

**Otter Tail County DWI Court
Fergus Falls, MN
Process, Outcome, and Cost
Evaluation Report**



Submitted to:

**Minnesota Department of
Public Safety**

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

Submitted by:

NPC Research
Portland, OR

July 2014



5100 SW Macadam Ave., Suite 575
Portland, OR 97239

(503) 243-2436

www.npcresearch.com

**Otter Tail County DWI Court
Fergus Falls, MN**

***Process, Outcome, and Cost
Evaluation Report***

Submitted By

NPC Research

Paige M. Harrison, Ph.D.

Mark S. Waller, B.S.

Charlene E. Zil, M.P.A.

Adrian J. Johnson, M.S.W.

Shannon M. Carey, Ph.D.

www.npcresearch.com

July 2014



Informing policy, improving programs

ACKNOWLEDGMENTS

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

- Judge Wally Senyk for welcoming us into his courtroom and sharing with us his experiences as a judge in Otter Tail County and as a DWI court judge.
- Tria Mann for being available for and answering constant questions.
- The entire DWI court team, including Richard Ackerman, Kathy Armstrong, Judy Bradow, Heather Brandborg, David Hauser, Chuck Kitzman, Dana McClafflin, Hallie Metcalf, Brian Rubenstein, Sgt. Jim Stewart, and Nicole Woodman, for cheerfully participating in our phone and in-person interviews, welcoming us on our site visit, and providing us with important information about their court process, activities, and cost information.
- Amy Campa, Kevin Newborg, and Carrie Stumne from the Otter Tail County Probation Department for their assistance with obtaining local administrative data.
- The staff at the 7th Judicial District Court, Otter Tail County Attorney's Office, Fergus Falls City Attorney's Office, Minnesota Department of Corrections, Minnesota Board of Public Defense, Otter Tail County Probation Department, Otter Tail County Human Services, Community Addiction Recovery Enterprise, Otter Tail County Sheriff's Office, Fergus Falls Police Department, and Pelican Rapids Police Department for diligently looking up financial information related to DWI court activities for our cost evaluation.
- Hal Campbell, Jody Oscarson, Jean Ryan, Jane Landwehr, and Jonathan Walseth from the Office of Traffic Safety for serving as our project advisors and providing us with data.
- Kim Jacobson and Denny Lennartson from Minnesota Driver and Vehicle Services.
- Staff from the Minnesota Department of Corrections, particularly Deb Kerschner who went above and beyond her responsibilities to graciously assist other sites in providing community corrections data, as well as Valerie Clark, Danya Burmeister, Jan Krogman, Grant Duwe, and Jill Carlson.
- Staff from the Department of Human Services, with a special thanks to Jim McRae in addition to Jeffrey Hunsberger, for working with us to acquire and understand treatment and billing data.
- Members from the State Court Administrator's Office in Minnesota, notably Katie Schurrer and Deb Dailey for their tireless efforts to help us acquire court record information, as well as Craig Hagensick, Paul Regan, and Jim Eberspacher.
- Katherine Kissick for her brilliant data support, as well as Charley Jaspera and Jade Croome for their skillful editing.
- The countless others working behind the scenes at each agency to provide us a wealth of data for this evaluation.

TABLE OF CONTENTS

EXECUTIVE SUMMARY.....	I
BACKGROUND.....	1
Process, Outcome, and Cost Evaluation Description and Purpose.....	1
SECTION I: PROCESS EVALUATION.....	3
Otter Tail County DWI Court Process Evaluation Activities and Methods.....	3
Electronic Program Assessment	4
Key Stakeholder Interviews	4
Focus Groups	4
Document Review.....	4
Detailed Process Evaluation Results.....	4
Key Component #1: Drug courts integrate alcohol and other drug treatment services with justice system case processing.....	5
Key Component #2: Using a non-adversarial approach, prosecution and defense counsel promote public safety while protecting participants’ due process rights.	9
Key Component #3: Eligible participants are identified early and promptly placed in the drug court program.....	12
Key Component #4: Drug courts provide access to a continuum of alcohol, drug and other treatment and rehabilitation services.	15
Key Component #5: Abstinence is monitored by frequent alcohol and other drug testing.....	19
Key Component #6: A coordinated strategy governs drug court responses to participants’ compliance.	22
Key Component #7: Ongoing judicial interaction with each participant is essential.	26
Key Component #8: Monitoring and evaluation measure the achievement of program goals and gauge effectiveness.	29
Key Component #9: Continuing interdisciplinary education promotes effective drug court planning, implementation, and operations.....	30
Key Component #10: Forging partnerships among drug courts, public agencies, and community-based organizations generates local support and enhances drug court program effectiveness.	32
Additional Resources	33
Summary of Process Findings and Recommendations.....	34
SECTION II: OUTCOME EVALUATION	39
Outcome Evaluation Methods	39
Sample/Cohort Selection	40

Data Collection and Sources	41
Data Analyses	43
Outcome Evaluation Results.....	46
Research Question #1: What is the impact of DWI court on recidivism?	49
Research Question #2: What is the impact of DWI court on other outcomes of interest?	55
Research Question #3: How successful is the program in bringing program participants to completion and graduation within the expected time frame?	56
Research Question #4: What participant and program characteristics predict successful DWI court outcomes?	57
Summary of Outcome Results	61
SECTION III: COST EVALUATION	63
Cost Evaluation Design and Methods.....	63
Cost Evaluation Design.....	63
Cost Evaluation Methods	64
TICA Methodology.....	65
Cost Data Collection	66
Cost Evaluation Results	68
Cost Evaluation Research Question #1: Program Costs	68
Cost Evaluation Research Question #2: Outcome/Recidivism Costs.....	72
Cost evaluation Research Question #3: Cost of Time between Arrest and DWI Court Entry.....	79
Summary of Cost Evaluation	82
REFERENCES	83
APPENDIX A: THE GUIDING PRINCIPLES OF DWI COURTS.....	85
APPENDIX B: MINNESOTA OFFENDER DRUG COURT STANDARDS	89

LIST OF TABLES

Table 1. MN DWI Court Evaluation Data and Sources	41
Table 2. DWI Court Participant and Comparison Group Characteristics: Demographics	46
Table 3. DWI Court Participant and Comparison Group Characteristics: Criminal History	47
Table 4. DWI Court Participant Characteristics: Other	48
Table 5. OTC-DWI Completion Status by Entry Year	56
Table 6. DWI Court Graduate Characteristics: Demographics	57
Table 7. DWI Court Graduate Characteristics: Criminal History	58
Table 8. DWI Court Graduate Characteristics: Other.....	59
Table 9. DWI Court Graduate Characteristics: Risk and Needs Assessments and Treatment	60
Table 10. The Six Steps of TICA	65
Table 11. Program Costs per Participant	70
Table 12. Program Costs per Participant by Agency	71
Table 13. Average Number of Recidivism Events after DWI Court Entry per Person over 2 Years from DWI Court Entry	75
Table 14. Recidivism (Outcome) Costs per Participant over 2 Years	76
Table 15. Recidivism (Outcome) Costs per Participant by Agency over 2 Years.....	78
Table 16. Criminal Justice Costs per DWI Court Participant from Arrest to Program Entry	80

LIST OF FIGURES

Figure 1. Average Number of Rearrests over 2 Years.....	49
Figure 2. Percent of Individuals Rearrested over 2 Years	50
Figure 3. Percent of Individuals Rearrested by Arrest Charge at 2 Years	51
Figure 4. Percent of Individuals Rearrested by Arrest Level at 2 Years	52
Figure 5. Probability of Remaining Un-Arrested over Time (Survival Function)	53
Figure 6. Percent of Licenses Reinstated over 2 Years	55
Figure 7. Criminal Justice Recidivism Cost Consequences per Person: DWI Court Participants and Comparison Group Members over 2 Years	81

EXECUTIVE SUMMARY

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

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

The OTC-DWI was implemented in February 2008. This program, designed to take 18 months to complete, takes post-conviction participants, but also allows some participants to enter the program pre-plea (offenders who know they are pleading guilty and want to start the program before their court hearing). The general program population consists of repeat DWI offenders (with two or more DWI offenses) charged in Otter Tail County with a gross misdemeanor or felony level DWI, who are determined substance dependent.

Process Evaluation Summary. The OTC-DWI has been responsive to the community needs and strives to meet the challenges presented by substance-dependant individuals. This program is demonstrating some exemplary practices within each of the 10 Key Components of Drug Courts including good communication between team members, rapid results from drug testing, an appropriate range of services, written incentive and sanctions guidelines, and swift response to participant behaviors.

The process evaluation did reveal some recommendations that could further enhance program outcomes that the court was considering or was in the process of implementing in our last discussion. These recommendations included the following:

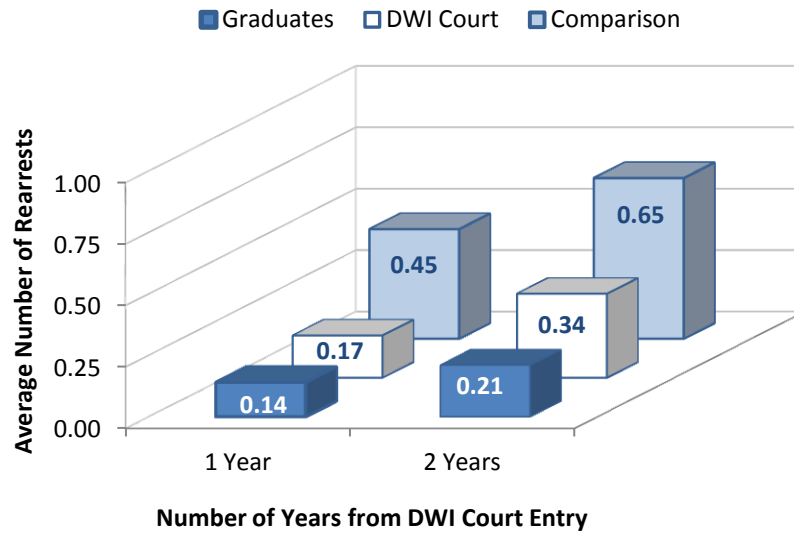
- **Flexible hours for the probation officer.** The probation officer currently works 24 hours per week on a set schedule of every Monday, Wednesday, and Friday. It is strongly recommended that the probation officer position have flexible hours. This would allow for more random drug testing (especially for the female participants) and allow the probation officer to do more home and workplace visits.

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

- **Ensure that the home and workplace visits are truly random and ensure appropriate training for the surveillance position.** Participants reported that the visits mostly occur in the evening and they are often able to determine when the visit will occur (or were actually told when the next visit would occur). It is recommended that the OTC-DWI develop procedures to ensure that participants are unable to determine the visit schedule. In addition, due to reports of frequent turnover in the surveillance officer position, it is recommended that guidelines be created for this role and training instituted to ensure that all surveillance officers are following appropriate procedures.
- **Schedule staffing meetings and court sessions for a recurring day and time when all team members are able to attend.** Participant feedback and site visit observations indicated that many team members do not regularly attend court sessions. It is strongly recommended that the staffing meeting and court session be held at a time when all team members are able to regularly attend.
- **Continue efforts toward getting a defense attorney on the team.** It was reported that some public defenders support the program and some do not (because they feel their clients do not receive due process and are better served by taking jail time instead of participating in DWI court). The OTC-DWI has made efforts to reach out to and educate the public defenders about DWI court, but due to a severe lack of funding the public defender office does not have time or resources to participate.
- **Consider sentencing more offenders into the program, specifically felons and high-risk offenders.** It was reported that the option of sentencing an offender into the OTC-DWI is rarely used. It is recommended that the program be explained to all judges and that they consider it among their sentencing options. In addition, the OTC-DWI currently has only two felons in the program, and only four felons have been in the program over the past year. It is recommended that the team make an effort to take on more felons in the program since it is the higher risk offenders who most need the services and intensive supervision provided in the OTC-DWI.

Outcome Evaluation Summary. The outcome analyses were primarily performed on OTC-DWI participants who entered the DWI court program from January 2009 through December 2011, and a matched comparison group of offenders eligible for DWI court but who received the traditional court process rather than OTC-DWI.

Figure A illustrates the average number at 1 year and 2 years after program entry for OTC-DWI graduates, all OTC-DWI participants, and the comparison group. DWI court participants were rearrested about half as often as comparison group members across both years; this difference was statistically significant in Year 1 ($p < .05$).

Figure A. Average Number of Rearrests over 2 Years²

The results of the outcome analysis for the OTC-DWI are positive. Overall the data showed fewer average arrests among DWI court participants than the comparison group. While most differences were not statistically significant, some of this is attributable to the small sample size. We recommend the program continue to track participants and perhaps conduct another study several years hence.

Compared to DWI offenders who experienced traditional court processes, the OTC-DWI participants (regardless of whether they graduated from the program):

- Had 3 times fewer rearrests 1 year after program entry
- Had 2 times fewer rearrests 2 years after program entry
- Had only one person with a DWI arrest over 2 years from program entry
- Were 4 times less likely to be rearrested for a person crime
- Were 5 times less likely to be rearrested for a property crime
- Were 34% less likely to be rearrested for other crimes (e.g., public disorder)
- Had a longer time to the first rearrest for any charge (22 months versus 19 months)
- Had a substantially higher graduation rate than the national average (83% versus 57%)

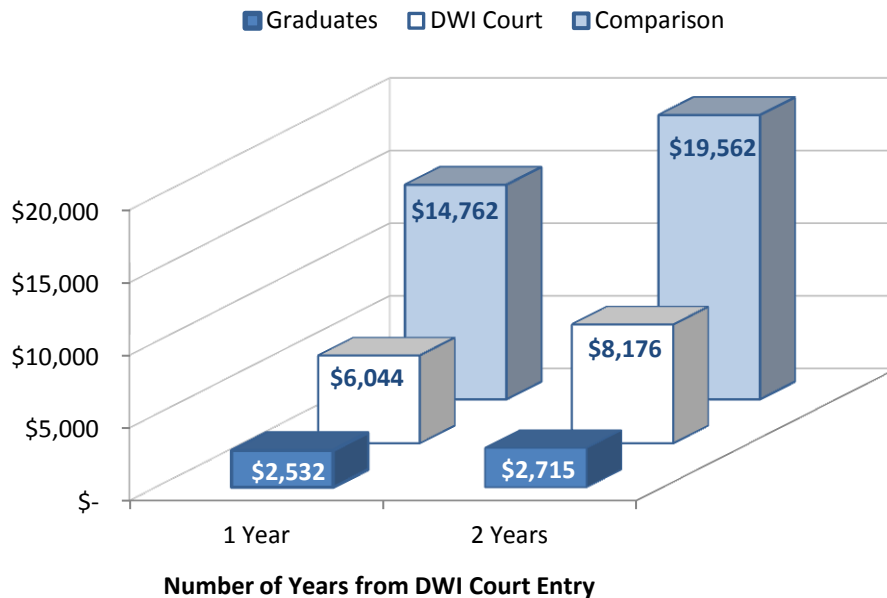
In general, the data showed that DWI court participants had lower recidivism than the comparison group, although (most likely due to small sample sizes) the majority of these findings were not statistically significant. Due to lack of data availability and low incidence of outcomes such as crashes, license reinstatements, and interlock use, limited conclusions can be made for other outcomes of interest. With a total of two crashes over a 2-year period for the participant and comparison group combined (one in each group), it was not possible to measure the impact of the program on the number of subsequent crashes or the percent of individuals involved in crashes.

² Sample sizes by group and time period (1 Year, 2 Years): Graduates $n = 29, 29$; All DWI Court Participants $n = 51, 43$; Comparison Group $n = 79, 56$.

Overall, these outcomes indicate that the OTC-DWI is implementing its program with fidelity to the DWI court model and is having the intended impact on its participants. One note of concern is that only one-third of participants in this program (35%) were scored as high risk on the intake assessment, and most had very few prior arrests. Research indicates that drug courts should target high-risk/high-need individuals, as lower risk participants require different intervention methods and may not benefit (or may actually be harmed) from the intense supervision provided by the full drug court model (NADCP, 2013). The program should continue its efforts in serving a population of high-risk/high-need offenders, as it appears to be making a substantially positive impact on future recidivism for these participants in particular. We recommend that the OTC-DWI continue to collect data and periodically analyze these data in accordance with their eligibility criteria and desired program outcomes. The OTC-DWI should consider conducting a subsequent evaluation in several years once the pool of former participants is larger and additional data can be collected on outcomes such as DWI rearrests, crashes, and interlock use.

Cost Evaluation Summary. Although the OTC-DWI is a substantial taxpayer investment, over time it results in significant cost savings and a return on its investment. Figure B provides a graph of the outcome costs for graduates, all participants, and the comparison group over 2 years, including victimizations and crashes.

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



The program investment cost is \$17,824 per DWI court participant. The benefit due to significantly reduced recidivism for DWI court participants over the 2 years included in this analysis came to \$11,386. If these cost savings are projected just 2 more years (to 4 years) the savings come to \$22,772 per participant resulting in a cost-benefit ratio of 1:1.28. That is, for every taxpayer dollar invested in the program, there is a \$1.28 return after 4 years. This ratio increases over time as the investment is repaid and the savings continue to accumulate. At 10 years the cost-benefit ratio comes to \$3.19 saved for every \$1 invested in the program.

Overall, the OTC-DWI program had:

- A criminal justice system cost savings of \$11,386 per participant over 2 years

- A 128% return on its investment after 4 years (a 1:1.28 cost-benefit ratio)
- A 319% return on its investment after 10 years (a 1:3.19 cost-benefit ratio)

These savings will also continue to grow with the number of new participants that enter the program each year. If the OTC-DWI program continues to serve a cohort of 25 new participants annually, the accumulated savings after 5 years come to over \$2.1 million.

As the existence of the OTC-DWI continues, the savings generated by DWI court participants due to reduced substance use and decreased criminal activity can be expected to continue to accrue, repaying investment in the program and beyond. Taken together these findings indicate that the OTC-DWI is both beneficial to participants and beneficial to Otter Tail County and Minnesota taxpayers. As a whole, these results demonstrate that the OTC-DWI program is effective in reducing recidivism and protecting public safety while using fewer criminal justice system resources.

Recommendations. Based on the outcome and cost evaluation, there are some key possibilities for program adjustments that may improve program outcomes. These include:

- Ensuring that the program is targeting high-risk/high-need offenders (e.g., felony DWIs)
- Decreasing the frequency of court sessions in Phase 2, or seeing some participants who are doing well less often so that the judge can spend at least 3 minutes per participant and also decrease the costs of court appearances

BACKGROUND

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

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

Drug courts have been shown to be effective in reducing criminal recidivism (GAO, 2005), improving the psycho-social functioning of offenders (Kralstein, 2010), and reducing taxpayer costs due to positive outcomes for drug court participants (including fewer rearrests, less time in jail and less time in prison) (Carey & Finigan, 2004; Carey, Finigan, Waller, Lucas, & Crumpton, 2005). Some drug courts have been shown to cost less to operate than processing offenders through business-as-usual in the court system (Carey & Finigan, 2004; Carey et al., 2005). DWI courts, specifically, have been shown to be effective in reducing recidivism (both of DWIs and other crimes) and in reducing taxpayer costs due to positive outcomes for DWI court participants (Carey, Fuller, Kissick, Taylor, & Zold-Kilbourn, 2008).

