

Vermont Drug Courts: Rutland County Adult Drug Court Process, Outcome, and Cost Evaluation *Final Report*



Submitted to:

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Submitted By

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EXECUTIVE SUMMARY

In the past 20 years, one of the strongest movements in the United States focused on reducing substance abuse among the criminal justice population has been the spread of Drug Courts across the country. Drug courts are designed to guide offenders identified as drug-addicted into treatment that will reduce drug dependence and improve the quality of life for offenders and their families. Drug court programs are a collaborative process between multiple agencies including the Court, District or State's Attorneys, Public Defenders, Probation, the Sheriff and treatment agencies. Benefits to society take the form of reductions in crime committed by drug court participants, resulting in reduced costs to taxpayers and increased public safety.

In 2002, under Act 128 the Vermont legislature established a pilot project to create drug court initiatives and begin implementing drug courts in 3 Vermont counties: Rutland, Chittenden, and Bennington. By 2007, at the sunset of Act 128, drug courts in Vermont were up and running on their own. Currently, in Vermont, there are three operational Adult Drug Courts, one Family Treatment Court and one Mental Health Court.

The Rutland County Adult Drug Court (RCADC) began its operations in January 2004 with the support of a federal grant. In early 2008, NPC Research ("NPC"), under contract with the Supreme Court of Vermont, Office of the Court Administrator, began a process, outcome and cost study of the Rutland County Adult Drug Court program (RCADC). The goals of this project were to evaluate the effectiveness of the RCADC in reducing recidivism, to determine the cost-benefits of drug court participation and to evaluate the RCADC processes. The results of this evaluation are designed to be helpful in assisting the drug court in improving the services to drug court participants, and in gaining support from the community.

The evaluation was designed to answer key policy questions that are of interest to program practitioners, policymakers and researchers including:

- Has the RCADC program been implemented as intended and are they delivering planned services to the target population?
- Does the RCADC reduce recidivism?
- Is there a cost-savings to the taxpayer due to drug court participation?

Methods

Process Evaluation. A process evaluation considers a program's policies and procedures and examines whether the program is meeting its goals and objectives. Process evaluations generally determine whether programs have been implemented as intended and are delivering planned services to target populations. For this evaluation, the RCADC process was examined to determine whether, and how well, the program was manifesting the 10 Key Components of drug courts. Program practices were compared to national data on common drug court practices as well as data from recent studies on practices related to positive participant outcomes such as graduation, reduced recidivism and cost savings. The information that supports the process description was collected from staff interviews, drug court participant focus groups, observations of the RCADC, and program documents such as the RCADC's Participant Handbook.

Outcome Evaluation. The outcome analyses were based on a cohort of RCADC participants who entered the drug court program from January 1, 2004, through July 31, 2007, and a comparison group of offenders eligible for drug court but who received traditional court processing. Participants and comparison group members were tracked through administrative criminal justice and treatment databases for up to 36 months post drug court entry. The two groups were matched on age, gender, ethnicity, prior criminal history and indications of drug use. Outcomes analyzed included criminal justice recidivism over three years post program entry, reductions in drug use, graduation rate and participant characteristics that led to successful program completion.

Cost Evaluation. A *cost-benefit* evaluation calculates the cost of the program and also the cost of the outcomes, resulting in a cost-benefit ratio. For example, the cost of the program is compared to the cost-savings due to the reduction in re-arrests. In some drug court programs, for every dollar spent on the program, over \$10 is saved due to positive outcomes.¹ This evaluation is a *cost-benefit* analysis. The cost approach utilized by NPC Research is called Transactional and Institutional Cost Analysis (TICA). The TICA approach views an individual's interaction with publicly funded agencies as a set of *transactions* in which the individual utilizes resources contributed from multiple agencies. Transactions are those points within a system where resources are consumed and/or change hands. In addition, the TICA approach recognizes that these transactions take place within multiple organizations and institutions that work together to create the program of interest. Finally, in order to maximize the study's benefit to policy makers, a "cost-to-taxpayer" approach was used for this evaluation.

Results

Question #1: Has the RCADC been implemented as intended and are they delivering planned services to the target population?

YES. Using the 10 Key Components of Drug Courts (NADCP, 1997) as a framework, NPC examined the practices of the RCADC program. Overall, the Rutland Drug Court is doing an exemplary job of demonstrating the 10 Key Components. We found that the RCADC:

- Integrates alcohol and other drug treatment services effectively with justice system case processing,
- Does an excellent job of using a non-adversarial approach between prosecution and defense counsel,
- Provides a very good continuum of treatment services,
- Uses frequent alcohol/drug testing to monitor abstinence,
- Has a reward and sanction structure for responding to participant compliance,
- Has had regular evaluations and used the feedback in determining policies and procedures,
- Has a judge that is well respected and liked by the team and participants,
- Has provided national and local training in the drug court model to all team members, and
- Excels at developing partnerships with public and private community agencies and organizations.

¹ See drug court cost-benefit studies at www.npcresearch.com

The areas in which the RCADC may wish to implement changes to enhance their services are as follows:

- Longer terms for the drug court judge,
- More explicit explanations of the reason and purpose for specific sanctions for the benefit of both the participant receiving the sanction and the participants observing in court,
- Full observation of all UAs for both genders,
- Increasing the frequency of drug tests (such as using less expensive tests),
- Finding ways to provide practical support for participants to enhance their ability to comply with program requirements and increase graduation rates,

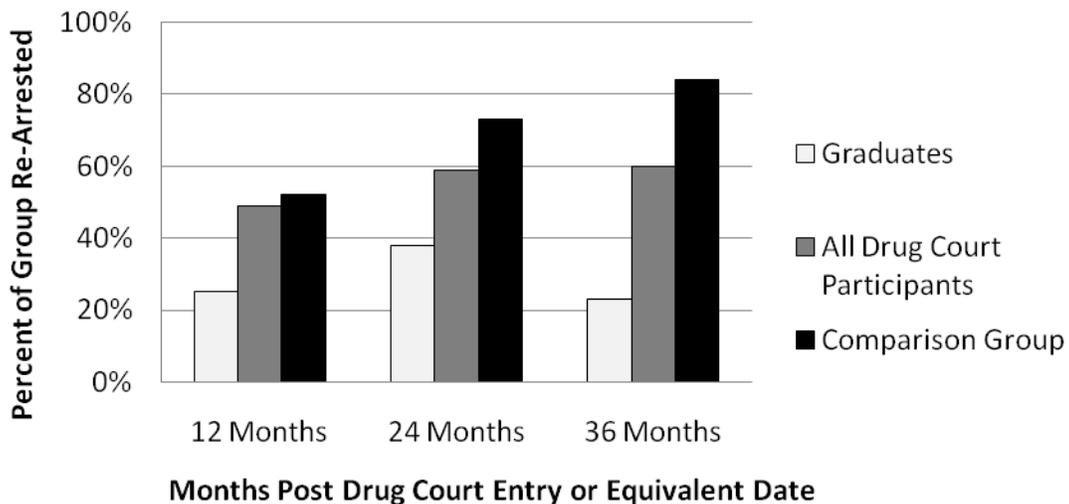
A detailed list of all recommendations resulting from the process, outcome and cost evaluations is provided in the recommendations section at the end of the main report.

Question #2: Does the RCADC reduce recidivism?

YES. The results of the outcome analysis for the Rutland County Adult Drug Court were positive. Recidivism rates, the percent of individuals who were re-arrested, were significantly lower for drug court participants.

After 3 years, 23% of the graduates and 61% of all drug court participants were re-arrested following entrance into the drug court program, while 84% of comparison group members were re-arrested (see Figure A). This difference was significant at 36 months ($p < .01$) and significant at the level of a “trend” at 24 months ($p < .10$).²

Figure A. Percent of Graduates, All Drug Court Participants, and Comparison Group Re-Arrested Over 36 Months



In addition, compared to offenders who experienced traditional court processes, the RCADC participants (regardless of whether they graduated from the program):

² Note: N sizes by group and time period are as follows: 12 Months: Graduates n = 32, All Drug Court Participants n = 79, Comparison Group n = 101; 24 Months: Graduates n = 24, All Drug Court Participants n = 63, Comparison Group n = 89; 36 Months: Graduates n = 13, All Drug Court Participants n = 45, Comparison Group n = 69.

- Had 3 times fewer drug charges in the 3 years after drug court entry,
- Had 3 times fewer violent charges in the 3 years after drug court entry,
- Had nearly half as many re-arrests 3 years from program entry, and
- Had significantly reduced drug use over time in the program.

Further analyses showed that the drug court is keeping participants in the program during the intended 8-month length of the program but that graduates were significantly more likely to spend longer (just over a year) in the program. In addition, participants who spent less time in the program were more likely to be re-arrested. This suggests that participants benefit from longer time in the program.

The graduation rate for the RCADC program is 36%, which is 15% below the national average. This graduation rate, along with the data on length of stay described above, suggests that the RCADC team should spend some time working toward ways to assist participants in addressing challenges to following program requirements so that a greater number can stay in the program longer and successfully complete the program.

Overall, the drug court program has been successful in its main goals of reducing drug use and recidivism among its participants and increasing public safety.

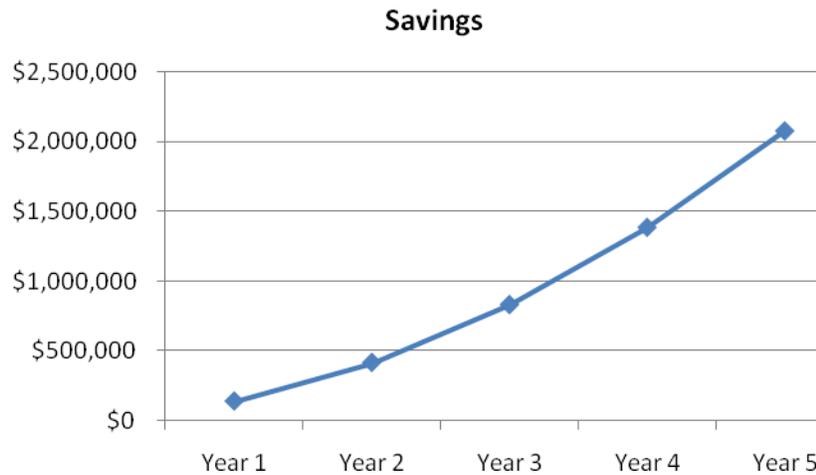
Question #3: Is there a cost-savings to the taxpayer due to RCADC drug court participation?

YES. The Rutland County Adult Drug Court results in significant cost savings and a return on the cost invested in the program.

The program investment cost was \$19,405 per drug court participant. The cost due to recidivism (re-arrests, new court cases, probation, incarceration and victimizations) over three years from program entry was \$48,277 per drug court participant compared to \$64,251 per comparison individual resulting in a savings of \$15,977 per participant (regardless of whether they graduate). If these participants continue to experience lower recidivism over time as has been demonstrated in other research (e.g., Finigan, Carey and Cox, 2008) these savings can be expected to continue to accrue. After 10 years the savings per participant accumulate to over \$53,000 per participant, a return of \$3 for every dollar invested in the program.

Further, the total RCADC *criminal justice system cost* per participant during the program is \$5,809 less than traditional court processing (\$9,749 if victimizations are included), so there is a clear benefit to the taxpayer in terms of criminal justice related costs in choosing the drug court process over traditional court processing.

As the existence of the RCADC continues, the savings generated by drug court participants due to decreased substance use and decreased criminal activity can be expected to continue to accrue, repaying investment in the program and beyond. The savings will also continue to grow with the number of participants that enter each year. If the RCADC program continues to enroll a cohort of **26** new participants annually, the savings per participant over 3 years results in an annual savings of **\$138,441** per cohort (including victimizations), which can then be multiplied by the number of years the program remains in operation and for additional cohorts per year. This accumulation of savings is demonstrated in Figure B. After 5 years, the accumulated savings come to over \$2,000,000.

Figure B. Projected Criminal Justice Cost Savings Over 5 Years

In sum, the RCADC program had:

- A 3-year criminal justice system cost savings of **\$15,977** including victimization costs,
- Criminal justice system costs that were 59% less during program participation compared to non-drug court participants during a similar time period,
- A projected 150% return on its investment after 5 years (a 1:1.5 cost benefit ratio), and
- A projected 300% return on its investment after 10 years (a 1:3 cost benefit ratio).

Overall, these results demonstrate that the RCADC program is effective in reducing recidivism and reducing drug use while using fewer criminal justice system resources during program participation and producing substantial taxpayer cost savings. Taken together these findings indicate that the RCADC is both beneficial to participants and beneficial to Vermont taxpayers.

BACKGROUND

In the past 20 years, one of the strongest movements in the United States focused on reducing substance abuse among the criminal justice population has been the spread of Drug Courts across the country. The first Drug Court was implemented in Florida in 1989. As of March 2008, there were 1,853 adult and juvenile drug courts active in all 50 states, the District of Columbia, Northern Mariana Islands, Puerto Rico, and Guam (NADCP, 2008).

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



The Rutland County Adult Drug Court team

In the typical drug court program, participants are closely supervised by a judge who is supported by a team of agency representatives operating outside their traditional roles. The team typically includes a drug court coordinator, case managers, substance abuse treatment providers, District/State's Attorneys, Public Defenders, law enforcement officers, and parole and probation officers who work together to provide needed services to drug court participants. District/State's Attorneys and Public Defenders hold their usual adversarial positions in abeyance to support the treatment and supervision needs of program participants. Drug 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 recidivism (GAO, 2005) and in reducing taxpayer costs due to positive outcomes for drug court participants (including fewer re-arrests, less time in jail and less time in prison) (Carey & Finigan, 2004; Carey et al., 2005). Some drug courts have even been shown to cost less to operate than processing offenders through business-as-usual (Carey & Finigan, 2004; Carey et al., 2005).

In 2002, under Act 128 the Vermont legislature established a pilot project to create drug court initiatives and begin implementing drug courts in 3 Vermont counties: Rutland, Chittenden, and Bennington. By 2007, at the sunset of Act 128, drug courts in Vermont were up and running on their own. Currently, in Vermont, there are three operational Adult Drug Courts, one Family Treatment Court and one Mental Health Court.

The Rutland County Adult Drug Court (RCADC) began its operations in January 2004 with the support of a federal grant. In early 2008, NPC Research ("NPC"), under contract with the Supreme Court of Vermont, Office of the Court Administrator, began a process, outcome and cost study of the Rutland County Adult Drug Court program (RCADC). The goals of this project are to evaluate the effectiveness of the RCADC in reducing recidivism, to determine the cost-benefits of drug court participation and to evaluate the RCADC processes. The results of this evaluation are designed to be helpful in assisting the drug court in improving the services to drug court participants, and in gaining support from the community.

Located in Portland, Oregon, NPC Research has conducted research and program evaluation for 19 years. Its clients have included the Department of Justice (including the National Institute of Justice and the Bureau of Justice Assistance); the Substance Abuse and Mental Health Services Administration (CSAP and CSAT in particular); state court administrative offices in Oregon, California, Maryland, Michigan, Minnesota, and Missouri; the Robert Wood Johnson Foundation; and many other local and state government agencies.

NPC Research has conducted process, outcome and cost evaluations of drug courts in Arizona, California, Indiana, Maryland, Michigan, Minnesota, New York, Oregon, and Guam. Having completed over 100 drug court evaluations (including adult, juvenile, DUI and family treatment drug courts), NPC is one of the most experienced firms in this area of evaluation research.

This evaluation project is funded under the Bureau of Justice Assistance Drug Court Implementation Grant 2003 DC-BX-0068. This report contains the process, outcome and cost evaluation for the Rutland County Adult Drug Court performed by NPC. The process evaluation methods and results are presented first, followed by the outcome methods and results and the cost evaluation methods and results respectively.

PROCESS EVALUATION

A process evaluation considers a program's policies and procedures and examines whether the program is meeting its goals and objectives. Process evaluations generally determine whether programs have been implemented as intended and are delivering planned services to target populations. To do this the evaluator must have criteria or standards to apply to the program being studied. In the case of drug treatment courts, some nationally recognized guidelines have been established and have been used to assess drug court program processes. The standards established by the National Association of Drug Court Professionals (1997) are called the "Ten Key Components of Drug Courts." Good process evaluation should provide useful information about program functioning in ways that can contribute to program improvement. The main benefit of a process evaluation is improving program practices with the intention of increasing program effectiveness for its participants. Program improvement leads to better outcomes and impacts and in turn, increased cost-effectiveness and cost-savings.

For this evaluation, the RCADC process was examined to determine whether, and how well, the program was manifesting the 10 Key Components. Program practices were compared to national data on common drug court practices as well as data from recent studies on practices related to positive participant outcomes such as graduation, reduced recidivism and cost savings.

The next section outlines the methods used in the RCADC process evaluation. Following is a brief overview of the RCADC procedures and practices. (A detailed description of the RCADC program can be found in Appendix A). After the process overview are the results of the process evaluation for each of the 10 Key Components. This section describes how the RCADC practices fit within each component and compare to national data and research on drug court practices. Each component is followed by NPC's suggestions and recommendations for enhancing program practice.

Method

The information that supports the process description was collected from staff interviews, drug court participant focus groups, observations of the RCADC, and program documents such as the RCADC's Participant Handbook. The majority of the information was gathered from one-on-one key stakeholder interviews and, as much as possible, the evaluators have attempted to provide the information in the same words in which it was given. The methods used to gather information from each source are described below.

SITE VISITS

NPC Research (NPC) evaluation staff members conducted a site visit in July 2008. During this visit, staff observed an RCADC session and a drug court team meeting; interviewed key drug court staff; and facilitated two focus groups, one with current drug court participants and graduates, and one with previous participants who did not complete the program. These observations, interviews, and focus groups provided information about the structure, procedures, and routines used in the drug court.

KEY STAKEHOLDER INTERVIEWS

Key stakeholder interviews, conducted by telephone, were a critical component of the RCADC process study. NPC staff conducted detailed interviews with individuals involved in the adminis-

tration of the drug court, including the current Judge, Drug Court Coordinator, Deputy State's Attorney, Public Defender, Drug Court Case Manager, Director of Adult Substance Abuse Services at Evergreen Substance Abuse Services and the State Treatment Court Coordinator.

Interviews were conducted using NPC's Drug Court Typology Interview Guide,³ which provides a consistent method for collecting structure and process information from drug courts. In the interest of making the evaluation reflect local circumstances, this guide was modified to fit the purposes of this evaluation and this particular drug court. 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 RCADC.

For the process interviews, key individuals involved with RCADC administration and program implementation were asked questions in the Typology Guide during telephone interviews, a site visit and in a follow-up telephone contact. This approach allowed us to keep track of changes that occurred in the drug court from the beginning of the project to the end.

FOCUS GROUPS

NPC staff conducted a focus group with current participants and graduates (N=9) and a focus group of previous participants who did not complete the program (N=5). The focus groups took place during a July 2008 site visit. The focus groups provided current and past participants with an opportunity to share their experiences and perceptions regarding the drug court process. A summary of these focus groups can be found in Appendix B.

DOCUMENT REVIEW

In order to better understand the operations and practices of the RCADC, the evaluation team reviewed program documents including the policy manual, the participant handbook, the Participant Orientation Information brochure, the multiple forms used by the program in processing participants (e.g., consent form, Continuing Care agreement), previous evaluation reports, and other documents.

Process Evaluation Results

Following is the RCADC process overview. This includes some brief information about Rutland County for context and then provides a brief description of the program process including drug court implementation, treatment providers, team members and program phases.

