Roseau County DWI Court
Roseau County, Minnesota
Process and Outcome Evaluation Report

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Roseau County DWI Court
Roseau County, Minnesota

Process and Outcome
Evaluation Report

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Informing policy, improving programs
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EXECUTIVE SUMMARY

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

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

The RCDWI was implemented in April 2008. This program is designed to take 18 months to complete and takes post-conviction (including probation referrals) participants only. The general program population consists of repeat DWI offenders. It has a reported capacity to serve approximately 20 participants at one time. As of September 2012, there were seven active participants.

During observations, it was noted by staff that a DWI court had been established in Kittson County within the last year, and includes the same team members as the RCDWI. Some data and information reported in the online assessment survey included information from both courts. For the purposes of this report, only the RCDWI is being discussed and evaluated.

Process Evaluation Summary. The RCDWI strives to meet the challenges presented by substance dependant individuals. This program is demonstrating some best practices within each of the 10 Key Components, including rapid results from drug testing, fully observed drug testing, a judge that has presided over the program long term (over 2 years), and successful partnerships across community agencies.

The site visit and review of the RCDWI process generated several recommendations that could improve program outcomes. These included the following examples:

- **Review the staffing meeting process and consider ways to enhance and focus the discussion.** During the course of the staffing meeting, the team discussed multiple policy issues, including eligibility, prescription drug abuse, and the participant contract. The team noted that the judge’s schedule makes it difficult to have a separate committee or meeting time to discuss policy issues, and as a result, program issues are addressed during staffing sessions. It is recommended that during staffing sessions the RCDWI should focus on the
progress of the participants and new admissions or discharges from the program, and reserve policy questions for separate meetings.

- **Ensure all DWI court attorneys are trained in the drug/DWI court model, non-adversarial approach, and program eligibility criteria.** In order to fully develop a collaborative team environment, the county attorney and public defender are encouraged to attend drug/DWI court training and role-specific training since the roles of counsel on the drug/DWI court team differ from traditional attorney roles.

- **Continue efforts to have a county attorney and public defender at all staffing meetings.** It was noted that the county attorney was planning to train an assistant county attorney so a representative is always available for staffing. The presence of a participant advocate is an important piece of the staffing process, especially when jail sanctions are used.

- **Review program eligibility criteria.** During staffing the team discussed whether individuals who violate probation can enter the program, with some team members being unclear of their eligibility. Given the results of the outcome study in Roseau and other DWI courts in Minnesota, we recommend that the program target high-risk DWI offenders, or adjust the program requirements to fit lower risk participants (or both if the program chooses to take both high- and low-risk participants).

- **Review/expand treatment program offerings.** During the site visit, some individuals noted that the treatment approach was the same for all participants and particularly redundant for those with previous treatment experience. The treatment cycle is also relatively short in duration. As noted in the NDCI Judicial Benchbook (2011), substance abuse clients present with a wide range of needs for various types of treatments and other services. A one size fits all approach does not work and is inconsistent with evidence-based practices and best practices. Possessing more treatment alternatives (having more “tools in the toolbox”) allows the program to be even more effective with participants.

- **Review/reevaluate drug testing procedures to ensure effectiveness.** There are several testing locations and different protocols are used at each. It was reported by staff that drug tests are often discarded after instant results are obtained at law enforcement locations rather than stored in a fridge for confirmation testing if necessary. The RCDWI is commended for its flexibility in offering multiple test locations; however, this may be causing issues for the participants and the staff involved. Due to the importance of maintaining integrity in drug testing, establishing a protocol (or MOU) with each location may help define roles and increase accountability.
**Outcome Evaluation Summary.** The results of the outcome analysis for the RCDWI revealed no significant differences between DWI court participants and those individuals who went through the traditional DWI court process (e.g., see figure A). There were four DWI court participants with unusually high numbers of rearrests, which inflated the average number of rearrests for the entire DWI court group, due to small sample sizes. The percent of DWI court participants rearrested over a 2-year period was similar to that of the comparison group. Participants were rearrested at slightly faster rates than the comparison group during the first year after program entry (not significant), but the recidivism rates began to even out during the second year after program entry.

**Figure A. Average Number of Rearrests over 2 Years**

Since neither the DWI court participants nor the comparison group members were involved in any crashes, it was not possible to analyze whether participation in DWI court reduces the crash rate. In terms of other research questions of interest, fewer DWI court participants had their licenses reinstated, but more participants used the ignition interlock device in the first year after the program than did the comparison group. Finally, since there were very few non-graduates of the program (five people), we could not determine with any certainty if there were any significant characteristics related to graduation. However, the high graduation rate is a positive finding for this program.

There are several possibilities to consider for lack of significantly reduced recidivism and lack of other positive outcomes for RCDWI participants. Our more detailed exploration of the DWI court group showed that a large percentage of participants were assessed as lower risk offenders and therefore may be receiving services at a higher intensity than is needed. Fewer than one-third of participants were assessed as high risk by probation. Research indicates that drug/DWI 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 treatment and

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1 Sample sizes by group and time period (1 Year, 2 Years): Graduates n = 31, 26; All DWI Court Participants n = 37, 30; Comparison Group n = 56, 39.
supervision provided by the full drug/DWI court model (NADCP, 2013). Based on the recidivism findings, the RCDWI should explore treatment and behavior response protocols geared toward lower risk participants or target the high-risk/high-need offenders for the DWI court program and offer some other program to lower risk/low need participants.

The RCDWI risk and need assessment results show that the program was doing an excellent job of targeting high-need participants (i.e., those who are chemically dependent, or have severe substance abuse disorder) for the program. However, the program is using a standardized response to participant substance use (the first use of alcohol/drugs prompts a mandatory 2-day jail stay, and the second use requires a 4-day jail stay). There are some behaviors that are extremely difficult for true addicts to perform in the early phases of the program, particularly abstinence, and therefore best practices indicate the use of increased treatment early in the program. The lack of significant differences between program participants and the comparison group suggest that participants are not sustaining the practices necessary for them to be successful with their abstinence and avoid criminal behavior. We recommend that the RCDWI review its incentives and sanctions policy, particularly the use of jail as a sanction for substance use (unless public safety is threatened), to ensure that court responses to behavior are aligned with current research on behavior modification. In addition, the treatment available follows a short time frame and is not individualized to participant needs. As recommended in our process study, possessing more treatment alternatives (having more “tools in the toolbox”) allows the program to be even more effective with a wide range of participants, particularly if the treatment provider is trained and following evidence-based treatment models for the specific population being treated.

Another possible reason for the lack of significant results may be that the traditional probation services provided in this jurisdiction are of high quality and provide an appropriate level of supervision and services, particularly for lower risk and need participants, resulting in similar reductions in recidivism compared to those in the DWI court.

We suggest that the RCDWI review the recommendations presented in the process evaluation section of this report, as we have included a list of practices that are associated with significantly reduced recidivism and/or higher cost savings in other drug and DWI courts. We recognize that not every recommendation will be feasible, especially in rural areas with limited access to resources, but these recommendations may be helpful when discussing methods to improve program policies and practices.
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).

Statewide Process, Outcome, & Cost Evaluation
Description and Purpose

In late 2011, NPC Research was contracted by the State of Minnesota’s Department of Public Safety, Office of Traffic Safety (OTS) to conduct an assessment of Minnesota’s DWI courts and to determine the work necessary and the feasibility of performing process, outcome, and cost evaluations in these programs. 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. For this reason there is no cost evaluation in this site-specific report for the Roseau County DWI Court.
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 (for those sites that were included in the cost evaluation) was designed to gather information that allows the calculation of:

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

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

This report describes the results of the evaluation of the Roseau County DWI Court. Details about the methodology used in the evaluation of this program are provided in each of the two sections of this report: 1) process and 2) outcome.
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.

Roseau County DWI Court Process Evaluation Activities and Methods

As a part of the process evaluation, NPC staff conducted the following activities with the Roseau County DWI Court Program (referred to as RCDWI 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 RCDWI.)
   c. Facilitate a focus group with current program participants. In addition, group interviews were conducted with a cohort of graduates from the program, and individual interviews were conducted with previous participants who did not complete the program.

3. Reviewed program documents including the policy manual, participant handbook, participant orientation information, forms used to process participants, and other program-related documents.

4. Reviewed a data elements worksheet with program staff to locate/collection data for the outcome evaluation.

5. Perform a detailed review of the program data collection process and data availability (including data available for a comparison group).

6. Facilitate 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 evaluation of the program.
This section of the report is the main product of the process evaluation. It summarizes program characteristics and practices, analyzes the degree to which this program is following guidelines based on the 10 Key Components and 10 Guiding Principles, and provides commendations on best practices and recommendations for program improvement and enhancement.

**Electronic Program Assessment**

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

**Key Stakeholder Interviews**

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

NPC’s Drug Court Typology Interview Guide was referenced for detailed questions about the program. 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 focus groups with current and former participants during the site visit. The focus groups 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.

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Detailed Process Evaluation Results

The following is a detailed description of the results of the process evaluation for the RCDWI program. To provide background for these results, the 10 Key Components 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 RCDWI was implemented in April 2008. This program is designed to take 18 months to complete and takes post-conviction (including probation referrals) participants only. The general program population consists of repeat DWI offenders. It has a reported capacity to serve approximately 20 participants at one time. As of September 2012, there were seven active participants.

During observations, it was noted by staff that a DWI court had been established in Kittson County within the last year, and includes the same team members as the RCDWI. Some data and information reported in the online assessment survey included information from both courts. For the purposes of this report, only the RCDWI is being discussed and evaluated.

**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. 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.

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3 DWI Court Guiding Principle #5
National Research

Research has indicated that greater representation of team members from collaborating agencies (e.g., defense attorney, treatment, prosecuting attorney) at team meetings and court hearings is correlated with positive outcomes for clients, including reduced recidivism and, consequently, 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).  

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).

RCDWI Process

- The team is currently composed of the judge, DWI court coordinator, treatment counselor, county attorney, public defender, probation agent, law enforcement representative, and chemical health assessor/social worker.
- The team holds staffing meetings twice per month (every other Tuesday at 12:00 pm) to review participant progress. Each meeting lasts approximately 1 hour.
- Currently, there is no public defender/defense attorney on the team. The public defender’s office has stated that it will only participate if pre-plea cases are allowed in the DWI court, which the RCDWI does not allow. Team members noted that the public defender’s office does not show great support for the program, but feel that this is likely due to a lack of resources rather than differences in philosophy.
- The prosecutor position for the RCDWI is unique due to the way Minnesota organizes prosecution. City attorneys cover all cases up to gross misdemeanors, and county attorneys cover all felony cases.
- The county attorney handles all cases entering the RCDWI, including gross misdemeanors. The city attorney is not currently a member of the team, but the county attorney can coordinate with the City Attorney’s Office if a potential participant’s charges fall within the city, which allows for gross misdemeanor cases (generally handled by the city attorney) to enter the program.
- Case management is performed primarily by the probation agent, with support from the chemical health assessor/social worker and DWI court administrator.
- Most team members attend staffing meetings and court sessions. Law enforcement representatives had not attended for approximately six months at the time of the site visit (September 2013) and indicated limited involvement with the program due to limited resources. A new part-time public defender attended about half of the sessions in the last 4 months on personal time.

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4 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.
• Every participant scheduled for court is discussed in staffing. Staffing meetings typically involve a discussion of participant progress in terms of employment, home visits, phase advancement, drug tests, and responses to participant positive and negative behaviors.

• There is no steering or policy committee that meets separately from regular team meetings. Instead, policy issues such as sustainability, community connections, and participant needs are discussed as needed during staffing sessions.

• A single drug and alcohol treatment agency, Glenmore Recovery Center (Glenmore), primarily works with the program to provide inpatient and outpatient services, but is not directly contracted with the court. Although most participants attend treatment with Glenmore, other facilities have been used for inpatient treatment and behavioral health services. Participants may choose to attend different a treatment facility, with the program being providing transportation assistance through their BJA grant.