Process, Outcome, and Cost Evaluation Description and Purpose

In late 2011, NPC Research was contracted by the State of Minnesota's Department of Public Safety, Office of Traffic Safety (OTS) to conduct an assessment of Minnesota's DWI courts and to determine the work necessary and the feasibility of performing process, outcome, and cost evaluations in these programs. The overall goal of the DWI court project was to have a credible and rigorous evaluation of Minnesota's DWI courts.

In June 2012, it was decided to move forward with a full evaluation, including a detailed process evaluation and outcome evaluation in all nine of Minnesota's DWI court programs and a cost evaluation in seven of these programs. No cost evaluations were performed for the Borderland Substance Abuse Court or the Roseau County DWI Court due to very small sample sizes in those programs.

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

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

- Description of the DWI courts' program phases and requirements

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

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

The subsequent *cost evaluation* was designed to gather information that allows the calculation of:

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

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

This report describes the results of the evaluation of the Otter Tail County DWI Court. Details about the methodology used in the evaluation of this program are provided in each of the three sections of this report: 1) process, 2) outcome, and 3) cost.

SECTION I: PROCESS EVALUATION

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

Otter Tail County DWI Court Process Evaluation Activities and Methods

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

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

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

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

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

ELECTRONIC PROGRAM ASSESSMENT

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

KEY STAKEHOLDER INTERVIEWS

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

NPC's Drug Court Typology Interview Guide was referenced for detailed questions about the program.³ This guide was developed from the same sources as the online assessment and provides a consistent method for collecting structure and process information from drug courts. The information gathered through the use of this guide assisted the evaluation team in focusing on the day-to-day operations as well as the most important and unique characteristics of the DWI court.

FOCUS GROUPS

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

DOCUMENT REVIEW

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

³ The Typology Guide was originally developed by NPC Research under a grant from the Bureau of Justice Assistance and the Administrative Office of the Courts of the State of California. A copy of this guide can be found at the NPC Research Web site at [www.npcresearch.com/Files/NPC Research Drug Court Typology Interview Guide \(copyrighted\).pdf](http://www.npcresearch.com/Files/NPC%20Research%20Drug%20Court%20Typology%20Interview%20Guide%20(copyrighted).pdf)

Detailed Process Evaluation Results

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

The OTC-DWI was implemented in February 2008. This program, designed to take 18 months to complete, takes post-conviction participants, but also allows some participants to enter the program pre-plea (offenders who know they are pleading guilty and want to start the program before their court hearing). The general program population consists of repeat DWI offenders (with two or more DWI offenses) charged in Otter Tail County with a gross misdemeanor or felony level DWI, who are determined substance dependent.

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

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

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

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

National Research

Research has indicated that greater representation of team members from collaborating agencies (e.g., defense attorney, treatment, prosecuting attorney) at team meetings and court hearings is

⁴ DWI Court Guiding Principle #5

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

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

OTC-DWI Process

- The team is currently composed of the judge, back-up judge, DWI court coordinator, supervisor from the main treatment provider (Community Addiction Recovery Enterprise), assistant county attorney, Sheriff’s Department patrol sergeant, victim advocate, two chemical dependency assessors from Otter Tail County Human Services, district supervisor and officer from the Minnesota Department of Corrections, and probation officer, surveillance officer, and director from Otter Tail County Probation. The Work Force Center is the only agency working directly with participants that isn’t currently represented on the OTC-DWI team.
- The probation officer performs the majority of case management for DWI court participants and acts as a case manager. She works 24 hours per week on Mondays, Wednesday, and Fridays. The treatment providers, DWI court coordinator, surveillance officer, Department of Corrections agent, Sheriff’s Department patrol sergeant, and chemical dependency assessors also participate in case management.
- The surveillance officer conducts most of the home and workplace visits, but law enforcement, the probation officer, the Department of Corrections agent, and the county chemical dependency assessors are also available to conduct some of the home visits. Home visits may be made at any time of the day or night, including weekends, without prior notice, although participants reported that the visits mostly occur in the evening and they are often able to determine when the visit will occur (some even mentioned that they were told when the next visit would be). Participants have a minimum of three field visits (home or work visits) per week in Phase 1, a minimum of two field visits per week in Phases 2 and 3, and a minimum of one field visit per week in Phase 4. Home visits serve multiple purposes—curfew checks, drug testing, learning about participants’ home and work situation, and answering participant questions.

Participant Quote:

“There are usually only 3 team members in court. [The county attorney] has been in court only once. We never even see the rest of the team members who are talking about us and making all these decisions about us. They know me but we don’t even know them! They should be here. It would be nice to see them or at least know who has been talking about you.”

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

- The OTC-DWI team holds staffing meetings once per week on Fridays right before court sessions; meetings last approximately 1½ hours.
- All team members are expected to attend staffing meetings, with the exception of the back-up judge and treatment provider who attend when available. However, because staffing meetings were on Friday afternoons, there were frequent absences due to vacations. (Since the site visit, staffing meetings were changed to Friday mornings.) Staffing meetings are mainly used to discuss participant progress. Everyone on the docket is discussed, with more time spent discussing those who are struggling (even those not on the docket). Policy issues such as sustainability, community connections, and participant needs are typically reserved for monthly meetings held at noon before the regular staffing meeting.
- Staffing meetings usually focus on participants who are not doing well in the program, in order to discuss appropriate treatment responses and sanctions. Not much time is spent discussing those doing well or progressing through the program without issue, unless a reward is in order due to a milestone being reached or a similar success.
- The OTC-DWI held court sessions every Friday (except for the 3rd and 5th Fridays of the month) from 2:30 p.m. to 3:30 p.m. (this was recently changed to Fridays at 10:30 a.m.). The judge, probation officer, DWI court coordinator, and a chemical dependency assessor attend every court session, with all other team members attending infrequently.
- A DWI court steering committee made up of team members and agency heads meets monthly to discuss program-level policies and practices, the OTC-DWI's budget, and community outreach.
- The OTC-DWI also has an advisory committee that meets twice per year and brings in people representing the community, including the business community, faith community, nonprofit community groups and service groups, and other stakeholders who help promote sustainability, political support, and resources to meet participant needs.
- Otter Tail County Probation handles all juvenile and adult misdemeanors and gross misdemeanors, while the Minnesota Department of Corrections handles all felonies. Only the Department of Corrections can issue apprehension and detention orders for felons in the OTC-DWI (the Department of Corrections officer has to get a supervisor's approval to have law enforcement or county probation pick up a participant for detention).
- Most DWI court participants are served by three main drug and alcohol treatment agencies, with Community Addiction Recovery Enterprise (CARE) being the most common provider, followed by Lakeland Mental Health Center and Lakes Counseling. When possible, one of the three main providers provides treatment, but due to funding, the size of the county, transportation, and the individual needs of the participants, other treatment providers are utilized. No single treatment agency coordinates or provides oversight of treatment for DWI court participants at the other treatment providers. Treatment providers are not directly contracted with the court.

- Treatment providers communicate with probation via weekly written progress reports, email, and verbally during team meetings (when they are able to attend) to give updates on participants. Progress reports are also sent to the Department of Corrections probation agent and the chemical dependency assessors. Treatment providers communicate during the week for issues that need immediate responses. Team members reported that timeliness of information from the treatment providers varies by provider. It was reported that communication with CARE is good, but communication with other treatment providers is less consistent. The OTC-DWI has a standard progress report form for all treatment providers, but some providers continue to use their own progress report forms.
- The OTC-DWI has a participant handbook and a policies and procedures manual. Both documents are updated regularly. There is also a DWI court brochure for prospective participants.

Commendations

- **The program includes a Sheriff’s Department representative on the team.** Drug court programs that included a representative from law enforcement on the drug court team had 88% greater reductions in recidivism and 44% higher cost savings compared to programs that did not include law enforcement (Carey et al., 2012).
- **The program includes community members on the team.** The OTC-DWI demonstrates a commitment to developing and maintaining an integrated DWI court team and developing community connections, following this best-practice guideline for achieving success.
- **Excellent team member communication.** The OTC-DWI promotes excellent communication between the team members. Reporting on participant status and progress on a regular basis, as well as frequent email and phone contact between team members, assures all the team members have the information they need. Drug courts that shared information among team members through email had 65% lower recidivism than drug courts that did not use email (Carey et al., 2011).
- **Regular updates to policies and procedures manual and participant handbook.** The OTC-DWI regularly updates its policies and procedures manual, which is invaluable in ensuring that all partners are operating under the same assumptions, and for clarifying roles, responsibilities, and expectations. The participant handbook is also updated regularly, which ensures that participants are well informed about the program’s expectations.

Some participants were positive about team members:

“I think everyone on the team is passionate about their work and they care and want us to succeed. I feel more comfortable in this program than in regular probation.”

However, several participants complained about a lack of discretion and respect by some team members:

“One invaded my privacy by talking about me to other participants. Another talked about my case to my friend and my friend came back to me with all these questions.

“They need to be more confidential with the information they talk to you about. It seems like they pick on some people more than others.”

Suggestions/Recommendations

- **Flexible hours for the probation officer.** The probation officer currently works 24 hours per week on a set schedule of every Monday, Wednesday, and Friday. It is strongly recommended that the probation officer position have flexible hours. This would allow for more random drug testing (especially for the female participants) and allow the probation officer to do more home and workplace visits.
- **Ensure that the home and workplace visits are truly random and ensure appropriate training for the surveillance position.** Participants reported that the visits mostly occur in the evening and they are often able to determine when the visit will occur (or were actually told when the next visit would occur). It is recommended that the OTC-DWI develop procedures to ensure that participants are unable to determine the visit schedule. In addition, due to reports of frequent turnover in the surveillance officer position, it is recommended that guidelines be created for this role and training instituted to ensure that all surveillance officers are following appropriate procedures.
- **Schedule staffing meetings and court sessions for a recurring day and time when all team members are able to attend.** Participant feedback and site visit observations indicated that many team members do not regularly attend court sessions. It is strongly recommended that the staffing meeting and court session be held at a time when all team members are able to regularly attend. Staffing meeting and court session times were recently changed to Friday mornings (from Friday afternoons), so the OTC-DWI is encouraged to assess team member attendance after a few months to see if the new time is working or if it needs to be altered again.
- **Continue to monitor communication between non-primary treatment providers and probation and define the appropriate information to be included in the reports.** In order for the team to make informed and fair decisions about their response to participant behavior, it is crucial that all necessary treatment information be provided to probation and the court before these decisions need to be made. The main treatment provider is currently providing consistent written reports but information from supplemental providers is inconsistent. Continue to monitor communication between the non-primary treatment providers and the team to ensure that the structure provides adequate mechanisms for timely information sharing.
- **Encourage the Fergus Falls Police Department to join the team.** Even though the Sheriff's Department has a representative on the OTC-DWI team, the local police department is not involved. Having broader law enforcement support would increase supervision of participants in the community and allow for more information-sharing. It is recommended that representatives of the police department be invited to a court session or a graduation so they can see how the program works.

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

This component is concerned with the balance of three important areas. The first is the nature of the relationship between the prosecution and defense counsel in DWI court. Unlike traditional case processing, DWI court case processing favors a non-adversarial approach. The second focus

area is that DWI court programs remain responsible for promoting public safety. The third focus area is the protection of the participants' due process rights.

National Research

Research by Carey, Finigan, and Pukstas (2008) and Carey et al. (2012) found that participation by the prosecution and defense attorneys in team meetings and at drug court status review hearings had a positive effect on graduation rates and on recidivism costs. In addition, courts that allowed non-drug-related charges also showed lower recidivism costs. Allowing participants into the drug court program only post plea was associated with lower graduation rates and higher investment costs, while drug courts that mixed pre-trial and post trial offenders had similar outcomes as drug courts that keep those populations separate (Carey, Finigan, & Pukstas, 2008).⁶

OTC-DWI Process

- The assistant county attorney attends all team meetings and some court sessions. The assistant county attorney position does not rotate and the term of service is indefinite.
- The county attorney has received training specifically on the DWI court model.
- There is no defense attorney on the DWI court team. The program started with a public defender on the team, but state funding for specialty courts ceased in the second year of the program and the public defender left the team. A pro bono private attorney joined the team for almost a year after that, but the OTC-DWI has been without a defense attorney for the last 2-3 years. However, a public defender is on the advisory committee and he has been helpful with answering questions. He has also offered to attend court when needed. In addition, some participants have private attorneys.

Suggestions/Recommendations

- **Continue efforts towards getting a defense attorney on the team.** It was reported that some public defenders support the program and some do not (because they feel their clients do not get due process and are better served by taking jail time instead of participating in DWI court). The OTC-DWI has made efforts to reach out to and educate the public defenders about DWI court, but due to a severe lack of funding the public defender office does not have time or resources to participate. Recent recruitment considerations included issuing a future invitation to DWI lawyers in the area to attend a free training on specialty courts to increase interest in participation. Because best practices research indicates that having a defense attorney at team meetings and at DWI court sessions results in more positive participant outcomes including significantly lower recidivism and increased cost savings (Carey, Finigan, & Pukstas, 2008; Carey et al., 2012), it is recommended that the OTC-DWI continue its efforts toward this goal and that the state provide funding for this important role. (See further text on "Why should attorneys be a part of the drug or DWI court" later in this section.)
- **Have county attorney attend all staffing meetings and court sessions.** The county attorney inconsistently attends DWI court sessions because she is frequently in court with other cases during DWI court sessions. Research indicates that greater representation of the prosecuting attorney (and defense attorney) at team meetings and court sessions are

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

correlated with positive outcomes for clients, including reduced recidivism and, consequently, reduced costs at follow-up (Carey, Finigan, & Pukstas, 2008). We recommend that DWI court sessions be rescheduled at a date and time that will allow the county attorney to attend regularly. (See further text on “Why should attorneys be a part of the drug or DWI court” below.).

Why should attorneys be a part of the drug or DWI court, especially if it is post-adjudication? “It is important to remember that in spite of all the innovation and brilliance of the drug court model, it is still basically a Court. As such, it has basic rules and principles which should not be compromised. Due process and the right to counsel at all proceedings are constitutional principles which do not change, no matter how good the outcomes, or how we phrase the justification. People have rights, and they must be protected. It may be true that these things cost money. It is also true that our freedoms as enshrined in our Constitution are not free and they must be protected.” (Helen Harberts, Prosecutor, NADCP Staff, 2010).

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 shortcuts, they are the courts and counsel using their power and skills to facilitate treatment within constitutional bounds while monitoring the safety of the public and the 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. Prosecutors who understand the intellectual basis for drug courts, and who understand addiction and all the research can be a tremendous “value added” to the team. By having a prosecutor on board and prepared, cases move quickly and problems are resolved as they come up. This facilitates the effective use of sanctions and incentives, since delay is the enemy of behavior modification principles.

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

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

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

This component also discusses the practices different drug courts use to determine if a client meets these criteria. While drug courts are always targeting clients with a substance use problem, the drug court may or may not use a substance abuse screening instrument to determine eligibility. The same may apply to mental health screens. A screening process that includes more than just an examination of legal eligibility may take more time, but may also result in more accurate identification of individuals who are appropriate for the services provided by the program.

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

National Research

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

Those courts that expected it would take 50 days or less from arrest to drug court entry had higher savings than those courts that had a longer time period between arrest and entry (Carey et al., 2012). Further, reducing time between arrest (or other precipitating incident) and the first treatment session has been shown to significantly decrease substance use. Donovan, Padin-Rivera, and Kowaliw (2001) found that in reducing the time to entry approximately 70% of clients entered treatment, and of those clients who entered, 70% completed their assigned treatment. Those individuals who entered treatment showed significant reductions in substance use and improved psychosocial function.

Other research found that drug courts that included a screen for suitability and excluded participants who were found unsuitable had the same outcomes (e.g., the same graduation rates) as drug courts that did not screen for suitability and did not exclude individuals based on suitability (Carey & Perkins, 2008). This finding indicates that screening participants for suitability does not improve participant outcomes.

⁷ DWI Court Guiding Principle #1

OTC-DWI Process

- The OTC-DWI targets adult, repeat DWI offenders (two or more DWI offenses) who have a gross misdemeanor or first-time felony offense. The majority of participants are on their third DWI offense. Admission into the OTC-DWI is voluntary, but offenders may be sentenced into the program or ordered in on a probation violation (those options are rarely used in practice). First-time DWI and misdemeanor offenses are not eligible. Offenders with serious mental health issues, current violent charges, prior violent convictions, or prior felonies are excluded from the program.
- Team members described the participants as post-conviction repeat offenders, many of whom have mental health issues. The OTC-DWI tries to identify and serve high-risk and high-need offenders, but many OTC-DWI participants have jobs and good family connections and thus don't tend to score high on risk assessment tools (although they do score high on chemical dependency).
- The OTC-DWI considers offenders who are on their second felony, particularly those who were not able to participate in the program for their first felony due to the program not yet being in existence, the offender's age or health, or other circumstances. The first felony commit offender was recently approved by a judge and will start the program after some jail time is served. The team approved three other felony commit offenders for the program—two did not receive downward departure on their sentence and went to prison, while the decision on the third is still pending—so the OTC-DWI team, steering committee, and judges continue to work on this issue.
- To be eligible for the program, participants must reside in the county, and the offense must have occurred within the county.
- The OTC-DWI pre-qualifies many more people than actually enter the program. In 2011, 75 offenders were eligible for the program, but 49% of them did not opt for the program and took their full sentence for a variety of reasons including length of the program, difficulties in reconciling program obligations with employment requirements, encouragement by their attorney not to enter, and simply lack of interest in participating in the program.
- DWI court participants are post-conviction, but some participants do enter the program pre-plea (those who know they are pleading guilty and want to start the program before their court hearing).
- The county attorney, defense attorneys, district judges, coordinator, probation, and law enforcement may identify and refer potential participants to the program.
- The OTC-DWI eligibility requirements are written. All referring team agencies have copies of the eligibility criteria. Eligibility is decided as a team, but the judge ultimately has the final decision.
- All participants are screened for co-occurring mental disorders, suicidal ideation, and whether they are alcohol/drug dependant or alcohol/drug abusers. Individuals with co-occurring mental disorders are accepted into the program. The OTC-DWI targets individuals that are substance dependant and does not accept abusers into the program (those who are not dependent on alcohol).
- Participants are assessed for suitability and must be amenable to alcohol and drug treatment to be eligible for the program. Discussions regarding eligible participants take place

in staffing meetings as needed, but the OTC-DWI has rarely refused entry to those considered unsuitable.

