourages frequent testing but does not define the term "frequent," so drug courts or DWI courts develop their own guidelines on the number of tests required. Related to this component, and specifically outlined in the principle, is that the drug courts or DWI courts must assign responsibility for testing and community supervision to its various partners, and establish protocols for electronic monitoring, drug test collection, and communication about participant accountability.

The drugs included in abstinence monitoring detection should be a reflection of the substances being abused/used within the community or jurisdiction of the court. The drug testing should be sufficiently comprehensive to ensure adequate coverage of the major abused drug classes (e.g., amphetamines, barbiturates, benzodiazepines, cannabinoids (marijuana), cocaine, opiates, and, especially for DWI court, alcohol).

National Research

Because of the speed with which alcohol is metabolized, electronic methods of monitoring and detection are recommended, such as transdermal alcohol detection devices (e.g., SCRAM bracelets) and Ignition Interlock Devices (person must take a breath test before his/her car will start).¹⁰

Research on courts nationally (Carey et al., 2005, 2012) found that drug testing that occurs randomly, at least 2 times per week, is the most effective model. If testing occurs more frequently (that is, more than 3 times per week), the random component becomes less important, as it is difficult to find time to use in between frequent tests.

In addition to frequency of testing, it is important to ensure that drug testing is 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 to submit a sample that is not their own. In focus groups with participants after they have left their programs, individuals have admitted 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.

As a part of the DWI court guidelines, in addition to drug testing, appropriate supervision and monitoring also requires the use of a validated risk assessment instrument. The risk assessment and regular re-assessments indicate how much structure and monitoring is needed for a particular offender, allowing the program staff to make the most effective use of supervision resources, and also indicate the effectiveness of the interventions over time (or whether adjustments to the plan need to occur).

Focus group participants:

"I had to have a [opposite sex] watch me pee for the first time."

"They don't watch us normally. They stand inside sometimes, or just stand by the door. They don't normally, though."

⁹ DWI Court Guiding Principle #4

¹⁰ See this document for additional suggestions on supervision and testing practices:
http://www.dwicourts.org/sites/default/files/ncdc/Guiding_Principles_of_DWI_Court_0.pdf

BCDWI Process

- Drug testing is conducted during office visits, unscheduled home visits, and occasionally at treatment sessions. The probation officer coordinates all drug testing, including frequency and method, and does not report using a particular method to ensure a truly random drug testing schedule. The team reports that the frequency of drug testing is dictated by the participant's behavior, meaning that participants doing well in the program receive less frequent drug testing than other participants who are struggling to meet the program requirements.
- The BCDWI uses instant read Medtox UA cups, and sends almost all of the samples to a laboratory for Ethyl Glucuronide (EtG) and confirmation testing. Since the cost of the follow-up testing is high the probation officer waits until he can send in five tests at a time to reduce shipping costs. The results from the breathalyzer and instant read cups are received immediately. The results from the EtG and confirmation tests vary depending on when the samples are submitted, but results are received within 2-3 business days of submission. Results are reported to the probation officer and then reported to other team members by email or text message or in staffing sessions.
- The team reports that urinalysis tests (UAs) for male participants are always fully observed by the probation officer, but that in-home UAs for female participants cannot be fully observed unless a female probation agent is available to assist. The team is looking into additional testing modes, such as oral swabs, which can be performed on the female participants when a female agent or officer is not available to collect a UA sample. Focus group participants indicated that very few UA samples are actually observed, regardless of who is collecting the sample.
- Breathalyzers are performed on all participants during home visits, and the Beltrami County Sheriff's Office and the Bemidji Police Department assist with conducting unscheduled home visits. Every 2 weeks, the probation officer sends out an updated list of participants to be tested, including drug testing frequency, and officers work these visits into their schedules, using 2 hours of overtime each week to perform the visits. If the officer is unable to make contact with the participant, a door hanger is placed on the door notifying the participant that she or he needs to call the officer immediately for a make-up test. Positive results are reported to the probation officer immediately and all other contacts are recorded on a schedule and sent back to the probation officer every 2 weeks. If the probation officer is not immediately available to provide input on a positive portable breath test (PBT) result, then the participant is taken into custody until the team can dictate an appropriate response.
- Team members and focus group participants noted that participants residing closer into the city limits receive more home visits by law enforcement and are tested more frequently than those residing in more rural parts of the county. The team reports that the geography

Focus group participants:

"You get [tested] every couple months. It's not very often."

"Some of the law enforcement officers will miss us and tell us to come do a PBT, which means we'll do five in one week."

"I used to live outside of town and it was once a month. I moved closer and it was a couple times a week."

of the county can make home visit logistics challenging and has been working with law enforcement to come up with a feasible plan.

- Some participants reside on the local Red Lake Reservation, a federally recognized and closed reservation, meaning that law enforcement officials do not have jurisdiction to conduct home visits. In these cases, the probation officer conducts home visits for program participants.
- During Phase 1 participants are administered approximately three breathalyzer tests per week and one UA test per week. By Phase 3, breathalyzer tests are decreased to one time per week and UA tests are reduced to a schedule specific to the participant.
- Participants must be alcohol and drug free for a minimum of 180 days before they can graduate.
- Participants seeking to reinstate a revoked license must use an ignition interlock device (as required by the state) in their cars. This requires a \$680 reinstatement fee (paid by the participant) and a \$100 recalibration fee per month for the interlock, which the BCDWI covers using funds from the BJA grant. The interlock system prevents driving under the influence by requiring participants to blow into the device at ignition and again at specific intervals while the car is in operation. Failure to blow or blowing intoxicated will disable the ignition and a notification of a failed attempt is reported to the probation officer. It was noted during the staffing session that the team spent a significant amount of time discussing the prevalence of failed ignition interlock tests and the various excuses participants report to the team (e.g., using mouthwash).

Commendations

- **Coordinated response to drug testing.** To ensure that participants are receiving the required number of drug tests the BCDWI team has engaged local law enforcement and treatment agencies to assist with drug and alcohol testing. Although the team has encountered hurdles in terms of testing rural participants, these partnerships alleviate the burden on the probation officer to perform all tests, and the instant reports allow the team to make an informed and immediate response to noncompliant behavior. The BCDWI team should be commended for reaching out to local agencies to resolve challenges due to limited resources.
- **Rapid results from drug testing.** The BCDWI has implemented a drug testing system that relies on portable breathalyzer tests and instant read urine cups, allowing the team to receive immediate drug and alcohol testing results. Positive results from partnering agencies are always reported immediately to the probation officer, which ensures that the team can make a swift and appropriate response to noncompliant behavior. Research has shown that obtaining drug testing results within 48 hours of submission is associated with higher graduation rates and lower recidivism (Carey, Finigan, & Pukstas, 2008). The BCDWI is commended for adhering to this best practice.
- **Participants are required to test clean for at least 90 days before they can graduate.** The BCDWI requires 180 days clean before graduation. Research has shown that the longer clients are required to be clean before graduation, the more positive their outcomes, both in terms of lowered recidivism and lower costs (Carey et al., 2005; Carey, Finigan, & Pukstas, 2008; Carey et al., 2012).

- **The BCDWI has created an alumni support group for participants' ongoing support.** The BCDWI has created an alumni support group that meets weekly and provides support to former participants.

Suggestions/Recommendations

- **Work toward creating a truly random drug testing schedule.** The drug and alcohol testing system is currently determined by the probation officer with no specific method to ensure random testing. The BCDWI may benefit from using existing programs that can randomly generate a schedule based on the user's desired frequency parameters and ensure that participants do not go too long without being tested. For example, www.Randomizer.org is an easy-to-use Web site that allows the user to create a unique testing schedule that is easily exported into Excel or Word and drastically lowers the possibility of non-random selection. The team may elect to assign participants in similar phases or similar locations to the same group (e.g., five groups of five), reducing the number of schedules the team creates each month, and this may also help ease the logistical burden of testing rurally located participants—if the law enforcement officer can make one trip to a distant location and test a couple people at once. Although the large distances involved in where participants live may make this recommendation impractical at this time, the best practice is still to perform random and frequent drug testing and the team should continue to keep an eye out for creative ways to solve this problem.
- **Keep drug and alcohol testing frequency consistent for longer periods of time while decreasing supervision and other treatment requirements.** The BCDWI team reports that the frequency of drug and alcohol testing decreases as the participant progresses through the program, from four tests in the first phase, down to as few as one test per week in the final phase. Additionally, participants doing well in the program receive fewer tests than those participants that appear to be struggling with the program (aside from testing for cause). NADCP best practices standards (2013) state that the frequency of drug testing be the last requirement that is decreased as participants progress through program phases. As treatment sessions and court appearances are decreased, checking for drug and alcohol use becomes increasingly important to determine if the participant is doing well with less structure and supervision and more independence. The BCDWI should examine the decrease in the frequency of drug and alcohol testing and ensure that it does not occur before other forms of supervision and treatment have been decreased successfully.
- **Periodically test for new substances to ensure that participants are not using other drugs as a substitute for alcohol.** The BCDWI team routinely requests the same set of laboratory tests on UA samples, and participants know which drugs are on the screening list. Many drug and DWI courts reported that their participants changed their drugs of choice to synthetic or obscure substances to hide their continued use, which was discoverable only when the court sporadically tested for new substances. We recommend that the team consider occasionally changing the targeted substances without notice as a check to make sure that participants are complying with program requirements.
- **Continue to work with agency partners to ensure that all drug tests are fully observed.** Team members reported that due to staffing constraints (i.e., the sex of the person collecting the sample from the participant) not all urine samples are fully observed. The team reports that this occurs primarily when the probation officer is out in the field collecting samples from female participants, and occasionally at the treatment center. The

team is currently researching additional drug tests (e.g., oral swabs) that will allow the team greater flexibility. It should be noted that it was reported that very few UA samples are observed. While it is possible that this assessment may not be accurate, it may be useful for the team to review the UA sample collection procedures with all partnering agencies to ensure that all members are aware of the protocol. We recommend that the team continue to explore alternative tests, and consider partnering with another female probation or law enforcement agent in the area to conduct the field visits. Fully observed drug tests are important for the integrity of drug testing, which is key to accurately monitoring participant use.

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

The focus of this component, as well as the Guiding Principle for DWI Courts on case management strategies, is on how the drug or DWI court team supports each participant and addresses his or her individual needs, as well as how the team works together to determine an effective, coordinated, response.¹¹ Drug and DWI courts have established a system of rewards and sanctions that determine the program 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, or may be a formal system applied evenly to all clients, or a combination of both. The key staff involved in decisions about the appropriate response to participant behavior varies across courts. Drug and DWI court team members may meet and decide on responses, or the judge may decide on responses in court. Drug and DWI 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

Case management is an essential component of DWI court programs and should be seen as central to the program, by tying the other principles and components together (Monchick, Scheyett, & Pfeifer, 2006).

Nationally, the judge generally makes the final decision regarding sanctions or rewards, based on input from the drug or DWI court team.

Carey, Finigan, and Pukstas (2008) found that for a program to have positive outcomes, it is not necessary for the judge to be the sole provider of sanctions. Allowing team members to dispense sanctions makes it more likely that sanctions occur in a timely manner, more immediately after the noncompliant behavior, though the entire team should be informed when a sanction occurs outside of court. Carey et al. (2012) showed that drug and DWI courts that responded to infractions immediately (particularly requiring the participant to attend court at the next possible session) had twice the cost savings.

In addition, all programs surveyed in the American University study confirmed they had established guidelines for their sanctions and rewards policies, and nearly two-thirds (64%) reported that their guidelines were written (Cooper, 2000). Research has found that courts that had their guidelines for team responses to participant behavior written and provided to the team had higher graduation rates and higher cost savings due to lower recidivism (Carey, Finigan, & Pukstas, 2008; Carey et al., 2011).

¹¹ DWI Court Guiding Principle #7

BCDWI Process

- Case management is primarily performed by the probation officers. Participants meet with their probation officer on a regular basis and the frequency of contact varies depending on phase and the participant's status in the program. Participants typically meet with their probation officer at the probation office or during an unscheduled home visit. The probation officer reviews activities completed such as community service, support group, or job searches. Treatment staff is responsible for managing the treatment schedule for the participants. Treatment counselors are scheduled to report attendance and UA results to the probation officer before the staffing session.
- Incentives for participants to enter and graduate from the DWI court include reduced jail or prison sentences and keeping their job and children (many participants would be forced to leave their job or give up their kids for a period of time if they took the jail sentence instead of entering the program). Charges that led participants to DWI court are not dismissed or expunged upon graduation.
- Participants are given a written list of possible rewards and participants know what specific behaviors lead to rewards. Participants receive intangible rewards (such as applause, praise from the judge) and tangible rewards (gift certificates to local businesses from the fishbowl and birthday cards signed by the team). Tangible rewards are provided during court by the judge.
- Participants reported that they feel the rewards are meaningful. Social events such as the summer fish fry, phase certificates, and applause during court session were reported by participants to be particularly effective.
- The DWI court team members are given written guidelines about sanctions, rewards and treatment responses to participant behavior that are to be used in the program, but the team has flexibility in individualizing their responses.
- Two BCDWI team members reported recently received training in the use of rewards and sanctions at the Minnesota State Drug Court Conference.
- Team responses to participant behaviors are usually decided on a case-by-case basis and the team attempts to use a response that will be most effective with the participant. Program responses to participant behavior may include writing essays, sit sanctions, Sentence to Serve (a jail alternative that provides work projects such as cleanup and general maintenance), residential treatment, increased drug testing, more court appearances, increased treatment

Focus group participant:

"[The probation officer] is great--very personable. He doesn't look down on you, he treats you like a person who made a mistake."

"[The probation officer] is always there, even if you don't want him to be."

Focus group participants on sanctions received while in the program:

"I got 20 hours of community service."

"I failed a UA and they gave me 24 hours of treatment and 40 hours of community service."

"[The judge] gives us homework. We all had to write in a journal about our life history."

"There are times when she'll have us exercise three times a week."

sessions, returning to an earlier phase, shoveling snow, and mowing the courthouse lawn. All team members reported trying to avoid the use of jail time by devising creative sanctions and that jail is only used as a last resort or as a matter of public safety. The team reports that if a participant is caught using—and does not admit to using—she or he will usually be taken into custody and serve 1 day in jail. If the participant admits to use, she or he is usually given a homework assignment as a sanction and will not be taken into custody.

- Sanctions are graduated so that the severity increases with more frequent or more serious infractions.
- Sanctions are typically immediate and may be imposed outside of court by team members other than the judge (excepting jail sanctions).
- Sanctions are also imposed at the first court session after the non-compliant behavior which can be as little as 1 day and as long as 2 weeks, but the team makes every effort to get a person in front of the judge as soon as possible.
- Sanctions are discussed among the team members and decided as a group.
- Participants are given a written list of behaviors that lead to sanctions and also a list of possible sanctions.
- Positive tests during a home visit sometimes result in a participant being taken into custody. The participant is taken into custody until the next court date and typically assigned homework by the team to complete during their jail stay.
- New arrests for DWI, drug possession, trafficking, or any violent offense results in immediate termination from DWI court and the imposition of the offender's full sentence.
- In order to graduate participants must remain drug and alcohol free for 180 days, have a job or be in school, have sober housing, complete community service, write a relapse prevention plan, pay all DWI court fees, pay all other court-ordered fees not related to DWI court, and possess a valid driver's license. Commencement/graduation ceremonies are held during regular court sessions. If the participant has any remaining probation sentence at the time of graduation, she or he will remain on standard probation for the duration of the term.

Commendations

- **Team response to participant behavior is swift and incorporates a variety of incentives and sanctions.** Programs that respond to participant behavior swiftly, between court appearances or at the next available court session, have significantly greater reductions in recidivism (Carey et al., 2012). In addition, a variety of rewards are provided to participants in this court. Participants are rewarded for progress with praise from the judge, promotion to the next phase, reduction in frequency of court hearings and UAs, increased freedoms and privileges, and tokens or gifts. Participants report that these incentives are meaningful to them.
- **Creative use of sanctions, including a concentrated effort to avoid jail time and differentiating between sanctions and treatment responses.** The team understands the importance of differentiating between sanctions and treatment responses. When a participant is caught using the participant will be sanctioned to a 1-day stay in jail. However, if a participant relapses and admits to use, he or she typically avoids jail time and is given homework, additional treatment sessions, and community service. The team incorporates

other creative sanctions, such as shoveling snow and mowing the lawn, for other infractions. Programs that impose jail sanctions greater than 7 consecutive days have significantly worse outcome than programs that impose shorter jail sanctions. In addition, programs that impose jail for the first positive UA have worse outcomes than programs that impose other, non-jail sanctions for first use (Carey et al., 2012). The BCDWI should be commended for adhering to this best practice.

- **Team members have written guidelines for team responses to participant behavior.** The BCDWI has guidelines for team responses to participant behaviors written, and these are provided to the team. This has been shown to produce higher graduation rates and greater cost savings due to lower recidivism (Carey & Perkins, 2008; Carey et al., 2012).
- **The BCDWI requires community service to be completed before graduation.** Programs that require completion of community service before graduation have higher graduation rates and greater cost savings (Carey et al., 2012). The BCDWI presents its community service requirement as a way for participants to give back to the community.

Suggestions/Recommendations

- **Follow through sanctions for noncompliant behavior.** During the site visit, it was noted that a number of participants violated the rules of the program without any consequences (e.g., missed treatment sessions and interlock device failures linked to the use of mouthwash, which participants admit knowing is not an acceptable excuse). The BCDWI should review the requirements of the program and consistently apply the sanctions for program violations to all participants.

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

Key Component #7 and the associated Guiding Principle for DWI Courts are focused on the judge's role in a drug or DWI court.¹² The judge has an extremely important function in monitoring client progress and using the court's authority to promote positive outcomes. While this component encourages ongoing interaction, courts must still decide specifically how to structure the judge's role. Courts need to determine the appropriate amount of courtroom interaction between the participant and the judge, including the frequency of status review hearings, 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 or DWI court judge is to provide the authority to ensure that appropriate treatment recommendations from trained treatment providers are followed.

The judge is the ultimate arbiter of factual controversies in the program, and makes the final decision concerning the imposition of incentives or sanctions that affect participants' legal status or personal liberty. The judge should make such determinations after giving due consideration to the expert input of other team members, and after discussing the matter in court with the participant or participant's legal representative.

National Research

From its national data in 2000, the American University Drug Court Survey (Cooper, 2000) reported that most drug court programs require weekly contact with the judge in Phase 1, contact

¹² DWI Court Guiding Principle #6

every 2 weeks in Phase 2, and monthly contact in Phase 3. The frequency of contact decreases for each advancement in phase. Although most drug courts follow the above model, a substantial percentage reports less court contact.

Research in California, Oregon, Michigan, Maryland, Missouri, and Guam (Carey et al., 2005; Carey, Finigan, & Pukstas, 2008; Carey et al., 2011, 2012) 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 et al. (2006) also demonstrated that court sessions weekly, or every 2 weeks, were effective for higher risk offenders while less frequent sessions (e.g., monthly) were effective for only low-risk offenders.

In addition, programs where judges remained with the program at least 2 years had the most positive participant outcomes (Carey et al., 2005). 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 (Finigan et al., 2007).

BCDWI Process

- DWI court participants typically attend court sessions twice per month in Phase 1, and once per month during Phase 3.
- The BCDWI holds court sessions every other Wednesday. The average length of time for a court session was reported to be 45 minutes, with an average of 15 participants attending each court session.
- During site visit observations of the DWI court session, 17 participants were present during the session, and an average of 3.12 minutes was spent with each participant. The court room was very organized and efficient, and the entire time was spent talking directly with participants.
- The DWI court judge is assigned to the DWI court indefinitely. There is not a specific judge assigned to serve as a back-up judge for the BCDWI, but the BCDWI judge has served as a back-up judge for the Borderlands Substance Abuse Court. The team is confident that they could find a judge to fill in through the use of iTV, if the primary DWI court judge is unavailable.

Focus group participant:

“She makes it a point to find something positive to say about everyone.”

Focus group participants:

“[The judge is] compassionate, motivating, and keeps you moving in the right direction.”

“Open line of communication, very supportive, and very encouraging.”

“I’ve never had a lot of respect for judges—she is the only one I have that for.”

“She doesn’t just sit there to get paid, she cares about people and how they feel.”

“Telling me how many days sober [is the most important thing to me]. She just always seems to know. She doesn’t look at her notes. She just knows you and your kids, and always asks how they are doing.”

- The judge has received formal DWI court training. In addition, she has observed other DWI courts, received training by other DWI court judges, and has attended professional DWI and/or drug court-related conferences.
- The judge speaks directly to participants during their court appearances and regularly follows recommendations provided by the team. She relates to the participants by probing participants about family and social activities, and asks all participants a “Question of the Day” to keep each court session engaging.
- Site visit observations indicate the judge has a good rapport with participants. The judge opts to not wear a robe during the court session to appear more personable to participants. The judge greets every participant by name, and follows up on previous conversations about progress. She provides genuine verbal praise when participants exhibit positive behavior and engage in pro-social activities, and she compliments participants on their improved physical appearance. It is clear that the judge takes a lot of care in getting to know participants and supporting their progress.
- The judge calls each case and has the participant stand directly in front of the bench. She speaks primarily to the participant, and only occasionally asks clarifying questions from the team member. The probation officer and court coordinator are seated next to the judge in the court reporter’s box, and the remaining team members are sprinkled among the participants in the gallery.
- If a participant is scheduled to phase up, she or he is invited to the last 15 minutes of staffing session to be interviewed by the team. Team members take turns asking the participant about his or her progress and what has been most effective in maintaining sobriety, and then the participant turns in his or her phase up petition to the team for review. At the following court session the team will recognize the participant with a certificate. If a participant is graduating from the DWI court he or she will also be presented with a medallion; female participants receive a rose from the treatment provider, and the participant may invite family members to attend the graduation. Team members report that the judge will speak to the gallery about the participant’s journey, and that food is provided to everyone. Other community members, including former participants, county commissioners, and local news reporters have also attended graduation ceremonies.

Commendations

- **The judge has presided over the program for 6 years.** The current judge has participated on the BCDWI team since the program was implemented. Judicial experience and longevity are correlated with more positive participant outcomes and significantly higher cost savings, particularly 2 years and longer (Carey et al., 2012).
- **The judge spent at least 3 minutes with each participant and had excellent rapport with participants.** During observations, the judge spent an average of 3.12 minutes speaking directly with the participant. The judge also had an exceptional connection with all participants, and was warm, caring, and exhibited a genuine interest in participant progress. Best practices research indicates that 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). Since the court session is a learning opportunity for all participants, spending more time with the participants who are doing well allows other participants to observe and learn positive behaviors.

- **Excellent team interaction with participants prior to phasing up.** Prior to an official phase change participants petition the court and then meet with the team during the last 15 minutes of a staffing session. At that time, the team takes turns asking the participant about his or her progress in the program. This personal interaction with the participants provides an excellent opportunity for the participants to speak with each one of the BCDWI team members, provides extra attention to participants doing well, and gives the team important feedback on what specific elements of the program are working. The BCDWI team should be applauded for incorporating this unique strategy to engage participants in the DWI court process.
- **The judge requires participants to stay through the entire court hearing to take full advantage of the hearing as a learning experience for participants.** Because DWI court hearings are a forum for educating all participants and impacting their behavior, the BCDWI is commended for requiring all participants to stay for the entire hearing both to observe consequences (both good and bad) and to learn how those who are doing well are able to succeed and make positive, healthy choices and changes in their lives.
- **Participants in Phase 1 are required to attend two court sessions per month.** Recent research has shown that court appearances every 2 weeks can have comparable or even better outcomes than those courts that require participants to attend every week (Carey, Finigan, & Pukstas, 2008; Carey et al., 2012; Marlowe et al., 2006). This may have the benefit of helping to reduce program costs and/or help free up more time so the judge can spend more time per participant while in the court room. The BCDWI should be commended for implementing a court schedule that is structured to achieve both efficiency and quality time with participants.