• The treatment representative communicates with the court verbally in team meetings and during court sessions as needed. Progress reports are also provided and communication occurs via email. It was reported that information from the treatment provider was consistently provided to the court in a timely manner.

Commendations

• **Treatment communicates with the team through email.** Drug courts that shared information among team members through email had 65% lower recidivism than drug courts that did not use email (Carey et al., 2011). DWI court team members noted that updates occur via email regarding participant behavior and court responses. Staff noted that information was usually timely and team members provide input as needed, and that protocols were in place to notify appropriate parties.

• **Treatment representative attends staffing and court sessions.** Drug court research supports the inclusion of a treatment provider in team meetings, as this allows them to continue to monitor participant needs and adjust treatment resources accordingly. Also, each person and role that interacts with the participant sees something different and sees the person at a different time, which is important as it may offer additional, useful information for the team to draw from in determining court responses that will change participant behavior.

Recommendations

• **Review the staffing meeting process and consider ways to enhance and focus the discussion.** During the course of the staffing meeting observed by the evaluation staff, the team discussed multiple policy issues, including eligibility, prescription drug abuse, and the participant contract. The team noted that the judge’s schedule makes it difficult to have a separate committee or meeting time to discuss policy issues, and as a result, program issues are addressed during staffing sessions. It is recommended that during staffing sessions the RCDWI should focus on the progress of the participants and new admissions or discharges from the program, and reserve policy questions for separate meetings. Perhaps there could be a special session for the team to summarize and discuss policy issues that arise repeatedly. The team or advisory board could also hold a formal policy meeting twice a year to discuss how specific policies are working. Team members reported that they have held policy meetings to discuss certain program issues, but noted the occasional need to discuss items in staffing that must be completed in a timely manner.
It was also observed that specifics on participant progress (such as drug test results and attending meetings) were not included in the “Notes” section of the participant roster used during staffing. During the follow-up call, the team noted that such updates are communicated verbally during staffing. It is recommended that this information be documented, as it can be an extremely useful tool for data collection, tracking progress, monitoring trends, and allowing the team to reflect on the history of participant behaviors and court responses. The team acknowledged that having documentation of such information could make staffing more efficient.

Case notes should contain the most recent information needed for the team to make a proper assessment of each participant’s compliance with the DWI court requirements.

**Information that should be updated before each session includes:**

- Probation officer notes that detail interactions with participants since their last attended court session. Notes should cover topics of conversation, perceived progress (or lack thereof), compliance issues, general attitude, work or family issues, and any other relevant information that should be shared with the team. Verification of the number of probation officer visits required (and completed/missed) and the number of self-help meetings required (and completed/missed) should be reported as well.

- The treatment provider should also provide notes detailing the same information described above (as applicable), along with the number of required group/individual sessions and the number attended/missed. Special consideration should be given to confidentiality and privacy laws that affect certain types of information being shared. When in doubt, verbal communication can be easily utilized in these instances, where documenting such information is not necessary or allowed.

- Number/kinds of drug tests given since last court date, date of last drug test, last court date, fine/fee balances, days in program, days clean/sober, days in current phase, court response history (date and description of non-compliant behaviors, date and description of sanctions), positive behaviors/goals completed (driver’s license, General Education Development or GED, etc.), and rewards provided by the program.

**Information that can be included and updated on an as-needed basis:**

- Home address, assigned probation officer, assigned counselor, current phase, potential phase change date, employer, employer contact information, drug test color, driving status, date of birth, program start date, offense/sentence, and special conditions of probation.

Team members should also try to confirm participant information as close as they can to the DWI court session, as participant situations can change daily, especially early in the program.

Lastly, the information above is not exhaustive. Courts may find other information more pertinent to their court (community service hours, educational goals, etc.) and report it during staffing sessions. Various factors will affect the types of information that can be collected and reported, so programs should prioritize information and decide which elements are best suited for the court.
• **Representatives from all agencies should attend staffing meetings.** As noted above, attendance by the law enforcement representative and public defender at staffing has been infrequent. Having their regular participation in court will allow the entire team to be integrated and have the most current information on participants and subsequent decisions arising from these meetings. The DWI court team should make certain that local agencies understand their participation with DWI court serves as a cost-effective way to deal with repeat offenders with substance abuse problems. The role of this representative could be to support the probation agent in conducting home visits to check on program compliance of participants. They would also be able to recognize participants in the community and provide an extra level of positive supervision. Research in this area has shown that greater law enforcement involvement increases graduation rates and reduces outcome costs (Carey et al., 2012).

**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).

**RCDWI Process**

• The county attorney is included as part of the drug court team and permanently assigned to the program. He typically attends most staffing meetings as well as court sessions, and reported that they are currently trying to train an assistant county attorney as a backup so court days are always covered.

• As described earlier, the city attorney is not currently a member of the team, but the county attorney can coordinate with the City Attorney Office if a potential participant’s charges falls within the city, which allows for gross misdemeanor cases (generally handled by the city attorney) to enter the program.

• The public defender that participates on the team is a three-quarter time employee at the local office and a part-time private attorney. Time spent at DWI court is currently voluntary and unpaid. The public defender had been with the program approximately four months at the time of the site visit and had attended about half of the staffing sessions in that time.

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5 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.
• The county attorney and public defender positions do not rotate with any regularity (both are on indefinite terms). However, team members did note that there has been high turnover with the public defender position.

• Although the team has provided online and other training opportunities, neither the county attorney nor the public defender have been able to attend training on the drug/DWI court model, other than on-the-job training.

Commendations

• **RCDWI has a single dedicated county attorney assigned to the program.** Best practices research indicates that this results in more positive participant outcomes including lower recidivism and increased cost savings (Carey, Finigan, & Pukstas, 2008). RCDWI should continue to encourage regular participation from the county attorney representative.

Recommendations

• **Ensure all DWI court attorneys are trained in the drug/DWI court model, non-adversarial approach, and program eligibility criteria.** In order to fully develop a collaborative team environment, the county attorney and public defender are encouraged to attend drug/DWI court training and role-specific training since the roles of counsel on the drug/DWI court team differ from traditional attorney roles.

• **Continue efforts to have a county attorney and public defender at all staffing meetings.** It was noted that the county attorney was planning to train an assistant county attorney so a representative is always available for staffing. The presence of a participant advocate is an important piece of the staffing process, especially when jail sanctions are used. The RCDWI should continue to work toward consistent representation of the county attorney and public defender offices at staffing meetings.

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

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

The role of the prosecution is still to protect public safety, including that of the client. Prosecutors have tremendous power, which 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 ex-
cellent participants in reinforcing incentives, or in instilling hope on “bad days.” Sometimes a simple “I am glad to see you” makes a difference when it comes from such an unusual source.

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

The focus of this component, 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. 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.

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6 DWI Court Guiding Principle #1
(Carey & Perkins, 2008). This finding indicates that screening participants for suitability does not improve participant outcomes.

RCDWI Process

- All DWI court participants are post-plea or post-conviction cases.
- The Rule 25 Assessment\(^7\) is used to screen for eligibility and level of care. Participants are screened for co-occurring psychiatric disorders as well as suicidal ideation. The screening is conducted by the chemical health assessor, who also works for the local social services department. Results of the assessment are presented to team prior to admission.
- Eligible participants are discussed by the team during staffing, and admission to the program is usually decided by team consensus. The RCDWI considers factors such as suitability and willingness to change before accepting participants into the program. It was reported during the site visit that a potential participant was recently rejected due to his perceived unwillingness to change.
- The RCDWI accepts individuals whether they are substance dependant or abusers.
- The county attorney identifies and refers most of the potential participants to the program, although they may also be referred by the judge, probation, law enforcement, or the public (e.g., family members). All potential participants are screened by the county attorney for criminal history and prior violent offenses. Offenders with current and prior violent charges are not allowed into the program.
- The RCDWI program eligibility requirements are written. All referring team agencies have copies of the eligibility criteria. The program targets adult repeat DWI offenders with felony or gross misdemeanor cases.
- The judge is the only team member that can veto a potential client, but the team noted this is not an issue since consensus is reached on almost every case.
- Probation violators are also considered for entry into the program. However, it appeared that this was not understood by all team members. This issue was discussed during staffing and confirmed that it can occur (although it is rare). It was stated that only substance abuse-related violations should be considered, and only for cases on probation for DWI.
- Team members also varied in their estimation of time elapsed between arrest and program entry for participants. Timeframes reported for this process ranged from 2 weeks to 4 months.
- The RCDWI capacity is reported to be 20 participants. As of September 2012, the program had seven active participants. Since implementation, approximately 30 participants have exited the program, with 26 graduating and four being terminated.
- The program estimates that 33% of participants are poly-substance users.
- Due to state laws and sentencing guidelines, circumventing jail time is not a major incentive to enter the program for those with gross misdemeanor cases since the typical amount of jail time is 30 days or less. However, avoiding prison time is a significant incentive for those with felony DWI charges as prison time can be a 7-year minimum term.

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\(^7\) Rule 25 assessments are completed for people in need of public funding to help pay for chemical health treatment.
Most focus group participants noted that their decision to enter the program was made to avoid incarceration. Some participants also reported they wanted to regain custody of their children and the program was a way to accomplish this.

Recommendations

- **Review program eligibility criteria.** Some team members were unclear on the program eligibility criteria. We recommend that the program review their written eligibility guidelines and provide them to team members and other individuals or agencies responsible for program referrals to ensure the program is reaching the intended population.

- **Review new participant orientation procedures.** Several focus group participants stated that they felt that an orientation to discuss program specifics (number of meetings, court sessions, drug testing, etc.) had not occurred prior to their entry and led to some confusion when they started the program. During the follow-up call, the team noted that probation usually reviews program requirements and the judge reviews the participant contract during an individual’s first court session. The RCDWI should check-in with new participants about the orientation process to ensure that key information about the program has been conveyed and understood by the DWI court participants prior to their entry to the program.

- **Examine the arrest to entry time for eligible participants.** The program may want to conduct a review of the referral and assessment process to determine if there are places where time could be saved between arrest and entry into DWI court. An analysis of case flow to identify points in the process where adjustments could facilitate quicker placement into DWI court would be helpful. While it may not be possible to shorten the time from arrest to referral, there might be strategies to identify people earlier in the adjudication proceedings, making the time from sentencing to entry considerably shorter.

**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 as-

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⁸ DWI Court Guiding Principles #2, #3, and #8
Assessment should include alcohol use severity, drug involvement/severity, level of needed care, medical and mental health status, employment and financial status, extent of social support systems including family support, alcohol (or drug) triggers, refusal skills, thought patterns, confidence in their ability to stop using alcohol/drugs, and motivation to change.

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

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.

**RCDWI Process**

- The RCDWI court program is intended to last 24 months and has four phases. The first three phases involve substance abuse treatment, intensive supervision, regular court attendance, self-help meeting attendance, and other individual program requirements (education, employment, etc.). The reported average length of time to complete the intensive portion (Phases 1 to 3) of the program is 18 months. Participants graduate after the first three phases of the program, but continue under limited supervision of the program in the fourth and final phase of the program, which lasts approximately six months. After completion of the fourth phase, participants are officially discharged from the DWI court program.

- Substance abuse treatment at Glenmore Recovery Center is typically completed by participants in 2.5 months (during Phases 1 and 2). This may take longer if participants miss treatment sessions or do not complete treatment as directed. Participants initially attend group sessions twice per week at the start of the program, and participation gradually decreases as the program progresses. Due to the small program size, treatment with a group is not typically feasible. Participants are generally required to attend individual sessions once a week (for approximately 8-10 weeks), but the frequency of attendance may be determined on a case-by-case basis. Following the basic treatment program, treatment continues only on a case-by-case basis for the remainder of the program and typically is required following negative behaviors (such as relapse).

