



MARYLAND STATEWIDE EVALUATION OF ADULT TREATMENT COURTS

Outcome & Cost Key Findings Report *FINAL REPORT*

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Submitted to

**Maryland Administrative Office of
the Courts**

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EVALUATION BACKGROUND

Treatment courts provide integrated substance use disorder treatment, behavioral health services, and intensive judicial supervision as an alternative to incarceration. The ultimate goals of these courts are to reduce rearrests, increase public safety, and provide treatment and other recovery support services to justice-involved individuals with substance use or mental health disorders to promote long-term recovery and enhance the quality of life for participants and their families.

In March 2017, Maryland became the first state in the nation to declare a state of emergency in response to the heroin, opioid, and fentanyl crisis.¹ In April 2017, Maryland passed the Heroin and Opioid Prevention Effort (HOPE) Act of 2017, a comprehensive behavioral health measure aimed at expanding treatment options and allocating more resources to reducing opioid dependency.²

In June 2020, the Maryland Administrative Office of the Courts (AOC) contracted with NPC Research to perform a statewide study of its 24 Adult Treatment Courts (ATCs). According to a survey of these ATCs, three out of four courts reported that the primary substance used by its participants was opioids (primarily heroin). In light of the HOPE Act and in an effort to provide timely information back to courts, the statewide evaluation of ATCs focuses on a recent cohort of participants that entered one of the 24 ATCs between July 2016 and June 2019 (Fiscal Years 2017 through 2019). The outcome and cost evaluations follow participants up to a period of three years post entry (although most results are presented at two years post entry, due to smaller sample sizes at 3 years). This report presents the statewide outcome and cost evaluation findings.



¹ Hogan, L. (2019, October 21). Letter to House Energy and Commerce Committee. Accessed from: <https://www.congress.gov/116/meeting/house/110367/documents/HHRG-116-IF02-20200114-SD015.pdf>

² Hughes, S. (2017, April 10). *Maryland General Assembly Passes HOPE Act Improving Behavioral Health Services*. Mental Health Association of Maryland. Accessed from: <https://www.mhamd.org/news/hope-act-behavioral-health/>

METHODS

This report highlights the key findings of the outcome and cost evaluation of 24 ATC programs in Maryland.³ The outcome evaluation measured whether the ATCs met their goals of reducing rearrests. The economic impact of the programs was evaluated through a detailed cost-benefit analysis. The ATC outcomes and costs were measured against matched comparison groups of defendants who were arrested and charged with a treatment court eligible arrest. Comparison groups were constructed for each ATC program and were matched to the treatment court participants (using Mahalanobis distance matching and propensity scores) on age, gender, race, and arrest history.

To assess the extent to which Maryland's ATC programs were meeting their goal of reducing rearrests, we followed all individuals who participated in an ATC ($N = 1,830$) between July 1, 2016 and June 30, 2019 (Fiscal Years 2017 – 2019) and the matched comparison groups from a similar time period. The individuals in these groups were tracked through existing statewide databases for a follow up period of at least 1 year after ATC program entry (or equivalent for the comparison groups).

The cost evaluation was conducted using the transactional and institutional cost analysis (TICA) approach for all 24 ATC programs by analyzing the costs of program activities (the investment cost) as well as outcomes (including arrests, new court cases, time in prison, and time on probation or parole) to measure whether there was a cost offset, or savings, due to lower ATC participant rearrests. This report presents the study findings starting with statewide outcome and cost results for ATC courts, including a review of individual program outcomes. More detailed evaluation results for individual programs can be found in the Technical Appendix. A brief summary of key findings and recommendations are provided at the end of this report.

³ In one county, participants from both the Circuit and District ATCs were entered into one account in the statewide program database and the participants could not be definitively attributed to either court. The results for these two programs are combined and presented as one court. The results on subsequent pages of this report refer to 23 ATCs.

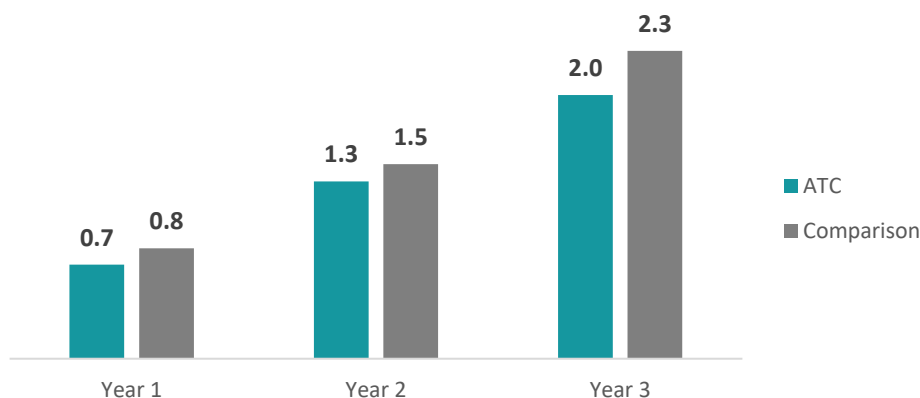


ATC PROGRAMS REDUCED THE NUMBER OF REARRESTS

Statewide, Maryland's ATCs exhibited a 13% reduction in the number of rearrests over a 2 year period

ATC participants in all jurisdictions were compared to individuals who were eligible for an ATC, but did not participate. In the 3 years following program entry, program participants statewide had fewer rearrests on average than the matched comparison group. Although 3 year rearrests are included in the graph to illustrate ongoing impacts on rearrests, most rearrest results are presented at two years due to a large drop in the number of participants with the full 3 years of outcome follow up time since program entry. In addition, participant behavior 3 years since program entry reflects program operations from 2017-2018, which may be less relevant to current program practices. At 2 years post program entry, the average number of rearrests for ATC participants was 1.3, versus 1.5 in the comparison group. That is just over a **13% reduction in statewide rearrests**.

