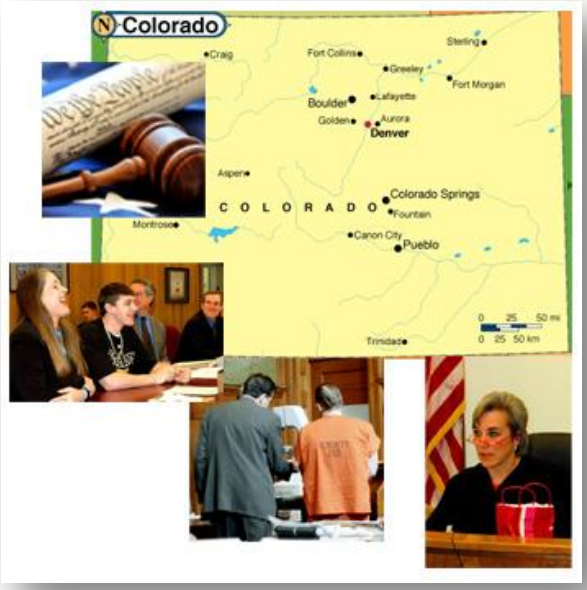
Colorado Statewide DWI and Drug Court Process Assessment and Outcome Evaluation

Final Report



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Colorado Judicial Department, Office of the State Court Administrator
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Submitted by:

NPC Research
Portland, Oregon

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

COLORADO ADULT DRUG COURTS AND DUI COURTS

Statewide Process Assessment and Outcome Evaluation

Final Report

Submitted By

NPC Research

Shannon M. Carey, Ph.D., Principal Investigator
Mary Beth Sanders, B.S., Data Coordinator
Anna M. Malsch, Ph.D., Data Analyst

www.npcresearch.com

For questions about this report or project, please contact Shannon Carey at (503) 243-2436 x 104 or carey@npcresearch.com

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EXECUTIVE SUMMARY

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

In late 2011, NPC Research was contracted by the State of Colorado Judicial Department to conduct a statewide process assessment and outcome evaluation of Colorado's adult drug courts (ADC) and DUI courts.

The process study included an examination of Colorado's drug court practices in relation to the 10 Key Components of drug court (NADCP, 1997) and research-based best practices for drug courts. Recommendations for enhancements to the programs were provided. The outcome evaluation included an examination of the characteristics of the participant population who entered Colorado's adult drug courts and DUI courts as well as an examination of whether there were participant characteristics that would predict graduation or unsuccessful termination from the program. In addition, analyses were performed to determine the graduation rate for Colorado's drug courts and whether programs were graduating their participants within the intended time frame. Finally, the outcome evaluation included a criminal justice recidivism study comparing arrest rates and charges for drug court participants before and after participation in the program.

The main purpose of the overall evaluation was to answer four key policy and research questions. Specifically,

1. What are the components of the problem-solving courts (e.g., who is on the drug court team, what practices are Colorado's drug courts engaging in, and how do they relate to program outcomes)?
2. What are the components of the probation program within the problem-solving court?
3. What are the significant characteristics of participants who have entered Colorado's drug court programs? What are the demographics? How do adult drug court and DUI drug court populations differ? What are the characteristics of the drug court participants who successfully complete the program compared to those who terminate from the program?
4. How successful are the problem-solving courts? What are the graduation rates of Colorado's drug courts? Are the drug courts graduating participants within the intended time frame? What are the recidivism rates of Colorado's drug courts?

METHODS

In order to gather detailed process information necessary to answer evaluation questions #1 and #2, NPC conducted an assessment of each of Colorado's adult drug courts and DUI courts. A link to this assessment was provided to all ADC and DUI court programs in the state. All 33 programs completed the assessment.

To answer questions #3 and #4, NPC obtained and reviewed Colorado statewide court data exported from the ICON/Eclipse case management system and the Problem Solving Courts Data Drives Dollars (PSC3D) database. ICON/Eclipse exports of adult drug court (ADC) and driving under the influence (DUI) court participant data consisted of multiple files, which would be audited and linked, each with a focus on specific data elements. These data were cleaned and

merged and then analyzed using SPPS 20 to determine the outcome evaluation results. Recidivism data were tracked for 2 years after drug court entry.

RESULTS

Process Assessment Results

Taken as a whole, Colorado's ADC and DUI courts are following the 10 Key Components of Drug Courts. In particular, the majority of these programs are performing best practices within these Key Components, including having essential representatives from collaborating agencies on the ADC and DUI court teams, having measures in place to ensure due process while protecting public safety (in most programs), providing a range of services to meet participant needs, and monitoring participant progress through appropriate drug testing. These programs are responding to participant behavior promptly and providing important training to drug court team members. Finally, all programs are currently participating in this evaluation. Incorporating external evaluation in to program practices has been shown to have significant effects on improving program outcomes.

Areas for improvement in some of these ADC and DUI Courts involve:

- Prompt placement in the ADC or DUI court program (Key Component #3)
- Having both defense attorney and prosecutor as members of the drug court team and attending staffings and court sessions (Key Component #2)
- Including graduation requirements for sober housing and employment or school
- Ensuring that sanction and reward guidelines are written and provided to the team (Key Component #6)
- Decreased use of jail, particularly for first positive drug test (Key Component #6)
- Adjusting drug test procedure so drug tests results are back within 24 hours (Key Component #5)
- Looking for opportunities to provide health and dental care (Key Component #4)
- Finding ways to provide transportation (particularly in DUI courts) (Key Component #4)
- Adding law enforcement to the team (Key Component #1)

Overall, Colorado's drug court programs are following the majority of best practices as described in the research literature. Many of the best practices that are not being followed are challenges that are common in drug courts across the U.S. and can be addressed through further assessment (including team self-assessment), technical assistance, and good communication across team members and their associated agencies.

Outcome Evaluation Results

The results of the outcome analysis for Colorado's adult drug courts and DUI courts are overwhelmingly positive.

- Taken as a whole, the programs have graduation rates that are equivalent to, or better than, the national average
- These programs are graduating participants within the specified intended length of stay in the program

In addition, compared to before their participation in the program, drug court program participants (regardless of whether they graduated from the program) had significantly lower recidivism in the 24 months after entry into the program. This includes:

- significantly fewer arrests with new drug charges and new DUI charges[1]
- significantly fewer person charges
- significantly fewer misdemeanor and felony charges

Although the graduation rate for ADC programs was 47% and that of DUI courts was 61%, which is close to or above the national average of 50%, the ADC and DUI court programs should still spend some time working 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.

An examination of participant characteristics that predict graduation or termination from the programs showed that drug court graduates were significantly more likely to be white, while non-graduates were more likely to be black (for adult drug courts) or American Indian (for DUI courts). Graduates were also significantly more educated and more likely to have a higher income. In addition, graduates spent a significantly longer time in the program and attended twice as many court sessions. Finally, graduates had significantly fewer prior arrests for all charges except DUI charges in the 24 months before drug court entry than non-graduates.

This analysis results in the following recommendations:

- The greater likelihood of non-white individuals in the non-graduate group indicates the potential need for more culturally specific services. Colorado's drug and DUI courts might review their services and ensure that they are following culturally appropriate practices.
- Due to the lower level of education and employment for non-graduates, the Colorado programs may also consider implementing additional educational and employment services (e.g., GED classes, job readiness training and employment assistance) and also ensure that program requirements and materials are appropriate for the education level of their participants.
- Although studies have shown that drug courts that accept participants with prior violent charges have the same recidivism outcomes as drug courts that do not (Carey, Finigan, & Pukstas, 2008; Carey, Waller, & Weller, 2011), the result that non-graduates had a greater number of prior person and property crimes may indicate a need for additional services for these individuals, such as criminal thinking classes, anger management, and domestic violence counseling.

Overall, the evaluation findings demonstrate that involvement in the Colorado ADC and DUI Courts, regardless of exit status, is associated with a reduction in criminality. The drug court programs have been successful in their goals of reducing drug use and recidivism among their participants, and increasing public safety.

[1] The main source of criminal recidivism data was from court case data. Therefore, in this study, arrests were defined as any new criminal court case filing recorded in the court data. Court case filings are cases that are filed with the court by the prosecutor's office. This does not include minor incidents such as parking tickets or traffic citations.

BACKGROUND

For more than 20 years in the United States, there has been a trend toward guiding nonviolent drug offenders into treatment rather than incarceration. One approach contributing to this trend is drug courts. The original drug court model links the resources of the criminal system and substance treatment programs to increase treatment participation and decrease criminal recidivism. Drug treatment courts are one of the fastest growing programs designed to reduce drug abuse and criminality in drug-involved offenders in the nation. The first drug court was implemented in Miami, Florida, in 1989. As of December 2011, there were 2,633 drug courts, including 1,881 adult and juvenile drug courts, 343 family courts, and 409 other types of drug courts in all 50 states, the District of Columbia, Guam, Puerto Rico, and the Virgin Islands (NDCI, 2011).

In a typical drug court program, participants are closely supervised by a judge who is supported by a team of agency representatives that operate outside of their traditional adversarial roles. These include addiction treatment providers, district attorneys, public defenders, law enforcement officers, and parole and probation officers who work together to provide needed services to drug court participants. Generally, there is a high level of supervision and a standardized treatment program for all the participants within a particular court (including phases that each participant must pass through by meeting certain goals). Supervision and treatment may also include regular and frequent drug testing.

The rationale of the drug court model is supported by a vast reservoir of research literature (Marlowe, 2010). There is evidence that treating substance abuse leads to a reduction in criminal behavior as well as reduced use of the health care system. The National Treatment Improvement Evaluation Study (Substance Abuse and Mental Health Services Administration, 1994) found significant declines in criminal activity when it compared the 12 months prior to treatment and the 12 months subsequent to treatment. These findings included considerable drops in the self-reported behavior of selling drugs, supporting oneself through illegal activity, shoplifting, and criminal arrests. In a study using administrative data in the state of Oregon, Finigan (1996) also found significant reduction in police-report arrests for those who completed treatment.

Drug courts have been shown to be effective in reducing recidivism (GAO, 2005; Gottfredson, Kearley, Najaka, & Rocha, 2005, 2006; Wilson, Mitchell, & MacKenzie, 2006) and in reducing taxpayer costs due to positive outcomes for drug court participants, including fewer re-arrests, less time in jail, and less time in prison (Carey & Finigan, 2004; Carey, Finigan, Waller, Lucas, & Crumpton, 2005). Bhati and colleagues found a 221% return on the investment in drug courts (Bhati, Roman, & Chalfin, 2008). Some drug courts have even been shown to cost less to operate than processing offenders through business-as-usual (Carey & Finigan, 2004; Carey et al., 2005).

More recently, over the past 10 years, the drug court model has been expanded to include other types of offenders (e.g., juveniles and domestic violence offenders) and other systems (e.g., child welfare). The model has also been used with a special focus on specific types of offenders (e.g., DUI offenders).

DUI (also called DWI) courts specifically target repeat driving under the influence (DUI), also called driving while intoxicated (DWI),[2] offenders with the main goal of protecting public safety. Benefits to society take the form of reductions in crime and future DUIs, resulting in reduced costs to taxpayers and increased public safety. DUI courts, specifically, have been shown to be effective in reducing recidivism (both of DUIs and other crimes) and in reducing taxpayer costs due to positive outcomes for DUI court participants, including fewer re-arrests, less time in jail, and less time in prison (Carey, Fuller, Kissick, Taylor, & Zold-Kilbourn, 2008).

DUI drug court programs follow both the 10 Key Components of Drug Courts (NADCP, 1997) and the 10 Guiding Principles of DWI Courts (NCDC, 2005) (See Appendix A). In the typical DUI drug court program, participants are closely supervised by a judge who is supported by a team of agency representatives operating both within and outside of their traditional roles. The team typically includes a coordinator, case managers, substance abuse treatment providers, prosecuting attorneys, defense attorneys, law enforcement officers, and parole and probation officers who work together to provide needed services to program participants. Prosecuting and defense attorneys modify their traditional adversarial roles to support the treatment and supervision needs of program participants. Drug court and DUI court programs blend the resources, expertise and interests of a variety of jurisdictions and agencies.

Adult Drug Court and DUI Court Process Assessment and Outcome Evaluation Description and Purpose

In late 2011, NPC Research was contracted by the State of Colorado Judicial Department to conduct a statewide process assessment and outcome evaluation of Colorado's adult drug courts (ADC) and DUI courts.

Located in Portland, Oregon, NPC Research has conducted research and program evaluation for over 20 years. Its clients have included the Department of Justice (including the National Institute of Justice and the Bureau of Justice Assistance); the Substance Abuse and Mental Health Services Administration (CSAP and CSAT in particular); state court administrative offices in Oregon, California, Maryland, Michigan, Minnesota, and Missouri; the Robert Wood Johnson Foundation; and many other local and state government agencies. NPC Research has conducted process, outcome, and cost evaluations of drug treatment courts nationally. Having completed over 125 drug treatment court evaluations (including adult, juvenile, DUI and family treatment drug treatment courts), NPC is one of the most experienced firms in this area of evaluation research.

The main purpose of the overall evaluation was to answer four key policy and research questions. Specifically,

1. What are the components of the problem-solving courts (e.g., who is on the drug court team, what practices are Colorado's drug courts engaging in, and how do they relate to program outcomes)?
2. What are the components of the probation program within the problem-solving court?
3. What are the significant characteristics of participants that have entered Colorado's drug court programs? What are the demographics? How do adult drug court and DUI drug court populations differ? What are the characteristics of the drug court participants

[2] For the most part, the terms DUI and DWI are used interchangeably in all types of literature. For purposes of simplicity, we will use the term DUI rather than DWI throughout the rest of this report, except in cases where DWI is part of a specific title (e.g., "The Guiding Principles of DWI Courts").

who successfully complete the program compared to those who terminate from the program?

4. How successful are the problem-solving courts? What are the graduation rates of Colorado's drug courts? Are the drug courts graduating participants within the intended time frame? What are the recidivism rates of Colorado's drug courts? Are drug court participants re-arrested less often after participating in a drug court program?

This document is the final report containing the process assessment and outcome evaluation results statewide for Colorado's ADC and DUI courts. The process assessment included an examination of ADC and DUI court practices in relation to the 10 Key Component of drug treatment court (NADCP, 1997) as well as research-based best practices for drug courts. The outcome evaluation included a criminal justice recidivism study comparing outcomes for drug treatment court participants both before and after program participation. Outcomes were examined for up to 2 years after drug treatment court entry. The process assessment was designed to answer questions #1 and #2, while the outcome evaluation was designed to answer questions #3 and #4 above. The specific methods used for the process assessment and outcome evaluation are presented in the process and outcome sections of this report

PROCESS ASSESSMENT

Process Assessment Methodology

In order to gather detailed information necessary to answer evaluation questions #1 and #2, NPC conducted an assessment of each of Colorado's adult drug courts and DUI courts. A link to this assessment was provided to all ADC and DUI court programs in the state. All 33 programs completed the assessment.

Assessment activities included administration of an electronic assessment in all 33 of Colorado's adult drug court and DUI court programs (24 ADC programs and 9 DUI court programs). This was followed up by emails and telephone interviews with the program coordinator and other team members as needed to fill in any missing information. The online assessment examined the extent to which the Colorado's ADC and DUI courts are implementing the 10 Key Components of Drug Courts, as well as the 10 Guiding Principles of DWI courts. The process section of this report contains the results of the assessment, with special attention to those questions that pertain specifically to research-based best practices within the 10 Key Components of drug courts. The results are presented in relation to recent research in best practices relevant to ADC and DUI courts.

ELECTRONIC PROGRAM ASSESSMENT

The electronic assessment, which provides a consistent method for collecting structure and process information from ADC and DUI courts, was developed based on three main sources: NPC's extensive experience and research on drug and DUI courts, the American University Drug Court Survey, and a 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 and DUI 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 and the Guiding Principles—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 program team members and their roles. The use of an electronic assessment allowed NPC to begin building an understanding of the program, as well as to collect information to support a thorough review of the site.

These assessment results were followed up by emails and phone interviews with drug court staff to gather more details about program practices, as well as to complete any missing information and to clarify any illogical or conflicting answers to the assessment.

DRUG COURT BEST PRACTICES

The specific research on best practices referenced in the process results includes a study that included 69 drug courts (16,317 drug court participants and 16,402 comparison group members) across the United States (Carey, Mackin, & Finigan, 2012). All 69 drug courts had detailed process, outcome, and cost evaluations. Analyses were performed to determine which practices performed by these drug courts were significantly related to the most positive outcomes, specifically, reductions in recidivism and reductions in costs (or increases in cost savings). For the purposes of this report, 38 practices were selected from this research as being of particular interest to DUI courts. The majority of these practices have also been shown in other research to be related to better outcomes for drug court participants and/or drug dependant individuals (e.g., Carey, Finigan, & Pukstas, 2008; Marlowe, 2007; Rempel & Zweig, 2011; Schaffer, 2006).

Adult Drug Court and DUI Court Program Process and Best Practices Results

PROCESS ASSESSMENT STUDY QUESTIONS

The process assessment was designed to provide answers to two fundamental policy questions.

1. ***Policy Question #1:*** What are the components of the problem-solving courts (e.g., who is on the drug court team? What practices are Colorado's drug courts engaging in, and how do they relate to program outcomes?)
2. ***Policy Question #2:*** What are the components of the probation program within the problem-solving court?

In answer to these two questions, the 10 Key Components (NADCP, 1997) are listed below. Tables listing Colorado's ADC and DUI court practices are presented within each of the Key Components along with the most recent literature on drug court best practices. At the end of the process section, there is a special summary focusing on probation's specific components within the ADC and DUI court programs statewide.

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 the agencies and agency staff involved in the program.

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

Carey et al. (2012) found that programs in which regular attendance of various team members (e.g., defense attorney, treatment, prosecuting attorney) at both staffing meetings and drug court hearings occurs had greater reductions in recidivism and greater increases in cost savings. Each team member contributes independently to improve program outcomes. For example, drug courts in which the treatment provider attended staffing had 105% greater reductions in recidivism than programs in which the treatment provider did not attend. Further, programs in which the coordinator attended staffing had 50% greater reductions in recidivism. Greater law enforcement involvement increases graduation rates and reduces outcome costs, and participation by the prosecution and defense attorneys in team meetings and at drug court hearings had a positive effect on graduation rate and on recidivism[3] costs (Carey et al., 2008; 2012).

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

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

In addition, Carey et al. (2005) and Carey, Waller, and Weller (2011) found that programs that had true formal partnerships with community agencies that provide services to program participants had better outcomes than programs that did not have these partnerships.

Colorado Process Results for KC #1

Table 1 provides the percentage of programs that reported that the specified team member was represented on their drug court team. All programs report that the judge is a member of the team. Further, 100% of the programs stated that treatment and probation is also represented on their team. All ADC programs reported that they had a program coordinator and most, but not all, DUI programs also had a coordinator. The majority of programs had both a prosecutor and defense attorney on the team, but did not have a case manager and did not consider community partners as members of the team. About half (52%) of ADC programs had law enforcement (i.e., police or sheriff, non-probation) on the team while only one-third of DUI programs included law enforcement. While the majority of ADC programs did not consider court security to be a team member, the majority of DUI programs did report that an individual from court security was on the team.

Table 1. Who Is on the Drug Court Team?

		All courts N= 33	Adult Drug Courts N = 24	DUI Courts N=9
Drug court team members				
	Judge	100%	100%	100%
	Defense Attorney	82%	83%	78%
	Prosecuting Attorney	94%	96%	89%
	Treatment Representative	100%	100%	100%
	Program Coordinator	91%	100%	78%
	Case Manager	33%	33%	33%
	Probation	100%	100%	100%
	Law Enforcement	52%	58%	33%
	Court Clerk	52%	42%	78%
	Court Security	3%	4%	78%
	Community Partners	21%	17%	33%

Table 2 presents the team members that attend staffing meetings in Colorado's drug court programs. The judge attended staffings in all ADC and DUI court programs, and probation, the coordinator, and treatment attended staffings in almost all programs. Although the majority of programs reported that the prosecutor and defense attorney attended staffings, these attorneys were much less likely to attend DUI court staffings. Similarly, law enforcement was more likely to attend ADC staffings than DUI court staffings.

Table 2. Which Team Members Attend Staffing Meetings?

		All courts N= 33	Adult Drug Courts N = 24	DUI Courts N=9
Team members that attend staffing meetings				
	Judge	100%	100%	100%
	Defense Attorney	75%	83%	56%
	Prosecuting Attorney	84%	91%	67%
	Treatment Representative	94%	96%	89%
	Program Coordinator	91%	96%	78%
	Case Manager	38%	39%	33%
	Probation	97%	96%	100%
	Law Enforcement	53%	61%	33%

The majority of team members in both ADC and DUI court programs in Colorado are reported to attend court sessions (see Table 3), with the exception of case managers. Similar to the results for staffing meetings above, both prosecutors and defense attorneys are less likely to attend DUI court sessions, with some ADC's also reporting no defense attorneys at their court sessions. In addition, law enforcement is also less likely to attend court sessions for both ADC and DUI courts.

Table 3. Which Team Members Attend Court Sessions?

		All courts N= 33	Adult Drug Courts N = 24	DUI Courts N=9
All core team members attend court sessions		**61%**	**67%**	**44%**
	Judge	100%	100%	100%
	Defense Attorney	76%	79%	67%
	Prosecuting Attorney	94%	100%	78%
	Treatment Representative	91%	92%	89%
	Program Coordinator	88%	92%	78%
	Case Manager	39%	42%	33%
	Probation	97%	96%	100%
	Law Enforcement	55%	58%	44%

Table 4 illustrates that treatment communicates with the court most often verbally in team meetings. In addition the majority of programs reported that treatment also communicated through written reports, through email, and (less frequently) verbally during court sessions. ADCs were less likely to have treatment communicate through email compared to DUI courts.

Table 4. How Does Treatment Communicate With the Team?

		All courts N= 33	Adult Drug Courts N = 24	DUI Courts N=9
Treatment communicates with the court and team				
	Verbally in team meetings	94%	92%	100%
	Verbally during court sessions	67%	67%	67%
	Through written progress reports	85%	88%	78%
	Through email	79%	71%	100%

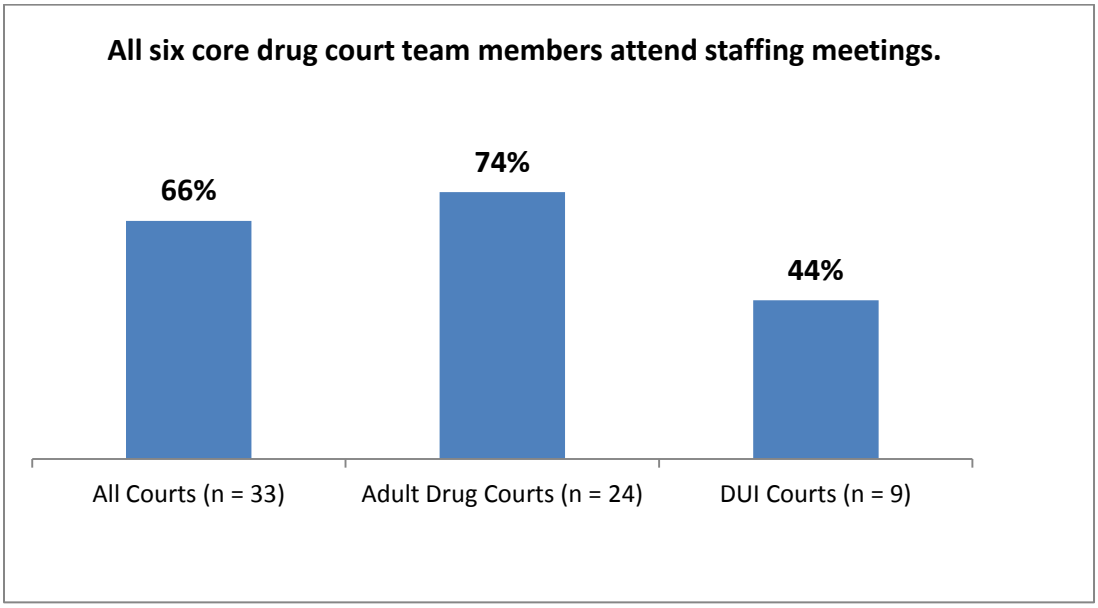
KC #1: BEST PRACTICES HIGHLIGHTS

Best Practice
All core team members attend staffing meetings.

Drug courts where all six core team members (judge, prosecutor, defense attorney, probation, coordinator, and treatment) attend staffing meetings had 50% greater reductions in recidivism and 20% higher cost savings (Carey et al., 2012).

- Overall, 66% of Colorado drug courts reported that all six core team members attended staffing meetings (74% of Colorado's adult drug courts and 44% of DUI courts) (see Figure 1).