- The Rule 25 Assessment is used to screen for eligibility and level of care. The screening is conducted by the chemical dependency assessor. The OTC-DWI also does a probation screen and assesses for risk with the Level of Service Inventory – Revised (LSI-R) to determine type or level of services.
- The estimated time between participant arrest and referral to the DWI court program is 0 to 7 days. The estimated time between DWI court referral and program entry is 31 to 60 days, for a total estimated time from arrest to DWI court entry of 31 to 67 days. Because participants are required to go through the entire adjudication process, arrest to entry time is lengthened by normal court proceedings (for participants who know they will be pleading guilty and enter the program pre-plea, this time is shortened).
- The OTC-DWI’s capacity is reported to be 20 participants. As of January 2012, the program had 19 active participants (only 2 of which were felons). The OTC-DWI has discussed the possibility of instituting a hybrid court of about 30 participants with separate staffing meetings and treatment sessions for drug and DWI participants, but no consensus has been reached.
- Since it was implemented, 49 participants have entered the program. A total of 24 have graduated, and 6 have been terminated.
- An estimated 62% of participants are male and 38% are female. The OTC-DWI program population is predominately Caucasian (95%), with Native American/American Indian (3%) and African American (2%) making up the remainder of the participants. Most participants fall into the age 25-34 (47%) and 35-50 (37%) ranges, with age 51+ making up the remainder (16%).
- The OTC-DWI estimates that 100% of participants are poly-substance users/abusers. The primary drugs of choice are marijuana (69%), prescription drugs (23%), and opiates other than heroin (8%).
- The OTC-DWI does not offer a window of time when a participant can try the program but decide not to participate.

Commendations

- **Participants are connected with treatment services as soon as possible.** The program allows offenders in pre-plea when possible. Because the intent of DWI court is to connect individuals to services expeditiously and limit their time in the criminal justice system, the program makes every effort to get individuals into treatment as soon as possible. Research shows that getting participants into the program within 50 days is related to significantly lower recidivism and higher savings (Carey et al., 2012).

Suggestions/Recommendations

- **Consider sentencing offenders into the program more often, especially felons and high-risk offenders.** It was reported that the option of sentencing an offender into the OTC-DWI is rarely used. It is recommended that the program be explained to all judges and that they consider it among their sentencing options. In addition, the OTC-DWI currently has only two felons in the program, and only four felons have been in the program over the past year. It is recommended that the team make an effort to take more felons in-

to the program since it is the higher risk offenders who most need the services and intensive supervision provided in the OTC-DWI. It may be helpful for the OTC-DWI to raise awareness in the community about the challenging nature of the program and the demonstrated benefits compared to traditional processing.

- **Do not assess potential participants for suitability.** Research has shown that screening participants for suitability and excluding “unsuitable” participants has no effect on program outcomes including graduation and recidivism rates (Carey, Finigan, & Pukstas, 2008; Carey & Perkins, 2008; Carey et al., 2011). It is probable that this is due to the extreme difficulty and subjectivity in determining what participant characteristics are likely to lead to successful outcomes, particularly at the time of participant referral as the participants are generally not at their best. This does NOT refer to assessment or legal eligibility criteria (residency in the county, offense occurred within the county, must be chemically dependent, etc.). We recommend that the OTC-DWI guard against using any subjective suitability criteria or personal biases (“feelings” that the offender is unlikely to succeed in the program) in determining participant eligibility and entry into the program, as it is difficult to know who will succeed once given the opportunity.
- **Consider partnering with a neighboring county.** Some team members reported that county residents with an offense just outside of the county are not eligible for the OTC-DWI, even though some are living, working, and driving within Otter Tail County. Similarly, offenders living just outside the county but with an offense in Otter Tail County are not eligible. The OTC-DWI is encouraged to explore potential partnering or reciprocity agreements with neighboring counties so that more offenders who would benefit from the program are able to participate.

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

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

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

DWI courts differ in how they determine a client’s needs. While DWI courts are always targeting clients with a substance use problem, the DWI court may or may not use a substance abuse and/or mental health assessment instrument to develop a case plan. A screening and assessment process will result in more accurate identification of a clinically sound treatment plan. The assessment should include alcohol use severity, drug involvement/severity, level of needed care, medical and mental health status, employment and financial status, extent of social support sys-

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

tems including family support, alcohol (or drug) triggers, refusal skills, thought patterns, confidence in their ability to stop using alcohol/drugs, and motivation to change.

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

National Research

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

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

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

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

The American University National Drug Court Survey (Cooper, 2000) showed that most drug courts have a single treatment provider agency. NPC, in a study of 18 drug courts in four different states (Carey, Finigan, & Pukstas, 2008), found that having a single provider or an agency that oversees all the providers, is correlated with more positive participant outcomes, including lower recidivism and lower recidivism costs.

Revoking or suspending the license of DWI offenders is an effective method for reducing subsequent dangerous driving (Ross & Gonzales, 1988). However, this procedure also limits the access offenders have to treatment and other rehabilitation services. Ignition interlock systems are another effective way to prevent alcohol-related traffic offenses, even for drivers with multiple

prior DWI offenses (Beck, Rauch, Baker, & Williams, 1999), with the benefit of allowing participants to continue to have access to driving as a means of transportation. This intervention, however, only remains effective while the interlock device remains on the vehicle. Once it is removed, the benefits are not retained.

OTC-DWI Process

- The OTC-DWI program is intended to last 18 months and has four phases (Phases 1 and 2 each last a minimum of 12 weeks, and Phases 3 and 4 each last a minimum of 26 weeks). Most participants average 20 months to successfully complete the program. After graduation from the program, participants are on unsupervised probation with fewer requirements and drug tests. Graduates have probation office visits once a month for 3 to 6 months (or up to a year if they are a felon), but there is early discharge from probation if they continue to do well.
- Participants are required to attend group sessions twice per week and individual sessions once per week in Phase 1. Participants complete their primary chemical dependency treatment in Phase 1. In Phase 4, there are no general requirements to attend group sessions or individual sessions, or the requirements are specific to the participant.
- Participants are not required to attend self-help meetings in Phases 1 or 2, but they are required to attend in Phases 3 and 4 (a minimum of once per week). Participants attend a Victim Impact Panel in Phase 2.
- A full clinical substance abuse treatment assessment (the Rule 25 Assessment) is performed by the chemical dependency assessors to determine whether someone qualifies for state-funded treatment, where he or she will go for treatment, and initial level of care. Chemical dependency assessors also provide ongoing treatment recommendations, as well as follow-up assessments if needed.
- Three main treatment providers are used, with Community Addiction Recovery Enterprise (CARE) being the most common provider, followed by Lakeland Mental Health Center and Lakes Counseling. When possible, one of the three main providers provides treatment, but due to funding, the size of the county, transportation, and the individual needs of the participants, other treatment providers in the area are utilized. If residential treatment is required, the participant usually has to go to a facility outside of Otter Tail County because CARE is the only facility in the county that has a residential treatment option. Primary treatment is typically twice a week for 12 weeks and then once a week for 12 weeks of relapse prevention.
- Participants are screened for co-occurring mental health disorders as well as suicidal ideation. Mental health treatment is required for OTC-DWI participants who have co-occurring disorders. Participants are currently able to meet with a psychologist if necessary. However, it was reported that it has been a challenge for the program to identify and address the participants' various mental health needs.
- *Services required for all participants are based on assessed level of care and include:* self-help meetings such as Alcoholics Anonymous (AA) or Narcotics Anonymous (NA), aftercare, and relapse prevention. *Services required for some participants include:* detoxification, outpatient individual treatment sessions, outpatient group treatment sessions, gender-specific treatment sessions, residential treatment, mental health counseling, psychiatric services, language or cultural-specific programs, job training/vocational program,

employment assistance, and General Education Development (GED) assistance. *Services offered to participants but not required include:* parenting classes, anger management/violence prevention, health education, family counseling, housing assistance, health care, dental care, and transportation assistance. Acupuncture, prenatal program, prescription drugs for substance dependence, and child care are not offered to participants.

- *Types of treatment required for some participants include:* twelve step facilitation therapy. *Types of treatment offered to participants but not required include:* dialectical behavior therapy (DBT), recovery training and self-help, TCU mapping-enhanced counseling, and social skills training.
- A case management plan is developed for each participant. All participants learn about relapse prevention and must submit an aftercare/well-being plan.
- There is no aftercare program available for participants after graduation, but an alumni group has met to provide support to graduates and current participants.
- Payment of fees to the court is required by the OTC-DWI, and this does not vary by a participant's ability to pay but the OTC-DWI does reduce or waive fees as an incentive. Each phase has a \$250 fee (for a total of \$1,000 over the four phases), but \$200 of that in each phase may be reduced depending on performance within the phase (attendance at court and completion of treatment). Participants may not move on to the next phase until the fees for that phase have been paid. On average, participants pay a total of \$200 in court fees while in the program. Fees may go towards program supplies, incentives, drug testing, or training. In addition, there is a \$300 probation fee. The probation fee can be waived due to circumstances, or community service may be done in lieu of the fee.
- Due to limited public transportation within the county, the OTC-DWI contracts with a volunteer driver program to assist participants with no means of transportation in getting to and from court hearings and treatment (but not to and from probation office visits or work). Most participants walk or rely on friends or family for rides. Transportation continues to be a challenge for the program, as the county is large in size and predominantly rural, and funding for drivers has been reduced.

Commendations

- **The program length is a minimum of 18 months, and has four phases.** Programs that have a minimum length of stay of at least 12 months to complete had significantly higher reductions in recidivism. In addition, programs that had three or more phases showed greater reductions in recidivism (Carey et al., 2012).
- **The program offers an array of treatment services and uses evidence-based programming.** As described above, the OTC-DWI offers a breadth of diverse and specialized services to program participants through its treatment providers.

Suggestions/Recommendations

- **To the extent possible, continue coordinating treatment through one or two organizations.** Due to the private insurance constraints on where some participants may go for treatment, it may never be possible for the OTC-DWI to consolidate all treatment under one provider. However, research shows that having one to two treatment agencies is significantly related to better program outcomes including higher graduation rates and lower recidivism (Carey et al., 2012).

- Obtain more training in mental health assessments, mental health issues, and medications.** Because many OTC-DWI participants are on medications and have mental health issues, two team members are scheduled to attend a mental health issues training, and a meeting will be set up with Lakeland Mental Health Center to discuss the possibility of obtaining assistance in dealing with participants with mental health issues. Additional training and assistance from Lakeland Mental Health Center, the Otter Tail County Department of Human Services, or the State of Minnesota in mental health assessments and mental health issues could improve service and treatment options for participants with mental health issues. In addition, having a local doctor trained in chemical dependency issues would give the team a resource for asking questions about the interaction of medications and chemical dependency. Alternatively, the state could provide assistance with locating a medical professional willing to consult with DWI and drug court statewide on medication and chemical dependency questions.

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

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

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

National Research

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

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

In addition to frequency of testing, it is important to ensure that drug testing is fully observed during sample collection, as there are numerous ways for individuals to predict when testing will happen and therefore use in between tests, or to submit a sample that is not their own. In focus

⁹ DWI Court Guiding Principle #4

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

groups with participants after they have left their programs, individuals have admitted many ways they were able to “get around” the drug testing process, including sending their cousin to the testing agency and bringing their 12-year-old daughter’s urine to submit.

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

OTC-DWI Process

- Urinalysis (UA) drug testing is conducted both on a regular schedule (during probation office visits), occasionally during court sessions, and at random (during home and workplace visits by the surveillance officer). However, female participants do not receive UAs during home or workplace visits because the current surveillance officer is male; females only receive UAs during daytime office visits. In addition to random testing, any participant can be ordered to submit a drug test to the probation office for cause (e.g., the participant appears under the influence).
- The OTC-DWI uses 6-panel instant urine tests as well as urine tests sent to a lab. Ethyl Glucuronide (EtG), hair, breathalyzer, and bracelet/tether (alcohol) tests are also used. Instant urine tests and breathalyzer results are obtained within minutes, but the urine tests sent to a lab may take up to a week.
- Probation, the Department of Corrections, the Sheriff’s Department, and treatment providers conduct drug/alcohol testing for the OTC-DWI.
- All UAs are observed by a member of the same sex. Female observers squat down to observe female participants, and male observers stand next to male participants. Reflective tile is also used to facilitate the observation.
- Breathalyzers are performed on participants at every individual office visit contact and randomly at court hearings. The surveillance officer conducts breathalyzer tests during every home visit. The Sheriff’s Department can also perform breathalyzer tests when the surveillance officer isn’t available for home visits. The Intoximeter Alco-Sensor IV is used for initial testing. If there is a positive result the participant is taken to the nearest facility that houses a certified intoxilizer for further testing. Results are sent to probation within 1 day, and participants are immediately taken into custody until the next court session if there is a positive test.

Participant Quotes:

“The most beneficial part of the program for me was the surveillance and UAs. The accountability really keeps a guy thinking ‘do I really want to press my luck?’ If you’re thinking about using, it deters you from it for long enough so that you can get the right mindset and realize you really don’t want to do that anyway. There’s no way you’re going to beat the system with this in place.”

“When the surveillance officer wears the probation jacket and shows up at your job for a breathalyzer. Is the jacket really necessary?”

- During Phase 1, participants are administered four to six breathalyzer tests per week and three UA tests per week. In Phase 2, participants have a minimum of two UA tests per week. In Phase 3, participants have a minimum of one UA test per week. In Phase 4, participants have a minimum of one breathalyzer test per week and one UA test per week. However, the OTC-DWI recently extended UA testing to twice per week throughout the entire program.
- Participants must be alcohol and drug free for a minimum of 180 days before they can graduate.
- In Minnesota, license reinstatement cannot occur until the interlock device is installed for a minimum of 1 year (or longer, depending on the severity of the offense). This requires a license reinstatement fee of \$680 and an average of \$100 per month for the interlock (\$75 for installation, \$60 monthly fee, and \$15 for rebooting every other month). The interlock system prevents driving under the influence by requiring participants to blow into the device at ignition and again at specific intervals while the car is in operation. Failure to blow or blowing intoxicated will turn the ignition off. The Department of Public Safety handles the interlock program, so the OTC-DWI refers participants to them for assistance. The interlock system can be installed through private companies, which are located in Fergus Falls and Detroit Lakes. Interlock reports are sent to the probation officer and, with any positive result, action is taken by the probation officer and team. Only three participants currently have the interlock.

Commendations

- **Rapid results from drug testing.** Research has shown that obtaining drug testing results within 48 hours of submission is associated with higher graduation rates and lower recidivism (Carey et al., 2008). The OTC-DWI is commended for adhering to this best practice.
- **Participants are required to test clean for at least 180 days before they can graduate.** Research has shown that the longer clients are required to be clean before graduation, the more positive their outcomes, both in terms of lowered recidivism and lower costs (Carey et al., 2005; Carey, Finigan, & Pukstas, 2008; Carey et al., 2012).

Participant Quotes:

“Interlock isn’t cheap. You have to call the company yourself to set up the installation. There’s a lot of confusion, as the Minnesota Driver’s License Services and the Sheriff’s Department tell you different things. No one seems to know anything. I’ve got multiple answers and they’re all different. There’s also a different process depending on whether your license was canceled or revoked.”

“It’s cheaper than drinking! I finally had [the interlock process] explained to me by the company the other day, but if you read the manual you can’t understand it.”

Suggestions/Recommendations

- **Institute more random testing, especially for females, and consider the use of other drug testing methods.** Because female participants do not currently receive urinalysis tests (UAs) during home or workplace visits (they are only tested during probation office visits), the OTC-DWI is strongly encouraged to develop procedures that ensure UA testing is truly random for all participants. Random testing will result in participants having less opportunity to predict when they will be able to use drugs or alcohol without detection and will hold the participants more accountable for staying clean. In addition, it is recommended that the OTC-DWI explore other testing methods, such as cheek swabs so that it is not necessary that same-sex staff collect the sample.

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

The focus of this component, as well as the Guiding Principle for DWI Courts on case management strategies, is on how the drug or DWI court team supports each participant and addresses his or her individual needs, as well as how the team works together to determine an effective, coordinated, response.¹¹ Drug and DWI courts have established a system of rewards and sanctions that determine the program response to acts of both non-compliance and compliance with program requirements. This system may be informal and implemented on a case-by-case basis, or may be a formal system applied evenly to all clients, or a combination of both. The key staff involved in decisions about the appropriate response to participant behavior varies across courts. Drug and DWI court team members may meet and decide on responses, or the judge may decide on responses in court. Drug and DWI court participants may or may not be informed of the details on this system of rewards and sanctions so their ability to anticipate a response from their team may vary significantly across programs.

National Research

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

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

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

In addition, all programs surveyed in the American University study confirmed they had established guidelines for their sanctions and rewards policies, and nearly two-thirds (64%) reported that their guidelines were written (Cooper, 2000). Research has found that courts that had their guidelines for team responses to participant behavior written and provided to the team had higher

¹¹ DWI Court Guiding Principle #7

graduation rates and higher cost savings due to lower recidivism (Carey, Finigan, & Pukstas, 2008; Carey et al., 2011).

OTC-DWI Process

- Case management is primarily performed by Probation, the Department of Corrections, and the county chemical dependency assessors. Participants meet with their probation officer a minimum of twice per week in Phase 1, a minimum of once per week in Phases 2 and 3, and a minimum of twice per month in Phase 4. Felons meet with the Department of Corrections probation agent and with the county probation officer. DWI court staff also make contact with participants' significant others, family, employers, physicians, and therapists.
- Participants have a 9:00 p.m. daily curfew in Phase 1, a 10:00 p.m. daily curfew in Phase 2, and an 11:00 p.m. curfew in Phases 3 and 4. Curfew can be modified on a case-by-case basis due to work requirements.
- Incentives for participants to enter (and graduate) from the DWI court include an opportunity to make a change in their lives, the ability to keep their jobs, jail sentences not being served for the current case(s), and fines being stayed. In the OTC-DWI, jail sentences are suspended, giving participants an opportunity to avoid jail time if they are compliant with the program. Charges that led participants to DWI court are not dismissed upon graduation.
- Participants are given a written list of possible rewards. Although there is no written list of the specific behaviors, team members report that participants know what kinds of behaviors lead to rewards. Rewards are given in a standardized way for specific behaviors.
- Participants receive intangible rewards (such as verbal encouragement, praise from the team, placement at the beginning of the calendar) and tangible rewards (gift certificates, medallions). Rewards are given on a case-by-case basis. Tangible rewards are provided both in court by the judge and outside of court by other team members.
- Participants have reported that they feel the rewards are meaningful (stay of jail time, credit for program fees, gift cards, and reduced curfew time, in particular). The stay of jail time, credit for program fees, and gift cards were reported by OTC-DWI team members to be particularly effective rewards.

Participant Quotes:

"[The] curfew is ridiculous. It basically cuts you off from your social life. Curfews are at 9, 10, or 11 and are based on what phase you're in. It doesn't change even if you're compliant. You have to plan ahead but you can get approval if you need to travel. But there needs to be some leeway."

"In all fairness to the program, we didn't get here because we were boy scouts, so I'll take a curfew over jail."