RUTLAND COUNTY ADULT DRUG COURT OVERVIEW

Rutland County, composed of 933 square miles, is located in central Vermont. The City of Rutland is the county seat. As of the 2006 census estimate, this county had a population of 63,641 with almost 80% of the population over the age of 18. The racial composition of the county was 98% Caucasian, with less than 2% of the population from other races. The median household income in 2004 was \$39,607, with approximately 10% of individuals living below the federal poverty level.⁴

³ The Typology Guide was originally developed by NPC Research under a grant from the Bureau of Justice Assistance and the Administrative Office of the Courts of the State of California. A copy of this guide can be found at the NPC Research Web site at

[www.npcresearch.com/Files/NPC_Research_Drug_Court_Typology_Interview_Guide_\(copyrighted\).pdf](http://www.npcresearch.com/Files/NPC_Research_Drug_Court_Typology_Interview_Guide_(copyrighted).pdf)

⁴ <http://quickfacts.census.gov/qfd/states/50/50021.html>

According to the U.S. Drug Enforcement Agency website (2008), marijuana is the most widely abused drug in the State of Vermont. However, high-purity level heroin is available throughout the state, particularly in Rutland. Cocaine is also a significant problem throughout the state, especially in urban areas including Burlington and Rutland. In response to the number of drug abusers cycling through the system, the Rutland County Adult Drug Court (RCADC) program was implemented in January 2004, after Judge Nancy Corsones at the Rutland District Court secured a 3-year federal Bureau of Justice Assistance (BJA) grant for drug court startup and implementation.

The RCADC is a voluntary program that targets offenders with substance abuse problems, particularly those charged with felonies (including drug possession, property offenses, and forgery) with the goals of reducing alcohol and other drug-related crimes committed by substance-abusing defendants, increasing public safety and improving the overall quality of life for the entire community.

As of May 2008, approximately 111 people have entered the RCADC since its inception, with 21 to 25 active participants at any one time. Of the 111 participants, 32 have graduated, 59 withdrew or were terminated, and 20 were active. The average age of these participants was 27 years, and just over half (55%) were female. Over 95% of these participants were white and the most common drug of choice was heroin (50%) followed by prescription drugs (23%) and then cocaine (11%). A team member reported noticing a “huge increase in prescription drug addiction in 2007.” Alcohol is also used by a majority of the participants, generally as a part of poly-substance use.

The target population of the drug court program is individuals whose criminal offense is strongly tied to or arises from their addiction. Charges targeted for program entry are both misdemeanors and felonies that include possession, property offenses, and forgery. Most participants come to the drug court with multiple charges that include both misdemeanors and felonies. Most individuals who have successfully completed the drug court have their sentences dismissed. For cases with multiple defendants and with more serious charges, the defendants may plead and be sentenced to a reduction of charges if successful.

Currently the drug court participants have three options: pre-plea, post plea or post-conviction, depending on the status of the offender at the time of referral. The key factors that determine whether or not an individual must enter a plea are if the charge is a violation of probation or a violation of probation with a new crime. In the case of very high risk offenders the State or court may require a plea and/or sentence prior to program entry.

When individuals begin the program, they are enrolled in a conditional period for drug court that lasts a minimum of three weeks following which the team may invite them to sign the drug court contract. There are three phases in the RCADC program. Participants completing the conditional period go directly into Phase I of the program. During Phase I the focus is on stability, intensive treatment and recovery. In Phase II the focus is on building social capital, education, work, safe and sober housing and sober recreational activities and in Phase III the focus is on transition to long-term abstinence. RCADC requires a minimum of 30 days of continued abstinence in Phase I, 60 days in Phase II, and 120 days in Phase III, for a total of 210 days (about 7 months) minimum participation and abstinence before graduation.

In order to advance from each phase, participants must have completed all phase requirements and receive a recommendation from the drug court team. Successful completion of the requirements of all phases results in graduation from the program.

Most treatment for RCADC participants is through a single treatment provider, Evergreen Treatment Services, the substance abuse arm of Rutland Mental Health Services. The majority of drug court clients go through intensive outpatient treatment (IOP) and all participants are required to attend self-help meetings (AA/NA) at least 3 times a week. Many other services are available and/or required for those who need them, including individual and group outpatient sessions, residential treatment, gender-specific treatment sessions (women's groups, men's groups), a relapse prevention group, mental health counseling and psychiatric services, anger management/violence prevention and family/domestic relations counseling. Language-specific or culturally specific programs are not offered. There is very little racial/ethnic diversity in the participant population; almost all participants have been Caucasian.

The RCADC is comprised of a team of key stakeholders that includes the judge, coordinator, prosecutor, defense attorney, and the case manager. The judge is part of the drug court team. He attends staffing meetings (team meetings where participant progress is discussed) where his role is to facilitate the discussion and bring the team to consensus on issues that arise. In the court hearings he speaks directly to the participants about their progress or lack thereof and delivers incentives and sanctions; what the staff describes as the evidence-based contingency management program used to change participants' behavior.

There have been two coordinators since the implementation of the RCADC. The current coordinator was hired in August 2005. She manages the drug court and ensures all players receive the necessary information to perform their roles including attorneys, probation officers, treatment providers, participants, and staff within the District Court. She works with other community agencies on issues including housing and employment and is also the link to the Court Administrator's Office and the state treatment court coordinator.

Approximately 70% of the drug court participants are served by a dedicated Public Defender as opposed to private attorneys. The drug court Public Defender is a member of the drug court team, which discusses participants' progress, considers new referrals to drug court, and discusses policy issues. The Public Defender ensures that the individuals contemplating the drug court program understand the program's requirements including the rights they are waiving to enter the program. In working with the drug court, the Public Defender's role is non-adversarial compared to traditional court, recognizing that the person has a substance abuse addiction as well as related legal issues.

Two Deputy State's Attorneys for Rutland County split drug court duties—changing each month. Both Deputy SA's have been involved with drug court from its inception. The SA's office provides the legal screening for the potential participants; checking on criminal records, type of offense, history and issues around restitution. However, the traditional role changes as the drug court process proceeds because the prosecutor works as part of the team, where the defining characteristics of the job are less clear for both the prosecutor and the Public Defender.

The drug court's case manager began with the program in November 2003 prior to the drug court accepting its first client in January 2004. She is employed by Rutland Mental Health/Evergreen Treatment Services. The case manager tracks the participants' progress (e.g., UAs, attending treatment) and creates a case management progress report each week to present to the team. She sees herself as the link between the participants and community providers who provide the services necessary for the success of each individual. She coordinates services and helps the participants resolve issues such as finding child care or transportation so they can get to treatment or to a job, setting up appointments, and coordinating with individual counselors.

A State Drug Court Coordinator was hired in 2004, and her title was changed to State Treatment Court Coordinator in 2006. She works for the State Court Administrator's Office and oversees all problem-solving courts. Her role is to support the local coordinators and teams, and to ensure that the teams' training needs are met, that the local teams are using research and following best practices, and that there is funding for sustainability. She also writes and manages grants, as well as updates legislators about the drug courts in Vermont and the national research on drug courts.

All participants are tested for drug use on a random drug testing schedule. Tests are randomized through color coding, and participants call a hot line each night to find out the color for the following day. When their color comes up, they go in the next day for testing.

No participant fee is assessed for participating in the RCADC. The drug court participants are, however, expected to agree to their restitution and restitution orders are issued.

According to drug court staff, the RCADC uses an evidence-based system of contingency management for delivering incentives and sanctions in response to participants' behavior. It has evolved through experience and through information about best practices in this area. Currently, the judge gives out recovery stones with messages on them, such as "Courage." Other incentives are built into the advancing stages of the program.

When participants are noncompliant in the drug court program a graduated set of sanctions are imposed on the participants. The behaviors that are sanctioned include (but are not limited to), positive drug tests, missed treatment or tardiness at treatment, missed call-ins and new criminal activity. The program realizes the importance of responding to behaviors as soon as possible, and its goal is to hand out sanctions or incentives within 7 days of the triggering behavior, or immediately when possible and appropriate. Sanctions are graduated and include writing an essay on a drug court-related topic, increased frequency of drug testing and incarceration.

A participant may be terminated from the drug court program if the participant fails to comply with the participant contract and subsequent graduated sanctions. Other reasons for termination include, two consecutive unexcused absences from drug court hearings, if the participant is a danger to the mental or physical well-being of other participants; and/or there is an issue of program integrity or public safety in the community.

To be considered for graduation from the RCADC, participants must successfully complete all three phases of the drug court program and be considered by the team to have reached maximum benefit of the program. The team has recently modified requirements to include a review of participant applications before advancing to the next phase of the program. In addition to having the required number of clean days the participant must demonstrate how they have grown in their self care and recovery process during that phase. Potential graduates must now complete a graduation application to include their plan for self management following drug court.

The team may decide to keep someone in the program longer to be sure that they are stabilized on a new medication, if they recently went through a difficult time (such as a parent dying), or if they are pregnant.

Graduation takes place at the beginning or the end of a drug court session (depending on the judge). The individual is called up to the front of the courtroom and the team members are invited to talk about the participant, their progress and the team member's relationship to that person, seeing him/her grow, and relate anecdotal stories. The State's Attorney gives a copy of the dismissal of charges and/or discharge from probation to the participant and the judge awards a certificate.

For more information on the Rutland Drug Court, Appendix A contains a detailed description of its procedures and practices. The following section provides NPC's 10 Key Component Evaluation of the program along with suggestions and recommendations for program enhancement.

RCADC 10 Key Components Results

This section lists the 10 Key Components of Drug Courts as described by the National Association of Drug Court Professionals (NADCP, 1997). Following each key component are research questions developed by NPC for evaluation purposes. These questions were designed to determine whether and how well each key component is demonstrated by the drug court. Within each key component, drug courts must establish local policies and procedures to fit their local needs and contexts. There are currently few research-based benchmarks for these key components, as researchers are still in the process of establishing an evidence base for how each of these components should be implemented. However, preliminary research by NPC connects certain practices within some of these key components with positive outcomes for drug court participants. Additional work in progress will contribute to our understanding of these areas.

Key components and research questions are followed by a discussion of national research available to date that supports promising practices, and relevant comparisons to other drug courts. Comparison data from the National Drug Court Survey performed by Caroline Cooper at American University (2000), and from previous research performed by NPC and other researchers are used for illustrative purposes. Finally, the practices of the RCADC in relation to the key component of interest are described, followed by recommendations pertinent to each area.

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

Research Question: Has an integrated drug court team emerged?

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

National Research

Previous research (Carey et al., 2005; Carey, Finigan, & Pukstas, 2008) 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.

Research has also demonstrated that drug courts with one treatment provider or a single central agency coordinating treatment resulted in more positive participant outcomes including lower recidivism costs (Carey et al., 2005, Carey, Finigan, & Pukstas, 2008).

RCADC Process

- The drug court team is comprised of the Judge, Coordinator, prosecutor, defense attorney, and the Case Manager—representatives from a range of collaborating agencies.
- A Drug Court Oversight Committee meets 4 times a year to review the program's policies and to review and revise the policy manual. A representative from the main treatment provider sits on this committee.

- Most treatment for RCADC participants is through one treatment provider, Evergreen Substance Abuse Services. Evergreen performs the program's drug testing.
- The Case manager brings notes for the team to the courthouse early on the day of staffing and drug court sessions. She attends the staffing meetings where she keeps the team informed about treatment issues and progress. The Director of Evergreen's Adult Substance Abuse Services acts as liaison between the drug court team and the treatment team at Evergreen, attends drug court sessions and is a member of the Oversight Committee.

Suggestions/Recommendations

The RCADC team includes representatives from a range of collaborating agencies and has one central agency coordinating treatment, both of which may contribute to more positive outcomes for participants, according to research. The RCADC appears to be doing an exceptional job of implementing this key component; there are no suggestions for this area at this time.

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

Research Question: Are the Office of the Public Defender and the State's Attorney satisfied that the mission of each has not been compromised by drug court?

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

National Research

Research by Carey, Finigan, and Pukstas (2008) found that participation by the prosecution and defense attorneys in team meetings and at drug court hearings had a positive effect on graduation rate and on recidivism⁵ costs.

In addition, allowing participants into the drug court program only post-plea was associated with lower graduation rates and higher investment⁶ costs. Higher investment costs were also associated with courts that focused on felony cases only and with courts that allowed non-drug-related charges. However, courts that allowed non-drug-related charges also showed lower recidivism costs. Finally, courts that imposed the original sentence instead of determining the sentence when participants were terminated had lower recidivism costs (Carey, Finigan, & Pukstas, 2008).

Local Process

- Prosecution and defense counsel (the State's Attorney and Public Defender) are included as part of the drug court team, attend staffing and drug court appearances.

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

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

- Both the Public Defender and State’s Attorney, among others, may identify potential drug court participants. While the majority of the referrals come from defense attorneys, the State’s Attorney’s office screens individuals for drug court.
- There are two Deputy State’s Attorneys that split drug court duties, rotating monthly.
- During a 3-week conditional (drug court entry) period, the Public Defender and the State’s Attorney together determine a potential participant’s “package” (what will happen legally depending on whether the person is successful in drug court or not).
- Although the attorneys may disagree at times, those issues are addressed in team meetings or at the bench, not in the courtroom.
- The prosecutor and the defense counsel agreed that while they continue to fulfill the mission of their respective offices, they function as part of a team and abide by the team’s decisions.

Suggestions/Recommendations

- There appeared to be some challenge for the two SAs in updating each other when they rotate their drug court team position. We suggest that the two SAs determine how much this may be affecting the team and whether there are some ways they can ensure that appropriate updates happen in a timely manner.

Other than this one issue, the RCADC appears to be implementing this key component using the promising practices currently known; there are no further suggestions for this area at this time.

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

Research Questions: Are the eligibility requirements being implemented successfully? Are potential participants being placed in the program quickly?

The focus of this component is on the development and effectiveness of the eligibility criteria and referral process. Different drug courts allow different types of criminal histories. Has the drug court defined their eligibility criteria clearly? Are these criteria written and provided to the individuals who do the referring? It is also of interest how the drug court determines 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 drug court.

Related to the eligibility process is how long it takes a drug court participant to move through the system. The goal is to implement an expedient process. How much time passes between arrest and drug court entry? Who is involved in the referral process? Is there a central intake for treatment for expedient placement in the program?

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 non-drug-related charges also had lower outcome costs, though their investment costs were higher.

- Those courts that expected 20 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, Finigan, & Pukstas, 2008).

Local Process

- Potential participants may be identified by law enforcement, a defense attorney, State's Attorney, Judge, Probation Officer, or clinicians/case managers.
- The RCADC has written eligibility requirements, and they are available to all agencies/individuals that can make referrals to the program.
- The eligibility requirements target the intended population (those whose criminal offense is strongly tied to, or arises from, their addiction).
- The RCADC program has both pre- and post-plea and post-conviction entry options, depending on the case. Individuals required to enter a plea prior to drug court are those with violations of probation with a new charge, a DUI, or with a complex case involving multiple defendants. Determination of which process will occur depends the program criteria as well as the opinion of the State's Attorney.
- Time between arrest and referral to drug court is expected to be no more than 30 days (at arraignment).
- Time between referral and drug court entry depends on the time necessary to complete the following steps: Referral to drug court; team discussion at staffing; legal screen; GAIN assessment taken by participant and reviewed by Evergreen treatment team; Case Manager brings assessment results to team; team offers drug court to individual; conditional period (3 weeks); drug court entry.
- The average time between arrest and entry into the RCADC is 71 days (based on administrative data collected on participants). During this time, RCADC participants incur substantial criminal justice system costs (as described in the cost section of this report).
- Team members identified the team discussion at staffing (following referral to drug court) as a place where delays have occurred due to the State's Attorney's Office being overloaded and causing the SA to be unprepared to discuss potential participants.
- The drug court's capacity is 25 at one time; there is one case manager for the drug court.
- Capacity does not meet community need due to a shortage of case managers; potential participants are retained on a waiting list (at least 10 people were on the list at the time of the stakeholder interviews, although not all may be found eligible for drug court).

Suggestions/Recommendations

- RCADC should conduct a review and analysis of the case flow from referral, to eligibility determination, to drug court entry. We suggest that the team identify additional bottlenecks or structural barriers that are points in the process where more efficient procedures may be implemented to shorten time to drug court entry. The judge, coordinator and State Treatment Court Coordinator should use the drug court team to brainstorm—and test—possible solutions to issues that are identified (for example, the Office of the Public Defender and the State's Attorney's will want to look for ways in which the additional time needed to review and/or debrief cases before staffing may be accomplished.) The program should set a goal for how many days it should take to get participants into the pro-

gram, and work toward achieving that goal. The closer program entry is to 20 days, the better for investment and outcome costs (Carey, Finigan, & Pukstas, 2008).

- Work on possible arrangements that would get more participants into the program pre-plea, rather than post-plea as this would result in lower costs to the criminal justice system.
- The drug court has been unable to accept all eligible individuals into the program without additional case management time. Since the time of the key stakeholder interviews for this evaluation, the Court Administrator's Office was the recipient of a grant from the Bureau of Justice Assistance in the amount of \$333,002 for statewide enhancement of the Vermont Treatment Court System. The award has been submitted for Legislative approval. If approved, this grant will add a part-time case manager to the Rutland Drug Court. It is highly recommended that the legislature approve this award and that at least one additional case manager be hired.

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

Research Question: Are diverse and specialized treatment services available?

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

National Research

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

Clients who participate in group treatment sessions 2 or 3 times per week have better outcomes (Carey et al., 2005). Programs that require more than three treatment sessions per week may create a hardship for clients, and may lead to clients having difficulty meeting program requirements. Conversely, it appears that one or fewer sessions per week is too little service to demonstrate positive outcomes. Individual treatment sessions, used as needed, can augment group sessions and may contribute to better outcomes, even if the total number of treatment sessions in a given week exceeds three.

The American University National Drug Court Survey (Cooper, 2000) showed that most drug courts have a single provider. 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.

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.”

Local Process

- The Director of Evergreen Adult Substance Abuse Services attends drug court staffing meetings, drug court sessions when possible, and is part of the Oversight Committee. The Case Manager from Evergreen attends staffing meetings and drug court sessions.
- The RCADC program consists of three phases following a 3-week conditional period, and has required a year of Continuing Care Services following graduation, so participants can feel that they have made progress over time and begin to take responsibility for restructuring their lives while still under program supervision.
- Participants are referred to treatment, usually with The Quitting Time, an intensive outpatient program (IOP) 5 days a week for 3 to 3½ hours per day.
- The RCADC has requirements that must be satisfied in order for a participant to move from one phase to the next, but the content of the required treatment plan, the number of group meetings required, and how the team determines whether a participant is ready to move to the next phase, or graduate, is not clear (particularly to the participants who appear to focus on the minimum length of time in each phase rather than on treatment goals).
- The program takes a holistic approach to treatment, recognizing that the whole person needs to be addressed, not just the alcohol or drug abuse.
- In addition to drug and alcohol treatment, mental health services are available to participants, although some team members and participants said that more are needed.
- Adult education and help with employment is available in the community. Turning Point, a community organization, offers 12-step meetings and other positive activities to drug court participants, and some participants who have left the program have continued to be involved.
- The coordinator and case manager have forged relationships with community agencies to provide resources for drug court participants, including Rutland Housing Coalition, Rutland Housing Authority, Health and Human Services Department, the Sheriff’s Department, the local shelter, Probation and Parole, and many others.

Suggestions/Recommendations

- This program requires treatment for several hours five days per week. Programs that require treatment sessions 2 or 3 times per week in Phase I had better outcomes than more frequent and less frequent requirements (Carey, Finigan, & Pukstas, 2008). Treatment that is too time intensive may prevent participants from successfully completing other program requirements, such as finding and keeping employment, which may contribute to the relatively low graduation rate experienced by this program. As focus group participants stated, “The team is not willing to accept that other parts of life might keep you from going to group.” “I need to go to work when the job calls.” “Drug Court is not going to pay my bills.” The program may want to consider reducing the treatment requirements during Phase I.