ATC Participants Had Fewer Rearrests than the Comparison Group at 1-3 Years Post Program Entry



Note. ATC *N* at Years 1 is 1,830, at Year 2 is 1,498, and at Year 3 is 909. The comparison group *N* at Year 1 is 1,830, at Year 2 is 1,577, and at Year 3 is 1,143. The average number of rearrests was adjusted to account for time incarcerated.

Statewide, the rearrest rate (the percent of individuals rearrested) for any crime was similar to the rearrest rate for the comparison group. At 2 years post program entry, 46% of ATC participants were rearrested for at least one new crime, compared to 45% of the comparison group. This indicates that an equivalent number of individuals are being rearrested, but ATC participants are being rearrested fewer times, when compared to the matched comparison group.

However, as illustrated on the next page, the results for individual ATC programs demonstrate that some ATCs show significant reductions in recidivism while other ATCs show no reductions or increased rearrests relative to their comparison groups. When rearrest rates are averaged across all programs statewide, the relative effectiveness of individual programs is lost. An examination of individual program effectiveness in conjunction with practices performed provides key information to program managers as to which programs may need additional training or resources to improve adherence to best practices and increase success rates.

KEY FINDINGS: STATEWIDE REARRESTS

The majority of Maryland's ATCs exhibited reductions in rearrests

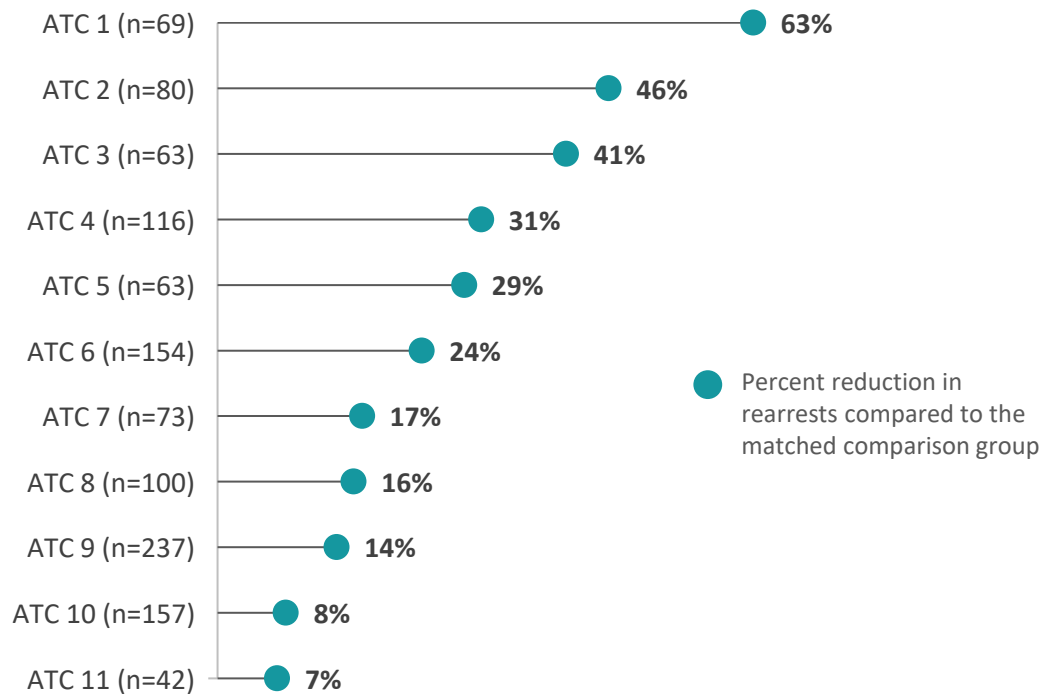
Eighteen ATCs had sufficient sample sizes for individual analyses at 2 years post program entry. Participants in 11 of the 18 ATCs had fewer rearrests than their comparison groups, with the average of 0.4 fewer rearrests (ranging from 0.1 up to 0.9 fewer rearrests). These results indicate that some programs are having significant impacts on rearrests.

Participants in 11 out of 18 ATCs had fewer rearrests than their matched comparison groups



The graphic below shows the percent reduction in rearrests for the 11 courts that reduced recidivism, which ranged from 7% to 63% reduction in rearrests at 2 years post program entry.