Participant Quote:

"We need more rewards. Like maybe speed up the process of getting through the program if you haven't had any violations."

- The OTC-DWI has written guidelines about program/team response to participant behavior, and team members are given a copy of these guidelines. However, the team has flexibility in individualizing their responses.
- Every OTC-DWI team member, except for the treatment providers and law enforcement, has received training in the use of rewards and sanctions to modify behavior of DWI court participants.
- Team responses to participant behaviors are sometimes standardized and sometimes decided on a case-by-case basis.
- Program responses to participant behavior may include warnings, requiring participants to write essays, perform sit sanctions, community service, more frequent drug/alcohol tests, more frequent court appearances, return to an earlier phase or holding in the current phase, stricter curfew, loss of fee credit, jail, and written answers to the judge's questions.
- Sanctions are graduated so severity increases with more frequent or more serious infractions.
- Sanctions are imposed at the first court session after the non-compliant behavior, which can be as little as a day and as long as a week or two, but the team makes every effort to get the participant in front of the judge as soon as possible.
- Sanctions are discussed among the team and decided as a group, with the judge deciding any tie votes.
- Participants are given a written list of behaviors that lead to sanctions, and also a list of possible sanctions.
- OTC-DWI team members reported that more frequent court hearings and drug/alcohol tests, holding in the current phase, and increases in curfew time are particularly effective sanctions. Participants reported jail to be a particularly effective sanction.
- Jail is sometimes used a sanction, with the length of time usually 1 day. However, jail sanctions of 2 days are sometimes used, and on rare occasions range up to 1 week. Jail is always used as a sanction for continued use, ongoing failure to appear in court, and for the second and third positive drug/alcohol test. Jail is sometimes used as a sanction for the first positive drug/alcohol test, noncompliance with program rules, failure to appear for court or treatment, driving without a license, and new charges (criminal or traffic). Jail is never used as an alternative for residential or detoxification when residential or detoxification is not available.
- Positive tests during a home visit result in a participant being taken into custody until the next court date.

Participant Quote:

“They give us too many chances in court. They told the same person over and over again that this was their last chance. That happened 5 times! How many times is one last time? I’ve been in the program a month and a half and I’ve seen someone on their last chance 3 times, which is pretty stunning.”

Participant Quote:

“[The program] was recommended by my attorney and probation officer. It was a better option than jail, but this program isn’t a piece of cake.”

- New arrests for DWI or any violent offense would result in immediate termination from the OTC-DWI. Failure to appear in court with no excuse, multiple failures to appear, consistently missing treatment sessions, repeated positive drug tests, continued use, and lack of progress in the program or in treatment may also result in termination. Termination results in the imposition of the offender's original sentence.
- In order to graduate, participants must remain drug and alcohol free for 180 days, have 24 clean drug tests in Phase 4 (which is all of the weekly tests in Phase 4), have a job or be in school (or be retired, legally disabled, or volunteering), complete all driver's license reinstatement requirements, have a sober housing environment, write an aftercare/well-being plan, pay all DWI court fees, and successfully complete treatment.
- Graduation ceremonies are held at the end of regular court sessions. Participants are presented with a certificate of completion, a medallion, and cake. Participants are also invited to address the audience. Family, friends, sponsors, employers, and others are invited to attend the ceremony.

Commendations

- **Good coordination of team response to participant compliance.** Treatment responses occur as soon as possible following the behavior that prompts the response. The team also appropriately differentiates treatment responses from sanctions.
- **Team members have written guidelines for team response to participant behavior.** The OTC-DWI has guidelines for team response to participant behavior written and they are provided to the team. This has been shown to produce higher graduation rates and higher cost savings due to lower recidivism (Carey et al., 2012).
- **Sanctions are imposed swiftly after noncompliant behavior.** The program understands that if a participant has engaged in a behavior that requires a sanction, they need to ensure that the sanction occurs as close to the behavior as possible. In order for behavior change to occur, there must be a link between the behavior and consequences (sanctions or treatment response). Scheduling the noncompliant participant for the next upcoming court session rather than waiting until the participant's next scheduled session to have a sanction applied in court is optimal.
- **Graduation requirements follow best practices.** Programs that require participants to be at least 90 days clean, have a job or be in school, have a sober housing environment, and have a sobriety/relapse prevention plan before graduation have significantly higher graduation rates and lower recidivism (Carey et al., 2012).
- **Graduation ceremonies are celebrations of successful participants.** Graduations provide an opportunity for both involved and potential community partners to witness drug court program successes. Inviting community partners to observe and participate in graduations is a low cost way to highlight the effectiveness of the program and garner interest in continued and future involvement with the program. This is also a significant accomplishment for the graduate and it is important to have graduations be distinct from the regular drug court hearings, even if it occurs during a regular hearing. Further, requiring program participants to attend drug court graduation ceremonies is a way to help create and strengthen a supportive environment among participants and serve to motivate current participants to progress to the graduation phase.

Suggestions/Recommendations

- **Continue to consider strategies to increase participant rewards.** Because the advisory committee is not able to request donations and the OTC-DWI is currently prohibited by the state from buying incentives, the team should consider other funding opportunities. For instance, members of the Chamber of Commerce could attend a graduation, given materials showing the benefits of the OTC-DWI, and asked to consider making a donation to help the success of the program. In addition, many drug and DWI courts form nonprofit organization such as a 501(c)3 to allow donations to help with funding participant rewards. This organization would be able to approach community partners and encourage additional community outreach to build connections to access rewards and incentives that are meaningful and motivating to participants.
- **Require community service to be completed before graduation.** The OTC-DWI does not currently require community service for participants, unless a participant in Phase 3 or 4 is not working or attending school. Otherwise it is used only as a sanction. Because programs that require completion of community service for graduation have higher graduation rates and greater cost savings (Carey et al., 2012), it is recommended that the OTC-DWI institute a community service requirement for all participants.
- **Assess the use of multiple “last chances.”** Focus group participants stated that they frequently observed other participants receiving multiple “last chances” in court. This may send a confusing message to the participant as well as to other participants in the courtroom. Participants suggested that it would be better for them if they saw a consistent enforcement of a last chance. One of the goals of the DWI courts is to ensure that participants are fully aware of the relationship between their actions and resulting sanctions. Although it is important to consider participant circumstances, it is also important to follow through on a sanction if the participant has been told it is going to occur. This promotes trust between the participant and the team, particularly the judge.

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

Key Component #7 and the associated Guiding Principle for DWI Courts are focused on the judge’s role in a drug or DWI court.¹² The judge has an extremely important function in monitoring client progress and using the court’s authority to promote positive outcomes. While this component encourages ongoing interaction, courts must still decide specifically how to structure the judge’s role. Courts need to determine the appropriate amount of courtroom interaction between the participant and the judge, including the frequency of status review hearings, as well as how involved the judge is with the participant’s case. Outside of the court sessions, depending on the program, the judge may or may not be involved in team discussions, progress reports, and policy making. One of the key roles of the drug or DWI court judge is to provide the authority to ensure that appropriate treatment recommendations from trained treatment providers are followed.

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

¹² DWI Court Guiding Principle #6

National Research

From its national data in 2000, the American University Drug Court Survey (Cooper, 2000) reported that most drug court programs require weekly contact with the judge in Phase 1, contact every 2 weeks in Phase 2, and monthly contact in Phase 3. The frequency of contact decreases for each advancement in phase. Although most drug courts follow the above model, a substantial percentage reports less court contact.

Research in California, Oregon, Michigan, Maryland, Missouri, and Guam (Carey et al., 2005; Carey, Finigan, & Pukstas, 2008; Carey et al., 2011, 2012) demonstrated that, on average, participants have the most positive outcomes if they attend approximately one court appearance every 2 weeks in the first phase of their involvement in the program. Marlowe et al. (2006) also demonstrated that court sessions weekly, or every 2 weeks, were effective for higher risk offenders while less frequent sessions (e.g., monthly) were effective for only low-risk offenders.

In addition, programs where judges remained with the program at least 2 years had the most positive participant outcomes (Carey et al., 2005). It is recommended that drug courts either avoid fixed terms, or require judges with fixed terms to serve 2 years or more, and that courts with fixed terms consider having judges rotate through the drug court more than once, as experience and longevity are correlated with more positive participant outcomes and cost savings (Finigan et al., 2007).

OTC-DWI Process

- DWI court participants attend court sessions once a week in Phases 1 and 2 (the 1st, 2nd, and 4th Fridays of the month), twice per month in Phase 3 (every 2nd and 4th Fridays of the month), and once per month in Phase 4 (every 2nd Friday of the month). The OTC-DWI is considering an incentive that allows fully compliant participants to attend court only once per month in the last 2 months of Phase 3.
- The OTC-DWI holds court sessions on Fridays (except for the 3rd and 5th Fridays of the month). The average length of time for a court session was reported to be 60 minutes, with 16 participants attending each court session on average.
- During observation of the DWI court session, 14 participants were present and reviewed at an average of 3.79 minutes each.
- The current DWI court judge was involved in the OTC-DWI's implementation and has presided over the program for over 1 year. He is assigned to the DWI court indefinitely. The back-up judge is the former DWI court judge who has also been trained in the DWI court model.
- The judge has attended official DWI court training sessions/workshops, received training by other DWI court judges, observed other DWI courts, and attended professional DWI court-related conferences.
- The judge speaks directly to participants during their court appearances, and regularly follows recommendations provided by the team. He relates to the participants while maintaining boundaries, and is clear about expectations.

Participant Quote:

"The judge is engaging and encouraging, but he calls people out when they deserve it."

- Observations made during the site visit indicate the judge has a good rapport with participants. He greets every participant, listens to what she or he has to say, offers encouragement, and is very supportive and genuinely invested in the participants' success, but remains authoritative.
- The judge calls each case during court, and has the participant stand directly in front of the bench at a podium. After speaking with the participant, the judge dismisses the individual back to his or her seat. Other team members are not generally prompted for feedback on the participant. Recognition is always given to those doing well, and certificates are presented for sobriety milestones.

Commendations

- **Appropriate participant time spent before the judge.** During observation of the OTC-DWI court sessions, participants spent an average of 3.79 minutes in front of the judge. An average of 3 minutes or greater per participant is related to graduation rates 15% higher and recidivism rates that are 50% lower than drug courts that spend less than 3 minutes per participant (Carey, Finigan, & Pukstas, 2008; Carey et al., 2012). More time during court sessions allows the judge to hear about positive behaviors and participant progress and increases opportunities for the participants to receive positive reinforcement for their efforts. It also allows other participants to see the success of their peers and the benefits of making healthy decisions.
- **The judge requires participants to stay through the entire court hearing to take full advantage of the hearing as a learning experience for participants.** Participants are required to stay unless the participant has an approved excuse such as work or treatment. Because DWI court hearings are a forum for educating all participants and impacting their behavior, the OTC-DWI is encouraged to continue to require all participants to stay for the entire hearing both to observe consequences (both good and bad) and to learn how those who are doing well are able to succeed and make positive, healthy choices and changes in their lives.
- **The program has a back-up/alternate judge.** Having a back-up judge who is familiar with the DWI court model is beneficial in the case of illness or vacation of the current judge. Also, when the current judge eventually wishes to leave the program, the trained back-up DWI court judge will allow for an easier transition. The back-up judge already understands the DWI court model and her role in the program.

Suggestions/Recommendations

- **Ensure that participants understand that the OTC-DWI is a therapeutic court and that the entire team is working to help them.** Focus group feedback revealed that participants weren't sure who the various team members were, and observations revealed that team members are not generally prompted for feedback on participants during court sessions (it is mainly a discussion between the judge and participant). More consistent attendance by all team members, having team members sit in the front of the court room (rather than in the general gallery), and having the judge prompt team members for input during court session could make roles more clear to participants. In addition, the judge suggested that he could make a point of mentioning the team nature of decisions when talking with participants.

- **Ensure that the judge presides over the program for a minimum of 2 years.** Experience and longevity are correlated with more positive participant outcomes and significantly higher cost savings, particularly 2 years and longer (Carey et al., 2011; Finigan et al., 2007). The judge has presided over the program for nearly 2 years, and the previous judge presided over the program for 3 years, so the OTC-DWI is already well on its way to meeting this recommendation.
- **Consider decreasing the required frequency of court appearances in Phase 2.** As research has shown that less frequent court appearances can have better outcomes (Carey, Finigan, & Pukstas, 2008; Marlowe et al., 2006), (except in higher risk populations) the OTC-DWI may want to consider reducing the frequency of DWI court appearance to once every 2 weeks for participants in the second phase. Also, the OTC-DWI may want to consider having court sessions twice per month instead of 3 times per month. This may help reduce program costs and allow the judge to spend more time per participant while in the court room.

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

This component and the related Guiding Principle encourage drug or DWI court programs to monitor their progress towards their goals and evaluate the effectiveness of their practices.¹³ The purpose is to establish program accountability to funding agencies and policymakers as well as to themselves and their participants. Further, regular monitoring and evaluation provides programs with the feedback needed to make adjustments in program practices that will increase effectiveness. Finally, programs that collect data and are able to document success can use that information to increase funding and community support. Monitoring and evaluation require the collection of thorough and accurate records. Drug and DWI courts may record important information electronically, in paper files, or both. Ideally, courts will partner with an independent evaluator to help assess their progress. Lastly, it is important to determine how receptive programs are to modifying their procedures in response to feedback.

National Research

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

OTC-DWI Process

- The OTC-DWI collects electronic data for participant tracking and case management on the Web-Based Drug Court Information System (W-DCIS) and the State Tracking Sheet, but this does not include data from the treatment providers. Data are also kept in each participant's written file.
- Information is monitored to assess whether the program is moving toward its goals, which has resulted in frequent policy updates. Some examples include wording changes

¹³ DWI Guiding Principle #9

in the handbook, a move from weekly court hearings to 3 times per month, and requiring participants to develop a recovery plan in Phase 2 and updating it in Phases 3 and 4, instead of creating it in Phase 4.

- Prior to this evaluation, the OTC-DWI program has not had an outside evaluator measure whether the program was implemented as intended or whether the program is achieving its intended outcomes.

Commendations

- **This program has successfully implemented an electronic data system.** The program should continue to collect data electronically as well as accumulating and analyzing data about participants and use it for program reviews and planning, such as to inform the team about the types of participants who are most and least successful in the program.
- **The OTC-DWI has enhanced its practices based on information from self-monitoring of program data and on research-based practices.** Drug Courts where internal review of the data and program statistics led to modifications in program operations had more than double the reductions in recidivism compared to programs that did not monitor their own data (Carey et al., 2012).

Suggestions/Recommendations

- **Share evaluation and assessment results.** The team should set aside time to discuss the overall findings and recommendations in this report, both to appreciate their accomplishments, and determine what program adjustments will be made. In addition, the evaluation results can be beneficial to the program if they are looking to apply for grants to fund additional positions or for local funders/agencies to help them access resources. These results can document needs as well as show how well the program has done in some areas.

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

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

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

National Research

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

Lowenkamp, 2006). Andrews and Bonta (2010) maintain that correctional and court programs must be focused not only on targeting high-risk offenders and matching offenders to appropriate treatment (needs), but must also concentrate on effectively building and *maintaining* the skill set of the employees (in the case of drug/DWI courts—team members) who work with offenders. Training and support allow teams to focus on translating drug court best practice findings into daily operations and build natural integrity to the model (Bourgon, Bonta, Rugge, Scott, & Yessine, 2010).

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

OTC-DWI Process

- It was reported that team members have received training specifically about the target population of the program, but they have not received training specific to their roles.
- Except for law enforcement, all team members have received training on the DWI court model. However, new DWI court team members generally do not get formal training on the drug/DWI court model before (or soon after) starting work.
- Every OTC-DWI team member, except for the treatment providers and law enforcement, has received training in the use of rewards and sanctions to modify behavior of DWI court participants.
- The team has received training on strength-based philosophy and practices.
- Staff members bring new information on DWI court practices to staffing.
- The coordinator and probation officer attended the NADCP Annual Conference this past year, and other team members reported participating in previous national conferences and Webinar trainings.

Commendations

- **The OTC-DWI has engaged in regular training for most team members.** The OTC-DWI has engaged in a substantial amount of training for staff and is commended on their dedication to educating team members on a regular basis. It is recommended that all team members obtain training in the DWI court model and their roles in the program. It is also recommended that the program organize materials so that new team members can receive training on their roles before, or soon after, they join the team. Programs that provide training for all team members have significantly better participant outcomes (Carey et al., 2012).

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

This component and associated DWI Court Guiding Principle on sustainability encourage drug/DWI courts to develop partnerships with other criminal justice and service agencies.¹⁴ For these collaborations to be true “partnerships,” regular meetings and collaborations with these partners should occur. If successful, the drug/DWI court will benefit from the expertise that resides in all of the partner agencies and participants will enjoy greater access to a variety of services. Drug/DWI courts must determine what partners are available and decide with whom to partner and how formal to make these partnerships. Other important factors to weigh include who will be considered as part of the main drug/DWI court team; who will provide input primarily through policymaking; and what types of services will be available to clients through these partnerships.

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

National Research

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

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

OTC-DWI Process

- The OTC-DWI was initially funded through the National Highway Traffic Safety Administration (NHTSA), the Office of Juvenile Justice and Delinquency Prevention (OJJDP), the state (funding from the Court’s operating budget for the judge’s position), and a county match. The OTC-DWI continues to operate with this funding setup, with the addition of funds from a 2-year enhancement grant from the Bureau of Justice Assistance (BJA). No other funding sources have been obtained since program inception.
- The OTC-DWI plans to sustain funding in the future through an ongoing partnership with the county and state, as well as grant funding. If grant funding ceases, it will be a challenge for the county to continue funding the program on its own.
- Treatment for OTC-DWI participants is funded through private pay, private insurance, and state and county funds. For those without insurance coverage, treatment is funded by the “Consolidated Fund – Rule 25” (a combination of county, state, and federal dollars).

¹⁴ DWI Court Guiding Principle #10

An estimated 60% of participants use Rule 25 funding for their treatment. The OTC-DWI plans to continue funding treatment in the future in this manner.

- The county attorney and county probation reported that DWI court takes up a significant portion of their time, impacting case processing for regular (non-DWI) caseloads. It was reported that staff believes that the DWI court program works but it takes resources from other places and that there are concerns about the volume of resources being expended on a small number of people.
- The OTC-DWI has developed and maintained relationships with organizations that can provide services for participants in the community and regularly refers participants to those services when appropriate, including education, transportation, and employment. The Work Force Center assists participants with employment and job training at weekly meetings. Community Education offers assistance with obtaining a GED.
- Several members of the DWI court team report that presentations are regularly made regarding the OTC-DWI in order to foster support and inform the greater community. The judge, probation director, county attorney, and coordinator have all done presentations in the community.
- Some AA members from the community help with driving OTC-DWI participants to AA meetings, but no one from AA is on the OTC-DWI team.
- The OTC-DWI has attempted and continues to try to create an alumni group, but has had limited success. However, former participants do provide support to current participants and also have been willing to help with speaking engagements, talking to a participant, or radio interviews.
- The OTC-DWI invites advisory group members (community members, business and service agency contacts, government agency representatives), steering committee department heads, agency staff, police department officials, alumni members, and any invited guests by the graduate to graduations.