Figure 1. All Six Core Drug Court Team Members Attend Staffing Meetings



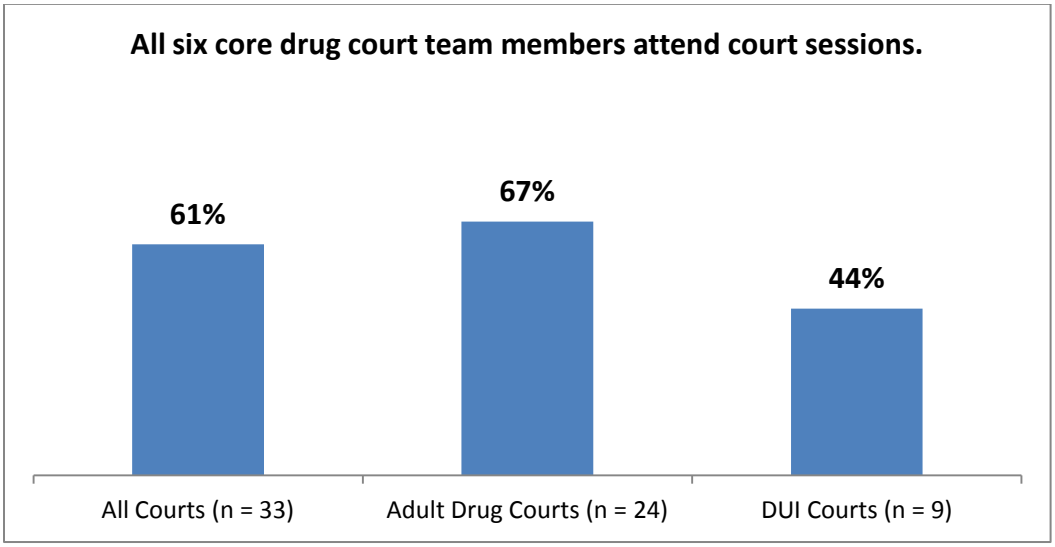
While the majority of ADC programs report that all six core team members attended staffing meetings, less than half of the DUI court programs do. As indicated in Table 1, only a third of DUI Court programs report that law enforcement or the case manager attend staffing meetings. Only slightly over half of the DUI Court programs report that a prosecutor attends staffing meetings.

Best Practice
All core team members attend court sessions.

Programs where all core team members attended court sessions (the judge, attorneys, treatment, probation and coordinator) had 35% greater reductions in recidivism and 36% higher cost savings (Carey et al., 2012).

- Overall, 61% of Colorado drug courts reported that all six core team members attended court sessions. More ADC programs (67%) had all six team members present, while far fewer DUI courts (44%) included all team members (see Figure 2). The team members that were least likely to attend court sessions were law enforcement and attorneys.

Figure 2. All Six Core Drug Court Team Members Attend Court Sessions

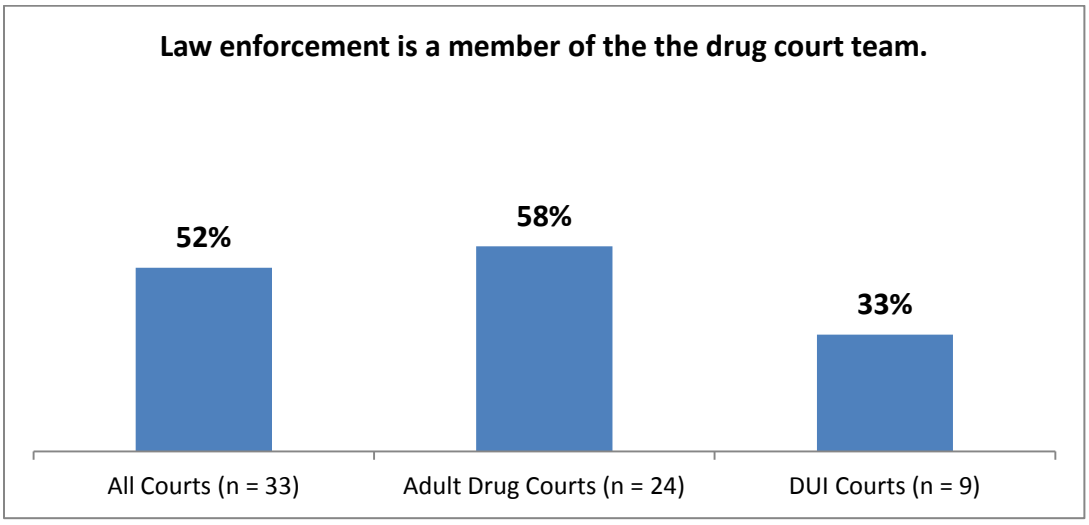


Best Practice
Law enforcement is a member of the drug court team.

Drug court programs where law enforcement was a member of the team had 87% greater reductions in recidivism and 44% higher cost savings.

- 52% of Colorado's drug courts reported that law enforcement is a member of the team (58% of adult drug courts and 33% of DUI courts) (see Figure 3).

Figure 3. Law Enforcement Is a Member of the Drug Court Team

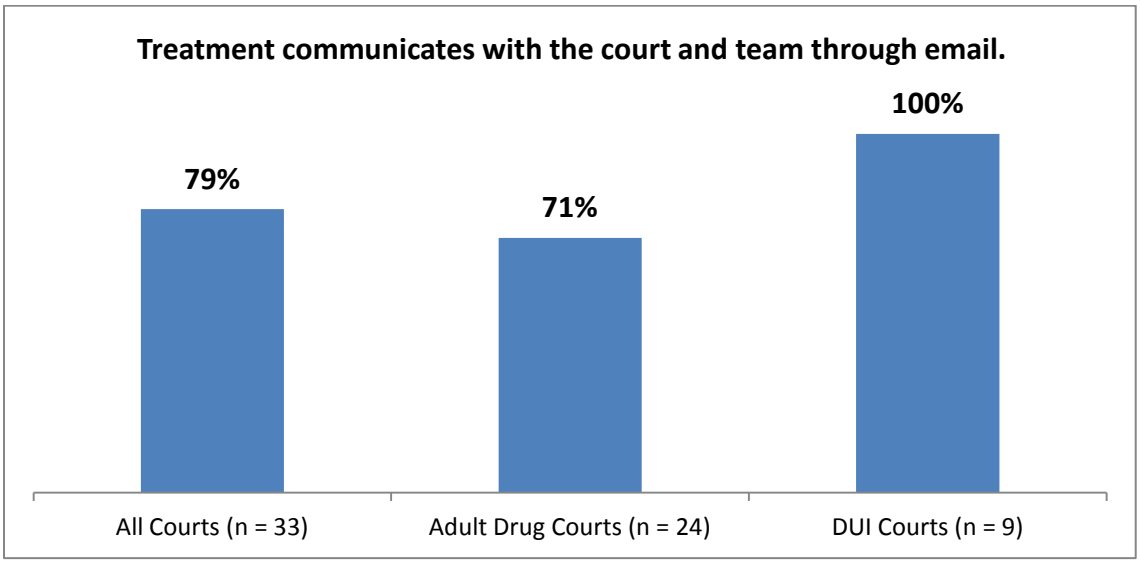


Best Practice
Treatment communicates with the court and team through email.

Drug court programs in which treatment communicated with the court and team through email had 119% greater reductions in recidivism.

- 79% of Colorado's programs reported that treatment communicated with the team through email (71% of adult drug courts and 100% of DUI courts) (see Figure 4).

Figure 4. Treatment Communicates With the Court and Team Through Email



Summary and Recommendations for KC #1:

- **Ensure that all team members attend staffing meetings and court hearings.** Research (Carey et al., 2005; 2012) has indicated that greater representation of all team members at staffing meetings and court sessions is correlated with positive outcomes for clients, including reduced recidivism and, consequently, reduced costs at follow-up. Each person and role that interacts with the participant sees something different and sees the person at a different time, which may offer additional, useful information for the team to draw from in determining court responses that will change participant behavior.
- **Have law enforcement attend court sessions.** Drug court outcomes could be improved by the addition of a law enforcement representative at court sessions. Research shows that attendance of law enforcement at court hearings is related to significant decreases in recidivism and increases in cost savings (Carey et al., 2008; 2012). The unique perspective provided by law enforcement due to their activities on the street and during home visits can enhance the judge's ability in court to make good decisions for shaping participant behavior change. In addition, having law enforcement in the court room, particularly if law enforcement can speak positively about a participant, allows participants to see law enforcement in a more positive light.
- **Recruit a non-probation law enforcement representative to join the team.** The team could be further improved by the addition of a law enforcement representative. The role of this representative could be to support probation and parole officers in conducting home visits to check on program compliance of participants. They can also learn to recognize participants on the street and can provide an extra level of positive supervision. To the extent possible, the team should make certain that local and state law enforcement understand their participation with drug court as a cost-effective way to deal with repeat offenders who have substance abuse problems. Additionally, the program should be seen as an avenue for addressing quality of life issues and preserving public safety. Research in this area has shown that greater law enforcement involvement significantly increases graduation rates, reduces recidivism, and increases cost savings (Carey et al., 2008; 2012).

Overall, the majority of drug courts in Colorado are following best practices within Key Component #1. Those drug courts in Colorado with less participation by attorneys and law enforcement may want to consider adding them to the team and having them attend staffings and court sessions. Each team member provides a unique perspective and important information about participants that will allow the team to make the best decisions on how they can support participant behavior change. In addition, it is important to ensure due process and public safety, regardless of the population being served.

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 drug court. Unlike traditional case processing, drug court case processing favors a non-adversarial, or collaborative, approach. The second focus area is that drug court programs remain responsible for promoting public safety. The third focus area is the protection of the participants' due process rights. While Key Component #1 includes all team members, Key Component #2, and the best practices information discussed in this section, focuses specifically around the engagement of the defense and prosecution team members in the program.

As described in Key Component #1, research by Carey et al. (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 positive effects on recidivism and costs. In addition, this research showed that programs with good attorney participation had significantly higher graduation rates.

Colorado Process Results for KC #2

Tables 1 through 3 illustrate how defense attorneys and prosecutors participate in Colorado's drug court, both ADCs and DUI courts. The majority of programs report that both attorneys are members of the team (82% had defense attorneys and 94% had prosecutors). Overall, defense attorneys were less likely to be on DUI court teams than on ADC teams, and were less likely to attend staffings and court sessions than most other team members, particularly in DUI courts.

KC #2: BEST PRACTICES HIGHLIGHTS

Figure 5 illustrates the participation of defense attorneys and prosecutors in staffing meetings. Both attorneys, but particularly defense attorneys, were less likely to attend DUI court staffings than ADC staffings.

Figure 5. The Defense and Prosecuting Attorneys Attend Staffing Meetings

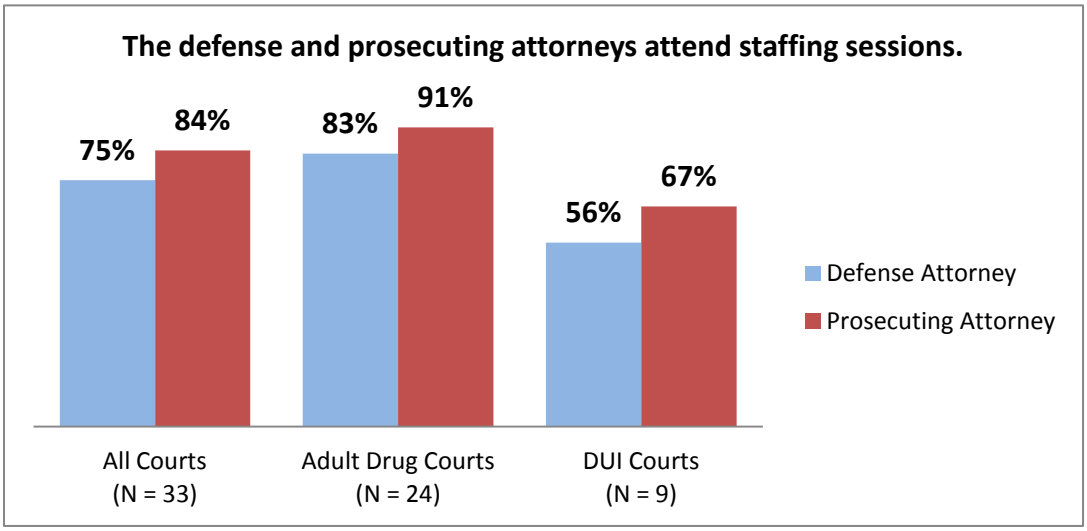
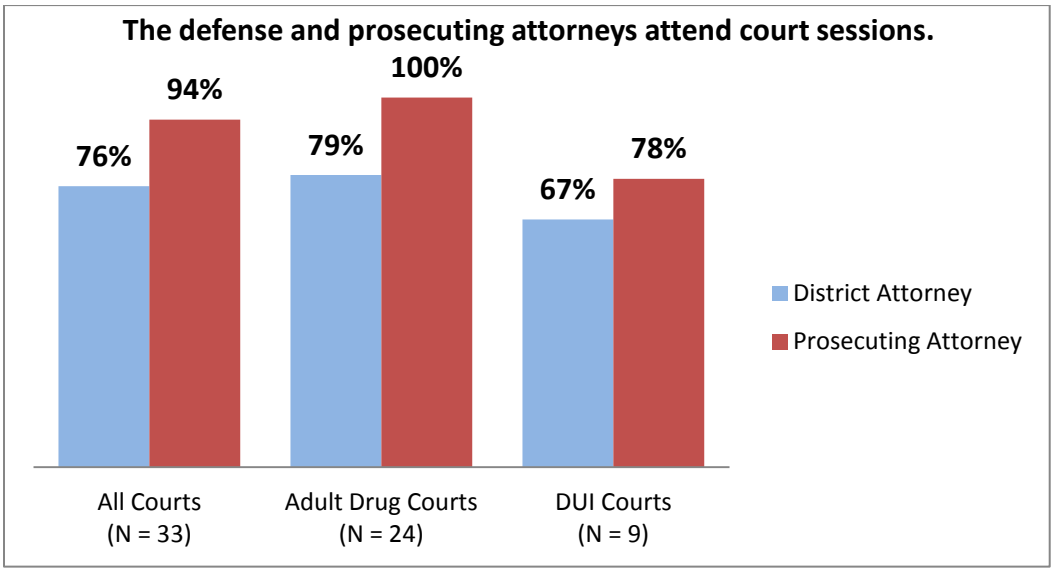


Figure 6 illustrates the participation of defense attorneys and prosecutors in court session. Both attorneys were less likely to attend DUI court sessions and defense attorneys were less likely to attend court sessions for both ADC and DUI courts.

Figure 6. The Defense and Prosecuting Attorneys Attend Court Sessions



Summary and Recommendations for KC#2: It is important to remember, especially for those programs that do not have both attorneys participating fully, that the goal of problem-solving courts is to change behavior by coercing treatment while protecting both participant rights and public safety. Punishment takes place at the initial sentencing. After punishment, the focus of the court shifts to the application of science and research to produce a clean healthy citizen where there was once an addicted criminal, while also protecting the constitution and the constitutional rights of the client.

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

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

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 con-

temporaneous 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 is on the development and effectiveness of the eligibility criteria and referral process for the program. Different drug courts allow different types of criminal histories. Some courts also include other criteria, such as requiring that participants 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 courts should have clearly defined eligibility criteria. It is advisable to have these criteria written and provided to the individuals who do program referrals so that appropriate individuals who fit the courts' target population are referred.

This component also looks at how drug courts differ in how they determine if a client meets these criteria. While drug courts always target 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 it may also result in more accurate identification of individuals who are appropriate for the services provided by the drug court.

Related to the eligibility process is how long it takes a drug court participant to move through the system from arrest to referral to drug court entry. The goal is to implement an expedient process. The amount of time that passes between arrest to referral and referral to drug court entry, the key staff involved in the referral process, and whether there is a central agency responsible for treatment intake are all factors that impact the expediency of program entry.

Those courts that expected 50 days or less from arrest to drug court entry had lower recidivism and higher savings than those courts that had a longer time period between arrest and entry (Carey et al., 2008; 2012).

In addition, larger programs (those with greater than 125 participants) had worse outcomes than smaller programs (Carey et al., 2012). This may be due to larger programs having a more difficult time consistently following the high intensity of services required by the drug court model. To ensure better outcomes, larger programs should pay special attention to ensure that they are providing services with the consistency described in the research-based best practices.

Colorado Process Results for KC #3

Table 5 provides a list of a variety of eligibility criteria for program entry and percentage of programs that reported following each eligibility criterion. The majority of programs, both ADC and DUI court, take participants post-adjudication, although approximately one quarter also take participants pre-plea. All ADCs accept participants with felony charges and about half take misdemeanors as well. In contrast, about two-thirds of the DUI programs take felony charges while a little less than half take misdemeanors. The majority of DUI courts do not take offenders with charges for drug trafficking, property offenses, prostitution, or forgery, while the majority of ADCs take offenders with any of the previously listed charges. Finally, the majority of ADC and DUI courts reported that eligible offenders must be amenable to treatment in order to participate in the program.

Table 5. Program Eligibility Criteria

Program Eligibility Criteria		All courts N=33	Adult Drug Courts N=24	DUI Courts N=9
Program accepts participants:				
	Pre-plea	25%	26%	22%
	Post-plea/pre-conviction	44%	48%	33%
	Post-conviction deferred judgment	59%	70%	33%
	Post-conviction (e.g., referred from probation)	91%	92%	89%
Program has written eligibility requirements		**88%**	**88%**	**89%**
Charges eligible for program entry				
	Misdemeanors	53%	48%	67%
	Felonies	85%	100%	44%
	Drug possession	84%	100%	38%
	Drug trafficking	41%	52%	11%
	Driving under the influence	69%	57%	100%
	Property offenses	73%	96%	11%
	Prostitution	61%	79%	11%
	Forgery	76%	96%	22%
	Status offenses	47%	61%	11%
Participants must be amenable to alcohol and drug treatment to be eligible for program		**82%**	**79%**	**89%**

Table 6 presents a list of exclusion criteria that is common for drug courts along with the percentage of ADCs and DUI courts that report practicing each exclusion criterion. In Colorado's programs, half the ADCs and two-thirds of the DUI courts exclude participants with serious mental health issues. For the most part, programs report that participants do not need to admit to having a problem with drugs in order to be eligible for the program. Further, most programs do not exclude offenders that are dual diagnosis or who are on methadone or suboxone, or who are using benzodiazepines or prescription opiates for pain. About half of the ADC programs and one-third of the DUI courts exclude offenders with current violence charges, while one-third of the ADCs and none of the DUI courts exclude offenders with prior violence charges. Offenders with sales charges are excluded in one-third of the ADCs and a little over half of the DUI courts.

Table 6. Program Exclusion Criteria

Program Exclusion Criteria		All courts N=33	Adult Drug Courts N=24	DUI Courts N=9
Offenders are excluded from entry who:				
	Have serious mental health issues	55%	50%	67%
	Do not admit to having a drug problem	30%	38%	11%
	Are dual-diagnosis but without serious mental health issues	3%	0%	22%
	Are on narcotic replacement therapy such as Methadone maintenance	21%	21%	22%
	Are using suboxone	15%	13%	22%
	Are currently using benzodiazepines	18%	17%	22%
	Are currently using prescription opiates for pain management issues	27%	29%	22%
	Have current violence charges	42%	46%	33%
	Have prior violence convictions	27%	38%	0%
	Have current sales charges	38%	30%	56%

Table 7 describes drug court screening and assessment criteria and the percentage of Colorado's drug court programs that perform these screens and assessments. Most ADCs and all DUI courts reported that they screen for co-occurring disorders and for suicidal ideation. The majority of ADC and DUI court programs report using standardized assessments to determine whether offenders are eligible to participate (83% and 67%, respectively). The majority of ADC programs (88%) report performing a full treatment assessment to determine level of care, while just over half (56%) of DUI courts report the same.

Table 7. Program Screening and Assessment

Program Screening and Assessment		All courts N=33	Adult Drug Courts N=24	DUI Courts N=9
Participants are screened for:				
	Co-occurring mental disorders	94%	92%	100%
	Suicidal ideation	94%	92%	100%
When determining eligibility, the programs:				
Use standardized assessments to determine whether an offender is eligible for drug court		78%	83%	67%
Assess offenders for suitability (such as attitude and readiness-for-treatment) before allowing them to participate		76%	75%	78%
Have refused entry to those who were considered unsuitable		60%	61%	57%
Performs a full substance abuse treatment assessment on offenders to determine level of care		79%	88%	56%

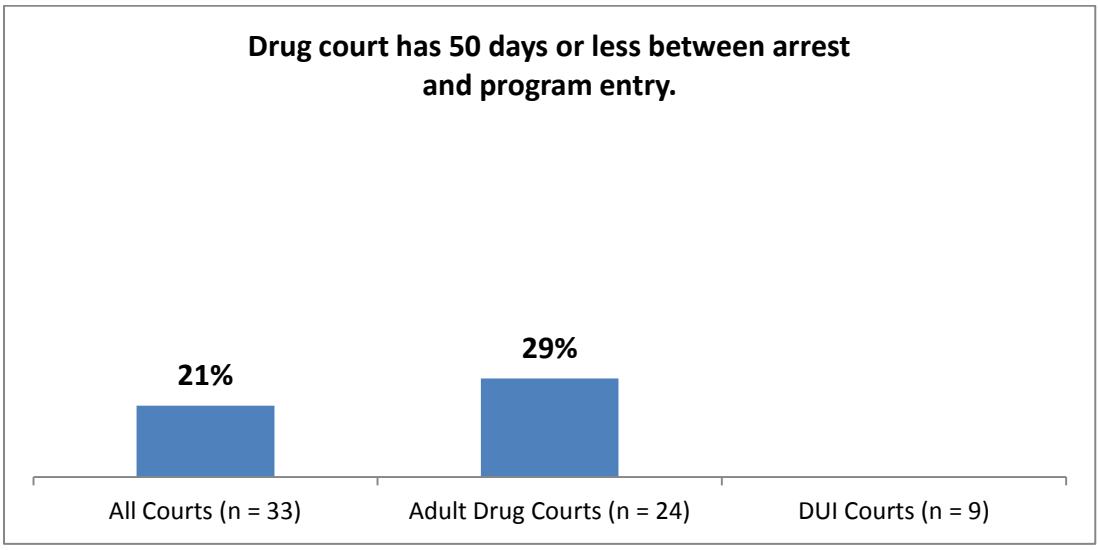
KC #3: BEST PRACTICES HIGHLIGHTS

Best Practice
Drug court has 50 days or less between arrest and program entry.

Best practice research showed that drug courts that had 50 days or less between arrest and program entry had 63% greater reductions in recidivism (Carey et al., 2012).

- In Colorado, 21% of the drug courts reported that participants had entered the program within 50 days of arrest (29% of adult drug courts and 0% of DUI courts) (See Figure 7).

Figure 7. Drug Court Has 50 Days or Less Between Arrest and Program Entry



Note: None of the DUI courts reported 50 days or less between arrest and program entry.

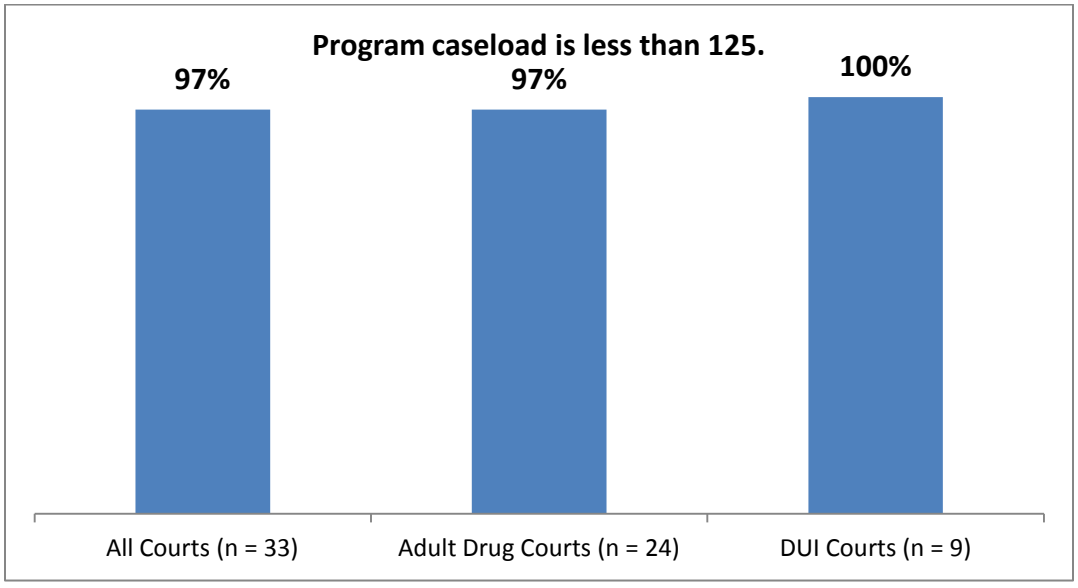
Best Practice

Program caseload (number of individuals participating at any one time) is less than 125.

Prior research showed that drug courts with caseloads of 125 participants or less had more than 5 times greater reductions in recidivism and 35% greater cost savings (Carey et al., 2012).