- Participants are required to attend self-help groups for the first three phases of the program (minimum of 18 months). Alcoholics Anonymous (AA) and Narcotics Anonymous (NA) meetings are available 11 times a week in three different cities in the county. The RCDWI also allows online, faith-based, and other alternatives to self-help groups outside of AA/NA.

- A full clinical substance abuse treatment assessment (Rule 25 Assessment) is performed by the chemical health assessor to determine whether someone qualifies for state-funded treatment, where they will go for treatment, and their initial level of care. Glenmore Recovery Center also uses this assessment to determine level of care.

- Team members reported that about 90 days into the DWI court program, when participants become sober, co-occurring disorders may become apparent. For participants with serious mental health issues or other co-occurring disorders, mental health treatment is required as part of their program-related requirement and is available to the participants at the local hospital.

- *Services required for all participants are based on assessed level of care and include:* outpatient group treatment sessions, outpatient individual treatment sessions, and self-help meetings (e.g., AA or NA). *Services required for some participants include:* residential treatment, mental health counseling, relapse prevention, and 12-step facilitation therapy. *Services offered to participants but not required include:* detoxification, psychiatric services, parenting classes, anger management/violence prevention, aftercare, family/domestic relations counseling, dental care, living in balance, motivation interviewing, recovery train-
Types of treatment not offered include: gender-specific or cultural-specific services.

- Glenmore Recovery Center reports that relapse prevention skills are incorporated into the required treatment program.
- Aftercare services are available through Glenmore Recovery Center and can occur during the program or after graduation. It consists mostly of individual sessions, because there are a limited number of individuals available for groups and funding is very limited.
- Child care is not available for participants with children, but team members noted that there is not a need for this service.
- Participants are assessed a fee of $900 when entering the program. Fees are used for incentives and also for quarterly program-related outings for participants, such as bowling and movies.
- The RCDWI partners with a public transportation agency called FAR North to provide rides to program participants. Participants must make arrangements at least 1 day in advance and pay a nominal fee each way ($1.50-$4.00) for travel to and from anywhere in the county.
- Bureau of Justice Assistance (BJA) funding also allows the program to provide services such as dental needs, ignition interlock payment assistance, and sponsored professionals to speak with participants on topics such as health/hygiene.

Commendations

- **The RCDWI coordinates treatment through a single organization.** 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).
- **The program addresses transportation needs of participants.** The program should continue to provide—and ensure participants are aware of—transportation assistance or support to DWI court participants who do not have private vehicles, to maximize participant opportunities to be successful in the program. In addition to the current practice of working with FAR North, support could include coordinating required appointments so they occur on the same day or in the same location. The program should also consider discussing with community providers options such as ridesharing programs, volunteer drivers, or vehicle sharing programs.

Participant Quotes:

“They should start taking into consideration everyone’s situation; this program is not exactly tailored.”

“...stay away from the relapse seminar videos. They just made me want to go out and drink....some of those guys are more or less telling you can drink....and to just ‘get it out of the way’ or that ‘relapse is a part of recovery.’ They pretty much said it’s going to happen...”
- **The RCDWI provides alternative self-help group options outside of AA/NA.** The RCDWI considers alternatives for participants who may feel that traditional self-help meetings are not addressing their needs. Offering these options could potentially provide additional support for participants during their post-program transition.

- **The minimum length of the RCDWI is more than 1 year.** Research shows that programs that required at least 12 months of participation had significantly better outcomes than programs that lasted less than 12 months (Carey et al., 2012).

**Recommendations**

- **Ensure participants are aware of flexibility with program requirements at beginning of program.** Participants stated that the beginning of the program was extremely stressful and it was difficult to meet program requirements. Some felt like they had to choose between going to work or going to a program requirement, and causing them to consider driving to make various program requirements so they would not receive a sanction. Team members noted that this has not been an issue within the program, and that participants can discuss any difficulties with their employment or other obligations with the RCDWI so that all program requirements can continue to be met. Although the program noted that participants know about this practice, team members should continue to ensure that participants understand this flexibility and support from the team while participating in the program.

- **Review/expand treatment program offerings.** During the site visit, some individuals noted that the treatment approach was the same for all participants and particularly redundant for those with previous treatment experience. The treatment cycle is also relatively short in duration. As noted in the NDCI Judicial Benchbook (2011), substance abuse clients present with a wide range of needs for various types of treatments and other services. A one size fits all approach does not work and is inconsistent with evidence-based practices and best practices. It is recommended that drug courts advocate for improvements in the quality of treatment services for addicted individuals living within their own community. We recommend that the RCDWI consider the effectiveness of current treatment methods and whether modalities outside of the current treatment agency (such as Web-based treatment options) are available. Possessing more treatment options (having more “tools in the toolbox”) will help any drug court program be more effective.

**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. 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.

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9 DWI Court Guiding Principle #4
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). Research on courts nationally (Carey et al., 2005, 2012) found that drug testing that occurs randomly, at least 2 times per week, is the most effective model. If testing occurs more frequently (that is, more than 3 times per week), the random component becomes less important, as it is difficult to find time to use in between frequent tests.

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

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

RCDWI Process

- Urinalysis (UA) testing is performed on a random basis using a call-in color code system determined by the probation agent on a monthly basis. Participants are assigned to certain days to ensure minimum testing requirements (e.g., twice per week for Phase 1). Participants whose color is called can report for testing at multiple law enforcement offices. Male participants typically complete testing in this manner, while female participants are generally tested by the probation agent during in-home visits. Participants may also submit outside of normal hours as necessary due to work schedule or school conflicts. In addition to random testing, any participant can be ordered to submit a drug test for cause during program participation.

- The RCDWI utilizes an instant 5-panel on-site kit for drug testing. Positive results are reported immediately to the probation agent and participants are usually detained. Program policy is that specimens should then be stored by law enforcement to allow the probation agent to send samples to a lab for Ethyl Glucuronide (EtG) or synthetic testing, although the program limits synthetic testing due to costs. UAs are fully observed by the probation agent, sheriff’s deputies, local police, treatment providers, or the court coordinator (depending on the gender of the participant and location of the testing).

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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
• All Phase 1 participants are required to wear an electronic monitoring device and are subject to testing a minimum of 3 times per week during this phase. Testing decreases as a participant progresses through the program. Portable Breath Tests (PBT’s) are administered by probation on a regular basis (during home visits or as deemed necessary by the team).

• The RCDWI utilizes a mobile breathalyzer unit that allows a participant to be outside of the county for extended periods of time (for work or vacation), but the participant must pay a daily fee. The unit takes pictures of the subject before, during, and after they provide a breath sample to ensure the participant is the one submitting the sample, and reports results to the probation agent.

• A valid driver’s license is required by the RCDWI before graduation.

• Participants must be alcohol and drug free for a minimum of 180 days before they can graduate.

• When participants have their licenses reinstated they are required by Minnesota state law to use the interlock system in their vehicle for a specified amount of time (depending on their background). Limited funding is currently available to provide payment assistance for interlock devices.

• The ignition interlock system prevents driving under the influence by requiring participants to provide a breath sample into the device every 30 minutes. Providing an intoxicated breath sample (or failing to provide a breath sample at all) will turn the ignition off.

• There are multiple providers that install ignition interlock devices in the area. Probation noted difficulty in receiving updates and results from most of the ignition interlock device companies, particularly from LifeSaver.

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, Finigan, & Pukstas, 2008). The RCDWI is commended for adhering to this best practice.

• **Urinalysis (UA) tests are fully observed.** The court requires fully observed drug testing, a practice important both for the integrity of drug testing and because it is linked to better participant outcomes.

• **Participants must have at least 180 days clean (negative drug tests) before graduation.** Research has shown that the longer clients are required to be clean before graduation, the more positive their outcomes (both in terms of lowered recidivism and lower costs) (Carey et al., 2005).

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**Participant Quotes:**

“I waited a half an hour one time…..before they came to me.”

“….times I had to come into the sheriff’s office, it wasn’t a priority to them, I’d stand and wait 30 minutes sometimes, even for a PBT.”

“They ask you when the last time you used, then after you’re done, they’ll ask you again (to see if you give the same answer)…”
Recommendations

- **Review/reevaluate drug testing procedures to ensure effectiveness.** Drug tests during home visits are not currently being collected on participants (except for females). It was reported that that testing at law enforcement locations can be problematic, due to long wait times and transportation issues. Some participants felt the collection of UAs was an unwanted burden at these locations. It was also reported that drug tests are often discarded after instant results are obtained at law enforcement locations rather than stored in a fridge for further testing when necessary. The RCDWI is commended for its flexibility in offering multiple test locations; however, this may be causing issues for the participants and the staff involved. Due to the importance of maintaining integrity in drug testing, establishing a protocol (or MOU) with each location may help define roles and increase accountability. Or the court may consider trying to centralize the testing to one site or one agency, to ensure proper testing procedures.

- **Announce the drug testing color code at the same time every day.** Although they reported it had improved over time, a suggestion from the focus group was that the drug testing color code be posted at the exact same time every day (or have messages sent to them each morning). They stated that it can be confusing when the color is updated at different times on different days, not to mention the difficulties this poses with trying to balance transportation, work, school, and treatment responsibilities on a given day. The RCDWI was open to this idea and noted that the probation officer has recently implemented the practice of texting clients the color of the day each morning.

**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. 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.

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11 DWI Court Guiding Principle #7
Carey, Finigan, and Pukstas (2008) found that for a program to have positive outcomes, it is not necessary for the judge to be the sole provider of sanctions. Allowing team members to dispense sanctions makes it more likely that sanctions occur in a timely manner, more immediately after the noncompliant behavior, though the entire team should be informed when a sanction occurs outside of court. Carey et al. (2012) showed that drug and DWI courts that responded to infractions immediately (particularly requiring the participant to attend court at the next possible session) had twice the cost savings.

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

**RCDWI Process**

- Case management is primarily performed by the probation agent. Participants meet with their probation agent on a regular basis; frequency of contact depends on phase and current program status. The probation agent conducts home and office visits to review progress, confirm program requirements (e.g., AA meetings), collect drug test samples, perform a visual check of the environment, and home, and complete other case management responsibilities (e.g., license reinstatement, transportation needs, employment issues). Case management is also performed by the social worker and the DWI court coordinator on occasion.
- Treatment schedules are managed by the treatment agency. Updates to the court are provided as needed.
- Incentives to enter the program include early termination from probation (by as much as half the original sentence), original jail/prison sentences may be not served, and keeping their job and/or children (many participants would be forced to leave their job or give up their children for a period of time if they took the jail sentence instead of entering the program). Charges that led participants to DWI court are not dismissed upon graduation.
- Participants are given a list of possible rewards and sanctions in their handbook.
- Participants receive intangible rewards through the court (e.g., applause, praise from the judge). Tangible rewards (e.g., candy or soda, medallions) are usually given by the judge to those doing well.
- One of the most common incentives is a drawing from a fish bowl, usually a result of phasing up in the program, with prizes ranging from electronics to clothing. On occasion the program will hand out items (such as candy bars or soda) to participants for meeting all program requirements for the week.
- Team responses to participant behaviors are sometimes standardized. Sanctions are set for substance use (e.g., 1st offense = 2 days in jail, 2nd offense = 4 days in jail) or driving without a license (community service hours assigned) and rewards are always given to those who phase up in the program. Initial decisions about sanctions and rewards are usu-

**Participant Quotes:**

“I don’t feel like they’re looking down their nose at you; they’re here to help you.”

“So far it’s a worthwhile program….I appreciate being in it….without the program I probably wouldn’t have sobered up....”
ally made during staffing meetings prior to court sessions. Although the judge makes the final decision about whether to impose the rewards and sanctions, she often follows the team suggestion. Participants are sometimes prepped by the probation agent so they are aware of what will occur.