Suggestions/Recommendations

- **Consider moving all BCDWI team members to the front of the courtroom, to present a more unified appearance to participants.** With the exception of the judge, coordinator, and probation officer, all remaining team members sit in the gallery some distance from the judge. During the observed court session this made it more difficult for the judge to elicit information from the team. We recommend that team members move up toward the front of the court to present a more unified team presence and enhance communication during court sessions.

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

This component and the related Guiding Principle encourage drug or DWI court programs to monitor their progress towards their goals and evaluate the effectiveness of their practices.¹³ 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 increase funding and community support. Monitoring and evaluation require the collection of thorough and accurate records. Drug and DWI courts may record important information electronically, in paper files, or both. Ideally, courts will partner with an independent

¹³ DWI Guiding Principle #9

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

Carey, Finigan, and Pukstas (2008) and Carey et al. (2012) found that programs with evaluation processes in place had significantly better outcomes. Four types of evaluation processes were found to save the program money with a positive effect on outcome costs: 1) maintaining electronic records that are critical to participant case management and to evaluation, 2) the use of program statistics by the program to make modifications to drug court operations, 3) the use of program evaluation results to make modification to drug court operations, and 4) the participation of the drug or DWI court in more than one evaluation by an independent evaluator.

BCDWI Process

- The BCDWI collects electronic data for participant tracking and case management. The data are collected in an Excel data tracking sheet as well as probation's case management database and a DWI court database, WDCIS, which is an Access database specifically designed to track drug court activities.
- The BCDWI has been evaluated by an outside evaluator to measure whether the program has achieved its intended outcomes, but has not had a process evaluation to measure whether the program is being implemented as intended.
- Information is monitored to assess whether the program is moving toward its goals and the program has made changes in response to the previous evaluation. For example, the BCDWI shortened the average time from arrest to program entry, striving for a 45-day maximum based on information from a previous evaluation.

Commendations

- **This program has successfully implemented an electronic data system.** The program is commended for collecting data electronically as well as analyzing data about its participants for use in program reviews and planning, such as to inform the team about the types of participants who are most and least successful in the program. The team regularly reviews its data/statistics and has made modifications in program operations accordingly.
- **The BCDWI has participated in previous evaluations and has modified practices in response to evaluation feedback.** Both participation in evaluation and making modifications to the program in response to feedback are related to enhanced participant outcomes.

Suggestions/Recommendations

- **Share evaluation and assessment results.** The team should set aside time to discuss the overall findings and recommendations in this report, both to appreciate their accomplishments and determine what program adjustments will be made. In addition, the evaluation results can be beneficial to the program in applying for grants to fund additional positions or for local funders/agencies to help them access resources. These results can document needs and demonstrate program successes.

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

This component encourages ongoing professional development and training of drug/DWI court staff. Team members need to be updated on new 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 non-adversarial, 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/DWI 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

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 be focused not only on targeting high-risk offenders and matching offenders to appropriate treatment (needs), but must also concentrate on effectively building and *maintaining* the skill set of the employees (in the case of drug/DWI 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, Finigan, and Pukstas (2008) and Carey et al. (2012) found that drug/DWI 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.

BCDWI Process

- Most of the team members (with the exception of law enforcement and one of the treatment providers) have attended at least one drug or DWI court-specific training, either at the Georgia Planning Initiative conference during program start-up or at one of the Minnesota State Drug Court Conferences, held every other year. Several team members who recently attended the State conference reported bringing new information about mental health and co-occurring disorders to the team.
- New DWI court team members receive training on the drug/DWI court model before (or soon after) joining the team.
- Team members did not report receiving any training specifically about the target population of the program. Most team members have not received role-specific training or training on incentives and sanctions, and did not report regularly bringing new information on DWI court practices to staffing.

Commendations

- **The program works to obtain training for new team members in a timely manner.** The BCDWI program strives to train all members, including new members, as soon as possible after joining the team. Best practices research shows reductions in recidivism when all new employees complete a formal orientation or training (Carey, Finigan, & Pukstas, 2008; Carey et al., 2012).

Recommendations

- **Ensure that all BCDWI team members receive regular training on the drug court model.** We recommend that the BCDWI team explore ways to obtain training for any team members who have not had formal, drug court-specific training. These trainings should include education on the drug court model, incentives and sanctions, the program's specific target population, collaboration and role-specific duties on the team. NPC's recent research findings showed that drug courts that obtained regular training for their team members had better participant outcomes, including decreased recidivism, greater program completion, and greater cost savings (Carey et al., 2008, 2012). While we recognize the budget and time constraints, it would be beneficial for all members of the drug court team to engage in some trainings together to strengthen the team and generate a timely discussion on how the training information might be useful for the BCDWI program. If this is not possible, the team could consider having those who attend training give a brief presentation on what they learned.

The National Drug Court Institute (NDCI), an arm of the National Association of Drug Court Professionals, will often provide training or assistance at little or no cost for those programs that show the need (see www.ndci.org). There are also training materials available on the NDCI Web site, including Webinars and documents that may be useful as a reading assignment for all team members. In addition, those agencies that feel they cannot afford to have staff take the time for trainings might look at the most recent cost studies demonstrating drug courts to be a cost-effective solution for this offender population. One low-cost option is to have team members take turns performing the duty of searching for recent drug court research and other relevant information (e.g., drug addiction and treatment) and spending 10 minutes at team meetings reviewing the main findings and how they can be used to supplement the program.

- **Consider investing additional time into role-specific training for team members and training on incentives and sanctions.** Most of the BCDWI team did not report attending role-specific training or training on incentives and sanctions. During observations of staffing sessions, it was noted that only a few members regularly speak up to discuss participant progress or responses to behavior. The drug court model is a team approach. 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 through ensuring that they feel their roles and contributions are valued. All team members would benefit from formal role-specific training to ensure that they understand their roles as part of a DWI court team and how those roles may be different from their typical roles outside of drug court. The National Drug Court Institute (NDCI) has role-specific training opportunities available. For more information go to www.ndci.org/training/know-your-role.

- **Train staff members specifically about the population, including age, race/ethnicity, and drugs of choice.** In order to ensure that services offered through the DWI court are culturally specific/sensitive, staff members working directly with participants need to understand the cultural characteristics of the populations served (e.g., Native Americans). It is advised that the program ensure that new team members are trained in cultural awareness shortly after starting with the DWI court. Additionally, the team is encouraged to seek out training opportunities to appropriately address other needs within the participant population, including age and drugs of choice.

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 and associated DWI Court Guiding Principle on sustainability encourage drug/DWI courts to develop partnerships with other criminal justice and service agencies.¹⁴ For these collaborations to be true “partnerships,” regular meetings and collaborations with these partners should occur. If successful, the drug/DWI 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/DWI courts must 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/DWI court team; who will provide input primarily through policymaking; and what types of services will be available to clients through these partnerships.

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

National Research

Results from the American University National Drug Court Survey (Cooper, 2000) show most drug courts are working closely with community groups to provide support services for their participants. Examples of community resource partnerships include self-help groups such as AA and NA, medical providers, local education systems, employment services, faith communities, and Chambers of Commerce. Carey et al. (2005, 2012) found that programs that had true formal partnerships with community agencies that provide services to drug court participants had better outcomes than programs that did not have these partnerships.

Additional preliminary findings (Carey et al., 2012) indicate that drug court programs with an advisory committee that includes members of the community nearly doubled the cost savings.

BCDWI Process

- BCDWI was initially funded through the National Highway Traffic Safety Administration (NHTSA). The BCDWI continues to operate with NHTSA funding and also has support from a local foundation grant.
- BCDWI plans to sustain funding through local, county, and state funding. The team has previously engaged local government and community agencies in the DWI court program

¹⁴ DWI Court Guiding Principle #10

by inviting these members to the team's quarterly policy committee meetings. Individuals from the Department of Corrections, local law enforcement, public defender's office, the court office, Mayor's office, City Council, and county commissioners have all previously participated in these quarterly meetings although, at the time of the site visit, they were not currently involved.

- For participants without insurance coverage, treatment has been funded through the "Consolidated Fund – Rule 25" (a combination of county, state, and federal dollars).
- The DWI 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, including transportation, dental, and employment services (through the Workforce Center).
- Several members of the DWI court team report that presentations are occasionally made about the BCDWI program in order to foster support and inform the greater community, primarily to the City Council.
- As previously mentioned, the DWI court program has participants from the local Red Lake Reservation (a federally recognized, closed reservation). The probation officer may enter the reservation to perform home visits. The team reports multiple efforts to further engage tribal representatives with the DWI court efforts, with limited response.

Focus group participants:

"They have dental money to help people."

"They have other resources too, you have to ask for it."

Commendations

- **This program has successfully established partnerships across government agencies.** The BCDWI team has done an excellent job of garnering support from local government agencies and is encouraged to continue to seek additional community support and build upon current partnerships.
- **The program includes community members on the team.** As described in Key Component #1, the BCDWI team includes a victim advocate. The BCDWI demonstrates a commitment to developing and maintaining an integrated DWI court team and developing community connections, following the best-practice guidelines for achieving success within these components.

Suggestions/Recommendations

- **Continue to pursue community outreach efforts and establish partnerships with businesses and agencies that can provide services to participants.** Most of the partnerships and connections the BCDWI court has created are with local government agencies. We recommend that the BCDWI team continue to look to local businesses, nonprofits, and other community organizations to create formal partnerships and foster community outreach. This could lead to increased access to services to help rehabilitate participants, additional sponsorships for incentives, and strengthen community support of the program.
- **Consider creating an advisory committee for the BCDWI.** In addition to the existing quarterly policy committee, the BCDWI program is encouraged to consider the creation of an advisory committee made up of not only DWI court team members but also representatives from other community agencies, the business community, and other interested groups. This effort could expand understanding of and community support of the program and ad-

ditional services, facilities, and rewards for the program. For example, the advisory committee could approach other community partners to build connections to access rewards and incentives that are meaningful and motivating to participants. Forming a nonprofit organization to help with funding and participant rewards may also be beneficial. In addition, members of the Chamber of Commerce could be invited to attend a graduation and receive materials showing the benefits of the BCDWI (particularly the benefits in relation to returning adults to the workforce clean and sober). Such efforts may result in supplemental funding to help pay for rewards, defray fees, and assist with other DWI court services.

- **Continue efforts to work with local Tribal Reservations to forge partnerships across the greater community.** Team members estimate that at least half of the BCDWI participants are Native American, and a majority of these participants are members of the nearby Red Lake Reservation. Although the team has attempted multiple times to buy-in to the BCDWI program, their efforts so far have been unsuccessful and frustrating overall. The BCDWI team has worked with administrators from the Red Lake Reservation with some success to allow home visits to tribal participants. In spite of the lack of success, we recommend that the team continue to reach out to tribal leaders for input on DWI court activities, such as inviting them to participate in the quarterly policy meetings or on an advisory committee. The team might also consider reaching out to local NADCP Board Member, Judge Korey Wahwassuck (formerly presiding over Cass County DWI Court), who has experience forging partnerships between Tribal communities and drug courts. We recognize that each community has its own unique history and set of challenges to overcome, but the judge may prove to be an insightful resource for the team.

ADDITIONAL RESOURCES

The appendices at the end of this document contain additional information for DWI courts. Appendix A contains the Guiding Principles of DWI Courts. Appendix B contains Minnesota's Drug Court and DWI Court standards. Other important and useful resources for drug courts (such as free Webinars on a variety of drug court related topics and sample screening and assessment forms, etc.) are available at these Web addresses: www.ncdc.org, www.ndcrc.org and http://www.ndcrc.org/voca_search.

Summary of Process Findings and Recommendations

The BCDWI was implemented in June 2007. This program, which is designed to take a minimum of 18 months to complete, accepts post-conviction participants. The general program population consists of repeat DWI offenders (two or more DWI offenses within 10 years) charged in Beltrami County who are determined to be chemically dependent and who voluntarily agree to participate. The BCDWI has a capacity to serve approximately 25 participants at one time. As of April 2013, there were 18 active participants, 40 graduates, and 13 terminated participants).

Overall, the BCDWI has implemented its DWI court program within the guidelines of the 10 Key Components and 10 Guiding Principles. The program should be commended for the following good practices:

- **The program includes law enforcement representatives on the team.** Drug court programs that included a representative from law enforcement on the drug court team had 88% greater reductions in recidivism and 44% higher cost savings compared to programs that did not include law enforcement (Carey et al., 2012). The BCDWI demonstrates a

commitment to following this best practice by having representatives of multiple law enforcement agencies active on the team.

- **The program regularly updates the policy manual and participant handbook.** The BCDWI regularly updates its policy manual, which is invaluable in ensuring that all partners are operating under the same assumptions and for clarifying roles, responsibilities, and expectations. The participant handbook is also updated regularly, which ensures that participants are well informed about the program's expectations. There is also a DWI court brochure for prospective participants.
- **Both the prosecuting attorney and the public defender have been trained in the DWI court model.** Interviews with attorneys revealed that the BCDWI attorneys have not only been trained in the drug court model but have also received role-specific training in their responsibilities as attorneys under this model.
- **The eligibility requirements are written and all team members and referring agencies have a copy.** Team members reported that in recent history, there has been confusion at some of the referring agencies about the charges eligible for entry to DWI court. The team addressed this confusion by printing copies of the new eligibility criteria and distributed this information to all referring agencies. Having written eligibility criteria ensures that the target population is being properly identified and referred to the program in a timely manner. The BCDWI should be commended for identifying this lapse in communication between agencies and taking the initiative to remedy the situation. We recommend that the BCDWI regularly follow-up with all referring agencies to make sure they are up to date on the DWI court referral process.
- **Participants are connected with treatment services as soon as possible.** The BCDWI's strategy is to have offenders enter the program and begin treatment within 45 days of arrest. Because the intent of DWI court is to connect individuals to services expeditiously and limit their time in the criminal justice system, the program makes every effort to get individuals into treatment as soon as possible. Research shows that drug courts with a referral and placement process of 50 days or less (from arrest to drug court entry) have higher cost savings than those courts that had a longer time period between arrest and entry (Carey et al., 2012).
- **The program coordinated treatment through one or two organizations.** The team currently uses two treatment providers to deliver all outpatient services. The DWI court has discussed the possibility of consolidating treatment services to create a DWI court-specific program, but at this time all participants are referred to one of two providers. Research shows that having one to two treatment providing agencies is related to significantly better program outcomes including lower recidivism and greater cost savings (Carey et al., 2012). The BCDWI should be commended for following best practices in this area by having two main organizations that coordinate an array of treatment services for the majority of participants.
- **The program offers gender-specific and mental health treatment.** This program is commended for offering gender-specific services and outpatient mental health services, both of which are associated with greater reductions in recidivism (Carey et al., 2012).
- **Participants must write a relapse prevention plan, and there are resources for participants in the community after their time in the program.** A relapse prevention plan is created with the probation officer or with one of the treatment counselors. The

relapse prevention plan includes strategies to avoid triggers, coping with triggers, and developing alternative alcohol-free activities that will help support sustained recovery. The relapse plans the counselor creates are then laminated, and participants carry the cards with them. Having a relapse prevention plan enhances participants' ability to maintain the behavioral changes they have accomplished through participation in the BCDWI. In addition, a DWI court alumni group meets weekly, providing support to former participants.

- **Coordinated response to drug testing.** To ensure that participants are receiving the required number of drug tests the BCDWI team has engaged local law enforcement and treatment agencies to assist with drug and alcohol testing. Although the team has encountered hurdles in terms of testing rural participants, these partnerships alleviate the burden on the probation officer to perform all tests, and the instant reports allow the team to make an informed and immediate response to noncompliant behavior. The BCDWI team should be commended for reaching out to local agencies to resolve challenges due to limited resources.
- **Team response to participant behavior is swift and incorporates a variety of incentives and sanctions.** Programs that respond to participant behavior swiftly, between court appearances or at the next available court session, have significantly greater reductions in recidivism (Carey et al., 2012). In addition, a variety of rewards are provided to participants in this court. Participants are rewarded for progress with praise from the judge, promotion to the next phase, reduction in frequency of court hearings and UAs, increased freedoms and privileges, and tokens or gifts. Participants report that these incentives are meaningful to them.
- **Creative use of sanctions, including a concentrated effort to avoid jail time and differentiating between sanctions and treatment responses.** The team understands the importance of differentiating between sanctions and treatment responses. When a participant is caught using the participant will be sanctioned to a 1-day stay in jail. However, if a participant relapses and admits to use, he or she typically avoids jail time and is given homework, additional treatment sessions, and community service. The team incorporates other creative sanctions, such as shoveling snow and mowing the lawn, for other infractions. Programs that impose jail sanctions greater than 7 consecutive days have significantly worse outcome than programs that impose shorter jail sanctions. In addition, programs that impose jail for the first positive UA have worse outcomes than programs that impose other, non-jail sanctions for first use (Carey et al., 2012). The BCDWI should be commended for adhering to this best practice.
- **Team members have written guidelines for team responses to participant behavior.** The BCDWI has guidelines for team responses to participant behaviors written, and these are provided to the team. This has been shown to produce higher graduation rates and greater cost savings due to lower recidivism (Carey & Perkins, 2008; Carey et al., 2012).
- **The BCDWI requires community service to be completed before graduation.** Programs that require completion of community service before graduation have higher graduation rates and greater cost savings (Carey et al., 2012). The BCDWI presents its community service requirement as a way for participants to give back to the community.
- **The judge has presided over the program for 6 years.** The current judge has participated on the BCDWI team since the program was implemented. Judicial experience and

longevity are correlated with more positive participant outcomes and significantly higher cost savings, particularly 2 years and longer (Carey et al., 2012).

- **The judge spends at least 3 minutes with each participant and had excellent rapport with participants.** During observations, the judge spent an average of 3.12 minutes speaking directly with the participant. The judge also had an exceptional connection with all participants, and was warm, caring, and exhibited a genuine interest in participant progress. Best practices research indicates that 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). Since the court session is a learning opportunity for all participants, spending more time with the participants who are doing well allows other participants to observe and learn positive behaviors.
- **Excellent team interaction with participants prior to phasing up.** Prior to an official phase change participants petition the court and then meet with the team during the last 15 minutes of a staffing session. At that time, the team takes turns asking the participant about his or her progress in the program. This personal interaction with the participants provides an excellent opportunity for the participants to speak with each one of the BCDWI team members, provides extra attention to participants doing well, and gives the team important feedback on what specific elements of the program are working. The BCDWI team should be applauded for incorporating this unique strategy to engage participants in the DWI court process.
- **This program has successfully implemented an electronic data system.** The program is commended for collecting data electronically as well as analyzing data about its participants for use in program reviews and planning, such as to inform the team about the types of participants who are most and least successful in the program. The team regularly reviews its data/statistics and has made modifications in program operations accordingly.
- **The BCDWI has participated in previous evaluations and has modified practices in response to evaluation feedback.** Both participation in evaluation and making modifications to the program in response to feedback are related to enhanced participant outcomes.
- **The program works to obtain training for new team members in a timely manner.** The BCDWI program strives to train all members, including new members, as soon as possible after joining the team. Best practices research shows reductions in recidivism when all new employees complete a formal orientation or training (Carey, Finigan, & Pukstas, 2008; Carey et al., 2012).

Although this program is functioning well in many areas, NPC's review of program operations resulted in some recommendations for program improvements. We recognize 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 they can to work around the barriers 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 during the interviews, focus groups, and observations during the site visit. Background information, more detailed explanations, and additional recommendations presented within each of the 10 Key Components and 10 Guiding Principles are included in the body of the report.

- **Continue working toward having all local law enforcement departments involved in home visits.** The BCDWI has done an excellent job of gaining the support of the Bemidji Police Department, but the Beltrami County Sheriff's Office participation in home visits has been limited. Focus group participants were able to discern that those living closer in the city receive more frequent visits from law enforcement officials compared to those that live farther out of town. We recommend the BCDWI continue with its attempts to gain the support of the Sheriff's office. One way to do this would be by having the team representative from the Bemidji Police Department or the jail administrator contact the patrol unit at the sheriff's office to explain the program and what is involved in participation, and why their partnership is important to the success of the program. Frequent and consistent testing and field visits for all participants are necessary to ensure participant compliance with the DWI court program.
- **Work toward having all team members attend team meetings and court hearings.** The BCDWI program does not have a defense attorney on the team who is able to attend staffing and court sessions on a regular basis. Best practices research shows that programs have 90% greater cost saving when the defense attorney regularly attends staffing, compared to programs that do not perform this practice (Carey et al., 2012). We recommend that the BCDWI public defender resume attendance at BCDWI staffing and court sessions in order to stay informed on participant issues and strengthen the team by advocating for the participants' best interests, as well as presenting a unified and consistent support system for participants. The role each team member represents is an important part of determining court responses that will change participant behavior. If consistent participation is not possible without additional funds, we suggest looking for grant opportunities to adequately support defense attorney involvement that is commensurate with their position and responsibilities.
- **Continue to increase communication between all team members.** Team members reported that communication outside of staffing and court is limited to only a few members on the team, and that group emails regarding participant progress are rare. Since BCDWI meets every other week, this delay in communication occasionally results in delayed decision-making. It was noted during observations that not all team members participate in discussion or provide input without prompting, which may be in part because they were not apprised of key changes in status prior to the meeting. We recommend that BCDWI make regular efforts to actively engage all team members when it comes to reporting on participant status and progress, including incorporating all team members in interim staffing session communication. Frequent email and phone contact between team members ensures that all the team members have the information they need, and that appropriate responses to behavior can be determined swiftly. This can also result in more efficient staff meetings. 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., 2011). The team reported the limited communication among members between meetings is to be respectful of team members' time, particularly since several volunteer their time, and that they felt the current level of communication was appropriate. Although the team feels that the level of communication is appropriate, best practices research suggests that additional communication would benefit the participants. We recommend that the team consider including more team members in interim communications and assessing whether there is a positive impact on the efficiency and effectiveness of staffing meeting discussions and participant outcomes.

- **Create a memorandum of understanding (MOU) between all team members.** Some members reported confusion about other team members' responsibilities, particularly in terms of providing information to the DWI court. We recommend that BCDWI develop a MOU with each agency represented on the team that describes each team member's role, including expected duties and tasks. The MOU should include what information will be shared by each agency and what information should NOT be shared, as well who it can be shared with (e.g., what information should be shared with the team and what information can be shared with clients). MOUs can be invaluable in clarifying roles, responsibilities, and expectations. Having all DWI court partner agencies involved will help share decision-making, and thus creating greater buy in. The MOU can also be used as a part of the training process for new team members, to help clarify the expectations and duties associated with their role.
- **Continue to streamline communication between treatment providers and probation and define the appropriate information to be included in the reports.** In order for the team to make informed and fair decisions about their response to participant behavior, it is crucial that all necessary treatment information be provided to probation and the court before these decisions need to be made. At the time of the site visit, the main treatment providers conveyed treatment information verbally during staffing sessions or over the phone, but the timeliness was inconsistent and updated treatment information was not included in the staffing roster. Since the time of the site visit, the team has revised this process and now schedules a time for the probation officer to check in with treatment providers several days before the staffing session which has helped improve communication greatly. The probation agent and treatment providers have also worked together to include written progress reports as part of the regular team communication, and the team reports that this has also increased the timeliness and usefulness of treatment provider information. We recommend that the team continue to monitor communication between treatment providers and ensure that progress reports cover topics that relevant to DWI court or issues that the team needs to discuss in staffing meetings or in court (e.g., attendance at treatment, progress in group, etc.).
- **Work toward having a permanent defense attorney to attend staffing and court sessions.** The BCDWI program includes a public defender, but due to budget cutbacks he is unable to attend staffing and court sessions. There is a second defense attorney who represents Tribal participants, but due to his large jurisdiction he is unable to attend regularly. Best practices research indicates that teams with both a permanent prosecuting attorney and defense attorney who regularly attend staffing and court sessions have more positive participant outcomes, including lower recidivism. Research also indicates that when defense attorneys regularly attend staffing meetings, programs exhibit a 93% increase in cost savings compared to programs that do not perform this practice (Carey, Finigan, & Pukstas, 2008; Carey et al., 2012).
- **Review assessment results to ensure that substance dependent participants are entering the program.** A number of participants indicated that they misrepresented their substance use in order to gain entry into the program; however team members reflected that participants may still be coming to terms with how much their addiction has impacted their lives and believe the program is reaching the intended population. The BCDWI is encouraged to review the findings of the chemical health assessment carefully, and com-

bine these results with a secondary assessment (such as collateral information) to verify that they are reaching the target population of high-risk and high-need offenders.