- In Colorado, 97% of the drug court programs reported a current active caseload under 125 (96% of adult drug courts and 100% of DUI court) (See Figure 8).

Figure 8. Program Caseload Is Less Than 125



Summary and Recommendations for KC#3. The vast majority of Colorado's drug court programs reported greater than 50 days from arrest to entry. This includes programs that target probation violations, which could consist of a new arrest as well as other incidents. In this case, the violation is the event that starts the "clock ticking" rather than the original arrest. However, it is important to note that it is less costly to the system if drug offenders can enter drug court without going through the full adjudication process, and that treatment is more effective when individuals receive the treatment they need sooner. A number of studies have examined the impact of shortening the delay of clients' first scheduled drug abuse treatment sessions or intake appointments (Stark, Campbell, & Brinkerhoff, 1990). Donovan et al. (2001) found that by reducing the time to entry approximately 70% of clients entered treatment, and of these approximately 70% completed their assigned treatment. Those who entered treatment showed significant reductions in substance use and improved psychosocial function at a short-term 3-month follow-up. This is similar to the need for immediate court response to non-compliant participant behavior. The time of arrest is a "teachable moment" and individuals may be more likely to realize that their lives are not going the way they would like at this time, and thus be more amenable to the need for change.

A swift entry into the program is integral not only to Key Component #3 but to effective behavior change. Although there may be statutes in Colorado that can prevent programs from getting participants into the program within the 50 days window (e.g., mandatory jail time on certain DUI charges), all drug courts should work to decrease the length of time from arrest to program entry as much as they feasibly can in areas where they do have some control over the speed of events. Programs should conduct a review and analysis of the case flow from referral to drug court entry to identify bottlenecks or structural barriers, and points in the process where more efficient procedures may be implemented. In addition, the team should brainstorm—and test—possible solutions to issues that are identified in the case flow analysis, including the possibility of changing statutes. Further, a team member could be assigned to review the systems of other programs that have shorter lapses between eligibility determination and drug court entry and bring this information back to the team. An excellent resource for drug court referral and entry protocols, as well as other sample drug court procedures can be found at http://www.ndcrc.org/voca_search. The program might choose to set a goal for how many days it should take to get participants into the program, and work toward achieving that goal.

The majority of Colorado adult drug courts and DUI courts reported having fewer than 125 active participants. The best practice on a program caseload of less than 125 should not be taken as a mandate that programs cannot "go to scale" and serve the entire eligible population. The number 125 should be considered a "trigger" for larger programs to look at their other practices and ensure they are able to handle a greater number of participants. When drug courts with more than 125 were compared to those with fewer than 125, results showed that the larger courts tended to do drug tests less frequently, were less likely to have all team members attend staffings and court sessions, tended to provide less treatment, had status review hearings less frequently, and had judges who spent less time per participant during court hearings. So, the key is not really that programs must not be greater than 125 to be a good drug court, but that larger programs need to maintain standards on all the other best practices in order to keep the quality of the services strong.

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

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

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) and substantially higher graduation rates and improved recidivism costs (Carey et al., 2008). Clear requirements of this type may make compliance with program goals easier for program participants and also may make it easier for program staff to determine if participants have been compliant. They 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 that focus on individual needs, motivational approaches to engaging clients, cognitive-behavioral therapy approaches, self-help groups, and appropriate use of pharmacological treatments can all provide benefits to participants in facilitating positive change and abstinence from alcohol and drug use. Multi-systemic treatment approaches work 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 support of the treatment environment back to her/his natural environment (Miller, Wilbourne, & Hettema, 2003).

The American University National Drug Court Survey (Cooper, 2000) showed that most drug courts have a single treatment provider agency. NPC, in two different research studies (Carey et al., 2008; 2012), found that having one or two treatment agencies or an agency that oversees all the providers is correlated with more positive participant outcomes, including lower recidivism and greater cost savings.

Revoking or suspending the license of a DUI offender 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, as well as their ability to be employed. Ignition interlock systems are another effective way to prevent alcohol-related traffic offenses, even for drivers with multiple prior DUI offenses (Beck, Rauch, Baker, & Williams, 1999), with the benefit of allowing participants to continue to have access to driving as a means of transportation. However, this intervention only remains effective while the interlock device remains on the vehicle. Once it is removed, the benefits are not retained.

Colorado Process Results for KC #4

Table 8 lists a variety of types of treatment and other services that are typically provided by drug court programs along with the percentage of Colorado's drug courts, including ADCs and DUI courts, that provide each type of service. The vast majority of Colorado's drug courts (both ADCs and DUI courts) report providing most of the services listed in the table including outpatient and residential treatment, group and individual treatment sessions, mental health counseling, parenting classes, anger management classes, etc. Transportation was a service offered by some programs, but DUI courts were *less* likely to provide transportation than ADCs (56% DUI vs. 75% ADC). All programs indicated that their participants are required to participate in re-

lapse prevention and self-help groups (e.g., AA, NA, 12-step). The few services that were *not* provided by most drug courts were culturally specific services, general health care and dental care, acupuncture, and child care. Finally, about half of ADCs and DUI courts provided aftercare services, and a very small number (38% of ADCs and 11% of DUI courts) reported having an alumni group.

Table 8. Services Offered by Colorado's Drug Courts

Services offered by Colorado's Drug Courts		All courts N=33	Adult Drug Courts N=24	DUI Courts N=9
The drug courts provided the following services:				
	Outpatient individual treatment sessions	100%	100%	100%
	Outpatient group treatment sessions	100%	100%	100%
	Residential treatment	88%	96%	67%
	Detoxification services	67%	79%	33%
	Mental health counseling	100%	100%	100%
	Self-help meetings (e.g., AA, NA, 12-step)	100%	100%	100%
	Family/domestic relations counseling	82%	75%	100%
	Gender-specific services	70%	75%	56%
	Parenting classes	85%	88%	78%
	Dental care	55%	54%	56%
	General health care	52%	50%	56%
	Language- or culturally specific services	39%	29%	66%
	Acupuncture	18%	25%	0%
	Prenatal/perinatal programs	55%	63%	33%
	Anger management/violence prevention	94%	92%	100%
	Job training/vocational program	85%	79%	100%
	Employment assistance	91%	88%	100%
	Health education	82%	79%	89%
	GED/education assistance	97%	96%	100%
	Housing/homelessness assistance	82%	75%	100%
	Prescription drugs for substance dependence	61%	67%	44%
	Transportation	70%	75%	56%
	Child care	18%	17%	22%
There is a phase when participants learn relapse prevention		100%	100%	100%
There is an aftercare program for participants that is available after graduation		52%	54%	44%
There is an alumni group that meets regularly after graduation		30%	38%	11%

Table 9 describes some services, specifically home visits and case management, that are frequently performed by different team members in different drug court programs. In Colorado, the team member that performs home visits most frequently is Probation. In a small number of programs the drug court coordinator or a case manager performs home visits.

Case management is performed most frequently by treatment providers and probation, followed by a person specifically designated as a case manager in about a third of the programs. (The majority of programs reported not having a person whose only role was case management on the team). Drug court coordinators also performed case management in a little less than half of the ADCs (42%) and just one DUI court program (11%).

Table 9. Team Members that Perform Services

Which Team Members Perform Specified Services		All courts N=33	Adult Drug Courts N=24	DUI Courts N=9
The following drug court team members make home visits:				
	Treatment providers	3%	4%	0%
	Case managers	18%	21%	11%
	Probation/Parole	97%	100%	89%
	Drug court coordinator	27%	29%	22%
	Community partners	3%	4%	0%
The following drug court team members perform case management:				
	Treatment providers	85%	92%	67%
	Case managers	39%	42%	33%
	Probation/Parole	97%	100%	89%
	Drug court coordinator	33%	42%	11%
	Other court staff	9%	8%	11%
	Community partners	12%	17%	0%

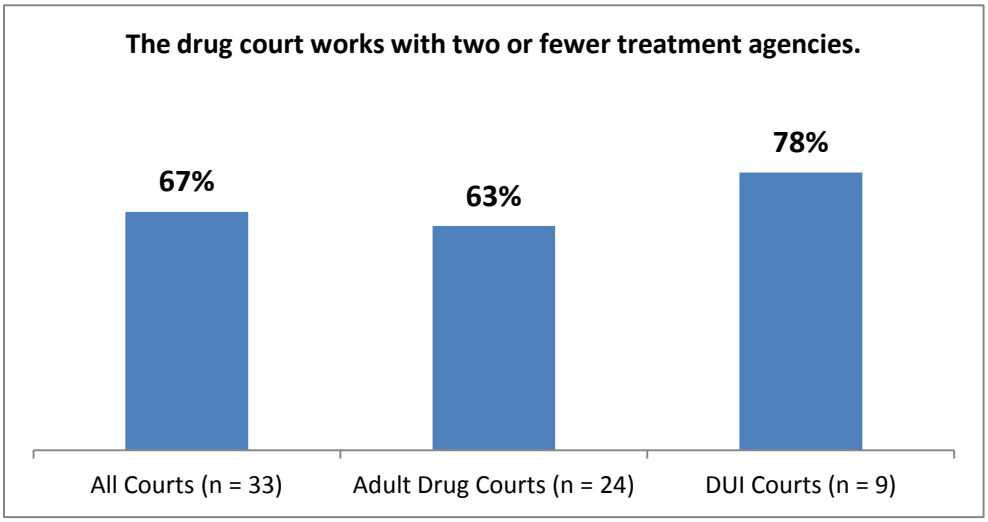
KC #4: BEST PRACTICES HIGHLIGHTS

Best Practice
The drug court works with two or fewer treatment agencies.

Research demonstrated that programs that work with two or fewer treatment agencies had 74% greater reductions in recidivism than those that work with greater numbers of treatment agencies (Carey et al., 2012).

- 67% of the Colorado drug courts work with two or fewer treatment agencies (63% of adult drug courts and 78% of DUI courts) (see Figure 9).

Figure 9. The Drug Court Works With Two or Fewer Treatment Agencies



Best Practice
The drug court offers an array of specified services.

When looking at programs across a variety of sites, there are certain services that, when offered, have been connected to better program outcomes. The bulleted list below includes the services that research has shown are best practices (were related to significant reductions in recidivism and/or significant cost savings) and the percentage of Colorado drug courts that offer each service.

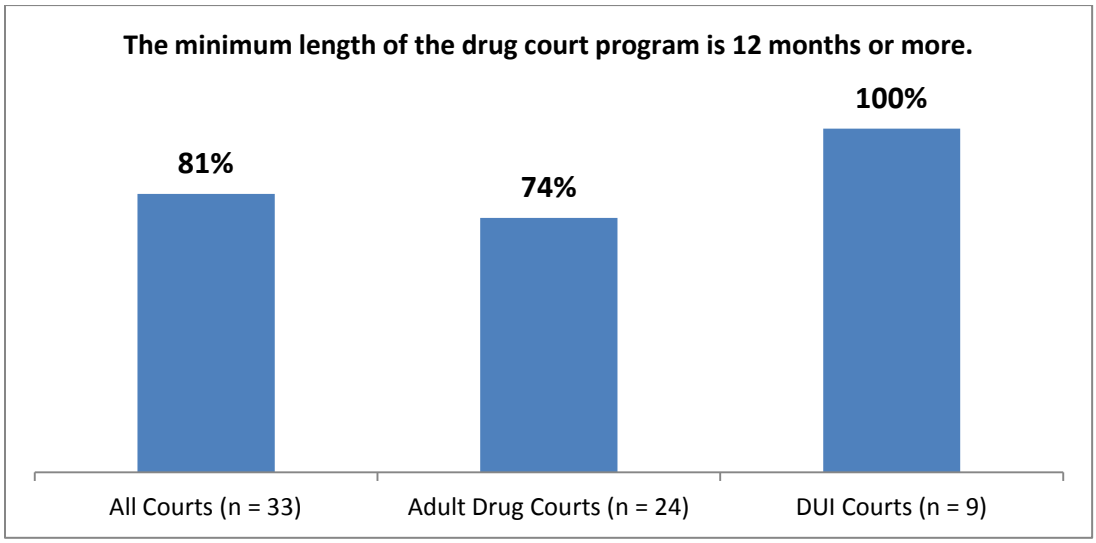
- 100% of the programs reported that they provided mental health treatment
- 96% of ADCs and 67% of DUI courts reported that they provide residential treatment for their participants
- 88% of ADCs and 78% of DUI courts reported that they provide parenting classes
- 75% of ADCs and 100% of DUI courts reported that they provide family/domestic relations counseling
- 75% of ADCs and 56% of DUI courts of the programs reported providing gender specific services
- 54% of ADCs and 56% of DUI courts reported that they provide dental care
- 50% of ADCs and 56% of DUI courts reported they provide general health care to their participants

Best Practice
The minimum length of the drug court program is 12 months or more.

Drug court programs that were designed to last 12 months or longer had 57% greater reductions in recidivism than programs lasting shorter durations.

- 81% of Colorado courts had a minimum length of at least 12 Months (74% of adult drug courts and 100% of DUI courts) (see Figure 10).

Figure 10. The Minimum Length of the Drug Court Program Is 12 Months or More



Summary and Recommendations for KC #4: Overall, Colorado's drug court programs are providing a wide array of services to their participants. Programs should continue to assess their specific population to determine what services are needed by their participants. About half of the DUI courts reported transportation as one of their services. Given the DUI court population, it is likely that a large portion of DUI court participants will need some form of transportation to comply with the requirements of the program as well as to perform other healthy life activities, such as working and caring for their families. Although this may be true for all programs, DUI courts in particular should ensure that they are addressing their clients' transportation needs.

Although health and dental care can be difficult for drug courts to obtain, programs that are able to provide these services for their participants have significantly better outcomes. Some programs will work with community partners such as a local medical university, a residency, or a local clinic to gain volunteer health and dental care for their participants. In addition, as part of case management, the drug court team can help participants with paperwork or community resources to help them qualify for health insurance so they can seek their own medical care.

The majority of Colorado's drug courts reported working with two or fewer treatment agencies. Having one or two treatment providers is related to better program outcomes, including lower recidivism (Carey et al., 2012). If multiple providers are more appropriate to provide services in a broader geographic area, or to offer the range of comprehensive services that are needed, programs should identify a single organization to coordinate the array of treatment services across agencies and to facilitate communication between providers and the court.

Three quarters of ADCs and all the DUI courts reported having a minimum program length of 12 months or greater. These programs should be commended for following best practices. Most drug dependent individuals need to participate in treatment for an extended period in order to sustain sobriety. Twelve months allows participants to go through important phases in their recovery, including initiation of abstinence, maintenance of abstinence, relapse prevention, coping skills, transition to aftercare, and aftercare.

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

The focus of Key Component #5 is the use of alcohol and other drug testing as a part of the drug court program. Drug testing is important both for court supervision and for participant accountability. It is generally seen as a key practice in participants' treatment progress in that it is the only objective measure of whether the participant is using. Participants report that knowing they will be drug tested is the key factor that made them stop using early in their recovery. This component encourages frequent testing but does not define the term "frequent" so that drug 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 court or DUI court 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.

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., SCRAMx bracelets) and ignition interlock devices (person must take a breath test before his/her car will start).

Research on courts in California (Carey et al., 2005) 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. Later research (Carey et al., 2012) supported this finding.

In addition to frequency of testing, it is important to ensure that drug testing is random and fully observed during sample collection, as there are numerous ways for individuals to predict when testing will happen and therefore use in between tests, or to submit a sample that is not their own. In focus groups with participants after they had left their programs, individuals admitted to the many ways they were able to "get around" the drug testing process. One participant confessed to sending a cousin to the testing agency. Another submitted their 12-year-old daughter's urine sample as their own.

Research has also demonstrated that having the results of drug tests back to the drug court team swiftly (within 48 hours) is key to positive outcomes as it allowed the court to respond immediately to participant use while the incident is still fresh in the participants minds. Finally, the length of time abstinent before graduation from the program is associated with continued abstinence after the program, resulting in both lower recidivism and higher cost savings (Carey et al., 2012).

Colorado Process Results for KC #5

Table 10 provides a list of various types of drug tests and the percentage of Colorado's drug courts that use each type. All programs reported performing urine drug tests and using a lab for testing. About half reported using dipsticks or instant tests. Most programs (88% ADC and 89% DUI) performed breath tests and about three-quarters used oral swabs with another three-quarter using a tether (e.g., SCRAMx device). About one-third of the programs or fewer reported using blood tests or sleep monitors.

Table 10. Types of Drug Testing

Types of Drug Tests		All courts N=33	Adult Drug Courts N=24	DUI Courts N=9
	Urine: In-house dipsticks	55%	58%	44%
	Urine: Sent out to lab for testing	100%	100%	100%
	Urine: In-house lab	12%	13%	11%
	Urine: EtG	100%	100%	100%
	Hair	52%	58%	33%
	Breath	88%	88%	89%
	Blood	18%	21%	11%
	Oral swab	70%	71%	67%
	Sleep monitor	24%	21%	33%
	Bracelet/Tether (alcohol)	79%	75%	89%
	Other	20%	7%	60%

Table 11 provides information on how drug tests are performed in Colorado's drug courts. All programs reported performing drug tests for cause (e.g., the participant appeared intoxicated or engaged in other behaviors that caused the team to suspect use) and the majority reported that drug tests were performed randomly (i.e., in a manner that would not allow participants to predict when they would be tested). A very small number of programs reported performing drug tests on a regular schedule. Most programs reported that their urine collection for testing was fully observed. Programs reported a variety of agencies that collected drug test samples. Probation was the most common (88% for ADCs and 67% for DUI courts) and treatment was the next most common (54% for ADCs and 78% for DUI courts). Many programs also reported using a contracted agency for drug testing (71% of ADCs and 33% of DUI courts).

Table 11. How Drug Testing is Performed

How Drug Tests are Performed		All courts N=33	Adult Drug Courts N=24	DUI Courts N=9
Drug testing is performed				
	For cause	100%	100%	100%
	On a random basis	97%	100%	89%
	On a regular schedule	9%	13%	0%
UAs are fully observed		94%	96%	89%
The following drug court team members collect drug test samples:				
	Treatment providers	61%	54%	78%
	Probation	82%	88%	67%
	Case managers	6%	4%	11%
	Other contract agency	61%	71%	33%

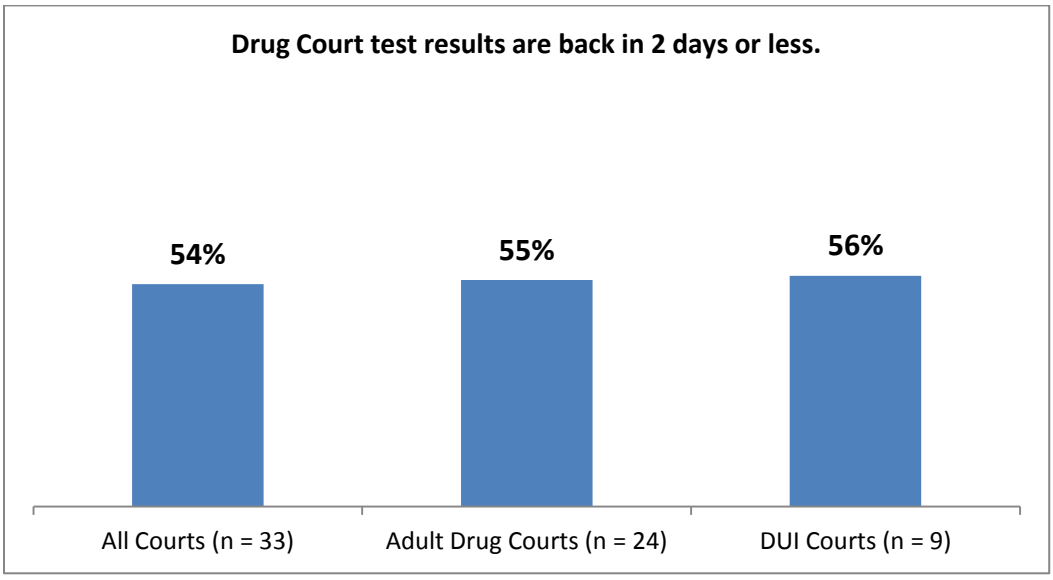
KC #5: BEST PRACTICES HIGHLIGHTS

Best Practice
Drug court test results are back in 2 days or less.

Research shows that expedited drug testing results are linked to 73% greater reductions in recidivism and 68% greater increases in cost savings.

- 55% of Colorado's drug courts reported that they received drug test results within 2 days (54% of adult drug courts and 56% of DUI courts) (see Figure 11).

Figure 11. Drug Court Test Results Are Back in 2 Days or Less

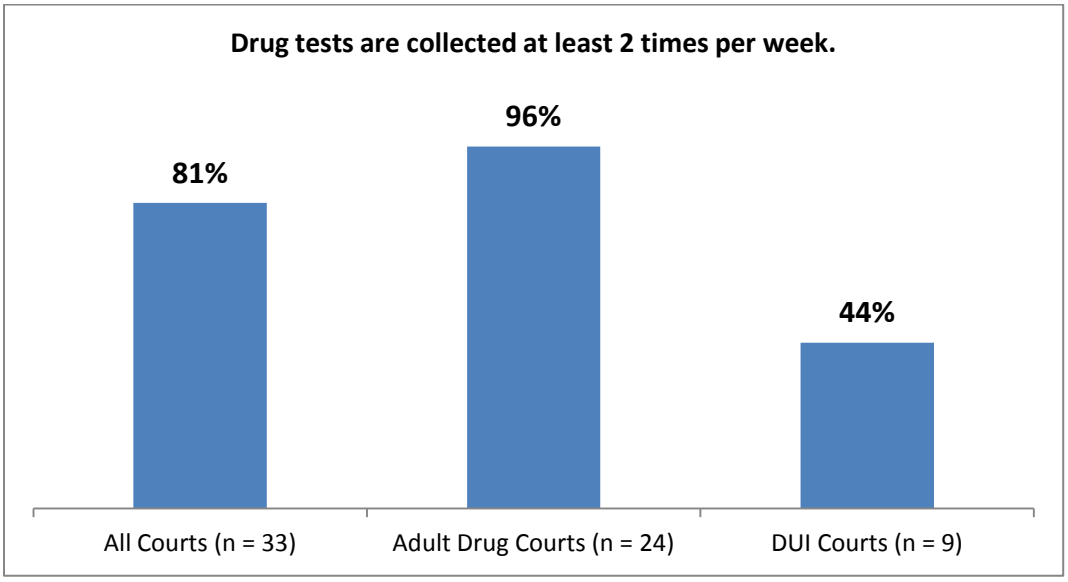


Best Practice
In the first phase of drug court, drug tests are collected at least 2 times per week.

Drug courts that test at least 2 times per week had 61% higher cost savings. Further, using an anklet or tether ensures even more frequent testing, and having an ignition interlock device (IID) ensures testing when it is most important for public safety.

- 81% of Colorado's drug courts performed drug tests at least 2 times per week (96% of adult drug courts and 44% of DUI courts) (See Figure 12).

Figure 12. Drug Tests are Collected at Least 2 Times per Week

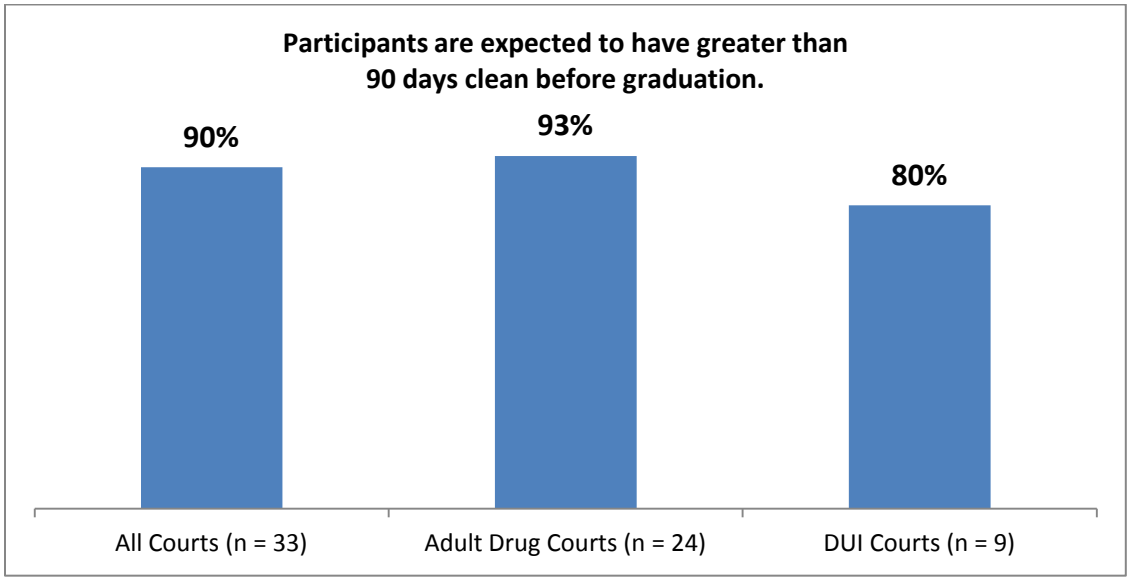


Best Practice
Participants are expected to have greater than 90 days clean (negative drug tests) before graduation.