- Sanctions are graduated with severity increasing with the frequency or seriousness of infractions. They are usually imposed at the first court session after the non-compliant behavior. Due to court sessions occurring every 2 weeks, the judge or probation agent may also issue sanctions outside of court sessions, especially for those who test positive on a drug test.

- Participants are given a written list of behaviors that lead to sanctions.

- Team members indicated that jail time and community service hours are the most common sanctions. They noted they will take an individual’s situation into account, but typically follow established guidelines around jail and community service set by the team.

- Other sanctions used by the program include returning participants to the beginning of their current phase (or back to a previous phase), their issuing apologies, more frequent drug testing, or increased court appearances. Treatment responses include residential treatment or increased treatment sessions.

- Participants found to be driving without an interlock system or those driving with a revoked license will be sanctioned, usually with community service or time in jail. Repeated offenses may result in termination from the program, at which time the offender will be sent back to the original sentencing judge for imposition of the original sentence.

- Participants may be terminated from the DWI court program for failure to appear in court without an excuse, consistently missing treatment sessions, lack of progress in the program/treatment, continued substance abuse, and for new offenses. However, the team noted there were not automatic termination criteria. All circumstances and issues are considered prior to program termination.

- Participants must have sober housing, be employed or in school, prepare a sobriety plan, be at least 180 days sober, and pay all DWI court fees before they can graduate. A valid driver’s license is not required by the RCDWI before graduation, but the probation agent can assist in this process). Graduation occurs during normal DWI court sessions.

- Charges that led participants to DWI court are not dismissed upon graduation, but the original jail and/or prison sentence may not be served.

- After graduation, participants move to Phase 4 of the program, which requires standard probation supervision requirements, for approximately six months. After completion of Phase 4, participants are either discharged from probation (if they had a gross misdemeanor charge) or continue on standard probation for a period of time (if they had a felony) depending on their background/criminal history.

**Commendations**

- **Sanctions are imposed at the first court session after the non-compliant behavior.** One of the goals of the program is to ensure that participants are fully aware of the relationship between their actions and resulting sanctions. Research has demonstrated that for sanctions to be most beneficial, they need to closely follow the behavior that they are intended to change or reinforce.
- **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).

**Recommendations**

- **Consider alternative sanctions to jail.** The program reports the use of jail as a sanction for all positive drug tests. During the follow-up call, the team expressed their belief in using jail for positive tests, as the expectations are clear to participants when entering the program and typical jail sanctions are short. Although the option to use jail as a sanction is an integral piece of an effective program (Carey, Finigan, & Pukstas, 2008), it is important to use jail judiciously. There are some behaviors that are extremely difficult for true addicts to perform in the early phases of the program, particularly abstinence. The immediate use of jail then leaves the court with no harsher alternatives (aside from lengthier time, which has been shown to be ineffective) to use later in the program when relapse should no longer be occurring.

- **Standardize the process of issuing incentives and sanctions.** Focus groups of participants reported that they felt that many of the incentives were not meaningful and that sanctions tended to be jail time or community service for most negative behaviors, although during the follow-up call, the team noted that increased supervision, electronic monitoring, or increased drug testing are also utilized. The intent of incentives and sanctions should always be to reinforce desired behavior (e.g., abstinence) and minimize undesirable behavior (e.g., missing sessions). Sanctions and rewards should be examined to ensure they do not interfere with the ability of participants to be successful. For example, assigning community service hours as a sanction when a participant drives illegally could inadvertently contribute to a participant driving again to meet program requirements.

Research has shown that drug courts that had written guidelines for incentives and sanctions and provided these guidelines to the team had double the graduation rate and three times the cost savings compared to drug courts that did not have written guidelines (Carey, Finigan, & Pukstas, 2008; Carey et al., 2011). Note that these guidelines should be considered a starting point for discussion of rewards and sanctions and not hard and fast rules. They can help the team in maintaining consistency across participants so that, when appropriate, similar behaviors result in similar sanctions. The guidelines also serve as a reminder of the various reward and sanction options available to the team so they do not fall into habits of using the same type of sanctions (e.g., community service) so frequently that they become ineffective. Written guidelines can also be helpful for new team members in learning about the program as well as for teams that are hoping to replicate the program model in a new jurisdiction. Examples of written guidelines for treatment courts have been provided to the team along with this report and can also be found at the following Web site: [http://www.ndcrc.org](http://www.ndcrc.org).
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. The judge has an extremely important function in monitoring client progress and using the court’s authority to promote positive outcomes. While this component encourages ongoing interaction, courts must still decide specifically how to structure the judge’s role. Courts need to determine the appropriate amount of courtroom interaction between the participant and the judge, including the frequency of status review hearings, as well as how involved the judge is with the participant’s case. Outside of the court sessions, depending on the program, the judge may or may not be involved in team discussions, progress reports, and policy making. One of the key roles of the drug or DWI court judge is to provide the authority to ensure that appropriate treatment recommendations from trained treatment providers are followed.

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

National Research

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

RCDWI Process

- DWI court participants attend all regularly scheduled court sessions (once every 2 weeks) in Phase 1 and Phase 2 of the program, which lasts a minimum of 10 months. Court attendance is lowered to once per month during the third phase. Participants then graduate and move to Phase 4, where court attendance is strictly on an as-needed basis.

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12 DWI Court Guiding Principle #6
• The court meets every other Tuesday following a staffing session. The average length of time for court is approximately 30-45 minutes, with an average of seven participants seen.

• During observation of the DWI court session, five participants were present and reviewed at an average of 6 minutes each.

• The DWI court judge is assigned to the RCDWI indefinitely. She has received formal DWI and drug court training, has visited other programs, received training by other drug court judges, and has attended professional DWI and/or drug court-related conferences.

• When participants are called up in court, the coordinator announces the number of days that the participant has been in the drug court program, been in his or her current phase, and maintained sobriety. After this announcement everyone in the courtroom applauds.

• Participants are situated around the legal counsel tables in the courtroom. Team members form a half circle in front of the tables, facing the participants, and provide input at times. Participants address the judge from their seats and speak directly to her during court. The judge regularly follows recommendations provided by the team. Participants are then notified of their next scheduled court date.

• The judge creates a more relaxed atmosphere by not sitting on the bench or wearing a robe during the session. She addresses participants with ease and asks many questions related to family issues, plans for employment, leisure time, and how they interact with others at work. She is relatable and very open with participants. She expressed support and enthusiasm for a participant who was phasing up and elicited the participant’s thoughts on how the participant would handle less supervision.

• The judge is also authoritative when necessary, as evidenced when she addressed a participant that had some recent issues and issued them an appropriate verbal warning on the situation.

Commendations

• **The judge has presided over the program for greater than 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., 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.** Because drug court hearings are a forum for educating all participants and impacting their behavior, it is recommended that the court 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.

Participant Quotes:

“(The judge)...is personable....she cares because she doesn’t want to see us back again.”

“.... I like her now; I just thought of her as an authority figure before.”

“There’s something about being on a first name basis....we’re like a small family.... never thought I’d be on a first name basis with a judge...”

“We’re not just another court case. I don’t want to be a number; I’m actually a name now....that helps me.”
The judge spends greater than 3 minutes speaking to participants in court. During the site visit, the judge spent an average of 6 minutes per participant in court. Research has shown that the judge spending an average of 3 minutes or greater per participant during status review hearings is related to lower recidivism and higher graduation rates (Carey et al., 2011, 2012). Spending this time during court sessions allows the judge to hear about positive behaviors and participant progress which develops positive relationships between the judge and participants, 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 program requires participants to attend court sessions every 2 weeks in Phase I. As research has shown that less frequent court appearances can have better outcomes (Marlowe et al., 2006; Carey, Finigan, & Pukstas, 2008) (except in higher risk populations), the RCDWI is commended for requiring court appearances once every 2 weeks for participants in the first phase. This can help reduce program costs as well as help increase program capacity.

Recommendations

Consider possible creative ways of establishing a backup judge. Knowing the limitations in place due to location, having a backup judge who is familiar with the DWI/drug court model is suggested for any time the judge may be absent. During the follow-up call, the team noted that appointments typically occur after the current judge leaves the bench, which leaves the team without adequate time to transition the new judge to his or her position on the team. Planning ahead will allow for the selection of a backup judge who shares the current judge’s commitment to the RCDWI and also let her or him learn the DWI/drug court model over time. Perhaps a judge from a neighboring county could be solicited as a backup as well.

**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. 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.

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13 DWI Guiding Principle #9
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 modifications to drug court operations, and 4) the participation of the drug or DWI court in more than one evaluation by an independent evaluator.

RCDWI Process

- The RCDWI tracks information as required by the state offices, including the Offender Drug Court Tracking Sheet, which includes demographic information, as well as intake data on employment, education, etc.
- The DWI court coordinator noted that there is information tracked on the number of days participants had been in jail during the program, with a comparison of what they would have done on regular probation. This information was presented to the county commission.
- The probation agent enters data regarding drug testing, home visits, employment, and general case notes on participants in the Department of Corrections database.
- The RCDWI has not been evaluated by an outside evaluator prior to the current evaluation.

Commendations

- **This program has successfully implemented an electronic data system.** The coordinator regularly enters and tracks various program data related to recidivism, program entry and services as required by federal grant guidelines and utilizes the data to assess participant progress and program outcomes. The program should continue to collect data electronically and analyze data 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 and to help determine what types of services are needed based on which types of participants are not doing as well. For example, if women are more likely to graduate than men, it could be that the program needs to implement some services focused on men.

- **The RCDWI is participating in the current evaluation.** Courts that have participated in evaluation and made program modifications based on evaluation feedback have had twice the cost savings compared to courts that have not adjusted their program based on evaluation feedback (Carey et al., 2012).

Recommendations

- **Share evaluation and assessment results.** Overall the RCDWI has implemented a program that follows the guidelines of the 10 Key Components of Drug Courts and 10 Guiding Principles of DWI Courts. The court is encouraged to review this report as a team, including findings and recommendations, both to enjoy the recognition of its accomplishments and to determine whether any program adjustments are warranted.
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.

RCDWI Process

- The judge, DWI court coordinator, treatment provider, and probation agent have received past training or education on the DWI/drug court model.
- Some team members have received training specifically about the population of the program including age, gender, race/ethnicity and drugs of choice. The team has received training specific to their role on the DWI court and training on strength-based philosophy and practices. Team members bring new information on DWI court practices, including drug addiction and treatment, to staff meetings. However, there is not a process in place to train new staff members on the DWI court model.
- The chemical health assessor/social services worker also attended incentives/sanctions training in the past year.
- The county attorney, law enforcement representative, and public defender have not received any training on the DWI court model.
Commendations

- **The program has invested time on training for some team members.** The RCDWI court program has engaged in training for certain staff and is commended on its dedication to educating these team members. Programs that provide training for all team members have significantly better participant outcomes (Carey et al., 2012). However, the team noted during the follow-up call that training is difficult to complete due to their location. They would like to see trainings available via Webcams or online, as all courthouses in Minnesota have the technology to make this possible.

Recommendations

- **Train all team members on incentives and sanctions, collaboration and drug court roles.** Several of the current RCDWI staff members have not attended specialized drug court training workshops, or it has been many years since their last attendance at a workshop. The drug court model requires specialized training for all staff members to understand their new roles, and the behavioral science underlying effective treatment of addiction. Team member training has been demonstrated to produce significantly lower recidivism and greater program completion rates, (Carey, Finigan, & Pukstas, 2008; Carey et al., 2012). The National Drug Court Institute (NDCI) and the National Center for DWI Courts (NCDC) offer many excellent training opportunities including online through Webinars. Training materials and Webinars can be found at [www.ndci.org](http://www.ndci.org) and at [www.ndcrc.org](http://www.ndcrc.org). In addition, as mentioned above, the team suggested that the state could provide local trainings through Webcams to avoid travel expenses.