- Participants suggested the following additional services: help with transportation and/or help in getting driver's licenses back, more housing, more mental health services, child care (e.g., during court sessions), help managing common household tasks (like balancing a check book and budgeting), and career counseling. As such services may facilitate the ability of participants to succeed in the program (and outside the program), the coordinator and the case manager should continue their already impressive work in the community toward developing relationships with any additional community agencies or individuals that may be available to provide these services. The team and Oversight Committee should brainstorm ways to meet these needs as well as possible sources of funds or other resources necessary to provide those services.

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

Research Question: Compared to other drug courts, does this court test frequently?

The focus of this key component is on the use of alcohol and other drug testing as a part of the drug court program. This component encourages frequent testing but does not define the term "frequent" so drug courts develop their own guidelines on the number of tests required. Related to this component, the drug court must assign responsibility for these tests and the method for collection.

National Research

Research on drug courts in multiple states (Carey, Finigan, & Pukstas, 2008) found that drug testing that occurs randomly, at least 3 times per week, is the most effective model. Less frequent testing resulted in less positive outcomes while outcomes for programs that tested more frequently than 3 times per week were no better or worse than outcomes for those that tested 3 times per week.

Results from the American University National Drug Court Survey (Cooper, 2000) show that the number of urinalyses (UAs) given by the large majority of drug courts nationally during the first two phases is two to three per week.

Local Process

- Random drug testing takes place at least 3 times per week in Phase I, at least 2 times per week in Phase II and 2 times per week in Phase III, decreasing to once per week. Tests are randomized through color coding, which means that each phase has been assigned a color, and participants call a hot line each night to see whether their phase's color came up—if so, they are tested the next day.
- The program has changed some drug testing requirements to an "as needed" basis. For example, a person testing positive for marijuana does not need to be tested 3 times per week unless suspected of using something else.
- Participants are tested through urinalyses (UAs), breathalyzer or EtG (alcohol tests).
- The program intends for all samples to be fully observed, but a lack of male observers has meant that not all tests are observed, according to participants who report that as few as half their tests have been observed.
- The Case Manager, as part of monitoring drug use, periodically counts the number of prescribed pills that belong to participants.

Suggestions/Recommendations

- Arrange for a male observer to be available at all times when urine sample are being collected from males. Document not only when tests occurred, but who observed them, in order to determine the actual percentage of tests that are being observed and whether an increase in observed drug tests resulted in increased program compliance.
- Research ways to increase the frequency of drug tests (such as using less expensive tests) instead of performing on an “as needed” basis. Drug testing is one of the key therapeutic tools for decreasing or stopping drug use (Marlowe 2008).
- Focus group participants stated that they were able to predict when their testing color would come up, particularly when UAs became less frequent farther into the program. They recommended another method for randomizing tests, or more frequent testing.
- Focus group participants suggested that the pill counting procedure should be changed so that an observer (in addition to the participant or the case manager, who counts the pills) verifies the pill counts. The drug court team and the treatment team should review the reason(s) for counting prescribed medication and determine whether it is necessary to continue to do so. If it is deemed necessary, then procedures should be put into place that allay concerns on the part of participants regarding inaccurate pill counts.

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

Research Questions: Do program staff work together as a team to determine sanctions and rewards? Are there standard or specific sanctions and rewards for particular behaviors? Is there a written policy on how sanctions and rewards work? How does this drug court’s sanctions and rewards compare to what other drug courts are doing nationally?

The focus of this component is on how the drug court team responds to clients’ behavior during program participation, including how the team works together to determine an effective, coordinated, response. Drug courts have established a system of incentives and sanctions that determine the program’s response to acts of both non-compliance and compliance with program requirements. This system may be informal and implemented on a case-by-case basis, or this may be a formal system applied evenly to all clients, or a combination of both. Who makes the decisions about the appropriate response to participant behavior? Drug court team members may meet and decide on responses, or the judge may decide on the response in court. Drug court participants may (or may not) be informed of the details on this system of rewards and sanctions so their ability to anticipate a response from their team may vary significantly across programs.

National Research

Nationally, the drug court judge generally makes the final decision regarding sanctions or rewards, based on input from the drug court team. In addition, all drug courts 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).

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 person who provides sanctions. Allowing team members to dispense sanctions makes it more likely that sanctions occur in a timely manner, more immediately after the noncompliant behavior. Immediacy of sanctions is related to improved gradua-

tion rates and better outcomes. However, having the judge as the sole dispenser of rewards is related to greater cost savings.

Local Process

- The RCADC has clearly stated guidelines about what constitutes compliant and noncompliant behavior. This information is written in the participant handbook that is given to all participants.
- The RCADC separates court-ordered sanctions and treatment responses. The judge and case manager make sure that participants understand the difference and the reason why some behaviors result in an increase in treatment while others receive sanctions, such as time in jail.
- The program's goal is to impose sanctions or incentives within 7 days of the behavior, or immediately, where appropriate.
- The RCADC has a variety of rewards available.

Suggestions/Recommendations

- Although the program's intent is to separate sanctions and treatment responses, the list of behaviors that result in sanctions (as included in the Policy and Participant Manuals) includes positive drug tests, missed treatment or tardiness at treatment, and "other noncompliance with individualized treatment plan." The manuals state that participants receive graduated sanctions to these and other behaviors, only one of which appears to be a treatment sanction (increased frequency of drug testing). In order to clarify the difference between sanctions and treatment responses, the program's manuals should list behaviors that result in a treatment response separately from a court-ordered sanction, as well as separate lists of possible treatment responses and possible sanctions.
- Clarifying the difference between treatment and other behaviors and responses may help address the concern reported during a participant focus group that not everyone is treated fairly, especially regarding sanctions.
- Focus group participants (those in both the terminated group and in the graduated/active group) stated that they frequently observed different sanctions for the same behavior, even if it was the first time that behavior had occurred for the participant involved. "Everybody's first sanction should be the same. They skip around and the sanctions can start out with a week in jail while somebody else gets two days of work crew." Participants suggested that it would be better for them if they saw a consistent response to specific types of behaviors.
- Because different participants respond differently to the same incentives and sanctions, it can be important to provide individualized responses to behavior. However, it would be a better learning experience for the participants observing as well as the participants receiving the sanction if they are given a clear explanation of what specific behavior resulted in a sanction, why they received the specific sanction they did and what they are expected to learn from the sanction. This may also help the team focus on responses that are focused on changing participant behavior.
- Although the program has an extensive list of possible incentives and sanctions, it is important to continue to strive to find creative and effective responses to participant non-compliance that are focused on changing participant behavior. For additional ideas and

examples, please see Appendix C, which contains a sample list of rewards and sanctions used by drug courts across the United States. Some of these examples are already in use by this program, but others may provide new and useful ideas.

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

Research Question: Compared to other drug courts, do this court's participants have frequent contact with the judge? What is the nature of this contact?

The focus of this component is on the judge's role in drug court. The judge has an extremely important function for drug court in monitoring client progress and using the court's authority to promote positive outcomes. While this component encourages ongoing interaction, drug courts must still decide how to structure the judge's role. How often does the client interact with the judge in court? How involved is the judge with the client's case? Outside of the court sessions, the judge may or may not be involved in team discussions, progress reports and policymaking.

National Research

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

Research in California, Oregon, Michigan, Maryland, and Guam (Carey et al., 2005; Carey, Finigan, & Pukstas, 2008) demonstrated that participants have the most positive outcomes if they attend approximately one court session every 2 to 3 weeks in the first phase of their involvement in the program. In addition, programs where judges remained with the program at least 2 years had the most positive participant outcomes. It is recommended that drug courts not impose fixed terms on judges, as experience and longevity are correlated with cost savings (Carey et al., 2005; Finigan, Carey, & Cox, 2007).

Further Marlowe et al. (2006) demonstrated that lower risk participants do better with less judicial supervision while higher risk participants do better with more frequent judicial supervision.

Local Process

- RCADC participants attend drug court sessions once per week in Phase I, twice per week in Phase II, and 3 times per week in Phase III.
- Four judges have presided over the RCADC since it was implemented in January 2004. Judges must rotate out regularly. The current judge began working with the drug court January 2008 and will continue until September 2009.
- The RCADC judge speaks directly to participants during court sessions. Observations by the evaluators during court appearances revealed that participants appeared relaxed and joked and laughed a lot. The drug court judge was warm and caring toward participants. Focus group participants all spoke highly of the current judge.

Suggestions/Recommendations

- Some drug court team members and focus group participants found the change in judges to be challenging. The drug court team should look into possibilities for altering proce-

dures so that drug court judges could continue in that role without fixed terms, or could stay in the drug court role for at least 2 years.

- As research has shown that less frequent court appearances can have better outcomes (Marlowe, 2006; Carey, Finigan, & Pukstas, 2008), the RCADC team may want to consider reducing the frequency of drug court appearance to once every 2 weeks for participants in the first phase. This may also help reduce program costs and help increase program capacity).

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

Research Question: Are evaluation and monitoring integral to the program?

This component encourages drug 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. Monitoring and evaluation are assisted when the drug court maintains thorough and accurate records. Drug courts may record important information electronically, in paper files or both. Ideally, drug courts will partner with an independent evaluator to help assess their progress. Has the drug court program participated in an evaluation? Do they collect their own statistics? Lastly, it is important to determine how receptive programs are to modifying their procedures in response to feedback.

National Research

Carey, Finigan, and Pukstas (2008) found that programs with evaluation processes in place had better outcomes. Four types of evaluation processes were found to save the program money with a positive effect on outcome costs: 1) maintaining paper records that are critical to an evaluation, 2) the use of program statistics by the program to make modifications in drug court operations, 3) the results of program evaluations were used to make modification to drug court operations, and 4) the drug court has participated in more than one evaluation by an independent evaluator.

Local Process

- The RCADC's management information system (MIS) is located on the Coordinator's laptop computer. State-wide aggregate data are not possible at this time, but the State is in the process of creating a new Web-based accounting system (Vision) for state programs.
- The State Treatment Court Coordinator has proposed a MIS for this court that would operate through the judiciary case management system.
- The program has a set of five specific goals, and team members believe that the program is meeting those goals.
- An outside evaluator⁷ has completed a process evaluation of this drug court each year, and also helped to set up the MIS.
- Suggestions/Recommendations

⁷ Katherine Stanger, formerly with the University of Vermont

- The team may want to set aside time to discuss the findings and recommendations in this process evaluation, both to enjoy the recognition of its accomplishments and to determine whether any program adjustments are warranted.
- At the time of the key stakeholder interviews, the drug court team had begun discussions around requiring participants to complete a graduation application showing how they had met the requirements to successfully complete the program as well as applications to move from one phase to the next. Since then, the team has modified requirements to include a review of participant applications before advancing to the next phase of the program. Potential graduates must now complete a graduation application to include their plan for self management following drug court. This demonstrates how the RCADC team monitor their own process successfully and is responsive to participant needs, adjusting the process to enhance the quality of the program.

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

Research Question: Is this program continuing to advance its training and knowledge?

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

National Research

The Carey, Finigan, and Pukstas (2008) study found that drug court programs requiring all new hires to complete formal training or orientation, team members to receive training in preparation for implementation, and all drug court team members be provided with training were associated with recidivism cost savings and higher graduation rates.

Local Process

- Under the federal grant funding from 2003–2007, RCADC was able to finance extensive national and regional training for team members including; the annual New England Association of Drug Court Professionals (NEADCP) conference; National Association of Drug Court Professionals (NADCP) conference; and National Drug Court Institute (NDCI) Sanction and Incentives trainings in Florida and California.
- Several national drug court experts were brought to the state to educate teams, judges and stakeholders in the latest research and best practice in treatment courts including; the Bureau of Justice Administration & National Center for State Courts Evaluation Training Workshops and Douglas Marlowe, Ph.D., J.D. Chief of Science, Law and Policy at NADCP. Other in-state training included attending the yearly Vermont Conference on Addictive Disorders; Substance Abuse and Mental Health Services Administration Center for Substance Abuse Treatment (SAMHSA) Legal Rights training and other treatment, contingency management and cultural proficiency trainings.
- The RCADC no longer has the federal grant money that previously made it possible for team members to take advantage of trainings, conferences, and to bring drug court experts to Rutland County. All team members except the Judge have been part of the RCADC team

since the program began, so they were able to take advantage of these training opportunities (national and local) and conferences to supplement their experience.

- The Coordinator keeps the team informed about new information learned during trainings and conferences. She keeps a record of trainings that were attended and who attended them.

Suggestions/Recommendations

- The drug court team, in collaboration with partner agencies, should continue to ensure that all team members receive initial and continuing drug court training. The new grant recently received from BJA may be able to assist with funding for continued training.
- Continue to encourage judges who are new to the drug court to attend drug court training specific to their role (in particular the drug court model and the use of incentives and sanctions soon after becoming part of the drug court team.
- A team member suggested that the team needs additional education on dual-diagnosis (co-occurring disorder) issues, specifically how to work better with that population in drug court as well as training in determining level of risk.
- The drug court team could appoint a team member, perhaps the coordinator, who is already performing this task, to search for recent drug court research and other relevant information (such as that relating to dual-diagnoses) and send it to the rest of the team for review. Or team members could take turns performing this duty. Consider setting aside time at staffing meetings (perhaps quarterly), and/or at the Oversight Committee meetings to discuss new information and how it can be used to supplement the program.

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

Research Question: Compared to other drug courts, has this court developed effective partnerships across the community?

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

National Research

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

Local Process

- The RCADC has developed and maintained relationships with agencies that can provide services for participants in the community, as well as with the probation department and local attorneys.
- Participants are regularly referred for housing, health, and other services. Team members report that staff have good relationships with the residential treatment centers in the state, with physicians, and with the psychiatrist and psychiatric nurse practitioner who work with the program.
- Judiciary employees are not allowed to solicit funds, but the program does engage their community partners to do so. Team members commended the coordinator and the case manager for their work in building community relationships and bringing in community resources.
- A drug court team member stressed the need for dental services for participants, as many are in need of dental work, not only from a health standpoint, but to increase confidence and present a better appearance when looking for work. Medicaid does not pay for most dental work.

Suggestions/Recommendations

As recommended for Key Component #4, the coordinator and the case manager should continue their excellent work in developing relationships with community agencies, with a particular focus on finding ways to address the needs identified by participants (transportation, getting driver's licenses back, more housing and mental health services, child care, education support, help managing household issues, and career counseling), and by a team member (dental work).

PROCESS EVALUATION 10 KEY COMPONENT SUMMARY

Using the 10 Key Components of Drug Courts (NADCP, 1997) as a framework, NPC examined the practices of the RCADC program. Overall, the Rutland Drug Court is doing an exemplary job of demonstrating the 10 Key Components. We found that RCADC:

- Integrates alcohol and other drug treatment services effectively with justice system case processing,
- Does an excellent job of using a non-adversarial approach between prosecution and defense counsel,
- Provides a very good continuum of treatment services,
- Uses frequent alcohol/drug testing to monitor abstinence,
- Has a reward and sanction structure for responding to participant compliance,
- Has had regular evaluations and used the feedback in determining policies and procedures,
- Has a judge that is well respected and liked by the team and participants,
- Has provided national and local training in the drug court model to all team members, and
- Excels at developing partnerships with public and private community agencies and organizations.

The areas in which the RCADC may wish to implement changes to enhance their services are as follows:

- Longer terms for the drug court judge,
- More explicit explanations of the reason and purpose for specific sanctions for the benefit of both the participant receiving the sanction and the participants observing in court,
- Observation of all UAs fully for both genders,
- Increasing the frequency of drug tests (such as using less expensive tests), and
- Finding ways to provide practical support for participants to enhance their ability to comply with program requirements and increase graduation rates.

A detailed list of all recommendations resulting from the process, outcome and cost evaluations is provided in the recommendations section at the end of the main report.

OUTCOME EVALUATION

The 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. This includes whether the program is delivering the intended amount of services, whether participants are receiving the right services, whether participants are successfully completing the program in the intended amount of time, whether drug use is reduced and what factors lead to participants successfully completing the program. An outcome evaluation can also measure longer term outcomes (sometimes called an “impact evaluation”) including participant outcomes after program completion. In the case of drug court programs, one of the largest impacts of interest is recidivism. Are program participants avoiding the criminal justice system “revolving door?” How often are participants being re-arrested, spending more time on probation and in jail?

In this evaluation both short and long-term outcomes were assessed. This portion of the evaluation examined whether drug court participants were re-arrested less often than similar individuals who did not participate in drug court, whether drug court participants reduced their drug use and what participant characteristics predict whether or not they successfully complete the program.

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

Outcome Evaluation Methods

RESEARCH STRATEGY

The criminal justice system outcome that is most commonly used to measure the effectiveness of drug courts is the recidivism of drug court participants after they leave drug court programs. Re-arrests are defined in this study as any arrest excluding minor traffic citations. NPC Research identified a sample of participants who entered the RCADC between January 2004 and July 2007. This time frame allowed for the availability of at least 12 months and up to three years of recidivism data post-program entry for all program participants. This timeframe also allowed for recidivism outcomes for up to two years post program exit.

A comparison group was identified from a list of court cases for individuals arrested on a drug court eligible charge who have appropriate criminal histories as well as other factors that would have made them eligible for drug court. The majority of these individuals were arrested prior to the implementation of the program while others did not come to the attention of the drug court team for various reasons. The full comparison group selection process is described under the section on Sample Selection.

The drug court participants and comparison individuals were matched on age, gender, ethnicity, indication of prior drug use, type of charge for the index case arrest (drug, property or other) and criminal history, including prior arrests and prior drug arrests.

Both groups were examined through existing administrative databases for a period up to 36 months from the date of drug court entry. For comparison group members, an equivalent “start date” was calculated by adding the mean number of days from drug court eligible case arrest to drug court entry (for drug court participants), to the eligible arrest date of comparison group members. The evaluation team utilized the data sources described below, to determine whether

there was a difference in re-arrests, incarceration and other outcomes of interest between the drug court and comparison group.

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

Any differences in demographics and criminal history between drug court graduates and non-graduates were also examined to determine if there were indications of specific groups that would need additional attention from the drug court program to increase successful outcomes.

OUTCOME/IMPACT STUDY QUESTIONS

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

1. Does participation in drug court reduce the number of re-arrests for those individuals compared to traditional court processing?
2. Does participation in drug court reduce levels of substance abuse?
3. How successful is the program in bringing program participants to completion and graduation within the expected time frame?
4. What participant characteristics predict successful outcomes (program completion, decreased recidivism)?

DATA COLLECTION AND SOURCES

Administrative Data

NPC staff members adapted procedures developed in previous drug court evaluation projects for data collection, management, and analysis of the RCADC data. Once all data were gathered on the study participants, the data were compiled, cleaned and moved into SPSS 15.0 for statistical analysis. The evaluation team employed univariate and multivariate statistical analyses using SPSS (described in more detail in the data analysis section). The majority of the data necessary for the outcome evaluation were gathered from the administrative databases described below and in Table 1.

Table 1. RCADC Evaluation Data Sources

Database	Source	Example of Variables
Management Information System (MIS)	Rutland County Adult Drug Court (RCADC)	For drug court participants only: Demographics, time spent in drug court, discharge status, drug tests, days in residential treatment.
Offender Data Management System (ODMS)	Vermont Department of Corrections (DOC)	Days spent per month on parole, probation; days spent per month incarcerated; days spent per month in a furlough program
Vermont Crime Information Center (VCIC)	Department of Public Safety (DPS)	Number and type of arrests
Vermont Automated Docking System (VTADS)	Vermont Judiciary	Court case dates and charges
Rutland County Mental Health (RCMH) Information System	Rutland County Mental Health (RCMH)	Total dollar amount billed for mental health and substance abuse treatment services during drug court stay, e.g., outpatient, intensive outpatient, etc.

Rutland County Adult Drug Court

Data on drug court participants' time in the drug court was collected from the program Management Information System (MIS). NPC Research obtained a copy of the MIS Access database, which included information on demographics, drug court hearings, and drug testing. These data were used to examine demographic differences between drug court graduates and non-graduates, such as gender, ethnicity, and age, as well as estimate costs associated with program participation. These demographic data were also used to create a statistically equivalent comparison group.