This practice is linked to 50% greater increases in cost savings and 164% greater reductions in recidivism.

- 90% of Colorado's drug courts require at least 90 days clean before graduation (93% of adult drug courts and 80% of DUI courts) (see Figure 13).

Figure 13. Participants Are Expected to Have Greater Than 90 Days Clean Before Graduation



Summary and Recommendations for KC #5: About half of Colorado's drug courts reported that they received drug test results within 2 days or less. Research has shown that obtaining drug testing results within 48 hours of submission is associated with significantly higher graduation rates and lower recidivism (Carey et al., 2008; 2012). Colorado's programs should examine options for drug testing that would allow a swifter turnaround time for drug testing results, within 48 hours or less, so that quicker responses to substance use can be implemented. Although there is a common belief that some instant tests are less accurate than lab tests, there are instant tests that are extremely accurate and provide immediate results. These are much less expensive than lab tests, and can be verified by lab later if needed (e.g., if participant continues to deny use).[4]

The majority of ADCs reported testing at least twice per week. Less than half of the DUI courts reported testing that often. Research shows that drug courts that test at least 2 times per week have better outcomes (Carey et al., 2008). Marlowe (2008) suggests that the frequency of drug testing be the last requirement that is ratcheted down as participants progress through program phases. As other requirements, such as treatment sessions and court appearances, are decreased, checking for drug use becomes increasingly important in order to determine if the participant is doing well with more independence and less supervision.

Almost all of Colorado's programs require at least 90 days clean before graduation. Research in multiple drug courts showed that a minimum of 90 days abstinent (measured by continued negative drug tests) before graduation had 164% greater reductions in recidivism than programs that required less time clean or that had no minimum required time clean before graduation (Carey et al., 2012). And an earlier study, also in multiple drug courts, found that a minimum of 90 days clean resulted in substantially greater cost savings (Carey et al., 2008). The longer participants

[4] This used to be an area of intense scientific study with researchers comparing various brands and manufacturers for testing urine. Then came the tsunami of testing products and it was simply not possible to compare dozens and dozens on-site tests. Tests that are marketed by the reference labs such as Alere, MedTox, Redwood, etc., rather than an independent vendor, may be more reliable. In some cases it may be possible to bundle the cost of the instant test and confirmations of positives (Paul Cary, personal communication, October 2012).

were required to be abstinent before graduation, the bigger the reductions in recidivism for up to 2 years after program participation. Programs that required 6 months abstinence before graduation had 40% greater reductions in recidivism than programs that required 90 days, and those requiring up to 1 year before graduation had 80% greater reductions than those requiring 90 days (Carey et al., 2012). However, it is important to consider that there is a point of diminishing returns on the amount of time participants should be kept in a drug court program. The intense supervision in a well-run drug court program is expensive and the amount of benefit gained by the participant (and the taxpayer) in lower recidivism may not outweigh the cost of the program itself, both in monetary terms and in the life of the participant. If a program requires a full year of sobriety and a participant relapses on the verge of graduation, requiring another full year in the program may result in a feeling of defeat and learned helplessness (a feeling that he or she will never be able to succeed in the program), which could result in actual harm to the participant as they give up and continue to use. For this reason, programs must balance the requirement of longer term abstinence before graduation with whether it is in the best interest of the participant (and the taxpayer) for the program to continue to be the vehicle of enforcement for that abstinence.

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

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

Nationally, the judge generally makes the final decision regarding sanctions or rewards, based on input from the drug or DUI court team. Carey et al. (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. Carey et al. (2012) showed that drug courts that responded to infractions immediately (particularly requiring the participant to attend court at the next possible sessions) had twice the cost savings.

In addition, all drug courts surveyed in the American University study confirmed that 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 et al., 2008; 2012).

Colorado Process Results for KC #6

Table 12 presents a list of reward practices that drug courts typically engage in and the percentage of Colorado's drug court programs that perform each practice. Most or all of the ADC and DUI court programs report that participants are given both tangible and intangible rewards. Half of the ADC programs have standardized rewards for specific behaviors while two-thirds of the DUI courts engage in this practice. Close to two-thirds of the programs provide participants with a written list of possible rewards while about half of the programs also provide a list of participant behaviors that lead to those rewards. More ADCs (63%) than DUI courts (33%) have staff provide rewards outside of court sessions.

Table 12. Reward Practices

Reward Practices	All courts N=33	Adult Drug Courts N=24	DUI Courts N=9
Participants are given tangible rewards (such as movie tickets, candy, key chains)	88%	92%	78%
Participants are given intangible rewards (applause, praise from judge or team)	100%	100%	100%
Rewards are given in a standardized way for specific behaviors	54%	50%	67%
Participants are given a written list of possible rewards	61%	58%	67%
Participants are given a written list of the behaviors that lead to rewards	52%	54%	44%
Staff can provide rewards outside of court sessions	55%	63%	33%

Table 13 provides sanctioning practices and the percentage of Colorado courts that engage in those practices. All Colorado programs reported that their sanctions were graduated, that jail was a possible sanction for their participants and that jail sanctions were used for positive drug tests, failure to appear in court, and failure to attend treatment. All programs use jail after the third positive drug test and most report using it after the first and second positive drug test as well. The majority of programs reported using jail up to 2 consecutive weeks or more, although DUI courts were less likely to use greater than one week of jail. In 83% of ADCs and 78% of DUI courts, jail is sometimes used as an alternative to detox or residential when a bed is not available. Greater than 75% of the courts reported that participants are given a list of the possible sanctions, and that sanctions are discussed and decided as a team. In most ADCs (76%), team members can impose sanctions outside of the court session. This is not the case in most DUI courts (just 33%).[5]

[5] Which sanctions can be imposed outside of court sessions by team members other than the judge is typically decided together by the team. These sanctions are generally termed "administrative sanctions" and can include sanctions such as assigning essays, increasing supervision (e.g., more meetings with probation and/or case managers, increased drug testing) or things like increased self-help groups. Jail should not be imposed by anyone other than the judge, and any sanctions imposed by a team member outside of court should be communicated to the whole team through email, or at a team meeting.

Table 13. Sanction Practices

Sanction Practices		All courts N=33	Adult Drug Courts N=24	DUI Courts N=9
Sanctions are graduated (e.g., the severity of the sanction increases with more frequent or more serious infractions)		100%	100%	100%
Jail is used as one of the possible sanctions in your court		100%	100%	100%
Jail is used as one of the possible sanctions for:				
	Positive drug screens	100%	100%	100%
	Non-compliance with program rules	100%	100%	100%
	Failure to appear for court	100%	100%	100%
	Failure to appear for treatment	100%	100%	100%
	After the first positive drug test	88%	88%	89%
	After the second positive drug test	97%	96%	100%
	After the third positive drug test	100%	100%	100%
When a jail sanction is used, the length of the sanction is generally:				
	1 day	79%	79%	78%
	2 days	91%	96%	78%
	3-6 days	100%	100%	100%
	1 week	85%	92%	67%
	2 weeks	61%	71%	33%
	Longer than 2 weeks	55%	63%	33%
Jail is used as an alternative for detox or residential when detox or residential is not available		82%	83%	78%
Sanctions may be imposed outside of court by team members other than the judge		64%	75%	33%
Sanctions are discussed among the team and decided as a group		91%	88%	100%
Participants are given a written list of possible sanctions		91%	88%	100%
Participants are given a written list of the behaviors that lead to sanctions		82%	88%	67%

Table 14 describes some other responses to participant behaviors and how programs plan for those responses. In approximately half the programs, team members are given a written copy of the guidelines for the team response to participant behavior. All programs reported that team responses to participant behavior are decided on a case-by-case basis. Other than self-help classes, both ADC and DUI court programs reported using all of the potential responses to participant behavior listed below including community service, writing essays, more frequent drug tests, more frequent court appearances and increased treatment sessions. Increased self-help was used in about half of ADC and DUI court programs.

Table 14. Other Team Responses to Participant Behavior

Other Team Responses to Participant Behaviors		All courts N=33	Adult Drug Courts N=24	DUI Courts N=9
The team is given a written copy of the guidelines for program/team response to participant behavior		49%	50%	44%
Team responses to participants behaviors are decided on a case-by-case basis		100%	100%	100%
Which of the following responses to participant behavior have you used for participants in your program?				
	Writing essays	79%	79%	78%
	Community service	91%	88%	100%
	Residential treatment	73%	83%	44%
	More frequent UAs	91%	92%	89%
	More court appearances	85%	79%	100%
	Increased treatment sessions	88%	92%	78%
	Return to an earlier phase	76%	79%	67%
	Increased self-help (AA/NA) meetings	49%	54%	33%

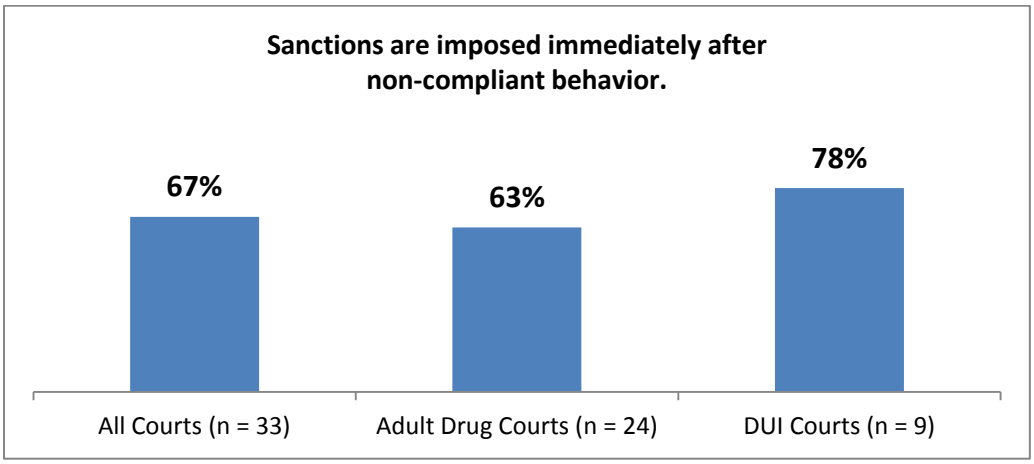
KC #6: BEST PRACTICES HIGHLIGHTS

Best Practice
Sanctions are imposed immediately after non-compliant behavior (e.g., Drug court will impose sanctions in advance of a client's regularly scheduled court hearing).

Best practices research showed that drug court programs following this practice had 100% higher cost savings than programs that waited to impose sanctions (Carey et al., 2012).

- 67% of Colorado's DUI Courts reported that they impose sanctions immediately after non-compliant behavior (63% of adult drug courts and 78% of DUI courts) (see Figure 14).

Figure 14. Sanctions Are Imposed Immediately After Non-Compliant Behavior



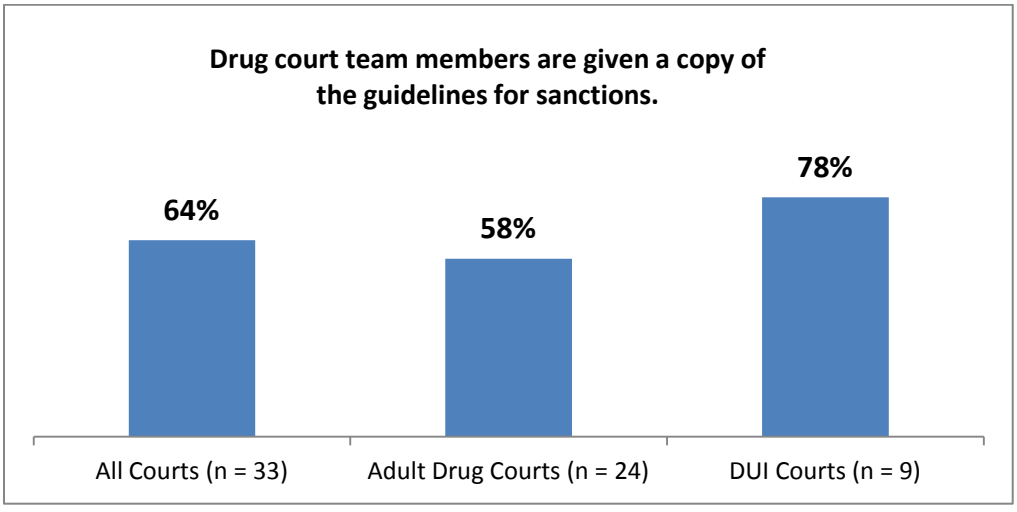
Best Practice

DUI drug court team members are given a copy of the guidelines for sanctions.

Drug court programs that had written guidelines for sanctions and provided these guidelines to the team had 55% greater reductions in recidivism and 72% higher cost savings than programs that did not.

- 64% of the programs reported that their team was provided with a written copy of the sanction guidelines (58% of adult drug courts and 78% of DUI courts) (see Figure 15).

Figure 15. Drug Court Team Members Are Given a Copy of the Guidelines for Sanctions

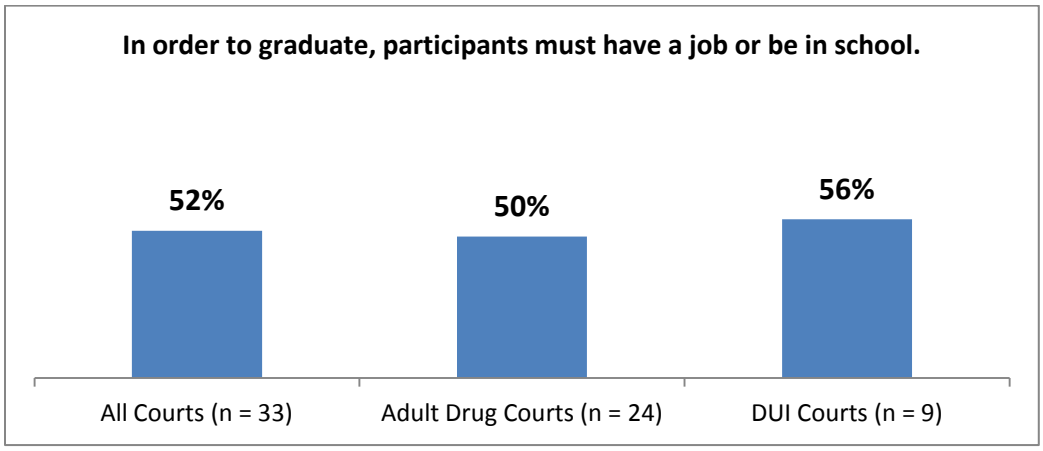


Best Practice
In order to graduate participants must have a job or be in school.

Programs requiring participants be employed or in school before graduation had 83% higher cost savings than programs without these graduation requirements.

- 52% of Colorado's drug courts reported that they require participants to have a job or be in school before they can graduate (50% of adult drug courts and 56% of DUI courts) (see Figure 16).

Figure 16. In Order to Graduate, Participants Must Have a Job or Be in School

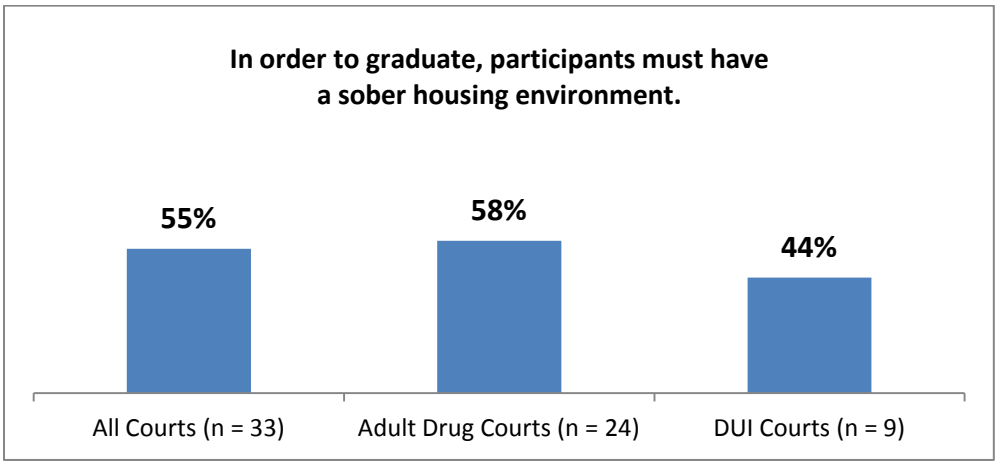


Best Practice
In order to graduate participants must have a sober housing environment.

Drug courts requiring sober housing before graduation had 48% higher cost savings than programs that did not require sober housing.

- 55% of the programs reported that they require participants to live in sober housing before they can graduate (58% of adult drug courts and 44% of DUI courts) (see Figure 17).

Figure 17. In Order to Graduate, Participants Must Have a Sober Housing Environment

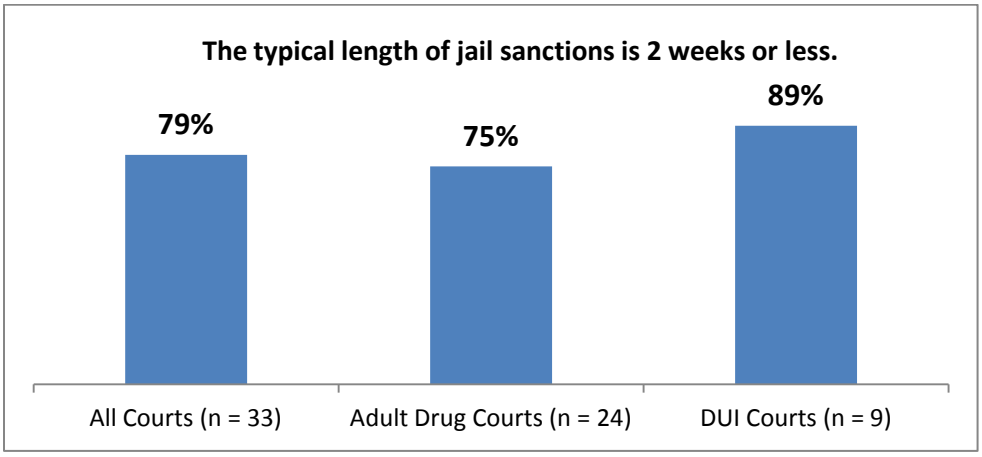


Best Practice
The typical length of jail sanctions is 2 weeks or less.

Drug courts that use smaller amounts of jail time (2 weeks or fewer consecutive days in jail) had 59% greater reductions in recidivism and 45% greater increases in cost savings.

- 79% of the Colorado courts reported using less than 2 weeks of consecutive jail time for jail sanctions (75% of adult drug courts and 89% of DUI courts) (see Figure 18).

Figure 18. The Typical Length of Jail Sanctions Is 2 Weeks or Less



Summary and Recommendations for KC #6. Overall, Colorado's drug court programs are following best practices within Key Component #6. Most of Colorado's drug court programs reported that they imposed sanctions immediately after non-compliant behavior (e.g., before the next scheduled court session). Sanctions that are more strongly tied to infractions will have the greatest impact. Responses to non-compliant behavior should sometimes happen before the next scheduled drug court session, especially if it is two weeks or more away. Research has demonstrated that for sanctions and rewards to be most beneficial, they need to closely follow the behavior that they are intended to change or reinforce.

The majority of drug court programs reported that they had written guidelines for sanction options that they provided to team members. For those programs that do not have these guidelines, it is recommended that they create and write up guidelines on the use of sanctions and rewards and give a printed copy to each team member. Drug courts that have written guidelines for sanctions and rewards and that provide these guidelines to the team have double the graduation rate and three times the cost savings compared to drug courts that do not have written guidelines (Carey et al., 2008; Carey & Waller, 2011). These guidelines should be considered a starting point for a team discussion of rewards and sanctions during staffing rather than hard and fast rules. Guidelines assist the team in maintaining consistency across participants so that, when appropriate, similar behaviors result in similar sanctions. Reward and sanctions guidelines also serve as a reminder of the various reward and sanction options available to the team so that the team does not fall into habits of using the same type of sanctions (e.g., contempt or jail) so frequently that they become ineffective. (See Appendix B for an example of reward and sanction guidelines).

About half of ADC and DUI court programs require participants to have a job or be in school and to have a sober living environment before graduating from the program. It is important that participants engage in a stable and pro-social environment and activities to maintain positive behavior change. Research has demonstrated that sober housing and other sober living activities that can replace former negative behaviors help sustain continued abstinence. Programs that required sober housing before graduation had 48% greater cost savings than programs that did not, and programs that required participants to have a job or be in school before graduation had 83% greater cost savings.

Finally, the majority of drug courts reported that they generally used less than 2 consecutive weeks for jail sanctions. Drug courts are more effective and cost-effective when they use jail detention sparingly. The optimal length of a jail sanction appears to be a few days. One study found drug courts that tended to apply jail sanctions of longer than 1 week were associated with increased recidivism and higher costs (Carey et al., 2012). That same study found drug courts that tended to apply jail sanctions of less than 2 weeks' duration reduced crime approximately two and a half times more than those imposing longer jail sanctions (Carey et al., 2012). Moreover, because jail is an expensive resource, drug courts that tended to impose jail sanctions of longer than 2 weeks had 45% higher costs. Because jail sanctions involve the loss of a fundamental liberty interest, drug courts must provide adequate procedural due process protections to ensure participants receive a fair hearing on the matter. (Appendix B includes some examples of a variety of sanctions that do not involve jail.)

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

Key Component #7 is focused on the judge's role in drug court. The judge has an important function for drug court in monitoring client progress and using the court's authority to promote positive outcomes. While this component encourages ongoing interaction, courts must still decide more specifically how to structure the judge's role. Courts need to determine the appropriate amount of courtroom interaction between the participant and the judge, including the frequency of status review hearings and how involved the judge is with the participant's case. Outside of the court sessions, depending on the program, the judge may or may not be involved in team discussions, progress reports, and policy making. One of the key roles of the drug court judge is to provide the authority to ensure that appropriate treatment recommendations from trained treatment providers are followed.

From its national data, the American University Drug Court Survey (Cooper, 2000) reported that most drug court programs require weekly contact with the judge in Phase I, contact every 2 weeks in Phase II, and monthly contact in Phase III. 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 multiple states (Carey et al., 2005; 2008; 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. Other research (Marlowe, Festinger, Lee, Dugosh, & Benasutti, 2006) also demonstrated that more frequent court sessions (i.e., weekly or every 2 weeks) were effective only for higher risk offenders while less frequent sessions (e.g., monthly) were more effective for lower risk offenders.

Further, programs where judges remained with the program at least 2 years had the most positive participant outcomes (Finigan, Carey, & Cox, 2008). 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 the same judges rotate through the drug court more than once, as experience and longevity are correlated with more positive participant outcomes and cost savings (Carey et al., 2005; Finigan, Carey, & Cox, 2007).

Colorado Process Results for KC #7

Table 15 lists some practices related to the drug court judge and the percentage of Colorado's programs that reported engaging in each practice. In the majority of Colorado's ADCs (83%) and DUI courts (78%), the judge is assigned to the program indefinitely. All programs reported that the judge spoke directly to participants during court session, that the judge provided consistent follow through on warnings, and that the judge followed the recommendations from the team. In most programs (75% or greater) the judge has attended official training sessions, received training by previous drug court judges, observed other drug courts, and attended professional drug court conferences (e.g., NADCP), with the exception of DUI courts where just under half the programs reported that their judge had attended professional conferences.

Table 15. Extent of Judge's Participation in Courts

Judge		All courts N=33	Adult Drug Courts N=24	DUI Courts N=9
The judge is assigned to drug court indefinitely		82%	83%	78%
The judge:				
	Speaks directly to participants during their court appearances	100%	100%	100%
	Provides consistent follow-through on warnings to participants	100%	100%	100%
	Follows the recommendations provided by team	100%	100%	100%
The judge has:				
	Attended official drug court training sessions or workshops	91%	96%	78%
	Received training by previous drug court judges in this drug court or other drug courts	82%	79%	89%
	Observed other drug courts	76%	75%	78%
	Attended professional drug court related conferences such as the annual NADCP conference	76%	88%	44%

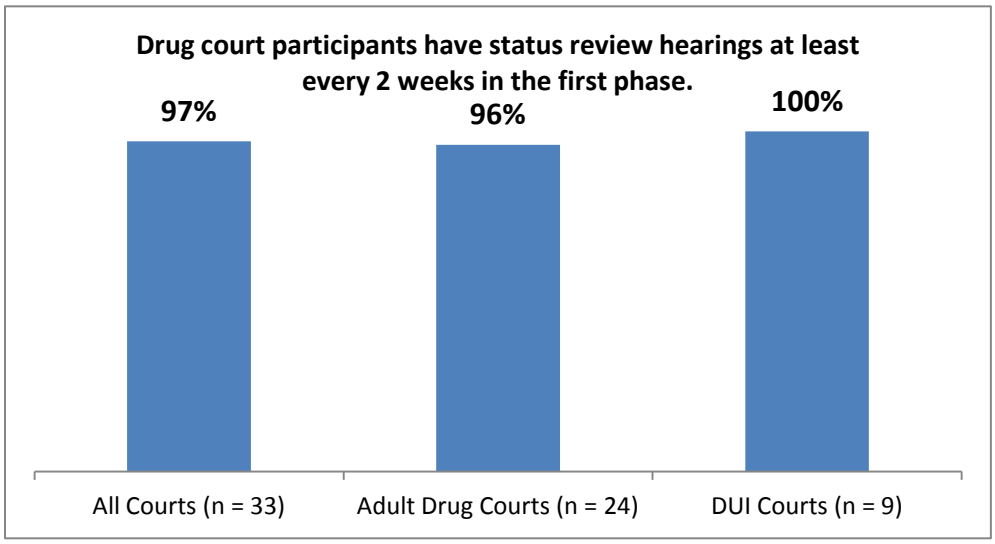
KC #7: BEST PRACTICES HIGHLIGHTS

Best Practice
Drug court participants have status review hearings every 2 weeks in the first phase.