- **Continue to regularly review treatment offerings to ensure that all participants are receiving the modality and amount of treatment appropriate to their assessed need.** In conjunction with the recommendation above, it is important to create an individualized case plan for each participant, matching treatment case plans to the participants' assessed level of care, with special attention on collateral information to assess the honesty of the participants' assessment answers. Team members reported that they have recently initiated a process to regularly review of treatment options. We recommend that the BCDWI treatment providers continue to work toward expanding the current repertoire of treatment services to provide participants with a wider breadth of services and more individualized planning.
- **Invite an elder or other representative from the Red Lake Reservation to participate on or speak to the team about specific tribal participant needs.** As a strategy to build trust and communication between the Red Lake Tribe and larger Beltrami community, we recommend that the BCDWI team invite an elder or tribal representative (such as a member from the tribe's cultural department) to come speak to the team about participant needs that are specific to the Red Lake tribal population. A majority of the BCDWI participants are Native American (many of whom are from the Red Lake Reservation), and the team has previously discussed approaches to better connect participants to treatment that is most meaningful to them. Including a member from the local tribal community may provide additional perspectives or ideas that may be unique to tribal participants, as well as to strengthen relationships between court and the community, which may also benefit the sustainability of the BCDWI program.
- **The program should continue to provide—and ensure participants are aware of—transportation assistance to maximize participant opportunities to be successful in the program.** In addition to the current practices of assisting participants with the fees for ignition interlock devices and supplying gas cards, support could include coordinating required appointments so they occur on the same day or in the same location. The program leadership could also consider discussing with community providers options such as ridesharing programs, volunteer drivers, or vehicle sharing programs.
- **Work toward creating a truly random drug testing schedule.** The drug and alcohol testing system is currently determined by the probation officer with no specific method to ensure random testing. The BCDWI may benefit from using existing programs that can randomly generate a schedule based on the user's desired frequency parameters and ensure that participants do not go too long without being tested. For example, www.Randomizer.org is an easy-to-use Web site that allows the user to create a unique testing schedule that is easily exported into Excel or Word and drastically lowers the possibility of non-random selection. The team may elect to assign participants in similar phases or similar locations to the same group (e.g., five groups of five), reducing the number of schedules the team creates each month, and this may also help ease the logistical burden of testing rurally located participants—if the law enforcement officer can make one trip to a distant location and test a couple people at once. Although the large distances involved in where participants live may make this recommendation impractical at this time, the best practice is still to perform random and frequent drug testing and the team should continue to keep an eye out for creative ways to solve this problem.

- **Periodically test for new substances to ensure that participants are not using other drugs as a substitute for alcohol.** The BCDWI team routinely requests the same set of laboratory tests on UA samples, and participants know which drugs are on the screening list. Many drug and DWI courts reported that their participants changed their drugs of choice to synthetic or obscure substances to hide their continued use, which was discoverable only when the court sporadically tested for new substances. We recommend that the team consider occasionally changing the targeted substances without notice as a check to make sure that participants are complying with program requirements.
- **Follow through on sanctions for noncompliant behavior.** During the site visit, it was noted that a number of participants violated the rules of the program without any consequences (e.g., missed treatment sessions and interlock device failures linked to the use of mouthwash, which participants admit knowing is not an acceptable excuse). The BCDWI should review the requirements of the program and consistently apply the sanctions for program violations to all participants.
- **Consider moving all BCDWI team members to the front of the courtroom, to present a more unified appearance to participants.** With the exception of the judge, coordinator, and probation officer, all remaining team members sit in the gallery some distance from the judge. During the observed court session this made it more difficult for the judge to elicit information from the team. We recommend that team members move up toward the front of the court to present a more unified team presence and enhance communication during court sessions.
- **Share evaluation and assessment results.** The team should set aside time to discuss the overall findings and recommendations in this report, both to appreciate their accomplishments and determine what program adjustments will be made. In addition, the evaluation results can be beneficial to the program in applying for grants to fund additional positions or for local funders/agencies to help them access resources. These results can document needs and demonstrate program successes.
- **Ensure that all BCDWI team members receive regular training on the drug court model.** We recommend that the BCDWI team explore ways to obtain training for any team members who have not had formal, drug court-specific training. These trainings should include education on the drug court model, incentives and sanctions, the program's specific target population, collaboration and role-specific duties on the team. NPC's recent research findings showed that drug courts that obtained regular training for their team members had better participant outcomes, including decreased recidivism, greater program completion, and greater cost savings (Carey et al., 2008, 2012). While we recognize the budget and time constraints, it would be beneficial for all members of the drug court team to engage in some trainings together to strengthen the team and generate a timely discussion on how the training information might be useful for the BCDWI program. If this is not possible, the team could consider having those who attend training give a brief presentation on what they learned.
- **Consider investing additional time into role-specific training for team members and training on incentives and sanctions.** Most of the BCDWI team did not report attending role-specific training or training on incentives and sanctions. During observations of staffing sessions, it was noted that only a few members regularly speak up to discuss participant progress or responses to behavior. The drug court model is a team approach. Participation from all partners contributes to the strength of this model and is one of the rea-

sons it is successful at engaging participants and changing behavior. It is important to keep team members engaged in the process through ensuring that they feel their roles and contributions are valued. All team members would benefit from formal role-specific training to ensure that they understand their roles as part of a DWI court team and how those roles may be different from their typical roles outside of drug court. The National Drug Court Institute (NDCI) has role-specific training opportunities available. For more information go to www.ndci.org/training/know-your-role.

- **Consider creating an advisory committee for the BCDWI.** In addition to the existing quarterly policy committee, the BCDWI program is encouraged to consider the creation of an advisory committee made up of not only DWI court team members but also representatives from other community agencies, the business community, and other interested groups. This effort could expand understanding of and community support of the program and additional services, facilities, and rewards for the program. For example, the advisory committee could approach other community partners to build connections to access rewards and incentives that are meaningful and motivating to participants. Forming a nonprofit organization to help with funding and participant rewards may also be beneficial. In addition, members of the Chamber of Commerce could be invited to attend a graduation and receive materials showing the benefits of the BCDWI (particularly the benefits in relation to returning adults to the workforce clean and sober). Such efforts may result in supplemental funding to help pay for rewards, defray fees, and assist with other DWI court services.
- **Continue efforts to work with local Tribal Reservations to forge partnerships across the greater community.** Team members estimate that at least half of the BCDWI participants are Native American, and a majority of these participants are members of the nearby Red Lake Reservation. Although the team has attempted multiple times to buy-in to the BCDWI program, their efforts so far have been unsuccessful and frustrating overall. The BCDWI team has worked with administrators from the Red Lake Reservation with some success to allow home visits to tribal participants. In spite of the lack of success, we recommend that the team continue to reach out to tribal leaders for input on DWI court activities, such as inviting them to participate in the quarterly policy meetings or on an advisory committee. The team might also consider reaching out to local NADCP Board Member, Judge Korey Wahwassuck (formerly presiding over Cass County DWI Court), who has experience forging partnerships between Tribal communities and drug courts. We recognize that each community has its own unique history and set of challenges to overcome, but the judge may prove to be an insightful resource for the team.

Overall the BCDWI has implemented a program that follows the guidelines of the 10 Key Components of Drug Courts and 10 Guiding Principles of DWI Courts.

The following sections of the report present the BCDWI outcome and cost results, as well as additional recommendations.

SECTION II: OUTCOME EVALUATION

The main purpose of outcome evaluation is to determine whether the program has improved participant outcomes. In other words, did the program achieve its intended goals for its participants? An outcome evaluation can examine short term outcomes that occur while a participant is still in the program. Short term outcomes include whether the program is delivering the intended amount of services, whether participants receive treatment more quickly and complete treatment more often than those who do not participate, whether participants are successfully completing the program in the intended amount of time, whether drug or alcohol use is reduced, and what factors lead to participants successfully completing the program. An outcome evaluation can also measure longer term outcomes (sometimes called an “impact evaluation”), including participant outcomes after program completion. In the case of DWI court programs, one of the largest impacts of interest is recidivism, particularly DWI recidivism. Are program participants avoiding the criminal justice system “revolving door”? How often are participants being rearrested with DWI charges, and are they spending time on probation or in jail? How often are participants in subsequent traffic-related incidents, including crashes and fatalities?

Outcome Evaluation Methods

For the outcome/impact evaluation, we identified a sample of participants who entered the DWI court program, as well as a sample of individuals eligible for the DWI court but who received traditional court processing for their DWI charge (a policy alternative). It is important to identify a comparison group of individuals who are eligible for the DWI court, because those offenders who are not eligible represent a different population; thus, any differences that cause individuals to be ineligible for DWI court could also be the cause of any differences found in outcomes. (Our methods for selecting the comparison group are described below). Data for both program and comparison participants were tracked through existing administrative databases for a period of up to 3 years after DWI court entry. The evaluation team used criminal justice, traffic safety, and treatment utilization data sources—described in Table 1—to determine whether DWI court participants and the comparison group differed in subsequent arrests, crashes, use of interlock devices, and license removal or reinstatement.

The outcome evaluation was designed to address the following study questions:

1. What is the impact of DWI court on recidivism?
 - 1a. Does participation in DWI court reduce the average *number of* all rearrests and DWI rearrests for those individuals compared to traditional court processing?
 - 1b. Does participation in DWI court lead to a lower overall *recidivism rate* (the percent of participants who were rearrested) compared to traditional court?
 - 1c. Are non-DWI court offenders (DWI offenders who go through the traditional court process) more likely to get a new DWI charge sooner than DWI court participants?
 - 1d. Does participation in DWI court reduce the *number of* traffic-related crashes for those individuals compared to traditional court processing?
 - 1e. Does participation in DWI court lead to a lower *crash rate* (the number of participants who are involved in crashes) compared to traditional court?

2. What is the impact of DWI court on other outcomes of interest?
 - 2a. Does participation in DWI court lead to an increased rate of license reinstatement (the percent of people whose license is reinstated) compared to traditional court?
 - 2b. Does participation in DWI court lead to increased use of an interlock device (the percent of people who were required to use interlock) compared to traditional court?
3. How successful is the program in bringing program participants to completion and graduation within the expected time frame?
4. What participant and program characteristics predict successful DWI court outcomes? What predicts non-completion (termination or unsuccessful exit from the DWI court program)?

SAMPLE/COHORT SELECTION

To ensure a rigorous outcome evaluation, it is necessary to select a cohort of individuals who participated in the DWI court and a cohort of similar individuals who did not.

The DWI Court Participant Group

The DWI court participant sample, or cohort, was the population of individuals who entered DWI court from July 1, 2007 to August 23, 2012. Outcomes are presented in 1- and 2-year increments.

Evaluations sometimes exclude participants who entered in the first year after program implementation to allow the program time to fully implement all policies and procedures. However, there were several sites in Minnesota in which we needed every available case to detect significant differences between groups. In the case of BCDWI, there were a total of just 54 DWI court participants available for analysis, so we elected not to exclude any of these participants.

The Comparison Group

Step 1: Selecting the Comparison Group

The comparison sample is composed of individuals who are similar to those who participated in the DWI court program (e.g., similar demographics and criminal history) but who did not participate in the program. The comparison sample was selected through a quasi-experimental design. We obtained a list from the Department of Public Safety, Office of Traffic Safety and Driver and Vehicle Services database of all individuals who had two or more DWI convictions from January 2004 to October 2012. These data allowed the identification of individuals in each county who had at least two DWIs in a period of 10 years or less and were therefore potentially eligible for BCDWI. Additional information was gathered from the State Court Administrator's Office Court (SCAO) database on this initial list of potential comparison group members that indicated whether they fit the eligibility criteria for the DWI court program. This information included detailed demographics and criminal history. All DWI court participants were removed from the list, and then the DWI court participants and comparison individuals were matched on all available information (described in detail below) using propensity score matching.

Step 2: Matching the Comparison Groups to the DWI Court Groups - Application of Propensity Score Weighting

Comparing program participants to offenders who did not participate in the DWI court (comparison group members) is complicated by the fact that program participants may systematically differ from comparison group members, and those differences, rather than DWI court, may account for some or all of the observed differences in the impact measures. To address this complication, once the available comparison sample was identified, we used a method called propensity score matching because it provides some control for differences between the program participants and the comparison group (according to the available data on both groups) (Rosenbaum & Rubin, 1983). Propensity scores are a weighting scheme designed to mimic random assignment.

We matched participants with potential comparison group members on a number of participant characteristics including: 1) race, 2) age, 3) gender, and 4) prior criminal history/prior DWI history.¹⁵

DATA COLLECTION AND SOURCES

Administrative Data

NPC staff members adapted procedures developed in previous drug and DWI court evaluation projects for data collection, management, and analysis of the DWI court data. The data necessary for the evaluation were gathered from administrative databases as described in Table 1. The table lists the type of data needed and the source of these data.

Table 1. MN DWI Court Evaluation Data and Sources

Data	Source
<p><i>DWI Court Program Data</i></p> <p><i>Examples:</i></p> <ul style="list-style-type: none"> • Identifiers • Participant demographics • Program start and end dates • Substances used in the year before program entry • Treatment attended • Driver's license status • Employment at entry and exit • Housing status • Dates of DWI court appearances/status review hearings 	<p>SCAO Drug Court Tracking Sheets SCAO/Judicial Branch (MNCIS)</p>

¹⁵ We attempted to collect data on risk and need assessment scores in order to match the DWI court and comparison group on risk and need level. However, most DWI offenders who did not participate in DWI court were not assessed for risk or need, so these data were unavailable. We believe that criminal history and prior DWI history provide some indication of risk level for this population.

Data	Source
<p><i>Treatment Data</i></p> <p><i>Examples:</i></p> <ul style="list-style-type: none"> • Identifiers and Demographics • Treatment Modality • Dates of treatment sessions and/or start and end dates for each modality • Dates of assessments performed • Assessment score (e.g., Needs assessment) • Billing information for treatment services 	<p>Minnesota Department of Human Services (DHS)</p>
<p><i>Court-Related Data</i></p> <p><i>Examples:</i></p> <ul style="list-style-type: none"> • Identifiers • Incident dates (arrest dates) • Dates of case filings • Charges • Dates of convictions • Dates of court appearances 	<p>SCAO/Judicial Branch (MNCIS)</p>
<p><i>DWI History and Recidivism Data</i></p> <p><i>Examples:</i></p> <ul style="list-style-type: none"> • Identifiers • Dates of DWI arrests • Dates of DWI convictions • Dates of DWI-related crashes 	<p>Department of Public Safety, Driver and Vehicle Services (DVS) data</p>
<p><i>Department of Corrections Recidivism-Related Data</i></p> <p><i>Examples:</i></p> <ul style="list-style-type: none"> • Identifiers • Demographics • Jail entry and exit dates • Prison entry and exit dates • Parole start and end dates • Probation start and end dates • Dates of drug tests • Results of drug tests • Risk assessment results (LSIR/RANT) 	<p>Minnesota Department of Corrections (DOC)</p>

Data	Source
<p><i>Probation Recidivism Data</i></p> <p><i>Examples:</i></p> <ul style="list-style-type: none"> • Probation start and end dates • Risk assessment results • Dates of drug tests • Results of drug tests 	<p>Local Probation Department Databases or Files/County Court Services or Probation Department for each of the 9 DWI court counties</p>

Note. Availability of drug test dates and results, as well as risk assessment scores, varied by site. In some sites where these data were available, they were sometimes incomplete and/or unavailable for the comparison group.

DATA ANALYSES

Once all data were gathered on the study participants, the data were compiled and cleaned and moved into SPSS 20.0 for statistical analysis. The analyses used to answer specific questions are described below.¹⁶

RESEARCH QUESTION #1: WHAT IS THE IMPACT OF DWI COURT ON RECIDIVISM?

1a. Does participation in DWI court reduce the average number of all rearrests and DWI rearrests for those individuals compared to traditional court processing?

Independent sample *t* tests and univariate analysis of covariance (ANCOVA) were performed to compare the mean number of all rearrests (including those for DWI charges) for all DWI court participants and the comparison group for each year up to 2 years after DWI court start date or an equivalent date for the comparison group (*in the interest of simplicity, we will refer to this as the “program start date” for both groups going forward*). Means generated by univariate analysis were adjusted in the analysis based on gender, age at program entry date, race, and number of prior arrests.¹⁷ The non-adjusted means for graduates are included in the results for reference but should not be compared directly with the comparison group as the comparison group includes an unknown number of individuals who, had they participated in DWI court, may have unsuccessfully terminated unsuccessfully from the program and are therefore not equivalent to DWI court graduates.

Additional analyses were performed to assess whether time at risk (i.e., the length of time spent incarcerated during the same time period) significantly impacted the number of rearrests; however, including this measure did not impact the overall results of rearrests or any other research question. Therefore, the results from these analyses are not detailed in the analyses summaries below.

¹⁶ Analyses that examine outcome time periods greater than 1 year include only participants who have the full outcome time available. For example, analyses that examine outcomes 2 years from DWI court entry will only include individuals that have 2 full years of outcome time available. Outcomes are based upon program entry date (or a similarly assigned date for the comparison group).

¹⁷ Time at risk is NOT controlled for in this or subsequent research questions as the intention of the analysis is to determine whether DWI court participation (which typically occurs in the community) reduces recidivism more effectively than business-as-usual, which typically includes at least some incarceration. If incarceration was used for non-DWI court participants and was effective in reducing crime, then controlling for this factor would prevent us from determining which path (DWI court or business as usual) was more effective.

1b. Does participation in DWI court lead to a lower overall recidivism rate (the percent of participants who are rearrested) compared to traditional court?

Crosstabs were run to examine differences in recidivism rate (the number/percentage of individuals rearrested at least once during the specified time period) between DWI court and the comparison group for each year up to 3 years following program entry. Chi-square analyses were used to identify any significant differences in rearrest rates between DWI court and comparison group participants.

A logistic regression was used to determine if differences between DWI court participants and the comparison group were significant over and above any differences due to gender, age, race, and criminal history (number of arrests in the 2 years prior to DWI court program entry date and number of DWI offenses in the 10 years prior to the arrest selected as the eligible arrest for program entry).

1c. Do non-DWI court (traditional court clients) get rearrested sooner than DWI court participants?

Due to the low prevalence of DWI rearrests, survival analysis of time to DWI rearrest was inappropriate. In its place, we used survival analysis to examine the time to *any* rearrest after program start date between the DWI court group and the comparison group (DWI offenders who went through “business as usual” probation processing). Time to any rearrest, or survival time, was calculated by subtracting the date rearrested from the program start date. The survival opportunity window for each individual was calculated by subtracting the date of program entry from the date of the earliest outcome dataset collected for this study (court data received on August 23, 2013). The number of months of observation for each participant serves as the censor date for those not rearrested. A Kaplan-Meier estimator and—if appropriate—a Cox Regression were used to determine if there were any significant differences in how swiftly (or how soon) DWI rearrests occur between DWI court participants and the comparison group.

1d. Does participation in DWI court reduce the number of traffic crashes for those individuals compared to traditional court processing?

Due to the low incidence of traffic crashes for both the DWI court and comparison groups, statistical conclusions about the number of crashes could not be drawn. The unadjusted mean number of crashes for both groups are reported for groups, up to 2 years after program start date.

1e. Does participation in DWI court lead to a lower crash rate (the number of participants who are involved in crashes) compared to traditional court?

Similarly, due to the low incidence of traffic crashes, statistical comparisons about the percentage of individual in crashes between the DWI court and comparison group could not be made. The percent of individuals involved in traffic crashes is presented for each year up to 2 years following program start date.

RESEARCH QUESTION #2: WHAT IS THE IMPACT OF DWI COURT ON OTHER OUTCOMES OF INTEREST?

2a. Does participation in DWI court lead to increased rate of license reinstatement (the percent of people whose license is reinstated) compared to traditional court?

Crosstabs were run to examine differences in license reinstatement rate (the number/percentage of individuals who regained their licenses at least once during the specified time period) between DWI court and the comparison group for each year up to 2 years following program start date.

Chi-square analyses were used to identify any significant differences in license reinstatement rates between DWI court and comparison group participants.

A logistic regression was used to determine if differences between DWI court participants and the comparison group were significant over and above any differences due to gender, age, race, and criminal history (number of arrests in the 2 years prior to DWI court program entry date and number of DWI offenses in the 10 years prior to the arrest selected as the eligible arrest for program entry).

2b. Does participation in DWI court lead to increased use of an interlock device (the percent of people whose were required to use interlock) compared to traditional court?

The percentage of individuals who were required to use an interlock device within 1 year after their program start date was compared between the DWI participants and the comparison group. Due to limited data availability and very few records of interlock use, statistical comparisons could not be drawn. Interlock data were only available from late 2011 forward; therefore, analysis comparisons were limited to 1-year outcomes due to the low number of people on interlock in conjunction with the limited number of program and comparison group people with 2 years of outcomes.

RESEARCH QUESTION #3: HOW SUCCESSFUL IS THE PROGRAM IN BRINGING PROGRAM PARTICIPANTS TO COMPLETION AND GRADUATION WITHIN THE EXPECTED TIME FRAME?

Whether a program is bringing its participants to completion in the intended time frame is measured by program graduation (successful completion) rates, and by the amount of time participants spent in the program. The program graduation rate is the percentage of participants who graduated from the program out of the total group of participants who started during a specified time period and who have all left the program either by graduating or being unsuccessfully discharged (that is, none of the group is still active and all have had an equal chance to graduate). The DWI court graduation rate is included for all participants, by entry year, from July 2007 to November 2011. The average graduation rate (for participants entering between 2007 and 2011, to allow for enough time to complete the program) is compared to the national average for DWI court graduation rates, and the differences are discussed qualitatively.

To measure whether the program is graduating participants in its expected time frame, the average amount of time in the program was calculated for participants who had enrolled in the DWI court program between July 2007 and November 2011, by DWI court entry year, and have been successfully discharged from the program. The average length of stay for graduates and for all participants was compared to the intended time to program completion, and the differences are discussed qualitatively.

RESEARCH QUESTIONS #4: WHAT PARTICIPANT CHARACTERISTICS PREDICT PROGRAM SUCCESS AND DECREASED RECIDIVISM?

Graduates and unsuccessfully discharged participants were compared on the basis of demographic characteristics and number of arrests during the 2 years prior to DWI court entry to determine whether any significant patterns predicting program graduation or recidivism could be found. In order to best determine which demographic characteristics were related to successful DWI court completion, chi-square and independent samples *t* tests were performed to identify which factors were significantly associated with program completion (graduation). A logistic regression was

used including all variables in the model to determine if any factors were significantly related to graduation status above and beyond the other factors.

Participant characteristics and arrest history were also examined in relation to whether an individual was rearrested following DWI court entry. Chi-square and independent samples *t* tests were performed to identify which factors were significantly associated with recidivism. A logistic regression was used including all variables in the model to determine if any factors were significantly related to recidivism above and beyond the other factors.

Outcome Evaluation Results

Tables 2-4 provide the demographics for the study sample of DWI court participants (all participants who entered from 2007 to 2011) and the comparison group. Propensity score matching included the characteristics with bolded text, and showed no imbalances. Additional independent samples *t* tests and chi-square analyses confirmed no significant differences between groups on the bolded characteristics. Other characteristics, not used in matching due to lack of availability of consistent data in the comparison group, are provided as additional information.

Overall, Table 2 shows that about three-fourths of DWI court participants were male, just over half (57%) were White, and the average age at program entry was 34 years old with a range in age from 19 to 61 years old. None of these characteristics was statistically different in the comparison group.

Table 2. DWI Court Participant and Comparison Group Characteristics: Demographics

	BCDWI Participants N = 54	Comparison Group N = 69
Gender		
Male	74%	86%
Female	26%	14%
Race/Ethnicity ^a		
White	57%	57%
American Indian/Alaska Native	41%	46%
Hispanic	2%	2%
Age at Entry Date		
Average age	34 years	35 years
Range	19 – 61	21 – 58

^a Percents will not add to 100% because race/ethnicity categories are not mutually exclusive (i.e., some people have more than one designation).