**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.

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14 DWI Court Guiding Principle #10
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.

RCDWI Process

- Originally funded through the National Highway Traffic Safety Administration (NHTSA), the RCDWI has been able to secure additional funding through a Bureau of Justice Assistance grant, state funding provided by the Office of Justice Programs, and by matching funds provided by Roseau County to fund the DWI court coordinator position. There is hope that the probation agent position will be also funded through the county or the Department of Corrections eventually.
- For participants without insurance coverage, treatment has been funded by the “Consolidated Fund – Rule 25” (a combination of county, state, and federal dollars).
- The RCDWI has developed and maintained relationships with organizations that can provide services for participants in the community and refers participants to those services when appropriate, including employment and transportation services. The team is also able to send participants to GED classes through the local high school.
- The program is continually reinforcing connections within the area by inviting county commissioners to graduations, having the local newspaper cover program events, and communicating with the two major employers (Polaris and Marvin Windows) in the area.
- The team also noted that the Community Justice Collaborative Committee meets monthly to discuss county issues. The committee consists of the judge, DWI court coordinator, county attorney, sheriff, and county commissioners. The committee has not had the need to discuss DWI court recently, but the RCDWI brings items to the committee for discussion as needed.
- The RCDWI does not have an alumni group established in the program, but sober events are organized by the coordinator and usually occur 3-4 times a year, providing participants with opportunities to interact pro-socially with others. Events usually include movie nights, bowling, and holiday parties.

Commendations

- The program has successfully established partnerships across community agencies. The RCDWI has successfully established partnerships and continues to work on building relationships with agencies that can provide services for participants in the community (major employers, county commissioners, schools). Research finds that drug courts that had true formal partnerships with community agencies had better outcomes than drug courts that did not have these partnerships (Carey et al., 2012).
Recommendations

- **The state should consider ways to assist DWI courts to find funding for basic program needs.** Despite the partnerships described above, the RCDWI program is still in need of funding from the state (or other entities) for transportation assistance for participants and also needs help in finding resources to pay for team members (e.g., defense attorney and law enforcement specifically) to attend staffing and court.

**ADDITIONAL RESOURCES**

The appendices at the end of this document contain additional information for DWI courts. Appendix A contains the Guiding Principles of DWI Courts. Appendix B contains Minnesota’s Drug Court and DWI Court standards. Other important and useful resources for drug courts (such as free Webinars on a variety of drug court related topics and sample screening and assessment forms, etc.) are available at these Web addresses: www.ncdc.org, http://www.ndcrc.org and http://www.ndcrc.org/search/apachesolr_search/sample%20forms.

**Summary of Process Findings and Recommendations**

The RCDWI was implemented in April 2008. This program is designed to take 18 months to complete and takes post-conviction (including probation referrals) participants only. The general program population consists of repeat DWI offenders. It has a reported capacity to serve approximately 20 participants at one time. As of September 2012 there were seven active participants.

During observation it was noted by staff that a new DWI court had been established in a nearby county (Kittson County) within the last year, and included the same team members as the RCDWI. Some data and information reported in the online assessment survey included information from both courts. For the purposes of this report, only the RCDWI is being discussed and evaluated.

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

- **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, Finigan, & Pukstas, 2008). The RCDWI is commended for adhering to this best practice.

- **Urinalysis (UA) tests are fully observed.** The court requires fully observed drug testing, a practice important both for the integrity of drug testing and because it is linked to better participant outcomes.

- **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, Mackin, & Finigan, 2012).

- **The judge has presided over the program for over 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., 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.** Because drug court hearings are a forum for educating all participants and impacting their behavior, it is recommended that the court 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.

• **This program has successfully implemented an electronic data system.** The coordinator regularly enters and tracks various program data related to recidivism, program entry and services as required by federal grant guidelines, and utilizes the data to assess participant progress and program outcomes. The program should continue to collect data electronically and analyze data 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 and to help determine what types of services are needed based on which types of participants are not doing as well. For example, if women are more likely to graduate than men, it could be that the program needs to implement some services focused on men.

• **The program has successfully established partnerships across community agencies.** The RCDWI has successfully established partnerships and continues to work on building relationships with agencies that can provide services for participants in the community (major employers, county commissioners, schools). Research finds that drug courts that had true formal partnerships with community agencies had better outcomes than drug courts that did not have these partnerships (Carey et al., 2012).

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

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

• **Review the staffing meeting process and consider ways to enhance and focus the discussion.** During the course of the staffing meeting, the team discussed multiple policy issues, including eligibility, prescription drug abuse, and the participant contract. The team noted that the judge’s schedule makes it difficult to have a separate committee or meeting time to discuss policy issues, and as a result, program issues are addressed during staffing sessions. It is recommended that during staffing sessions the RCDWI should focus on the progress of the participants and new admissions or discharges from the program, and reserve policy questions for separate meetings. Perhaps there could be a special session for the team to summarize and discuss policy issues that arise repeatedly. The team or advisory board could also hold a formal policy meeting twice a year to discuss how specific policies are working.

It was also observed that specifics on participant progress (such as drug test results and attending meetings) were not included in the “Notes” section of the participant roster used during staffing. During a call between the evaluators and the RCDWI court team,
the team noted that such updates are communicated verbally during staffing. It is recommended that this information be documented, as it can be an extremely useful tool for data collection, tracking progress, monitoring trends, and allowing the team to reflect on the history of participant behaviors and court responses. The team acknowledged that having documentation of such information could make staffing more efficient. This recommendation is discussed further in the section on Key Component #1 in the main document.

- **Ensure all DWI court attorneys are trained in the drug/DWI court model, non-adversarial approach, and program eligibility criteria.** In order to fully develop a collaborative team environment, the county attorney and public defender are encouraged to attend drug/DWI court training and role-specific training since the roles of counsel on the drug/DWI court team differ from traditional attorney roles.

- **Continue efforts to have a county attorney and public defender at all staffing meetings.** It was noted that the county attorney was planning to train an assistant county attorney so a representative is always available for staffing. The presence of a participant advocate is an important piece of the staffing process, especially when jail sanctions are used. The RCDWI should continue to work toward consistent representation of the county attorney and public defender offices at staffing meetings.

- **Review program eligibility criteria.** During staffing the team discussed whether individuals who violate probation can enter the program, with some team members being unclear of their eligibility. This issue was resolved, but we recommend that the program review their written eligibility guidelines and provide them to team members and other individuals or agencies responsible for program referrals to ensure the program is reaching the intended population.

- **Review new participant orientation procedures.** Several focus group participants stated that they did not believe an orientation to discuss program specifics (number of meetings, court sessions, drug testing, etc.) had occurred prior to their entry and led to some confusion when they started the program. During the follow-up call, the team noted that probation usually goes through the program requirements and the judge goes through the participant contract during an individual’s first court session. The RCDWI should check in with new participants to ensure that key information about the program is being conveyed to DWI court participants during the orientation process.

- **Review/expand treatment program offerings.** During the site visit, some individuals noted that the treatment approach was the same for all participants and particularly redundant for those with previous treatment experience. The treatment cycle is also relatively short in duration. As noted in the NDCI Judicial Benchbook (2011), substance abuse clients present with a wide range of needs for various types of treatments and other services. A one size fits all approach does not work and is inconsistent with evidence-based practices and best practices. Treatment plans should not all look alike and should not all include the same interventions. Additionally, the ultimate responsibility of any drug court is to advocate for improvements in the quality of treatment services for addicted individuals living within its own community.

We recommend that the RCDWI consider the effectiveness of current treatment methods and whether modalities outside of the current treatment option (such as Web-based treatment options) are available. Possessing more treatment alternatives (having more “tools in the toolbox”) allows the program to be even more effective with participants.
• **Review/reevaluate drug testing procedures to ensure effectiveness.** Drug tests during home visits are not currently being collected on participants, except for females, because the probation officer is female and cannot observe the male participants. It was reported that testing at law enforcement locations can be problematic for participants due to long wait times and transportation issues. Some participants felt the collection of urinalysis tests (UAs) was an unwanted burden at these locations. It was also reported by staff that drug tests are often discarded after instant results are obtained at law enforcement locations rather than stored in a fridge for confirmation testing if necessary. The RCDWI is commended for its flexibility in offering multiple test locations; however, this may be causing issues for the participants and the staff involved. Due to the importance of maintaining integrity in drug testing, establishing a protocol (or MOU) with each location may help define roles and increase accountability.

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

The following section of the report presents the RCDWI outcome 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 April 1, 2008, to August 23, 2012. Outcomes are presented in 1- and 2-year increments. Evaluations sometimes exclude the first year of participants from analysis to allow the program time to be fully implemented. However, there were several sites in Minnesota in which we needed every available case to detect significant differences between groups. In the case of RCDWI, there was a total of 37 DWI court participants available for analysis, so we elected not to exclude any of these participants.

**The Comparison Group**

Step 1: Selecting the Comparison Group

The comparison sample is composed of individuals who are similar to those who participated in the DWI court program (e.g., similar demographics and criminal history) but who did not participate in the program. The comparison sample was selected through a quasi-experimental design. We obtained a list from the Department of Public Safety, Office of Traffic Safety and Driver and Vehicle Services database of all individuals who had two or more DWI convictions from January 2004 to October 2012. These data allowed the identification of individuals in each county who had at least two DWIs in a period of 10 years or less and were therefore potentially eligible for RCDWI. 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 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

<table>
<thead>
<tr>
<th>Data</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>DWI Court Program Data</strong></td>
<td></td>
</tr>
<tr>
<td>Examples:</td>
<td></td>
</tr>
<tr>
<td>• Identifiers</td>
<td>SCAO Drug Court Tracking Sheets</td>
</tr>
<tr>
<td>• Participant demographics</td>
<td>SCAO /Judicial Branch (MNCIS)</td>
</tr>
<tr>
<td>• Program start and end dates</td>
<td></td>
</tr>
<tr>
<td>• Substances used in the year before program entry</td>
<td></td>
</tr>
<tr>
<td>• Treatment attended</td>
<td></td>
</tr>
<tr>
<td>• Driver’s license status</td>
<td></td>
</tr>
<tr>
<td>• Employment at entry and exit</td>
<td></td>
</tr>
<tr>
<td>• Housing status</td>
<td></td>
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</tbody>
</table>