Vermont Department of Corrections

The Vermont Department of Corrections (DOC) uses an Offender Data Management System (ODMS) that tracks involvement with parole, probation, and confinement in state correctional facilities, including jail and prison. The system provides the number of days per month that an individual spends under supervision, in a correctional facility or in a furlough program. These data were used to examine differences in outcomes between drug court and comparison group participants as well as estimate costs associated with these outcomes.

Additionally, the ODMS provides information on substance abuse history in the form of drug testing results. This information was used to identify potential individuals for inclusion in the comparison group sample.

Vermont Department of Public Safety

Arrest records for the drug court and comparison groups were gathered from the Vermont Crime Information Center (VCIC) through the Department of Public Safety (DPS). Arrest dates were obtained and grouped as those that occurred prior to participation in drug court (or the equivalent date for the comparison group) or as arrests that occurred subsequent to drug court start (or the equivalent date for the comparison group). These arrest data were categorized as drug, person, property, or other charges and were used to in the creation of the comparison group. Arrest data were also used to estimate costs associated with subsequent arrests and to determine recidivism results.

Vermont Judiciary

Data for subsequent court cases for drug court and comparison groups were collected from the Vermont Automated Docketing System (VTADS). This system contains information on court cases, including docket number, most serious charge, and date of appearance. These data are also used to estimate court costs for the drug court and comparison groups.

Rutland County Mental Health

Data for treatment services costs were collected from Rutland County Mental Health (RCMH). These data were based on the time spent in drug court (from start to exit) for drug court participants. These data included the total dollar amount billed by RCMH for group and individual outpatient treatment sessions, intensive outpatient, and mental health treatment services during the given time period for each individual in the drug court group and were used to estimate treatment costs for drug court. Identifiable data was not available on the comparison group and therefore was not included in the comparison group costs. Any costs compared between the drug court and comparison group included only data available on both groups.

SAMPLE SELECTION

As described above, a selection was made of a sample of individuals who had participated in drug court and a sample of individuals who had not for the comparison group.

Rutland County Drug Court Participant Sample

NPC identified the total number of participants who entered RCADC from January 2004 through July 2007. This time interval was chosen to allow at least 12 months of follow-up for every participant post drug court start. For this time period, there were 93 drug court participants who began the program, as defined as entering the conditional period between January 1, 2004, and July 31, 2007. This includes 88 drug court participants: 32 graduates, 56 non-graduates, and 5 participants who were still active at the time of the study which began in mid-2008. Two drug court participants entered the program twice in this time period. These participants are only included once in the discussion of outcome findings based on their last drug court entry. Eight drug court participants were omitted from criminal justice impact analyses because they spent less than three weeks (7 of the participants spent 14 days or less) in the program and therefore did not have a reasonable amount of time in the program to be able to attribute outcomes to program participation. Further, the RCADC has a three week “conditional” period during which the potential drug court participant can examine the program before making the decision to officially participate. During this time these individuals may not receive full services.

Comparison Group

The comparison group was identified from a list of court cases for individuals who were arrested on a drug court-eligible charge (see Attachment B of the Drug Court Manual) mainly from the time period before the drug court was implemented. This list was further refined by including only those who met the eligibility requirement for the drug court program in Rutland County in terms of arrest histories (individuals with convictions for violent or drug sales charges were excluded). Arrest histories were examined for the comparison group to ensure that these individuals were not diversion candidates and did not have their charges dismissed. Based on interviews with drug court staff members responsible for eligibility decisions, this group was then examined for other factors that would have made them good candidates for the drug court program. For those individuals who could be located in the Department of Corrections data system, a positive UA test was an indication of a possible substance abuse issues. For those not found in the DOC data system, a drug charge anywhere within their criminal history served as this indication. The two groups were matched on age, gender, ethnicity, indication of prior drug use, type of charge for the index case arrest (drug, property or other) and criminal history, including prior arrests and prior drug arrests. Any differences between the drug court and comparison group were controlled for in the analyses.

DATA ANALYSES

Once all data were gathered on the study participants, the data were compiled and cleaned and moved into SPSS 15.0 for statistical analysis. The evaluation team is trained in a variety of univariate and multivariate statistical analyses using SPSS. The analyses used to answer specific questions were:

1. ***Does participation in drug court reduce the number of re-arrests for those individuals compared to traditional court processing?***

Univariate analysis of variance was performed to compare the mean number of re-arrests for all drug court participants with the comparison group. The means reported are adjusted based on **gender**, age at index case arrest, ethnicity, time at risk during the time period of interest and number of prior arrests (both total and drug arrests). The non-adjusted means for graduates are included 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 drug court, may have terminated from the program and are therefore not equivalent to drug court graduates.

Crosstabs were run to examine differences in recidivism rate between drug court and the comparison group. Chi-square analyses were used to identify any significant differences in re-arrest rates between drug court and comparison group participants.

2. ***Does participation in drug court reduce levels of substance abuse?***

Drug testing information was gathered from the RCADC Management Information System (MIS) database. This database contains the results of drug tests performed while participants were enrolled in the drug court program. Chi-square analyses were performed to compare the proportion of UA tests administered that had a positive result at each 2-month time point to determine if the percentage of positive drug tests was significantly reduced over time.

The 3-year means for re-arrests with drug charges were calculated for all RCADC participants and the comparison group. Univariate analysis of variance was performed to compare the means of all drug court participants with the comparison group. The reported means were adjusted

based on gender, age at index case arrest, ethnicity, time at risk during the time period of interest and number of prior arrests (both total and drug arrests). As explained above, the actual mean of graduates is included for reference but should not be compared directly with the comparison group.

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 (completion), 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 have left the program either by graduating or being unsuccessfully discharged. This percentage was compared to the national average drug court graduation rate and the differences were discussed qualitatively.

To measure whether the program is following its expected time frame, the average amount of time in the program was calculated for participants who had enrolled in the RCADC program between January 2004 and July 2007 and have been 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.

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 drug court entry to determine whether any significant patterns predicting program graduation or recidivism could be found. In order to best determine which demographic characteristics were related to successful drug court completion, Chi-square and independent samples t-tests were performed to identify which factors were significantly associated with program success.

Participant characteristics and arrest history were also examined in relation to arrests following drug court entry for those participants who received at least the minimum number of days of service in the program (21 days). Chi-square and independent samples t-test were performed to identify which factors were significantly associated with recidivism. A logistic regression was also used including all variables in the model to determine if any factors were significantly related to being re-arrested above and beyond the other factors.

Outcome Evaluation Results

Table 2 provides the demographics for the study sample of drug court participants and the comparison group. Independent samples t-tests and chi-square analyses showed no significant differences between groups on the characteristics listed in the table except for gender. A significantly larger proportion of the drug court group was female compared to the comparison group. This difference was controlled for statistically in all analyses comparing the two groups.

Table 2. Drug Court Participant and Comparison Group Characteristics

	All Drug Court Participants N = 86	Comparison Group N = 101
Gender ⁸	45% male 55% female	71% male 29% female
Ethnicity		
White	97%	93%
African American	2%	5%
Other	1%	2%
Mean Age at Index Case Start	27 years	28 years
Median	24 years	25 years
Range	18 – 53 years	17 – 59 years
Primary Drug of Choice ⁹		
Opiates	55%	Unavailable
Cocaine	12%	
Prescription drugs	22%	
Type of charge at index case arrest		
Drug-related	27%	35%
Property-related	58%	64%
Person-related	43%	38%
Average number of arrests in the 2 years prior to program entry	1.63 (range 0 – 13)	1.85 (range 0 – 8)
Average number of drug arrests in the 2 years prior to program entry	0.19 (range 0 – 3)	0.29 (range 0 – 5)

⁸ ($p < .001$)⁹ ($p < .001$)

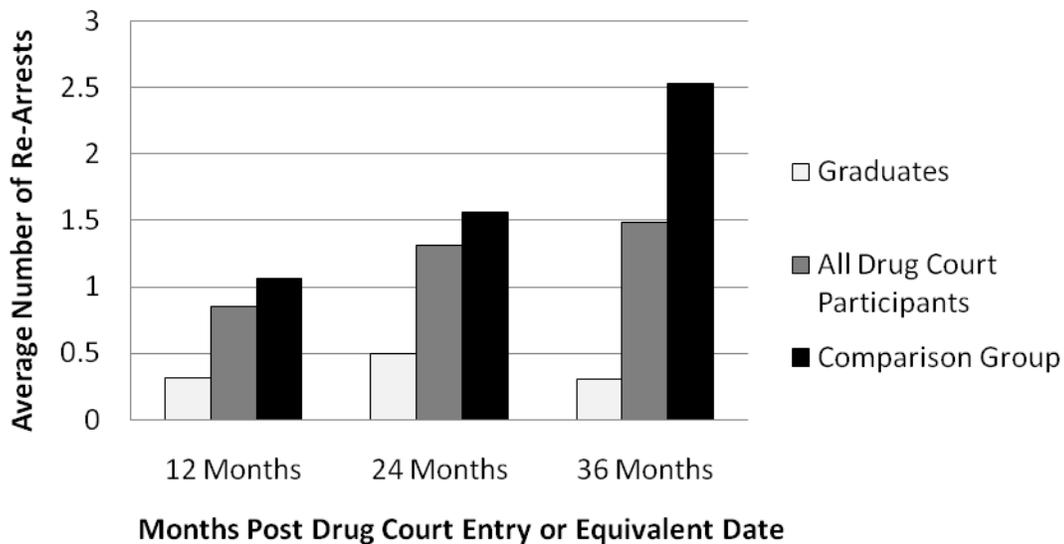
The source of information on primary drug of choice for the program participants was intake assessment data. Assessment information was not available on the comparison group. In addition, the majority of the comparison group did not receive treatment as evidenced by the small number of individuals that appeared in the treatment data available for this study so it was not possible to determine drug of choice reliably. Data on drugs used was available on approximately half the comparison group based on either positive drug testing results or the specific possession charge, but there is no certainty that these drugs were their drugs of choice. However, based on the available information, comparison group individuals appeared to use (heroin, cocaine and marijuana) the same types of drugs commonly used by drug court participants.

Research Question #1: Recidivism

Does participation in drug court reduce the number of re-arrests for those individuals compared to traditional court processing?

YES. Drug court participants were re-arrested less often than the comparison group over 3 years from drug court entry. Figure 1 illustrates the average number of re-arrests for 36 months after entering the drug court program for RCADC graduates, all RCADC participants, and the comparison group. The reported average number of re-arrests was adjusted for age, ethnicity (Caucasian or non-Caucasian), gender, prior arrests, and time at risk to be rearrested.

Figure 1. Average Number of Cumulative Re-Arrests for Graduates, All Drug Court Participants, and the Comparison Group Over 36 Months

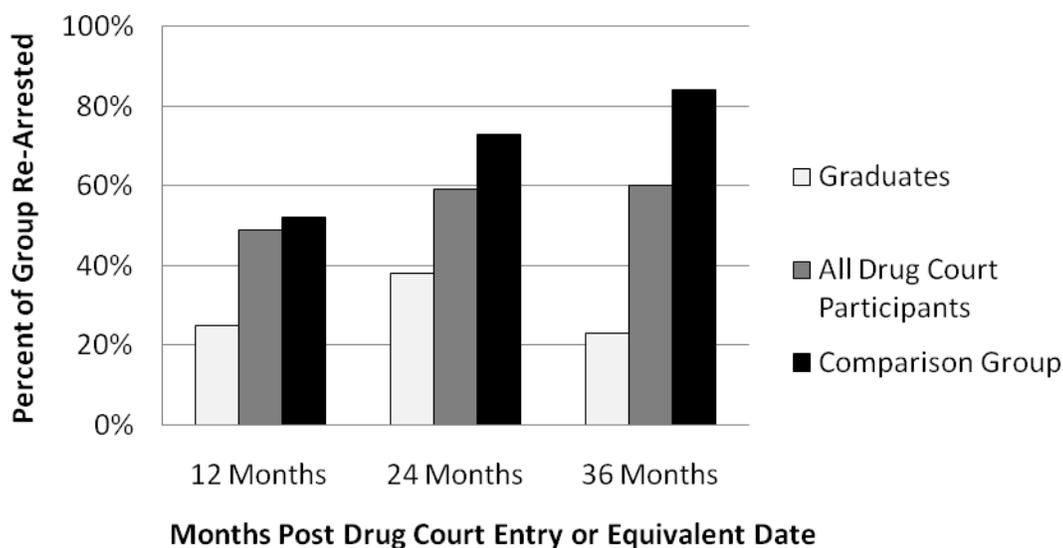


Note: N sizes by group and time period are as follows: 12 Months: Graduates n = 32, All Drug Court Participants n = 79, Comparison Group n = 101; 24 Months: Graduates n = 24, All Drug Court Participants n = 63, Comparison Group n = 89; 36 Months: Graduates n = 13, All Drug Court Participants n = 45, Comparison Group n = 69.

Drug court participants had fewer re-arrests than the comparison group at all three time periods. This difference was not statistically significant at 12 and 24 months but was significant at 36 months post drug court entry, ($p < .05$). Graduates have the lowest number of re-arrests at every time point.

Recidivism rates, the percent of individuals re-arrested out of the total, were also lower for drug court participants. After 3 years, 23% of the graduates and 61% of all drug court participants were re-arrested following entrance into the drug court program, while 84% of comparison group members were re-arrested (see Figure 2). This difference was significant at 36 months ($p < .01$) and significant at the level of a “trend” at 24 months ($p < .10$).

Figure 2. Percent of Graduates, All Drug Court Participants, and Comparison Group Participants Re-Arrested Over 36 Months



Note: N sizes by group and time period are as follows: 12 Months: Graduates $n = 32$, All Drug Court Participants $n = 79$, Comparison Group $n = 101$; 24 Months: Graduates $n = 24$, All Drug Court Participants $n = 63$, Comparison Group $n = 89$; 36 Months: Graduates $n = 13$, All Drug Court Participants $n = 45$, Comparison Group $n = 69$.

To present a more descriptive picture of the criminality of the groups, arrests were coded as drug-related (e.g., possession), property-related (e.g., larceny), or person-related (e.g., assault).¹⁰ Table 3 presents the results of this analysis. In the 3 years following drug court entry, drug court participants were re-arrested less often for all types of arrests.

In the 3 years post drug court entry, drug court participants had a significantly lower number of re-arrests with drug charges ($p < .05$) and a lower number of arrests with person charges (trend-level difference, $p < .10$). In addition, graduates have the lowest mean number of re-arrests for each type of arrest. These findings demonstrate that involvement in the program, regardless of exit status, is associated with a reduction in criminality.

There has been some question about whether drug court programs, which redirect offenders from incarceration into treatment, endanger public safety. These findings demonstrate that involvement

¹⁰ 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 numbers in Table 3 do not reflect the total average arrests in Figure 1.

in the program, regardless of exit status, is associated with a reduction in victimizations (person and property crimes) compared to traditional court processing. This provides evidence that the RCADC is successfully accomplishing one of their key goals, an increase of public safety.

Table 3. Average Number of Re-Arrests per Person by Arrest Type and Group at 36 Months

	Graduates N = 13	All Drug Court Participants N = 45	Comparison Group N = 69
Average number of drug arrests in the 36 months post drug court entry or equivalent	.00	.23	.63
Average number of property arrests in the 36 months post drug court entry or equivalent	.31	.61	1.04
Average number of person arrests in the 36 months post drug court entry or equivalent	.00	.13	.34

Research Question #2: Reducing Substance Abuse

Does participation in drug court reduce levels of substance abuse?

YES. Drug court participants had smaller proportion of positive drug tests over time in the program and had significantly fewer re-arrests with drug charges than the comparison group three-years after drug court entry.

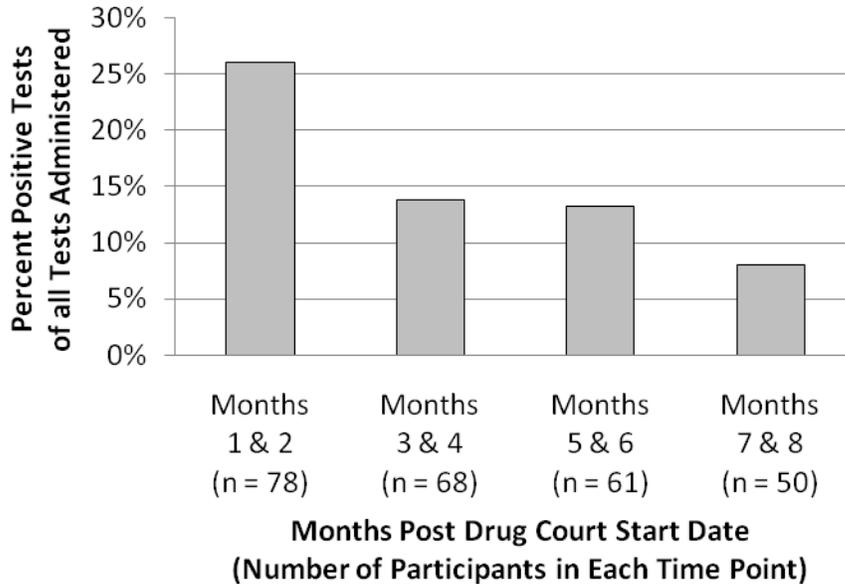
Drug testing information was gathered from the RCADC Management Information System (MIS) database. This database contains the results of drug tests performed while participants were enrolled in the drug court program. These data are used to describe substance use patterns for drug court participants and if these patterns change while involved in the program.

Figure 3 depicts the percent of positive UA tests over the 8-month period after drug court entry. Eight months was chosen because, according to data on program start and end dates, this the average time from program entry to program exit for RCADC and is also the intended minimum length of the drug court program. The rate of positive UA tests as a proportion of total tests administered over time is used as an indicator of substance use. The percent of positive tests was calculated for each 2-month period from program entry date. All participants were included in this analysis, graduates as well as participants who were unsuccessfully discharged.

As illustrated in Figure 3, the percentage of positive drug tests for drug court participants declined throughout program involvement. The rate of positive UA tests is significantly reduced from Months 1 & 2 to Months 3 & 4 and again from Months 5 & 6 to Months 7 & 8. Overall, the rate of positive UA tests is significantly reduced from the first 2 months after drug court entry

(26.0%) to the seventh and eighth months after drug court entry (8.0%) for all drug court participants ($X^2 = 97.44$, $df = 1$, $p < .001$).

Figure 3. Percentage of Positive UA Tests Over 8 Months in 2-Month Increments

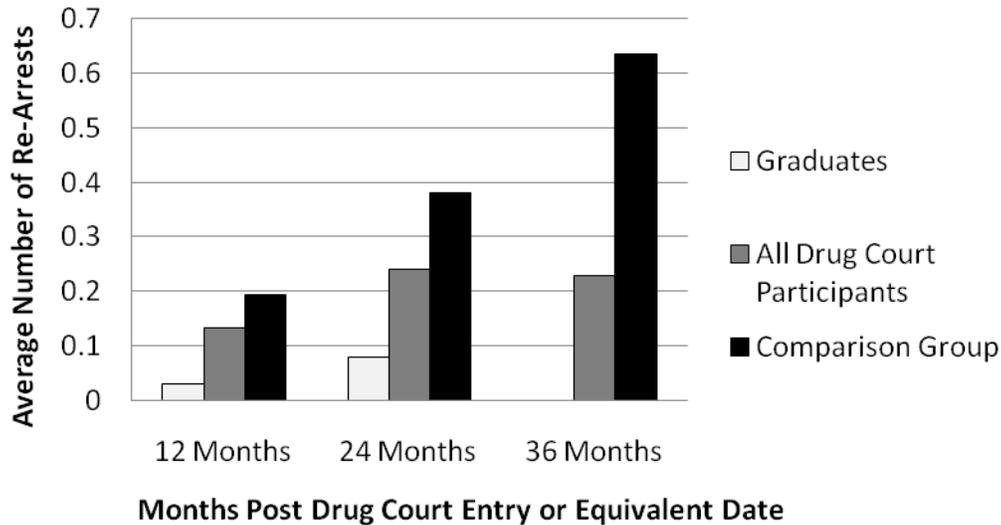


In addition, an examination of the percentage of positive urinalysis tests between graduates and unsuccessful discharges showed that both groups had fewer positive tests over time, although the graduates had significantly fewer positive tests throughout program involvement ($p < .001$).