In terms of prior criminal history, the DWI court participants and comparison group were very similar (Table 3). One-third of the DWI court group entered into the program based on a first degree (felony) DWI arrest, which was slightly higher than the comparison group, but this difference was not statistically significant. All other criminal history characteristics were well matched.

**Table 3. DWI Court Participant and Comparison Group Characteristics:
Criminal History**

	BCDWI Participants N = 54	Comparison Group N = 69
Prior Arrests		
Percent with felony DWI as index arrest (the arrest that led to participation in DWI court)	33%	25%
Percent with gross misdemeanor DWI as index arrest	57%	58%
Average number of DWI arrests 10 years prior to index arrest	2.19	1.94
Average number of arrests 2 years prior to program entry	2.15	2.09
Average number of DWI arrests 2 years prior to program entry	1.31	1.26
Average number of person arrests 2 years prior to program entry	0.09	0.09
Average number of property arrests 2 years prior to program entry	0.09	0.14
Average number of drug arrests 2 years prior to program entry	0.02	0.04
Average number of other arrests 2 years prior to program entry	0.91	0.83
Average number of misdemeanor arrests 2 years prior to program entry	0.89	0.88
Average number of gross misdemeanor arrests 2 years prior to program entry	1.19	1.10
Average number of felony arrests 2 years prior to program entry	0.35	0.30

Table 4 displays additional characteristics of the DWI court program participants that were not available for the comparison group. Half (50%) of DWI court participants had some college or were college graduates, and just over half (56%) were employed either full or part time. Roughly one in 10 participants had a mental health diagnosis, and seven of the 54 participants were assessed as substance abusers at program entry. Program participants were asked about all substances used in the last year before program entry; all of them reported alcohol consumption, followed next by marijuana use (30%), methamphetamines (4%), and crack or cocaine (2%).

Table 4. DWI Court Participant Characteristics: Other

	BCDWI Participants N = 54
Education	
Less than high school	15%
High school/GED	35%
Some college, technical school, or college graduate	50%
Employment at Program Entry	
Unemployed	44%
Employed full or part time	56%
Mental Health Diagnosis	
Yes	8%
No	92%
Reported Addiction Severity at Program Entry	
Abusing	13%
Dependent	87%
Risk Assessment Level	
Low Risk	30%
Moderate/Medium Risk	28%
High Risk	42%
Substances Used in Last Year^a	
Alcohol	100%
Marijuana	30%
Methamphetamines	4%
Crack or cocaine	2%

Note. The *n* for each category may be smaller than the total group *N* due to missing data.

^a Numbers based on data from Chemical Health Assessment performed at DWI court entry. Numbers do not add up to 100% as participants could report more than one type of substance.

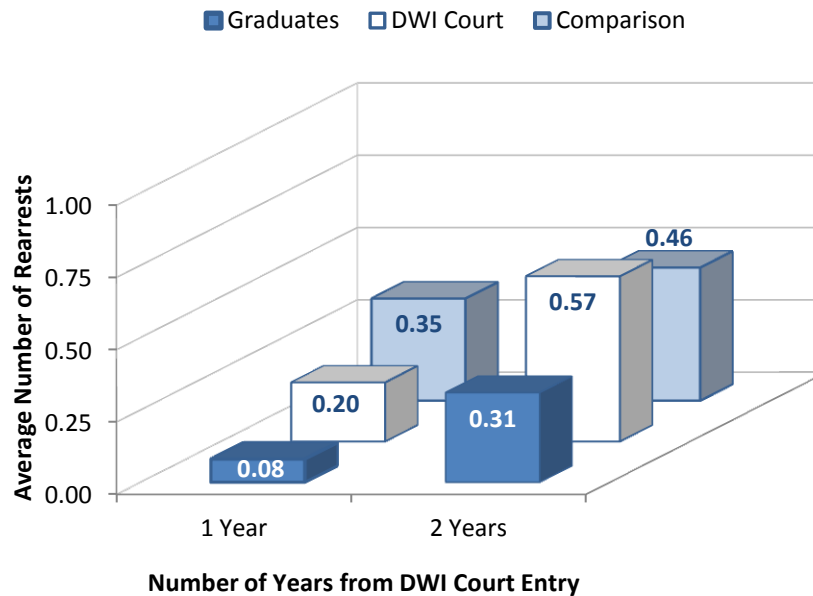
RESEARCH QUESTION #1: WHAT IS THE IMPACT OF DWI COURT ON RECIDIVISM?

1a. Does participation in DWI court reduce the average number of all rearrests and DWI rearrests for those individuals compared with traditional court processing?

RESULTS ARE MIXED. *In the first year after program entry (while most participants are still enrolled), the average number of DWI court participant rearrests is lower than the comparison group (not significant). However, in Year 2, DWI court participants have a significantly higher number of rearrests than the comparison group. The same trend was true of DWI rearrests, although the differences across years were not statistically significant.*

Figure 1 illustrates the average number of cumulative rearrests for each year up to 2 years after program entry for BCDWI graduates, all BCDWI participants, and the comparison group. DWI court participants had a lower number of rearrests than the comparison group in the first year after program entry, but had slightly higher numbers of rearrests in the second year after program entry ($p < .05$). We also examined the average number of DWI court graduate rearrests, which were lower than found in the comparison group, but cannot be statistically compared.¹⁸ The reported average number of rearrests for all participants and the comparison group were adjusted for age, race, gender, and prior arrests.¹⁹

Figure 1. Average Number of Rearrests over 2 Years²⁰



In the process of controlling for differences between the BCDWI program and comparison groups based on age, race, gender, and criminal history, we learned that gender was a significant predictor in the model, and therefore we assessed rearrests for differences based on gender. Figure 2 shows the average number of rearrests for men and women at 2 years after program entry. As seen in the graph, the BCDWI program appears to have had differential impacts on men and

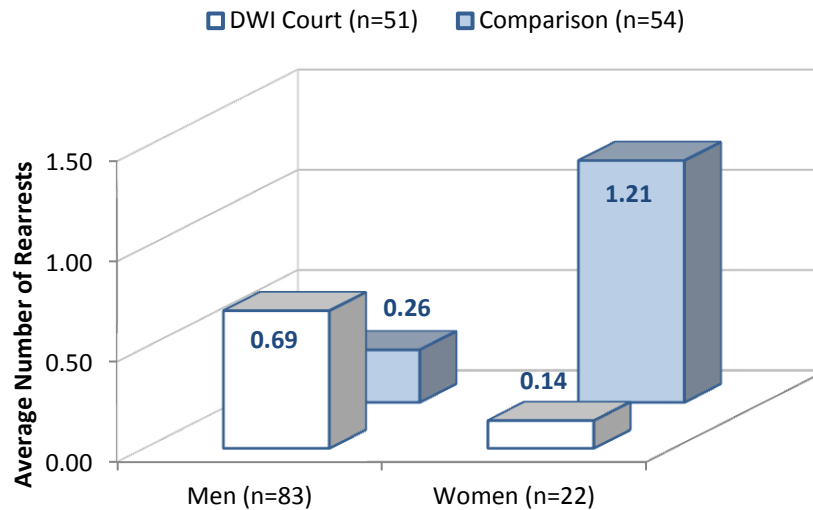
¹⁸ The unadjusted means are provided for graduates in the figure; they are not directly comparable to the adjusted means of the comparison group, but are provided to add context for differences in outcomes between all DWI participants and graduates.

¹⁹ Adjusted means were not significantly different from unadjusted means.

²⁰ Sample sizes by group and time period (1 Year, 2 Years): Graduates $n = 40, 39$; All DWI Court Participants $n = 54, 51$; Comparison Group $n = 65; 54$.

women in the program. Men had a higher number of rearrests than comparison men (although not significant), while women had a significantly lower number of rearrests than comparison women ($p < .05$). Interpretation should be drawn with caution, as the number of women in the analysis was very small (14 women in the program group and eight in the comparison group); nonetheless, these findings merit further monitoring.

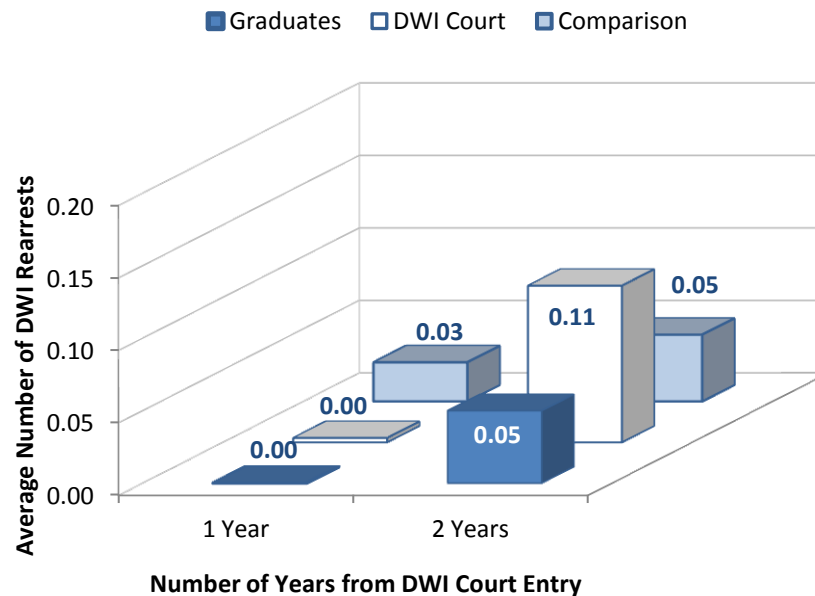
Figure 2. Average Number of Rearrests by Gender at 2 Years



To examine whether there were additional factors associated with gender that might account for these disparate outcomes, we examined whether there were gender differences in the program population based on demographics (e.g., age, race, employment, and educational background) risk and chemical health assessment scores, and prior criminal history. While there were no statistical differences by gender for any characteristic, men had a slightly higher number of arrests in the 2 years prior to entry (particularly misdemeanor, gross misdemeanor, and other arrests), but women had a higher number of felony arrests and DWI arrests in the 2 years prior to program entry. We know from the process evaluation site visit that DWI court participants were divided across two separate treatment providers, where men attended treatment at the Bemidji Area Program for Recovery and women attended Lakes Regional Chemical Dependency. We recommend that the BCDWI continue to monitor participant treatment progress at both locations and reevaluate the continuum of services offered to participants, as there could be factors in addition to treatment offerings accounting for these outcome differences.

Coupled with examining the average number of total rearrests, we also compared the average number of *DWI* rearrests. Figure 3 illustrates the average number of rearrests *with DWI charges* for each year up to 2 years after program entry for BCDWI graduates, all BCDWI participants, and the comparison group. The average number of DWI rearrests for all participants and the comparison group was adjusted for age, race, gender, and prior arrests.²¹ Similar to total arrests, DWI court participants had a lower number of DWI rearrests in the first year after program entry and a higher number of DWI rearrests than the comparison group in the second year after program entry (although these differences were not significant). The average number of program graduate DWI rearrests is similar to the comparison group, but cannot be statistically compared for reasons stated earlier. It should be noted that the overall number of DWI rearrests was very small for both groups; out of a combined total of 119 individuals in the participant and comparison sample, there were a total of five DWI rearrests in the DWI court group and three rearrests in the comparison group over 2 years.

Figure 3. Average Number of DWI Rearrests over 2 Years²²



²¹ Adjusted means were not significantly different from unadjusted means.

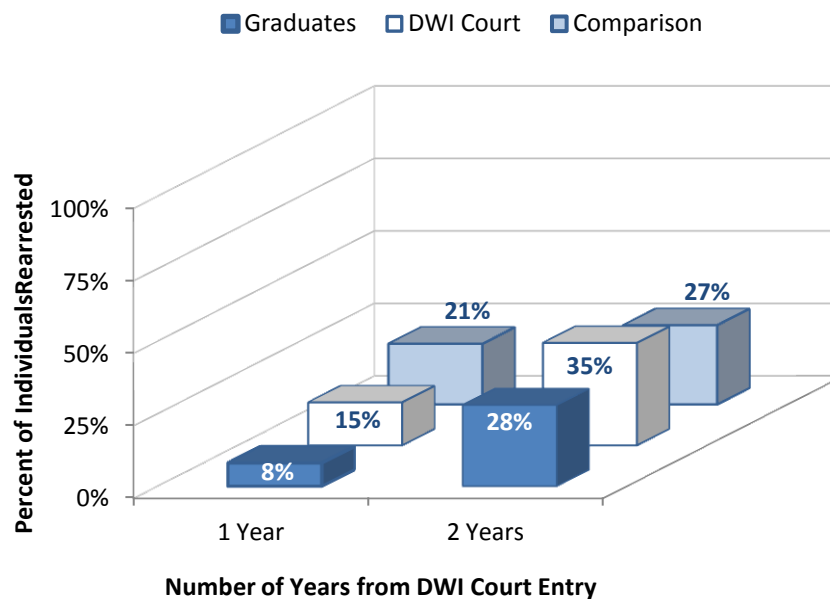
²² Sample sizes by group and time period (1 Year, 2 Years): Graduates $n = 40, 39$; All DWI Court Participants $n = 54, 51$; Comparison Group $n = 65; 54$.

1b. Does participation in DWI court lead to a lower overall recidivism rate (the percent of participants who were rearrested) compared with traditional court?

RESULTS ARE MIXED. *In the first year after program entry, fewer DWI court participants were rearrested than the comparison group (not significant). By the second year, a larger percent of DWI court participants had been rearrested than the comparison group ($p < .05$). The same trend was true of DWI rearrests, although the differences across years were not statistically significant.*

In addition to looking at average number of rearrests, it is also useful to look at what percent of individuals from each group was rearrested over time. Figure 4 illustrates the percent of DWI court graduates, all DWI court participants, and comparison group members who were rearrested over a 2-year period for any charge following program entry. The percent of DWI court participants rearrested was lower than the comparison group in the first year, while most participants were still enrolled in the program (not significant). By the second year—as participants were moving in to the final phase of the program and getting ready for graduation—a significantly larger proportion of BCDWI participants was rearrested ($p < .05$).

Figure 4. Percent of Individuals Rearrested over 2 Years²³

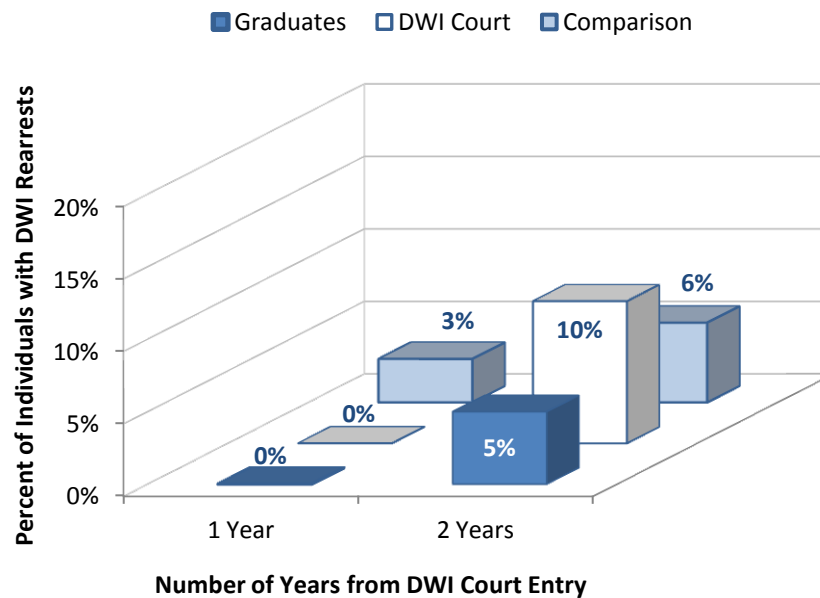


We also examined differences in the percent of DWI court participants rearrested by gender and found the same trend explained earlier, that significantly fewer women in the DWI court group are being rearrested, and that men in the DWI court group are being rearrested significantly more often than the comparison group ($p < .05$, results not depicted).

²³ Sample sizes by group and time period (1 Year, 2 Years): Graduates $n = 40, 39$; All DWI Court Participants $n = 54, 51$; Comparison Group $n = 65; 54$.

A key indicator of DWI court outcomes is the percent of individuals rearrested for a DWI offense. Figure 5 shows the percent of DWI court graduates, all DWI court participants, and the comparison group who were rearrested with a DWI charge. The percent of DWI court participants who were rearrested with DWI charges was lower than the comparison group in the first year after program entry, and higher than the comparison group in the second year after program entry. Again, the total number of DWI rearrests was very small for both groups, and we should be encouraged that none of the BCDWI participants was rearrested for a DWI charge during the first year after program entry, and only one in 10 participants was rearrested for a DWI charge 2 years after program entry.

Figure 5. Percent of Individuals Rearrested with a DWI Charge over 2 years²⁴



To present a more descriptive picture of the criminality of the groups, arrests are also presented as person (e.g., assault), property (e.g., theft), or other arrest charges (e.g., traffic violations) 2 years from program entry in Figure 6.²⁵ Logistic regressions were run to control for age, race, gender, and prior arrests. DWI court participants had similar rearrest rates by arrest type, except for “other” arrests, where a higher percent of DWI court participants were rearrested than the comparison group (not significant). “Other” arrests, accounting for the greatest portion of offenses, include a wide variety of offenses such as driving under a suspended or canceled license, speeding, public disorder, restraining order violations, and disturbing the peace, some of which may be directly or indirectly linked to alcohol use and may be more typical of DWI offenders than the other categories.

²⁴ Sample sizes by group and time period (1 Year, 2 Years): Graduates $n = 40, 39$; All DWI Court Participants $n = 54, 51$; Comparison Group $n = 65; 54$.

²⁵ Drug crimes (e.g., possession) are not shown in the graph, as there were a total of 0 rearrests for both groups 2 years after program entry. When an individual received more than one charge per arrest, a single arrest could be coded as both a person and drug crime. Therefore, the percents in Figures 7-8 do not add up to the percent of total arrests reflected in Figure 4.

Figure 6. Percent of Individuals Rearrested by Arrest Charge at 2 Years²⁶

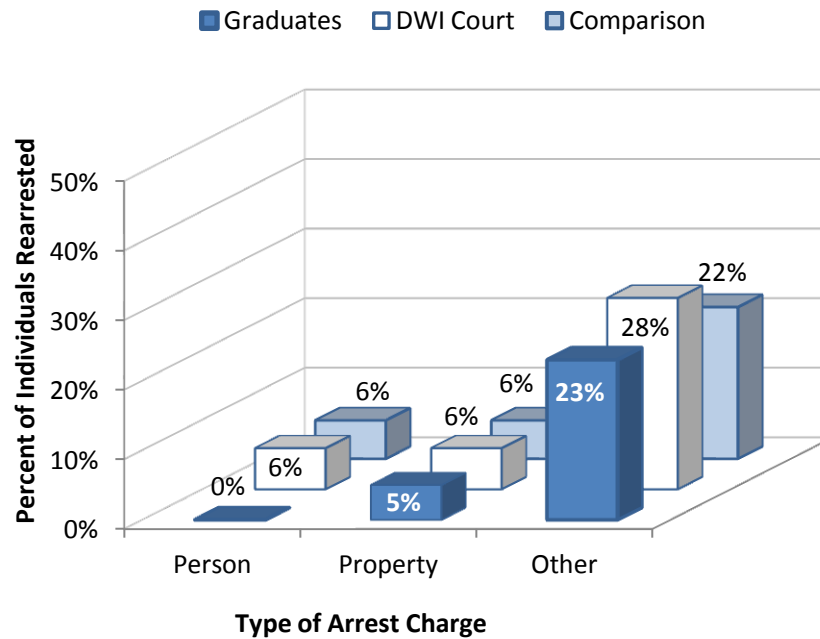
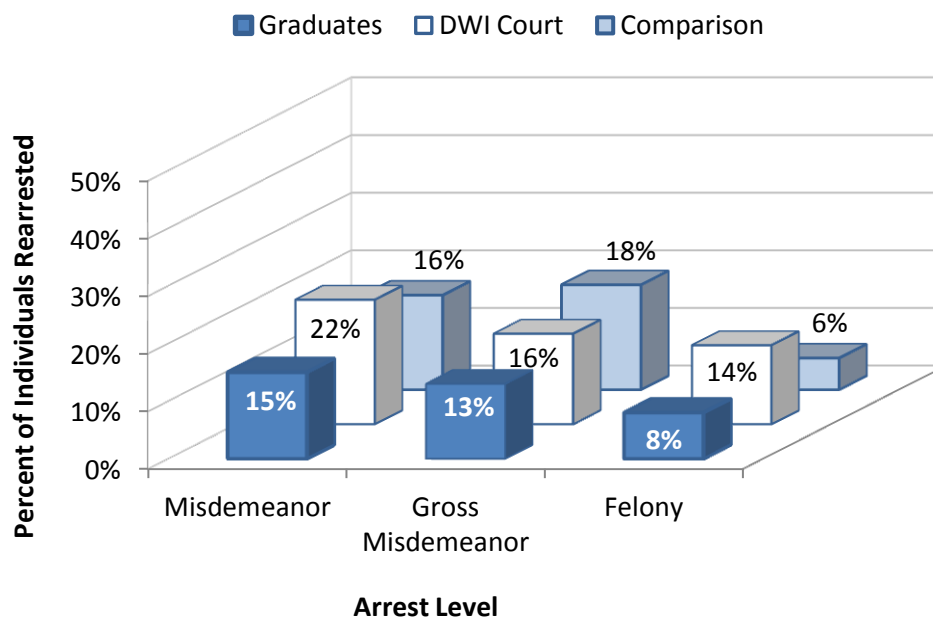


Figure 7 displays the arrest charge level (misdemeanor, gross misdemeanor, or felony). There is no statistical difference between the DWI court participants and the comparison group 2 years after program entry; however, a larger percent of DWI court participants was rearrested for both misdemeanor and felony charges than the comparison group.

Figure 7. Percent of Individuals Rearrested by Arrest Level at 2 Years²⁷



²⁶ Sample sizes by group: Graduates $n = 39$; All DWI Court Participants $n = 51$; Comparison Group $n = 54$.

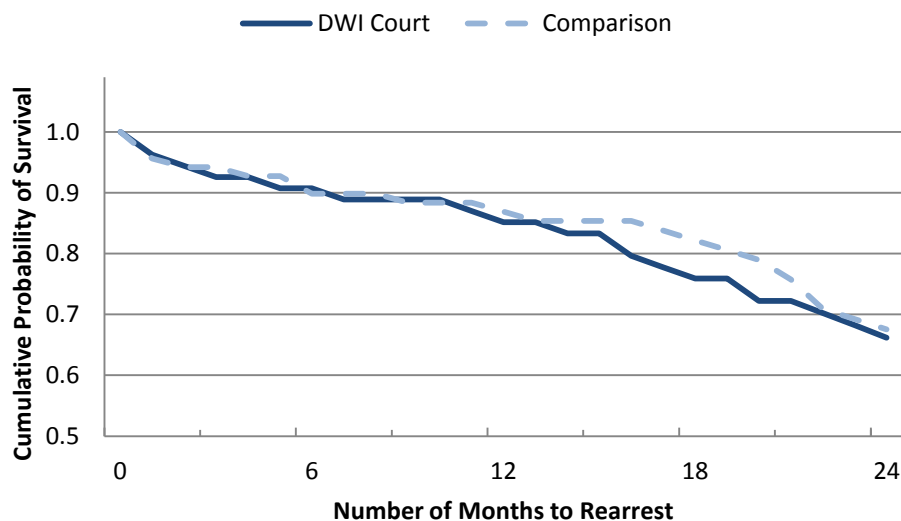
²⁷ Sample sizes by group: Graduates $n = 39$; All DWI Court Participants $n = 51$; Comparison Group $n = 54$.

1c. Are non-DWI court offenders (DWI offenders who go through the traditional court process) more likely to get a new DWI charge sooner than DWI court participants?