Reductions in the Number of Rearrests at 2 Years Post Program Entry Varied Widely Across ATCs



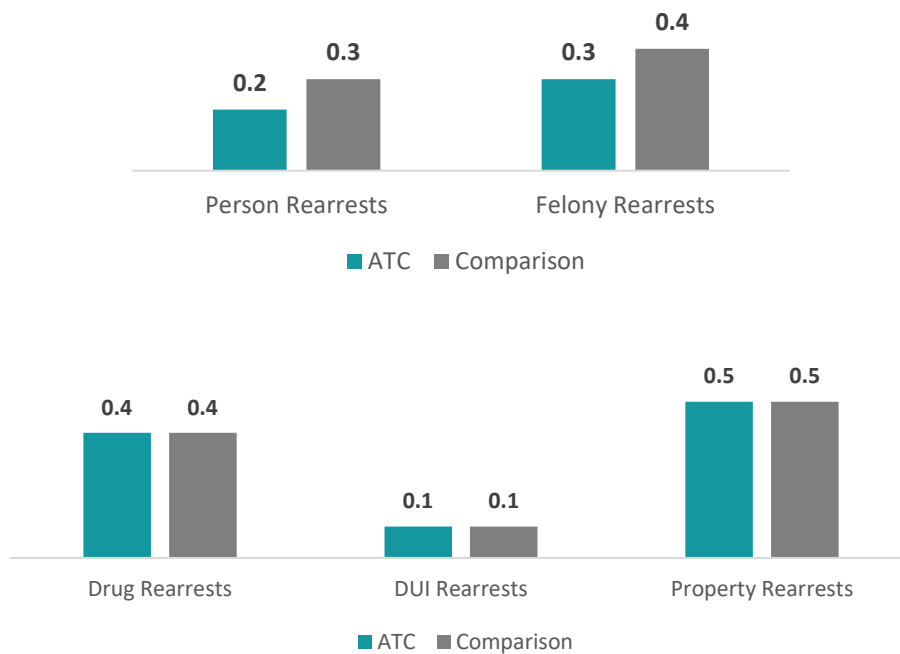
Participants in the other 7 courts that did not reduce recidivism had an average of 0.6 more rearrests than their comparison groups (ranging from 0.1 to 1.9 more rearrests) at 2 years post program entry.

KEY FINDINGS: STATEWIDE REARRESTS

ATC participants had similar numbers of rearrests with drug charges, but fewer arrests with felony charges than the comparison group

The types of offenses for which individuals are rearrested can provide useful context to understanding the impact of the program on reducing substance use and preserving public safety. Rearrests for drug-related offenses can be an indicator of continued substance use (although it is possible to continue using substances without being rearrested). Statewide, ATC participants were rearrested for drug, DUI, and property offenses at similar rates as the matched comparison group. In terms of offense severity, at 2 years post program entry, ATC participants had fewer rearrests with person and felony charges than the comparison group. This suggests that ATC participants are *not* posing an increased risk to public safety by remaining in the community and participating in the ATC program (as opposed to being incarcerated for their crimes).

ATC Participants and the Comparison Group Had Fewer Rearrests with Person and Felony Offenses but Similar Numbers with Drug, DUI, and Property Offenses 2 Years Post Program Entry



Note. ATC *N* at Year 2 is 1,498. The comparison group *N* at Year 2 is 1,577. The average number of rearrests was adjusted to account for time incarcerated.

Of the 18 courts with sufficient sample sizes, few ATCs exhibited fewer rearrests for drug offenses than the matched comparison group. At 2 years post program entry, ATC participants were rearrested for a drug-related offense ranging from an average of 0.1 to 0.6 times across the individual courts. Similarly, 5 out of 18 courts had a lower number of rearrests with felony offenses than the matched comparison groups. The range in rearrests with felony offenses for ATC participants was 0.1 to 0.4 across the courts.

Most ATCs are getting better at reducing rearrests over time

To determine if ATCs improved effectiveness over time as they gained experience and made changes based on trainings and evaluations, the more recent FY 2017-2019 cohort of participants for each ATC was compared to a cohort of ATC participants from the earliest year of available data (ranging from FY 2012 to FY 2016). Of the 18 courts with sufficient sample sizes for analyses, 12 courts showed greater reductions in rearrests in the more recent cohort, compared to the early cohort. This suggests that courts are improving practices and are becoming more effective with experience.

Two-Thirds of ATCs Became More Successful at Decreasing Rearrests as They Gained Experience Over Time

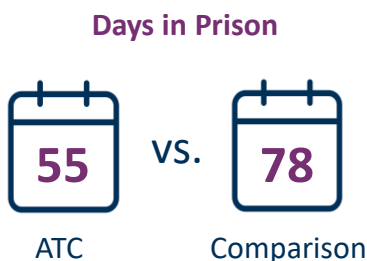


ATC PARTICIPANTS SPENT LESS TIME IN PRISON

Statewide, ATC participants spent an average of 23 fewer days in prison over a 2 year period

Statewide, ATC participants spent an average of 55 days incarcerated in prison in the 2 years following program entry. The comparison group spent an average of 78 days incarcerated during the same time period. The reduction in time incarcerated in prison could be due to the fact that ATC participants were rearrested less often for felony crimes, for which people are often sentenced to time in prison. Local detention center data was not available, but since the members of the comparison group were rearrested more often for all rearrests, it is possible the total reduction in time incarcerated maybe be even greater once local detention incarceration is taken into account. Since ATC participants statewide had similar or lower rearrest rates as the comparison group, these results indicate that spending less time in prison did not result in higher recidivism for those in ATCs (or conversely, spending substantially more time in prison did not results in lower recidivism in the comparison group) and it resulted in considerable cost savings related to ATC participation.