We were not able to obtain data to examine drug testing for comparison group participants. However, by comparing the number of re-arrests for drug-related crimes, we can observe differences between drug court participants and comparison group participants over time.

The 3-year averages for the RCADC graduates, all RCADC participants, and the comparison group can be found in Figure 4. As previously noted in a discussion of Research Question 1, drug court participants were re-arrested significantly fewer times on average for drug crimes than the comparison group. Further, the drug court graduates at 3 years post drug court entry had no arrests with drug charges at all. These findings suggest that participation in RCADC is associated with a reduction in substance use and drug crimes.

Figure 4. Mean Number of Drug-Related Re-Arrests at 12, 24, and 36 Months



Note A: N sizes by group and time period are as follows: 12 Months: Graduates n = 32, All Drug Court Participants n = 79, Comparison Group n = 101; 24 Months: Graduates n = 24, All Drug Court Participants n = 63, Comparison Group n = 89; 36 Months: Graduates n = 13, All Drug Court Participants n = 45, Comparison Group n = 69.

Note B: There is no bar representing graduates at 36 months because the mean number of drug arrests for graduates at 36 months was 0.

Research Question #3: Program Completion

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 (completion), 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 have left the program either by graduating or being unsuccessfully discharged. Since the program’s inception, 36% of drug court program participants completed the RCADC program successfully. This is quite a bit lower than the national average of 50% (Cooper, 2003). This is an area where the RCADC team could work on making some improvements.

In order to graduate, participants must comply with the program practices and requirements. Therefore, for programs to increase their graduation rates, they must increase the number of participants that comply with program requirements. One strategy drug court staff can use in dealing with this complex population is to provide additional assistance so participants can learn new skills to successfully meet program requirements. Teams should be asking themselves, “how can we help as many participants as possible understand the lessons this program has to teach?” To successfully increase graduation rates, drug court teams must consider the challenges participants face, continually review program operations and adjust as necessary.

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 RCADC program between January 2004 and July 2007 and have been discharged from the program. The minimal requirements of the RCADC would allow for graduation at approximately 8

months from the time the participant enters the conditional period to graduation. The average length of stay in drug court for all participants was 243 days (approximately 8 months). Graduates spent an average of 376 days in the program or about 12 months with 66% in the program from 7 to 12 months. Participants who did not graduate spent, on average, slightly less than 6 months in the program (168 days) while 71% were in the program for fewer than 7 months. These results show that the RCADC program is about on target with its intended length of stay for drug court participants. However, this also shows that, in order to graduate, participants tend to stay in the program longer, just over one year.

Research Question #4: Predictors of Program Success

What participant characteristics predict program success and decreased recidivism?

Graduates and unsuccessfully discharged participants were compared on demographic characteristics and criminal history to determine whether there were any patterns in predicting program graduation or recidivism. The following analyses included participants who entered the program from January 2004 through July 2007. Of the 88 people who entered the program during that time period, 56 (64%) were unsuccessfully discharged from the program and 32 (36%) had graduated.

Program Success

Analyses were performed to determine if there were any demographic or criminal history characteristics of participants that were related to successful drug court completion, including gender, age, ethnicity, length of time in the program, and number of arrests in the 2 years before drug court entry. Table 4 shows the results for graduates and non graduates.

Table 4. Characteristics of RCADC Graduates Compared to Non-Graduates

	Graduates (n = 32)	Non-Graduates (n = 54)	Statistically Significant?
Male	38%	50%	No
Mean age at index case arrest	28	26	No
Caucasian	100%	94%	No
Mean number of days of program involvement	376	167	Yes
Mean number of total prior arrests in 2 years before drug court entry	1.41	1.76	No
Mean number of total prior drug arrests in 2 years before drug court entry	.25	.15	No

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

The only significant difference between the groups was length of stay in the program; drug court graduates stayed in the program significantly longer than non graduates. Further analyses showed that, when controlling for differences between drug court graduates and the comparison group, the only characteristic significantly related ($p < .001$) to program success was length of

stay in the program, indicating that participants had about a 1% increased chance of graduation for each additional day they spent in the program.

However, although the differences were not significant, females were more likely to graduate than males and those with more drug arrests but fewer of all types of arrest were more likely to graduate. The number of prior drug arrests may indicate a more serious substance abuse problem, so the RCADC may be particularly helpful to those with greater addiction.

Recidivism

Participant characteristics and arrest history were also examined in relation to whether or not they were arrested in the 3 years following drug court entry for those participants who received at least the minimum number of days of service in the program (21 days). Chi-square and independent samples t-test were performed to identify which factors were significantly correlated with recidivism. The results are shown in Table 5.

Table 5. Demographic and Court-Related Variables That Predict Recidivism

Variable	Drug court participants were more likely to be re-arrested if they were:	Was Characteristic a significant predictor of recidivism 36 months post drug court entry? (n = 45)
Gender		No
Ethnicity	White	Trend
Age	Younger	Yes
# of prior arrests		No
# of prior drug arrests		No
Length of stay	Spent less time in the drug court program	Trend

Note: Yes = ($p < .05$), Trend = ($p > .05$ and $< .10$), No = ($p > .05$).

When these factors were entered into a logistic regression model, and each variable was controlled for, only length of time in the program was significant at the level of a trend indicating that the program may be the most important factor preventing re-arrests for all drug court participants.

OUTCOME SUMMARY

The outcome analyses were based on a cohort of RCADC participants who entered the drug court program from January 1, 2004, through July 31, 2007, and a comparison group of offenders eligible for drug court but who received the traditional court process rather than RCADC.

The results of the outcome analysis for the Rutland County Adult Drug Court are positive. Compared to offenders who experienced traditional court processes, the RCADC participants (regardless of whether they graduated from the program):

- Had 3 times fewer drug charges in the 3 years after drug court entry,

- Had 3 times fewer person charges in the 3 years after drug court entry,
- Had close to half as many re-arrests 3 years from program entry,
- Were significantly less likely to be re-arrested for any charge within 3 years, and
- Had significantly reduced drug use over time in the program.

Further analyses showed that the drug court is keeping participants in the program during the intended 8-month length of the program but that graduates were significantly more likely to spend longer (just over a year) in the program. In addition, participants who spent less time in the program were more likely to be re-arrested. This suggests that participants benefit from longer time in the program.

The graduation rate for the RCADC program is 36%, which is 15% below the national average. This graduation rate, along with the data on length of stay described above, suggests that the RCADC team should spend some time working toward ways to assist participants in addressing challenges to following program requirements so that a greater number can stay in the program longer and successfully complete the program.

Overall, the drug court program has been successful in its main goals of reducing drug use and recidivism among its participants and increasing public safety.

COST EVALUATION

A common misunderstanding in the discussion of cost analysis is the meaning of the term “cost-effective” versus the term “cost-benefit.” A *cost-effectiveness* analysis calculates the cost of a program and then examines whether the program led to its intended positive outcomes. For example, a cost-effectiveness analysis of drug courts would determine the cost of the drug court program and then look at whether the number of re-arrests were reduced by the amount the program intended (e.g., a 50% reduction in re-arrests compared to those who did not participate in the program).

A *cost-benefit* evaluation calculates the cost of the program and also the cost of the outcomes, resulting in a cost-benefit ratio. For example, the cost of the program is compared to the cost-savings due to the reduction in re-arrests. In some drug court programs, for every dollar spent on the program, over \$10 is saved due to positive outcomes.¹¹ This evaluation is a *cost-benefit* analysis.

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

1. How much does the RCADC program cost?
2. What is the 3-year cost impact on the criminal justice system of sending offenders through drug court compared to traditional court processing?
3. What criminal justice system resources are used by drug court participants during the RCADC program time period compared to the same time period for those in the traditional court system?
4. What is the impact on the criminal justice system of the time between the eligible arrest and drug court entry (in terms of arrests and jail)?
5. What is the cost benefit ratio for investment in the RCADC?

This section of the report describes the research design and methodology used for the cost analysis of the RCADC program. The next section presents the cost results in order of the questions listed above.

¹¹ See drug court cost-benefit studies at www.npcresearch.com

Cost Evaluation Methodology

COST EVALUATION DESIGN

Transaction and Institutional Cost Analysis

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

Cost to the Taxpayer

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

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

Opportunity Resources

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

COST EVALUATION METHODS

The cost evaluation involves calculating the costs of the drug court program, the criminal justice system costs of "business-as-usual" (or traditional court processing) for cases that were drug court eligible, and the costs of outcomes (or impacts) after program entry (or the equivalent for the comparison group). In order to determine if there are any benefits (or avoided costs) due to drug court program participation, it is necessary to determine what the participants' outcome

costs would have been had they not participated in drug court. One of the best ways to do this is to compare the costs of outcomes for drug court participants to the outcome costs for similar individuals that were eligible for drug court but who did not participate. The comparison group in this cost evaluation is the same as that used in the preceding outcome evaluation.

TICA Methodology

The TICA methodology is based upon six distinct steps. Table 6 lists each of these steps and the tasks involved.

Step 1 (determining drug court process) was performed during the site visits, through analysis of court and drug court documents, and through interviews with key informants. Step 2 (identifying program transactions) and Step 3 (identifying the agencies involved with transactions) were performed through observation during the site visits and by analyzing the information gathered in Step 1. Step 4 (determining the resources used) was performed through extensive interviewing of key informants, direct observation during the site visits, and by collecting administrative data from the agencies involved in drug court. Step 5 (determining the cost of the resources) was performed through interviews with drug court and non-drug court staff and with agency finance officers, as well as analysis of budgets found online or provided by agencies. Step 6 (calculating cost results) involved calculating the cost of each transaction and multiplying this cost by the number of transactions. All the transactional costs for each individual were added to determine the overall cost per drug court participant/comparison group individual. This was generally reported as an average cost per person for the drug court program, and outcome/impact costs due to re-arrests, jail time and other recidivism costs. In addition, due to the nature of the TICA approach, it was also possible to calculate the cost for drug court processing for each agency as well as outcome costs per agency.

The costs to the criminal justice system outside of the drug court program consist of those due to new arrests, subsequent court cases, probation/parole/furlough time served, prison/jail time served, jail transports and victimizations. Program costs consist of all program transactions including drug court sessions, case management, drug tests, drug treatment, substance abuse evaluations, and jail sanctions and transports.

Table 6. The Six Steps of TICA

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

Cost Evaluation Results

RESEARCH QUESTION #1: PROGRAM COSTS

How much does the RCADC program cost?

As described in the cost methodology, the Transactional and Institutional Cost Analysis (TICA) approach was used to calculate the costs of each of the transactions that occurred while participants were engaged in the program. Transactions are those points within a system where resources are consumed and/or change hands. Program transactions for which costs were calculated in this analysis included substance abuse evaluations, drug court appearances, case management, drug tests, drug treatment, jail sanction days and jail transports. Only costs to the taxpayer were calculated in this study. All cost results represented in this report are based on fiscal year 2008 dollars.

Drug Court Transactions

In Rutland County, drug court sessions include representatives from the District Court, the State's Attorney, the Defender General, and Rutland Mental Health Services. The cost of a **drug court appearance** (the time during a session when a single participant is interacting with the judge) is calculated based on the average amount of court time (in minutes) each participant uses during the court session. This incorporates the direct costs of each drug court team member present during sessions, the time team members spent preparing for or contributing to the session, the agency support costs, and the overhead costs. The average cost for a single drug court appearance is **\$124.51** per participant. This cost per appearance is within the range of the per appearance costs of other adult drug courts studied by NPC Research. For example, 17 courts in 5 states have appearance costs ranging from \$59 to \$314.¹²

Case management is based on the amount of staff time dedicated to case management activities during a regular work week and is then translated into a total cost for case management per participant per day.¹³ The main agency involved in case management for drug court in Rutland County is Rutland Mental Health Services (Evergreen), but staff from the District Court and Turning Point Center are also involved. The per day cost of case management is **\$10.20** per participant. Case management costs in Rutland County are on the upper end of the range of costs that NPC has found in other studies. For example, case management from cost analyses NPC has conducted on 17 courts in 5 states varied widely—from just over \$1 per day to almost \$16 per day.¹⁴

Treatment is provided by Rutland Mental Health Services' Evergreen Center. Some of the treatment services provided by Evergreen Center include group, individual, intensive outpatient, and mental health counseling. Residential treatment is provided by a variety of providers, including Conifer Park, Grace House, Lund Family Center, Maple Leaf Farm, Serenity House, Valley Vista, Teen Challenge, McGee House, Recovery House and the Rutland Regional Medical Center (RRMC). RRMC and Grace House also provide detoxification services, and RRMC provides

¹² Taken from the following drug court cost evaluations conducted by NPC: Harford and Prince George's Counties in Maryland; Multnomah and Malheur Counties in Oregon; Barry, Kalamazoo, and Oakland Counties in Michigan; Marion, Monroe, St. Joseph, and Vanderburgh Counties in Indiana; Los Angeles (El Monte), Orange (Laguna Niguel and Santa Ana), Monterey, San Joaquin, and Stanislaus Counties in California.

¹³ Case management can include home visits, meeting with participants, evaluations, phone calls, paperwork, answering questions, consulting with therapists, documentation, file maintenance, residential referrals, and providing resources and referrals for educational and employment opportunities.

¹⁴ Case management costs were taken from the same 17 drug court sites listed in footnote 20, above.

hospitalizations. Since this cost analysis is focused on the cost to taxpayers, the cost of drug treatment shown below is only the amount paid by public funds (non-taxpayer funds such as private insurance or private payments were not included). The cost of drug treatment reflects—as closely as possible—the true cost to taxpayers. The average cost per day of **residential treatment** is **\$265.37** and the cost per day of **detoxification** is **\$188.50**. NPC was unable to obtain individual-level data by treatment type for Evergreen Center, so the cost per treatment session (or day) typically used in the TICA methodology was not used for this analysis. Instead, NPC was able to obtain the actual dollar amount of treatment usage per participant at Evergreen Center during their stay in the program. The average dollar amount of **Evergreen Center treatment** usage for RCADC participants is **\$1,173.95** (**\$834.71** for RCADC graduates).

Substance abuse evaluations are conducted by Rutland Mental Health Services under contract with the RCADC at a rate of **\$168.00** per evaluation.

Urinalysis (UA) drug tests are conducted by Rutland Mental Health Services' Evergreen Center, and paid for by the Vermont Department of Health, Division of Alcohol and Drug Abuse Programs. Dominion Laboratories does the analysis. The cost of a UA lab drug test is **\$90.00**, which covers the full cost of materials, salary, support, and overhead associated with the test. Drug court participants do not pay for drug testing.

Jail transports are conducted by the Rutland County Sheriff's Office. Through an interview with a representative of the Sheriff's Office, the cost per jail transport was determined to be **\$343.75**. Transports are to and from the jail. The cost reported is an average of all transports from all facilities. The Rutland County Sheriff conducts transports from the Corrections-run jail to the court and back and takes two deputies approximately 4 hours which results in a total of \$343.75 per transport.

Jail sanction days are provided by the Vermont Department of Corrections. In Vermont, jail and prison are integrated (in most states, offenders sentenced to jail and pre-trial detainees are housed in county or local lockups, while offenders sentenced to prison are housed in state correctional centers). Department of Corrections facilities hold all sentenced offenders, as well as pre-arrest and pre-trial detainees. Therefore, jail, prison, and detention bed days (including drug court sanctions) are **\$130.61** per person per day for Rutland County offenders. This rate was calculated using the Department of Corrections' average annual cost per person for all jail/prison facilities, divided by 365 days. The rate includes all staff time, food, medical, booking, and support/overhead costs.

Drug Court Program Costs

Table 7 presents the average number of RCADC transactions (drug court appearances, treatment sessions, etc.) per drug court participant and per drug court graduate, and the total cost for each type of transaction (number of transactions times the cost per transaction) for the case that led to participation in the drug court program. The sum of these transactions is the total per participant cost of the drug court eligible case including the cost of the program. The table includes the average for drug court graduates (N= 32) and for all drug court participants (N = 88), regardless of completion status. It is important to include participants who were discharged as well as those who graduated as all participants use program resources, whether they graduate or not.

Table 7. Average Program Costs per Participant

Transaction	Transaction unit cost	Average number of transactions per Drug Court graduate	Average cost per Drug Court graduate (n = 32)	Average number of transactions per Drug Court participant	Average cost per Drug Court participant (n = 88)
Substance Abuse Evaluation	\$168.00	1	\$168	1	\$168
Drug Court Appearances	\$124.51	30.06	\$3,743	24.70	\$3,075
Case Management	\$10.20	376.16 Days ¹⁵	\$3,837	243.41 Days	\$2,483
Evergreen Center Treatment	NA ¹⁶	NA	\$835	NA	\$1,174
Residential Days	\$265.37	15.13	\$4,015	17.21	\$4,567
Detox Days	\$188.50	0.00	\$0	0.23	\$43
Drug Tests	\$90.00	92.78	\$8,350	67.73	\$6,096
Jail Transports	\$343.75	0.88	\$303	1.56	\$536
Jail Sanction Days	\$130.61	4.25	\$555	9.67	\$1,263
Total Drug Court			\$21,806		\$19,405

Note: Average costs per participant have been rounded to the nearest whole dollar amount.

Table 7 illustrates the per participant cost to the taxpayer for the RCADC. The average cost per participant (\$19,405) is on the high end of the program costs found in other drug courts studied by NPC.¹⁷ Taken together, drug testing and drug treatment account for over 60% of program costs, but that is not unusual given that both are key components of drug courts. Drug testing (\$6,096) is the most expensive transaction for the program, followed by residential treatment and then drug court appearances. The high cost of drug testing for the RCADC is due to a cost per

¹⁵ Case management is calculated by number of days in drug court, so the average number of transactions in this case is the average number of days spent in the RCADC.

¹⁶ Treatment includes multiple types of sessions and modalities, therefore the number of transactions is not applicable here.

¹⁷ Program costs range from \$4,035 to \$30,624 and are from the following drug court cost evaluations conducted by NPC: Harford and Prince George's Counties in Maryland; Multnomah and Malheur Counties in Oregon; Barry, Kalamazoo, and Oakland Counties in Michigan; Marion, Monroe, St. Joseph, and Vanderburgh Counties in Indiana; Los Angeles (El Monte), Orange (Laguna Niguel and Santa Ana), Monterey, San Joaquin, and Stanislaus Counties in California. The average program cost is \$11,683.

UA drug test of \$90. The RCADC may want to consider using more rapid drug tests in lieu of lab drug tests, as rapid tests are \$3 instead of \$90 and would result in significant cost savings (\$203 versus \$6,096). This would also bring the overall program cost per participant down by over 30%.

Drug court appearances and case management are also substantial program costs. Close contact and intense case management and supervision of participants are two more of the essential elements of drug courts, so higher costs in these areas are common in drug courts.

Costs per Agency

Another useful way to examine costs is to quantify them by agency. Table 8 provides per participant costs by agency for the drug court program. Because Evergreen Center does the drug testing, the majority of case management, and all of the individual and group treatment for the drug court program, it reasonably follows that it also shoulders the largest proportion of program costs.

The second largest proportion belongs to other treatment agencies, which are the residential treatment and detoxification providers mentioned in the drug court transactions section above. The District Court and Department of Corrections also share a significant portion of total program costs, due to the Court’s involvement in drug court sessions and case management and Corrections’ involvement in jail sanctions.