NO. *The DWI court participants were rearrested within a similar time period as the comparison group (no significant differences). We were unable to conduct a survival analysis to the first DWI rearrest due to the low number of DWI rearrests (a total of eight arrests over 2 years). Instead we examined the survival rate for any offense. Comparison individuals were not rearrested sooner than the DWI court participants.*

A survival analysis of participants with up to 2 years (presented in months) of outcome data was conducted. Results in Figure 8 show that the time to rearrest for DWI court participants and comparison group members occurred at similar rates. The solid blue line represents the DWI court group and the dashed line represents the comparison group. As the line drops, this indicates the occurrence of rearrests over time. A steeper drop in the line indicates a greater number of rearrests occurring sooner. As displayed in the graph, the DWI court group's line overlaps the comparison group's line for the first year after program entry (indicating no difference in the rates of rearrest). Consistent with the findings earlier in the report, in the second year, the period between 12 and 24 months, the comparison group's line rises slightly above the DWI court group's line, indicating fewer rearrests for the comparison group, but the time to rearrest was not significantly different. The average time to first rearrest for program participants was 20.3 months, and for the comparison group, 20.7 months (not significantly different). At the end of the 2-year period, 35% of DWI court participants and 27% of comparison group members had been rearrested ($p < .05$).

Figure 8. Probability of Remaining Un-Arrested over Time (Survival Function)



1d. Does participation in DWI court reduce the number of traffic-related crashes for those individuals compared to traditional court processing?

NOT ENOUGH DATA TO DETERMINE. *The average number of crashes was similar among DWI court participants and the comparison group. However, the number of crashes was so small (one crash over a 2-year period) that a valid analysis cannot be performed.*

In the first year after program entry, there was one crash in the comparison group, while DWI court participants were not involved in any crashes; there were no additional crashes in the second year after program entry.²⁸ Due to the low prevalence of crashes we could not conduct statistical tests for crashes, crashes involving drugs or alcohol, or crashes with injuries.

1e. Does participation in DWI court lead to a lower crash rate (the number of participants who are involved in crashes) compared with traditional court?

NOT ENOUGH DATA TO DETERMINE. *A lower percent of DWI court participants were involved in crashes than the comparison group. However, the number of crashes was so small (one crash in the comparison group over the 2-year period) that a valid analysis cannot be performed.*

Since none of the study participants was involved in more than one crash, the crash rate results are identical to average number of crashes. In the first year after program entry, one (2%) comparison group member was involved in a crash, while zero DWI court participants were involved in crashes; there were no additional crashes in the second year after program entry.²⁹ Due to the low prevalence of crashes we could not conduct statistical tests for crashes, crashes involving drugs or alcohol, or crashes with injuries. Given the perceived public safety danger of repeat DWI offenders, the low number of crashes is a positive finding.

²⁸ Sample sizes by group (1 Year, 2 Years): Graduates $n = 40, 39$; All DWI Court Participants $n = 54, 51$; Comparison Group $n = 65, 54$.

²⁹ Sample sizes by group (1 Year, 2 Years): Graduates $n = 40, 39$; All DWI Court Participants $n = 54, 51$; Comparison Group $n = 65, 54$.

RESEARCH QUESTION #2: WHAT IS THE IMPACT OF DWI COURT ON OTHER OUTCOMES OF INTEREST?

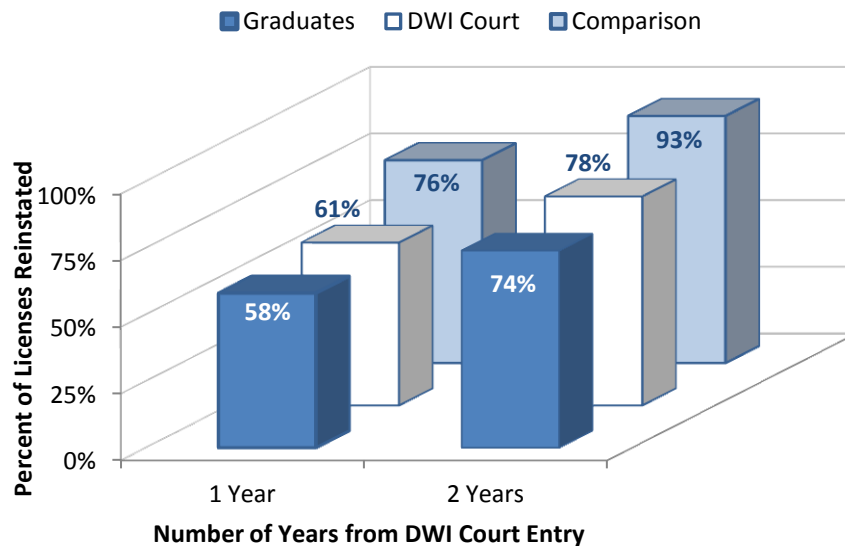
2a. Does participation in DWI court lead to increased rate of license reinstatement (the percent of people whose license is reinstated) compared to traditional court?

NO. DWI court participants were not more likely than the comparison group to have their licenses reinstated over the 2-year period.

Figure 9 illustrates that persons in the DWI court group had a lower rate of driver's license reinstatement than the comparison group in the first 2 years after program entry (not significant after controlling for age, race, gender, and prior criminal history).

Well over half of repeat DWI offenders received a license reinstatement in the year following program entry, and at least three in four had received a license reinstatement after 2 years. These results should be interpreted with caution, as there is one notable data limitation: a license reinstatement appears to be a temporary outcome for some individuals. For example, at the 2-year mark, for those who had a license reinstatement, DWI court participants had an average of 2.4 license reinstatements and comparison group members had an average of 1.8 license reinstatements. Licenses are reinstated on a temporary basis and renewed periodically for some DWI offenders.

Figure 9. Percent of Licenses Reinstated over 2 Years³⁰



³⁰ Sample sizes by group and time period (1 Year, 2 Years): Graduates $n = 40, 39$; All DWI Court Participants $n = 54, 51$; Comparison Group $n = 65; 54$.

2b. Does participation in DWI court lead to increased use of an interlock device (the percent of people whose were required to use interlock) compared to traditional court?

NO. *None of the DWI court participants had an ignition interlock device installed in the first year after program entry, whereas 14% of the comparison group did use ignition interlock at some point in the first year.*³¹

Due to the fact that none of the BCDWI participants used ignition interlock during the period for which we have data available, a statistical analysis could not be conducted. During the site visit, team members expressed frustration with the ignition interlock application process, indicating that they encountered repeated problems enrolling participants, and the lack of ignition interlock records for program participants reflect this dissatisfaction. We recommend that further analyses be conducted when more ignition interlock data are available.

RESEARCH QUESTION #3: HOW SUCCESSFUL IS THE PROGRAM IN BRINGING PROGRAM PARTICIPANTS TO COMPLETION AND GRADUATION WITHIN THE EXPECTED TIME FRAME?

Is this program successful in bringing program participants to completion and graduation within the expected time frame?

YES. *The average graduation rate for BCDWI is 77%, which is higher than the national average of 57%.*

Whether a program is bringing its participants to successful completion and doing so in the intended time frame is measured by program graduation (completion) rate, and by the amount of time participants spend in the program. Program *graduation rate* is the percentage of participants who graduated from the program, out of a cohort of participants who started during a similar time frame and who have left the program either by graduating or by being unsuccessfully discharged. Active participants ($n=2$) were excluded from the calculation. Graduation rate was calculated for each entry year from 2007 to 2011. The program's graduation rate for all participants entering between July 2007 and November 2011 is 77% (not shown). Table 5 shows status outcomes by entry cohort year. The graduation rate for each cohort is substantially higher than the national average graduation rate of 57% (Huddleston & Marlowe, 2011).

Table 5. BCDWI Completion Status by Entry Year

Program Entry Year	2007 <i>n</i> = 7	2008 <i>n</i> = 14	2009 <i>n</i> = 15	2010 <i>n</i> = 11	2011 <i>n</i> = 7
Graduates	71%	86%	67%	82%	57%
Non-Graduates	29%	14%	33%	18%	14%
Actives	0%	0%	0%	0%	29%

The BCDWI is doing very well in graduating participants compared to the national average, and the program should continue those practices that are contributing to participant success. In order to graduate, participants must comply with the program practices and requirements. To successfully increase or maintain high graduation rates, DWI court teams must consider the challenges

³¹ Ignition interlock data were only available starting in 2011, resulting in incomplete data for more than two-thirds of the sample. The sample sizes for comparison and program groups in the second year after program entry were too small for analysis.

participants face in meeting program requirements, continually review program operations and adjust as necessary. This can include practices such as finding transportation for participants who have none (e.g., rewarding participants with cars for picking up those without transportation and bringing them to treatment and court sessions, or providing bus passes) or assisting participants with child care while they participate in program requirements.

The analysis for Research Question #4 will examine more closely the difference between graduates and non-graduates to determine if there are any clear trends for non-graduates that will point to a need for different types of services.

To measure whether the program is following its expected time frame for participant completion, the average amount of time in the program was calculated for participants who had enrolled in the BCDWI program and have graduated from the program. The minimal requirements of the BCDWI would theoretically allow for graduation at approximately 18 months from the time of entry to graduation. The average length of stay in DWI court for all participants, both graduates and non-graduates) was 534 days (about 18 months). Graduates spent an average of 590 days in the program, nearly 20 months, ranging from 17 months to 2.3 years in the program. Approximately 25% graduated within 18 months, and 50% graduated within about 19 months of program entry. Participants who did not graduate spent an average of 12 months in the program. These numbers demonstrate that overall, the program is graduating participants within a reasonable period of its intended time frame.

RESEARCH QUESTION #4: WHAT PARTICIPANT AND PROGRAM CHARACTERISTICS PREDICT SUCCESSFUL DWI COURT OUTCOMES?

Are there participant characteristics that predict program success?

YES. *Graduates of the DWI court program were more likely have fewer arrests in the 2 years prior to program entry, be employed upon program entry, have completed all treatment requirements, and participate in the program longer. Due to the small number of non-graduates, there were no characteristics that were significant above and beyond all other factors.*

Graduates and non-graduates were compared on demographic characteristics and criminal history to determine whether there were any patterns in predicting program graduation. The following analyses included participants who entered the program from July 2007 through November 2011. Of the 52 people who entered the program during that time period, 12 (23%) were unsuccessfully discharged from the program and 40 (77%) graduated. Due to the low number of non-graduates, these analyses may not be valid, and the results should be interpreted with caution.

Analyses were performed to determine if there were any demographic or criminal history characteristics of participants that were related to successful DWI court completion, including gender, race/ethnicity, age, criminal history, education, employment, length of time in the program, mental health status, and substance use history. Tables 6-9 show the results for graduates and unsuccessfully discharged participants from chi-square and *t* test analyses. Characteristics that differ significantly between graduates and unsuccessfully discharged participants are formatted in bold text in the tables below ($p < .05$). Additional analyses were performed to determine if any characteristics were significant, holding all other factors constant; however, none was significant.

As presented in Table 6, male and female participants had similar rates of graduation, and graduates did not differ significantly on race or age from unsuccessfully discharged participants. Although not significant, it does appear as if fewer Native American participants are graduating from the program, with respect to their total population in the program. We recommend that the program continue to track participant race and periodically review the graduation rates by race to determine if the trend persists.

**Table 6. DWI Court Graduate and Non-Graduate Characteristics:
Demographics**

	Graduates <i>n</i> = 40	Non-Graduates <i>n</i> = 12
Gender		
Male	72%	75%
Female	28%	25%
Race/Ethnicity^a		
White	63%	50%
American Indian/Alaska Native	35%	50%
Hispanic	3%	0%
Age at Entry Date		
Average age	35 years	30 years
Range	19 – 61	19 – 46

^a Percents will not add to 100% because race/ethnicity categories are not mutually exclusive (i.e., some people have more than one designation).

Table 7 displays the criminal history of graduates and unsuccessfully discharged participants prior to entering the program. Graduates were more likely than non-graduates to have lower number of prior arrests in the 2 years prior to program entry. Although graduates had lower levels of arrests with gross misdemeanor, person, drug, and other charges, none of these charges or other criminal history characteristics were significantly different.

**Table 7. DWI Court Graduate and Non-Graduate Characteristics:
Criminal History**

	Graduates <i>n</i> = 40	Non-Graduates <i>n</i> = 12
Prior Arrests		
Percent with felony DWI as index arrest	35%	17%
Percent with gross misdemeanor DWI as index arrest	55%	75%
Average number of DWI arrests 10 years prior to index arrest	2.15	2.17
Average number of arrests 2 years prior to program entry	1.95	3.00
Average number of DWI arrests 2 years prior to program entry	1.28	1.50
Average number of person arrests 2 years prior to program entry	0.08	0.17
Average number of property arrests 2 years prior to program entry	0.10	0.08
Average number of drug arrests 2 years prior to program entry	0.00	0.08
Average number of other arrests 2 years prior to program entry	0.75	1.58
Average number of misdemeanor arrests 2 years prior to program entry	0.75	1.50
Average number of gross misdemeanor arrests 2 years prior to program entry	1.15	1.50
Average number of felony arrests 2 years prior to program entry	0.35	0.25

Table 8 illustrates that DWI court graduates were significantly more likely to be employed either full or part time upon program entry, attended more DWI court hearings, and were more likely to stay in the program longer. There were no differences between graduates and unsuccessfully discharged participants in terms of education or the average number of days from index arrest to program entry.

Table 8. DWI Court Graduate and Non-Graduate Characteristics: Other

	Graduates <i>n</i> = 40	Non-Graduates <i>n</i> = 12
Education		
Less than high school	10%	17%
High school/GED	40%	25%
Some college, technical school, or college graduate	50%	58%
Employment at Program Entry		
Unemployed	33%	70%
Employed full or part time	67%	30%
Arrest to Program Entry		
Average number of days from index arrest to DWI court program entry	135 days	89 days
DWI Court Hearings		
Average number of DWI court hearings	32	23
Program Length of Stay		
Average number of days in program	590 days	348 days

Note. The *n* for each category may be smaller than the total group *n* due to missing data.

As depicted in Table 9 DWI court graduates were significantly more likely to complete all of the treatment requirements of the program,³² compared with unsuccessfully discharged participants. There were no other characteristics that differed significantly between graduates and non-graduates.

Table 9. DWI Court Graduate and Non-Graduate Characteristics: Risk and Needs Assessments and Treatment

	Graduates n = 40	Non-Graduates n = 12
Mental Health Diagnosis		
Yes	8%	8%
No	92%	92%
Substances Used in Last Year^a		
Alcohol	100%	100%
Marijuana	35%	42%
Methamphetamines	5%	0%
Crack or cocaine	3%	0%
Reported Addiction Severity at Program Entry		
Abusing	13%	17%
Dependent	87%	83%
Risk Assessment Level		
Low Risk	35%	17%
Medium/Moderate Risk	30%	25%
High Risk	35%	58%
Completed Treatment Requirements		
Yes	100%	67%
No	0%	33%

Note. The *n* for each category may be smaller than the total group *n* due to missing data.

^a Numbers based on data from Chemical Health Assessment performed at DWI court entry. Numbers do not add up to 100% as participants could report more than one type of substance.

After reviewing the characteristics listed in Tables 6 - 9, all background and criminal history characteristics were entered into a logistic regression (with the exception of program length of stay and number of DWI court hearings attended) to determine which characteristics were most

³² Treatment requirements are just one part of the overall program requirements, so it is possible to complete treatment and not graduate from the program. However, participants must complete treatment as well as all other requirements in order to graduate.

strongly tied to graduation, above all other factors. Due to the relatively low number of non-graduates (12 people) and challenges with missing data, there were no significant differences detected between graduates and non-graduates. We recommend that further analyses on program status be performed at a later time when more participants have gone through the program.

Characteristics Related to Recidivism

Another indicator of program success is whether or not participants are being rearrested. All program participants were reviewed to determine whether any factors or characteristics were related to being rearrested within 2 years after program entry. The only characteristic that differed significantly between graduates and non-graduates was marijuana use in the year prior to program entry ($p < .05$); however, this difference was not significant when controlling for all other characteristics.

Summary of Outcome Results

The results of the outcome analysis for the BCDWI are mixed. Generally, BCDWI participants appear to be doing well in the first year after program entry, as participants have fewer rearrests during this time than the comparison group. However, in the second year after program entry, as many participants are exiting the program, the number of participant rearrests increases, where the average number of cumulative rearrests (as well as the percent of BCDWI participants rearrested) was significantly higher than the comparison group ($p < .05$ in both tests). The BCDWI may want to examine the program requirements in the final phase, and ensure that the focus is on relapse prevention and/or other services to help prevent recidivism (e.g., Criminal Thinking, employment, education, etc.). It is possible that there is something about the transition of the program (either to the final phase or when participants leave the program) that is not meeting the participants' needs.

In examining the recidivism results in more detail, we found that women in the BCDWI program were rearrested significantly less often than women in the comparison group ($p < .05$), and that men in the BCDWI program were rearrested more often (although this was not significant). It may be that the men in the program need some gender-specific services, or that there are some services the women are receiving consistently that the men are not.

Due to lack of data availability and low incidence (for outcomes such as crashes, license reinstatements, and interlock use), limited conclusions can be made for these other outcomes of interest. Fewer BCDWI participants received a license reinstatement than the comparison group, and none participated in the ignition interlock program (based on the partial data available). With only one crash over a 2-year period for the participant and comparison group combined (one crash in the comparison group), a proper analysis could not be conducted.

There are several possibilities to consider for lack of significantly improved outcomes for BCDWI participants. Since there appears to be a dramatic shift in recidivism in the second year after program entry, we recommend that the BCDWI look at the policies and practices that change during this time. For the typical DWI court participant, this is the time when treatment has concluded, supervision is relaxed, and court sessions are less frequent. It is possible that participants are struggling with something during this transition.

Upon further exploration of participant characteristics, we found that women in the BCDWI had significantly lower recidivism outcomes than women in the comparison group, whereas men in the program had more rearrests than men in the comparison group. We could find no other differences between men and women (e.g., risk scores) that explained these differences in recidi-

vism. At the time of the process evaluation site visit, men and women in the program were divided by gender among two different treatment providers. Without other data available to explain these gender differences, we recommend that the BCDWI treatment providers continue to work toward expanding the current repertoire of treatment services to provide participants with a wider breadth of services, perhaps gender-specific services for men and more individualized planning, particularly for men in the program.

During the site visit, team members noted that they had changed the target population of the program several times. At implementation, the court did not accept first degree (felony) DWI charges, but then amended that policy; the court is now open to first-time DWI offenders, if they have an aggravating factor in the case (e.g., high blood alcohol content, child in the car, etc.). Of the participants included in the outcomes analysis, roughly one-third (35%) entered into the program on a felony DWI charge, which may indicate that many participants are lower risk. Risk assessment scores from the program data indicated that two-thirds (65%) of the participants did not score as high risk. The research-based best practice standards (NADCP, 2013) state that the drug court model is best suited to high-risk/high-need participants, and lower risk participants may not do well with high intensity structure and supervision. Although the sample size in this program was too small to determine whether the higher risk participants are performing significantly better than the lower risk participants, the analyses in other Minnesota DWI court programs did find that these programs performed significantly better when working with higher risk participants, specifically with participants who had three or more arrests (for any charge) in the 2 years prior to DWI court entry. We recommend that the BCDWI focus on a high-risk target population.

An examination of the characteristics of graduates compared with non-graduates revealed that graduates were more likely to be employed at program entry, have fewer prior arrests, comply with all treatment requirements, and stay in the program longer. We recommend that the program explore options for employment services, as well as continue to look into other services that may support participants as they progress through the program, particularly as they transition from the program into less structured time upon exiting the program.

SECTION III: COST EVALUATION

Cost Evaluation Design and Methods

NPC conducted full cost-benefit analyses for seven of the DWI court programs that participated in this study to assess the extent to which the costs of implementing the program are offset by cost-savings due to positive outcomes. The BCDWI was one of the programs that received the cost-benefit analysis.

The main purposes of a cost analysis for this study were to determine the cost of the program and to determine if the costs due to criminal justice and other outcomes were lower due to DWI court participation. This is called a “cost-benefit” analysis. The term “cost-effectiveness” is often confused with the term “cost-benefit.” A cost-effectiveness analysis calculates the cost of a program and then examines whether the program led to its intended positive outcomes without actually putting a cost to those outcomes. For example, a cost-effectiveness analysis of DWI courts would determine the cost of the DWI court program and then look at whether the number of new DWI arrests were reduced by the amount the program intended (e.g., a 50% reduction in rearrests compared to those who did not participate in the program). A cost-benefit evaluation calculates the cost of the program and also the cost of the outcomes, resulting in a cost-benefit ratio. For example, the cost of the program is compared to the cost-savings due to the reduction in rearrests. In some drug court programs, for every dollar spent on the program, over \$10 is saved due to positive outcomes.³³

The cost evaluation was designed to address the following study questions:

1. How much does each DWI court program cost? What is the average investment per agency in a DWI court participant case?
2. What are the 1- and 2-year cost impacts on the criminal justice system of sending offenders through DWI court compared to traditional court processing? What is the average cost of criminal justice recidivism per agency for DWI court participants compared to DWI offenders in the traditional court system?
3. What is the cost-benefit ratio for investment in the DWI court?
4. What is the cost of the “lag” time between arrest and DWI court entry?

COST EVALUATION DESIGN

Transaction and Institutional Cost Analysis

The cost approach utilized by NPC Research is called Transactional and Institutional Cost Analysis (TICA). The TICA approach views an individual’s interaction with publicly funded agencies as a set of transactions in which the individual utilizes resources contributed from multiple agencies. Transactions are those points within a system where resources are consumed and/or change hands. In the case of DWI courts, when a DWI court participant appears in court or has a drug test, resources such as judge time, defense attorney time, court facilities, and urine cups are used. Court appearances and drug tests are transactions. In addition, the TICA approach recognizes that these transactions take place within multiple organizations and institutions that work together to create the program of interest. These organizations and institutions contribute to the cost of

³³ See drug court cost-benefit studies at <http://www.npcresearch.com>

each transaction that occurs for program participants. TICA is an intuitively appropriate approach to conducting costs assessment in an environment such as a DWI court, which involves complex interactions among multiple taxpayer-funded organizations.

Cost to the Taxpayer

In order to maximize the study's benefit to policymakers, a "cost-to-taxpayer" approach was used for this evaluation. This focus helps define which cost data should be collected (costs and avoided costs involving public funds) and which cost data should be omitted from the analyses (e.g., costs to the individual participating in the program).

The central core of the cost-to-taxpayer approach in calculating benefits (avoided costs) for DWI court specifically is the fact that untreated substance abuse will cost various tax dollar-funded systems money that could be avoided or diminished if substance abuse were treated. In this approach, any cost that is the result of untreated substance abuse and that directly impacts a citizen (through tax-related expenditures) is used in calculating the benefits of substance abuse treatment.

Opportunity Resources

Finally, NPC's cost approach looks at publicly funded costs as "opportunity resources." The concept of opportunity cost from the economic literature suggests that system resources are available to be used in other contexts if they are not spent on a particular transaction. The term opportunity resource describes these resources that are now available for different use. For example, if substance abuse treatment reduces the number of times that a client is subsequently incarcerated, the local sheriff may see no change in his or her budget, but an opportunity resource will be available to the sheriff in the form of a jail bed that can now be filled by another person, who, perhaps, possesses a more serious criminal justice record than does the individual who has received treatment and successfully avoided subsequent incarceration. Therefore, any "cost savings" reported in this evaluation may not be in the form of actual monetary amounts, but may be available in the form of a resource (such as a jail bed, or a police officer's time) that is available for other uses.

COST EVALUATION METHODS

The cost evaluation involved calculating the costs of the program and the costs of outcomes (or impacts) after program entry (or the equivalent for the comparison group). In order to determine if there were any benefits (or avoided costs) due to DWI court program participation, it was necessary to determine what the participants' outcome costs would have been had they not participated in the DWI court. One of the best ways to do this is to compare the costs of outcomes for DWI court participants to the outcome costs for similar individuals who were eligible for the DWI court but did not participate. The comparison group in this cost evaluation was the same as that used in the preceding outcome evaluation.

TICA METHODOLOGY

The TICA methodology is based upon six distinct steps. Table 10 lists each of these steps and the tasks involved.