ATC Participants Spent 23 Fewer Days Incarcerated in Prison than the Comparison Group at 2 Years Post Program Entry



Note. ATC N at Year 2 is 1,498. The comparison group N at Year 2 is 1,577.

The difference in time incarcerated between ATC participants and the comparison groups varied widely across the sites, but participants in most ATCs spent less time incarcerated in prison than their matched comparison groups. Of the 18 courts with sufficient sample sizes, participants in 12 courts spent less time in prison than the comparison groups at 2 years post program entry. The average time incarcerated in prison for program participants at 2 years post program entry ranged from 3 to 197 days. For the 12 courts in which participants spent less time incarcerated, the difference ranged from 22 to 89 fewer days. For the 6 courts in which participants spent more time incarcerated, the increase ranged from 12 to 102 more days in prison.

Participants in 12 out of 18 ATCs spent less time in prison than their matched comparison groups at 2 years post program entry



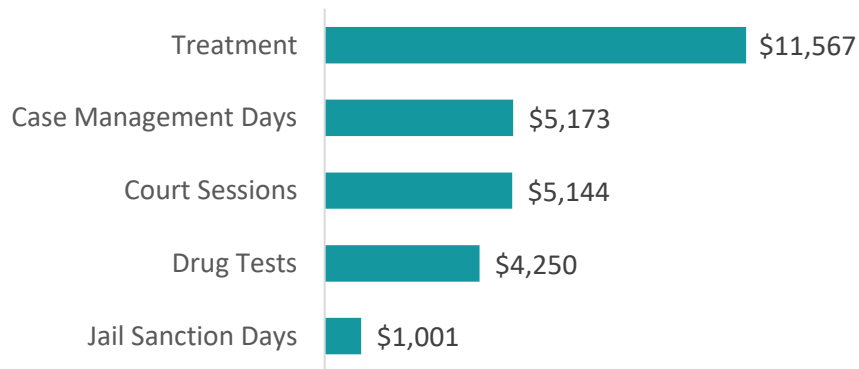
ATC PROGRAMS INVEST IN TREATMENT SERVICES

The average statewide cost to administer an ATC was \$27,134 per participant, and the largest spending category was substance use disorder treatment

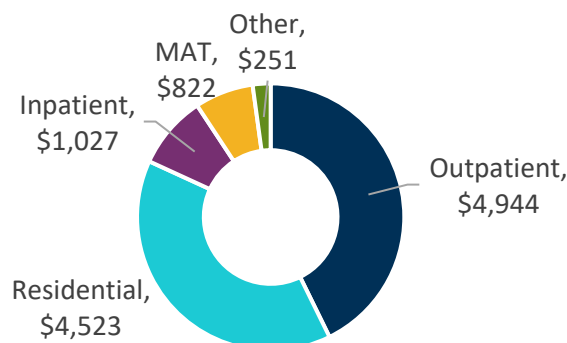
Program costs, also called investment costs, are those costs associated with activities performed within the ATC program. The program-related transactions included in this analysis were ATC court hearings (including staffing meetings and other activities preparing for the hearings), case management, substance use disorder treatment during the program, drug testing, and jail sanctions. Program costs were based on program data from the Statewide Maryland Automated Record Tracking (SMART) database, information obtained from the Maryland Department of Health, and information from prior cost evaluations performed in Maryland (see Technical Appendix for more info). Program cost analyses showed the average total investment cost was \$27,134 per participant from entry to exit.

- Treatment, particularly outpatient and residential treatment, represented the greatest cost
- Court sessions, case management days (housed in the court), and testing for substance use were the next 3 largest categories
- Jail sanctions (~\$1,000) accounted for the remaining costs

Statewide ATC Total Program Cost Per Participant = \$27,134



Outpatient and Residential Treatment Accounted for the Majority of Substance Use Disorder Treatment Costs