Commendations

- **This program has successfully established partnerships across community agencies.** The OTC-DWI is encouraged to continue to look for additional community support as well as foster and build-upon current partnerships.

Suggestions/Recommendations

- **Create a legal terminology cheat-sheet for team members who don't have a legal background.** Several team members mentioned they frequently don't understand the legal terminology used in staffing meetings. It is recommended that the OTC-DWI develop a cheat-sheet with legal terminology definitions. The coordinator has already begun work on this, but the assistance of the judge or county attorney would be helpful.

ADDITIONAL RESOURCES

The appendices at the end of this document contain additional information for DWI courts. Appendix A contains the Guiding Principles of DWI Courts. Appendix B contains Minnesota's Drug Court and DWI Court standards. Other important and useful resources for drug courts (such as free Webinars on a variety of drug court-related topics and sample screening and as-

assessment forms, etc.) are available at these Web addresses: <http://www.dwicourts.org>, <http://www.ndcrc.org> and http://www.ndcrc.org/search/apachesolr_search/sample%20forms.

Summary of Process Findings and Recommendations

The OTC-DWI was implemented in February 2008. This program, designed to take 18 months to complete, takes post-conviction participants, but also allows some participants to enter the program pre-plea (offenders who know they are pleading guilty and want to start the program before their court hearing). The general program population consists of repeat DWI offenders (with two or more DWI offenses) charged in Otter Tail County with a gross misdemeanor or felony level DWI, who are determined substance dependent. It has a capacity to serve approximately 20 participants at one time. As of January 2012, (at the time of the process evaluation) there were 19 active participants, 24 graduates, and 6 terminated participants.

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

- **The program includes a Sheriff's Department representative on the team.** Drug court programs that included a representative from law enforcement on the drug court team had 88% greater reductions in recidivism and 44% higher cost savings compared to programs that did not include law enforcement (Carey, Mackin, & Finigan, 2012).
- **The program includes community members on the team.** The OTC-DWI demonstrates a commitment to developing and maintaining an integrated DWI court team and developing community connections, following this best-practice guideline for achieving success.
- **Excellent team member communication.** The OTC-DWI promotes excellent communication between the team members. Drug courts that shared information among team members through email had 65% lower recidivism than drug courts that did not use email (Carey, Waller, & Weller, 2011).
- **Regular updates to policies and procedures manual and participant handbook.** The OTC-DWI regularly updates its policies and procedures manual, which is invaluable in ensuring that all partners are operating under the same assumptions, and for clarifying roles, responsibilities, and expectations. The participant handbook is also updated regularly, which ensures that participants are well informed about the program's expectations.
- **Participants are connected with treatment services as soon as possible.** The program allows offenders in pre-plea when possible. Because the intent of DWI court is to connect individuals to services expeditiously and limit their time in the criminal justice system, the program makes every effort to get individuals into treatment as soon as possible. Research shows that getting participants into the program within 50 days is related to significantly lower recidivism and higher savings (Carey et al., 2012).
- **Rapid results from drug testing.** Research has shown that obtaining drug testing results within 48 hours of submission is associated with higher graduation rates and lower recidivism (Carey et al., 2008). The OTC-DWI is commended for adhering to this best practice.

- **Participants are required to test clean for at least 180 days before they can graduate.** Research has shown that the longer clients are required to be clean before graduation, the more positive their outcomes, both in terms of lowered recidivism and lower costs (Carey et al., 2005; Carey, Finigan, & Pukstas, 2008; Carey et al., 2012).
- **Good coordination of team response to participant compliance.** Treatment responses occur as soon as possible following the behavior that prompts the response. The team also appropriately differentiated treatment responses from sanctions.
- **Team members have written guidelines for team responses to participant behavior.** The OTC-DWI has guidelines for team response to participant behavior written and they are provided to the team. This has been shown to produce higher graduation rates and higher cost savings due to lower recidivism (Carey et al., 2012).
- **Graduation requirements follow best practices.** Programs that require participants to be at least 90 days clean, have a job or be in school, have a sober housing environment, and have a sobriety/relapse prevention plan before graduation have significantly higher graduation rates and lower recidivism (Carey et al., 2012).
- **Appropriate participant time spent before the judge.** During observation of the OTC-DWI court sessions, participants spent an average of 3.79 minutes in front of the judge. An average of 3 minutes or greater per participant is related to graduation rates 15% higher and recidivism rates that are 50% lower than drug courts that spend less than 3 minutes per participant (Carey et al., 2012).
- **The judge requires participants to stay through the entire court hearing to take full advantage of the hearing as a learning experience for participants.** Participants are required to stay unless they have an approved excuse such as work or treatment. Because DWI court hearings are a forum for educating all participants and impacting their behavior, the OTC-DWI is encouraged to continue to require all participants to stay for the entire hearing both to observe consequences (both good and bad) and to learn how those who are doing well are able to succeed and make positive, healthy choices and changes in their lives.
- **The program has a back-up/alternate judge.** Having a back-up judge who is familiar with the DWI court model is beneficial in the case of illness or vacation of the current judge. Also, when the current judge eventually wishes to leave the program, the trained back-up DWI court judge will allow for an easier transition. The back-up judge already understands the DWI court model and her role in the program.
- **This program has successfully implemented an electronic data system.** The program should continue to collect data electronically as well as accumulating and analyzing data about participants and use it for program reviews and planning, such as to inform the team about the types of participants who are most and least successful in the program.
- **Regular training for all team members.** The OTC-DWI has engaged in a substantial amount of training for staff and is commended on their dedication to educating team members on a regular basis. It is recommended that all team members obtain training in the DWI court model and their roles in the program. Programs that provide training for all team members have significantly better participant outcomes (Carey et al., 2012).

- **This program has successfully established partnerships across community agencies.** The OTC-DWI is encouraged to continue to look for additional community support as well as foster and build upon current partnerships.

Although this program is functioning well in many areas, NPC's review of program operations resulted in some recommendations for program improvements. We recognize that it will not always be feasible to implement all of these recommendations due to budgetary, policy, or infrastructure limitations. It is important for the team members to be as flexible as possible and do what they can to work around the barriers to accomplish the ultimate goal of doing what is best for the participants.

The following recommendations represent the primary areas of suggested program improvement that arose during the interviews, focus groups, and observations during the site visit. Background information, more detailed explanations, and additional recommendations presented within each of the 10 Key Components and 10 Guiding Principles are included in the body of the report.

- **Flexible hours for the probation officer.** The probation officer currently works 24 hours per week on a set schedule of every Monday, Wednesday, and Friday. It is strongly recommended that the probation officer position have flexible hours. This would allow for more random drug testing (especially for the female participants) and allow the probation officer to do more home and workplace visits.
- **Ensure that the home and workplace visits are truly random and ensure appropriate training for the surveillance position.** Participants reported that the visits mostly occur in the evening and they are often able to determine when the visit will occur (or were actually told when the next visit would occur). It is recommended that the OTC-DWI develop procedures to ensure that participants are unable to determine the visit schedule. In addition, due to reports of frequent turnover in the surveillance officer position, it is recommended that guidelines be created for this role and training instituted to ensure that all surveillance officers are following appropriate procedures.
- **Schedule staffing meetings and court sessions for a recurring day and time when all team members are able to attend.** Participant feedback and site visit observations indicated that many team members do not regularly attend court sessions. It is strongly recommended that the staffing meeting and court session be held at a time when all team members are able to regularly attend. Staffing meeting and court session times were recently changed to Friday mornings (from Friday afternoons), so the OTC-DWI is encouraged to assess team member attendance after a few months to see if the new time is working or if it needs to be altered again.
- **Continue to monitor communication between non-primary treatment providers and probation and define the appropriate information to be included in the reports.** In order for the team to make informed and fair decisions about its response to participant behavior, it is crucial that all necessary treatment information be provided to probation and the court before these decisions need to be made. The main treatment provider is currently providing consistent written reports but information from supplemental providers is inconsistent. Continue to monitor communication between the non-primary treatment providers and the team to ensure that the structure provides adequate mechanisms for timely information sharing.

- **Encourage the Fergus Falls Police Department to join the team.** Even though the Sheriff's Department has a representative on the OTC-DWI team, the local police department is not involved. Having broader law enforcement support would increase supervision of participants in the community and allow for more information-sharing. It is recommended that representatives of the police department be invited to a court session or a graduation so they can see how the program works.
- **Continue efforts towards getting a defense attorney on the team.** It was reported that some public defenders support the program and some do not (because they feel their clients do not receive due process and are better served by taking jail time instead of participating in DWI court). The OTC-DWI has made efforts to reach out to and educate the public defenders about DWI court, but due to a severe lack of funding the public defender office does not have time or resources to participate. Recent recruitment considerations included issuing a future invitation to DWI lawyers in the area to attend a free training on specialty courts to increase interest in participation. Because best practices research indicates that having a defense attorney at team meetings and at DWI court sessions results in more positive participant outcomes including significantly lower recidivism and increased cost savings (Carey, Finigan, & Pukstas, 2008; Carey et al., 2012), it is recommended that the OTC-DWI continue its efforts toward this goal and that the state provide funding for this important role.
- **Consider sentencing more offenders into the program, especially felons and high-risk offenders.** It was reported that the option of sentencing an offender into the OTC-DWI is rarely used. It is recommended that the program be explained to all judges and that they consider it among their sentencing options. In addition, the OTC-DWI currently has only two felons in the program, and only four felons have been in the program over the past year. It is recommended that the team make an effort to take on more felons in the program since it is the higher risk offenders who most need the services and intensive supervision provided in the OTC-DWI. It may be helpful for the OTC-DWI to raise awareness in the community about the challenging nature of the program and the demonstrated benefits compared to traditional processing.
- **To the extent possible, continue coordinating treatment through one or two organizations.** Due to the private insurance constraints on where some participants may go for treatment, it may never be possible for the OTC-DWI to consolidate all treatment under one provider. However, research shows that having one to two treatment providing agencies is significantly related to better program outcomes including higher graduation rates and lower recidivism (Carey et al., 2012).
- **Institute more random testing, especially for females, and consider the use other drug testing methods.** Because female participants do not currently receive urinalysis tests (UAs) during home or workplace visits (they are only tested during probation office visits), the OTC-DWI is strongly encouraged to develop procedures that ensure UA testing is truly random for all participants. Random testing will result in participants having less opportunity to predict when they will be able to use drugs or alcohol without detection and will hold the participants more accountable for staying clean. In addition, it is recommended that the OTC-DWI explore other testing methods, such as cheek swabs.
- **Continue to consider strategies to increase participant rewards.** Because the advisory committee is not able to request donations and the OTC-DWI is currently prohibited by

the state from buying incentives, the team should consider other funding opportunities. For instance, members of the Chamber of Commerce could be invited to a graduation, given materials showing the benefits of the OTC-DWI, and asked to consider making a donation to help the program succeed. In addition, many drug and DWI courts form nonprofit organizations such as a 501(c)3 to allow donations to help with funding participant rewards. This organization would be able to approach community partners and encourage additional community outreach to build connections to access rewards and incentives that are meaningful and motivating to participants.

- **Require community service to be completed before graduation.** The OTC-DWI does not currently require community service for participants, unless a participant in Phase 3 or 4 is not working or attending school. Otherwise it is used only as a sanction. Because programs that require completion of community service for graduation have higher graduation rates and greater cost savings, it is recommended that the OTC-DWI institute a community service requirement for all participants.
- **Ensure that participants understand that the OTC-DWI is a therapeutic court and that the entire team is working to help them.** Focus group feedback revealed that participants weren't sure who the various team members were, and observations revealed that team members are not generally prompted for feedback on participants during court sessions (it is mainly a discussion between the judge and participant). More consistent attendance by all team members, having team members sit in the front of the court room (rather than in the general gallery), and having the judge prompt team members for input during court session could make roles more clear to participants.
- **Consider decreasing the required frequency of court appearances in Phase 2.** As research has shown that less frequent court appearances can have better outcomes (Carey, Finigan, & Pukstas, 2008; Carey et al., 2012; Marlowe, Festinger, Lee, Dugosh, & Benasutti, 2006), (except in higher risk populations) the OTC-DWI may want to consider reducing the frequency of DWI court appearances to once every 2 weeks for participants in the second phase. Also, due to the small number of participants (19), the OTC-DWI may want to consider having court sessions twice per month instead of 3 times per month. This may help reduce program costs and allow the judge to spend more time per participant in the court room.

Overall the OTC-DWI has implemented a program that follows the guidelines of the 10 Key Components of Drug Courts and 10 Guiding Principles of DWI courts and should be commended for their best practices.

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

SECTION II: OUTCOME EVALUATION

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

Outcome Evaluation Methods

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

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

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

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

SAMPLE/COHORT SELECTION

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

The DWI Court Participant Group

The DWI court participant sample, or cohort, was the population of individuals who entered DWI court from February 2008 to August 23, 2012. Outcomes are presented in 1- and 2-year increments.

Evaluations sometimes exclude participants who entered in the first year after program implementation to allow the program time to fully implement all policies and procedures. However, there were several sites in Minnesota in which we needed every available case to detect significant differences between groups. In the case of OTC-DWI, the first year cohort ($n = 17$) was the largest and we could not afford to drop them from the analysis.

The Comparison Group

Step 1: Selecting the Comparison Group

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

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

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

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

DATA COLLECTION AND SOURCES

Administrative Data

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

Table 1. MN DWI Court Evaluation Data and Sources

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

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

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

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

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

DATA ANALYSES

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

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

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

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

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

Crosstabs were run to examine differences in recidivism rate (the number/percentage of individuals rearrested at least once during the specified time period) between DWI court and the comparison group for each year up to 2 years following program entry. Chi-square analyses were

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

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

used to identify any significant differences in rearrest rates between DWI court and comparison group participants.

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

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

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

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

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

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

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

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

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

Crosstabs were run to examine differences in license reinstatement rate (the number/percentage of individuals who regained their licenses at least once during the specified time period) between DWI court and the comparison group for each year up to 2 years following program entry (or an equivalent date for the comparison group). Chi-square analyses were used to identify any significant differences in license reinstatement rates between DWI court and comparison group participants.

A logistic regression was used to determine if differences between DWI court participants and the comparison group were significant over and above any differences due to gender, age, race, and criminal history (number of arrests in the 2 years prior to DWI court start).

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

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

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

Whether a program is bringing its participants to completion in the intended time frame is measured by program graduation (successful completion) rates, and by the amount of time participants spent in the program. The program graduation rate is the percentage of participants who graduated from the program out of the total group of participants who started during a specified time period and who have all left the program either by graduating or being unsuccessfully discharged (that is, none of the group is still active and all have had an equal chance to graduate). The DWI court graduation rate is included for all participants, by entry year, from February 2008 to August 2012. The average graduation rate (for participants entering between 2007 and 2012, to allow for enough time to complete the program) was compared to the national average for DWI court graduation rates, and the differences are discussed qualitatively.

To measure whether the program is graduating participants in its expected time frame, the average amount of time in the program was calculated for participants who had enrolled in the DWI court program between February 2008 and August 2012, by DWI court entry year, and have been successfully discharged from the program. The average length of stay for graduates and for all participants was compared to the intended time to program completion, and the differences are discussed qualitatively.

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

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

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

Outcome Evaluation Results

Tables 2-4 provide the demographics for the study sample of DWI court participants (all participants who entered from 2008 to 2012) and the comparison group. Propensity score matching included the characteristics with bolded text, and showed no imbalances. Additional independent samples *t* tests and chi-square analyses confirmed no significant differences between groups on the bolded characteristics. Other characteristics, not used in matching due to lack of availability of consistent data in the comparison group, are provided as additional information.

Overall, Table 2 shows that most DWI court participants were male (67%) and White (96%), with an average age at program entry of 39 years. None of these characteristics was statistically different in the comparison group.

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

	OTC-DWI Participants N = 51	Comparison Group N = 82
Gender		
Male	67%	71%
Female	33%	29%
Race/Ethnicity ^a		
White	96%	96%
American Indian/Alaska Native	6%	3%
Black/African American	2%	3%
Age at Entry Date		
Average age	39 years	40 years
Range	19–64	19–79

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

In terms of prior criminal history, the DWI court participants and comparison group were very similar (Table 3). There were significant differences in prior arrest offenses or charge types between groups.

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

	OTC-DWI Participants N = 51	Comparison Group N = 82
Prior Arrests		
Percent with felony DWI as index arrest (the arrest that led to participation in DWI court)	14%	15%
Average number of DWI arrests 10 years prior to index arrest	1.73	1.63
Average number of arrests 2 years prior to program entry	1.90	1.85
Average number of DWI arrests 2 years prior to program entry	1.37	1.32
Average number of person arrests 2 years prior to program entry	0.04	0.00
Average number of property arrests 2 years prior to program entry	0.16	0.05
Average number of drug arrests 2 years prior to program entry	0.00	0.06
Average number of other arrests 2 years prior to program entry	0.96	1.00
Average number of misdemeanor arrests 2 years prior to program entry	0.90	0.96
Average number of gross misdemeanor arrests 2 years prior to program entry	1.31	1.17
Average number of felony arrests 2 years prior to program entry	0.20	0.24

Table 4 displays additional characteristics of the DWI court program participants that were not available for the comparison group. About four in 10 (39%) of DWI court participants had some college or were college graduates and half were employed either full or part time. Nearly one-third of participants (31%) had a mental health diagnosis at program entry. All reported alcohol consumption, followed by marijuana use (26%) and prescription drugs (10%).

Table 4. DWI Court Participant Characteristics: Other

	OTC-DWI Participants N = 51
Education	
Less than high school	14%
High school/GED	47%
Some college or technical school	33%
College graduate	6%
Employment at Program Entry	
Unemployed	49%
Employed full or part time	51%
Mental Health Diagnosis	
Yes	31%
No	67%
Reported Addiction Severity at Program Entry	
Abusing	2%
Dependent	98%
Risk Assessment Level	
Low risk	33%
Moderate/Medium risk	28%
High risk	39%
Substances Used in Last Year^a	
Alcohol	100%
Marijuana	26%
Prescription Drugs (Pills)	10%
Methamphetamine	2%

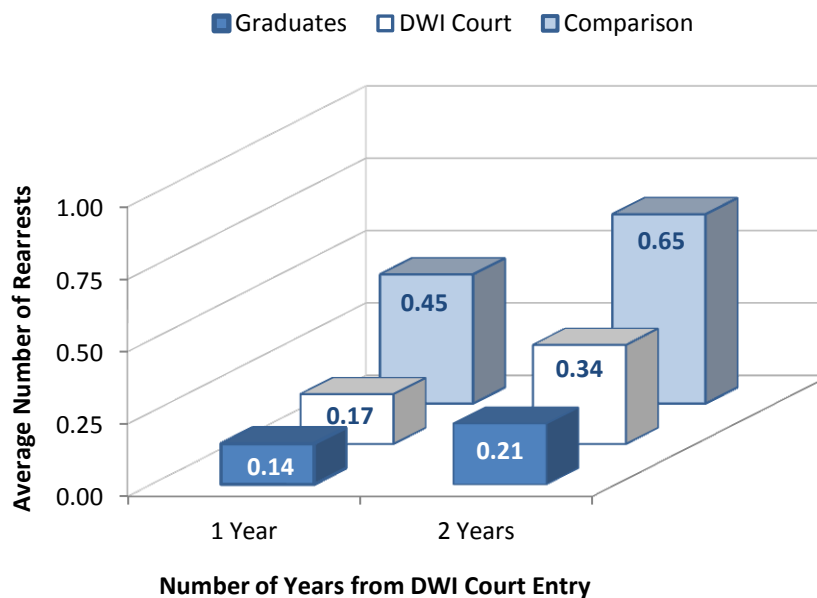
Note. The *n* for each category may be smaller than the total group *N* due to missing data.
^a Numbers based on data from Chemical Health Assessment performed at DWI court entry. Numbers do not add up to 100% as participants could report more than one type of substance.