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.
<table>
<thead>
<tr>
<th>Data</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Treatment Data</strong></td>
<td></td>
</tr>
<tr>
<td><em>Examples:</em></td>
<td></td>
</tr>
<tr>
<td>• Identifiers and Demographics</td>
<td>Minnesota Department of Human Services (DHS)</td>
</tr>
<tr>
<td>• Treatment Modality</td>
<td></td>
</tr>
<tr>
<td>• Dates of treatment sessions and/or start and end dates for each modality</td>
<td></td>
</tr>
<tr>
<td>• Dates of assessments performed</td>
<td></td>
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<tr>
<td>• Assessment score (e.g., Needs assessment)</td>
<td></td>
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<tr>
<td>• Billing information for treatment services</td>
<td></td>
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<tr>
<td><strong>Court-Related Data</strong></td>
<td></td>
</tr>
<tr>
<td><em>Examples:</em></td>
<td></td>
</tr>
<tr>
<td>• Identifiers</td>
<td>SCAO/Judicial Branch (MNCIS)</td>
</tr>
<tr>
<td>• Incident dates (arrest dates)</td>
<td></td>
</tr>
<tr>
<td>• Dates of case filings</td>
<td></td>
</tr>
<tr>
<td>• Charges</td>
<td></td>
</tr>
<tr>
<td>• Dates of convictions</td>
<td></td>
</tr>
<tr>
<td>• Dates of court appearances</td>
<td></td>
</tr>
<tr>
<td><strong>DWI History and Recidivism Data</strong></td>
<td></td>
</tr>
<tr>
<td><em>Examples:</em></td>
<td></td>
</tr>
<tr>
<td>• Identifiers</td>
<td>Department of Public Safety, Driver and Vehicle Services (DVS) data</td>
</tr>
<tr>
<td>• Dates of DWI arrests</td>
<td></td>
</tr>
<tr>
<td>• Dates of DWI convictions</td>
<td></td>
</tr>
<tr>
<td>• Dates of DWI-related crashes</td>
<td></td>
</tr>
<tr>
<td><strong>Department of Corrections Recidivism-Related Data</strong></td>
<td></td>
</tr>
<tr>
<td><em>Examples:</em></td>
<td></td>
</tr>
<tr>
<td>• Identifiers</td>
<td>Minnesota Department of Corrections (DOC)</td>
</tr>
<tr>
<td>• Demographics</td>
<td></td>
</tr>
<tr>
<td>• Jail entry and exit dates</td>
<td></td>
</tr>
<tr>
<td>• Prison entry and exit dates</td>
<td></td>
</tr>
<tr>
<td>• Parole start and end dates</td>
<td></td>
</tr>
<tr>
<td>• Probation start and end dates</td>
<td></td>
</tr>
<tr>
<td>• Dates of drug tests</td>
<td></td>
</tr>
<tr>
<td>• Results of drug tests</td>
<td></td>
</tr>
<tr>
<td>• Risk assessment results (LSIR/RANT)</td>
<td></td>
</tr>
</tbody>
</table>
Section II: Outcome Evaluation

<table>
<thead>
<tr>
<th>Data</th>
<th>Source</th>
</tr>
</thead>
</table>
| **Probation Recidivism Data**<br>Examples:  
- Probation start and end dates  
- Risk assessment results  
- Dates of drug tests  
- Results of drug tests | Local Probation Department Databases or Files/County Court Services or Probation Department for each of the 9 DWI court counties |

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

DATA ANALYSES

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

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

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

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

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

17 Time at risk is NOT controlled for in this or subsequent research questions as the intention of the analysis is to determine whether DWI court participation (which typically occurs in the community) reduces recidivism more effectively than business-as-usual, which typically includes at least some incarceration. If incarceration was used for non-DWI court participants and was effective in reducing crime, then controlling for this factor would prevent us from determining which path (DWI court or business as usual) was more effective.
**1b. Does participation in DWI court lead to a lower overall recidivism rate (the percent of participants who are rearrested) compared to traditional court?**

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

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

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

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

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

Due to the low incidence of traffic crashes for both the DWI court and comparison groups, statistical conclusions about the number of crashes could not be drawn.

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

Similarly, due to the low incidence of traffic crashes, statistical comparisons about the percentage of individual in crashes between the DWI court and comparison group could not be made.

**Research Question #2: What is the impact of DWI court on other outcomes of interest?**

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

Crosstabs were run to examine differences in license reinstatement rate (the number/percentage of individuals who regained their licenses at least once during the specified time period) between DWI court and the comparison group for each year up to 2 years following program start date. Chi-square analyses were used to identify any significant differences in license reinstatement rates between DWI court and comparison group participants.
A logistic regression was used to determine if differences between DWI court participants and the comparison group were significant over and above any differences due to gender, age, race, and criminal history (number of arrests in the 2 years prior to DWI court program entry date and whether the eligible arrest was a first degree (felony) DWI).

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

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 entering between April 2008 and May 2012, by DWI court entry year. The average graduation rate (for participants entering between 2008 and 2012, to allow for enough time to complete the program) is compared to the national average for DWI court graduation rates, and the differences are discussed qualitatively.

To measure whether the program is graduating participants in its expected time frame, the average amount of time in the program was calculated for participants who had enrolled in the DWI court program between April 2008 and May 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 discussed qualitatively.

RESEARCH QUESTION #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. Due to the low number of non-graduates (five people over 4 years), a statistical analysis could not be performed. Summaries of characteristics for program graduates and unsuccessfully discharged participants are provided for context and discussed qualitatively.

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.
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 about three-fourths of DWI court participants were male, four out of five were White, and the average age at program entry was 39 years old with a range in age from 24 to 55 years old. None of these characteristics were statistically different in the comparison group.

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

<table>
<thead>
<tr>
<th></th>
<th>RCDWI Participants</th>
<th>Comparison Group</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$N = 37$</td>
<td>$N = 60$</td>
</tr>
<tr>
<td><strong>Gender</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>78%</td>
<td>78%</td>
</tr>
<tr>
<td>Female</td>
<td>22%</td>
<td>22%</td>
</tr>
<tr>
<td><strong>Race/Ethnicity</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>White</td>
<td>81%</td>
<td>88%</td>
</tr>
<tr>
<td>American Indian/Alaska Native</td>
<td>14%</td>
<td>14%</td>
</tr>
<tr>
<td>Other</td>
<td>3%</td>
<td>2%</td>
</tr>
<tr>
<td>Multiracial</td>
<td>3%</td>
<td>0%</td>
</tr>
<tr>
<td><strong>Age at Entry Date</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Average age</td>
<td>39 years</td>
<td>37 years</td>
</tr>
<tr>
<td>Range</td>
<td>24 – 55</td>
<td>20 – 65</td>
</tr>
</tbody>
</table>

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

In terms of prior criminal history, the DWI court participants and comparison group were very similar (Table 3, next page). The comparison group had a slightly higher percentage of felony-level DWI offenders compared with the DWI court group and a slightly lower average number of total arrests, DWI arrests, and felony arrests in the 2 years prior to program entry. Again, none of these differences was significant.
## Table 3. DWI Court Participant and Comparison Group Characteristics: Criminal History

<table>
<thead>
<tr>
<th>Prior Arrests</th>
<th>RCDWI Participants</th>
<th>Comparison Group</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percent with felony DWI as index arrest (the arrest that led to participation in DWI court)</td>
<td>27%</td>
<td>17%</td>
</tr>
<tr>
<td>Percent with gross misdemeanor DWI as index arrest and 2 or more DWI arrests in the 10 years prior to index arrest</td>
<td>46%</td>
<td>57%</td>
</tr>
<tr>
<td>Average number of DWI arrests 10 years prior to index arrest</td>
<td>1.84</td>
<td>1.67</td>
</tr>
<tr>
<td>Average number of arrests 2 years prior to program entry</td>
<td>2.11</td>
<td>1.87</td>
</tr>
<tr>
<td>Average number of DWI arrests 2 years prior to program entry</td>
<td>1.30</td>
<td>1.25</td>
</tr>
<tr>
<td>Average number of person arrests 2 years prior to program entry</td>
<td>0.05</td>
<td>0.03</td>
</tr>
<tr>
<td>Average number of property arrests 2 years prior to program entry</td>
<td>0.22</td>
<td>0.17</td>
</tr>
<tr>
<td>Average number of drug arrests 2 years prior to program entry</td>
<td>0.03</td>
<td>0.05</td>
</tr>
<tr>
<td><strong>Average number of other arrests 2 years prior to program entry</strong></td>
<td>1.16</td>
<td>1.05</td>
</tr>
<tr>
<td>Average number of misdemeanor arrests 2 years prior to program entry</td>
<td>1.11</td>
<td>1.15</td>
</tr>
<tr>
<td>Average number of gross misdemeanor arrests 2 years prior to program entry</td>
<td>1.22</td>
<td>1.23</td>
</tr>
<tr>
<td>Average number of felony arrests 2 years prior to program entry</td>
<td>0.27</td>
<td>0.23</td>
</tr>
</tbody>
</table>
Table 4 displays additional characteristics of the DWI court program participants that were not available for the comparison group. A low proportion (14%) of DWI court participants had some college or were college graduates, and three-fourths were employed either full or part time. Fewer than one in 10 participants had a mental health diagnosis at program entry. Program participants were asked about all substances used in the last year before program entry; all of them reported alcohol consumption, followed by marijuana use (22%), methamphetamines (3%), and crack or cocaine use (17%).

**Table 4. DWI Court Participant Characteristics: Other**

<table>
<thead>
<tr>
<th>RCDWI Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>N = 37</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Education</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than high school</td>
<td>3%</td>
</tr>
<tr>
<td>High school/GED</td>
<td>84%</td>
</tr>
<tr>
<td>Some college, technical school, or college graduate</td>
<td>14%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Employment at Program Entry</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Unemployed</td>
<td>27%</td>
</tr>
<tr>
<td>Employed full or part time</td>
<td>73%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Mental Health Diagnosis</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>6%</td>
</tr>
<tr>
<td>No</td>
<td>94%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Reported Addiction Severity at Program Entry</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Abusing</td>
<td>8%</td>
</tr>
<tr>
<td>Dependent</td>
<td>92%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Risk Assessment Level</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Low Risk</td>
<td>36%</td>
</tr>
<tr>
<td>Moderate/Medium Risk</td>
<td>33%</td>
</tr>
<tr>
<td>High Risk</td>
<td>31%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Substances Used in Last Year&lt;sup&gt;a&lt;/sup&gt;</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol</td>
<td>100%</td>
</tr>
<tr>
<td>Marijuana</td>
<td>22%</td>
</tr>
<tr>
<td>Methamphetamine</td>
<td>3%</td>
</tr>
<tr>
<td>Crack or Cocaine</td>
<td>3%</td>
</tr>
</tbody>
</table>

<sup>a</sup> 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 number of all rearrests, and rearrests with DWI charges, for those individuals compared to traditional court processing?

**No.** DWI court participants (regardless of whether they graduated or not) did not have fewer rearrests than the comparison group. Similarly, DWI court participants did not have fewer rearrests with DWI charges than the comparison group; however, the total number of DWI rearrests was very small.

Figure 1 illustrates the average number of cumulative rearrests for each year up to 2 years after program entry for RCDWI graduates, all RCDWI participants, and the comparison group. As can be seen in the graph, DWI court participants had a higher number of rearrests than the comparison group (an average of 0.75 and 0.44, respectively, 2 years after program entry), but these results were not statistically significant, due to small sample sizes. DWI court graduates had similar numbers of rearrests as the entire DWI court program.\(^18\) 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 Years](image)

**Figure 1. Average Number of Rearrests over 2 Years**

Interpretations should be drawn with caution, as the DWI court sample was very small (dropping from 37 to 30 participants by year 2), and samples of this size are very sensitive to outliers. After further examination, we found that a handful of participants accounted for a large number of rearrests. There were four participants (13% percent of the DWI program in year 2) with four or more prior arrests, and these participants had a total of 14 rearrests between them—which inflated the average number of rearrests for the entire DWI court program.

---

\(^18\) 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 \(n = 31, 26\); All DWI Court Participants \(n = 37, 30\); Comparison Group \(n = 56, 39\).
As shown in Figure 2, DWI court participants with three or fewer prior arrests had a similar number of rearrests as comparison group members with three or fewer prior arrests, while participants with four or more priors had substantially worse outcomes. However, there were only four people in the DWI court participant group with four or more priors, and three people in the comparison group, so no reliable conclusions can be drawn from these results.

**Figure 2. Average Number of Rearrests at 2 Years**

![Bar chart showing average number of rearrests at 2 years for DWI Court (n=30) and Comparison (n=43)](chart.png)

- **DWI Court (n=30)**
  - 3 or fewer (n=66): 0.38
  - 4 or more (n=7): 3.50

- **Comparison (n=43)**
  - 3 or fewer (n=66): 0.43
  - 4 or more (n=7): 0.33
In addition to the average number of total rearrests, we also assessed the average number of DWI rearrests. Figure 3 illustrates the average number of cumulative rearrests with DWI charges for each year up to 2 years after program entry for RCDWI graduates, all RCDWI participants, and the comparison group. The average number of DWI rearrests for all participants and the comparison group was adjusted for age, race, gender, and prior arrests.\(^{21}\) There were no DWI rearrests for any study participant (DWI court or comparison) during the first year after program entry, and only three rearrests in the second year (two rearrests in the DWI program and one in the comparison group). Although the average number of DWI rearrests is higher for the DWI court group, the results are not statistically different, given the low incidence of DWI rearrests. We should be encouraged that the average number of DWI rearrests even 2 years after program entry is remarkably small, less than a tenth of the overall arrest rate for DWI court participants and the comparison group.