Drug courts with participant status review hearings every 2 weeks had 48% greater reductions in recidivism compared to programs that had hearings less often.

- 97% of Colorado's courts reported that participants attend status review hearings every 2 weeks in the first phase (96% of adult drug courts and 100% of the DUI courts (see Figure 19).

Figure 19. Drug Court Participants Have Status Review Hearings at Least Once Every 2 Weeks in the First Phase

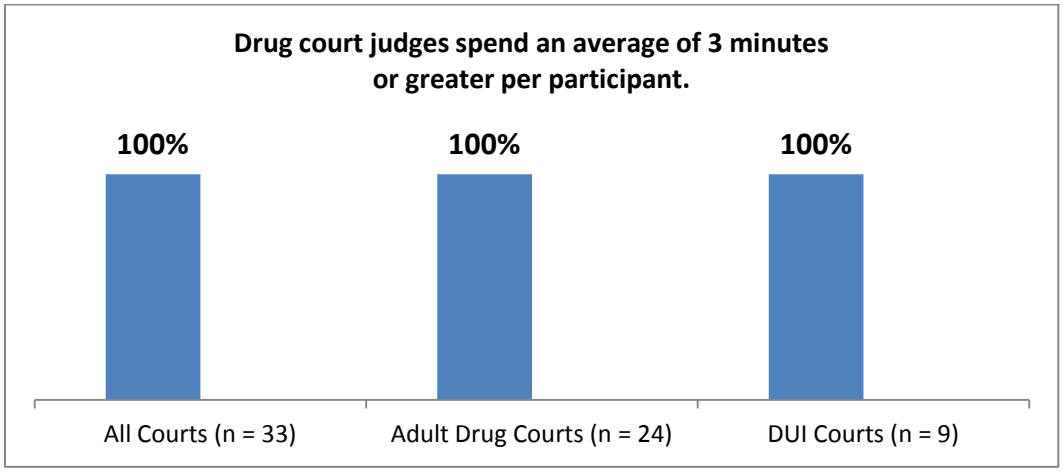


Best Practice
Drug court judges spend an average of 3 minutes or greater per participant during status review hearings.

Programs with judges who spent an average of at least 3 minutes with each participant had 153% greater reductions in recidivism and 36% greater cost savings than programs with judges who spent less time.

- 100% of the Colorado programs reported that their judges spend at least 3 minutes per participant during drug court hearings (see Figure 20).

Figure 20. Drug Court Judges Spend an Average of 3 Minutes or Greater per Participant

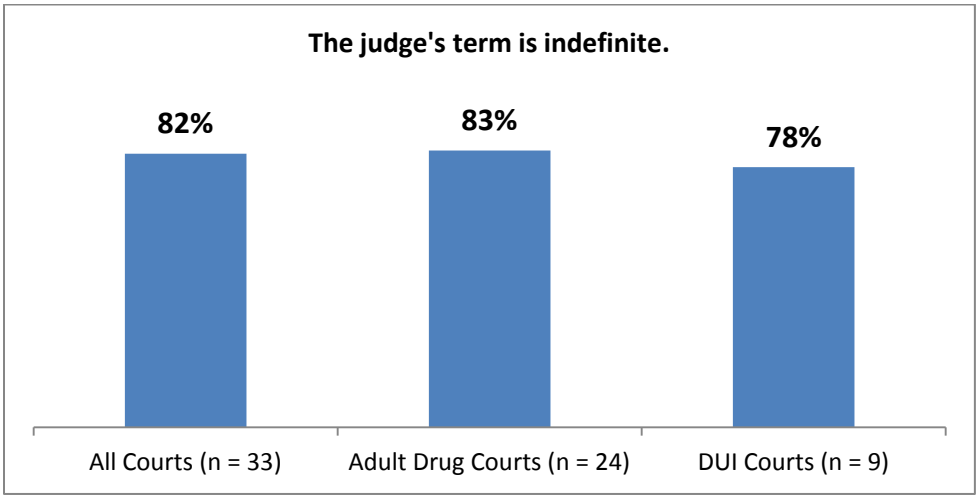


Best Practice
The judge's term is indefinite.

Programs with indefinite terms for judges show 35% greater reductions in recidivism.

- 82% of Colorado's Courts also reported that the judge's term is indefinite (83% of adult drug courts and 78% of DUI courts) (See Figure 21).

Figure 21. The Judge's Term Is Indefinite



Summary and Recommendations for KC #7. The vast majority of Colorado's drug courts are following the best practices that fall within this component. Most drug courts reported having court hearings at least once every 2 weeks in the first phase. Some programs had participants attend court weekly. Although weekly court appearance are not poor practice, research has found that it is not necessary to have participants come in that frequently unless they are extremely unstable and need the additional structure of meeting with the judge. Research shows that court hearings once every 2 weeks have the best outcomes (Carey et al., 2012; Marlowe, Festinger, Lee, Dugosh, & Benasutti, 2007). The frequency of court hearings may be steadily reduced after

the case has stabilized and the participant has attained an initial period of sustained abstinence and compliance with treatment. Status hearings are ordinarily held no less frequently than every 4 weeks until participants have begun their continuing-care (aftercare) plan, which will extend beyond graduation or commencement from the drug court.

Nearly all of Colorado's programs reported that the judge's term was indefinite, and our calculations showed that 100% of judges spent at least 3 minutes per participant. It is best for the judge to preside over the drug court program for no less than 2 consecutive years to ensure continuity of the program and adequate experience with drug court policies and procedures. In addition, at least 3 minutes spent per participant helps to ensure that the judge spends sufficient time with each participant in court to adequately review the relevant information and to justify the participant's investment of time and energy coming to court. The judge should also allow each participant a reasonable opportunity to present his or her perspective concerning factual controversies and the imposition of sanctions, incentives and therapeutic consequences.

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

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

Carey et al. (2008) and Carey et al. (2012) found that programs with evaluation processes in place had better outcomes. Four types of evaluation processes were found to save the program money with a positive effect on outcome costs: 1) maintaining electronic records that are critical to participant case management and to an evaluation, 2) the use of program statistics by the program to make modifications in drug court operations, 3) the use of program evaluation results to make modification to drug court operations, and 4) the participation of the drug court in more than one evaluation by an independent evaluator. Two of these practices (the use of self-review of program data and outside evaluation results to modify program practices) were strongly related to reduced recidivism and increased cost savings.

Colorado Process Results for KC #8

Table 16 provides some practices that are important for monitoring and evaluation and the percent of Colorado's drug courts that engage in those practices. Greater than 85% of both ADC and DUI court programs report that they collect electronic data for evaluation and that they monitor these data to assess whether the program is moving toward its goals. About half of the programs report that the data include information from treatment.

Table 16. Monitoring and Evaluation

Monitoring and Evaluation		All courts N=33	Adult Drug Courts N=24	DUI Courts N=9
	The program collects electronic data for participant tracking and case management while they are enrolled in the program	91%	92%	89%
	The electronic program data include information from the treatment provider	57%	59%	50%
	The drug court monitors the information collected on program participants to assess whether the program is moving toward its goals	87%	86%	88%

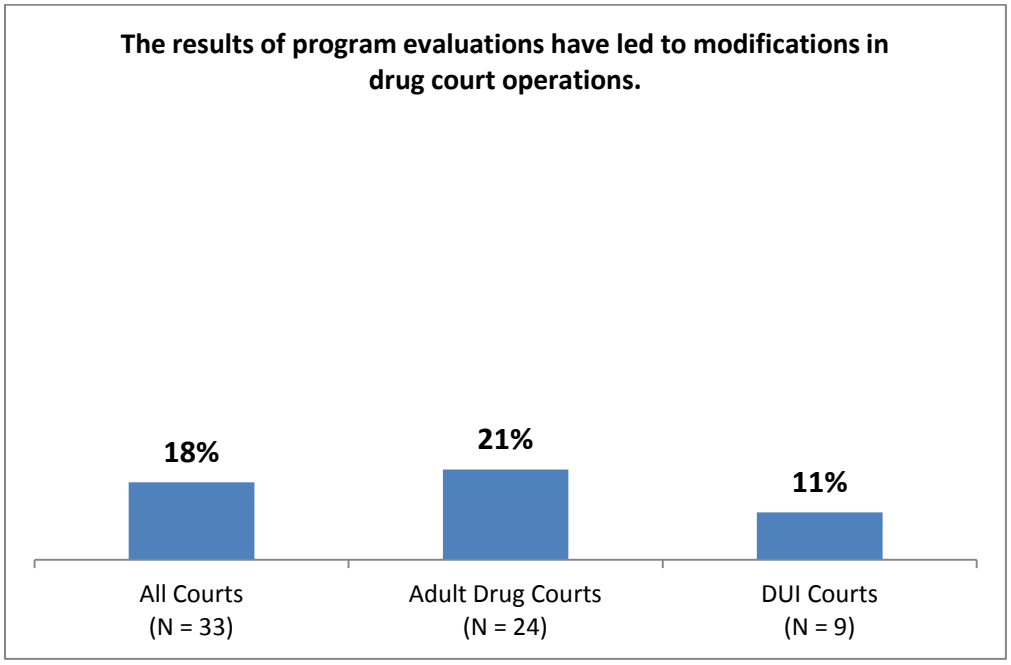
KC #8: BEST PRACTICES HIGHLIGHTS

Best Practice
The results of program evaluations have led to modifications in drug court operations.

Research has demonstrated that utilizing the feedback from outside evaluations to modify program practices is linked to 85% greater reductions in recidivism and 100% greater increases in cost savings (Carey et al., 2012).

- 18% of the programs in Colorado (21% adult drug courts and 11% DUI courts) reported that they have made modifications to their program practices based on evaluation results (see Figure 22).

Figure 22. The Results of Program Evaluations Have Led to Modifications in Drug Court Operations

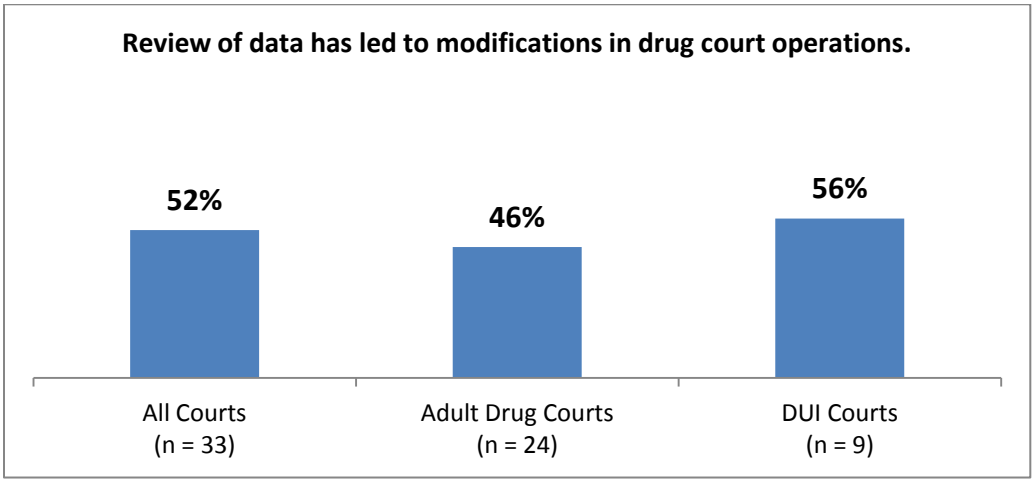


Best Practice
Self review of program data and/or regular reporting of program statistics have led to modifications in drug court operations.

Drug court programs that regularly monitor their own data and modify their program practices as a result show 105% greater reductions in recidivism and 131% greater increases in cost savings (Carey et al., 2012).

- 52% of Colorado's drug court programs have made modifications to their program practices based on self-review of their data (46% of adult drug courts and 56% of DUI courts) (see Figure 23).

Figure 23. Review of Data Has Led to Modifications in Drug Court Operations



Summary and Recommendations for KC #8. The State of Colorado and its Judicial Department should be commended for investing in a statewide database and a statewide evaluation of its drug court programs. Best practices demonstrate how the use of evaluation to improve programs can have a significant and substantial effect on program outcomes. Drug court programs that have had evaluations and used the results to guide program improvement have had double the reductions in recidivism and more than twice the cost savings (Carey et al., 2012).

Overall, about half of Colorado's drug court programs are following the best practices for Key Component #8 with regard to self-review of program data. However, most reported that they had not had an outside evaluation. We recommend that programs that have not had an outside evaluation performed specifically on their program should seek funding or other options to implement an evaluation. Drug court programs can monitor their progress toward their goals and evaluate the effectiveness of their practices by reviewing their own data as well as by having outside evaluators perform independent evaluations. Regular monitoring and evaluation provide programs with the feedback needed to make adjustments in program practices that will increase effectiveness. Review of program data assists drug courts in establishing program accountability to funding agencies and policymakers, as well as to themselves and their participants. Further, programs that collect data and are able to document success can use that information to gain additional funding and community support.

Monitoring and evaluation require the collection of thorough and accurate records. Ideally, drug courts will use an online case management system that will allow all team members to enter their

own information and allow them to see the status of each participant in real time. Colorado has invested in a statewide data system that is currently being enhanced to better fit drug court program needs.

Note: Recommendations for the statewide data system as well as on future evaluations are provided in the outcome evaluation section of this report.

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

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

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

Colorado Process Results for KC #9

Table 17 lists a variety of training options for drug court staff and notes which staff received training. Colorado's drug court programs reported that their team members have participated in a large amount of training. With the exception of defense attorneys in DUI courts, the majority of team members in ADC and DUI court programs have received training on the use of rewards and sanctions and on the drug court model. Since many programs do not have a specific case manager role (probation and/or treatment perform case management), there has been no case manager to train. Similarly, only programs with law enforcement on the team have trained their law enforcement representatives. The majority of courts report that their team has been trained specifically on their target population (though this number is slightly lower for DUI courts), have received training specifically on their roles in the program and training on strength-based philosophy and practices. Almost all programs (92% ADCs and 89% DUI courts) also report bringing new information on the latest research and drug court practices to team meetings.

Table 17. Training

		All courts N=33	Adult Drug Courts N=24	DUI Courts N=9
The following members of the drug court team have received training or education in the use of rewards and sanctions to modify the behavior of drug court participants:				
	Judge	88%	88%	89%
	Defense Attorney	64%	71%	44%
	Prosecuting Attorney	70%	71%	67%
	Drug Court Coordinator	85%	92%	67%
	Case Manager	28%	26%	33%
	Treatment Provider	85%	79%	100%
	Probation/Parole	100%	100%	100%
	Law Enforcement	30%	38%	11%
The following members of the drug court team have received training or education specifically on the drug court model:				
	Judge	91%	96%	78%
	Defense Attorney	73%	79%	56%
	Prosecuting Attorney	88%	92%	78%
	Drug Court Coordinator	85%	92%	67%
	Case Manager	30%	30%	33%
	Treatment Provider	88%	83%	100%
	Probation/Parole	97%	96%	100%
	Law Enforcement	30%	38%	11%
Drug court staff:				
	Received training specifically about the target population in your court (including age, gender, race/ethnicity, drug of choice)	73%	75%	67%
	Have attended drug court related trainings specific to their role on the drug court team	85%	88%	78%
	Have received training on strength-based philosophy and practices	88%	83%	100%
	Bring new information on drug court practices including drug addiction and treatment to staff meetings	91%	92%	89%

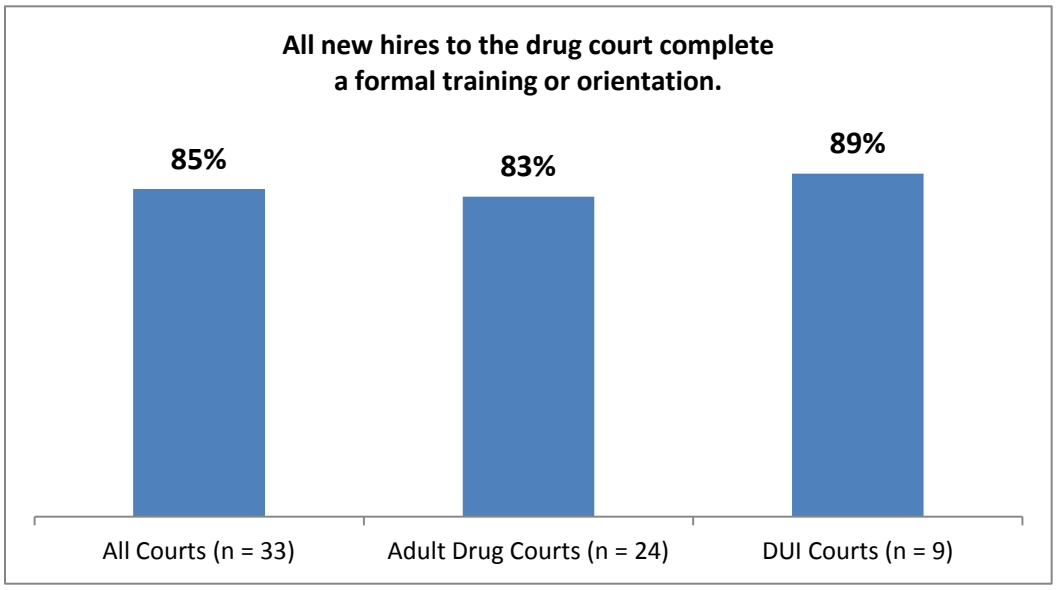
KC #9: BEST PRACTICES HIGHLIGHT

Best Practice
All new hires to the drug court complete a formal training or orientation.

Drug courts that trained team members early on in the drug court model had 54% greater reductions in recidivism than programs that did not (Carey et al., 2012).

- 85% of the programs reported that they require new staff to be trained on the drug court model before or soon after starting work on the drug court team (83% of adult drug courts and 89% of DUI courts) (see Figure 24).

Figure 24. All New Hires to the Drug Court Complete a Formal Training or Orientation



Summary and Recommendations for KC #9: Overall, the Colorado programs should be commended for investing time on regular training. It is important that the entire operational drug court team attends formal training prior to launching the program. This training can help to ensure strong program implementation, as fully trained and engaged team members are more likely to be focused on following the model and maintaining program integrity. Research on the use of evidence-based and promising practices in the criminal justice field has consistently shown that in order to operate programs effectively, practitioners must receive the necessary resources to make the program work, receive on-going training and technical assistance, and be committed to the quality assurance process (Barnoski, 2004; Latessa & Lowenkamp, 2006). Andrews and Bonta (2010) maintain that correctional and court programs must concentrate on effectively building and *maintaining* the skill set of the employees (in the case of drug courts—team members) that work with offenders.

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

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

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

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

Data from other drug court studies by NPC Research (Carey et al., 2012) illustrate that accountability court programs with an advisory committee that includes members of the community have higher cost savings (a 26% increase in cost savings compared to a 16% cost savings).

Colorado Process Results for KC #10

Table 18 describes some potential relationships drug courts can have in the community and the percent of Colorado drug courts that report having each relationship. Almost all programs reported that they have relationships with community organizations that can provide services for program participants and that they regularly refer their participants to community services. About one-third of the programs reported that they have a team member from an organization in the community. About half the programs have partnerships with community organizations that provide educational or employment services. One-third of ADCs and two-thirds of DUI courts have relationships with a community partner that can provide housing services.

Table 18. Partnerships and Funding

Partnerships and Funding		All courts N=33	Adult Drug Courts N=24	DUI Courts N=9
Program Partnerships				
	The drug court team has relationships with organizations that can provide services for program participants in the community	94%	96%	89%
	The drug court regularly refers participants to services available in the community	97%	96%	100%
	The drug court team includes representatives from community agencies that work regularly with drug court participants	36%	33%	44%
	The drug court team has a partnership with an agency that provides employment or skills-building services	55%	50%	67%
	The drug court has a partnership with an agency that provides housing	42%	33%	67%
	The drug court has a partnership with an agency that provides educational services	54%	54%	56%

Table 19 provides information about funding sources for program implementation and ongoing services. Colorado's drug court programs report receiving start-up and current funding from the majority of the sources listed including the Bureau of Justice Assistance (BJA), Byrne grants, CDOT/NHTSA, participant fees, SB318 Dollars, Offender Services dollars and other public funds. However, the majority of funding for these programs came from Offender Services and SB318 dollars, followed by other local public funding. The least used funding sources were federal funding. Only DUI courts (about half) were funded by CDOT/NHTSA.[6] Programs also reported that much of their resources came from the state in the form of personnel, rather than monetary funds.

[6] CDOT/NHTSA funds are designed for courts just starting up and can only be used for a total of 3 consecutive years.

Table 19. Funding Sources

Funding Sources		All courts N=33	Adult Drug Courts N=24	DUI Courts N=9
Funding sources for initial start-up:				
	BJA	12%	17%	0%
	Other federal funding	9%	13%	0%
	Byrne	18%	13%	33%
	CDOT/NHTSA	15%	0	56%
	Participant fees	24%	17%	44%
	SB318 dollars	52%	58%	33%
	Offender Services dollars	58%	63%	44%
	State/County/City/Local public funds	36%	42%	22%
Current funding sources:				
	BJA	9%	13%	0%
	Other federal funding	9%	13%	0%
	Byrne	33%	33%	33%
	CDOT/NHTSA	9%	0	33%
	Participant fees	49%	46%	56%
	SB318 dollars	70%	83%	33%
	Offender Services dollars	70%	71%	67%
	State/County/City/Local public funds	42%	46%	33%

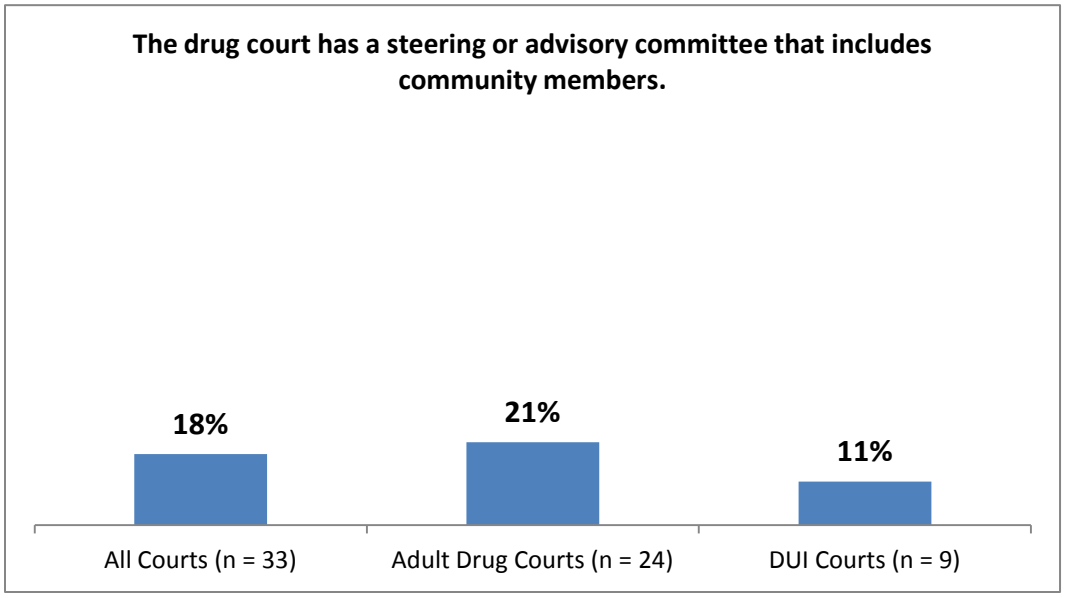
KC #10: BEST PRACTICES HIGHLIGHTS

Best Practice
The drug court has a steering or advisory committee that includes community members.

Drug court programs with an advisory committee that included community members had 56% higher cost savings than drug court without an advisory committee (Carey et al., 2012).

- 18% of Colorado's courts reported having a steering or advisory committee (21% of adult drug courts and 11% of DUI courts) (see Figure 25).