KEY FINDINGS: STATEWIDE COST RESULTS

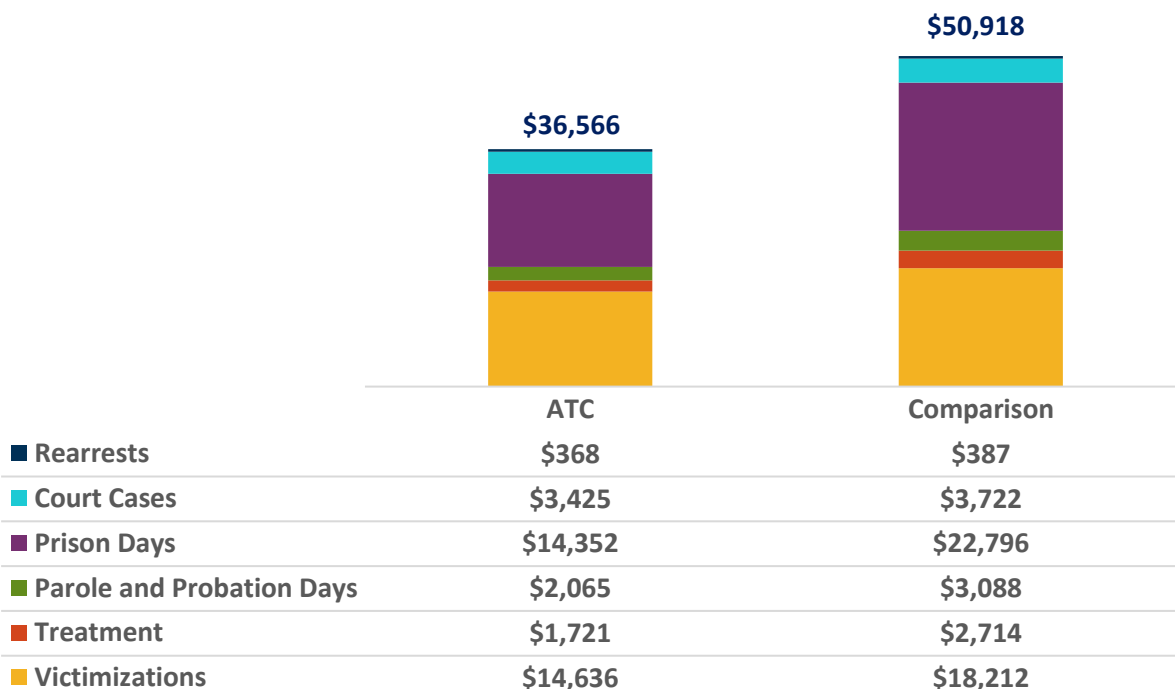
ATC PROGRAMS SAVED MORE THAN \$21.4 MILLION OVER 2 Years

Statewide, ATC participants cost \$14,352 less per person in criminal justice and societal cost outcomes compared to business as usual

Outcome costs measured in this evaluation include arrests, court cases, prison days, parole/probation, treatment, and victimization (person and property crime) costs. The total outcome cost per person was lower for ATC participants than for the comparison group, mainly due to substantially less time spent incarcerated, and to fewer victimizations. The difference in the 2 year outcome costs between ATC participants and the comparison group was \$14,352 per participant. This means that ATC participants accrued less in criminal justice and societal outcome costs per person than the comparison group. This cost-offset (or savings) per person is multiplied by the number of participants in the study sample ($N = 1,498$), and the **total savings comes to \$21,499,296** over 2 years. Although the difference in outcome costs was not enough to recoup the full program investment cost within the 2 year cost analysis time period, if ATC participants continue to have positive outcomes in subsequent years, then the cost savings can be expected to continue to accrue over time, repaying the program investment costs and providing further savings in resources to public agencies.

The figure below shows all outcome costs that were related to and available for review across groups. Local detention center information was not available at the statewide level and was not included in the statewide cost calculations. However, since the comparison group had more rearrests per person, it is reasonable to conclude that they would have higher costs associated with county incarceration.

Maryland Saved an Average of \$14,352 Per Participant in Reduced Criminal Justice and Societal Cost Outcomes Over 2 Years



Note. $\$50,918 - \$36,566 = \$14,352$ savings per participant. $\$14,352$ per participant multiplied by 1,498 participants = **\$21,499,296**.

MARYLAND ATCs SERVE PARTICIPANTS WITH DIVERSE NEEDS

Maryland ATCs provided services to individuals with risks and needs often associated with a higher likelihood to reoffend. Risk and need assessment information was not available for analysis, however, Maryland ATCs appear to be successfully recruiting and admitting high risk and high need participants that the treatment court model is designed to best serve. For example, in the two years prior to program entry, participants had been arrested an average of 4.1 times, typically for about two drug-related crimes and two property-related crimes, and at least one of these arrests was a felony. Three-quarters (75%) of participants were unemployed at program entry and about one-third (37%) had less than a high school degree. Roughly half of participants had previously been required to attend court-ordered treatment, so for many, this was not their first time participating in a substance use treatment program. Additionally, about one third (36%) of participants reported most recently living in less permanent housing, such as a transitional housing or treatment facility/housing (11%), prison or a detention facility (23%), or had no fixed address (2%). One out of five (19%) reported at least 1 child living in their home in the 6 months prior to program entry. This suggests that, in addition to services designed to treat substance use disorders, antisocial behaviors, and criminal thinking, ATC participants needed education, housing, employment, and family services.