RESEARCH QUESTION #1: WHAT IS THE IMPACT OF DWI COURT ON RECIDIVISM?***1a. Does participation in DWI court reduce the average number of all rearrests and DWI rearrests for those individuals compared with traditional court processing?***

YES. *DWI court participants were rearrested fewer times than the comparison group, and differences were significant in Year 1.*

Figure 1 illustrates the average number of cumulative rearrests for each year up to 2 years after program entry for OTC-DWI graduates, all OTC-DWI participants, and the comparison group. DWI court participants were rearrested about half as often as comparison group members across both years; this difference was significantly lower in Year 1 ($p < .05$). Graduates had a lower number of rearrests than both the DWI participant group as a whole and the comparison group, but cannot be statistically compared.¹⁸ The average number of rearrests for all participants and the comparison group was adjusted for age, race, gender, and prior arrests.¹⁹

Figure 1. Average Number of Rearrests over 2 Years²⁰



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

¹⁹ Adjusted means were not significantly different from unadjusted means.

²⁰ Sample sizes by group and time period (1 Year, 2 Years): Graduates $n = 29, 29$; All DWI Court Participants $n = 51, 43$; Comparison Group $n = 79, 56$.

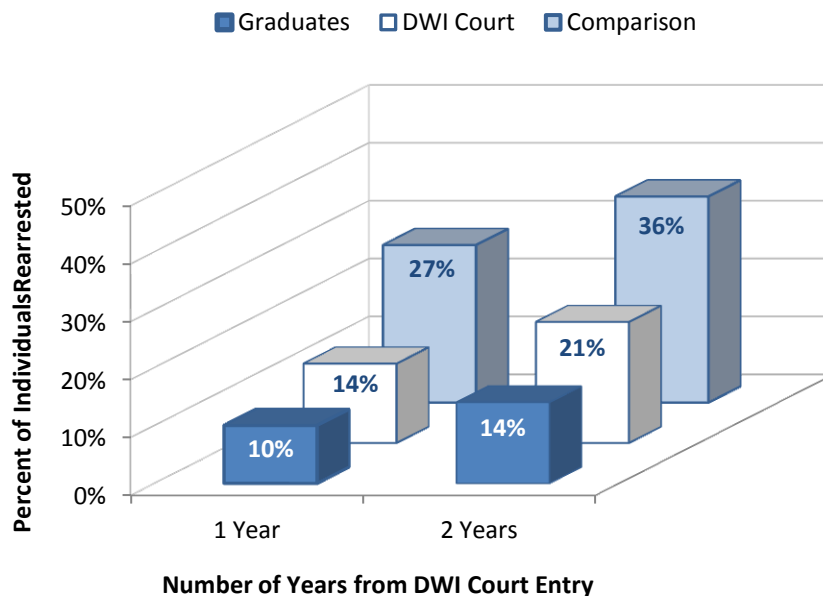
DWI Rearrests. An examination of rearrests with DWI charges showed that DWI court participants had no DWI rearrests in the first year (the comparison group had three) and similar numbers in the second year (one from each group had a rearrest for a DWI). No graduates were rearrested for a DWI. Differences were not significant due to the low incidence of DWI rearrests.

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

YES. *The percent of DWI court participants rearrested was lower than that of the comparison group over 2 years.*

In addition to looking at average number of rearrests, it is also useful to look at what percent of individuals from each group was rearrested over time. Figure 2 illustrates the percent of DWI court graduates, all DWI court participants, and comparison group members who were rearrested up to 2 years following program entry. The percent of DWI court participants rearrested was lower than the comparison group. This difference did not reach statistical significance, but this would likely change in subsequent studies with larger sample sizes. The percent of DWI court graduates rearrested was about half that of the comparison group by Year 2, but cannot be statistically compared. The logistic regression comparing DWI court participants and comparison group members controlled for age, race, gender, and prior arrests.

Figure 2. Percent of Individuals Rearrested over 2 Years²¹

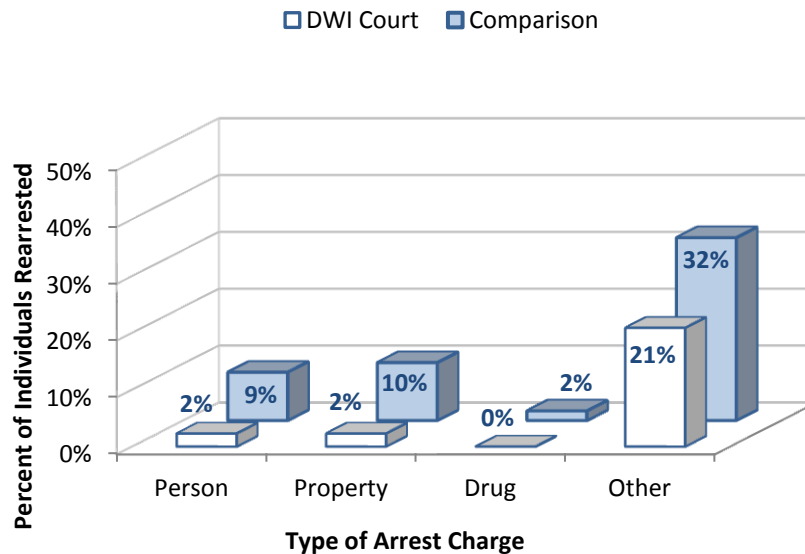


²¹ Sample sizes by group and time period (1 Year, 2 Years): Graduates $n = 29, 29$; All DWI Court Participants $n = 51, 43$; Comparison Group $n = 79, 56$.

DWI Rearrests. A key indicator of DWI court outcomes is the percent of individuals rearrested for a DWI offense. As previously mentioned, the number of DWI rearrests was low among both groups, making statistical comparisons challenging (Year 1 = three comparison people; Year 2 = one comparison person and one program person). There was no statistical difference between groups in models controlling for age, race, gender, and prior arrests.

To present a more descriptive picture of the criminality of the groups, arrests are also presented as person (e.g., assault), property (e.g., theft), drug (e.g., possession), or other arrest charges (e.g., traffic violations) 2 years from program entry in Figure 3.²² DWI court participants had lower rearrest rates across all arrest types than the comparison group (differences did not reach statistical significance probably due to low sample size). Arrests among graduates were not included since there were no arrests for person, property, drug offenses over the 2-year period (19% of graduates were rearrested for “other” offenses by Year 2). The number of rearrests for person, property, and drug offenses were quite small ($n = 6, 7, 1$, respectively). “Other” arrests, accounting for the greatest portion of offenses ($n = 28$), include a wide variety of offenses such as driving under a suspended or canceled license, speeding, public disorder, restraining order violations, and disturbing the peace, some of which may be directly or indirectly linked to alcohol use and may be more typical of DWI offenders than the other categories.

Figure 3. Percent of Individuals Rearrested by Arrest Charge at 2 Years²³

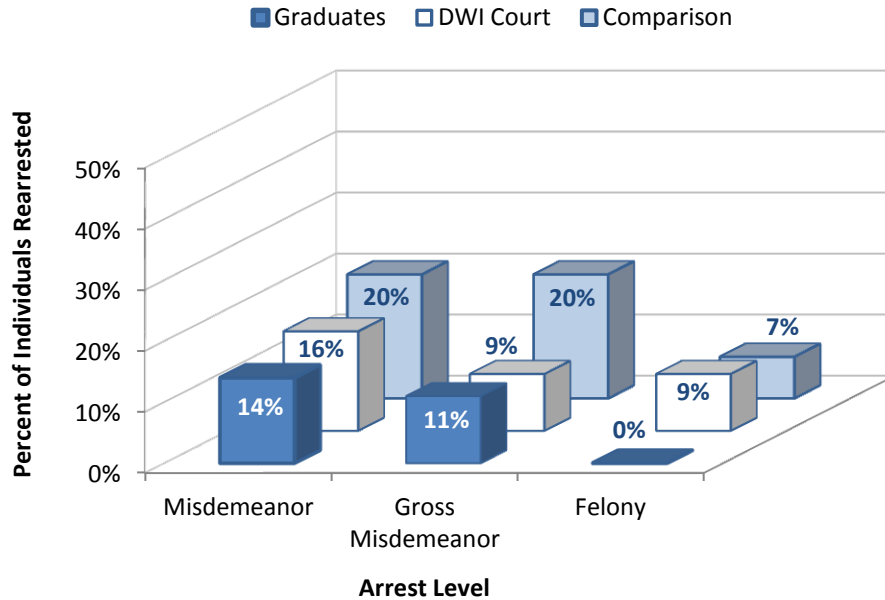


²² When an individual received more than one charge per arrest, a single arrest could be coded as both a person and drug crime. Therefore, the percents in Figures 5-6 do not add up to the percent of total arrests reflected in Figure 4.

²³ Sample sizes by group: Graduates $n = 29$; All DWI Court Participants $n = 43$; Comparison Group $n = 56$.

Figure 4 displays the arrest charge level (misdemeanor, gross misdemeanor, or felony). DWI court participants were arrested at a lower rate for both misdemeanor and gross misdemeanor offenses than the comparison group 2 years after program entry, although group differences were not significant. Both groups had four rearrests for felonies over the 2-year period (total $n = 8$).

Figure 4. Percent of Individuals Rearrested by Arrest Level at 2 Years²⁴



The common trend is that DWI court participants are rearrested less than those in the comparison group, both in terms of number of arrests and percent arrested. While this difference only reached significance for all arrests at Year 1, we suspect that another study in several years, which would allow for a larger participant sample size, would be more likely to detect significance between groups.

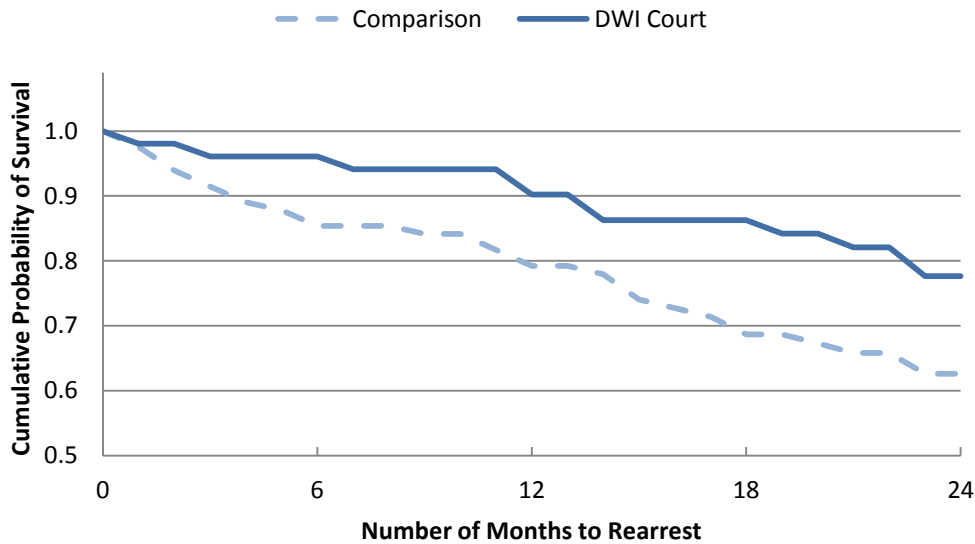
²⁴ Sample sizes by group: Graduates $n = 29$; All DWI Court Participants $n = 43$; Comparison Group $n = 56$.

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

YES. DWI court participants were rearrested at lower and slower rate than comparison group members.

We were unable to conduct a survival analysis to the first DWI rearrest due to the low number of DWI rearrests (a total of one DWI arrest in the DWI participant group over 2 years). Instead we examined the survival rate for *any* offense. A survival analysis of participants with up to 2 years (presented in months) of outcome data was conducted. Results in Figure 5 show that the time to any rearrest for DWI court participants was longer than the comparison group members. The solid blue line represents the DWI court group, and the dashed line represents the comparison group. As the line drops, this indicates the occurrence of rearrests over time. A steeper drop in the line indicates a greater number of rearrests occurring sooner. The average time to first rearrest for program participants was 19 months and for the comparison group, 22 months (though, similar to earlier analyses, this was not significant, probably due to the small sample size).

Figure 5. Probability of Remaining Un-Arrested over Time (Survival Function)



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

NOT ENOUGH DATA TO DETERMINE. *The incidence of crashes was too low to detect a difference between the DWI court and comparison groups.*

There were two total crashes over the 2-year period following program entry—one in each group during Year 2—making comparisons inappropriate. Due to the modest size of the program and the low prevalence of crashes, we suggest another study be conducted once there are sufficient numbers of participants to detect differences between groups.

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

NOT ENOUGH DATA TO DETERMINE. *The incidence of crashes was too low to detect a difference between the DWI court and comparison groups.*

Given the perceived public safety danger of repeat DWI offenders, the low number of crashes in which these offenders were subsequently involved is a positive finding, even if there were no detectable differences between groups.

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

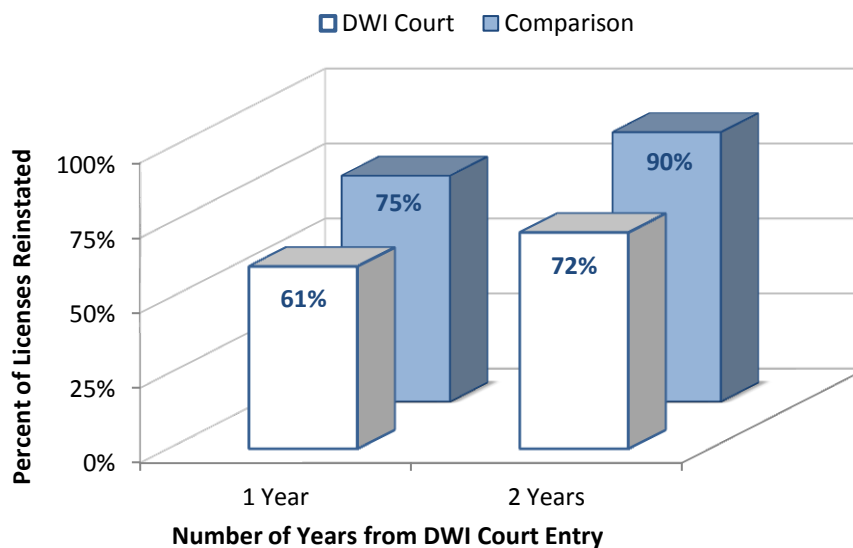
2a. Does participation in DWI court lead to increased rate of license reinstatement (the percent of people whose license is reinstated) compared with traditional court?

NO. DWI court participants were less likely than the comparison group to have their licenses reinstated over the 2-year period.

Figure 6 illustrates that persons in the DWI court group had a lower rate of driver's license reinstatement than the comparison group in the 2 years following program entry. Differences were significant at Year 2 in the chi-square and regression controlling for age, gender, race, and priors ($p < .05$ in both models). DWI court graduates were left out of the graph because they had the same rates of license reinstatements as the overall DWI court group.

License reinstatement as a measure of success should be used with caution, as there is notable data limitation. A license reinstatement is a temporary outcome for some individuals, evident in the finding that at the 2-year mark DWI court participants had an average of 2.2 license reinstatements and comparison group members had an average of 1.9 license reinstatements; although DWI court participants were less likely to have their licenses reinstated, when they were reinstated, they were reinstated more often.

Figure 6. Percent of Licenses Reinstated over 2 Years²⁵



²⁵ Sample sizes by group and time period (1 Year, 2 Years): Graduates $n = 29, 29$; All DWI Court Participants $n = 51, 43$; Comparison Group $n = 79, 56$.

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

NOT ENOUGH DATA TO DETERMINE. *There were only three people (one program and two comparison group) who were identified as using interlock in the year after program entry.*

The prevalence of interlock use was 7% in each group, too small to make comparisons. We recommend that further analyses be conducted when more ignition interlock data are available.

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

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

YES. *The average graduation rate for OTC-DWI is 83%, higher than the national average of 57%.*

Whether a program is bringing its participants to successful completion and doing so in the intended time frame is measured by program graduation (completion) rate, and by the amount of time participants spend in the program. Program *graduation rate* is the percentage of participants who graduated from the program, out of a cohort of participants who started during a similar time frame and who have left the program either by graduating or by being unsuccessfully discharged. Years with greater than 20% active participants are excluded from the final calculation. Graduation rate was calculated for each entry year from 2008 to 2012. The program’s graduation rate for all participants entering between February 2008 and December 2010 is 83% (not shown). Table 5 shows status outcomes by entry cohort year. The graduation rate for each cohort is substantially higher than the national average graduation rate of 57% (Huddleston & Marlowe, 2011).

Table 5. OTC-DWI Completion Status by Entry Year

Program Entry Year	2008 <i>n</i> = 17	2009 <i>n</i> = 8	2010 <i>n</i> = 11	2011 <i>n</i> = 11	2012 <i>n</i> = 4
Graduates	88%	88%	64%	0%	0%
Non-Graduates	12%	12%	18%	9%	0%
Other Exit	0%	0%	0%	0%	0%
Actives	0%	0%	18%	91%	100%

The OTC-DWI is doing very well in graduating participants compared to the national average, and the program should continue those practices that are contributing to participant success. In order to graduate, participants must comply with the program practices and requirements. To successfully increase or maintain high graduation rates, DWI court teams must consider the challenges participants face in meeting program requirements, continually review program operations, and adjust as necessary. This can include practices such as finding transportation for participants who have none (e.g., 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.