Table 10. The Six Steps of TICA

	Description	Tasks
Step 1:	Determine flow/process (i.e., how program participants move through the system).	Site visits/direct observations of program practice Interviews with key informants (agency and program staff) using a drug court typology and cost guide.
Step 2:	Identify the transactions that occur within this flow (i.e., where clients interact with the system).	Analysis of process information gained in Step 1
Step 3:	Identify the agencies involved in each transaction (e.g., court, treatment, police).	Analysis of process information gained in Step 1 Direct observation of program transactions
Step 4:	Determine the resources used by each agency for each transaction (e.g., amount of judge time per transaction, amount of attorney time per transaction, number of transactions).	Interviews with key program informants using program typology and cost guide Direct observation of program transactions Administrative data collection of number of transactions (e.g., number of court appearances, number of treatment sessions, number of drug tests)
Step 5:	Determine the cost of the resources used by each agency for each transaction.	Interviews with budget and finance officers Document review of agency budgets and other financial paperwork
Step 6:	Calculate cost results (e.g., cost per transaction, total cost of the program per participant).	Indirect support and overhead costs (as a percentage of direct costs) are added to the direct costs of each transaction to determine the cost per transaction. The transaction cost is multiplied by the average number of transactions to determine the total average cost per transaction type. These total average costs per transaction type are added to determine the program and outcome costs.

Step 1 (determining program process) was performed during site visits, through analysis of DWI court documents, and through interviews with key informants. Step 2 (identifying program transactions) and Step 3 (identifying the agencies involved with transactions) were performed through observation during site visits and by analyzing the information gathered in Step 1. Step 4 (determining the resources used) was performed through extensive interviewing of key informants, direct observation during site visits, and by collecting administrative data from the agencies involved in the DWI courts. Step 5 (determining the cost of the resources) was performed through interviews with DWI court and non-DWI court staff and with agency financial officers, as well as analysis of budgets found online or provided by agencies. Finally, Step 6 (calculating cost results)

involved calculating the cost of each transaction and multiplying this cost by the number of transactions. For example, to calculate the cost of drug testing, the unit cost per drug test is multiplied by the average number of drug tests performed per person. All the transactional costs for each individual were added to determine the overall cost per DWI court participant/comparison group individual. This was reported as an average cost per person for the DWI court program, and outcome/impact costs due to rearrests, jail time and other recidivism costs, as well as any other service usage. In addition, due to the nature of the TICA approach, it was also possible to calculate the cost of DWI court processing per agency, so that it was possible to determine which agencies contributed the most resources to the program and which agencies gained the most benefit.

COST DATA COLLECTION

Cost data that were collected for the Minnesota DWI court evaluation were divided into program costs and outcome costs. The **program costs** were those associated with activities performed within the program. The program-related “transactions” included in this analysis were DWI court hearings (including staffing meetings and other activities preparing for the hearings), case management, alcohol/drug tests, drug and alcohol treatment (such as outpatient group and individual sessions, and residential treatment), jail sanctions, and any other unique services provided by the program to participants for which administrative data were available. The **outcome costs** were those associated with activities that occurred outside the DWI court program. These transactions included criminal justice-related activities (e.g., new arrests subsequent to program entry, subsequent court cases, jail days, prison days, probation days, and parole days) as well as events that occurred outside the criminal justice system such as crashes and victimizations.

Program Costs

Obtaining the cost of DWI court transactions for status review hearings (i.e., DWI court sessions) and case management involved asking each DWI court team member for the average amount of time they spend on these two activities (including preparing for staffing meetings and the staffing meetings themselves), observing their activities on site visits and obtaining each DWI court team member’s annual salary and benefits from a supervisor or financial officer at each agency involved in the program. As this is typically public information, some of the salaries were found online, but detailed benefits information usually comes from the agency’s financial officer or human resources department. In addition to salary and benefits, the indirect support rate and jurisdictional overhead rate were used in a calculation that results in a fully loaded cost per DWI court session per participant and a cost per day of case management per participant. The indirect support rate for each agency involved in the program (District Court, county/city attorney, public defender, probation, treatment agencies, law enforcement, etc.) was obtained from county budgets either found online or by contacting the county auditor office. The jurisdictional overhead rate was obtained from the county’s cost allocation plan (if jurisdictional overhead costs were not already included in the agency budgets).

Alcohol and drug testing costs were obtained directly from DWI court coordinators or probation, or treatment providers, depending on which agency or agencies are conducting the tests at each site. If the cost per test had not yet been determined, NPC used TICA or the agency’s alcohol/drug testing budget and number of tests to calculate the average cost per test. The specific details for how the cost data were collected and the costs calculated for BCDWI are described in the results.

Treatment costs for the various modalities used at each site were obtained from Minnesota’s Medicaid Drug and Alcohol Treatment Reimbursement Rates and the percentage of DWI court

participants using public funds for treatment, which varies by site. NPC used the amount of treatment (e.g., number of sessions) and the reimbursement rate to calculate the cost per session.

Jail sanction costs per day were obtained from the MN Department of Corrections Performance Report for the most recently available fiscal year, which includes jail per diem for jails and detention facilities in all 87 counties. Costs were updated to fiscal year 2014 at the time of the cost calculations using the Consumer Price Index.

Outcome/Impact Costs

For arrest costs, information about which law enforcement agencies typically conduct arrests in each site were obtained by talking with program staff (attorneys, law enforcement, and judicial staff) along with Web searches. The major law enforcement agencies were included, as well as a sampling of smaller law enforcement agencies as appropriate. NPC contacted staff at each law enforcement agency to obtain the typical positions involved in an arrest, average time involvement per position per arrest, as well as salary and benefits and support/overhead rates. NPC used that information in its TICA methodology to calculate the cost of an average arrest episode. Some cost information was obtained online from agency budgets or pay scales. The arrest cost at each law enforcement agency was averaged to calculate the final “cost per arrest” in the outcome analysis.

The cost per court case was calculated from budget information and caseload data from three agencies—the District Court, the county and/or city attorney, and the public defender. This information is generally found online at each agency’s Web site, but occasionally it has to be obtained by contacting agency staff.

The cost per day of prison, and the cost per day of parole and Department of Corrections’ probation were found on the Minnesota Department of Corrections Web site and updated to fiscal year 2014 at the time of the cost calculations using the Consumer Price Index:

- <http://www.doc.state.mn.us/PAGES/files/large-files/Publications/legislative-reports/2012DOCPerformanceReport.pdf>
- <http://www.doc.state.mn.us/pages/files/7913/6582/4656/ISRBackgrounder.pdf>

Similar to the program jail sanction costs, jail costs per day were obtained from the Minnesota Department of Corrections Performance Report for the most recently available fiscal year, which includes jail per diem for jails and detention facilities in all 87 counties. Costs were updated to fiscal year 2014 at the time of the cost calculations using the Consumer Price Index.

NPC contacted staff at each relevant jail facility to obtain the cost per jail booking, which includes the typical positions involved in a booking, average time involvement per position per booking, as well as salary and benefits and support/overhead rates. NPC used that information in its TICA methodology to calculate the cost of a jail booking episode. Some cost information was obtained online from agency budgets or pay scales.

The cost per day of county probation was obtained from probation department staff. If the cost per day of probation had not yet been determined, NPC used the agency’s adult supervision budget and caseload to calculate the average cost per day.

The cost of crashes, by severity of injury, was found on the National Safety Council's Web site and updated to fiscal year 2014 at the time of the cost calculations using the Consumer Price Index:

- http://www.nsc.org/news_resources/injury_and_death_statistics/Pages/EstimatingtheCostsofUnintentionalInjuries.aspx

Person and property victimizations were calculated from the National Institute of Justice's *Victim Costs and Consequences: A New Look* (Miller, Cohen, & Wiersema, 1996). The costs were updated to fiscal year 2014 dollars using the Consumer Price Index.

These numbers were checked through interviews with agency financial staff and budget reviews to confirm whether they were calculated in a compatible methodology with TICA.

Cost Evaluation Results

COST EVALUATION RESEARCH QUESTION #1: PROGRAM COSTS

How much does the BCDWI program cost?

As described in the cost methodology, the Transactional and Institutional Cost Analysis (TICA) approach was used to calculate the costs of each of the transactions that occurred while participants were engaged in the program. Transactions are those points within a system where resources are consumed and/or change hands. Program transactions for which costs were calculated in this analysis included DWI court sessions, case management, drug and alcohol treatment, drug and alcohol tests, and jail sanctions. The costs for this study were calculated to include taxpayer costs only. All cost results provided in this report are based on fiscal year 2014 dollars or were updated to fiscal year 2014 using the Consumer Price Index.

Program Transactions

A DWI court session, for the majority of DWI courts, is one of the most staff and resource intensive program transactions. For the BCDWI, these sessions include representatives from the following agencies:

- 9th Judicial District Court (judge, coordinator);
- Beltrami County Attorney's Office (county attorney, victim assistance coordinator);
- Minnesota Department of Corrections (probation officer);
- Lakes Region Chemical Dependency (treatment director, counselors);
- Bemidji Area Program for Recovery (treatment director);³⁴
- Bemidji Police Department (captain); and
- Beltrami County Sheriff's Office (sergeant, jail administrator).

The cost of a **DWI Court Appearance** (the time during a session when a single program participant interacts with the judge) is calculated based on the average amount of court time (in minutes) each participant interacts with the judge during the DWI court session. This includes the direct costs for the time spent for each DWI court team member present, the time team members spend

³⁴ Note that attendance at court and team meetings for staff from the two treatment agencies (Lakes Region Chemical Dependency and Bemidji Area Program for Recovery) is paid for by treatment payments, so there is no cost accruing to taxpayers for this transaction—it is covered under the drug and alcohol treatment transaction.

preparing for the session, the time spent in staffing, the agency support costs, and jurisdictional overhead costs. The cost for a single DWI court appearance is \$133.40 per participant.

Case Management is based on the amount of staff time dedicated to case management activities during a regular work week and is then translated into a total cost for case management per participant per day (taking staff salaries and benefits, and support and overhead costs into account).³⁵ The agencies involved in case management are the District Court, Department of Corrections, Sheriff's Office, and treatment agencies. The daily cost of case management is \$7.36 per participant.

Drug and Alcohol Treatment costs for BCDWI participants were based on Minnesota's Medicaid Drug and Alcohol Treatment Reimbursement Rates.³⁶ Using these rates, a 1-hour individual treatment session is \$70.00; a group treatment session is \$34.00; medium-intensity residential treatment is \$129.00 per day plus \$54.09 for room and board;³⁷ and hospital inpatient is \$300 per day. The drug and alcohol treatment costs used in this analysis only include the costs to taxpayers. Treatment paid for by the individual or by private insurance was not included in the cost calculations. For this reason, NPC asked BCDWI team members to estimate the percentage of participants using public funds for treatment. Because an estimated 95% of BCDWI participants use public funds for their treatment, the final treatment costs used in this report were 95% of the rates just mentioned. In addition, while many participants may be receiving mental health treatment, it was not included in the cost analysis because NPC was not able to acquire administrative data on mental health treatment usage. For this reason, the Medicaid Drug and Alcohol Treatment Reimbursement Rates are the addiction-only basic rates and do not include any additional payments for co-occurring treatment complexities.

Drug and Alcohol Testing is performed by the Department of Corrections, law enforcement, and treatment. The cost per UA test is \$4.95 and breathalyzer tests are \$0.10. Drug and alcohol testing costs were obtained from the DWI court coordinator.

Jail Sanctions and **Jail Bookings** are provided by the Beltrami County Jail, which is a division of the Sheriff's Office. The cost of jail was acquired from the Minnesota Department of Corrections Performance Report,³⁸ which includes jail per diem for jails and detention facilities in all 87 counties. Costs were updated to fiscal year 2014 using the Consumer Price Index. The cost of jail at the Beltrami County Jail is \$78.44 per day. Jail booking costs include all staff, facilities, and support and overhead costs. The cost of a jail booking is \$64.76. Unfortunately, the jail data did not allow NPC to determine which jail days were due to DWI court sanctions, so jail sanctions and jail bookings were not included in the program costs. However, any jail sanctions received will show up in the outcome cost section under jail days, so all jail sanction costs are accounted for.

³⁵ Case management includes meeting with participants, evaluations, phone calls, referring out for other help, answering questions, reviewing referrals, consulting, making community service connections, assessments, documentation, file maintenance, home/work visits, and residential referrals.

³⁶

http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_FILE&RevisionSelectionMethod=LatestReleased&Render=Primary&allowInterrupt=1&noSaveAs=1&dDocName=dhs16_160263

³⁷ There are three reimbursement rates for residential- low, medium, and high intensity. Because the treatment usage data did not differentiate the level, NPC used the medium intensity reimbursement rate for all residential treatment days, plus the room and board reimbursement.

³⁸ <http://www.doc.state.mn.us/pages/files/large-files/Publications/legislative-reports/2012DOCPerformanceReport.pdf>

Participants are expected to pay a **DWI Court Fee** of \$1,000 to the BCDWI, but participants can receive a \$400 credit for graduating and a \$400 credit for being eligible for driver's license reinstatement. Participants are also required to pay one-time supervision fees of \$200 for gross misdemeanors and \$300 for felonies to the Department of Corrections. However, due to a lack of data on the exact amount of fees paid by each participant, fees were not taken into account in this cost analysis.

Program Costs

Table 11 displays the unit cost per program related event, the number of events and the average cost *per individual* for each of the DWI court events for program graduates and for all participants. The sum of these transactions is the total per participant cost of the DWI court program. The table includes the average for DWI court graduates ($n = 40$) and for all DWI court participants ($n = 52$), regardless of completion status. It is important to include participants who were discharged as well as those who graduated as all participants use program resources, whether they graduate or not.

Table 11. Program Costs per Participant

Transaction	Unit Cost	Avg. # of Events for DWI Court Graduates Per Person	Avg. Cost per DWI Court Graduate Per Person	Avg. # of Events for all DWI Court Participants Per Person	Avg. Cost per DWI Court Participant Per Person
DWI Court Appearances	\$133.40	31.85	\$4,249	29.83	\$3,979
Case Management Days	\$7.36	589.75	\$4,341	533.88	\$3,929
Individual Treatment Sessions	\$66.50	0.89	\$59	0.95	\$63
Group Treatment Sessions	\$32.30	32.72	\$1,057	32.00	\$1,034
Residential Treatment Days	\$173.94	16.20	\$2,818	12.66	\$2,202
Hospital Inpatient Days	\$285.00	0.00	\$0	0.00	\$0
UA Drug Tests	\$4.95	124.25	\$615	116.27	\$576
Breathalyzer Tests	\$0.10	148.25	\$15	140.27	\$14
TOTAL			\$13,154		\$11,797

Note. Because data on UA drug tests and breathalyzer tests were not usable in this analysis, the average numbers of tests per participant are proxies based on program policy.

The unit cost (e.g., \$133.40 per drug court appearance) multiplied by the average number of events per person (e.g., 31.85 court appearances per graduate) results in the cost per person for each transaction during the course of the program. When the costs of the transactions are summed the result is a total BCDWI program cost per participant of \$11,797. The cost per graduate is \$13,154. The largest contributor to the cost of the program is DWI court appearances (\$3,979), followed by case management (\$3,929) and drug and alcohol treatment (\$3,299). Note that the graduates cost more than the participants in general as graduates spend a longer time in the program and use more program resources. Another note of interest is that because an estimated 5% of participants pay for their own drug and alcohol treatment via private insurance or private pay, the program saves an average of \$174 in program costs per participant. [Note: Because data on UA drug tests and breathalyzer tests were not available, the average numbers of tests per participant are proxies based on program policy.]

Program Costs per Agency

Another useful way to examine program costs is by agency. Table 12 displays the cost per DWI court participant for each agency for program graduates and for all participants.

Table 12. Program Costs per Participant by Agency

Agency	Avg. Cost per DWI Court Graduate Per Person	Avg. Cost per DWI Court Participant Per Person
District Court	\$1,460	\$1,363
County Attorney	\$681	\$638
Department of Corrections	\$5,154	\$4,723
Law Enforcement	\$1,862	\$1,715
Treatment	\$3,997	\$3,358
TOTAL	\$13,154	\$11,797

Table 12 shows that the costs accruing to the Department of Corrections (DWI court sessions, case management, and drug and alcohol testing) accounts for 40% of the total program cost per participant. The next largest cost (28%) is for the treatment agencies due to outpatient and residential treatment and drug and alcohol testing, followed by law enforcement (15%) for DWI court sessions, case management, and drug and alcohol testing.

Program Costs Summary

In sum, the largest portion of BCDWI costs is related to DWI court appearances (an average of \$3,979, or 34% of total costs), followed by case management (\$3,929 or 33% of total costs) and drug and alcohol treatment (\$3,299 or 28% of total costs). When program costs are evaluated by agency, the largest portion of costs accrues to the Department of Corrections (\$4,723 or 40% of total costs), followed by the treatment agencies (\$3,358 or 28%) and law enforcement (\$1,715 or 15%). These costs are typical for drug and DWI court programs. Court appearances are a crucial

learning experience for DWI court participants, and research has demonstrated that participants have significantly better outcomes when all team members are present.

COST EVALUATION RESEARCH QUESTION #2: OUTCOME/RECIDIVISM COSTS

What is the cost impact on the criminal justice system of sending offenders through DWI court compared to traditional court processing?

Outcome Costs

The Transactional and Institutional Cost Analysis (TICA) approach was used to calculate the costs of each of the criminal justice system outcome transactions that occurred for DWI court and comparison group participants. As mentioned previously, transactions are those points within a system where resources are consumed and/or change hands. Outcome transactions for which costs were calculated in this analysis included rearrests, subsequent court cases, probation time, parole time, jail bookings, jail time, prison time, crashes, and victimizations. Only costs to the taxpayer were calculated in this study. All cost results represented in this report are based on fiscal year 2014 dollars or were updated to fiscal year 2014 dollars using the Consumer Price Index.

The outcome cost analyses were based on a cohort of DWI court participants and a matched comparison group of offenders who were eligible for the DWI court program through their criminal history but who did not attend the program. These individuals were tracked through administrative data for 2 years post program entry (and a similar time period for the comparison group). This study compares recidivism costs for the two groups over 2 years and the recidivism costs for participants by agency.

The 2-year follow-up period was selected to allow a large enough group of both DWI court and comparison individuals to be representative of the program, as well as to allow more robust cost numbers through as long a follow-up period as possible (with as many individuals as possible having at least some time during the follow-up period that represented time after program involvement).

The outcome costs experienced by DWI court graduates are also presented below. Costs for graduates are included for informational purposes but should not be directly compared to the comparison group. If the comparison group members had entered the program, some may have graduated while others would have terminated. The DWI court graduates as a group are not the same as a group made up of both potential graduates and potential non-graduates.

The outcome costs discussed below do not represent the entire cost to the criminal justice system. Rather, the outcome costs include the transactions for which NPC's research team was able to obtain outcome data and cost information on both the DWI court and comparison group from the same sources. However, we believe that the costs represent the majority of system costs. Outcome costs were calculated using information from the Minnesota Department of Corrections; the Beltrami County Jail; the Beltrami County Sheriff's Office; the 9th Judicial District Court; the Beltrami County Attorney's Office; the Minnesota Board of Public Defense; the Minnesota State Court Administrator's Office; the National Safety Council; the National Institute of Justice; and the Bemidji Police Department. The methods of calculation were carefully considered to ensure that all direct costs, support costs, and overhead costs were included as specified in the TICA methodology followed by NPC.

Finally, note that some possible costs or cost savings related to the program are not considered in this study. These include the number of alcohol-free babies born, health care expenses, and DWI

court participants legally employed and paying taxes. The gathering of this kind of information is generally quite difficult due to HIPAA confidentiality laws and due to the fact that much of the data related to this information are not collected in any one place, or collected at all. Although NPC examined the possibility of obtaining these kind of data, it was not feasible within the time frame or budget for this study. In addition, the cost results that follow do not take into account other less tangible outcomes for participants, such as improved relationships with their families and increased feelings of self-worth. Although these are important outcomes to the individual participants and their families, it is not possible to assign a cost to this kind of outcome. (It is priceless). Other studies performed by NPC have taken into account health care and employment costs. For example, Finigan (1998) performed a cost study in the Portland, Oregon, adult drug court which found that for every dollar spent on the drug court program, \$10 was saved due to decreased criminal justice recidivism, lower health care costs and increased employment.

Outcome Transactions

The cost of an **Arrest** was gathered from representatives of the Bemidji Police Department and the Beltrami County Sheriff's Office (the two main arresting agencies in Beltrami County). The cost per arrest incorporates the time of the law enforcement positions involved in making an arrest, law enforcement salaries and benefits, support costs and overhead costs. The average cost of a single arrest at the two law enforcement agencies is \$204.43.

Court Cases include those cases that are dismissed as well as those cases that result in arraignment and are adjudicated. Because they are the main agencies involved, court case costs in this analysis are shared among the District Court, the county attorney, the city attorney, and the public defender. Using budget and caseload information obtained from agency budgets and from agency representatives, as well as information obtained from the Minnesota State Court Administrator's Office, the cost of a Misdemeanor Court Case is \$859.99. The cost of a Gross Misdemeanor Court Case is \$966.36, and the cost of a Felony Court Case is \$1,246.14.

Prison costs were provided by the Minnesota Department of Corrections. The statewide cost per person per day of prison (found on the Department of Corrections' Web site)³⁹ was \$84.59 in 2012. Using the Consumer Price Index, this was updated to fiscal year 2014 dollars, or \$86.10.

Jail Booking costs were provided by the Beltrami County Sheriff's Office. NPC contacted staff at the Sheriff's Office to obtain the cost per jail booking, which includes the typical positions involved in a booking, average time involvement per position per booking, as well as salary and benefits and support/overhead rates. The cost of a jail booking is \$64.76.

Jail is provided by the Beltrami County Jail, which is a division of the Sheriff's Office. The cost of jail was acquired from the Minnesota Department of Corrections Performance Report,⁴⁰ which includes jail per diem for jails and detention facilities in all 87 counties. Costs were updated to fiscal year 2014 using the Consumer Price Index. The cost of jail is \$78.44 per day.

The cost per day of **Parole** was found on the Minnesota Department of Corrections' Web site⁴¹ and updated to fiscal year 2014 using the Consumer Price Index. The cost of parole is \$4.07 per day.

³⁹ <http://www.doc.state.mn.us/pages/files/large-files/Publications/legislative-reports/2012DOCPerformanceReport.pdf>

⁴⁰ <http://www.doc.state.mn.us/pages/files/large-files/Publications/legislative-reports/2012DOCPerformanceReport.pdf>

⁴¹ <http://www.doc.state.mn.us/pages/files/7913/6582/4656/ISRBackground.pdf>

Probation is provided by the Minnesota Department of Corrections. The cost per day of probation was found on the Minnesota Department of Corrections' Web site⁴² and updated to fiscal year 2014 using the Consumer Price Index. The cost per person per day of probation is \$4.07.

Crash costs were found on the National Safety Council's Web site⁴³ and updated to fiscal year 2014 using the Consumer Price Index. The cost of a crash with incapacitating injury is \$237,619; the cost of a crash with non-incapacitating injury is \$60,645; the cost of a crash with possible injury is \$28,928; and the cost of a crash with property damage only is \$2,583. Note that the cost of a crash that includes a death was not included in this cost analysis. This is because there were no deaths in the participant or comparison group samples.

Victimizations were calculated from the National Institute of Justice's *Victim Costs and Consequences: A New Look* (Miller, Cohen, & Wiersema, 1996).⁴⁴ The costs were updated to fiscal year 2014 dollars using the Consumer Price Index. **Property crimes** are \$13,281 per event and **person crimes** are \$43,024 per event.