ATC participants were arrested 4.1 times in the 2 years prior to program entry

4.1 prior arrests

1 out of 3 did not have a high school degree



1 out of 3 reported living in less permanent housing



3 out of 4 were unemployed at program entry



1 out of 2 had been previously required to attend court-ordered treatment

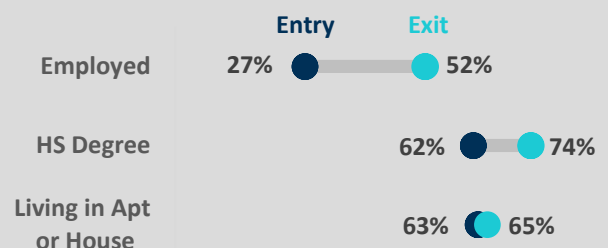


1 out of 5 reported at least 1 child living in their home in the last 6 months



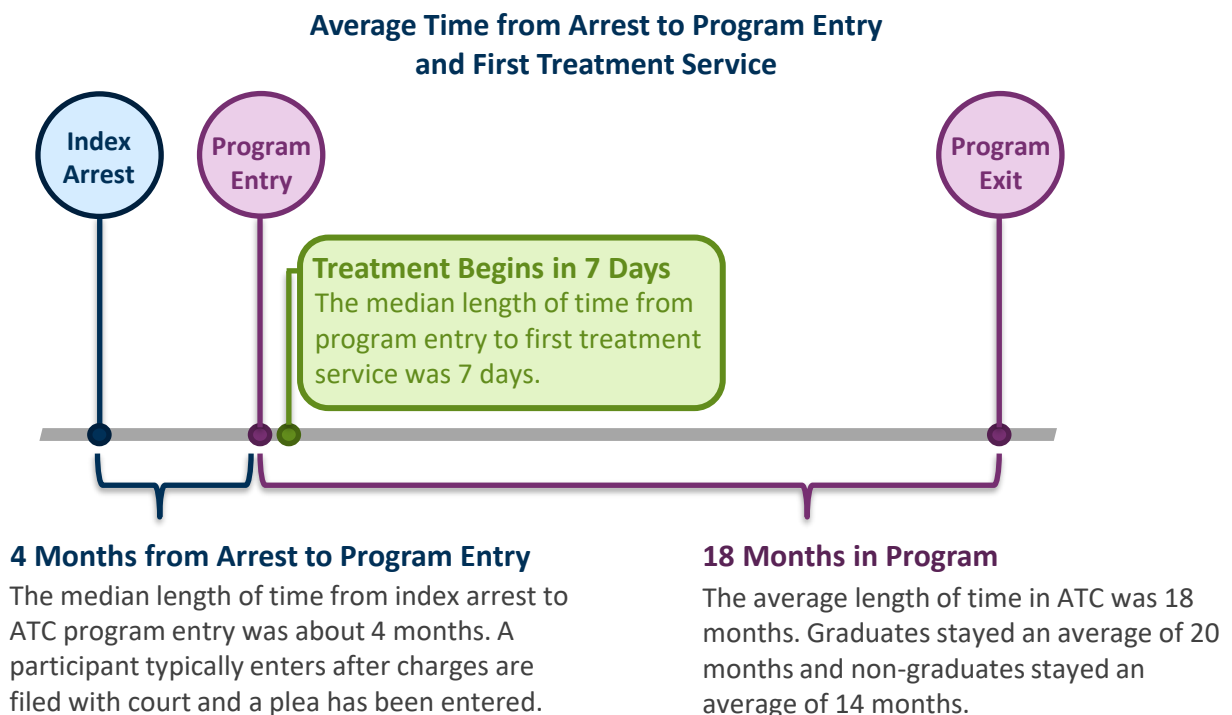
Participants increased their employment and educational attainment from program entry to exit

Of those participants that exited the program (N=1,349), many increased their employment and educational attainment, relative to program entry. Fifty-two percent of exited participants were employed at exit and 74% had obtained a high school degree or higher. Information suggests that housing may still be a challenge for some participants, as the percent of participants living in an apartment or house was similar at entry and exit.



ATCs SHOW BARRIERS TO SWIFT ENTRY, BUT SPEEDY CONNECTION TO TREATMENT SERVICES

Best practices research has demonstrated that programs that enroll participants within 50 days of arrest have both lower rearrests and higher cost savings (Carey et al., 2008, 2012). No Maryland ATC met this best practice. Statewide, the median time from arrest to program entry was 131 days, or about 4.3 months. At the site level, the median length of time ranged from 66 days to 271 days (or 2 to 9 months). District Courts had a shorter time to program entry (about 111 days from arrest to entry) and Circuit Courts, where more serious crimes are heard and where jury trials are held, had a longer time to entry (about 151 days). As previously described in the Statewide Best Practices report, the typical program entry point for a participant is after being arrested and charged with a new crime and entering a plea in court. Some courts accept participants post-conviction, which extends the length of time before participants can enter the program. The longer entry time for Circuit Courts may be due to their handling more serious cases and requiring a conviction before program entry.



Once participants enter the program, the **median time to first treatment service is 7 days**, which suggests that courts are well connected with local treatment providers and successfully linking participants to needed services. Across the programs, the median time to first treatment service ranged from 1 to 65 days. Additionally, the average length of time spent participating in the program was 18 months, which ranged from an average of 13.9 months to 22.9 months across the programs. Even non-graduates spent an average of 14.5 months in program (ranging from an average of 8.1 to 20.3 months across the sites), which demonstrates that **ATC programs are working to engage participants and not unsuccessfully discharging at the first setback or noncompliance.**

ATC GRADUATION RATES VARIED ACCORDING TO SOCIO AND ECONOMIC FACTORS, BUT DID NOT DIFFER BY GENDER OR RACE

Statewide, for the FY 2017-2019 cohort, the average graduation rate was 64% (for all three fiscal years). This is in line with the national average graduation rate of 59% (Marlowe, Hardin & Fox, 2019). The graduation rates ranged from 45% to 92% across the individual programs.