Figure 3. Average Number of DWI Rearrests over 2 Years\(^ {22}\)

\[^{21}\text{Adjusted means were not significantly different from unadjusted means.}\]
\[^{22}\text{Sample sizes by group and time period (1 Year, 2 Years): Graduates } n = 31, 26; \text{ All DWI Court Participants } n = 37, 30; \text{ Comparison Group } n = 56, 39.\]
1b. Does participation in DWI court lead to a lower recidivism rate (the percent of participants who were rearrested) compared to traditional court?

NO. DWI court participants (regardless of whether they graduated or not) were not less likely to be rearrested than the comparison group. Similarly, DWI court participants were not less likely to be rearrested for a new DWI than the comparison group; however, the total number of DWI rearrests was very small.

In addition to looking at average number of rearrests (which is susceptible to outliers), it is also useful to look at what percent of individuals from each group were rearrested over time. Figure 4 illustrates the percent of DWI court graduates, all DWI court participants, and comparison group members who were rearrested over a 2-year period for any charge following program entry. The DWI court participants were twice as likely as the comparison group to be rearrested in the first year after program entry (24% and 12%, respectively), but by the second year, the percent of DWI court participants rearrested more closely resembled that of the comparison group (40% and 33%, respectively). The logistic regression comparing DWI court participants and comparison group members controlled for age, race, gender, prior arrests, and index charge severity (i.e., whether the arrest that led to program participation was a felony). None of the differences was statistically significant. The percent of DWI court graduates who were rearrested was similar to the entire DWI court group (38% and 40%, respectively, by year 2).

Figure 4. Percent of Individuals Rearrested over 2 Years

---

23 Sample sizes by group and time period (1 Year, 2 Years): Graduates n = 31, 26; All DWI Court Participants n = 37, 30; Comparison Group n = 56, 39.
A key indicator of DWI court outcomes is the percent of individuals rearrested for a DWI offense. Figure 5 shows the percent of DWI court graduates, all DWI court participants, and the comparison group who were rearrested with a DWI charge. There were no DWI rearrests for either group in the first year after program entry. The percent of DWI court participants who were rearrested with DWI charges was slightly higher than the comparison group in the second year (7% and 2%, respectively), but there was no statistical difference between groups, even after controlling for age, race, gender, prior arrests, and index charge severity. Again, the total number of DWI rearrests was very small for both groups. We should be encouraged that none of the RCDWI participants was rearrested for a DWI charge during the first year after program entry, and fewer than one in 10 participants were rearrested for a DWI charge 2 years after program entry (just two people in the DWI court participant group).

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

![Graph showing percent of individuals rearrested with a DWI charge over 2 years](image)

---

24 Sample sizes by group and time period (1 Year, 2 Years): Graduates $n = 31, 26$; All DWI Court Participants $n = 37, 30$; Comparison Group $n = 56, 39$. 
To present a more descriptive picture of the criminality of the groups, rearrests are also presented as person (e.g., assault), property (e.g., theft), drug (e.g., possession), or other arrest charges (e.g., disorderly conduct) 2 years from program entry in Figure 6.25 Logistic regressions were run to control for age, race, gender, prior arrests, and index charge severity. Overall, DWI court participants had similar rearrest rates by arrest type as the comparison group, and none of the results was significantly different. “Other” arrests, accounting for the greatest portion of offenses, include a wide variety of offenses such as driving under a suspended or canceled license, speeding, public disorder, restraining order violations, and disturbing the peace, some of which may be directly or indirectly linked to alcohol use and may be more typical of DWI offenders than the other categories.

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

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25 When an individual received more than one charge per arrest, a single arrest could be coded as both a person and drug crime. Therefore, the percents in Figures 7-8 do not add up to the percent of total arrests reflected in Figure 4.
26 Sample sizes by group: Graduates n = 26; All DWI Court Participants n = 30; Comparison Group n = 39.
Figure 7 displays the arrest charge level (misdemeanor, gross misdemeanor, or felony). Again, there is no statistical difference between the DWI court participants and the comparison group 2 years after program entry. It is notable that DWI offenders across groups are more likely to be rearrested for lower level charges (misdemeanors) rather than felony charges after 2 years.

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

Overall, the percent of DWI court participants rearrested in the 2 years after program entry was similar to that of comparison group members going through the traditional DWI court process. There were four DWI court participants (including one graduate) who had unusually high numbers of rearrests (ranging from four to six rearrests over 2 years), which inflated the overall average for the entire group. Due to the small sample size of the DWI court population, we are unable to definitively say whether these results are typical of other high-risk/high-need offenders going through the program, but it appears as if the DWI court program is doing equally well as the business-as-usual process in terms of recidivism. We recommend that the program review their practices and the recommendations from their process evaluation, to determine whether there are some best practices that can be implemented to help enhance their process and their participant outcomes. The DWI court should also evaluate the supervision and support services offered to participants, particularly for high-risk/high-need participants, and reevaluate recidivism once more data are available.

27 Sample sizes by group: Graduates n = 26; All DWI Court Participants n = 30; Comparison Group n = 39.
1c. Are non-DWI court offenders (DWI offenders who go through the traditional court process) more likely to get a new DWI charge sooner than DWI court participants?

NO. The comparison group was not rearrested sooner than the DWI court group. DWI court participants were rearrested for any offense earlier than the comparison group, but these differences were not significant.

We were unable to conduct a survival analysis for DWI rearrests due to the low number (a total of three DWI arrests over 2 years). Instead, a survival analysis was performed using an arrest with any charge on participants with up to 2 years (presented in months) of outcome data. The results are displayed in Figure 8. The solid blue line represents the DWI court group and the dashed line represents the comparison group. As the line drops, this indicates the occurrence of rearrests over time. A steeper drop in the line indicates a greater number of rearrests occurring sooner. As displayed in the graph, the DWI court group’s line is steeper than the comparison group’s line for the first year after program entry (indicating that DWI court participants are being rearrested at a faster rate than the comparison group, although these differences were not statistically significant). Consistent with the findings earlier in the report, in the period between 12 and 24 months, the differences in recidivism between the DWI court and the comparison group begin to converge, indicating similar rearrest rates. The average time to first rearrest for program participants was 18.8 months, and for the comparison group, 20.5 months (not significantly different). At the end of the 2-year period, 40% of DWI court participants and 33% of comparison group members had been rearrested (again, not statistically significant).

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

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28 Sample sizes by group: All DWI Court Participants $n = 37$; Comparison Group $n = 60$. 
1d. Does participation in DWI court reduce the number of traffic-related crashes for those individuals compared to traditional court processing?

**NOT ENOUGH DATA TO DETERMINE.** There were zero crashes for both the DWI court participant group and the comparison group over 2 years after program entry. Due to the low prevalence of crashes we could not conduct statistical tests for crashes, crashes involving drugs or alcohol, or crashes with injuries.

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

**NOT ENOUGH DATA TO DETERMINE.** As described above, there were zero crashes for both the DWI court participant group and the comparison group over 2 years after program entry. Due to the low prevalence of crashes we could not conduct statistical tests for crashes, crashes involving drugs or alcohol, or crashes with injuries.
**Research Question #2: What is the impact of DWI court on other outcomes of interest?**

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

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

Figure 9 illustrates that persons in the DWI court group had a lower rate of driver’s license reinstatement than the comparison group in the first 2 years after program entry (not significant in the first year after controlling for age, race, gender, prior criminal history, and index charge severity, but significant in the second year p < .05).

Roughly half (51%) of DWI court participants received a license reinstatement in the year following program entry, and about two-thirds (63%) received a license reinstatement after 2 years. These results should be interpreted with caution, as there are two notable data limitations. First, while we know there were 14 DWI court participants who had a valid driver’s license at the time of program entry, we did not have this information available for the comparison group, and therefore did not exclude those with valid licenses from the analysis. Moreover, seven of the 14 participants who had a valid driver’s license at program entry received a license reinstatement at some point over the 2-year period. Second, a license reinstatement appears to be a temporary outcome for some individuals. For example, at the 2-year mark, for those who had a license reinstatement, DWI court participants had an average of 1.95 license reinstatements, and comparison group members had an average of 1.85 license reinstatements. Licenses are reinstated on a temporary basis and renewed periodically for some DWI offenders.

**Figure 9. Percent of Licenses Reinstated over 2 Years**

![Chart showing percent of licenses reinstated over 2 years](chart)

---

29 Sample sizes by group and time period (1 Year, 2 Years): Graduates n = 31, 26; All DWI Court Participants n = 37, 30; Comparison Group n = 56, 39.
2b. Does participation in DWI court lead to increased use of an interlock device (the percent of people who were required to use interlock) compared to traditional court?

POSSIBLY. A larger percent of DWI court participants used ignition interlock at some point in the first year than the comparison group, but the difference was not statistically significant.

Figure 10 shows that persons in the DWI court group used the ignition interlock device at a higher rate than the comparison group. Of the DWI court participants, 22% used the ignition interlock device sometime during the first 12 months after program entry, compared to 5% for the comparison group during an equivalent time period. Although not statistically significant, possibly due to small numbers stemming from limited data availability, the participation rate among DWI court participants shows a promising trend. We recommend that further analyses be conducted when more ignition interlock data are available.

Figure 10. Percent of Individuals Ever on Ignition Interlock in the Year Following Program Entry

---

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

31 Sample sizes by group: Graduates n = 6; All DWI Court Participants n = 9; Comparison Group n = 22.
**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 RCDWI is 86%, which is higher than the national average of 57%.

Whether a program is bringing its participants to successful completion and doing so in the intended time frame is measured by program graduation (completion) rate, and by the amount of time participants spend in the program. Program graduation rate is the percentage of participants who graduated from the program, out of a cohort of participants who started during a similar time frame and who have left the program either by graduating or by being unsuccessfully discharged. Active participants (n=1) were excluded from the calculation. Graduation rate was calculated for each entry year from 2008 to 2012. The program’s graduation rate for all participants entering between April 2008 and May 2012 is 86% (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. RCDWI Completion Status by Entry Year**

<table>
<thead>
<tr>
<th>Program Entry Year</th>
<th>2008 n = 11</th>
<th>2009 n = 12</th>
<th>2010 n = 5</th>
<th>2011 n = 6</th>
<th>2012 n = 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Graduates</td>
<td>100%</td>
<td>83%</td>
<td>80%</td>
<td>83%</td>
<td>33%</td>
</tr>
<tr>
<td>Non-Graduates</td>
<td>0%</td>
<td>17%</td>
<td>20%</td>
<td>17%</td>
<td>33%</td>
</tr>
<tr>
<td>Actives</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>33%</td>
</tr>
</tbody>
</table>

The RCDWI is doing very well in graduating participants compared to the national average, and the RCDWI should continue those practices that are contributing to participant successful completion of the program. 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 without decreasing the appropriate quality or intensity of services. 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 RCDWI program and have graduated from the program. The minimal requirements of the RCDWI 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 567 days (about 19 months). Graduates spent an average of 597 days in the program, nearly 20 months, ranging from 17 months to 2.4 years in the program. Approximately 25% graduated within 18 months, and 50% graduated within about 19 months of program entry. Participants who did not graduate spent, on average, just over 12 months in the program.
This indicates that the program is following the trend of most drug and DWI court participants 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.** Of the 36 participants who exited the program at the time of analysis, only five (14%) were unsuccessfully discharged. Due to the low number of non-graduates, a proper statistical analysis could not be performed. The numbers reflected in the tables are provided for context only, and reflect participants who entered the program from April 2008 through May 2012. Generalizations between graduates and non-graduates of the program should not be made.