Table 8. Average Cost per Participant by Agency

Agency	Average cost per Drug Court graduate	Average cost per Drug Court participant
District Court	\$2,338	\$1,794
State’s Attorney	\$441	\$363
Defender General	\$825	\$678
Evergreen Center	\$13,288	\$10,135
Other Treatment Agencies ¹⁸	\$4,015	\$4,610
Department of Corrections	\$555	\$1,263
Sheriff	\$303	\$536
Turning Point	\$39	\$26
Total¹⁹	\$21,804	\$19,405

Note: Average agency costs per participant have been rounded to the nearest whole dollar amount.

¹⁸ Other treatment agencies include Conifer Park, Grace House, Lund Family Home, Maple Leaf Farm, Serenity House, Valley Vista, McGee House, Recovery House and the Rutland Regional Medical Center.

¹⁹ Totals in this row may not match the totals in the program costs by transaction table due to rounding.

Local versus State Costs for the Program

State policy leaders and administrators may find it useful to examine program costs by jurisdiction (state or local/county). The financial impacts for Rutland County and the State of Vermont are estimated because some District Court positions are partially state-funded and partially funded by local sources. Also, Evergreen Center is a private agency that is paid through the Vermont Division of Alcohol and Drug Abuse Programs (ADAP). Given that the State's Attorney and Defender General and most of the District Court is state-funded, and that most residential and outpatient treatment is reimbursed by the state, the majority of RCADC program costs accrue to the State of Vermont (96% or \$18,629 per participant). The local Rutland County portion of RCADC program costs are mainly due to jail sanction transports (4% or \$776 per participant).

RESEARCH QUESTION #2: OUTCOME/RECIDIVISM COSTS

What is the 3-year cost impact on the criminal justice system of sending offenders through drug court compared to traditional court processing?

Impact Costs

This section describes the cost outcomes experienced by drug court and comparison group participants after offender participation in drug court compared to traditional court processing. The criminal justice system outcome transactions examined include re-arrests, subsequent court cases, jail/prison time, probation/parole time, furlough time, jail transports, and victimizations. Outcome costs were calculated for 3 years from the time of program entry for both groups (the mean number of days between drug court arrest and drug court entry for the drug court sample was added to the arrest dates for comparison group members so that an equivalent "program entry" date could be calculated for the comparison group). For each outcome transaction, the same data sources were used for both groups to allow for a valid outcome cost comparison. Lower costs for RCADC participants compared to offenders who did not participate in drug court (comparison group members) indicate that the program is providing a return on investments in the RCADC.

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

The outcome costs discussed below were calculated using information gathered by NPC from the Vermont Judiciary, Rutland County District Court, Rutland County State's Attorney, Vermont Office of the Defender General, Rutland County Sheriff's Office, Rutland Police Department, and Vermont Department of Corrections.

The methods of calculation were carefully considered to ensure that all direct costs, support costs, and overhead costs were included as specified in the TICA methodology followed by NPC. It should be noted that because this methodology accounts for all jurisdictional and agency institutional commitments involved in the support of agency operations, the costs that appear in NPC's analysis may not correspond with agency operating budgets. This primarily results from the situation in which transactions include costs associated with resource commitments from multiple agencies. The resource commitments may take the form of fractions of human and other resources that are not explicated in source agency budget documents.

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

Impact Transactions

Following is a description of the transactions included in the outcome cost analysis. Some of these same transactions were already described in the program costs above.

The majority of *arrests* in Rutland County are conducted by the Rutland County Sheriff's Office and the Rutland Police Department. The cost models of arrest episodes in the County were constructed from activity and time information provided by multiple representatives of the Rutland County Sheriff's Office and the Rutland Police Department. The models of arrest practice were combined with salary, benefits and budgetary information for the Rutland County Sheriff's Office and the Rutland Police Department to calculate a cost per arrest episode for each agency. The cost of a single arrest is \$90.54 for the Rutland County Sheriff's Office and \$94.49 for the Rutland Police Department. NPC used an average of the two costs for this analysis, or **\$92.52**.

To construct the cost model for *court cases*, the budgets of the Rutland County District Court, the Rutland County State's Attorney and the Rutland County section of the Vermont Office of the Defender General were analyzed. Caseload data from the Vermont Judiciary's 2007 District Court Annual Statistics Report were also used in determining the cost of a court case. The cost of an average court case was found to be **\$1,699.43**. These costs take into account a broad range of cases, from dismissal through trials.

Jail/prison transports are conducted by the Rutland County Sheriff's Office. Through an interview with a representative of the Sheriff's Office using Office budgets, the cost per jail transport was determined to be **\$343.75**.

Jail and *prison* are integrated in Vermont under the Department of Corrections. Jail and prison bed days are **\$130.61** per person for Rutland County offenders. This rate was calculated using the Department of Corrections' average annual cost per person for all jail/prison facilities, divided by 365 days. The rate includes all staff time, food, medical, booking, and support/overhead costs.

Adult probation and parole services in Rutland County are provided by the Vermont Department of Corrections. Through an interview with a representative of the Department using Department budgets, the *probation and parole supervision* cost per day in Rutland County was determined to be **\$1.39**. The Department of Corrections also uses the legal status of furlough for some offenders in order to alleviate overcrowding in Corrections facilities. The cost per day of *furlough supervision* in Rutland County was determined to be **\$14.38**.

Victimizations were calculated from the National Institute of Justice's *Victim Costs and Consequences: A New Look (1996)*.²⁰ The costs were updated to fiscal year 2008 dollars. **Property crimes** are \$12,532 per event and **person crimes** are \$40,596 per event.

Impacts and Impact Cost Consequences

Table 9 represents the criminal justice system outcome events for drug court graduates, all drug court participants (both graduates and non-graduates), and the comparison group over a period of 3 years.

Table 9. Average Number of Outcome Transactions per Drug Court and Comparison Group Member (Including Drug Court Graduates) in 3 Years

Transaction	Drug Court graduates (n = 13)	Drug Court participants (n=45)	Comparison group (n=69)
Arrests	0.31	1.48	2.53
Court Cases	0.31	0.87	1.43
Jail/Prison Transports ²¹	0.31	1.48	2.53
Jail/Prison Days	12.73	230.27	228.20
Probation/Parole Days	244.09	301.10	484.00
Furlough Days	0.00	190.22	236.68
Property Victimization	0.31	0.61	1.04
Person Victimization	0.00	0.13	0.34

RCADC participants show smaller numbers across every transaction except for jail/prison days. RCADC participants had fewer arrests, court cases, probation/parole and furlough days, and fewer property and person victimizations than individuals in the comparison group. From these results an interpretation can be reasonably asserted that participation in RCADC is associated with positive effects in program participant outcomes in comparison to similar offenders who did not participate in the program. The only transaction that does not show a decrease for drug court participants as a group is time served in jail, which is almost identical to the number for those in the comparison group. From looking at the average number for graduates, it can be determined that the high use of

²⁰ The costs for victimizations were based on the National Institute of Justice's *Victim Costs and Consequences: A New Look (1996)*. This study documents estimates of costs and consequences of personal crimes and documents losses per criminal victimization, including attempts, in a number of categories, including fatal crimes, child abuse, rape and sexual assault, other assaults, robbery, drunk driving, arson, larceny, burglary, and motor vehicle theft. The reported costs include lost productivity, medical care, mental health care, police and fire services, victim services, property loss and damage, and quality of life. In our study, arrest charges were categorized as violent or property crimes, and therefore costs from the victimization study were averaged for rape and sexual assault, other assaults, and robbery and attempted robbery to create an estimated cost for violent crimes, arson, larceny and attempted larceny, burglary and attempted burglary, and motor vehicle theft for an estimated property crime cost. All costs were updated to fiscal year 2008 dollars using the consumer price index (CPI) for the relevant geographical area.

²¹ Because data on jail/prison transports were not available, NPC assumed one jail transport per arrest. This is probably an underestimate of the average number of transports, as transports to and from Court from in custody are not included.

jail is due to participants who have terminated from the program. Jail time served as a sanction was not included in this analysis (as jail time as a sanction is not considered an “outcome.”). In addition, an examination of the time frame for these jail days shows that the majority of jail time occurred soon after these participants terminated from the program. It is possible that drug court participants who terminate from the program are receiving heavier sentences than offenders who did not attempt drug court. It is also possible that this increased jail time is due to the RCADC taking in some offenders who were already incarcerated who ultimately failed the program and went back to jail to finish serving lengthy sentences that were determined prior to program participation. The drug court team should examine the possible reasons for the larger amount of jail time for terminated drug court participants and create a plan for addressing this issue if appropriate.

Table 10 represents the cost consequences associated with criminal justice system outcomes for drug court graduates, the drug court group, and comparison group.

Table 10. Criminal Justice System Outcome Costs per Drug Court and Comparison Group Member over 3 Years

Transaction	Transaction unit cost	Drug Court graduates (n = 13)	Drug Court participants (n = 45)	Comparison group (n = 69)
Arrests	\$92.52	\$29	\$137	\$234
Court Cases	\$1,699.43	\$527	\$1,479	\$2,430
Jail/Prison Transports	\$343.75	\$107	\$509	\$870
Jail/Prison Days	\$130.61	\$1,663	\$30,076	\$29,805
Probation/Parole Days	\$1.39	\$339	\$419	\$673
Furlough Days	\$14.38	\$0	\$2,735	\$3,403
Subtotal		\$2,665	\$35,355	\$37,415
Property Victimizations	\$12,532	\$3,885	\$7,645	\$13,033
Person Victimizations	\$40,596	\$0	\$5,277	\$13,803
Total		\$6,550	\$48,277	\$64,251

Tables 9 and 10 reveal that drug court participants cost less for every transaction, except for jail/prison days, due to lower criminal justice recidivism. The cost for jail is the most expensive transaction for drug court participants. If the use of jail had been less in that group, the overall cost savings due to program participation would have been substantially greater.

The total average cost savings after 3 years is **\$2,060** per drug court participant (\$15,974 when victimizations are included), regardless of whether or not the participant graduates. If the RCADC program continues in their current capacity of serving a cohort of 26 new participants annually, this savings of \$687 per participant per year (\$2,060 divided by 3) results in a yearly savings of **\$17,862** per cohort year, which can then continue to be multiplied by the number of years the program remains in operation and by the number of cohorts over time. If the drug court expands to include greater numbers of participants, this savings will also grow.

When victimizations are included, the savings are higher, with a yearly savings of **\$138,441** per cohort. This savings continues to grow for participants every year after program entry. If savings continue at the same rate, after 10 years the savings *per cohort* will total **\$1,384,410**.

OUTCOME COSTS BY AGENCY

Of particular interest to state and local policymakers and managers are the financial impacts on the agencies that support the operation of the drug court program. Table 11 represents these financial impacts for agencies of Rutland County and the State of Vermont.

Table 11. Criminal Justice System Outcome Costs by Agency per Drug Court and Comparison Group Member over 3 Years

Jurisdiction/ Agency	Drug Court graduates (n = 13)	Drug Court participants (n = 45)	Comparison group (n = 69)	Difference (Benefit)
Rutland District Court	\$188	\$528	\$869	\$341
Rutland State’s Attorney	\$166	\$467	\$768	\$301
Vermont Defender General	\$172	\$483	\$794	\$311
Vermont Department of Corrections	\$2,002	\$33,229	\$33,881	\$652
Law Enforcement Agencies ²²	\$135	\$646	\$1,104	\$458
Subtotal	\$2,663	\$35,353	\$37,416	\$2,063
Victimizations	\$3,885	\$12,922	\$26,836	\$13,914
Total²³	\$6,548	\$48,275	\$64,252	\$15,977

As shown in Table 11, cost savings are realized as the result of the RCADC for every agency impacted by the program. Note that this table provides total outcome costs both with and without victimization costs. Victimizations (which involve person and property crimes) are categorized separately as they involve costs to individual taxpayers as a result of the victimizations, as well as costs to public organizations such as police and county health care agencies. This then results in very high cost figures.

In terms of their comparative recidivist experiences, without victimization costs, drug court participants are shown to cost **\$2,063** (or **5.5%**) less per participant than members of this study’s comparison group. Including victimization costs results in a savings of **\$15,977**, which is **25%** less than the comparison group. Due to low rates of recidivism, RCADC graduates show outcome costs of just \$6,548 (\$41,727 less than all drug court participants and \$57,704 less than the comparison group) after 3 years. Figure 5 provides a graph of the costs for each group over 3 years.

²² Law enforcement agencies consist of the Rutland County Sheriff’s Office and the Rutland Police Department.

²³ Totals in this row may not match the totals in the outcome costs by transaction table due to rounding.

Figure 5. Criminal Justice Recidivism Cost Consequences per Person: Drug Court Participants and Comparison Group Members Over 3 Years

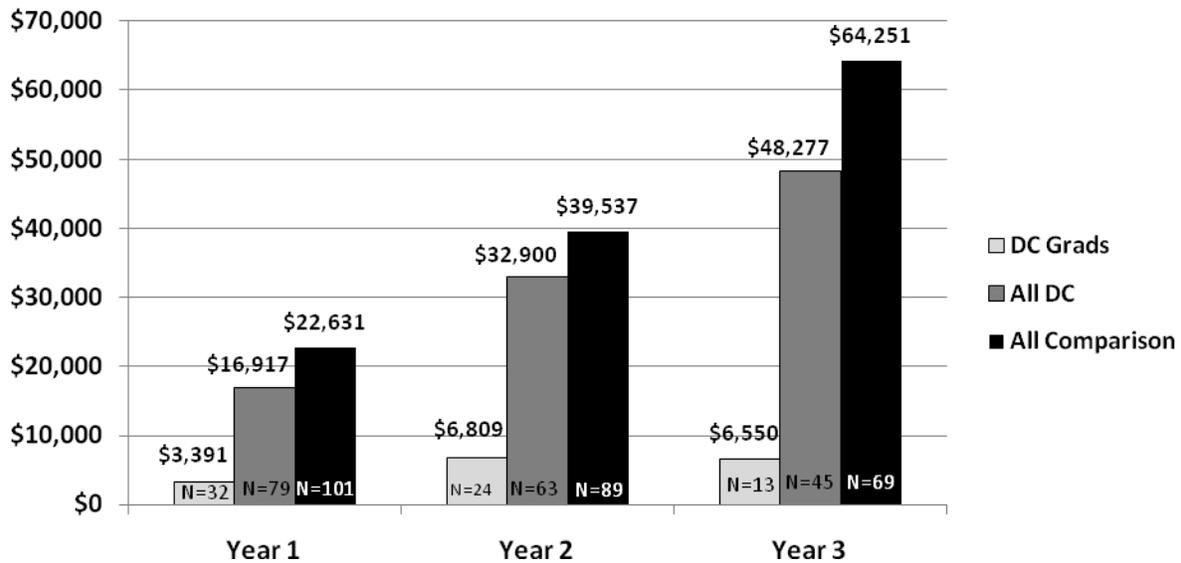
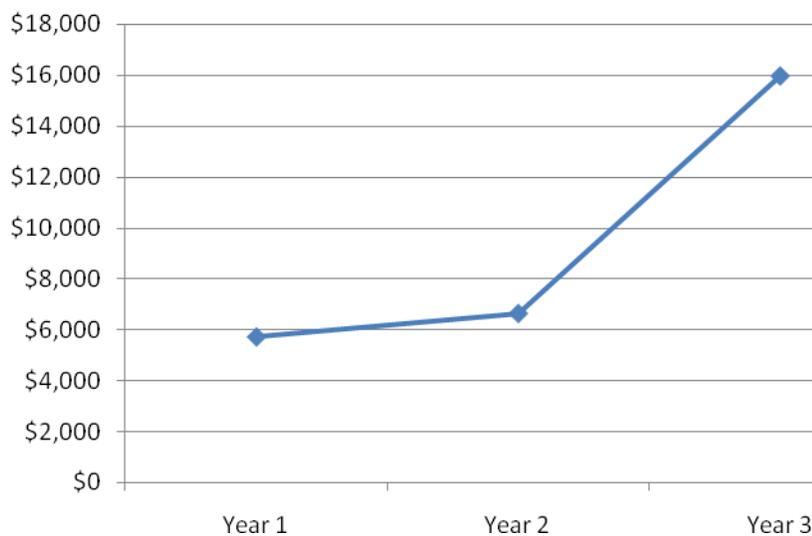


Figure 6 displays a graph of the cost savings (the difference between the drug court participants and the comparison group) over the 3 years post-drug court entry. While there is a savings of just under \$6000 in the first year after entry, the savings grow substantially between Year 2 and Year 3 going from just under \$7000 in Year 2 to nearly \$16,000 in savings by Year 3. (Note, however, that these are not the same participants over time, but represent those who had 12, 24, and 36 months of follow-up time, respectively.)

Figure 6. Cost Savings per Drug Court Participant for 3 Years Post-Drug Court Entry

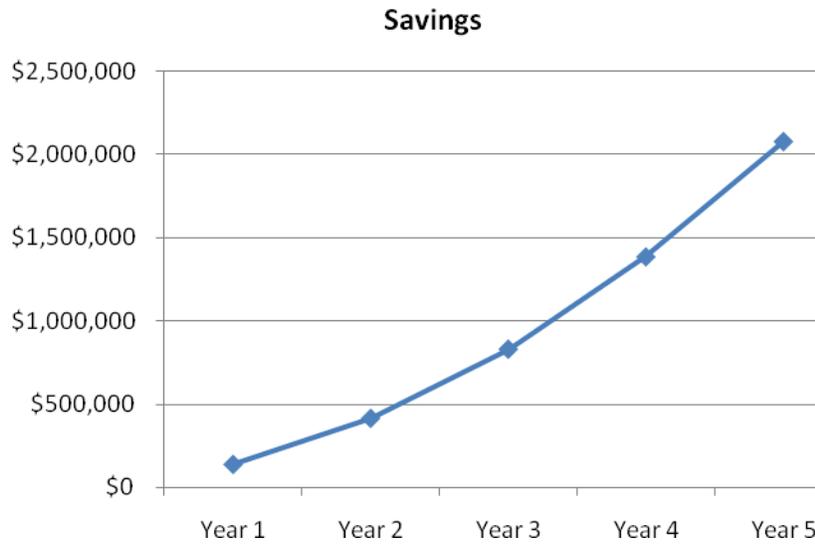


The cost savings illustrated in Figure 6 are those that have accrued in just the 3 years since program entry. Many of these savings are due to positive outcomes while the participant is still in the program. Therefore, it is reasonable to state that savings to the state and local criminal justice systems are generated from the time of participant entry into the program.

If RCADC participants continue to have positive outcomes in subsequent years (as has been shown in other drug courts, e.g., Carey et al., 2005; Finigan, Carey, and Cox 2007) then these cost savings can be expected to continue to accrue over time, repaying the program investment costs and providing further savings in opportunity resources to public agencies.

This savings will also continue to grow with the number of participants that enter each year. If the RCADC program continues to enroll a cohort of **26** new participants annually, the savings of \$2,060 per participant (not including victimization costs) over 3 years results in an annual savings of **\$17,862** per cohort. When victimizations are included, the savings are **\$138,441** per cohort, which can then be multiplied by the number of years the program remains in operation and for additional cohorts per year. This accumulation of savings is demonstrated in Figure 7. After 5 years, the accumulated savings come to over **\$2 million**.

Figure 7. Projected Criminal Justice Cost Savings Over 5 Years



As the existence of the program continues, the savings generated by drug court participants due to decreased substance use and decreased criminal activity can be expected to continue to accrue, repaying investment in the program and beyond. Taken together, these findings indicate that the RCADC is both beneficial to drug court participants and beneficial to Vermont taxpayers.

RESEARCH QUESTION #3: CRIMINAL JUSTICE SYSTEM RESOURCES USED DURING THE PROGRAM TIME PERIOD

What criminal justice system resources are used by drug court participants during the RCADC program time period compared to the same time period for those in the traditional court system?