To measure whether the program is following its expected time frame for participant completion, the average amount of time in the program was calculated for participants who had enrolled in the OTC-DWI program and have graduated from the program. The minimal requirements of the OTC-DWI would theoretically allow for graduation at approximately 18 months from the time of entry to graduation. The average length of stay in DWI court for all participants, both graduates and non-graduates, was 563 days (about 18 months). Graduates spent an average of 625 days in the program, about 20 months, ranging from 17 months to 2.4 years in the program. Approximately 25% graduated within 18 months, and 50% graduated within about 20 months of program entry. Participants who did not graduate spent, on average, just under 9 months (264 days) in the program. This indicates that the program is following the trend of most drug and DWI court programs in that participants typically take longer to complete program requirements than the minimum time frame. This is to be expected in a population struggling with substance abuse and addiction.

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

Are there participant characteristics that predict program success?

NOT ENOUGH DATA TO DETERMINE. *There were 29 graduates and 6 unsuccessful terminations between February 2008 and August 2012, too few to run statistical comparisons between groups.*

Tables 6-9 show the demographics, criminal history, and other characteristics of graduates. *Please note the group sample sizes were too small to identify any statistical differences and should not be used to draw conclusions about characteristics associated with success in the program.*

Table 6. DWI Court Graduate Characteristics: Demographics

	Graduates <i>n</i> = 29	Non-Graduates <i>n</i> = 6
Gender		
Male	69%	50%
Female	31%	50%
Race/Ethnicity ^a		
White	97%	100%
Black/African American	3%	0%
Age at Entry Date		
Average age	41 years	39 years
Range	23 - 64	19 - 55

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

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

Table 7, below, displays the criminal history of graduates prior to entering the program. About a quarter of graduates entered the program with a felony DWI arrest and tended to have lower numbers of prior arrests in the 2 years before DWI court entry in terms of person, property, and drug offenses.

**Table 7. DWI Court Graduate Characteristics:
Criminal History**

	Graduates <i>n</i> = 29	Non-Graduates <i>n</i> = 6
Prior Arrests		
Percent with felony DWI as index arrest	24%	0%
Average number of DWI arrests 10 years prior to index arrest	1.90	1.50
Average number of arrests 2 years prior to program entry	1.79	3.00
Average number of DWI arrests 2 years prior to program entry	1.38	1.67
Average number of person arrests 2 years prior to program entry	0.00	0.17
Average number of property arrests 2 years prior to program entry	0.10	0.50
Average number of drug arrests 2 years prior to program entry	0.00	0.00
Average number of other arrests 2 years prior to program entry	0.90	2.00
Average number of misdemeanor arrests 2 years prior to program entry	0.79	2.00
Average number of gross misdemeanor arrests 2 years prior to program entry	1.28	1.67
Average number of felony arrests 2 years prior to program entry	0.21	0.50

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

Table 8 illustrates that over a third of DWI court graduates had some college, technical school, or were college graduates. Graduates tended to have a shorter time from arrest to entry. However, the number of non-graduates, in particular, is so small that conclusions should not be drawn from this finding.

Table 8. DWI Court Graduate Characteristics: Other

	Graduates <i>n</i> = 29	Non-Graduates <i>n</i> = 6
Education		
Less than high school	14%	17%
High school/GED	48%	33%
Some college or technical school	35%	33%
College grad	3%	17%
Employment at Program Entry		
Unemployed	52%	33%
Employed full or part time	48%	67%
Arrest to Program Entry		
Average number of days from index arrest to DWI court program entry	139 days	245 days
DWI Court Hearings		
Average number of DWI court hearings	44.0	20.2
Program Length of Stay		
Average number of days in program	625	264

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

As depicted in Table 9, DWI court graduates were less likely to have a mental health diagnosis (assessed at program entry), and most were assessed as chemically dependent. Risk level was evenly distributed across categories.

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

	Graduates n = 29	Non-Graduates n = 6
Mental Health Diagnosis		
Yes	10%	33%
No	90%	67%
Substances Used in Last Year^a		
Alcohol	100%	100%
Marijuana	17%	33%
Prescription Drugs (Pills)	10%	0%
Reported Addiction Severity at Program Entry		
Abusing	3%	0%
Dependent	97%	100%
Risk Assessment Level		
Low Risk	31%	17%
Medium/Moderate Risk	34%	17%
High Risk	35%	66%
Completed Treatment Requirements		
Yes	100%	33%
No	0%	67%

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

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

Summary of Outcome Results

The results of the outcome analysis for the OTC-DWI are positive. Overall the data showed fewer average arrests among DWI court participants than the comparison group. While most differences were not statistically significant, some of this is attributable to the small sample size. We recommend the program continue to track participants and perhaps conduct another study several years hence.

Compared to DWI offenders who experienced traditional court processes, the OTC-DWI participants (regardless of whether they graduated from the program):

- Had 3 times fewer rearrests 1 year after program entry
- Had 2 times fewer rearrests 2 years after program entry
- Had only one person with a DWI arrest over 2 years from program entry
- Were 4 times less likely to be rearrested for a person crime
- Were 5 times less likely to be rearrested for property crime
- Were 34% less likely to be rearrested for other crimes (e.g., public disorder)
- Had a longer time to the first rearrest for any charge (22 months versus 19 months)
- Had a substantially higher graduation rate than the national average (83% versus 57%)

In general, the data showed that DWI court participants had lower recidivism than the comparison group, although (most likely due to small sample sizes) the majority of these findings were not statistically significant. Due to lack of data availability and low incidence (for outcomes such as crashes, license reinstatements, and interlock use), limited conclusions can be made for other outcomes of interest. With a total of two crashes over a 2-year period for the participant and comparison group combined (one in each group), it was not possible to measure the impact of the program on the number of subsequent crashes or the percent of individuals involved in crashes.

Overall, these outcomes indicate that the OTC-DWI is implementing its program with fidelity to the DWI court model and is having the intended impact on its participants. One note of concern is that only one-third of participants in this program (35%) were scored as high risk on the intake assessment and most had very few prior arrests. Research indicates that drug courts should target high-risk/high-need individuals, as lower risk participants require different intervention methods and may not benefit (or may actually be harmed) from the intense supervision provided by the full drug court model (NADCP, 2013). The program should continue its efforts in serving a population of high-risk/high-need offenders, as it appears to be making a substantially positive impact on future recidivism for these participants in particular. We recommend that the OTC-DWI continue to collect data and periodically analyze these data in accordance with its eligibility criteria and desired program outcomes. The OTC-DWI should consider conducting a subsequent evaluation in several years once the pool of former participants is larger and additional data can be collected on outcomes such as DWI rearrests, crashes, and interlock use.

SECTION III: COST EVALUATION

Cost Evaluation Design and Methods

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

The main purposes of a cost analysis for this study were to determine the cost of the program and to determine if the costs due to criminal justice and other outcomes were lower due to DWI court participation. This is called a “cost-benefit” analysis. The term “cost-effectiveness” is often confused with the term “cost-benefit.” A cost-effectiveness analysis calculates the cost of a program and then examines whether the program led to its intended positive outcomes without actually putting a cost to those outcomes. For example, a cost-effectiveness analysis of DWI courts would determine the cost of the DWI court program and then look at whether the number of new DWI arrests were reduced by the amount the program intended (e.g., a 50% reduction in rearrests compared to those who did not participate in the program). A cost-benefit evaluation calculates the cost of the program and also the cost of the outcomes, resulting in a cost-benefit ratio. For example, the cost of the program is compared to the cost-savings due to the reduction in rearrests. In some drug court programs, for every dollar spent on the program, over \$10 is saved due to positive outcomes.²⁶

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

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

COST EVALUATION DESIGN

Transaction and Institutional Cost Analysis

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

²⁶ See Drug Court cost-benefit studies at <http://www.npcresearch.com>

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

Cost to the Taxpayer

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

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

Opportunity Resources

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

COST EVALUATION METHODS

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

TICA METHODOLOGY

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

Table 10. The Six Steps of TICA

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

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

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

COST DATA COLLECTION

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

Program Costs

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

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

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

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

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

Outcome/Impact Costs

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

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

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

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

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

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

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

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

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

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

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

Cost Evaluation Results

COST EVALUATION RESEARCH QUESTION #1: PROGRAM COSTS

How much does the OTC-DWI program cost?

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

Program Transactions

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

- 7th Judicial District Court (judge, coordinator);
- Otter Tail County Attorney's Office (assistant county attorney);
- Otter Tail County Probation Department (probation director, probation officer, surveillance officer);
- Minnesota Department of Corrections (district supervisor, probation officer);
- Otter Tail County Human Services (chemical dependency assessors);
- Otter Tail County Sheriff's Office (sergeant); and
- Community Volunteer (victim advocate).

The cost of a *DWI Court Appearance* (the time during a session when a single program participant interacts with the judge) is calculated based on the average amount of court time (in minutes) each participant interacts with the judge during the DWI court session. This includes the direct costs for the time spent for each DWI court team member present, the time team members spend preparing for the session, the time spent in staffing, the agency support costs, and jurisdictional overhead costs. The cost for a single DWI court appearance is \$184.39 per participant.

Case Management is based on the amount of staff time dedicated to case management activities during a regular work week and is then translated into a total cost for case management per participant per day (taking staff salaries and benefits, and support and overhead costs into account).²⁷ The agencies involved in case management are the District Court, Probation Department, Department of Corrections, Community Addiction Recovery Enterprise, Human Services, and Sheriff's Office. The daily cost of case management is \$10.95 per participant.

Drug and Alcohol Treatment costs used for this analysis were based on Minnesota's Medicaid Drug and Alcohol Treatment Reimbursement Rates.²⁸ Using these rates, a 1-hour individual treatment session is \$70.00; a group treatment session is \$34.00; medium-intensity residential treatment is \$129.00 per day plus \$54.09 for room and board;²⁹ and hospital inpatient is \$300 per day. The drug and alcohol treatment costs used in this analysis only include the costs to taxpayers. Treatment paid for by the individual or by private insurance was not included in the cost calculations. For this reason, NPC asked OTC-DWI team members to estimate the percentage of participants using public funds for treatment. Because an estimated 56% of OTC-DWI participants use public funds for their treatment, the final treatment costs used in this report were 56% of the rates mentioned above. In addition, while many participants may be receiving mental health treatment, it was not included in the cost analysis because NPC was not able to acquire administrative data on mental health treatment usage. For this reason, the Medicaid Drug and Alcohol Treatment Reimbursement Rates are the addiction-only basic rates and do not include any additional payments for co-occurring treatment complexities.

Drug and Alcohol Testing is performed by probation, law enforcement, and treatment. The cost per UA test is \$9.50 and breathalyzer tests are \$0.18. Drug and alcohol testing costs were obtained from the DWI court coordinator.

Jail Sanctions and **Jail Bookings** were provided by the Sheriff's Office. The cost of jail was acquired from the Minnesota Department of Corrections Performance Report,³⁰ which includes jail per diem for jails and detention facilities in all 87 counties. Costs were updated to fiscal year 2014 using the Consumer Price Index. The cost of jail at the Otter Tail County Detention Facility is \$162.23 per day. Jail booking costs include all staff, facilities, and support and overhead costs. The cost of a jail booking is \$16.76. Unfortunately, the jail data did not allow NPC to determine which jail days were due to DWI court sanctions, so jail sanctions and jail bookings were not included in the program costs. However, any jail sanctions received will show up in the outcome cost section under jail days, so all jail sanction costs are accounted for.

Participants pay a minimum of \$200 in **DWI Court Fees** to the OTC-DWI to help pay for training, alcohol testing supplies, program supplies, printing, and incentives. However, due to a lack of data on the exact amount of fees paid by each participant, fees were not taken into account in this cost analysis.

²⁷ Case management includes meeting with participants, evaluations, phone calls, referring out for other help, answering questions, reviewing referrals, consulting, making community service connections, assessments, documentation, file maintenance, home/work visits, and residential referrals.

²⁸

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

²⁹ There are three reimbursement rates for residential- low, medium, and high intensity. Because the treatment usage data did not differentiate the level, NPC used the medium intensity reimbursement rate for all residential treatment days, plus the room and board reimbursement.

³⁰ <http://www.doc.state.mn.us/pages/files/large-files/Publications/legislative-reports/2012DOCPerformanceReport.pdf>

Program Costs

Table 11 displays the unit cost per program-related event, the number of events, and the average cost *per individual* for each of the DWI court events for program graduates and for all participants. The sum of these transactions is the total per participant cost of the DWI court program. The table includes the average for DWI court graduates ($n = 29$) and for all DWI court participants ($n = 35$), regardless of completion status. It is important to include participants who were discharged as well as those who graduated, as all participants use program resources, whether they graduate or not.

Table 11. Program Costs per Participant

Transaction	Unit Cost	Avg. # of Events for DWI Court Graduates Per Person	Avg. Cost per DWI Court Graduate Per Person	Avg. # of Events for all DWI Court Participants Per Person	Avg. Cost per DWI Court Participant Per Person
DWI Court Sessions	\$184.39	44.03	\$8,119	39.94	\$7,365
Case Management Days	\$10.95	624.86	\$6,842	562.94	\$6,164
Individual Treatment Sessions	\$39.20	10.24	\$401	9.06	\$355
Group Treatment Sessions	\$19.04	22.95	\$437	20.34	\$387
Residential Treatment Days	\$102.53	14.14	\$1,450	23.34	\$2,393
Hospital Inpatient Days	\$168.00	0.00	\$0	0.00	\$0
UA Drug Tests ^a	\$9.50	127.82	\$1,214	118.97	\$1,130
Breathalyzer Tests ^a	\$0.18	173.44	\$31	169.01	\$30
TOTAL			\$18,494		\$17,824

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

The unit cost multiplied by the number of events per person results in the cost per person for each transaction during the course of the program. When the costs of the transactions are summed the result is a total OTC-DWI program cost per participant of \$17,824. The cost per graduate is \$18,494. The largest contributor to the cost of the program is DWI court sessions (\$7,365), followed by case management (\$6,164) and drug and alcohol treatment (\$3,135). Note that the graduates cost more than the participants in general as graduates spend a longer time in

the program and use more program resources. Another note of interest is that because an estimated 44% of participants pay for their own drug and alcohol treatment via private insurance or private pay, the OTC-DWI saves an average of \$2,464 in program costs per participant.

Program Costs per Agency

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

Table 12. Program Costs per Participant by Agency

Agency	Avg. Cost per DWI Court Graduate Per Person	Avg. Cost per DWI Court Participant Per Person
District Court	\$3,129	\$2,835
County Attorney	\$955	\$866
Probation Department	\$6,480	\$5,880
Department of Corrections	\$1,332	\$1,204
Human Services	\$3,480	\$3,149
Law Enforcement	\$793	\$720
Treatment	\$2,325	\$3,170
TOTAL	\$18,494	\$17,824

Table 12 shows that the costs accruing to the Probation Department (DWI court sessions, case management, and drug and alcohol testing) account for 33% of the total program cost per participant. The next largest cost (18%) is for treatment due to outpatient and residential treatment and drug and alcohol testing, followed by Human Services (18%) for DWI court sessions and case management.

Program Costs Summary

In sum, the largest portion of OTC-DWI costs is due to DWI court sessions (an average of \$7,365, or 41% of total costs), followed by case management (\$6,164, or 35% of total costs) and drug and alcohol treatment (\$3,135, or 18%). When program costs are evaluated by agency, the largest portion of costs accrues to the Probation Department (\$5,880, or 33% of total costs), followed by treatment (\$3,170, or 18%) and Human Services (\$3,149, or 18%). Court appearances are a crucial learning experience for DWI court participants, and research has demonstrated that participants have significantly better outcomes when all team members are present.

COST EVALUATION RESEARCH QUESTION #2: OUTCOME/RECIDIVISM COSTS

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

Outcome Costs

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

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

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

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

The outcome costs discussed below do not represent the entire cost to the criminal justice system. Rather, the outcome costs include the transactions for which NPC's research team was able to obtain outcome data and cost information on both the DWI court and comparison group from the same sources. However, we believe that the costs represent the majority of system costs. Outcome costs were calculated using information from the Minnesota Department of Corrections; the Otter Tail County Probation Department, the Otter Tail County Sheriff's Office; the 7th Judicial District Court; the Otter Tail County Attorney's Office; the Fergus Falls City Attorney; the Minnesota Board of Public Defense; the Minnesota State Court Administrator's Office; the National Safety Council; the National Institute of Justice; the Fergus Falls Police Department; and the Pelican Rapids Police Department. The methods of calculation were carefully considered to ensure that all direct costs, support costs, and overhead costs were included as specified in the TICA methodology followed by NPC.

Finally, note that some possible costs or cost savings related to the program are not considered in this study. These include the number of alcohol-free babies born, health care expenses, and DWI court participants legally employed and paying taxes. The gathering of this kind of information is generally quite difficult due to HIPAA confidentiality laws and due to the fact that much of the

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

Outcome Transactions

The cost of an **Arrest** was gathered from representatives of the Fergus Falls Police Department, the Pelican Rapids Police Department, and the Otter Tail County Sheriff's Office (three of the main arresting agencies in Otter Tail County). The cost per arrest incorporates the time of the law enforcement positions involved in making an arrest, law enforcement salaries and benefits, support costs and overhead costs. The average cost of a single arrest at the three law enforcement agencies is \$143.15.

Court Cases include those cases that are dismissed as well as those cases that result in arraignment and are adjudicated. Because they are the main agencies involved, court case costs in this analysis are shared among the District Court, the county attorney, the city attorney, and the public defender. Using budget and caseload information obtained from agency budgets and from agency representatives, as well as information obtained from the Minnesota State Court Administrator's Office, the cost of a Misdemeanor Court Case is \$909.66. The cost of a Gross Misdemeanor Court Case is \$1,758.10, and the cost of a Felony Court Case is \$2,056.81.

Prison costs were provided by the Minnesota Department of Corrections. The statewide cost per person per day of prison (found on the Department of Corrections' Web site)³¹ was \$84.59 in 2012. Using the Consumer Price Index, this was updated to fiscal year 2014 dollars, or \$86.10.

Jail Booking costs were provided by the Sheriff's Office. NPC contacted staff at the Sheriff's Office to obtain the cost per jail booking, which includes the typical positions involved in a booking, average time involvement per position per booking, as well as salary and benefits and support/overhead rates. The cost of a jail booking is \$16.76.

Jail is provided by the Otter Tail County Detention Facility, which is operated by the Sheriff's Office. The cost of jail was acquired from the Minnesota Department of Corrections Performance Report,³² which includes jail per diem for jails and detention facilities in all 87 counties. Costs were updated to fiscal year 2014 using the Consumer Price Index. The cost of jail is \$162.23 per day.

The cost per day of **Parole** was found on the Minnesota Department of Corrections' Web site³³ and updated to fiscal year 2014 using the Consumer Price Index. The cost of parole is \$4.07 per day.

³¹ <http://www.doc.state.mn.us/pages/files/large-files/Publications/legislative-reports/2012DOCPerformanceReport.pdf>

³² <http://www.doc.state.mn.us/pages/files/large-files/Publications/legislative-reports/2012DOCPerformanceReport.pdf>

³³ <http://www.doc.state.mn.us/pages/files/7913/6582/4656/ISRBackgrounder.pdf>

Probation in Otter Tail County is provided by the Otter Tail County Probation Department and the Minnesota Department of Corrections. The cost per day of county probation was acquired from a representative of the Probation Department, using budget and caseload information. The cost per person per day of county probation is \$9.04. The cost per day of Department of Corrections' probation was found on the Minnesota Department of Corrections' Web site³⁴ and updated to fiscal year 2014 using the Consumer Price Index. The cost per person per day of Department of Corrections' probation is \$4.07.