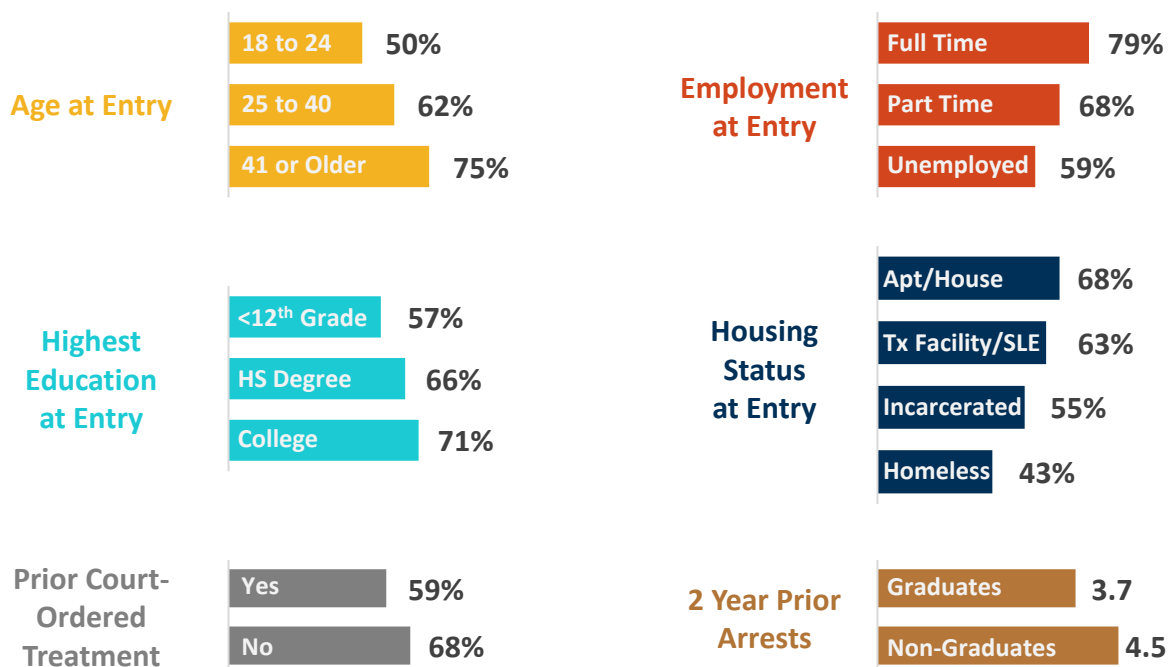
64% Statewide Graduation Rate

Graduation rates varied somewhat by participant background characteristics. Notably, there were no differences in graduation rates by race or gender at the statewide level. Older participants, particularly those aged 41 or older, had the highest graduation rates and those with fewer physiological and security needs (i.e., housing, education, and employment) and those with fewer prior arrests also had higher graduation rates. Finally, participants who had not previously been required to attend court-ordered treatment were more likely to graduate from their program.

Statewide, there were no disparities in graduation rates by gender or race



Individuals who were older, had more education, were employed, had housing and had fewer prior arrests were more likely to graduate



PROFILE OF EFFECTIVE MARYLAND ATC PROGRAMS

Effective ATCs Differed In Several Key Practice Areas

All Maryland ATCs participated in an online assessment to measure the extent to which courts implemented best practices within the **10 Key Components of Drug Courts** and **NADCP's Adult Best Practice Standards**. Maryland's ATCs were assessed for adherence to **75 best practices** to determine which practices effective courts (courts that reduced rearrests) performed and highlight possible areas of improvement for the other courts.

ATCs that reduced rearrests performed the following best practices:

Established well-rounded teams and clear policy making groups



All 6 core team members – judge, both attorneys, treatment, probation, and coordinator – attended treatment court staffings.

Law enforcement attended treatment court meetings.

The treatment court had a steering committee or policy group.

The treatment court had an advisory committee that included community members.

Matched services to participant needs



A validated assessment was used for treatment court eligibility.

Participants were required to meet with treatment provider or clinical case manager weekly in first phase.

Used robust protocols for testing for substance use



Participants received drug testing to ensure appropriate prescribed/approved medication use.

Drug test results were received in two days or less.

The program used devices to continuously monitor alcohol use.

Implemented evidence-based behavior modification strategies



The typical length of jail sanction was 6 days or less.

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

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

EVALUATION SUMMARY

Outcome & Cost Findings

- ▶ Statewide, there was a **13% reduction in number of rearrests** at 2 years post program entry
 - ATC participants were rearrested for drug-related crimes at similar rates as the comparison group
 - ATC participants had fewer rearrests for person-related crimes (e.g., assault) and for felony offenses than the comparison group
 - The average number of rearrests varied across ATCs, but **11 out of 18 courts reduced the number rearrests** compared to the comparison group
- ▶ When averaged across treatment courts statewide, the recidivism rate (the percent of participants rearrested for any new crime) was similar to the rate for the comparison group (46% of participants and 45% of the comparison group were arrested for at least one new crime 2 years post entry)
 - The recidivism rate also varied across ATCs, and 9 out of 18 courts had a lower recidivism rate than their matched comparison groups
- ▶ At two years post program entry, ATC participants spent an average of **23 fewer days incarcerated in prison** than the comparison group
- ▶ Most ATCs are **becoming more effective** at reducing rearrests over time
- ▶ Statewide, ATCs **saved more than \$21 million**, primarily due to participants spending less time in prison and fewer victimization costs