Comparative Criminal Justice System Costs During the Program Time Period

Often, when drug court program costs are calculated, cost researchers neglect to include what the criminal justice system would be spending anyway, if there were no drug court. This section describes the criminal justice costs experienced by drug court and comparison group participants during participation in drug court compared to the same time period for eligible offenders who did not participate. The criminal justice transactions examined include arrests, court cases, jail/prison time, probation/parole time, furlough time, jail transports, and victimizations. Each transaction was described in the outcome costs sections above.

Criminal justice system costs were calculated from the time of program entry to program end for both groups. The mean number of days between drug court arrest and drug court entry for the drug court sample was added to the arrest dates for comparison group members so that an equivalent “program entry” date could be calculated for the comparison group. Similarly, the mean number of days in the program for the drug court sample was added to the program entry dates for the comparison group members so that an equivalent “program end” date could be calculated for the comparison group. For each transaction, the same data sources were used for both groups to allow for a valid cost comparison of the time period from program start to program end (or the equivalent time period for the comparison group).

The criminal justice system costs during the program that were experienced by drug court graduates are also presented below. As described in previous analysis results, the costs for graduates are included for informational purposes only and should not be directly compared to all drug court participants or the comparison group.

Table 12 represents the criminal justice system experiences of drug court graduates, the drug court group (graduates and non-graduates), and the comparison group during the program.

Table 12. Average Number of Criminal Justice System Transactions per Drug Court and Comparison Individual during the Program Time Period

Transaction	Drug Court graduates (n = 32)	Drug Court participants (n=79)	Comparison group (n=101)
Arrests*	0.25	0.43	0.80
Court Cases	0.19	0.41	0.42
Jail/Prison Transports*	0.25	0.43	0.80
Jail/Prison Days*	7.08	22.47	63.29
Probation/Parole Days	249.35	138.14	123.32
Furlough Days*	3.77	4.09	26.46
Property Victimizations	0.16	0.21	0.33
Person Victimizations	0.00	0.02	0.08

*Significant at $p < .05$

RCADC participants show smaller numbers across every transaction except for probation/parole days as many participants are still on probation while participating in the program. RCADC participants had fewer arrests, court cases, jail/prison transports, jail/prison days and furlough days, and fewer property and person victimizations than individuals in the comparison group.

From these results it can be reasonably asserted that during participation in the drug court program, drug court participants are using significantly fewer criminal justice system resources than individuals who experience the traditional court system for the same length of time. In particular, graduates of the RCADC exhibited notably successful criminal justice system costs during the program.

Table 13 represents the cost consequences associated with criminal justice system experiences of drug court graduates, all drug court participants (graduates and non-graduates combined), and the comparison group during the program.

Table 13. Criminal Justice System Costs per Person (Drug Court and Comparison Group) During the Program Time Period

Transaction	Transaction unit cost	Drug Court graduates (n = 32)	Drug Court participants (n = 79)	Comparison group (n = 101)
Arrests	\$92.52	\$23	\$40	\$74
Court Cases	\$1,699.43	\$323	\$697	\$714
Jail/Prison Transports	\$343.75	\$86	\$148	\$275
Jail/Prison Days	\$130.61	\$925	\$2,935	\$8,266
Probation/Parole Days	\$1.39	\$347	\$192	\$171
Furlough Days	\$14.38	\$54	\$59	\$380
Subtotal		\$1,758	\$4,071	\$9,880
Property Victimizations	\$12,532	\$2,005	\$2,632	\$4,136
Person Victimizations	\$40,596	\$0	\$812	\$3,248
Total		\$3,763	\$7,515	\$17,264

The results for the comparison group are based on transactions that occurred during the same time period that, on average, drug court participants spent in the drug court program. This means the two groups are being compared on the same transactions that occurred in both groups over an equivalent length of time. The transactions for the comparison group represent the criminal justice system resources being used and the cost to the system of traditional court case processing.

The average criminal justice system cost to the taxpayer of traditional case processing per person during the same time period that drug court participants spend in drug court is \$9,880 (\$17,264 if victimizations are included). Jail/prison days are by far the most expensive transaction, followed by property and person victimizations and court cases. Jail/prison days are also the most expensive transaction for drug court participants, followed closely by property victimizations.

The total RCADC criminal justice system cost per participant during the program is **\$5,809** less than traditional court processing (**\$9,749** if victimizations are included), so there is a clear benefit to the taxpayer in choosing the drug court process over traditional court processing.

Criminal Justice Costs during the Program by Agency

Another useful way to examine criminal justice costs is to quantify them by agency. Table 14 provides per participant criminal justice system costs by agency for both the drug court program and traditional court processing.

Table 14. Criminal Justice System Costs by Agency per Drug Court and Comparison Group Member (Including Drug Court Graduates) During the Program

Jurisdiction/Agency	Drug Court graduates (n = 32)	Drug Court participants (n = 79)	Comparison group (n = 101)	Difference (Benefit)
Rutland District Court	\$115	\$249	\$255	\$6
Rutland State's Attorney	\$102	\$220	\$226	\$6
Vermont Defender General	\$105	\$228	\$233	\$5
Vermont Department of Corrections	\$1,326	\$3,186	\$8,818	\$5,632
Law Enforcement Agencies ²⁴	\$109	\$188	\$349	\$161
Total²⁵	\$1,757	\$4,071	\$9,881	\$5,810

As can be seen in Table 14, cost savings are realized as the result of the RCADC for every agency impacted by the program. In terms of their comparative criminal justice experiences during the program, drug court participants are shown to cost **\$5,810** (or **59%**) less per participant than offenders who follow traditional court processing.

Savings associated with drug court participants accrued more for some agencies than for others. The Vermont Department of Corrections realizes the greatest financial benefit, mainly due to reduced jail/prison time. While this agency may not see a change in its overall budget due to less jail/prison time from drug court participation, opportunity resources will be available for it to focus on other offenders – perhaps offenders who have more serious criminal justice records than those of RCADC participants.

RESEARCH QUESTION #4: COST OF TIME BETWEEN ARREST AND DRUG COURT ENTRY

What is the impact on the criminal justice system of the time between the eligible arrest and drug court entry (in terms of arrests and jail)?

Costs between Arrest and Drug Court Entry

Key Component #3 of the Key Components of Drug Court is about identifying eligible individuals quickly⁷ and promptly placing them in the drug court program. A shorter time between arrest and drug court entry helps ensure prompt treatment while also placing the offender in a highly supervised environment where they are less likely to be re-arrested and therefore less likely to be using other criminal justice resources such as jail. The longer the time between arrest and drug court entry, the greater the opportunity for offenders to re-offend before getting into treatment. This leads to the question, what is the impact in terms of re-arrests and jail in the time between arrest and entry into the drug court for the RCADC participants?

²⁴ Law enforcement agencies consist of the Rutland County Sheriff's Office and the Rutland Police Department.

²⁵ Victimization were not included in the total since no one agency accurately corresponds with victimization costs. Therefore, the amounts in the total row correspond to the subtotal row of the Criminal Justice System Costs during the Program table (but may not exactly match the subtotals due to rounding).

This section describes the criminal justice costs for arrests and jail experienced by drug court participants between the time of the drug court eligible arrest and drug court entry. Both transactions were described in the outcome costs sections above. Costs were calculated from the time of the drug court eligible arrest to program entry.

Table 15 represents the costs of re-arrests and jail time per person for drug court graduates and all drug court participants (graduates and non-graduates combined) from the drug court eligible arrest to program entry.

Table 15. Re-arrest and Jail Costs per Drug Court Member (Including Drug Court Graduates) From Arrest to Program Entry

Transaction	Transaction unit cost	Average number of transactions per Drug Court graduate	Average cost per Drug Court graduate (n = 32)	Average number of transactions per Drug Court participant	Average cost per Drug Court participant (n = 86)
Arrests	\$92.52	0.16	\$15	0.22	\$20
Jail Days	\$130.61	9.84	\$1,285	20.24	\$2,644
Total			\$1,300		\$2,664

As can be seen in Table 15, there are substantial costs accruing to the criminal justice system from the time of the drug court eligible arrest through entry into drug court (\$2,664 for all drug court participants and \$1,300 for drug court graduates). It should be noted that these costs only include arrests and jail time during the average of 71 days from the drug court eligible arrest to entry into the RCADC. Other criminal justice costs, such as court cases and probation days are also most likely accruing. These costs emphasize that the sooner the RCADC gets offenders into drug court, the more criminal justice system costs can be minimized.

RESEARCH QUESTION #5: COST BENEFIT RATIO

What is the cost benefit ratio of the RCADC?

Of particular interest to state and local policymakers is the cost benefit ratio of the drug court program. The final assessment of the cost differences between the drug court approach and traditional court processing requires a matching of outcome costs to investment costs. This is usually expressed as the “cost-benefit ratio.” In Rutland County, the drug court program costs \$17,606 per person (subtracting jail sanction days and jail transports, as these are included in the outcome costs from the time of drug court entry). This investment, combined with the benefits due to positive outcomes results in a projected cost-benefit ratio of 1:1.5 after 5 years. After 10 years, the projected cost-benefit ratio becomes 1:3. That is, for every dollar (\$1) spent on the program, the taxpayers save \$3 in criminal justice system costs. As described earlier in this report, if other system costs were included, such as health care, welfare and employment system costs, this cost benefit ratio might increase dramatically. For example, Finigan’s (1998) study of the STOP drug court in Multnomah County found a cost benefit ratio of 1:10. That is, for every dollar spent on the program, \$10 was saved in public costs.

Cost-Benefit Summary

Overall, the Rutland County Adult Drug Court results in significant cost savings and a return on taxpayer investment in the program. The program investment cost is \$19,405 per drug court participant. The cost due to recidivism over three years from program entry was \$48,277 per drug court participant compared to \$64,251 per comparison individual resulting in a savings of \$15,977 per participant (regardless of whether they graduate). The majority of the cost in outcomes for drug court participants over the 3 years from drug court entry was due to time in jail for participants who were unsuccessful in completing the program (\$30,076). The amount of jail experienced by terminated participants was greater than that experienced by similar offenders who had not participated in drug court, indicating the possibility of heavier sentences for those who attempt drug court and fail. However, this jail time may also be due to participants who entered the program directly from jail and, upon termination, went back to jail to serve lengthy sentences given prior to program participation. It was recommended that the drug court team examine the reason for the larger amount of jail time for unsuccessful participants and create a plan for addressing this issue if needed and appropriate.

In sum, the RCADC program had:

- A criminal justice system cost savings of **\$15,977** over 3 years (including victimization costs)
- Criminal justice system costs that were 59% less during program participation compared to non-drug court participants during a similar time period
- A projected 150% return on its investment after 5 years (a 1:1.5 cost benefit ratio)
- A projected 300% return on its investment after 10 years (a 1:3 cost benefit ratio)

Finally, the total RCADC criminal justice system cost per participant during the program is \$5,809 less than traditional court processing (\$9,749 if victimizations are included), so there is a clear benefit to the taxpayer in terms of criminal justice related costs in choosing the drug court process over traditional court processing.

RECOMMENDATIONS

Drug courts are complex programs designed to deal with some of the most challenging problems that communities face. Drug 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 drug treatment court must understand the various social, economic and cultural factors that affect them.

The RCADC has been responsive to the community needs and strives to meet the challenges presented by substance abusers. This program is demonstrating exemplary practices within each of the 10 Key Components, and had positive recidivism outcomes as well as producing savings to the taxpayer. However, all good programs can continue to strive to further improve and enhance their services. Key recommendations for the RCADC are listed below. These recommendations (and other minor recommendations) are presented in more detail and within their specific contexts throughout the main body of the report, particularly within the 10 Key Component results.

Recommendations Resulting from the Process, Outcome and Cost Evaluations

- **Work to increase the drug court graduation rate and length of time in the program.**

Since the program's inception, 36% of drug court program participants completed the RCADC program successfully. This is substantially lower than the national average of 50% (Cooper, 2003).

In order to graduate, participants must comply with the program practices and requirements. Therefore, for programs to increase their graduation rates, they must increase the number of participants that comply with program requirements. One strategy drug court staff can use in dealing with this complex population is to provide additional assistance so participants can learn new skills to successfully meet program requirements. Teams should be asking themselves, "how can we help each participant understand the lessons this program has to teach?" To successfully increase graduation rates, drug court teams must consider the challenges participants face, continually review program operations and adjust as necessary to help participants address those challenges.

Participants suggested the following practical assistance would aid them in complying with program requirements: Help with transportation and/or help in getting driver's licenses back, child care (e.g., during court sessions), education support, help managing common household tasks (like balancing a check book, budgeting and scheduling work and other requirements), and career counseling.

- **Examine the high use of jail for participants who terminate from the program**

The results of the cost analysis showed that those who were terminated from the program spent more time in jail shortly after leaving the program than similar offenders who did not participate in drug court. Theoretically, how they have done in drug court does not influence the post-termination decision made about their case. However, a staff member pointed out that Rutland is a very small county, and the information learned during drug court about an individual will probably already be known by everyone involved in the final decision making. It is possible that drug court participants who terminate from the program are receiving heavier sentences than offenders who did not attempt drug court. The drug court team should examine the reason for the larger amount of jail time for drug court participants and create a plan for addressing this issue if needed and appropriate. There are several possibilities that should be looked into including, 1. Those who are terminated receiving longer sentences, 2. The lack of a conditional period early on in the program, and 3. Some participants came directly from jail having been given lengthy sentences and when terminated went back to jail to serve them

- **Consider decreasing the intensity of treatment in the first phase**

This program requires treatment for several hours five days per week. Programs that require treatment sessions 2 or 3 times per week in Phase I had better outcomes (Carey et al., 2005) than programs that required treatment more often or less often. Treatment that is too time intensive may prevent participants from successfully completing other program requirements, such as finding and keeping employment, which may contribute to the relatively low graduation rate experienced by this program. As focus group participants stated, “The team is not willing to accept that other parts of life might keep you from going to group.” “I need to go to work when the job calls.” “Drug Court is not going to pay my bills.”

- **Work to decrease the time from arrest to program entry. Conduct a review and analysis of the case flow from referral, to eligibility determination, to drug court entry.**

The shorter time between arrest to program entry (20 days or less), the lower program investment and recidivism costs (Carey, et al., 2008). The average time from arrest to entry in the RCADC program is 71 days. We suggest that the team identify possible bottlenecks or structural barriers that are points in the process where more efficient procedures may be implemented to shorten time to drug court entry. Work on possible arrangements to get more participants into the program pre-plea.

- **Ensure all UA tests are fully observed**

Participants reported that male participants in particular were not always observed during UAs. One participant admitted that he had brought UA cups in and switched them during UA sample collection. Arrange for a male observer to be available at all times when urine sample are being collected from males. Document not only when tests occurred, but who observed them, in order to determine the actual percentage of tests that are being observed and whether an increase in observed drug tests resulted in increased program compliance.

- **Ensure UA tests are random or more frequent**

Drug testing is one of the key therapeutic tools for decreasing or stopping drug use (Marlowe 2008). Focus group participants stated that they were able to predict when their testing color would come up, particularly when UAs became less frequent farther into the program. They recommended another method for randomizing tests, or more frequent testing.

- **Consider using other, less expensive drug testing options**

Drug testing (\$6,096) is the most expensive transaction for the program. The high cost of drug testing for the RCADC is due to a cost per UA drug test of \$90. The RCADC may want to consider using more rapid drug tests in lieu of lab drug tests, as rapid tests are \$3 instead of \$90 and would result in significant cost savings (\$203 versus \$6,096). This would also bring the overall program cost per participant down by over 30%. Many programs use dipsticks or other, less expensive drug tests for the majority of drug tests, and then follow-up with more intensive (expensive) lab analysis tests only if positive results are contested by drug court participants. If the confirmation test is positive, the participant could be required to pay the cost of the test.

- **Provide a clear explanation of what behavior resulted in a sanction and why participants received the specific sanction they did**

Focus group participants (those in both the terminated group and in the graduated/active group) stated that they frequently observed different sanctions for the same behavior, even if it was the first time that behavior had occurred for the participants involved. “Everybody’s first sanction should be the same. They skip around and the sanctions can start out with a week in jail while somebody else gets two days of work crew.” Providing an explanation for the participant being sanctioned as well as those observing in court may result in a better learning experience for changing participant behaviors. A discussion among the team members at staffing of what specific behavior is being sanctioned, why the participant received a specific sanction and what the team expects the participant to learn from the sanction may also help the team focus on responses that are geared toward changing participant behavior in an intended direction.

- **Continue to strive to find creative responses to participant noncompliance that are focused on changing participant behavior**

Although the program has an extensive list of possible incentives and sanctions, it is important to continue to strive to find creative and effective responses to participant noncompliance that are focused on changing participant behavior. For additional ideas and examples, please see Appendix C, which contains a sample list of rewards and sanctions used by drug courts across the United States. Some of these examples are already in use by this program, but others may provide new and useful ideas.

- **Look into possibilities for altering procedures so that drug court judges can continue in their role without fixed terms, or can stay in the drug court role for at least 2 years**

Research has demonstrated that judges with greater experience have lower participant recidivism and greater cost savings (Finigan, Carey, & Cox, 2007; Carey, et al., 2008). Locally, some RCADC team members and participants found the change in judges to be challenging.

- **Set aside time to discuss the findings and recommendations in this evaluation, both to enjoy the recognition of the team’s accomplishments and to determine whether any program adjustments are warranted.**

Program data should be included with other program aspects for review by the Oversight Committee at least once per year and used to assess the program’s functioning and any areas that may benefit from adjustment.

- **Consider additional education on dual-diagnosis (co-occurring disorders) issues, specifically how to work better with this population in drug court as well as training in determining level of risk.**

The drug court team could appoint a team member, perhaps the Coordinator, who is already performing this task, to search for recent drug court research and other relevant information (such as that relating to dual-diagnoses) and send it to the rest of the team for review. Or team members could take turns performing this duty. Consider setting aside time at staffing meetings (perhaps quarterly), and/or at the Oversight Committee meetings to discuss new information and how it can be used to supplement the program.

SUMMARY AND CONCLUSIONS

Using the 10 Key Components of Drug Courts (NADCP, 1997) as a framework, NPC examined the practices of the RCADC program. Overall, the Rutland Drug Court is doing an exemplary job of demonstrating the 10 Key Components. We found that RCADC:

- Integrates alcohol and other drug treatment services effectively with justice system case processing,
- Does an excellent job of using a non-adversarial approach between prosecution and defense counsel,
- Provides a very good continuum of treatment services,
- Uses frequent alcohol/drug testing to monitor abstinence,
- Has a reward and sanction structure for responding to participant compliance,
- Has had regular evaluations and used the feedback in determining policies and procedures,
- Has a judge that is well respected and liked by the team and participants,
- Has provided national and local training in the drug court model to all team members, and
- Excels at developing partnerships with public and private community agencies and organizations.

Although the RCADC is performing very well, there were some areas where the program could enhance its processes. The main areas for improvement included:

- Longer terms for the drug court judge;
- More explicit explanations of the reason and purpose for specific sanctions for the benefit of both the participant receiving the sanction and the participants observing in court;
- Observing all UAs fully for both genders;
- Examining the high use of jail for participants who terminate from the program; and
- Using other, less expensive, drug testing options.

A detailed list of all recommendations resulting from the process, outcome and cost evaluations is provided in the recommendations section of this report.

OUTCOME SUMMARY

The outcome analyses were based on a cohort of RCADC participants who entered the drug court program from January 1, 2004, through July 31, 2007, and a comparison group of offenders eligible for drug court but who received traditional probation rather than RCADC.

The results of the outcome analysis for the Rutland County Adult Drug Court are positive. Compared to offenders who experienced traditional court processes, the RCADC participants (regardless of whether they graduated from the program):

- Had 3 times fewer drug charges in the 3 years after drug court entry,
- Had 3 times fewer person charges in the 3 years after drug court entry,
- Had close to half as many re-arrests 3 years from program entry,

- Were significantly less likely to be re-arrested for any charge within 3 years, and
- Had significantly reduced drug use over time in the program.