Crash costs were found on the National Safety Council's Web site³⁵ and updated to fiscal year 2014 using the Consumer Price Index. The cost of a crash with incapacitating injury is \$237,619.00; the cost of a crash with non-incapacitating injury is \$60,645.00; the cost of a crash with possible injury is \$28,928.00; and the cost of a crash with property damage only is \$2,583.00. Note that the cost of a crash that includes a death was not included in this cost analysis. This is because there were a very small number of deaths in the participant and comparison group samples, and the high cost (over \$4.5 million per death) would artificially inflate any cost results.

Victimizations were calculated from the National Institute of Justice's *Victim Costs and Consequences: A New Look* (Miller et al., 1996).³⁶ The costs were updated to fiscal year 2014 dollars using the Consumer Price Index. **Property crimes** are \$13,281 per event and **person crimes** are \$43,024 per event.

³⁴ <http://www.doc.state.mn.us/pages/files/7913/6582/4656/ISRBackgrounder.pdf>

³⁵

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

³⁶ The costs for victimizations were based on the National Institute of Justice's *Victim Costs and Consequences: A New Look* (Miller et al., 1996). This study documents estimates of costs and consequences of personal crimes and documents losses per criminal victimization, including attempts, in a number of categories, including fatal crimes, child abuse, rape and sexual assault, other assaults, robbery, drunk driving, arson, larceny, burglary, and motor vehicle theft. The reported costs include lost productivity, medical care, mental health care, police and fire services, victim services, property loss and damage, and quality of life. In our study, arrest charges were categorized as violent or property crimes, and therefore costs from the victimization study were averaged for rape and sexual assault, other assaults, and robbery and attempted robbery to create an estimated cost for violent crimes, arson, larceny and attempted larceny, burglary and attempted burglary, and motor vehicle theft for an estimated property crime cost. All costs were updated to fiscal year 2014 dollars using the consumer price index (CPI).

Outcome Cost Results

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

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

Recidivism Related Events	DWI Court Graduates Per Person (n = 29)	DWI Court Participants Per Person (n = 43)	Comparison Group Per Person (n = 59)
Rearrests	0.21	0.28	0.69
Misdemeanor Court Cases	0.17	0.19	0.51
Gross Misdemeanor Court Cases	0.07	0.09	0.25
Felony Court Cases	0.00	0.09	0.07
Prison Days	0.00	0.00	51.66
Jail Bookings	1.45	1.95	1.66
Jail Days ³⁷	8.03	22.91	27.97
Parole Days	0.00	0.00	0.00
County Probation Days	99.14	238.30	106.90
Department of Corrections Probation Days	45.28	132.21	301.78
Crashes with Incapacitating Injury	0.00	0.00	0.00
Crashes with Non-Incapacitating Injury	0.00	0.00	0.00
Crashes with Possible Injury	0.00	0.00	0.00
Crashes with Property Damage Only	0.00	0.02	0.02
Property Victimizations ³⁸	0.00	0.02	0.15
Person Victimizations	0.00	0.02	0.12

³⁷ This includes all jail sanctions while participants were in the program.

³⁸ Property victimizations are separate from crashes with property damage only. Property victimizations are costs that occur due to a crime (with no vehicle involvement), while the property damage from a crash includes property losses based on insurance claims data.

Overall, as demonstrated in Table 13, DWI court participants use fewer criminal justice system resources than the comparison group with fewer rearrests, misdemeanor and gross misdemeanor court cases, days in prison, days in jail, and days on Department of Corrections probation, but with more felony court cases, jail bookings, and substantially more days on county probation. DWI court participants also have fewer property and person victimizations than the comparison group.

Table 14 presents the outcome costs for each transaction for graduates, all DWI court participants (graduates and terminated participants), and the comparison group.

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

Transaction	Unit Costs	DWI Court Graduates Per Person (n = 29)	DWI Court Participants Per Person (n = 43)	Comparison Group Per Person (n = 59)
Rearrests	\$143.15	\$30	\$40	\$99
Misdemeanor Court Cases	\$909.66	\$155	\$173	\$464
Gross Misdemeanor Court Cases	\$1,758.10	\$123	\$158	\$440
Felony Court Cases	\$2,056.81	\$0	\$185	\$144
Prison Days	\$86.10	\$0	\$0	\$4,448
Jail Bookings	\$16.76	\$24	\$33	\$28
Jail Days	\$162.23	\$1,303	\$3,717	\$4,538
Parole Days	\$4.07	\$0	\$0	\$0
County Probation Days	\$9.04	\$896	\$2,154	\$966
Department of Corrections Probation Days	\$4.07	\$184	\$538	\$1,228
SUBTOTAL		\$2,715	\$6,998	\$12,355
Crashes with Incapacitating Injury	\$237,619.00	\$0	\$0	\$0
Crashes with Non-Incapacitating Injury	\$60,645.00	\$0	\$0	\$0
Crashes with Possible Injury	\$28,928.00	\$0	\$0	\$0
Crashes with Property Damage Only	\$2,583.00	\$0	\$52	\$52

Transaction	Unit Costs	DWI Court Graduates Per Person (n = 29)	DWI Court Participants Per Person (n = 43)	Comparison Group Per Person (n = 59)
Property Victimizations	\$13,281.00	\$0	\$266	\$1,992
Person Victimizations	\$43,024.00	\$0	\$860	\$5,163
TOTAL		\$2,715	\$8,176	\$19,562

Because victimizations and crashes were not calculated using the TICA methodology, the outcome cost results are presented first without, then with, victimization and crash costs. Table 14 shows that the difference in total outcome cost between the DWI court participants and the comparison group is \$5,357 per participant. When costs due to crashes and victimizations are included, the difference increases to \$11,386 per participant. This difference is the benefit, or savings, due to DWI court participation. Overall, these findings show that participants in the OTC-DWI show substantial savings compared to the comparison group.

Not including crashes and victimizations, Table 14 shows that the majority of DWI court participant outcome costs are due to jail (an average of \$3,717, or 53% of total costs) and county probation (an average of \$2,154, or 31% of total costs). Because there was no way to differentiate time in jail due to sanctions versus time in jail due to new charges, it is possible that the large amount of jail time for participants is actually a reflection of jail sanctions that occurred during program participation. The majority of outcome costs for the comparison group were due to jail (an average of \$4,538, or 37% of total costs) and prison (an average of \$4,448, or 36% of total costs). The largest savings for the DWI court group (when compared to the comparison group) was due to less time in prison (an average savings of \$4,448 per participant).

Outcome Costs per Agency

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

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

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

Agency	DWI Court Outcome Costs per Participant	Comparison Group Outcome Costs per Individual	Difference/ Savings per Individual
District Court	\$128	\$288	\$160
City Attorney	\$60	\$161	\$101
County Attorney	\$190	\$337	\$147
Public Defender	\$138	\$262	\$124
Department of Corrections	\$538	\$5,676	\$5,138
Probation Department	\$2,154	\$966	(\$1,188)
Law Enforcement	\$3,790	\$4,665	\$875
SUBTOTAL	\$6,998	\$12,355	\$5,357
Crashes ^a	\$52	\$52	\$0
Victimizations ^a	\$1,126	\$7,155	\$6,029
TOTAL	\$8,176	\$19,562	\$11,386

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

Table 15 shows that every agency has a benefit, or savings, as a result of DWI court except the Probation Department. As demonstrated in Tables 14 and 15, the cost of recidivism over 2 years for the OTC-DWI per DWI court participant (regardless of graduation status) was \$6,998, while the cost per comparison group member was \$12,355. The difference between the DWI court and comparison group represents a benefit of \$5,357 per participant. When crashes and victimization costs are added, the difference in costs jumps substantially, with DWI court participants costing a total of \$11,386 *less* per participant than non-DWI court offenders due to fewer victim crimes for participants.

Cost-Benefit Analysis

Over time, the OTC-DWI results in significant cost savings and a return on taxpayer investment in the program. The program investment cost is \$17,824 per DWI court participant. The benefit due to reduced recidivism and other positive events for DWI court participants over the 2 years included in this analysis came to \$11,386. This amount does not quite result in a return on the investment over the 2-year time period. However, if we make the assumption that the cost savings will continue to accrue over time, as has been shown in long-term drug court studies (e.g., Finigan et al., 2007), this cost-benefit ratio will improve over time as the investment is repaid. If these cost savings are projected just 2 more years (to 4 years) the savings come to \$22,772 per participant resulting in a cost-benefit ratio of 1:1.28.³⁹ That is, for taxpayer every dollar invested in the program, there is \$1.28 return after 4 years. This ratio can increase over time as the investment is repaid and the savings continue to accumulate. At 10 years the cost-benefit ratio comes to 1:3.19. These are criminal justice system savings only. If other system costs, such as health care and child welfare were included, studies have shown that an even higher return on investment can be expected, up to \$10 saved per \$1 invested in the program (Finigan, 1998).

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

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

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

Costs between Arrest and DWI Court Entry

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

This section describes the criminal justice costs experienced by DWI court participants between the time of the DWI court-eligible arrest and DWI court entry. All transactions were described in the outcome costs section above. Costs were calculated from the time of the DWI court-eligible arrest to program entry. For the OTC-DWI, the mean average length of time between arrest and program entry was 152 days. Although it should be noted that the median was 68 days, which means half of all participants in the OTC-DWI enter the program in 68 days or less.

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

³⁹A cost-benefit ratio greater than 1 means that the benefits outweigh the costs. If the cost-benefit ratio is less than 1, the costs outweigh the benefits.

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

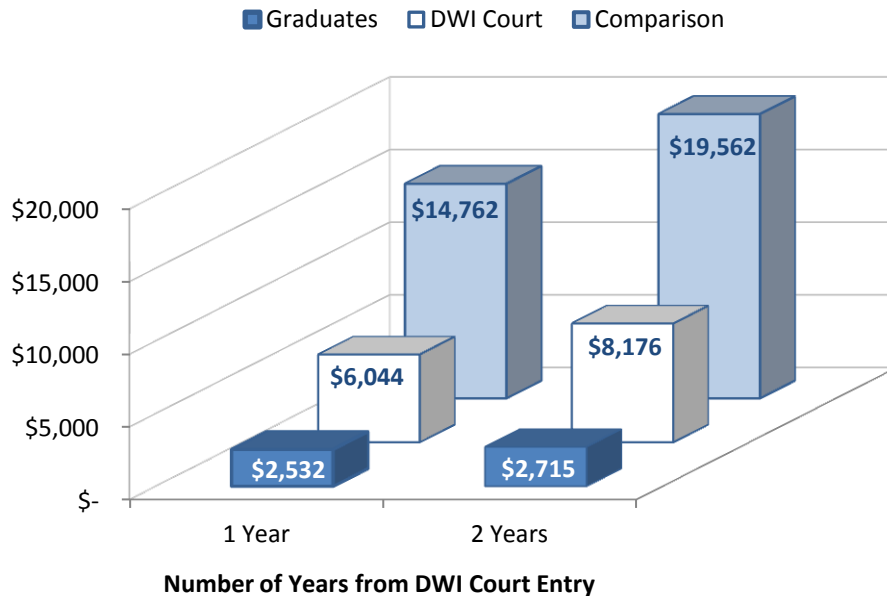
Transaction	Transaction Unit Cost	Avg. # of Transactions per DWI Court Participant	Avg. Cost per DWI Court Participant (n = 51)
Rearrests	\$143.15	0.10	\$14
Misdemeanor Court Cases	\$909.66	0.08	\$73
Gross Misdemeanor Court Cases	\$1,758.10	0.08	\$141
Felony Court Cases	\$2,056.81	0.00	\$0
Jail Bookings	\$16.76	1.41	\$24
Jail Days	\$162.23	13.53	\$2,195
Total			\$2,447

As is demonstrated in Table 16, there are substantial costs accruing to the criminal justice system per offender from the time of the DWI-court eligible arrest through entry into DWI court (\$2,447 per DWI court participant). It should be noted that these costs only include arrests, court cases, jail bookings, and jail time during the average of 152 days from the DWI court-eligible arrest to entry into the OTC-DWI. Other criminal justice costs may also be accruing. These costs emphasize that the sooner offenders can be placed into DWI court, the more criminal justice system costs can be minimized.

Cost Conclusion

Figure 7 provides a graph of the outcome costs for graduates, all participants and the comparison group over 2 years, including victimizations and crashes.

Figure 7. Criminal Justice Recidivism Cost Consequences per Person: DWI Court Participants and Comparison Group Members over 2 Years



The cost savings illustrated in Figure 7 are those that have accrued in just the 2 years since program entry. Many of these savings are due to positive outcomes while the participant is still in the program. Therefore, it is reasonable to state that savings to the state and local criminal justice systems are generated from the time of participant entry into the program.

These savings will also continue to grow with the number of new participants that enter the program each year. If the OTC-DWI program continues to serve a cohort of 25 new participants annually, the conservative savings of \$5,357 per participant (not including crashes or victimizations) over 2 years results in a savings of \$66,963 per cohort per year, which can then be multiplied by the number of years the program remains in operation and for additional cohorts per year. After 5 years, the accumulated savings come to over \$1 million. When crashes and victimizations are included, the savings of \$11,386 per participant over 2 years results in a savings of \$142,325 per cohort. After 5 years, the accumulated savings, including crash and victimization savings, come to over \$2.1 million.

If DWI court participants continue to have positive outcomes in subsequent years (as has been shown in other drug courts NPC has evaluated, e.g., Carey et al., 2005; Finigan et al., 2007) then these cost savings can be expected to continue to accrue over time, repaying the program investment costs and providing further savings in opportunity resources to public agencies. These findings indicate that DWI court is both beneficial to participants and beneficial to Otter Tail County and Minnesota taxpayers.

Summary of Cost Evaluation

Although the OTC-DWI is a substantial taxpayer investment, over time it results in significant cost savings and a return on its investment. The program investment cost is \$17,824 per DWI court participant. The benefit due to significantly reduced recidivism for DWI court participants over the 2 years included in this analysis came to \$11,386. If these cost savings are projected just 2 more years (to 4 years) the savings come to \$22,772 per participant, resulting in a cost-benefit ratio of 1:1.28. That is, for taxpayer every dollar invested in the program, there is \$1.28 return after 4 years. This ratio increases over time as the investment is repaid and the savings continue to accumulate. At 10 years the cost-benefit ratio comes to \$3.19 saved for every \$1 invested in the program.

Overall, the OTC-DWI program had:

- A criminal justice system cost savings of \$11,386 per participant over 2 years,
- A 128% return on its investment after 4 years (a 1:1.28 cost-benefit ratio), and
- A 319% return on its investment after 10 years (a 1:3.19 cost-benefit ratio).

These savings will also continue to grow with the number of new participants that enter the program each year. If the OTC-DWI program continues to serve a cohort of 25 new participants annually, the accumulated savings after 5 years come to over \$2.1 million.

As the existence of the OTC-DWI continues, the savings generated by DWI court participants due to reduced substance use and decreased criminal activity can be expected to continue to accrue, repaying investment in the program and beyond. Taken together these findings indicate that the OTC-DWI is both beneficial to participants and beneficial to Otter Tail County and Minnesota taxpayers. As a whole, these results demonstrate that the OTC-DWI program is effective in reducing recidivism and protecting public safety while using fewer criminal justice system resources.

REFERENCES

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

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

**APPENDIX A: THE GUIDING PRINCIPLES OF
DWI COURTS**

The Guiding Principles of DWI Courts

GUIDING PRINCIPLE #1: Determine the Population

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

GUIDING PRINCIPLE #2: Perform a Clinical Assessment

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

GUIDING PRINCIPLE #3: Develop the Treatment Plan

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

GUIDING PRINCIPLE #4: Supervise the Offender

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

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

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

GUIDING PRINCIPLE #6: Take a Judicial Leadership Role

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

GUIDING PRINCIPLE #7: Develop Case Management Strategies

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

GUIDING PRINCIPLE #8: Address Transportation Issues

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

GUIDING PRINCIPLE #9: Evaluate the Program

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

GUIDING PRINCIPLE #10: Ensure a Sustainable Program

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

**APPENDIX B: MINNESOTA OFFENDER DRUG
COURT STANDARDS**



Minnesota Judicial Branch Policy

Policy Source: Minnesota Judicial Council

Policy Number: 511.1

Category: Statewide Court Programs

Title: Drug Court Standards

Effective Date: July 0, 2007

Revision Date(s): January 16, 2009

Supersedes:

Minnesota Offender Drug Court Standards

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

PURPOSE

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

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

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

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

Successful drug court initiatives will also improve the quality of life for addicted offenders, their families, and communities through recovery and lead to greater system collaboration and ongoing analysis to ensure effective and fair case outcomes.

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

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

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

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

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

I. STANDARD ONE

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

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

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

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

Recommended Practices

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

II. STANDARD TWO

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

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

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

Recommended Practice

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

III. STANDARD THREE

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

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

For Juveniles:

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

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

Recommended Practices

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

IV. STANDARD FOUR

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

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

Recommended Practices

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

V. STANDARD FIVE

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

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

Recommended Practices

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

dependency assessment without adequate collateral information.

VI. STANDARD SIX

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

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

Recommended Practices

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

VII. STANDARD SEVEN

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

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

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

Recommended Practice

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

VIII. STANDARD EIGHT

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

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

Recommended Practices

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

IX. STANDARD NINE

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

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

Recommended Practices

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

Education

Transportation

Housing

Domestic Violence Education Programming

Health Related

Employment

X. STANDARD TEN

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

Recommended Practices

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

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

XI. STANDARD ELEVEN

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

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

Recommended Practices

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

XII. STANDARD TWELVE

Drug courts must evaluate effectiveness by:

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

APPENDIX A:

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

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

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

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

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

APPENDIX B:

Policy and Procedures Manual Outline

COURT OVERVIEW

Introduction

Mission Statement Goals
and Objectives

COURT PLAN

Model

Target Population

Eligibility Criteria

Referral Process

Screening and Intake Process

Entry Process

Incentives & Sanctions

Graduation Requirements

Termination Criteria

Staffing (frequency, team operating norms, times)

Court Session (frequency, times)

ROLES AND RESPONSIBILITIES OF THE KEY PLAYERS OF THE OPERATIONS TEAM

CONFIDENTIALITY

CHEMICAL DEPENDENCY TREATMENT

Provider Network

Protocols

Phases and Duration

Long Term Recovery Supports/Continuing Care

ANCILLARY SERVICES

CULTURAL AWARENESS & INCLUSION POLICY

COURT OVERSIGHT AND SUSTAINABILITY PLAN

Marketing and Community Awareness

Cross Training

Management Information System

Evaluation Design

Budget

APPENDICES

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

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