Figure 25. The Drug Court Has a Steering or Advisory Committee That Includes Community Members



Summary and Recommendations KC #10. Although most programs reported partnerships in the community, the majority of Colorado's programs did not have an advisory board (just 21% of ADCs and 11% of DUI courts). We recommend that all drug court programs institute an advisory board. The programs should consider developing a drug court advisory board that would meet quarterly to discuss sustainability and community connections. Participant needs, at a general level, should also be discussed (individual confidentiality stipulations should be observed at this meeting). It is recommended that the programs invite representatives from community agencies that work regularly with drug court participants to the advisory board, as well as representatives of the business community, faith community, nonprofits, and other interested groups. The inclusion of community members in this group could result in expanded understanding of—and community support for—these programs, and may result in additional services, facilities, and further sustainable funding.[7]

[7] For further information on steering committee membership and purpose, see The Judicial Benchbook http://www.ndci.org/sites/default/files/nadcp/14146_NDCI_Benchbook_v6.pdf (Page 21) and for sample forms http://www.ndcrc.org/search/apachesolr_search/Steering%20Committees?filters=type%3Aform

Probation's Role in Colorado Drug Courts

One policy and research question of interest to Colorado was related to Probation's role in the state's ADC and DUI court programs. Table 20 provides a summary of the information provided above (under each of the Ten Key Components) that pertains specifically to Probation. All ADCs and DUI courts reported that Probation is a member of their drug court teams. In addition, in almost all programs, Probation refers participants to the program; attends staffings and court sessions; and performs case management, home visits, and drug testing. The Colorado programs also reported that their Probation team member received training on the drug court model and the use of rewards and sanctions. For those programs with a steering committee, 100% included Probation on the committee. This summary of Probation's drug court activity clearly demonstrates that Probation is an integral member of the drug court team and an integral part of Colorado's drug courts statewide.

Table 20. Components of the Probation Program within Colorado's Drug Courts

Probation		All courts	Adult Drug Courts N=24	DUI Courts
Probation's role on the drug court team				
	Is a member of the drug court team	100%	100%	100%
	Can refer participants to the program	91%	92%	89%
	Attends staffing	97%	96%	100%
	Attends court sessions	97%	96%	100%
	Performs case management	97%	100%	89%
	Performs home visits	97%	100%	89%
	Performs drug testing	82%	88%	67%
	Is a member of a steering/policy committee (if program has a steering/policy committee)	100%	100%	100%
	Received training in the use of rewards and sanctions	100%	100%	100%
	Received training on the drug court model	97%	96%	100%

Colorado Drug Courts Process Assessment Summary

Taken as a whole, Colorado's ADC and DUI courts are following the 10 Key Components of Drug Courts. In particular, the majority of these programs are performing best practices within these key components including having essential representatives from collaborating agencies on the ADC and DUI court teams, having measures in place to ensure due process while protecting public safety (in most programs), providing a range of services to meet participant needs and monitoring participant progress through appropriate drug testing. These programs are responding to participant behavior promptly and providing important training to drug court team members. Finally, all programs are currently participating in an outside evaluation, which has been shown to have significant effects on improving program outcomes.

Areas for improvement in some of these ADC and DUI courts involve:

- Prompt placement in the ADC or DUI court program (Key Component #3)
- Having both defense attorney and prosecutor as members of the drug court team and attending staffings and court sessions (Key Component #2)
- Including graduation requirements for sober housing and employment or school
- Ensuring that sanction and reward guidelines are written and provided to the team (Key Component #6)
- Decreased use of jail, particularly for first positive drug test
- Adjusting drug test procedure so drug tests results are back within 24 hours
- Looking for opportunities to provide health and dental care
- Finding ways to provide transportation (particularly in DUI courts)
- Adding law enforcement to the team

Overall, Colorado's drug court programs are following the majority of best practices as described in the research literature. Many of the best practices that are not being followed are challenges that are common in drug courts across the U.S. and can be addressed through further assessment (including team self-assessment), technical assistance, and good communication across team members and their associated agencies.

OUTCOME EVALUATION

The purpose of an 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. This includes whether the program is delivering the intended amount of services, whether participants are receiving the right services, whether participants are successfully completing the program in the intended amount of time, whether drug 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 drug court programs, one of the largest impacts of interest is recidivism. Are program participants avoiding the criminal justice system's "revolving door?" How often are participants being re-arrested, spending more time on probation and in jail?

In this evaluation both short- and long-term outcomes were assessed. This portion of the evaluation examined the characteristics of the population of individuals who participated in Colorado's drug courts, graduation rates and program length of stay, what participant characteristics predicted whether or not they successfully complete the program, and whether drug court participants were re-arrested less often after their participation in drug court.

The following section of the report provides a description of the research strategy and methods used for studying participant outcomes. This is followed by a presentation of the outcome results.

Outcome Evaluation Methods

RESEARCH STRATEGY

The criminal justice system outcome that is most commonly used to measure the effectiveness of drug courts is the recidivism of drug court participants after they participate in drug court programs. Re-arrests are defined in this study as any new case filing for a criminal offense (misdemeanor or felony).[8] Using a statewide administrative database (described below), NPC Research identified a sample of participants who entered the Colorado ADC and DUI courts between July 2008 and October 2011. The program participants were examined through existing administrative databases (described later in this section) for a period of up to 24 months from the date of drug court entry.

Research has demonstrated the importance of completing substance abuse treatment in the realization of desirable societal effects. These positive effects include substance abuse cessation, reduced criminal behavior and improved employment outcomes (Finigan, 1996). Similarly, an initial indicator of the success of a drug court program is the rate of program participant graduation (completion of treatment). Therefore, the graduation rates were calculated for Colorado's drug courts and DUI courts and compared to the national average for drug court programs.

Differences in demographics, criminal history, and other characteristics between drug court graduates and non-graduates were also examined to determine if there were indications of specif-

[8] The main source of criminal recidivism data was from court case data. Therefore, in this study, arrests were defined as any new criminal court case filing (felonies and misdemeanors) recorded in the court data. Court case filings are cases that are filed with the court by the prosecutor's office which are associated with an arrest. This does not include minor incidents such as parking tickets or traffic citations.

ic groups that would need additional attention from the drug court program to increase successful outcomes.

OUTCOME / IMPACT STUDY QUESTIONS

The outcome evaluation was designed to provide answers to two fundamental policy questions.

Policy Question #1: What are the characteristics of participants that entered Colorado's drug court programs?

Policy Question #2: How successful are Colorado's problem-solving courts?

There were four research questions intended to provide answers to these policy questions:

Research Question 1: What are the demographics and other characteristics such as criminal history, drug of choice, and treatment history of Colorado's drug court population? How do adult drug court and DUI court populations differ?

Research Question 2: What are the characteristics of the drug court participants who successfully complete the program compared to those who do not complete (are terminated)? Are there particular characteristics that are consistently found in those who are terminated that might inform the program about additional services needed in order to address the specific needs of these participants?

Research Question 3: What are the graduation rates of Colorado's drug courts? Are these drug courts graduating participants within the intended time frame?

Research Question 4: What are the recidivism (re-arrest) rates of Colorado's drug courts? Are drug court participants re-arrested less often after participating in the program?

DATA COLLECTION AND SOURCES

NPC staff members adapted procedures developed in previous drug court evaluation projects for data collection, management, and analysis of the Colorado ADC and DUI court data. Once all data were gathered on the study participants, Statistical Package for the Social Sciences (SPSS) was used to compile, clean, code, and analyze the data. The evaluation team employed univariate and multivariate statistical analyses using SPSS (described in more detail in the data analyses section). The data necessary for the outcome evaluation were gathered from the administrative databases described below and in Table 1.

Colorado Administrative Data

NPC obtained and reviewed Colorado statewide court data exported from the ICON/Eclipse case management system and the Problem Solving Courts Data Drives Dollars (PSC3D) database. ICON/Eclipse exports of adult drug court (ADC) and driving under the influence (DUI) court participant data consisted of multiple files, to be audited and linked, each with a focus on specific data elements. The ICON/Eclipse adult drug court and DUI court participant data files included: demographics, court intakes, court charges, court discharges, Adult Substance Use Survey (ASUS) scores, Level of Service Inventory (LSI) scores, program phases, court review hearings, and drug test results. Statewide case file data were obtained via ICON/Eclipse file exports and consisted of all felony, misdemeanor, and DUI cases filed between January 2006 and December 2011. However, Denver County case file data consisted solely of felony cases and did not in-

clude misdemeanor or DUI cases.[9] ICON/Eclipse case file data were used to assess prior criminality and recidivism outcomes. The PSC3D data export included additional ADC and DUI program participant data elements, such as prior drug use and prior treatment episodes, for individuals entered into the PSC3D system (approximately half of the total number of participants in the final sample). Multiple methods were employed to cross link individuals across data files, including use of "Link King" software to conduct probabilistic record linkage, to ensure maximum retention of data points across all individuals when merging and finalizing data sets.

Statewide Case File Data

ICON/Eclipse case file data for cases occurring between January 2006 and December 2011 were obtained statewide and used for the criminal recidivism analysis. Case file dates (cases filed with the court by the prosecutor's office) and associated charges were used to indicate participant arrests for 2 years prior to program entry and 2 years after program entry. Charge data were also available in this dataset and were used to calculate recidivism for different charge types (e.g., drug charges, property charges, felony vs. misdemeanor charges). Case file data available on Denver County only included felony charges. This is discussed further in the limitations section of this report.

Statewide ICON/Eclipse and PSC3D ADC & DUI Program Participant Data

Since ICON/Eclipse houses statewide case filing data and predates the problem-solving court-specific PSC3D database, ICON/Eclipse court intake data were used to define the ADC and DUI program group sample. Cases occurring between July 2006 and December 2011 were retained, allowing for at least 2 years of charge/arrest data prior to program entry. ICON files containing various unique identifiers and data points were linked, where possible, to obtain demographics and other variables of interest for outcome analyses. After cleaning each ICON/Eclipse data set to ensure data reliability and resolve any conflicts across records, such as duplicated records or unique identifiers repeating across individuals, files were merged via myriad matching methods to maximize the number of data points retained for each program participant. Due to data entry inconsistencies, some individuals who could not be mapped with a high degree of certainty across ICON/Eclipse data files were not included in the sample. Instances of truly missing data points occurred across datasets and remain missing for some cases in the final sample.

The PSC3D data set was audited for data integrity and cleaned. Additional program participant data, such as income and education at entry and prior drug use, were extracted from PSC3D and merged into the ICON sample file. In cases where demographic data such as gender or race/ethnicity were missing in the ICON demographics file, PSC3D data were used if available. The ICON/eclipse race ethnicity coding convention was retained due to the fact that the data were available for most of the sample, and were consistent with the statewide case file data set, and PSC3D race/ethnicity was re-coded accordingly prior to imputation in the ICON/Eclipse file. Though all cases housed in PSC3D should have appeared in the ICON/Eclipse data, instances occurred that could not be mapped back to the ICON/Eclipse data and were therefore omitted from the study sample.[10] As mentioned, inconsistencies in data entry during the first year of PSC3D usage and the later addition in 2010 of DUI specific variables limit the PSC3D data point

[9] This is discussed in the limitations section of this report.
[10] There were 205 cases removed out of the total sample of 3,594 participants.

availability to a subset of the group (approximately half) and some cases have missing data points despite having a record in PSC3D.[11]

Table 21 provides a summary of the databases and data sources used for the evaluation.

Table 21. Colorado Adult Drug Court and DUI Court Evaluation Data Sources

Database	Source	Data Exports
ICON/Eclipse case management system	Colorado Judicial Branch, Division of Planning and Analysis & Division of Probation Services, SCAO	Multiple separate data files included: demographics, court intakes, court charges, court discharges, Adult Substance Use Survey (ASUS) scores, Level of Service Inventory (LSI) scores, program phases, court review hearings, drug test results and statewide case file data.
Problem Solving Courts Data Drives Dollars (PSC3D)	Colorado Judicial Branch, Division of Planning and Analysis	Data collection efforts began in March 2008[1] and included additional demographics such as income, employment and education at the time of program entry, prior treatment episodes and drug use.

[1] Though the PSC3D data system was rolled out in 2008, judicial staff indicated that entry for adult drug court programs was inconsistent for some programs from 2008 through 2009.The addition of DUI court specific intake and exit variables was implemented in October 2010 and while some programs entered data retroactively, DUI court data collection was inconsistent prior to 2010.

SAMPLE SELECTION

Colorado Adult Drug Court and DUI Court Participant Sample

NPC selected the total number of participants (3,389) entered into the ICON/Eclipse data for Colorado's ADC and DUI courts between July 2008 and October 2011. In addition, a sub-sample was selected for a time interval that allowed at least 24 months of follow-up for every participant post drug court start. For this time period, there were 1,207 ADC participants and 100 DUI court participants who began the program. This was an intent-to-treat model. That is, all individuals who entered the program were included in the analysis, regardless of whether they graduated or how long they remained in the program.

[11] For future evaluation an audit and clean up of PSC3D data is recommended. Examine duplicate PrimaryMLs in PSC3D and clean the dataset so that that the unique ID only appears in a single instance affiliated with a single individual. There are also duplicate individuals based on name and DOB, and information is entered two or more times with some rows less complete than others and/or with conflicting data—such as race/ethnicity, income, etc. We recommend removing duplicate records and entering or changing the primaryML where needed.

DATA ANALYSES

Once all data were gathered on the study participants, the data were compiled and cleaned and moved into SPSS 20 for statistical analysis. The analyses used to answer specific questions were as follows.

1. ***What are the demographics and other characteristics such as criminal history, drug of choice, and treatment history of Colorado's drug court population? How do adult drug court and DUI court populations differ?***

Frequencies and cross tabulations were run to describe the adult drug court sample and the DUI court sample.

2. ***What are the characteristics of the drug court participants who successfully complete the program compared to those who do not complete (are terminated)? Are there any characteristics that predict the likelihood of graduation?***

Graduates and unsuccessfully discharged participants were compared on the basis of demographic and other characteristics, as well as number of arrests during the 24 months prior to drug court entry, in order to determine whether any significant patterns predicting program graduation could be found. To best determine which demographic characteristics were related to successful drug court completion, logistic regression was performed to identify which factors were significantly associated with program success.

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 spend 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 Colorado statewide graduation rate was compared to the national average drug court graduation rate and the differences were 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 Colorado ADC and DUI Courts during the time period for the sample, had 2 years of follow-up data, and had graduated 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 discussed qualitatively.

4. ***What are the recidivism (re-arrest) rates of Colorado's drug courts? Are drug court participants re-arrested less often after participating in the program?***

Paired samples t-tests were performed to compare the mean number of re-arrests for all drug court participants 24 months before and 24 months after drug court entry.

Crosstabs were run to examine recidivism rate (the number/percentage of individuals re-arrested at least once during the first and second year after program entry) for drug court participants for 24 months following program start.

To examine differences in recidivism for specific charges, paired samples t-tests were performed to compare the means of all drug-related charges for treatment court participants 24 months before and 24 months after drug court entry.

Outcome Evaluation Results

Following are the outcome evaluation results for each of the research questions.

RESEARCH QUESTION #1: CHARACTERISTICS OF PROGRAM PARTICIPANTS

What are the demographics and other characteristics of Colorado's drug court population? How do adult drug court and DUI court populations differ?

This section provides information on a large number of participant characteristics including basic demographics (e.g., gender, age and income), prior treatment attempts (outpatient and inpatient), drug use history (age at first use and recent use for a variety of substances), and criminal history (prior arrests for a variety of charges) for both ADC and DUI court participants.

Table 22 begins by providing the basic demographics for the study sample of adult drug court and DUI court participants.

Table 22. Drug Court Participant Characteristics—Demographics and Risk

	Adult Drug Court Participants N = 3,057[12]	DUI Court Participants N = 332[13]
Gender		
Male	68%	74%
Female	32%	26%
Race		
American Indian/Alaskan Native	.6%	4.5%
Asian/Pacific Islander	.7%	.6%
Black/African American	17.4%	3.3%
Hispanic/Latino	12.7%	9%
White	68.3%	82.2%
Other	.4%	.3%
Mean Age at Program Entry (in years)	32.2	40.0
Range	18-70	18-65

[12] Not all variables were complete for all participants in the sample. The N for ADC participants for Education, Employment, and Income was 1,453.
[13] Not all variables were complete for all participants in the sample. The N for DUI participants for Education, Employment, and Income is 171-172.

	Adult Drug Court Participants N = 3,057[12]	DUI Court Participants N = 332[13]
Level of Education at Program Entry		
Less than 12th grade	29.4%	15.1%
Graduate Equivalency Diploma (GED)	19.8%	7.6%
High School Graduate	18.4%	25.6%
Some Vocational/Technical Program	3.1%	6.4%
Vocational/Technical Diploma	2.9%	2.3%
Some College	17.4%	19.8%
Associate's Degree	1.9%	7.0%
Bachelor's Degree	3.8%	12.2%
Master's Degree	.5%	2.3%
Doctorate, Ph.D., advanced degree	.3%	.6%
N/A	2.5%	1.2%
Employment Status at Program Entry		
Full-Time	21.2%	64.9%
Part-Time	15.6%	13.5%
Unemployed	58.7%	19.3%
Disabled	4.2%	1.8%
Retired	.3%	.6%
Income for 3 Months Prior to Program Entry		
Under $2,000	64.2%	25%
$2,000-$3,999	18.2%	22.1%
$4,000-$6,999	8.9%	30.2%
$7,000-$8,999	2.2%	6.4%
$9,000-$12,999	1.4%	7.6%
$13,000-$15,999	.6%	1.2%
Above $16,000	1.4%	5.8%
N/A	3.1%	1.7%
LSI assessment (% scored at medium to high risk)	70%	33%
ASUS assessment (% scored at medium to high risk)	77%	42%

The ADC participants were primarily male (68%) and white (68%), with an average age of 32 years. Nearly one-third of those did not finish high school and about one quarter had some college or higher level education. About two-thirds of the ADC participants (63%) were unemployed, with 20% employed full-time. Just over 64% of the participants made under $2,000 per

quarter (3- month period) and about 9% made over $7,000 per quarter. The majority of ADC participants also scored as medium to high risk (70% LSI/77% ASUS).

In comparison, DUI court participants were even more likely to be male (74%) and white (82%). Average age of DUI court participants was 40 years (older than ADC). About 15% did not complete high school while over 42% had some college or had a higher degree. Exactly 25% of DUI court participants made under $2,000 per quarter and 20% made over $7,000 per quarter. Approximately one-third (33% on LSI / 42% on ASUS) of DUI court participants scored as medium to high risk.

Overall, in comparison to ADC participants, DUI court participants were older, more educated, more likely to be employed full-time, had substantially higher incomes, and were substantially more likely to be low risk.

Table 23 displays the reported number of prior treatment attempts for ADC and DUI court participants for outpatient and inpatient treatment.

Table 23. Drug Court Participant Characteristics—Prior Treatment

	Adult Drug Court Participants N = 1,387[14]	DUI Court Participants N = 167
Number of reported prior outpatient substance abuse treatment attempts at program entry		
None	47.9%	9.6%
1-2 times	39.8%	62.9%
3 or more times	9.4%	24.0%
N/A	2.9%	3.6%
Number of reported prior inpatient treatment attempts at program entry		
None	65.4%	73.1%
1-2 times	25.6%	19.8%
3 or more times	4.8%	1.8%
N/A	4.3%	5.4%

Table 24 shows that about half of the ADC participants had attempted outpatient treatment at least once in the past while just over 80% of the DUI court participants had prior outpatient treatment. The larger number of reported outpatient treatment attempts for DUI court participants may be due to Colorado's laws requiring all first-time DUI offenders to participate in an alcohol education class. The percentage of individuals who reported prior inpatient treatment was more similar for ADC and DUI court participants (65% and 73%, respectively), though DUI court participants still reported a larger number of treatment attempts.

[14] The smaller N for program participants in this table is due to the low number of participants with treatment history data available.

Table 24 provides information on prior substance use for ADC and DUI participants.

Table 24. Drug Court Participant Characteristics—Prior Substance Use

	Adult Drug Court Participants N = 1,387	DUI Court Participants N = 167
Alcohol		
Age at first use (years)	15.6	16.4
Used in last 6 months	48.9%	62.9%
Marijuana		
Age at first use (years)	15.3	17.4
Used in last 6 months	46%	19.2%
Cocaine		
Age at first use (years)	20.7	21.0
Used in last 6 months	27.3%	4.1%
Amphetamine		
Age at first use (years)	21.5	22.8
Used in last 6 months	29.3%	4.8%
Hallucinogens		
Age at first use (years)	18	19.4
Used in last 6 months	5.5%	1.8%
Heroin		
Age at first use (years)	22	22.7
Used in last 6 months	11%	0%

For both ADC and DUI court participants, the age at first use is similar for each type of drug, though DUI court participants appear to be very slightly older for each one. Unsurprisingly, DUI court participants were more likely to have used alcohol in the last 6 months than ADC participants. In contrast, ADC participants were substantially more likely to use every other type of drug in the last 6 months. The most common drugs used by ADC participants in the last 6 months aside from alcohol were marijuana (46%) followed by amphetamines (29%) and cocaine (27%), with heroin use next (11%). Other than alcohol, the most common drug used in the last 6 months by DUI court participants was marijuana (19%). Six-month use of other drugs by DUI court participants was very low (ranging from 0% to 4%). DUI court participants were substantially less likely to use drugs other than alcohol compared to ADC participants.

Finally, Table 25 provides information on criminal history of the ADC and DUI court participants in the 2 years prior to program entry, including information on various charges such as DUI and drug charges and person and property crimes. Person charges are those involving harm to a person (typically violence) while property charges are associated with damage to property (e.g., graffiti, theft).

Table 25. Drug Court Participant Characteristics—Prior Arrests

	Adult Drug Court Participants N = 2982	DUI Court Participants N = 329
Average number of all arrests in the 24 months prior to program entry	1.7	1.5
Average number of arrests with **drug** charges in the 24 months prior to program entry	.94	.16
Average number of arrests with **DUI** charges in the 24 months prior to program entry	.13	1.1
Average number of arrests with **property** charges in the 24 months prior to program entry	.16	.03
Average number of arrests with **person** charges in the 24 months prior to program entry	.14	.12
+Average number of arrests with **felony** charges in the 24 months prior to program entry	1.2	.18
Average number of arrests with **misde-meanor** charges in the 24 months prior to program entry	.45	1.4

Overall, both ADC and DUI court participants had similar numbers of arrests in the 2 years prior to program entry (an average of just under two priors). However (unsurprisingly), when the total number of arrests is examined by charge, ADC participants were more likely to have prior drug charges while DUI court participants were more likely to have DUI charges. ADC participants were more likely to have property charges, but, interestingly, both ADC and DUI court participants had similar numbers of person charges. ADC participants had more past felonies and DUI participants had more past misdemeanors. This is probably due to Colorado laws in which drug charges are more likely to be felonies, while DUIs are more likely to be misdemeanors.

In sum, the characteristics that describe ADC and DUI court participant populations are actually quite different. Compared to ADC participants, DUI court participants are more likely to be male and white. DUI court participants are also older, more educated, more likely to be employed full time, and have substantially higher incomes. DUI court participants reported more outpatient treatment attempts but were substantially less likely to use drugs other than alcohol compared to ADC participants. Finally, DUI court participants had similar criminal histories as ADC participants in terms of total number of prior arrests, but were more likely to have DUI charges and misdemeanors while less likely to have other more serious criminal charges. ADC participants had higher numbers of drug, property and felony charges. This is an important finding for the DUI court literature and helps support the belief that the DUI court population is different

enough from the typical adult drug court population to warrant a separate program, rather than combining DUI offenders with other drug offenders.

RESEARCH QUESTION #2: PREDICTORS OF PROGRAM COMPLETION

What are the characteristics of the drug court participants who successfully complete the program compared to those who do not complete (are terminated)? Are there particular characteristics that are consistently found in those who are terminated that might inform the program about additional services needed in order to address the specific needs of these participants?

YES. There were significant differences in characteristics of graduates and non-graduates. Both ADC and DUI graduates were significantly more likely to be white, while non-graduates were more likely to be black (for ADC) or American Indian (for DUI). Graduates were also significantly more educated, more likely to be employed, and more likely to have a higher income. In addition, graduates spent a significantly longer time in the program and had fewer missed court sessions and missed drug tests. Finally, graduates had fewer prior arrests for property and person charges in the 24 months before drug court entry than non-graduates.

Graduates and unsuccessfully discharged participants were compared on demographic characteristics, program participation, and criminal history to determine whether there were any patterns in predicting program graduation. These analyses included all participants in the ICON/Eclipse database who had been discharged from the program successfully or unsuccessfully and had demographic, program participation, and other participant characteristics data available. Of the 2,013 ADC participants who met this criteria, 864 (43%) graduated and 1,139 (57%) were unsuccessfully discharged. Of the 189 DUI court participants who met this criteria, 119 (63%) graduated and 70 (37%) were unsuccessfully discharged. Note that the percentage graduated in this sample should NOT be considered the official graduation rate for the ADC or DUI court programs as this sample included individuals who entered the program recently (as late as 2011) and therefore did not include any of those who were active at the time of data collection who may have eventually graduated or been terminated unsuccessfully. Table 26 shows the results for the ADC programs and Table 27 shows the results for DUI court programs.