⁴² <http://www.doc.state.mn.us/pages/files/7913/6582/4656/ISRBackgroundunder.pdf>

⁴³

http://www.nsc.org/news_resources/injury_and_death_statistics/Pages/EstimatingtheCostsofUnintentionalInjuries.aspx

⁴⁴ The costs for victimizations were based on the National Institute of Justice's *Victim Costs and Consequences: A New Look* (1996). This study documents estimates of costs and consequences of personal crimes and documents losses per criminal victimization, including attempts, in a number of categories, including fatal crimes, child abuse, rape and sexual assault, other assaults, robbery, drunk driving, arson, larceny, burglary, and motor vehicle theft. The reported costs include lost productivity, medical care, mental health care, police and fire services, victim services, property loss and damage, and quality of life. In our study, arrest charges were categorized as violent or property crimes, and therefore costs from the victimization study were averaged for rape and sexual assault, other assaults, and robbery and attempted robbery to create an estimated cost for violent crimes, arson, larceny and attempted larceny, burglary and attempted burglary, and motor vehicle theft for an estimated property crime cost. All costs were updated to fiscal year 2014 dollars using the consumer price index (CPI).

Outcome Cost Results

Table 13 shows the average number of recidivism-related events per offender for DWI court graduates, all DWI court participants (regardless of graduation status), and the comparison group over 2 years.

Table 13. Average Number of Recidivism Events after DWI Court Entry per Person over 2 Years from DWI Court Entry

Recidivism-Related Events	DWI Court Graduates Per Person (n = 39)	DWI Court Participants Per Person (n = 51)	Comparison Group Per Person (n = 55)
Rearrests	0.31	0.55	0.38
Misdemeanor Court Cases	0.15	0.31	0.22
Gross Misdemeanor Court Cases	0.13	0.18	0.22
Felony Court Cases	0.08	0.14	0.05
Prison Days	10.23	7.82	72.07
Jail Bookings	1.03	1.75	1.29
Jail Days ^a	12.85	42.06	35.18
Parole Days	0.00	0.00	0.00
Probation Days	800.03	799.75	613.09
Crashes with Incapacitating Injury	0.00	0.00	0.00
Crashes with Non-Incapacitating Injury	0.00	0.00	0.00
Crashes with Possible Injury	0.00	0.00	0.00
Crashes with Property Damage Only	0.00	0.00	0.02
Property Victimizations ^b	0.05	0.06	0.05
Person Victimizations	0.00	0.08	0.05

^a This includes all jail sanctions while participants were in the program.

^b Property victimizations are separate from crashes with property damage only. Property victimizations are costs that occur due to a crime (with no vehicle involvement), while the property damage from a crash includes property losses based on insurance claims data.

Overall, as demonstrated in Table 13, DWI court participants have fewer gross misdemeanor court cases and days in prison than the comparison group, but more rearrests, misdemeanor, and felony court cases, jail bookings, days in jail, and days on probation. DWI court participants also have fewer crashes with property damage only, but more property and person victimizations than the comparison group.

Table 14. Recidivism (Outcome) Costs per Participant over 2 Years

Transaction	Unit Costs	DWI Court Graduates Per Person (n = 39)	DWI Court Participants Per Person (n = 51)	Comparison Group Per Person (n = 55)
Rearrests	\$204.43	\$63	\$112	\$78
Misdemeanor Court Cases	\$859.99	\$129	\$267	\$189
Gross Misdemeanor Court Cases	\$966.36	\$126	\$174	\$213
Felony Court Cases	\$1,246.14	\$100	\$174	\$62
Prison Days	\$86.10	\$881	\$673	\$6,205
Jail Bookings	\$64.76	\$67	\$113	\$84
Jail Days	\$78.44	\$1,008	\$3,299	\$2,760
Parole Days	\$4.07	\$0	\$0	\$0
Probation Days	\$4.07	\$3,256	\$3,255	\$2,495
SUBTOTAL		\$5,630	\$ 8,067	\$12,086
Crashes with Incapacitating Injury	\$237,619.00	\$0	\$0	\$0
Crashes with Non-Incapacitating Injury	\$60,645.00	\$0	\$0	\$0
Crashes with Possible Injury	\$28,928.00	\$0	\$0	\$0
Crashes with Property Damage Only	\$2,583.00	\$0	\$0	\$52
Property Victimizations	\$13,281.00	\$664	\$797	\$664
Person Victimizations	\$43,024.00	\$0	\$3,442	\$2,151
TOTAL		\$6,294	\$12,306	\$14,953

Table 14 (on the previous page) presents the outcome costs for each transaction for graduates, all DWI court participants (graduates and terminated participants) and the comparison group. Because victimizations and crashes were not calculated using the TICA methodology, and because the numbers of victimizations and crashes were very small for both the participant and comparison group, the outcome cost results are presented first without, then with, victimization and crash costs. Table 14 shows that the difference in total outcome cost between the DWI court participants and the comparison group is \$4,019 per participant. This difference is the benefit, or savings, due to DWI court participation. When costs due to crashes and victimizations are included, the difference decreases to \$2,647 per participant. These findings show that, although graduates of the program show substantial savings compared to the comparison group (a savings of \$8,659), graduates cannot be fairly compared to the comparison group as some of the comparison group is made up of people who would have terminated. Overall, participation in DWI court, when all participants are included in the analysis, results in savings which is somewhat mitigated due to the higher number of property and person victimizations for DWI court participants than comparison group members and also mitigated due to the substantially higher number of days on probation for participants, including graduates. The BCDWI may want to look at whether DWI court participants are typically sentenced to longer terms on probation than DWI offenders who do not participate in the program.

Not including crashes and victimizations, Table 14 shows that the majority of DWI court participant outcome costs are due to jail (an average of \$3,299, or 41% of total costs) and probation (an average of \$3,255, or 40% of total costs). Because there was no way to differentiate time in jail due to sanctions versus time in jail due to new charges, it is possible that the larger amount of jail time for participants is actually a reflection of jail sanctions that occurred during program participation. The majority of outcome costs for the comparison group were due to prison (an average of \$6,205, or 51% of total costs) and jail (an average of \$2,760, or 23% of total costs). The largest savings for the DWI court group (when compared to the comparison group) was due to less time in prison (an average savings of \$5,532 per participant).

Outcome Costs per Agency

These same outcome costs were also examined by agency to determine the relative benefit to each agency that contributes resources to the DWI court program. The transactions shown above are provided by one or more agencies. If one specific agency provides a service or transaction (for example, the Department of Corrections provides prison days), all costs for that transaction accrue to that specific agency. If several agencies all participate in providing a service or transaction (for example, the District Court, county attorney, and public defender are all involved in felony court cases), costs are split proportionately among the agencies involved based on their level of participation.

Table 15 provides the cost for each agency and the difference in cost between the DWI court participants and the comparison group per person. A positive number in the difference column indicates a cost savings for DWI court participants.

Table 15. Recidivism (Outcome) Costs per Participant by Agency over 2 Years

Agency	DWI Court Outcome Costs per Participant	Comparison Group Outcome Costs per Individual	Difference/ Savings per Individual
District Court	\$214	\$167	(\$47)
County Attorney	\$182	\$142	(\$40)
Public Defender	\$219	\$156	(\$63)
Department of Corrections	\$3,928	\$8,700	\$4,772
Law Enforcement	\$3,524	\$2,921	(\$603)
SUBTOTAL	\$8,067	\$12,086	\$4,019
Crashes ^a	\$0	\$52	\$52
Victimizations ^a	\$4,239	\$2,815	(\$1,424)
TOTAL	\$12,306	\$14,953	\$2,647

^a These costs accrue to a combination of many different entities including the individual, medical care, etc. and therefore cannot be attributed to any particular agency above.

Table 15 shows that the Department of Corrections is the only agency to have a benefit, or savings, as a result of DWI court due to DWI court participants spending less time in prison. As demonstrated in Tables 14 and 15, the total cost of recidivism over 2 years for the BCDWI per DWI court participant (regardless of graduation status) was \$8,067, while the cost per comparison group member was \$12,086. The difference between the DWI court and comparison group represents a benefit of \$4,019 per participant. When crashes and victimization costs are added, the difference in costs decreases; DWI court participants cost a total of \$2,647 *less* per participant than non-DWI court offenders due to more victim crimes for participants.

Cost-Benefit Analysis

While the BCDWI does result in cost savings, the return on taxpayer investment in the program takes a long time. The program investment cost is \$11,797 per DWI court participant. The benefit due mainly to reduced time in prison for DWI court participants over the 2 years included in this analysis came to \$2,647. This amount does not result in a positive return on the investment over the 2-year time period. In fact, it would take almost 9 years to recoup the investment cost in the program (based on a savings per participant of \$1,324 per year). However, it is important to note that these are criminal justice system savings only. If other system costs, such as health care and child welfare were included, studies have shown that a higher return on investment can be expected, up to \$10 saved per \$1 invested in the program (Finigan, 1998).

COST EVALUATION RESEARCH QUESTION #3: COST OF TIME BETWEEN ARREST AND DWI COURT ENTRY

What is the impact on the criminal justice system of the time between the eligible arrest and DWI court entry (in terms of rearrests, court cases, jail)?

Although research has frequently shown that DWI court participants have better outcomes when they enter the program and treatment swiftly—within 50 days of arrest (e.g., Carey et al., 2012), a common issue for DWI and other problem-solving courts is a substantive delay between arrest and program entry. An examination of resources used between arrest and DWI court entry demonstrates the fiscal impact of this delay.

Costs between Arrest and DWI Court Entry

Key Component #3 of the Key Components of Drug Court is about identifying eligible individuals quickly and promptly placing them in the program. A shorter time between arrest and DWI court entry helps ensure prompt treatment while also placing the offender in a highly supervised environment where they are less likely to be rearrested and therefore less likely to be using other criminal justice resources such as jail as well as protecting public safety. The longer the time between arrest and DWI court entry, the greater the opportunity for offenders to re-offend before getting into treatment. This leads to the question, what is the impact in terms of rearrests, court cases, and jail in the time between arrest and entry into the DWI court for BCDWI participants?

This section describes the criminal justice costs experienced by DWI court participants between the time of the DWI court-eligible arrest and DWI court entry. All transactions were described in the outcome costs section above. Costs were calculated from the time of the DWI court-eligible arrest to program entry. For the BCDWI, the mean average length of time between arrest and program entry was 123 days. Although it should be noted that the median was 68 days, which means half of all participants in the BCDWI enter the program in 68 days or less.

Table 16 represents the criminal justice costs per person for all DWI court participants (graduates and non-graduates combined) from the DWI court-eligible arrest to program entry.

Table 16. Criminal Justice Costs per DWI Court Participant from Arrest to Program Entry

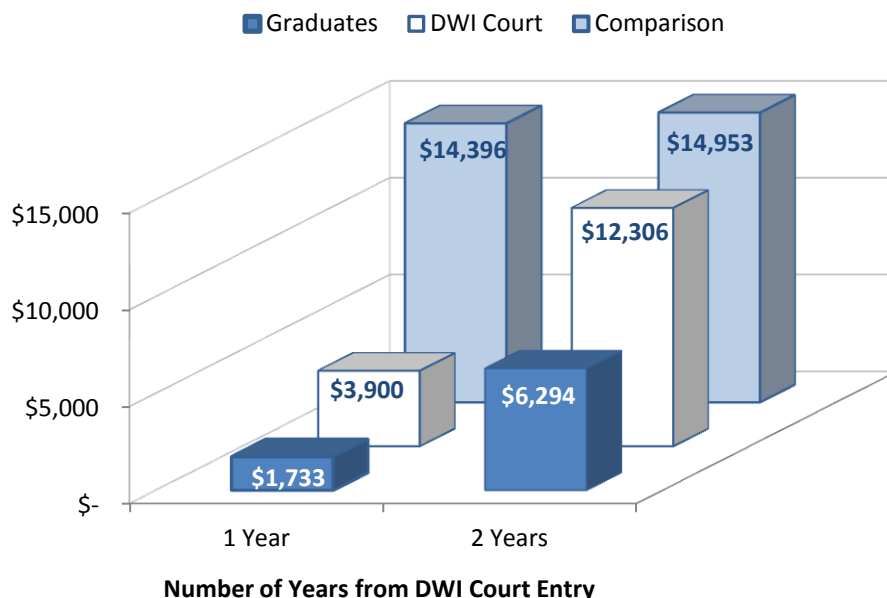
Transaction	Transaction unit cost	Avg. # of transactions per DWI court participant	Avg. cost per DWI court participant (n = 54)
Rearrests	\$204.43	0.09	\$18
Misdemeanor Court Cases	\$859.99	0.06	\$52
Gross Misdemeanor Court Cases	\$966.36	0.06	\$58
Felony Court Cases	\$1,246.14	0.00	\$0
Jail Bookings	\$64.76	1.44	\$93
Jail Days	\$78.44	28.44	\$2,231
Total			\$2,452

As is demonstrated in Table 16, there are substantial costs accruing to the criminal justice system per offender from the time of the DWI court-eligible arrest before entry into DWI court (\$2,452 per DWI court participant). It should be noted that these costs only include arrests, court cases, jail bookings, and jail time during the average of 123 days from the DWI court-eligible arrest to entry into the BCDWI. Other criminal justice costs may also be accruing. These costs emphasize that the sooner offenders can be placed into DWI court, the more criminal justice system costs can be minimized.

Cost Conclusion

Figure 10 provides a graph of the outcome costs for graduates, all participants and the comparison group over 2 years.

Figure 10. Criminal Justice Recidivism Cost Consequences per Person: DWI Court Participants and Comparison Group Members over 2 Years



The cost savings illustrated in Figure 10 are those that have accrued in just the 2 years since program entry. Many of these savings are due to positive outcomes while the participant is still in the program. As discussed in the outcome evaluation results, BCDWI participants appear to be doing well in the first year after program entry, as participants have fewer rearrests and use fewer other system resources during this time than the comparison group. However, in the second year after program entry, as many participants are exiting the program, the number of participant rearrests increases and is significantly higher than the comparison group. As recommended earlier, the BCDWI may want to examine the program requirements in the final phase, and ensure that the focus is on relapse prevention and/or other services to help prevent recidivism (e.g., Criminal Thinking, employment, education, etc.). It is possible that there is something about the transition of the program (either to the final phase or when participants leave the program) that is not meeting the participants' needs.

However, overall, there are savings related to DWI court participation, and the savings will continue to grow with the number of new participants that enter the program each year. If the BCDWI program continues to serve a cohort of 30 new participants annually, the conservative savings of \$2,647 per participant (including victimizations) over 2 years results in a savings of \$39,705 per cohort per year, which can then be multiplied by the number of years the program remains in operation and for additional cohorts per year. After 5 years, the accumulated savings come to almost \$600,000.

Summary of Cost Evaluation

The BCDWI is a substantial taxpayer investment and while it does result in a small cost savings, it takes a long time to recoup its investment. The program investment cost is \$11,797 per DWI court participant, which fits within the average costs for a DWI and drug court program. The benefit due to reduced recidivism (mainly reduced time in prison) for DWI court participants over the 2 years included in this analysis came to \$2,647, or \$1,324 per year. This means that it would take nearly 9 years for the savings to overtake the initial investment per participant.

Overall, the BCDWI program had:

- A criminal justice system cost savings of \$2,647 per participant over 2 years, and
- A 112% return on its investment after 10 years (a 1:1.12 cost-benefit ratio).

These savings may continue to grow with the number of new participants that enter the program each year. If the BCDWI program continues to serve a cohort of 30 new participants annually, the accumulated savings after 5 years come to almost \$600,000.

BCDWI court participants appear to do well in the first year during program participation. As participants exit the program, recidivism events including rearrests, jail and probation are substantially higher. The BCDWI may want to examine the program requirements in the final phase, and ensure that the focus is on relapse prevention and/or other services to help prevent recidivism (e.g., Criminal Thinking, employment, education, etc.). It is possible that there is something about the transition of the program (either to the final phase or when participants leave the program) that is not meeting the participants' needs. In addition, only one-third of BCDWI participants were assessed as high-risk. The program should focus on targeting high-risk offenders, as the intensive supervision in DWI courts is beneficial for high-risk participants, while it could be harmful to lower risk participants. If the BCDWI prefers to continue to serve both high- and low-risk participants, the program should ensure that the appropriate level of treatment and supervision is provided to participants according to their assessed level of need.

REFERENCES

- Allen, J. P., & Wilson, V. B. (2003). *Assessing alcohol problems: A guide for clinicians and researchers* (2nd ed.) [NIH pub. No. 03-3745]. Bethesda, MD: National Institute on Alcohol Abuse and Alcoholism, U. S. Dept. of Health & Human Services.
- American Society of Addiction Medicine. (1996). *Patient placement criteria for the treatment of substance-related disorders*. Chevy Chase, MD: Author.
- Andrews, D., & Bonta, J. (2010). *The Psychology of Criminal Conduct* (5th Ed.). New Providence, NJ: LexisNexis.
- Barnoski, R. (2004). *Outcome Evaluation of Washington State's Research-Based Programs for Juveniles*. Olympia, WA: Washington State Institute for Public Policy.
- Beck, K. H., Rauch, W. J., Baker, E. A., & Williams, A. F. (1999). Effects of ignition interlock license restrictions on drivers with multiple alcohol offenses: A randomized trial in Maryland. *American Journal of Public Health*, 89(11), 1,696-1,700.
- Bourgon, G., Bonta, J., Rugge, T., Scott, T-L, & Yessine, A. K. (2010). The role of program design, implementation, and evaluation in evidence-based 'real world' community supervision. *Federal Probation*, 74(1), 2-15.
- Carey, S. M., & Finigan, M. W. (2004). A detailed cost analysis in a mature drug court setting: a cost-benefit evaluation of the Multnomah County Drug Court. *Journal of Contemporary Criminal Justice*, 20(3), 292-338.
- Carey, S. M., Finigan, M. W., & Pukstas, K. (2008). *Exploring the Key Components of Drug Courts: A Comparative Study of 18 Adult Drug Courts on Practices, Outcomes and Costs*. Submitted to the U. S. Department of Justice, National Institute of Justice, May 2008. NIJ Contract 2005M114.
- Carey, S. M., Finigan, M. W., Waller, M. S., Lucas, L. M., & Crumpton, D. (2005). *California drug courts: A methodology for determining costs and benefits, Phase II: Testing the methodology, final report*. Submitted to the California Administrative Office of the Courts, November 2004. Submitted to the USDOJ Bureau of Justice Assistance in May 2005.
- Carey, S. M., Fuller, B., E., Kissick, K., Taylor, E., & Zold-Kilbourn, P. (2008). Michigan DUI Courts Outcome Evaluation, final report. Submitted to Michigan Supreme Court.
- Carey, S. M., Mackin, J. R., & Finigan, M. W. (2012). What Works? The 10 Key Components of Drug Courts: Research Based Best Practices. *Drug Court Review*, 8(1), 6-42.
- Carey, S. M., & Perkins, T. (2008). *Methamphetamine Users in Missouri Drug Courts: Program Elements Associated with Success*, Final Report. Submitted to the Missouri Office of the State Court Administrator, November 2008.
- Carey S. M., Waller, M. S., & Weller, J. M. (2011). *California Drug Court Cost Study: Phase III: Statewide Costs and Promising Practices, final report*. Submitted to the California Administrative Office of the Courts.
- Cooper, C. (2000). *2000 drug court survey report: Program operations, services and participant perspectives*. American University Web site: <http://spa.american.edu/justice/publications/execsum.pdf>
- Donovan B., Padin-Rivera, E., & Kowaliw, S. (2001). "Transcend": Initial outcomes from a posttraumatic stress disorder/substance abuse treatment program. *Journal of Traumatic Stress*, 14(4), 757-772.
- Finigan, M. W. (1998). *An outcome program evaluation of the Multnomah County S.T.O.P. Drug Diversion Program*. Report prepared for Multnomah County Department of Community Corrections. NPC Research: Portland, OR.

- Finigan, M. W., Carey, S. M., & Cox, A. (2007). *The impact of a mature drug court over 10 years of operation: Recidivism and costs*. Final report submitted to the U. S. Department of Justice, National Institute of Justice, July 2007. NIJ Contract 2005M073.
- Government Accounting Office (GAO) (2005). "Adult Drug Courts: Evidence indicates recidivism reductions and mixed results for other outcomes." February 2005 Report. Available at <http://www.gao.gov/new.items/d05219.pdf>
- Huddleston, W., & Marlowe, D. B. (2011). *Painting the Current Picture: A National Report on Drug Courts and Other Problem-Solving Court Programs in the United States*. Retrieved from the National Drug Court Resource Center http://www.ndcrc.org/sites/default/files/pcp_report_final_and_official_july_2011.pdf
- Kralstein, D. (2010, June). *The impact on drug use and other psychosocial outcomes: Results from NIJ's Multisite Adult Drug Court Evaluation*. Presentation at the 16th Annual Training Conference of the National Association of Drug Court Professionals, Boston, MA.
- Latessa, E. J., & Lowenkamp, C. (2006). What works in reducing recidivism? *University of St. Thomas Law Journal*, 3(3), 521-535.
- Longshore, D. L., Turner, S., Wenzel, S. L., Morral, A. R., Harrell, A., McBride, D., Deschenes, E., & Iguchi, M. Y. (2001). Drug courts: A conceptual framework. *Journal of Drug Issues*, 31(1), 7-26.
- Lurigio, A. J. (2000). Drug treatment availability and effectiveness. Studies of the general and criminal justice populations. *Criminal Justice and Behavior*, 27(4), 495-528.
- Marlowe, D. B. (2008, October). *The Verdict is In*. Presented at the New England Association of Drug Court Professionals annual conference, Boston, MA.
- Marlowe, D. B., Festinger, D. S., Lee, P. A., Dugosh, K. L., & Benasutti, K. M. (2006). Matching Judicial Supervision to Client Risk Status in Drug Court. *Crime and Delinquency*, 52(1), 52-76.
- Miller, T. R., Cohen, M. A., & Wiersema, B. (1996). *Victim Costs and Consequences: A New Look*. National Institute of Justice Research Report, NCJ 155282. National Institute of Justice, U.S. Department of Justice; Washington, DC.
- Miller, W., Wilbourne, P., & Hettema, J. (2003). What works? A summary of alcohol treatment outcome research. In Hester, R., & Miller, W. (eds.) *Handbook of alcoholism treatment approaches: Effective alternatives*, 3rd edition. Boston, MA: Allyn and Bacon.
- Monchick, R., Scheyett, A., & Pfeifer, J. (2006). Drug court case management: Role, function, and utility. National Drug Court Institute Monograph Series 7. Available online at http://www.ojp.usdoj.gov/BJA/pdf/Drug_Court_Case_Management.pdf
- National Association of Drug Court Professionals Drug Court Standards Committee (1997). *Defining drug courts: The key components*. U.S. Department of Justice, Office of Justice Programs, Drug Court Programs Office.
- NADCP (2013). *Adult Drug Court Best Practice Standards, Vol. I*. National Association of Drug Court Professionals. <http://www.nadcp.org/sites/default/files/nadcp/AdultDrugCourtBestPracticeStandards.pdf>
- National Center for DWI Courts (2005). *National Center for DWI Courts: 10 Guiding Principles of DWI Courts*. <http://www.dwicourts.org/learn/about-dwi-courts/-guiding-principles>
- Rosenbaum, P. R., & Rubin, D. B. (1983). The central role of the propensity score in observational studies of causal effects. *Biometrika*, 70, 41-55.
- Ross, H. L., & Gonzales, P. (1988). Effects of license revocation on drunk-driving offenders. *Accident Analysis & Prevention*, 20(5), 379-391.
- SAMHSA/CSAT Treatment Improvement Protocols (1994). TIP 8: Intensive outpatient treatment for alcohol and other drug abuse. Retrieved October 23, 2006, from <http://www.ncbi.nlm.nih.gov/books/bv.fcgi?rid=hstat5.section.28752>

APPENDIX A: THE GUIDING PRINCIPLES OF DWI COURTS

The Guiding Principles of DWI Courts

GUIDING PRINCIPLE #1: Determine the Population

Targeting is the process of identifying a subset of the DWI offender population for inclusion in the DWI Court program. This is a complex task given that DWI Courts, in comparison to traditional Drug Court programs, accept only one type of offender: the hardcore impaired driver. The DWI Court target population, therefore, must be clearly defined, with eligibility criteria clearly documented.