Short-Term, In-Program Outcomes

- ▶ All ATCs experienced **barriers to swift entry**, as none had an average time that met the Best Practices guideline of 50 days or less
- ▶ Participants are usually **connected to treatment in about 7 days** of starting the program
- ▶ The **statewide graduation rate is 64%**, which is just above the national graduation rate
- ▶ The statewide **graduation rates did not differ by gender or race**, but they did vary by other background and socioeconomic factors

Best Practices

- ▶ Courts that were more effective at reducing rearrests:
 - ✓ Had well-rounded teams and clear policy making groups,
 - ✓ Matched services to participant needs,
 - ✓ Used robust drug testing protocols, and
 - ✓ Implemented evidence-based behavior modification practices.

PRIORITY AREAS FOR TRAINING



Ensure teams assess participants for recovery capital and are helping participants to formulate recovery capital plans before program exit. ATC participants had similar numbers of rearrests for drug-related crimes as the matched comparison group. Further exploration showed a large increase in rearrests for drug-related crimes happened in the second year after program entry, which overlapped with the time that many participants exited the program. From the Best Practices assessment, less than half of courts (10 out of 23) reported they had an aftercare program available to participants. Programs should assess participants for recovery capital and help participants to increase their recovery capital throughout the program so that participants have continued support for their recovery after they leave the program.



Increase consistency in data collection of key program services into the SMART program database. Most programs did an excellent job of collecting and entering information about their participants in terms of demographics, background information, and case tracking (e.g., program entry and exit dates). However, many courts appear to have incomplete information related to program activities, such as testing for substance use, appearances at status review court hearings, and responses to participant behavior. Likely due to incomplete data, a statewide analysis of program activities was not included in this report. Collecting and reviewing information related to substance use, attendance at status review hearings, and responses to behaviors is crucial not only for participant case management, but also for evaluating programs' adherence to best practices and changes over time. Programs may want to explore if the SMART database (or any future program) is capable of integrating with other databases to automatically import information already kept in other systems (particularly drug tests and court records).



Expand the list of positive behaviors and incentives included in the SMART program database. The SMART database includes a pre-defined list of 36 behaviors (positive and negative) that programs may choose from when entering information about responses to behaviors. Of the 36 behaviors, only 9 of them are positive behaviors (e.g., negative urine, obtaining employment, phase advancement). The data system may be unintentionally messaging to teams that these are the only behaviors teams need to look for in their participants. The AOC should review and expand the list of options for positive behaviors included in the database.



Decrease the time between the arrest (or qualifying event) and treatment court entry. Statewide, the average time from arrest to entry exceeded the Best Practices guideline of 50 days or less. Teams need assistance streamlining the entry process so that participants are placed into the program swiftly. The AOC may be able to assist programs in identifying and adjusting barriers to entry, such as identifying potential participants earlier in the court case process, before a conviction has been entered.

TRAINING AREAS CONTINUED

Work towards implementing best practices that effective courts have implemented.

Twelve best practices were identified as practices that effective courts were more likely to perform. Courts should review this list and prioritize any practices in which they may not be in adherence. Specifically, courts may benefit from training in the following areas:



- ▶ **Using validated, standardized assessments to determine eligibility and services.** Using validated assessments will help the program to determine an individual's risk and need and the services related to treatment and supervision appropriate to the identified risk and need. Programs should also track assessment results in data systems (assessment information was not available in the SMART database).



- ▶ **Effectively using incentives, sanctions, monitoring and therapeutic responses to behavior, including alternatives to jail.** Although the data appear sparse, according to information entered into the SMART program database, 31% of positive urine screens occurring within the first 3 months of program entry were responded to with a jail sanction, and in some sites, more than 60% of positive urine screens resulted in a jail sanction. Drug Court Standard IV advises that programs should adjust participants' treatment requirements in response to positive drug tests during early phases of the program and that jail should not be a sanction for use. Only after participants have received adequate treatment and have stabilized does it become appropriate to apply progressively escalating sanctions for illicit drug or alcohol use (NADCP, 2013). In addition, recent research has demonstrated that using jail as a sanction within the first phase of the program significantly increases the likelihood of not graduating.⁴



- ▶ **Drug testing best practices.** Although difficult to accurately assess due to the probable lack of data in the SMART database, it is possible that some courts may not be following best practices in drug testing, such as randomly testing twice per week throughout the treatment court program and verifying that participants have 90 days of continuous abstinence from alcohol or other drugs before graduation. Participants should be randomly tested twice per week until all other program requirements and activities have been reduced and the participant is being prepared for completion or has entered continuing care. Testing frequency should eventually be reduced in the last phase; however, participants must have enough time left in the program following the reduction to enable the team to assess the impact of that reduction.

⁴ Shannon, L. M., Jones, A. J., Perkins, E., Newell, J., & Nichols, E. (2022, July). Examining the Impact and Timing of Jail Sanctions on Drug Court Completion. *Journal for Advancing Justice*. (Volume IV). 65-84. https://www.nadcp.org/wp-content/uploads/2022/06/Journal-for-Advancing-Justice-Volume-IV_final.pdf



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