Table 26. Characteristics of Colorado ADC Graduates Compared to Non-Graduates

ADC Participants	Graduates (n = 864)	Non-Graduates (n = 1,139)	Statistically Significant (p < .05)?
Male	66%	70%	**NO**
Mean age at index case arrest	32.61	32.09	**NO**
Race			**YES**
American Indian/Alaskan Native	.1%	1.0%	
Asian/Pacific Islander	1%	.4%	
Black/African American	11.3%	22%	
Hispanic/Latino	11.8%	14.2%	
White	75.1%	62.1%	
Other	.7%	.3%	
Level of Education at Program Entry			**YES**
Less than 12th grade	25.6%	34.6%	
Graduate Equivalency Diploma (GED)	15.2%	21.5%	
High School Graduate	22.9%	16.3%	
Some Vocational/Technical Program	3.5%	3.0%	
Vocational/Technical Diploma	2.1%	3.5%	
Some College	19.5%	13.1%	
Associate's Degree	2.1%	1.4%	
Bachelor's Degree	6.4%	2.5%	
Master's Degree	.5%	0%	
Doctorate, Ph.D., advanced degree	.5%	0%	
N/A	1.6%	4.1%	
Employment Status at Program Entry			**YES**
Full-Time	33%	16.6%	
Part-Time	15.4%	14.6%	
Unemployed	47.3%	64.9%	
Disabled	4.4%	3.7%	
Retired	0%	.3%	
Income for 3 Months Prior to Program Entry			**YES**
Under $2,000	48.8%	71.1%	
$2,000-$3,999	25.1%	16.3%	
$4,000-$6,999	14.1%	5.4%	
$7,000-$8,999	2.1%	2.5%	
$9,000-$12,999	2.1%	.3%	
$13,000-$15,999	.8%	0%	
Above $16,000	3.5%	.5%	
N/A	3.5%	3.8%	

ADC Participants	Graduates (n = 864)	Non-Graduates (n = 1,139)	Statistically Significant ($p < .05$)?
Mean number of days in program	488	351	**YES**
Average number of court review hearings attended while in program	18.6	9.8	**YES**
Average number of court review hearings missed while in program	.42	2.0	**YES**
Average number of times failed to submit drug test while in program	8	19.1	**YES**
Average number of negative drug tests while in program	72.2	26.1	**YES**
Average number of all arrests in the 24 months prior to program entry	1.5	1.8	**YES**
Average number of arrests with **drug** charges in the 24 months prior to program	.93	.98	**NO**
Average number of arrests with **property** charges in the 24 months prior to program	.09	.19	**YES**
Average number of arrests with **person** charges in the 24 months prior to program	.12	.16	**YES**
Average number of arrests with **DUI** charges in the 24 months prior to program	.14	.11	**YES**
Average number of arrests with **felony** charges in the 24 months prior to program	1.1	1.2	**YES**

Note: Yes = ($p < .05$).

Table 26 illustrates that ADC graduates were significantly more likely to be white (75% grad vs. 62% non-grad) while non-graduates were more likely to be black (11% grad vs. 22% non-grad). Graduates were also significantly more educated, more likely to be employed full-time (33% vs. 16%), and had a higher income (51% of graduates make greater than $2,000 per quarter vs. just 29% of non-graduates). In addition, graduates spend significantly longer in the program (488 days vs. 351 days) and had fewer missed court sessions (an average of less than one missed court session for graduates vs. an average of two missed sessions for non-graduates) and fewer missed drug tests (8 missed drug tests for graduates vs. 19 for non-graduates). Finally, graduates had fewer prior arrests for property charges (an average of .09 property arrests vs. .19) and fewer person charges (an average of .12 vs. .16 person arrests) in the 24 months before drug court entry than non-graduates.

Table 27. Characteristics of Colorado DUI Court Graduates Compared to Non-Graduates

DUI Court Participants	Graduates (n = 119)	Non-Graduates (n = 70)	Statistically Significant?
Male	73%	72%	**NO**
Mean age at index case arrest	39.3	38.1	**NO**
Race			
American Indian/Alaskan Native	1.7%	14.3%	**YES**
Asian/Pacific Islander	.8%	0%	
Black/African American	3.4%	4.3%	
Hispanic/Latino	12.6%	5.7%	
White	81.5%	75.7%	
Other	0%	0%	
Level of Education at Program Entry			**NO**
Less than 12th grade	12.7%	19.2%	
Graduate Equivalency Diploma (GED)	6.3%	3.8%	
High School Graduate	25.4%	11.5%	
Some Vocational/Technical Program	4.8%	11.5%	
Vocational/Technical Diploma	4.8%	0%	
Some College	17.5%	34.6%	
Associate's Degree	6.3%	7.7%	
Bachelor's Degree	17.5%	3.8%	
Master's Degree	1.6%	7.7%	
Doctorate, Ph.D., advanced degree	1.6%	0%	
N/A	1.6%	0%	
Employment Status at Program Entry			**NO**
Full-Time	87.1%	73.1%	
Part-Time	4.8%	15.4%	
Unemployed	6.5%	11.5%	
Disabled	1.6%	0%	
Retired	0%	0%	

DUI Court Participants	Graduates (n = 119)	Non-Graduates (n = 70)	Statistically Significant?
Income for 3 Months Prior to Program Entry			**NO**
Under $2,000	9.5%	23.1%	
$2,000-$3,999	27%	19.2%	
$4,000-$6,999	34.9%	34.6%	
$7,000-$8,999	4.8%	7.7%	
$9,000-$12,999	11.1%	0%	
$13,000-$15,999	1.6%	0%	
Above $16,000	7.9%	11.5%	
N/A	3.2%	3.8%	
Mean number of days in program	437.6	240.6	**YES**
Average number of court review hearings attended while in program	20.1	11.7	**YES**
Average number of court review hearings missed while in program	.05	.34	**YES**
Average number of times failed to submit drug test while in program	.64	.65	**NO**
Average number of negative drug tests while in program	30.2	26.4	**NO**
Average number of positive drug tests while in program	1.6	2.5	**NO**
Average number of all arrests in the 24 months prior to program entry	1.3	1.6	**YES**
Average number of arrests with **drug** charges in the 24 months prior to program	.08	.29	**YES**
Average number of arrests with **property** charges in the 24 months prior to program	0	.12	**YES**
Average number of arrests with **person** charges in the 24 months prior to program	.09	.19	**YES**
Average number of arrests with **DUI** charges in the 24 months prior to program	1.1	1.1	**NO**
Average number of arrests with **felony** charges in the 24 months prior to program	.08	.29	**YES**

Note: Yes = ($p < .05$).

Table 27 illustrates that DUI court graduates were significantly more likely to be white (81% grad vs. 75% non-grad) while non-graduates were more likely to be American Indian (2% grad vs. 14% non-grad). Graduates were also significantly more educated (18% of graduates had a bachelor's degree vs. 4% of non graduates), and more likely to have a higher income (twice as many non-graduates made less than $2,000 per quarter). In addition, graduates spend significantly longer in the program (438 days vs. 231 days) and attended twice as many court sessions. Finally, graduates had significantly fewer prior arrests for all charges except DUI charges in the 24 months before drug court entry than non-graduates.

When analyses were run on individual ADC and DUI court programs that had sufficient sample sizes for valid statistical analyses (5 ADC programs and 1 DUI court program), the same trend for differences between graduates and non-graduates was found in each individual program as found statewide.

Recommendations:

- The greater likelihood of non-white individuals in the non-graduate group indicates the potential need for more culturally specific services. Colorado's drug and DUI courts might review their services and ensure that they are following culturally appropriate practices.
- Due to the lower level of education and employment for non-graduates, the Colorado programs may also consider implementing additional educational and employment services (e.g., GED classes, job readiness training and employment assistance) and also ensure that program requirements and materials are appropriate for the education level of their participants.
- Although studies have shown that drug courts that accept participants with prior violent charges have the same recidivism outcomes as drug courts that do not (Carey et al., 2008; 2011), the result that non-graduates had a greater number of prior person and property crimes may indicate a need for additional services for these individuals such as criminal thinking classes, anger management, and domestic violence counseling.

RESEARCH QUESTION #3: PROGRAM COMPLETION

What are the graduation rates of Colorado's drug courts and DUI courts? Are the programs successful in bringing participants to completion and graduation within the expected time frame?

YES. Overall**,** Colorado's ADC and DUI court programs are graduating participants within the intended program time period of 12 to 18 months, and Colorado's program graduation rates are comparable to, or better than the national graduation rate for adult drug courts.

Graduation rates of Colorado's drug courts. Whether a program is bringing its participants to successful completion and doing so in the intended time frame is measured by the 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 being unsuccessfully discharged. For those participants in ADC programs who had at least 2 years from the time of entry to either graduate or be unsuccessfully discharged from the program (N=1,121), 47% (527) of ADC program participants completed the programs successfully. This outcome is on par with the national average graduation rate of 50% (Cooper, 2000). For

those participants in DUI Courts who had at least 2 years from the time of entry (N = 89), 61% of participants completed the programs successfully (54 graduates out of a total of 89 participants with graduation status available in the 2-year follow-up period). Although there are no known national statistics on graduation rates from DUI courts, 61% is well above the national average of 50% for adult drug court programs. The higher graduation rate for DUI court participants may be due to a higher percentage of low-risk individuals in the DUI court group. Those who are lower risk are more likely to comply with requirements and successfully complete programs.

Bringing participants to graduation in the expected time frame. 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 entered the Colorado ADC programs and have graduated from the programs. The minimal requirements of the majority of Colorado's ADC and DUI court programs would theoretically allow for graduation at approximately 12 months from the time of entry to graduation, although some programs have a minimum of 18 months required before graduation.

The average length of stay in ADC for all participants, both graduates and non-graduates) was 368 days (approximately 12 months). ADC Graduates spent an average of 459 days in the program or about 15 months, though some participants spent up to 3.4 years in the program. Approximately 50% of those who graduated did so within about 14 months, and 75% graduated within 17.7 months of program entry. Participants who did not graduate spent, on average, 9.8 months in the program. These results show that the Colorado ADC graduates stay in the program within the intended time period of 12 to 18 months.

The average length of stay in DUI court for all participants, both graduates and non-graduates) was 365 days (12 months). DUI Graduates spent an average of 438 days in the program or about 15 months, with some graduates spending up to 2 years in the program. Approximately 50% of those who graduated did so within about 14 months, and 75% graduated within 16 months of program entry. Participants who did not graduate spent, on average, 8 months in the program. These results show that the Colorado DUI court graduates also stay in the programs within the intended time period.

Recommendation:

Although the Colorado ADC and DUI court programs are graduating participants within the intended time period, and program graduation rates are comparable to, or better than the national average, a program goal is still to continue to strive toward having as many participants succeed as possible. In order to graduate, participants must comply with the program practices and requirements. Therefore, for programs to increase their graduation rates, they must increase the number of participants that comply with these requirements. One strategy drug court staff can use in dealing with this complex population is to provide additional assistance so participants can learn new skills to successfully meet program requirements. Teams should be asking themselves, "How can we help as many participants as possible understand the lessons this program has to teach?" To successfully increase graduation rates, drug court teams must consider the challenges participants face, continually review program operations, and adjust as necessary. This type of change can include practices such as finding transportation for participants that have none (e.g., having participants with cars get rewards for picking up those without transportation and bringing them to treatment and court sessions, or providing bus passes) or assisting participants with childcare while they participate in program requirements. The analysis for Research Question #2 more closely examined the difference between graduates and non-graduates to determine if there

were any clear trends for non-graduates that point to a need for different types of services and recommendations were made for potential services that might be considered.

RESEARCH QUESTION #4: RECIDIVISM

Does participation in adult drug court and DUI court reduce the number of re-arrests for those individuals after program participation, compared to before participation?

YES. Both adult drug court and DUI court participants were re-arrested significantly less often in the 2 years after entering the program than in the 2 years before ($p < .001$). When taken as a whole, both ADC and DUI participants show a significant reduction in average number of arrests. When graduates and non-graduates are examined separately, the significant reduction still holds for both.

Figures 26 (ADC) and 27 (DUI) illustrate the average number of arrests 24 months before and 24 months after entry into the programs for all participants, as well as for graduates and non-graduates

Figure 26. Average Number of Arrests for 24 Months Prior to Program Entry and 24 Months after Program Entry—ADULT DRUG COURT

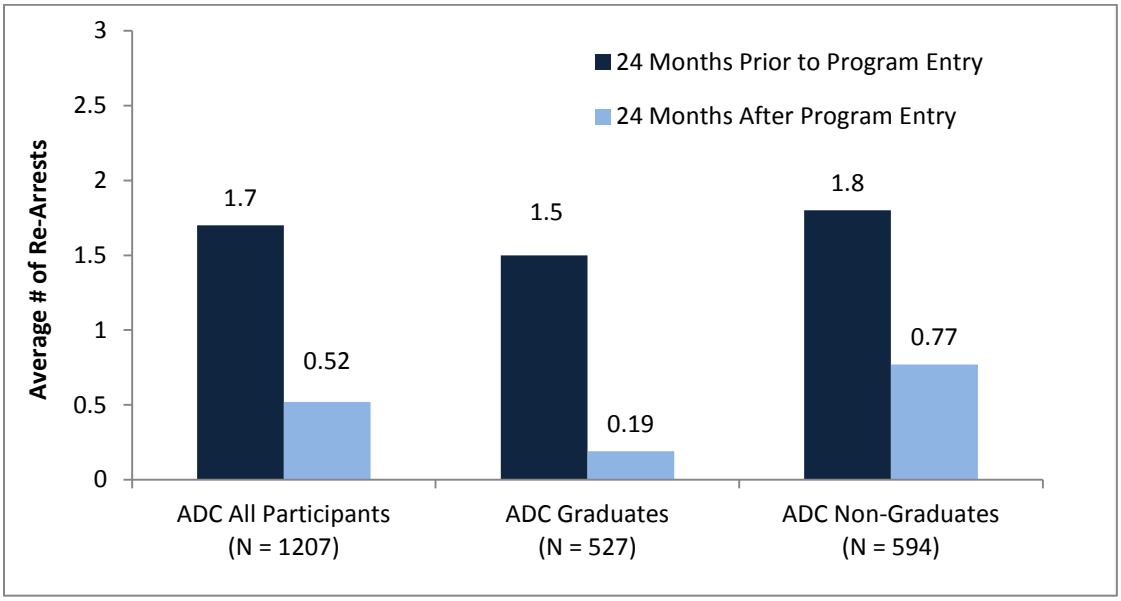
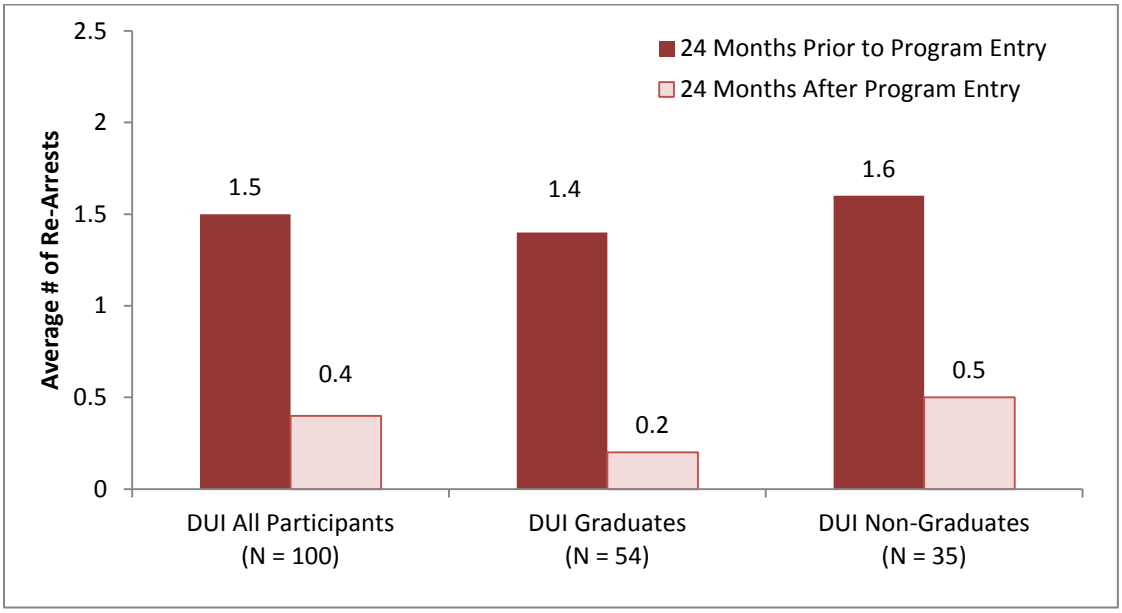


Figure 27. Average Number of Arrests for 24 Months Prior to Program Entry and 24 Months After Program Entry—DUI COURT



The recidivism rate (the percent of individuals re-arrested out of the total) was lower for adult drug court and DUI court participants after program participation, with the lowest rate occurring during the 12- to 24-month period after program entry (Figures 28 and 29). This pattern holds for all participants as well as for just graduates, although graduates have consistently lower recidivism rates over the 24 months after program entry. This finding indicates that although fewer drug court participants were re-arrested over time, the real impact (as demonstrated in Figures 26 and 27) is in the number of times a participant was re-arrested, with ADC and DUI court participants having significantly fewer re-arrests post program.

Figure 28. Percent of Graduates & All Drug Court Participants Who Were Re-Arrested During the 24 Months After Program Entry—ADULT DRUG COURT

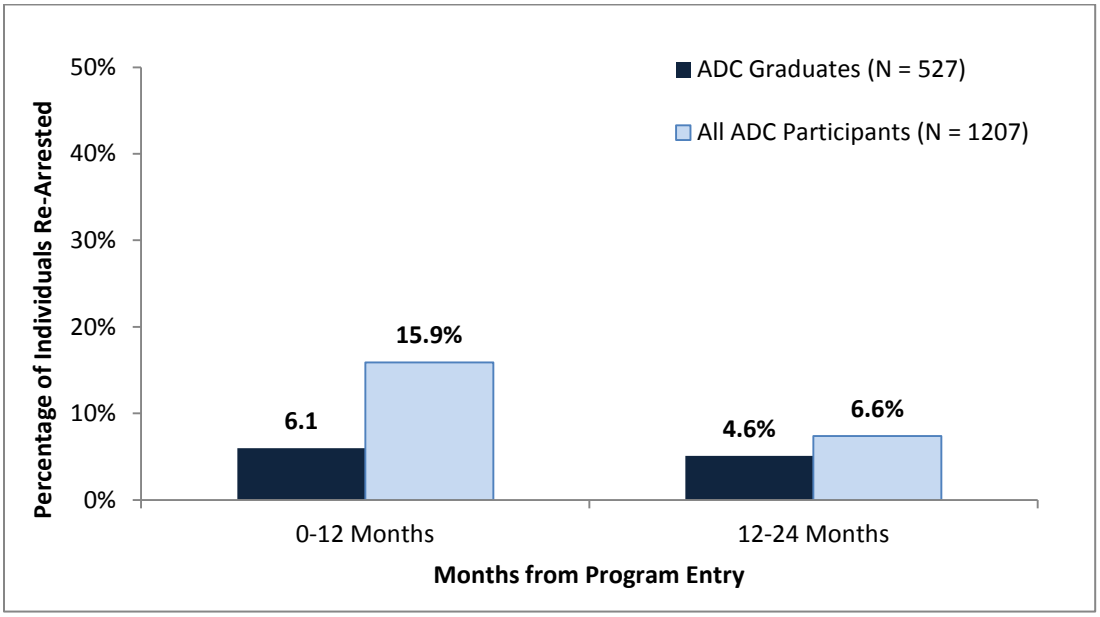
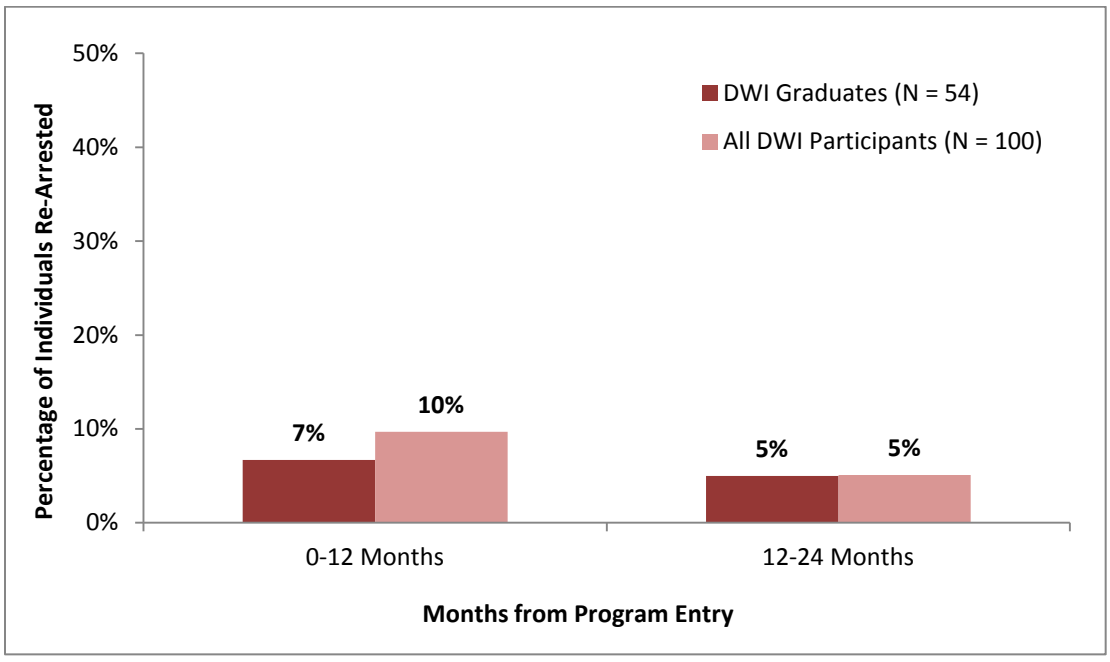


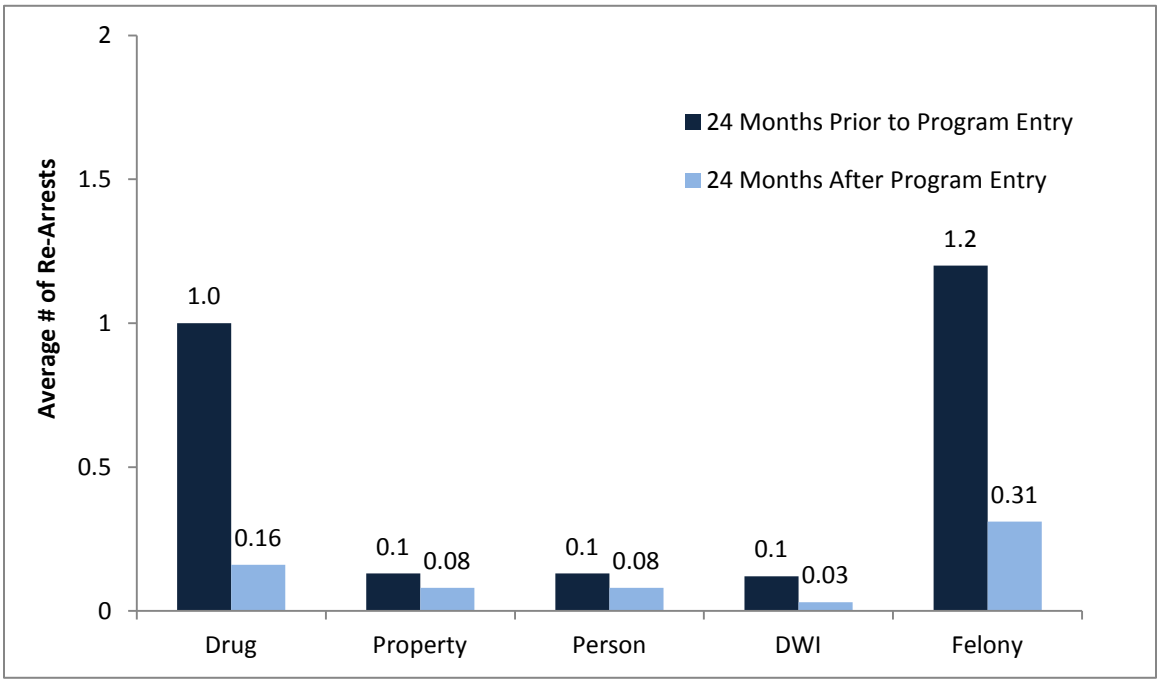
Figure 29. Percent of Graduates & All Drug Court Participants Who Were Re-Arrested During the 24 Months After Program Entry—DUI COURT



Most of Colorado's drug court programs discharge participants (successfully or unsuccessfully) within about 12 months from program entry. Therefore, the time period between 12 and 24 months after drug court entry is equivalent to the year after program exit. As Figures 28 and 29 indicate, the recidivism rate for ADC and DUI court programs during this time period is quite low, less than 7% regardless of whether the participants have graduated, and less than 5% for graduates.