GUIDING PRINCIPLE #2: Perform a Clinical Assessment

A clinically competent and objective assessment of the impaired-driving offender must address a number of bio-psychosocial domains including alcohol use severity and drug involvement, the level of needed care, medical and mental health status, extent of social support systems, and individual motivation to change. Without clearly identifying a client's needs, strengths, and resources along each of these important bio-psychosocial domains, the clinician will have considerable difficulty in developing a clinically sound treatment plan.

GUIDING PRINCIPLE #3: Develop the Treatment Plan

Substance dependence is a chronic, relapsing condition that can be effectively treated with the right type and length of treatment regimen. In addition to having a substance abuse problem, a significant proportion of the DWI population also suffers from a variety of co-occurring mental health disorders. Therefore, DWI Courts must carefully select and implement treatment strategies demonstrated through research to be effective with the hardcore impaired driver to ensure long-term success.

GUIDING PRINCIPLE #4: Supervise the Offender

Driving while impaired presents a significant danger to the public. Increased supervision and monitoring by the court, probation department, and treatment provider must occur as part of a coordinated strategy to intervene with hardcore DWI offenders and to protect against future impaired driving.

GUIDING PRINCIPLE #5: Forge Agency, Organization, and Community Partnerships

Partnerships are an essential component of the DWI Court model as they enhance credibility, bolster support, and broaden available resources. Because the DWI Court model is built on and dependent upon a strong team approach, both within the court and beyond, the court should solicit the cooperation of other agencies, as well as community organizations to form a partnership in support of the goals of the DWI Court program.

GUIDING PRINCIPLE #6: Take a Judicial Leadership Role

Judges are a vital part of the DWI Court team. As leader of this team, the judge's role is paramount to the success of the DWI Court program. The judge must be committed to the sobriety of program participants, possess exceptional knowledge and skill in behavioral science, own recognizable leadership skills as well as the capability to motivate team members and elicit buy-in from various stakeholders. The selection of the judge to lead the DWI Court team, therefore, is of utmost importance.

GUIDING PRINCIPLE #7: Develop Case Management Strategies

Case management, the series of inter-related functions that provides for a coordinated team strategy and seamless collaboration across the treatment and justice systems, is essential for an integrated and effective DWI Court program.

GUIDING PRINCIPLE #8: Address Transportation Issues

Though nearly every state revokes or suspends a person's driving license upon conviction for an impaired driving offense, the loss of driving privileges poses a significant issue for those individuals involved in a DWI Court program. In many cases, the participant solves the transportation problem created by the loss of their driver's license by driving anyway and taking a chance that he or she will not be caught. With this knowledge, the court must caution the participant against taking such chances in the future and to alter their attitude about driving without a license.

GUIDING PRINCIPLE #9: Evaluate the Program

To convince stakeholders about the power and efficacy of DWI Court, program planners must design a DWI Court evaluation model capable of documenting behavioral change and linking that change to the program's existence. A credible evaluation is the only mechanism for mapping the road to program success or failure. To prove whether a program is efficient and effective requires the assistance of a competent evaluator, an understanding of and control over all relevant variables that can systematically contribute to behavioral change, and a commitment from the DWI Court team to rigorously abide by the rules of the evaluation design.

GUIDING PRINCIPLE #10: Ensure a Sustainable Program

The foundation for sustainability is laid, to a considerable degree, by careful and strategic planning. Such planning includes considerations of structure and scale, organization and participation and, of course, funding. Becoming an integral and proven approach to the DWI problem in the community however is the ultimate key to sustainability.

APPENDIX B: MINNESOTA OFFENDER DRUG COURT STANDARDS



Minnesota Judicial Branch Policy

Policy Source: Minnesota Judicial Council

Policy Number: 511.1

Category: Statewide Court Programs

Title: Drug Court Standards

Effective Date: July 0, 2007

Revision Date(s): January 16, 2009

Supersedes:

Minnesota Offender Drug Court Standards

FOR ALL JUVENILE, HYBRID,¹ DWI, AND ADULT DRUG COURTS

PURPOSE

Drug courts promote recovery through a coordinated response to participants who are dependent on alcohol and other drugs (AOD). A team approach is required, including the collaboration of judges, drug court coordinators, prosecutors, defense counsel, probation authorities, law enforcement, treatment providers, and evaluators. Drug courts employ a multi-phased treatment process. The goal of drug courts is to engage individuals in treatment long enough to experience the benefits of treatment in order to end the cycle of recidivism and successfully intervene on the addiction.

The Judicial Council, comprised of the leadership of the Minnesota Judicial Branch, has convened the multi-disciplinary, cross-branch Drug Court Initiative Advisory Committee (DCI) to oversee implementation and funding distribution for drug courts in Minnesota. The goal of the Drug Court Initiative is to improve outcomes for alcohol and other drug addicted individuals in the courts through justice system collaboration, thereby:

1. Enhancing public safety
2. Ensuring participant accountability; and
3. Reducing costs to society

Successful drug court initiatives will also improve the quality of life for addicted offenders, their families, and communities through recovery and lead to greater system collabora-

¹ Hybrid drug courts combine one or more of the models taking multiple case types. E.g., many adult drug courts that focus on controlled substance and other felony-level crimes also include DWI cases in the court.

tion and ongoing analysis to ensure effective and fair case outcomes.

DWI and Hybrid DWI courts have a variety of elements that set them apart from the Adult drug court model. While public safety is a priority among all models of drug courts, drinking and driving is a major public safety issue for our communities and our criminal justice system. The main goal of DWI and Hybrid DWI courts is to reduce or eliminate repeat DWI offenses; thereby creating safer roads and saving lives. The detection of alcohol is difficult, requiring more sophisticated testing. Transportation issues tend to be one of the most difficult obstacles for offenders to overcome. To effectively manage these issues and to best treat this population, DWI and Hybrid DWI courts utilize increased supervision, frequent alcohol and other drug testing, including scientifically validated technology to detect ethyl alcohol, and driver's license reinstatement plans.

Juvenile drug courts focus on a younger population and have many characteristics and needs specific to the model. Most important is the fact that many of the young people in these courts are still living at home and are under the supervision of caregivers. Juveniles are negatively affected by any criminal or addictive issues in the home. Because the court does not have jurisdiction over the caregivers, it is more difficult to effectively intervene in the youth's problematic use of alcohol and other drugs and support the young person in their recovery. Due to their age and the relatively short period of time using alcohol and other drugs, providing a definitive diagnosis of dependence for juveniles regarding their use of alcohol and other drugs is sometimes difficult and some traditional treatment and recovery supports may not be appropriate. Issues such as school performance, teenage pregnancy, gang involvement, transportation, and appropriate housing greatly impact a juvenile drug court's ability to support the young person in changing their life.

The following document provides standards to guide the planning and implementation of all offender drug courts in Minnesota's state trial courts. The Ten Key Components, as published by the U.S. Department of Justice, Office of Justice Programs, are the core structure for these standards. Definitions of each model of drug court – adult, juvenile, and DWI – can be found in Appendix A. The standards are written from the perspective of adult drug courts. Whenever there is a specific standard or practice unique to a juvenile or DWI model of drug court that standard or practice is identified in the appropriate section.

These standards were approved by the Judicial Council on July 20, 2007, and are minimum requirements for the approval and operation of all drug courts in Minnesota. Accompanying each standard are recommended practices that each drug court is encouraged to follow.

The standards are based upon almost twenty years of evaluation and lessons learned from drug courts all across the country, as well as Minnesota's oldest drug courts. While these standards seek to create a minimum level of uniform practices for drug courts there is much room for innovation and for local drug courts to tailor their courts to meet their needs.

I. STANDARD ONE

Drug courts must utilize a comprehensive and inclusive collaborative planning process, including:

- 1.1 Completion of the federal Drug Court Planning Initiative (DCPI) training or the Minnesota equivalent for the specific approved drug court model before becoming operational. Hybrid drug court teams that seek to combine multiple models of drug court must complete team-based drug court training for all relevant models.
- 1.2 Development of a written agreement setting forth the terms of collaboration among the prosecutor's office, the public defender's office, probation department, the court, law enforcement agency(ies), and county human services.
- 1.3 Creation of a steering committee comprised of key officials and policymakers to provide oversight for drug court policies and operations, including development and review of the drug court budget, and to communicate regularly with the county board and/or city council.
- 1.4 Establishment of written policies and procedures which reflect shared goals and objectives for a drug court; at a minimum, the goals of the drug court shall be those of the DCI: enhancing public safety, ensuring participant accountability, and reducing costs to society. (An outline example for a local policies and procedures manual is found in Appendix B.)
- 1.5 Provision of written roles and responsibilities of each of the core team members. The core team members are as follows:
 - A. Judge
 - B. Drug Court Coordinator
 - C. Prosecutor
 - D. Public Defender
 - E. Probation/Case Manager
 - F. Law Enforcement Representative
 - G. Chemical Dependency Expert (Provider, Rule 25 assessor, etc.)
 - H. Tribal Representative (when appropriate)

DWI- All of the above and a victim's representative

Juvenile Drug Court- All of the above and a school official

Recommended Practices

1. Drug court teams should take a minimum of six months to plan and prepare for implementation. This amount of time allows for a cohesive team to form; one that has effectively and collaboratively reached consensus on the variety of issues inherent in the implementation of a drug court.
2. When developing a written agreement, teams should include a tribal entity when appropriate.
3. Other possible members of the team, may include, but are not limited to:
 - a. Mental Health Professional
 - b. Rule 25 Assessor
 - c. Social Service Representative²
 - d. Recovery Community Representatives
 - e. Other Community-Based Stakeholders
4. All drug court teams should work with their local community members when planning, implementing, and operating a drug court to ensure that the best interests of the community are considered. Drug court team members should engage in community outreach activities to build partnerships that will improve outcomes and support self-sustainability.
5. A written sustainability plan should be developed and reviewed on an annual basis.
6. A community outreach and education plan should be developed and reviewed regularly.

II. STANDARD TWO

Drug courts must incorporate a non-adversarial approach while recognizing:

- 2.1 Retention of prosecution's distinct role in pursuing justice and protecting public safety.
- 2.2 Retention of defense counsel's distinct role in preserving the constitutional rights of drug court participants.
- 2.3 Provision of detailed materials outlining the process of the drug court to private legal counsel representing a drug court participant; counsel shall also be invited to attend post-admission drug court staffings (for their client(s) only).

²Specifically these representatives could come from public health, housing, employment, etc.

Recommended Practice

1. For consistency and stability in drug court operations, the drug court team members should be assigned to the drug court for a minimum of one year.

III. STANDARD THREE

Drug courts must have published eligibility and termination criteria that have been collaboratively developed, reviewed, and agreed upon by members of the drug court team, including the following elements:

- 3.1 Offense eligibility screening based on established written criteria, which cannot be changed without the full agreement of the drug court team.
- 3.2 Only individuals with a finding of substance dependence consistent with the most current DSM (Diagnostic and Statistical Manual) diagnostic criteria shall be considered appropriate for drug court.

For Juveniles:

Only individuals with a finding of substance abuse or dependence consistent with the most current DSM (Diagnostic and Statistical Manual) diagnostic criteria shall be considered appropriate for drug court.

- 3.3 Only those individuals assessed as having a high recidivism potential are admitted into the drug court. All drug courts must use validated risk tools to assess the risk of the potential drug court candidate. Those individuals who are assessed to be low-risk *or* medium-risk are not appropriate for drug court and shall not be admitted.
- 3.4 Participants who have a history of violent crimes, crimes to benefit a gang, or who are an integral part of a drug distribution or manufacturing network are excluded from the drug court. If the drug court team intends to use information other than a conviction to determine whether the participant has a criminal history that would exclude the participant from participating in drug court, local drug court team members must determine as part of their written procedures what additional information may be considered by the drug court team in making a determination as to the participant's criminal history.
- 3.5 The local drug court team members must determine, in writing, what constitutes a violent or gang-related crime for purposes of disqualification from the drug court. Other disqualifying crimes or disqualifying factors are as determined in writing by the local drug court team.

Recommended Practices

1. Drug courts should have clear policies regarding bench warrant status as part of written termination criteria.
2. Participants should not be accepted to or excluded from drug court solely on the basis of a Rule 25 assessment.
3. In developing eligibility criteria drug court teams should take into consideration the following factors:
 - a. A process to consider the inclusion of serious and repeat (i.e., 1st and 2nd degree controlled substance offense) non-violent offenders.
 - b. A provision to evaluate mitigating and aggravating circumstances of the current or prior offenses
 - c. Careful examination of the circumstances of prior juvenile adjudications and the age of the participant at the time of the offense
 - d. The age of prior disqualifying offenses
 - e. Should the mental health capacity of the individual be in question, a mental health assessment should be administered to deem the individual mentally stable enough to participate in the drug court. Additionally, if a co-occurring disorder exists, the drug court should be able to advocate for and access adequate services.

IV. STANDARD FOUR

A coordinated strategy shall govern responses of the drug court team to each participant's performance and progress, and include:

- 4.1 Regular drug court team meetings for pre-court staffings and court reviews to monitor each participant's performance.
- 4.2 Ongoing communication among the court, probation officer and/or case manager, and treatment providers, including frequent exchanges of timely and accurate information about the individual participant's overall performance.
- 4.3 Progression by participants through the drug court based upon the individual's progress in the treatment plan and compliance with court requirements; drug court phases and an individual's progress through those phases are not to be based solely upon pre-set court timelines.
- 4.4 Responses to compliance and noncompliance (including criteria for termination) explained orally and provided in writing to drug court participants during their orientation.

Recommended Practices

1. Having a significant number of drug court participants appear at a single session gives the opportunity to educate both the participant at the bench and those waiting as to the benefits of court compliance and consequences for noncompliance.
2. Mechanisms for sharing decision-making and resolving conflicts among drug court team members should be established, emphasizing professional integrity and accountability.

V. STANDARD FIVE

Drug courts must promptly assess individuals and refer them to the appropriate services, including the following strategies:

- 5.1 Initial appearances before the drug court judge do not exceed:
 - 14 days after arrest, charging, or initial appearance in court for those drug courts which are pre-conviction or pre-adjudication for Juvenile drug courts.
 - 14 days after conviction for those drug courts which are post-conviction or 14 days after adjudication for all post-adjudication Juvenile drug courts. 14 days after first appearance on a violation of probation
- 5.2 All chemical dependency and mental health assessments include collateral information to ensure the accuracy of the assessment.
- 5.3 Defense counsel must review the standard form for entry into the drug court as well as potential sanctions and incentives with the participant, informing them of their basic due process rights.
- 5.4 The standard Consent Form must be completed by all parties – team members, observers, and adjunct team members - to provide communication about confidentiality, participation/progress in treatment, and compliance with the provisions of 42 CFR, Part 2 and HIPAA (*in development*).
- 5.5 Once accepted for admission into the drug court, the participant must participate as soon as possible in chemical dependency treatment services and be placed under supervision to monitor their compliance with court expectations.

Recommended Practices

1. Individuals providing screening for substance use disorders and suitability for treatment should be appropriately trained.
2. The drug court team should have the option to accept or reject a chemical

dependency assessment without adequate collateral information.

VI. STANDARD SIX

A drug court must incorporate ongoing judicial interaction with each participant as an essential component of the court.

- 6.1 At a minimum, drug court participants must appear before the drug court judge at least twice monthly during the initial phase of the court. Frequent status hearings during the initial phases of the court establish and reinforce the drug court's policies and ensure effective supervision of each drug court participant.

Recommended Practices

1. Participants should appear before the judge weekly during the initial phase of the court. Frequent status hearings during the initial phases of the court establish and reinforce the drug court's policies and ensure effective supervision of each drug court participant.
2. The drug court judge is knowledgeable about treatment methods and their limitations.
3. Hearings should be before the same judge for the length of each participant's time in the drug court.

VII. STANDARD SEVEN

Abstinence must be monitored by random, frequent, and observed alcohol and other drug testing protocols which include:

- 7.1 Written policies and procedures for sample collection, sample analysis, and result reporting. The testing policies and procedures address elements that contribute to the reliability and validity of the testing process.
- 7.2 Individualized drug testing plans; all testing must be random, frequent, and observed.
- 7.3 Plans for addressing participants who test positive at intake or who relapse must be clearly established with outlined treatment guidelines and sanctions, when appropriate, that are enforced and reinforced by the judge.
- 7.4 Notification of the court immediately when a participant tests positive, has failed to submit to testing, has submitted the sample of another, diluted the sample, or has adulterated a sample. Failure to submit to testing, submitting the sample test of another, and adulterated samples must be treated as positive tests and immediately sanctioned.

- 7.5 Testing sufficient to include each participant's primary substance of dependence, as well as a sufficient range of other common substances.

Recommended Practice

1. When testing for alcohol, drug courts should strongly consider devices worn by the participant, portable breath tests (PBTs), saliva tests, and the use of scientifically validated technology used to detect ethyl alcohol.

VIII. STANDARD EIGHT

Drug courts must provide prompt access to a continuum of approved AOD and other related treatment and rehabilitation services, particularly ongoing mental health assessments to ensure:

- 8.1 All participants have an up-to-date treatment plan and record of activities.
- 8.2 All chemical dependency and mental health treatment services are provided by programs or persons who are appropriately licensed and trained to deliver such services according to the standards of their profession.

Recommended Practices

1. Each participant should contribute to the cost of the treatment he/she receives while participating in the drug court, taking into account the participant's, and when appropriate the guardian's, financial ability.
2. Drug court teams should make reasonable efforts to observe drug court treatment programs to gain confidence in the services being provided and to better understand the treatment process.
3. Whenever possible drug court treatment providers should have separate tracks for drug court participants/criminal justice clients.

IX. STANDARD NINE

The drug court must have a plan to provide services that are individualized to meet the needs of each participant and incorporate evidence-based strategies for the participant population. Such plans must take into consideration services that are gender-responsive and culturally appropriate and that effectively address co-occurring disorders.

- 9.1 All DWI participants with suspended, canceled or revoked licenses must have a license reinstatement plan.

Recommended Practices

1. Services should be trauma-informed³ when appropriate and clinically necessary to the degree that available resources allow this.
2. All drug court participants with suspended, canceled or revoked licenses should have a license reinstatement plan.
3. Ancillary services that should also be considered may include but are not limited to:

Education

Transportation

Housing

Domestic Violence Education Programming

Health Related

Employment

X. STANDARD TEN

Immediate, graduated, and individualized sanctions and incentives must govern the responses of the drug court to each participant's compliance or noncompliance.

Recommended Practices

1. Adjustment in treatment services, as well as participation in community-based mutual support meetings, should only be based upon the clinically-informed interests of the participant.
2. Time between status hearings should be increased or decreased, based upon compliance with treatment protocols and progress observed.
3. Responses to or incentives for compliance vary in intensity and might include:
 - a. Encouragement and praise from the bench;
 - b. Ceremonies and tokens of progress, including advancement in the court;
 - c. Reduced supervision;
 - d. Decreased frequency of court appearances;
 - e. Reduced fines or fees;
 - f. Dismissal of criminal charges or reduction in the term of probation;
 - g. Reduced or suspended sentence; and
 - h. Graduation.
4. Responses to or sanctions for noncompliance vary in intensity and might include:
 - a. Warnings and admonishment from the bench in open court;

b. Demotion to earlier court phases;

³ Trauma-informed services are designed to provide appropriate interactions tailored to the special needs of trauma survivors. The focus is on screening for trauma and designing the drug court program to reduce or eliminate triggers of trauma for the survivor. This is particularly important because research shows that occurrence of trauma is a significant factor in most offender populations. This concept is further discussed in the Minnesota Supreme Court's Chemical Dependency Task Force's second report (pp. 44-47). <http://www.mncourts.gov/?page=631>

- c. Increased frequency of testing and court appearances;
- d. Confinement in the courtroom or jury box;
- e. Increased monitoring;
- f. Fines;
- g. Required community service or work programs;
- h. Escalating periods of jail or out-of-home placement, including detention, for Juveniles (drug court participants remanded to jail or out-of-home placement, including detention should receive AOD treatment services while confined); and
- i. Termination from the court and reinstatement of regular court processing.

XI. STANDARD ELEVEN

Drug courts must assure continuing interdisciplinary education of its team members to promote effective drug court planning, implementation, and ongoing operations, by:

11.1 Establishing and maintaining a viable continuing education plan for drug court team members.

Recommended Practices

1. At a minimum of once every two years, drug court teams should work with outside experts to assess team functionality, review all policies and procedures, and assess the overall functionality of the court.
2. Each drug court should plan for the transition of a team member and provide sufficient training for new team members.
3. Each court should identify and build a relationship with a mentor court of its specific model.
4. Drug courts should regularly observe other drug courts.
5. The operating procedures should define requirements for the continuing education of each drug court staff member.

XII. STANDARD TWELVE

Drug courts must evaluate effectiveness by:

12.1 Reporting outcome and other data as required by the DCI including information to assess compliance with the Standards.

APPENDIX A:

Definition of Drug Court Models (adapted from the National Drug Court Institute)

Adult Drug Court is a specially designed court calendar, the purposes of which are to achieve a reduction in recidivism and alcohol and other drug (AOD) use among nonviolent addicted offenders and to increase the offenders' likelihood of successful habilitation through early, continuous, and intense judicially supervised treatment, mandatory periodic drug testing, community supervision and the use of appropriate sanctions and incentives. The drug court judge maintains close oversight of each case through regular status hearings with the parties involved. The judge both leads and works as a member of a team that comprises representatives from treatment, law enforcement, probation, the prosecution, and the defense.

DWI Court is a distinct court dedicated to changing the behavior of the alcohol and other drug dependant offenders arrested for Driving While Impaired (DWI). The goal of DWI court is to protect public safety by using the drug court model to address the root cause of impaired driving, alcohol and other drug problems. With the repeat offender as its primary target population, DWI courts follow the Ten Key Components of Drug Courts and Ten Guiding Principles of DWI Courts, as established by the National Association of Drug Court Professional and the National Drug Court Institute.

Hybrid Drug Court is a drug court that combines multiple models. The drug court team has had appropriate training for each of the combined models. E.g., when an Adult drug court decides to also take DWI offenders, the court is structured to support the needs of DWI offenders, in particular the use of alcohol monitoring and the presence of victim's representatives at staffings, to protect public safety.

Juvenile Drug Court is a court calendar within a juvenile court to which selected delinquency cases are referred for handling by a designated judge. The youth referred to this docket are identified as having problems with alcohol and/or other drugs. The juvenile drug court judge maintains close oversight of each case through regular status hearings with the parties involved. The judge both leads and works as a member of a team that comprises representatives from treatment, juvenile justice, social and mental health services, school and vocational training programs, law enforcement, probation, the prosecution, and the defense.

APPENDIX B:

Policy and Procedures Manual Outline

COURT OVERVIEW

Introduction

Mission Statement
Goals and Objectives

COURT PLAN

Model

Target Population

Eligibility Criteria

Referral Process

Screening and Intake Process

Entry Process

Incentives & Sanctions

Graduation Requirements

Termination Criteria

Staffing (frequency, team operating norms, times)

Court Session (frequency, times)

ROLES AND RESPONSIBILITIES OF THE KEY PLAYERS OF THE OPERATIONS TEAM

CONFIDENTIALITY

CHEMICAL DEPENDENCY TREATMENT

Provider Network

Protocols

Phases and Duration

Long Term Recovery Supports/Continuing Care

ANCILLARY SERVICES

CULTURAL AWARENESS & INCLUSION POLICY

COURT OVERSIGHT AND SUSTAINABILITY PLAN

Marketing and Community Awareness

Cross Training

Management Information System

Evaluation Design

Budget

APPENDICES

Appendix A	Examples of Incentives & Sanctions
Appendix B	Forms
Appendix C	Orders
Appendix D	Participant Handbook
Appendix E	Phase Description
Appendix F	Team Meeting Ground Rules
Appendix G	Memoranda of Understanding (Enter a brief policy statement followed by necessary MOU's to maintain for the effective functioning of the court. An appendix section should contain all MOU's)
Appendix H	Life Plan Packet – this document delineates how the prospective graduate will maintain sobriety and continue law-abiding behavior.
Appendix I	Road Map – monthly review of all case plans so that all cases are prioritized on a regular basis
Appendix J	Steering Committee
Appendix K	Planning Team
Appendix L	Operations Team
Appendix M	Referral & Screening Flow Chart