As presented in Table 6, approximately three-fourths of DWI court participants were male, four out of five participants were White, and the average age was 39 years old.

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

<table>
<thead>
<tr>
<th></th>
<th>Graduates ( n = 31 )</th>
<th>Non-Graduates ( n = 5 )</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Gender</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>77%</td>
<td>80%</td>
</tr>
<tr>
<td>Female</td>
<td>23%</td>
<td>20%</td>
</tr>
<tr>
<td><strong>Race/Ethnicity(^a)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>White</td>
<td>84%</td>
<td>80%</td>
</tr>
<tr>
<td>American Indian/Alaska Native</td>
<td>10%</td>
<td>20%</td>
</tr>
<tr>
<td>Other</td>
<td>3%</td>
<td>0%</td>
</tr>
<tr>
<td>Multiracial</td>
<td>3%</td>
<td>0%</td>
</tr>
<tr>
<td><strong>Age at Entry Date</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Average age</td>
<td>39 years</td>
<td>34 years</td>
</tr>
<tr>
<td>Range</td>
<td>24 – 55</td>
<td>25 – 50</td>
</tr>
</tbody>
</table>

\(^a\) Percents will not add to 100% because race/ethnicity categories are not mutually exclusive (i.e., some people have more than one designation).
Table 7 displays the criminal history of graduates and unsuccessfully discharged participants prior to entering the program. Overall, DWI court participants had very few person, property, drug, and felony arrests in the 2 years prior to program entry; most of the prior arrests were for DWIs, other arrests (e.g., traffic violations), and misdemeanor crimes. Non-graduates appear to higher numbers of arrests in the 2 years prior to DWI court entry. However, no conclusions can be drawn from this due to the low number of non-graduates.

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

<table>
<thead>
<tr>
<th>Prior Arrests</th>
<th>Graduates $n = 31$</th>
<th>Non-Graduates $n = 5$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percent with felony DWI as index arrest</td>
<td>29%</td>
<td>0%</td>
</tr>
<tr>
<td>Average number of DWI arrests 10 years prior to index arrest</td>
<td>1.84</td>
<td>1.60</td>
</tr>
<tr>
<td>Average number of arrests 2 years prior to program entry</td>
<td>2.00</td>
<td>3.00</td>
</tr>
<tr>
<td>Average number of DWI arrests 2 years prior to program entry</td>
<td>1.35</td>
<td>1.00</td>
</tr>
<tr>
<td>Average number of person arrests 2 years prior to program entry</td>
<td>0.06</td>
<td>0.00</td>
</tr>
<tr>
<td>Average number of property arrests 2 years prior to program entry</td>
<td>0.10</td>
<td>0.00</td>
</tr>
<tr>
<td>Average number of drug arrests 2 years prior to program entry</td>
<td>0.00</td>
<td>0.20</td>
</tr>
<tr>
<td>Average number of other arrests 2 years prior to program entry</td>
<td>1.13</td>
<td>1.60</td>
</tr>
<tr>
<td>Average number of misdemeanor arrests 2 years prior to program entry</td>
<td>0.97</td>
<td>2.20</td>
</tr>
<tr>
<td>Average number of gross misdemeanor arrests 2 years prior to program entry</td>
<td>1.26</td>
<td>1.20</td>
</tr>
<tr>
<td>Average number of felony arrests 2 years prior to program entry</td>
<td>0.26</td>
<td>0.20</td>
</tr>
</tbody>
</table>
Table 8 details the education and employment status of participants upon program entry, as well as the average length of time from arrest to program entry, the average number of court hearings attended by participants, and the average length of stay in the program. Almost all participants entering the program had a high school diploma or GED, and about one in four participants were unemployed. Non-graduates appear more likely to be unemployed and had a longer time from arrest to entry. However, as stated early, no firm conclusions can be drawn from this due to the very small number of non-graduates.

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

<table>
<thead>
<tr>
<th></th>
<th>Graduates $n = 31$</th>
<th>Non-Graduates $n = 5$</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Education</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Less than high school</td>
<td>3%</td>
<td>0%</td>
</tr>
<tr>
<td>High school/GED</td>
<td>84%</td>
<td>80%</td>
</tr>
<tr>
<td>Some college, technical school, or college graduate</td>
<td>13%</td>
<td>20%</td>
</tr>
<tr>
<td><strong>Employment at Program Entry</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unemployed</td>
<td>19%</td>
<td>60%</td>
</tr>
<tr>
<td>Employed full or part time</td>
<td>81%</td>
<td>40%</td>
</tr>
<tr>
<td><strong>Arrest to Program Entry</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Average number of days from index arrest to DWI court program entry</td>
<td>206 days</td>
<td>270 days</td>
</tr>
<tr>
<td><strong>DWI Court Hearings</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Average number of DWI court hearings</td>
<td>34</td>
<td>20</td>
</tr>
<tr>
<td><strong>Program Length of Stay</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Average number of days in program</td>
<td>597 days</td>
<td>371 days</td>
</tr>
</tbody>
</table>

*Note.* The $n$ for each category may be smaller than the total group $n$ due to missing data.
Table 9 depicts the mental and chemical health background of DWI court participants, as well as their risk level as assessed by probation upon entering the program. Only one individual was assessed as having a mental health diagnosis at entry, and over 90% were assessed as chemically dependent. Fewer than one-third of participants were assessed as high risk by probation. 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 treatment and supervision provided by the full drug/DWI court model (NADCP, 2013). Based on the recidivism findings presented earlier in the report, the RCDWI should explore treatment and behavior response protocols geared towards lower risk participants or target the high-risk/high-need offenders for the DWI court program and offer some other program to lower risk/lower need participants.

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

<table>
<thead>
<tr>
<th></th>
<th>Graduates</th>
<th>Non-Graduates</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><em>n = 31</em></td>
<td><em>n = 5</em></td>
</tr>
<tr>
<td>Mental Health Diagnosis</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>3%</td>
<td>0%</td>
</tr>
<tr>
<td>No</td>
<td>97%</td>
<td>100%</td>
</tr>
<tr>
<td>Substances Used in Last Year(^a)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Alcohol</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Marijuana</td>
<td>19%</td>
<td>40%</td>
</tr>
<tr>
<td>Methamphetamine</td>
<td>3%</td>
<td>0%</td>
</tr>
<tr>
<td>Crack or Cocaine</td>
<td>3%</td>
<td>0%</td>
</tr>
<tr>
<td>Reported Addiction Severity at Program Entry</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Abusing</td>
<td>10%</td>
<td>0%</td>
</tr>
<tr>
<td>Dependent</td>
<td>90%</td>
<td>100%</td>
</tr>
<tr>
<td>Risk Assessment Level</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Low Risk</td>
<td>43%</td>
<td>0%</td>
</tr>
<tr>
<td>Medium/Moderate Risk</td>
<td>37%</td>
<td>20%</td>
</tr>
<tr>
<td>High Risk</td>
<td>20%</td>
<td>80%</td>
</tr>
<tr>
<td>Completed Treatment Requirements</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>100%</td>
<td>67%</td>
</tr>
<tr>
<td>No</td>
<td>0%</td>
<td>33%</td>
</tr>
</tbody>
</table>

\(^a\) 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.
Characteristics Related to Recidivism

Another indicator of program success is whether or not participants are being rearrested. All program participants were reviewed to determine whether any factors or characteristics were related to being rearrested within 2 years after program entry. There were 30 participants available for comparison, and of these, only 12 (40%) were rearrested at some point in the 2 years following program entry, thus the results from these analyses are very limited due to very small sample sizes. Overall, those with a higher number of prior arrests with “other” charges were significantly more likely to be rearrested than those with fewer other arrests ($p < .05$). Although there were no other statistical differences, the same trend was true of all prior arrests, in that those who were rearrested had a higher number of prior arrests in the 2 years before entering the DWI court program. Interestingly, there were no outcome differences between those that did and did not comply with treatment requirements (90% of those who were rearrested had completed all treatment requirements), and graduates of the program were equally likely to reoffend as non-graduates.

Summary of Outcome Results

The results of the outcome analysis for the RCDWI revealed no significant differences between DWI court participants and those individuals who went through the traditional DWI court process (e.g., see figure A). There were four DWI court participants with unusually high numbers of rearrests, which inflated the average number of rearrests for the entire DWI court group, due to small sample sizes. The percent of DWI court participants rearrested over a 2-year period was similar to that of the comparison group. Participants were rearrested at slightly faster rates than the comparison group during the first year after program entry (not significant), but the recidivism rates began to even out during the second year after program entry.

Since neither the DWI court participants nor the comparison group members were involved in any crashes, we could not analyze whether participation in DWI court reduces the crash rate. In terms of other research questions of interest, fewer DWI court participants had their license reinstated, but more participants used the ignition interlock device in the first year after program than the comparison group. Finally, since there were very few non-graduates of the program (five people), we could not determine with any certainty if there were any significant characteristics related to graduation. However, the high graduation rate is a positive finding for this program.

There are several possibilities to consider for lack of significantly improved recidivism and other outcomes for RCDWI participants. Our more detailed exploration of the DWI court group showed that a large percentage of participants were assessed as lower risk offenders and therefore may be receiving services at a higher intensity than is needed. We recommend that the RCDWI court explore treatment and behavior response protocols geared toward lower risk participants or target the high-risk/high-need offenders for the DWI court program and offer some other program to lower risk/lower need participants. Additionally, there appeared to be a small anomaly in terms of recidivism for participants with a higher number of prior arrests, where a handful of participants were rearrested four to six times over a period of 2 years. We cannot say at this time whether or not this represents a trend for participants with more extensive criminal histories, so we recommend that the program continue to monitor its participants entering the program with multiple prior arrests, and consider the effectiveness of current treatment and service offerings.

The RCDWI risk and need assessment results show that the program is doing an excellent job of targeting high-need participants (i.e., those who are chemically dependent, or have severe substance abuse disorder). However, the program is using a standardized response to participant
substance use (the first use of alcohol/drugs prompts a mandatory 2-day jail stay, and the second use requires a 4-day jail stay). There are some behaviors that are extremely difficult for true addicts to perform in the early phases of the program, particularly abstinence, and therefore best practices indicate the use of increased treatment early in the program. The lack of significant differences between program participants and the comparison group suggests that participants are not sustaining the practices necessary for them to be successful with their abstinence and avoid criminal behavior. We recommend that the RCDWI review its incentives and sanctions policy, particularly the use of jail as a sanction for substance use (unless public safety is threatened), to ensure that court responses to behavior are aligned with current research on behavior modification. In addition, the treatment available follows a short time frame and is not individualized to participant needs. As recommended in our process study, possessing more treatment alternatives (having more “tools in the toolbox”) allows the program to be even more effective with a wide range of participants, particularly if the treatment provider is trained and following evidence-based treatment models for the specific population being treated.

Another possible reason for the lack of significant results may be that the traditional probation services provided in this jurisdiction are of high quality and provide an appropriate level of supervision and services, particularly for lower risk and need participants, resulting in similar reductions in recidivism compared to those in the DWI court.

We suggest that the RCDWI review the recommendations presented in the process evaluation section of this report, as we have included a list of practices that are associated with significantly reduced recidivism and/or higher cost savings in other drug and DWI courts. We recognize that not every recommendation will be feasible, especially in rural areas with limited access to resources, but these recommendations may be helpful when discussing methods to improve program policies and practices.


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.


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.


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 Representative
   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).

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2 Specifically 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., 1<sup>st</sup> and 2<sup>nd</sup> 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-informed\(^3\) 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