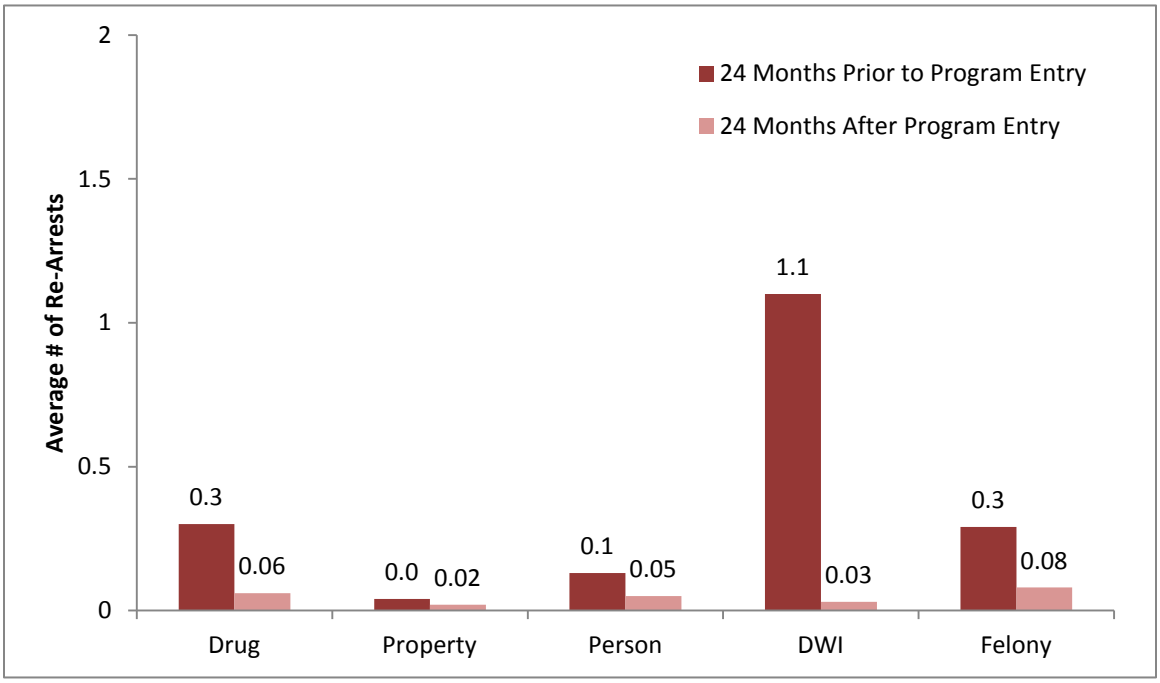
To present a more descriptive picture of the criminality of the groups, arrests were coded as drug charges (e.g., possession), property charges (e.g., theft), person charges (e.g., assault), and DUI charges. Whether or not a charge was a felony was also noted.[15] Figure 30 presents the results of this analysis for adult drug court participants and demonstrates that ADC participants were re-arrested significantly less often after program participation than prior to program entry for all types of arrests ($p < .05$). Figure 31 presents the results of this analysis for DUI court participants and demonstrates that DUI court participants were re-arrested significantly less often after program participation than prior to program entry for felony, drug, and DUI arrests ($p < .05$). There was a marginally significant reduction in person arrests ($p < .1$), and no significant reduction in property arrests—very likely due to the small numbers of these arrests prior to program entry. Overall, these findings demonstrate that involvement in the Colorado's ADC and DUI courts, regardless of exit status, is associated with a reduction in criminality.

Figure 30. Average Number of Re-Arrests per Person by Arrest Charge at 24 Months Before and After Program Entry—ADULT DRUG COURT



[15] When an individual received more than one charge per arrest, a single arrest could be coded as any or all of these categories. Therefore, the numbers in Figure 30 and 31 do not reflect the total average arrests.

Figure 31. Average Number of Re-Arrests per Person by Arrest Charge at 24 Months Before and After Program Entry—DUI COURT



As discussed earlier, most of Colorado's drug court programs discharge participants (successfully or unsuccessfully) within about 12 months from program entry. Therefore, the time period between 12 and 24 months after drug court entry is equivalent to the year after program exit. As Figures 28 and 29 indicate, the recidivism rate for ADC and DUI court participants during this time period is low, less than 7% whether or not the participants have graduated, and less than 5% for graduates.

The Evaluation Unit of the Division of Probation Services publishes a yearly report on the recidivism rates of probationers who have successfully completed probation. The most recent report presents data on probationers who completed probation in 2010 (Wilks & Nash, 2011). On average, adult probationers were reported to have a recidivism rate of 6.7% across supervision levels in the year after successfully completing probation. Recidivism for probationers at the medium and maximum level of supervision was reported to have 9.8% and 14.9% recidivism rates, respectively, in the one year after successful completion of probation.

On average, the recidivism rate for participants who successfully complete adult drug court programs in Colorado is 4.6% in the year after program completion. This is lower than the average recidivism rate of 6.7% for probationers who successfully complete probation across all supervision levels (low risk through high risk). Further, the target population for most Colorado adult drug courts is composed of high-risk/high-need individuals who would be on medium to high supervision (more than two-thirds scored as medium to high risk). The recidivism rate for adult drug court completers of 4.6% is less than the recidivism rate of 9.8% and 14.9% for adult probationers who successfully completed the medium and high levels of probation supervision, respectively. Since drug courts are specifically designed to address high-risk/high-need individuals, these results indicate that Colorado's drug courts are indeed effective in working with this population.

When analyses were run on individual ADC and DUI court programs that had sufficient sample sizes for valid statistical analyses (5 ADC programs and 1 DUI court program), the same trend for recidivism outcomes was found in each individual program as that found statewide.

In conclusion, there has been some question about whether drug court programs, which redirect offenders from incarceration into treatment in the community, are any more effective than traditional court or probation processes and whether they endanger public safety. These recidivism findings for Colorado adult drug courts and DUI courts demonstrate that involvement in these programs, regardless of exit status, is associated with a reduction in recidivism, including new drug and DUI offenses and victimizations (person and property crimes). This result provides evidence consistent with drug court studies nationally that drug court programs increase public safety. Colorado's ADC and DUI courts are successfully accomplishing two of their key goals, a reduction of criminal recidivism and an increase in public safety.

Limitations of the Study, Recommendations for Future Evaluation and Commendations

Limitations of the Current Evaluation

The main limitation of this study was that the recidivism analysis did not include an independent comparison group of individuals eligible for the program but who did not participate. The statewide database on drug and DUI court participants was implemented relatively recently (in 2008), and the programs were inconsistent in its use until approximately 2010. Many programs were still learning the new system and did not enter all their drug court participants into the database, particularly in the first 2 years after the database was implemented. This means that most participants in the database that could be used for the recidivism analysis (i.e., participants who had at least 2 years of recidivism data available) were from the first 2 years of the database's use (2008-2010) —the time when data entry was most inconsistent. Therefore, when examining the statewide case file data for drug offenders who were eligible for drug court and who would be appropriate for a comparison group, it was not possible to know with any certainty that these offenders had not actually participated in the drug court programs and had just not been entered into the data system.[16] For this reason it was decided that the most valid and accurate design for the recidivism study at this time was a pre-post analysis. This had the benefit of a perfectly matched comparison group (in that it was literally the same people being compared before and after the intervention) but had the drawbacks that, in the second time period, these participants were older and had a longer experience in the criminal justice system than they had in the 2 years before participation.

A second limitation of this study was the lack of misdemeanor and DUI information in the case file data from Denver County. Since Denver is the largest jurisdiction in the state, this represents a significant amount of missing data. However, because the study design for recidivism was a pre-post design, it can be inferred that the data are missing equally for Denver participants both pre and post program and therefore the difference in new case filings is proportionally accurate. This issue is also addressed in the data recommendations below.

[16] In addition, there were some concerns about the quality and completeness of the data available on the comparison group, as much of the detailed data collected on drug court participants are not collected on non-drug court offenders.

Recommendations for Future Statewide Evaluation Design

We recommend two plans for future statewide evaluation:

1. Select a sample of drug and DUI court programs that are representative of the programs in the state (e.g., representative participant population, urban versus rural sites, program size, etc.) and perform detailed data collection at the local level. Many of Colorado's programs maintain their own local databases that are more complete for the time periods in the past (when the statewide database was used less consistently), which would allow accurate data collection for a much larger sample of participants at each program and recidivism analyses for several years after program participation, permitting the determination of the longer term effectiveness of the program.
2. Encourage programs to continue to use the statewide database (further details on this are in the database recommendations below) and allow enough time to pass (2 or 3 more years) for a more complete and detailed sample of drug court participants from each program to emerge. Once enough time has passed, an evaluation similar to the current study can be performed with the addition of a valid comparison group.

The benefit of the first plan is that local data tend to be more complete, and a comparison group gathered at the local level tends to be more representative of the specific court under study in each site. In addition, the first plan could be implemented immediately as the majority of the drug courts in Colorado have local databases already in existence and they have been using them for case management and other program purposes, which assists in more complete data entry. The drawback of this plan is that, in order to perform the evaluation within a reasonable budget amount, not all programs in the state could be included in the study.

The benefit of the second plan is that with enhancements to the statewide data system (see below) and with more complete data entry, a statewide recidivism study could be completed on all drug courts in the state (rather than a subsample of courts) along with the ability to select a valid comparison group. The drawback of this plan is that it cannot be implemented for several years.

State-level Commendations for ADC and DUI Data Collection

It is admirable that the state of Colorado has allocated time and resources to enable statewide ADC and DUI program participant data collection, and has rolled out and modified the PSC3D data system for use in program data tracking and evaluation. PSC3D houses many useful data points such as demographics, unique identifier number variables, drug use, assessment scores, treatment referrals and recommendations, mental health referrals, program exit disposition, and related exit data. It appears that the state has provided training materials and support to encourage court locations and individual programs to enter data accurately and consistently. Currently PSC3D data, when cross referenced with supplemental data elements from ICON/Eclipse data such as subsequent charges or drug testing results, can be used to begin examining participant progress and begin charting indicators of program service delivery and participant success. Ongoing consistent data entry into PSC3D across programs, and the passage of time to allow for a longer period of consistent data entry, will ensure these data remain relevant and become even more reliable and illuminating in the future.

State-level Recommendations for ADC and DUI Data Collection and Storage

Following are several recommendations for enhancements to the current statewide data collection strategy. These enhancements would allow for more accurate, valid, efficient, and cost-

effective evaluation of statewide drug court effectiveness in the future as well as more effective case management.

- *Centralize data storage.* While PSC3D captures many data points specific to ADC and DUI program participants, there are ways in which the overall data collection and storage could be improved. It is the researchers' understanding that the state of Colorado intends to roll out a new data system called Judicial Paper on Demand (jPOD) that will streamline data storage of all court case management data, and would eliminate the need for having individuals' data split across separate storage systems. Data streamlining, to minimize entry redundancies and discrepancies across data sets and centralize storage, is in line with good data practices and the researchers commend efforts to this end. It is recommended that, as much as possible, the PSC3D data be retained and incorporated alongside ICON/Eclipse data in the jPOD system to prevent loss of valuable ADC and DUI program data and prior time spent collecting and entering data.
- *Ensure consistent entry and accuracy of unique participant identifier variables.* With the current data storage configuration, in which supplemental data such as drug test results and court hearing attendance are housed in ICON/Eclipse, it is extremely important to be able to easily and confidently link individuals with records in PSC3D to corresponding ICON/Eclipse records. The unique identifier variable (MLnumber) in PSC3D, when available and accurate, maps to the unique identifier variable (Eidnbr) in the ICON/Eclipse data files. Additionally, court location and case number variables in PSC3D can be mapped to the larger statewide case file data housed in ICON/Eclipse, assuming accuracy of data entry. To this end, it is recommended that all PSC3D records entered require entry of the MLnumber before moving on to additional data entry and that existing data be audited to impute missing data and resolve ID numbers that seem to repeat across multiple individuals. Additionally, applying a masking format to the case number that would require data entry in a specific format (such as beginning with the four-digit year rather than the last two digits of the year) will help ensure consistent formatting, and improve data integrity and confidence when cross linking individual cases between PSC3D and ICON/Eclipse data files.
- *Collect program name data.* The PSC3D system has fields to capture court location, case number, and program type (ADC or DUI), but does not currently have a field identifying the specific program that individuals enter. With the ever-expanding ADC and DUI programs in Colorado, due to the fact that some court locations run multiple programs and program types and that demand for program-level data analysis is ongoing, it is recommended that a *program name* variable field be added to the PSC3D or jPOD data. To maximize utility and data entry consistency, the field should be an updatable drop-down selection list from which the person conducting data entry can choose an existing program and administrators can add new programs as needed. The program name variable field will allow for more accurate program-level data collection and analysis.
- *Track treatment data while in ADC or DUI programs.* While some treatment data at entry and exit are captured in the current PSC3D data system, it is recommended that treatment data throughout the program participation window be incorporated into DUI and ADC data collection efforts for use in program service delivery monitoring, participant case management, and overall program evaluation. As treatment is a central tenet of problem-solving court programs and it has been proposed that jPOD host data exchanges with many agencies, the researchers strongly advise that ongoing treatment data including rec-

ommendations, referrals, and attendance while in an ADC or DUI program be incorporated into jPOD data exchanges. If the state continues using PSC3D exclusively for tracking ADC and DUI program data, it is recommended that, if possible, treatment providers be given access to screens in PSC3D that would allow them to enter and track program participant treatment data. Confidential fields could have restrictions applied that would allow only the provider or other appropriate persons to either view or edit the content.

- *Identify ranked drug of choice for program individuals at entry.* PSC3D currently collects extensive data on drug use prior to program entry and these data elements can be useful in describing the program participants and informing treatment decisions. In addition to the existing variables, however, the researchers suggest creating ranked *drug of choice* variables for use in assessing in a more streamlined and quantifiable manner, the primary drugs, at given time points, leading to participant program entry. The variables should be drop-down selection boxes named something like *1st drug of choice, 2nd drug of choice, and 3rd drug of choice* respective to participant use pattern.
- *Collect judge associated with case in the ADC/DUI data system.* The *judge name* and *judge number*, in a drop-down selection list format, associated with a problem-solving court entry case would be useful additions to PSC3D and/or should be included in the jPOD system. The judge data can be useful when describing a program at a certain time point, tracking judge tenure and continuity across the life of a program and ensuring data integrity by ensuring that a case leading to program entry is associated with a judge presiding over a problem-solving court at the time of entry.
- *Identify ADC- and DUI-relevant ICON/Eclipse data to be combined with PSC3D data for ongoing program monitoring and evaluation.* Currently there are variables tracked in ICON/Eclipse that need to continue being tracked and linked to ADC and DUI program participant data in PSC3D. Prior to the jPOD system roll-out, the researchers suggest identifying all variables being tracked in ICON/Eclipse that should be merged with the PSC3D data elements in the new combined system. Based on data review, the researchers suggest (at a minimum) retaining the following ICON/Eclipse data points, at entry, during the program and at exit, in the new combined ADC/DUI jPOD system: program phase data, court hearing appearance data (dates and decisions), participant assessment data (LSI, ASUS etc.), drug test dates and results, and case file and charge data both prior to and after program entry and exit. Variables that are redundant across ICON/Eclipse and PSC3D such as gender, name, race/ethnicity, etc. should only be entered one time into the new jPOD system and a choice will need to be made as to which data source (in terms of both data content and variable format) to use for each variable.
- *If possible, house Denver County misdemeanor and traffic case file data in the statewide ICON/Eclipse or jPOD data system.* As Denver runs one of the largest ADC programs in the state, and may expand programming by adding a DUI court program, it would be useful for Denver case file data to be accessible in the statewide data to facilitate ongoing and future analysis of participant criminality beyond felony data. Centralized access to all Denver case file and charge data will allow for a more accurate assessment and portrait of the kinds of charges precipitating program entry and occurring after program exit.

Outcome Summary

The results of the outcome analysis for Colorado's adult drug courts and DUI courts are positive.

- Taken as a whole, the programs have graduation rates that are equivalent to, or better than, the national average.
- These programs are graduating participants within the specified intended length of stay in the program.

In addition, compared to before their participation in the program, in the 24 months after drug court entry program participants (regardless of whether they graduated from the program) had significantly lower recidivism, including:

- significantly fewer drug charges and DUI charges
- significantly fewer person charges
- significantly fewer misdemeanor and felony charges

Although the graduation rate for ADC programs was 47%, and for DUI courts was 61%, which is close to, or above the national average of 50%, the ADC and DUI court programs should still spend some time working 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.

Overall, these findings demonstrate that involvement in the Colorado's ADC and DUI Courts, regardless of exit status, is associated with a reduction in criminality. The drug court programs have been successful in their goals of reducing drug use and recidivism among its participants and increasing public safety.

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APPENDIX A: THE GUIDING PRINCIPLES OF DUI COURTS

The Guiding Principles of DUI Courts

GUIDING PRINCIPLE #1: Determine the Population

Targeting is the process of identifying a subset of the DUI offender population for inclusion in the DUI Court program. This is a complex task given that DUI Courts, in comparison to traditional Drug Court programs, accept only one type of offender: the hardcore impaired driver. The DUI 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 DUI population also suffers from a variety of co-occurring mental health disorders. Therefore, DUI 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 DUI offenders and to protect against future impaired driving.

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

Partnerships are an essential component of the DUI Court model as they enhance credibility, bolster support, and broaden available resources. Because the DUI 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 DUI Court program.

GUIDING PRINCIPLE #6: Take a Judicial Leadership Role

Judges are a vital part of the DUI Court team. As leader of this team, the judge's role is paramount to the success of the DUI 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 DUI 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 DUI 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 DUI 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 DUI Court, program planners must design a DUI 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 DUI 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 DUI problem in the community however is the ultimate key to sustainability.

APPENDIX B: EXAMPLES OF SANCTIONS AND INCENTIVE GUIDELINES

Sample Guidelines #1:

SANCTIONS

I. Testing positive for a controlled substance

- Increased supervision
- Increased urinalysis
- Community service
- Remand with a written assignment
- Incarceration (1 to 10 days on first; 1 week on second)
- Discharge from the program

TREATMENT RESPONSE:

- Review treatment plan for appropriate treatment services
- Write an essay about your relapse and things you will do differently
- Write and present a list of why you want to stay clean and sober
- Write and present a list of temptations (people, objects, music, and locations) and what you plan to put in their place.
- Make a list of what stresses you and what you can do to reduce these stresses.
- Residential treatment for a specified period of time (for more than 2 positive tests)
- Additional individual sessions and/or group sessions
- Extension of participation in the program
- Repeat Program Phase

GOAL:

- Obtain/Maintain Sobriety

II. Failing or refusing to test

- Increased supervision
- Increased urinalysis
- Remand with a written assignment
- Increased court appearances (If in Phase II-IV)
- Incarceration (1 to 10 days on first; 1 week on second)
- Discharge from the program

TREATMENT RESPONSE:

- Review treatment plan for appropriate treatment services
- Residential treatment for a specified period of time
- Extension of participation in the program
- Repeat Program Phase

GOAL:

- Obtain/Maintain Sobriety and Cooperation to comply with testing requirements

III. Missing a court session without receiving prior approval for the absence

- Community service
- "Jury-box duty"
- Remand with a written assignment
- Increased court appearances
- Extension of participation in the program

GOAL:

- Responsible Behavior and Time Management

IV. Being late to court, particularly if consistently late with no prior approval from the Court or Case Manager

- Community service
- "Jury-box duty"
- Increased court appearances
- Extension of participation in the program

GOAL:

- Responsible Behavior

V. Failure to attend the required number of AA/NA meetings or support group meetings

- Increased supervision
- Community service
- "Jury-box duty"
- Increased court appearances
- Extension of participation in the program
- Written Assignment

TREATMENT RESPONSE:

- Review treatment plan for appropriate treatment services
- Written assignment on the value of support groups in recovery.
- Additional individual sessions and/or group sessions

GOAL:

- Improved Treatment Outcome

VI. Failure to attend and complete the assigned treatment program

- Increased supervision
- Community service
- Remand with a written assignment
- Extension of participation in the program
- Repeat Program Phase

TREATMENT RESPONSE:

- One or more weeks set back in previous Phase for additional support
- Attend Life Skills Group
- Residential treatment for a specified period of time (consist occurrence)
- Additional individual sessions and/or group sessions

GOAL:

- Improved Treatment Outcome

VII. Demonstrating a lack of response by failing to keep in contact and/or cooperate with the Case Manager or Counselor

- Community service
- "Jury-box duty"
- Remand with a written assignment
- Extension of participation in the program
- Repeat Program Phase

TREATMENT RESPONSE:

- Make up missed sessions
- Review treatment plan to ensure clients needs are being met
- Additional individual sessions and/or group sessions

GOAL:

- Demonstrate respect and responsibility

VIII. Convicted of a new crime

- Increased supervision
- Remand with a written assignment
- Increased court appearances
- Extension of participation in the program
- Repeat Program Phase
- Incarceration
- Discharge from the program

TREATMENT RESPONSE:

- Additional individual sessions and/or group sessions

GOAL:

- To promote a crime free lifestyle

IX. Violence or threats of violence directed at any treatment staff or other clients

- Discharge from the program

X. Lack of motivation to seek employment or continue education

- "Jury-box duty"

- Remand with a written assignment
- Increased court appearances
- Extension of participation in the program

TREATMENT RESPONSE:

- Additional individual sessions and/or group sessions

GOALS:

- Graduation and Job Preparedness

XI. Refusing to terminate association with individuals who are using

- Increased supervision
- Community service
- "Jury-box duty"
- Increased court appearances
- Extension of participation in the program
- Written Assignment

TREATMENT RESPONSE:

- Additional individual sessions and/or group sessions

GOALS:

- Develop a social network with clean and sober friends

XII. Failure to comply with court directives

- Increased supervision
- Community service
- "Jury-box duty"
- Remand with a written assignment
- Increased court appearances
- Extension of participation in the program
- Repeat Program Phase
- Remand into custody all free time
- Written assignment

GOALS:

- Develop a social network with clean and sober friends

XIII. Lack of motivation to seek safe housing

- Increased supervision
- Community service
- Written assignment

XIV. Forging documentation required by the court for proof of compliance

- Incarceration
- Discharge from the program

(If it appears to the prosecuting attorney, the court, or the probation department that the defendant if convicted of a misdemeanor that reflects the defendant's propensity for violence, or the defendant is convicted of a felony, or the defendant has engaged in criminal conduct rendering him or her unsuitable for participation in Drug Treatment Court, the prosecuting attorney, the court on its own, or the probation department may make a motion to terminate defendant's conditional release and participation in the Drug Treatment Court. After notice to the defendant, the court shall hold a hearing. If the court finds that the defendant has been convicted of a crime as indicated above, or that the defendant has engaged in criminal conduct rendering him or her unsuitable for continued participation in Drug Treatment Court, the court shall revoke the defendant's conditional release, and refer the case to the probation department for the preparation of a sentencing report.)

REWARDS

If the participant complies with the program, achieves program goals and exhibits drug -free behavior, he/she will be rewarded and encouraged by the court through a series of incentives. Participants will be able to accrue up to 50 points to become eligible to receive a reward. After accruing 50 points, the participant will start over in point accrual until he/she reaches 50 points again. The points are awarded as follows:

Achievement	**Points Awarded**
• Step Walking (12 step)	3
• All required AA/NA Meetings Attended	1
• AA/NA Sheet turned in on time	1
• Attended all required treatment activities at the program	1
• Phase Change	5
• 3 Month Chip	2
• 6 Month Chip	4
• 9 Month Chip	6
• 1 year Chip	8
• Obtained a job (part time)	3
• Obtained a job (full time)	5
• Graduated from Vocational Training	5
• Obtained a GED	5
• Graduated from Junior College	5
• Obtained a Driver’s License	4
• Bought a Car	4
• Obtained Safe Housing (Renting)	4
• Obtained Safe Housing (Buying)	5
• Taking Care of Health Needs	3
• Finding A Sponsor	3
• Helping to interpret	1
• Promotion/raise at work	3
• Obtaining MAP/Medi-Cal/Denti-Cal	3
• Parenting Certificate	2
• Judge’s Discretion	1 to 5

Incentive items that are given to the participants (upon availability) include but are not limited to:

- Bus passes
- A donated bicycle that may b kept for the duration of time in Drug Court. After completion of drug court, the bicycle must be returned. (A terminated participant must return the bicycle forthwith.)
- Pencils, key chains: awarded for Phase changes
- Personal hygiene products
- Framing any certificate of completion from other programs, or certificates showing length of sobriety
- Haircuts
- Eye Wear
- Movie Passes
- Food Coupons