Further analyses showed that the drug court is keeping participants in the program close to the intended 7-month length of the program but that graduates were significantly more likely to spend longer (just over a year) in the program. In addition, participants who spent less time in the program were more likely to be re-arrested. This suggests that the program may benefit by increasing its intended program length to one year.

In addition, the graduation rate was 35%, 15% below the national average. The program would benefit from having the team consider ways to assist participants in addressing practical challenges participants face in meeting program requirements (such as childcare issues, work schedules and transportation).

COST-BENEFIT SUMMARY

Overall, although the Rutland County Adult Drug Court is a substantial taxpayer investment, it results in significant cost savings and a return on its investment. The program investment cost is \$19,405 per drug court participant. The cost due to recidivism over three years from program entry was \$48,277 per drug court participant compared to \$64,251 per comparison individual resulting in a savings of \$15,977 per participant (regardless of whether they graduate). The majority of the cost in outcomes for drug court participants over the 3 years from drug court entry was due to time in jail for participants who were unsuccessful in completing the program (\$30,076). The amount of jail experienced by terminated participants was greater than that experienced by similar offenders who had not participated in drug court, indicating the possibility of heavier sentences for those who attempt drug court and fail. However, this jail time may also be due to participants who entered the program directly from jail and, upon termination, went back to jail to serve lengthy sentences given prior to program participation. It was recommended that the drug court team examine the reason for the larger amount of jail time for unsuccessful participants and create a plan for addressing this issue if needed and appropriate.

Overall, the RCADC program had:

- A criminal justice system cost savings of **\$2,063** per participant after 3 years, **\$15,977** including victimization costs,
- Criminal justice system costs that were 59% less during program participation compared to non-drug court participants during a similar time period,
- A 150% return on its investment after 5 years (a 1:1.5 cost benefit ratio), and
- A 300% return on its investment after 10 years (a 1:3 cost benefit ratio).

Finally, the total RCADC criminal justice system cost per participant during the program is \$5,809 less than traditional court processing (\$9,749 if victimizations are included), so there is a clear benefit to the taxpayer in choosing the drug court process over traditional court processing.

As the existence of the RCADC continues, the savings generated by drug court participants due to decreased substance use and decreased criminal activity can be expected to continue to accrue, repaying investment in the program and beyond. Taken together these findings indicate that the RCADC is both beneficial to participants and beneficial to Vermont taxpayers.

Overall, these results demonstrate that the RCADC program is effective in reducing recidivism and reducing drug use while using fewer criminal justice system resources during program participation.

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**APPENDIX A: DETAILED PROGRAM DESCRIPTION OF THE
RUTLAND COUNTY ADULT DRUG COURT**

Process Evaluation Description

Following is the RCADC process description. This includes some brief information about Rutland County for context and then provides a detailed description of the program process including drug court implementation, treatment providers, team members and program phases.

RUTLAND COUNTY, VERMONT

Rutland County, composed of 933 square miles, is located in central Vermont. The City of Rutland is the county seat. As of the 2006 census estimate, this county had a population of 63,641 with almost 80% of the population over the age of 18. The racial composition of the county was 98% Caucasian, with less than 2% of the population from other races. The median household income in 2004 was \$39,607, with approximately 10% of individuals living below the federal poverty level.²⁶

RUTLAND COUNTY ADULT DRUG COURT OVERVIEW

According to the U.S. Drug Enforcement Agency website (2008), marijuana is the most widely abused drug in the State of Vermont. However, high-purity level heroin is available throughout the state, particularly in Rutland. Cocaine is also a significant problem throughout the state, especially in urban areas including Burlington and Rutland. In response to the number of drug abusers cycling through the system, the Rutland County Adult Drug Court (RCADC) program was implemented in January 2004, after Judge Nancy Corsones at the Rutland District Court secured a 3-year federal Bureau of Justice Assistance (BJA) grant for drug court startup and implementation.

The RCADC is a voluntary program that targets offenders with substance abuse problems, particularly those charged with felonies (including drug possession, property offenses, and forgery) with the goals of reducing alcohol and other drug-related crimes committed by substance-abusing defendants, increasing public safety and improving the overall quality of life for the entire community.

IMPLEMENTATION OF THE RUTLAND DRUG COURT

Prior to implementation of the RCADC, some individuals in Rutland whose main problems were drug issues were identified and received special conditions that would allow them to go to treatment. Some received deferred sentences and some could plead and be put on probation with special conditions. This process, different from the traditional court process, was the precursor to the current drug court. The judge involved in many of those cases was the judge who helped initiate drug court in Rutland County, Judge Nancy Corsones.

Planning for the RCADC began in 2001. At the end of 2002, the planning group applied for a 3-year federal grant from the Bureau of Justice Assistance (BJA), which was awarded at the end of 2003. The BJA grant funded the coordinator and a part-time paralegal with the State's Attorney's Office, 23 hours per week for attorneys, training costs, and paid for all supplies during the grant period.

PARTICIPANT POPULATION AND PROGRAM CAPACITY

As of May 2008, approximately 111 people have entered the RCADC since its inception, with 21 to 25 active participants at any one time. Because of a shortage of case managers, several people

²⁶ <http://quickfacts.census.gov/qfd/states/50/50021.html>

(at least 10 at the time of the stakeholder interviews) were “holding” (on a waiting list). Some of those that were holding had not yet been screened, so may not be eligible for drug court. Individuals on the waiting list generally receive residential or other treatment while waiting for drug court case management services. The state treatment court coordinator has been writing grants in the hope of receiving funding to pay for at least one additional case manager which will help increase the drug court capacity.

Of the 111 participants, 32 have graduated, 59 withdrew or were terminated, and 20 were currently active. The average age of these participants was 27 years, and just over half (55%) were female. Over 95% of these participants were white and the most common drug of choice was heroin (50%) followed by prescription drugs (23%) and then cocaine (11%). A team member reported noticing a “huge increase in prescription drug addiction in 2007.” Alcohol is also used by a majority of the participants, generally as a part of poly-substance use. Although the drug court does not usually serve those individuals who abuse only alcohol, in a few cases there have been participants whose primary issue was alcohol abuse.

DRUG COURT GOALS

The RCADC Policy Manual lists five goals, each of which includes several sub-goals. The primary goals are:

- Successfully treat defendants addicted to alcohol and other drugs,
- Reduce alcohol and other drug-related crimes committed by substance-abusing defendants,
- Maximize the availability and efficiency of treatment resources in the community,
- Provide the appropriate level of service while maximizing the benefit of tax dollars and limited community resources, and
- Increase the safety of the citizenry and improve the overall quality of life for the entire community.

In addition to these official goals, members of the drug court team identified the program’s main goal as helping addicts become recovering addicts by providing structure and other tools to help them lay the foundation for a stable lifestyle.

Team members unanimously agreed that they believe the program as a whole is succeeding at its goals. Many mentioned that even those who do not successfully complete the program gain, at the very least, an opportunity to see what life is like when they are not actively using, and hopefully want to continue it beyond drug court.

ELIGIBILITY CRITERIA

Eligibility criteria are written and have been distributed to law enforcement, private counsel, Public Defenders, the State’s Attorney’s Office, probation and parole for their reference in referring participants to the program. The target population of the drug court program is individuals whose criminal offense is strongly tied to or arises from their addiction. Charges targeted for program entry are both misdemeanors and felonies that include possession, property offenses, and forgery. Most participants come to the drug court with multiple charges that include both misdemeanors and felonies.

The RCADC has a three-part process for determining eligibility for drug court, as written in the Policy Manual:

1. Assessing the crime with which they are charged
2. Assessing their substance dependence (must exhibit generic criteria for substance dependence as listed in DSM-IV)
3. Determination that they are not otherwise ineligible under either federal rule or RCADC policy

Under that policy, the RCADC will accept no defendant who is:

- Classified as a violent offender by federal law
- Charged with the sale of any regulated drug
- Charged with the burglary of a dwelling (this has been revised to occupied dwelling)
- Charged with any DUI (except if the DUI is one of multiple other charges)
- Charged with the commission of any offense involving the possession or sale of any firearm
- Determined to be eligible for the Department of Corrections Intermediate Sanctions program or the diversion program.

In addition, offenders may be excluded from drug court if they have current manufacturing charges or prior manufacturing convictions or current gang involvement (gang member). Also, individuals with serious mental health issues may be excluded if their condition makes them unable to comply with the program requirements, as may those who do not admit to having a drug problem.

To be eligible for drug court, an individual must:

- Admit to drug/alcohol abuse
- Be willing to comply with the requirements of the drug court program
- Live in the drug court jurisdiction
- Be over the age of 18

Family support is strongly encouraged but not required for participation. Out of state charges must be resolved prior to entering the drug court. Acceptance of individuals with out of county charges will depend on the agreement of the State's Attorney's from both counties and works best when out of county charges are resolved prior to entering the drug court.

Individuals with a dual-diagnosis are accepted into the program as long as the acuity of their symptoms does not preclude them from following the requirements of the program. The drug court uses medication-assisted therapy so individuals who are already on narcotic replacement therapy, such as methadone maintenance or suboxone, are allowed to participate in the drug court.

The drug court team discusses each individual that has been referred to the drug court program and makes a decision about whether to admit an individual into drug court. The decision is usually made by team consensus, although occasionally it is necessary for the judge to make the final decision.

The BJA implementation grant specified that the program could not accept individuals committing certain crimes (e.g., breaking and entering an occupied dwelling, felony conviction for an act of violence). Now that the federal grant is no longer providing funds, the team is considering making changes to the eligibility criteria, based on their experiences, and will update their policy manual accordingly.

DRUG COURT PROGRAM SCREENING AND ASSESSMENT

A potential participant may be identified by law enforcement, the Office of the Public Defenders (PD), other defense attorneys, the State's Attorney's Office, judge, probation officer, or clinicians/case managers. The majority of referrals come from the PD and other defense attorneys.

After an individual is identified as a potential participant, a referral form is completed and forwarded to the drug court coordinator electronically. At the arraignment, which usually takes place within 30 days following the arrest, the attorney makes the statement, "We want to make a referral to drug court." The individual is then on the "drug court track" and anything concerning that person is referred to the coordinator. The coordinator puts the case on the agenda for the next staffing meeting. If the referral is received by the Friday prior to the Tuesday meeting, it will be discussed at the next staffing meeting. Everyone on the drug court team receives a copy of the referral sheet, so they have an opportunity to do any research that they think is appropriate or necessary prior to the staffing meeting. In practice, however, the State's Attorney's Office is extremely busy (cases are backed up) which means the State's Attorney (SA) on the drug court team cannot always be prepared to discuss the potential participants, which can delay entry. This has been exacerbated by the loss of a paralegal who helped facilitate the process. Also, there are two SAs that switch off every month, and the communication and transition between the two has not always been consistent (for example, the SA at staffing may not have received information on the offer from the previous SA), which also is a challenge.

After the team meets and does the legal screening, the individual is screened for substance dependence and co-occurring disorders in the Coordinator's office or in the jail by the case manager and coordinator, using the GAIN Quick form. The orientation for the drug court program is also provided at that time. If the screening indicates that the individual appears to be appropriate for drug court that information goes back to the team. If the team determines that the person meets all of the legal and clinical criteria, the individual is given the option of drug court. At that time they may enter the conditional period.

The conditional period lasts for approximately three weeks, during which the PD and SA determine the individual's "package." what will happen legally depending on whether the participant is successful in completing the program. (For example, if the participant is successful, depending on their legal status, they may get their charges dismissed and their record sealed. If they are unsuccessful, and they have already plead, they may go immediately to prison. The package depends on the seriousness of the charge that led the participant to drug court and on whether the participant was already on probation and came in on a violation.) Also during this time a full assessment is conducted and a treatment plan developed. The treatment plan sets out the level of care including the need for an intensive outpatient program, residential treatment, individual and appropriate groups. At week 3, the individual signs the drug court contract and moves into Phase I of the program.

According to staff, the average length of time between the offense and drug court *referral*, which usually occurs when the individual comes up for arraignment, is about 30 days following an arrest. The time between referral and entry into the program varies depending on how quickly the

information can be gathered to determine eligibility, program availability and the individual's current treatment need (such as residential). It ranges from two weeks to two months. The more complex cases generally take more time.

When the team suspects an individual has a mental health issue, that individual receives a psychological evaluation as soon as possible to ensure that the mental health issues are also addressed in the drug court process.

INCENTIVES FOR OFFENDERS TO ENTER (AND COMPLETE) THE RCADC PROGRAM

Most individuals who have successfully completed the drug court will have their sentences dismissed. For many, such as those who have been through the system many times and clearly would receive a jail sentence, the benefit of dismissal upon graduating is a strong incentive. Some people who complete drug court and participate in the follow-up year of continuing care services have their records regarding their current criminal cases sealed. Over time, as the drug court team has become more mature, it has started taking more complex cases with multiple defendants including more serious charges. In these cases, the defendants may plead and be sentenced to a reduction of charges if successful.

Currently the drug court participants have three options: pre-plea, post plea or post-conviction, depending on the status of the offender at the time of referral. The key factors that determine whether or not an individual must enter a plea are if the charge is a violation of probation or a violation of probation with a new crime. In the case of very high risk offenders the State or court may require a plea and/or sentence prior to program entry. While in the program, the sentence is deferred. Upon successful completion, the charges are dismissed. If unsuccessful in the program these defendants go directly to sentencing or probation respectively. Those who are not required to plea, if unsuccessful, return immediately to the district court process. The determination of which process will occur depends on the seriousness of the crime from the State's perspective.

Theoretically, how they have done in drug court does not influence the post-termination decision made about their case. There is an agreement between the Office of the Public Defender and the State's Attorney's Office that during the sentencing drug court history is not discussed. However, if the PD brings it up, the SA can use the information. On the other hand, a staff member commented that this is a very small county, and the information learned during drug court about that individual will probably already be known by everyone involved in the final decision making. The results of the cost analysis show that those who are terminated from the program receive longer jail sentences than similar offenders who did not participate in drug court. This is discussed further in the cost analysis section of this report.

During the drug court graduation the participants receive written confirmation that their charges have been dismissed or reduced. If they choose to participate in the year of continuing care services, the records of the criminal charges that brought them into the program are sealed. For those who entered drug court as a result of a violation of probation, the violation is dismissed and probation ends.

DRUG COURT PROGRAM PHASES

Individuals are enrolled in a conditional period for drug court, which usually lasts up to 3 weeks (though sometimes has lasted much longer when participants are slow to get cases in other counties resolved or when the cases are more complex), following which the team may invite them to sign the drug court contract. Participants completing the conditional period go directly into Phase I of the program.

RCADC requires a minimum of 30 days of continued abstinence in Phase I, 60 days in Phase II, and 120 days in Phase III, for a total of 210 days (about 7 months) minimum participation and abstinence before graduation. Participants also are encouraged to participate in a year of Continuing Care Services following graduation. However, this practice is changing due to the larger number of participants coming into the program.

Individuals new to drug court are given copies of written phase requirements, which are included in the Participant Orientation Information folder and in the Participant Handbook.

In order to advance from each phase, participants must have completed all phase requirements and receive a recommendation from the drug court team. Successful completion of the requirements of all phases results in graduation from the program. Participants involved in the focus group pointed out that they like, and need, the expectations of drug court and the structure it provides.

The following phase requirements were listed in the program's Policy Manual:

Phase I Requirements. During Phase I the focus is on stability, intensive treatment and recovery. Phase I lasts approximately 3-6 months.

- Comply with treatment plan, including attendance at community-based support groups
- Detoxification (if necessary)
- Stabilizing medical and/or dental needs
- Attendance at weekly status hearings
- A minimum of three random drugs tests per week.
- Finding safe and drug-free housing
- Vocation training, job search or education
- Demonstrating a minimum of 30 consecutive days of abstinence as demonstrated by negative drug tests.
- Identification of medical health needs to include acquiring a primary care physician
- Finding a sponsor

Phase II Requirements. During Phase II The focus is on building social capital, education, work, safe and sober housing and sober recreational activities. Phase II lasts 3-6 months.

- Full compliance with individualized treatment plan, including attendance at community-based support groups
- Demonstrate a minimum of 60 days of abstinence as demonstrated by negative drug tests
- Attend biweekly status hearings
- Develop ongoing aftercare and relapse prevention plans
- A minimum of 2 random drug tests per week.
- Progress toward individualized short-term educational and/or vocational goals or employment
- Maintain safe and drug-free housing
- Develop community support systems for leisure time needs.

Phase III Requirements. During Phase III the focus is on transition to long-term abstinence. Phase III lasts 3-4 months.

- Full compliance with treatment plan, and attendance at community-based support groups
- Attend monthly status hearings
- Demonstrate a minimum of 120 consecutive days of abstinence as demonstrated by negative drug tests
- A minimum of 1 random drug test per week.
- Encouraged to increase community-based recovery support group involvement
- Mentor new drug court participants

AFTERCARE

Following program completion, graduates have the opportunity to attend Continuing Care Service for additional post drug court support. During this year, participants attend bimonthly coordinator meetings; have access to community-based support groups (weekly recovery support group), their case manager, and any support coordination they may require.

TREATMENT OVERVIEW

Most treatment for RCADC participants is through a single treatment provider, Evergreen Treatment Services, the substance abuse arm of Rutland Mental Health. The majority of drug court clients go through intensive outpatient treatment (IOP) and all participants are required to attend self-help meetings (AA/NA) at least 3 times a week. Many other services are available and/or required for those who need them, including individual and group outpatient sessions, residential treatment, gender-specific treatment sessions (women's groups, men's groups), a relapse prevention group, mental health counseling and psychiatric services, anger management/violence prevention and family/domestic relations counseling. Language-specific or culturally specific programs are not offered. There is very little racial/ethnic diversity in the participant population; almost all participants have been Caucasian.

Following the case manager's screening and an indication that it is likely there is a substance use disorder, a clinician at Evergreen conducts a comprehensive assessment to determine level of care and provides a treatment plan. The plan usually includes a referral to Quitting Time, the intensive outpatient program which meets 5 days a week for 3 to 3½ hours per day, or they may be referred for detox or residential treatment.

The Evergreen treatment team then follows the individual as their case progresses. The treatment team meets every Wednesday to review the participants' situations and make recommendations. The case manager at Evergreen brings those recommendations to the drug court coordinator, and the drug court team receives an update on the following Tuesday at the drug court staffing meeting.

A psychiatric nurse practitioner and psychiatrist are available for assessment and treatment planning of participants with co-occurring disorders and medication assisted treatment management. For individuals who are in crisis and experiencing psychiatric symptoms or have been hospitalized and are stepping down a level of care, a participant hospitalization program is available Monday through Friday and provides intensive treatment.

As the participants progress or struggle, the treatment plan is reviewed on a regular basis to ensure the appropriate level of care is being provided. The program takes a holistic approach to treatment, recognizing that the whole person needs to be addressed, not just the alcohol or drug abuse.

THE DRUG COURT TEAM

The RCADC is comprised of a team of key stakeholders that includes the judge, coordinator, prosecutor, defense attorney, and the case manager.

Judge

There have been four judges presiding over the RCADC since its inception. Each judge has had their own unique strengths which have contributed to the development of the RCADC. The current judge is considered to be a consensus builder, which the team believes is a positive attribute for the team and for the drug court process.

Vermont has a system of judicial rotation wherein the judges rotate every 12 months to a new court in September of each year. The process has been a little different for the drug court judges in that the Administrative Judge, who makes judicial rotation decisions, has allowed the drug court judges to remain on the drug court docket for up to 5 years. The current judge in the Rutland Drug Court was brought in from retirement to help with the drug court as well as the backlog in the Rutland District Court. He has extensive knowledge and experience (including being the substitute drug court judge during the first 4 years of the program). He is currently working a half day with the drug court as of January 2008 and will continue until September 2009.

The judge is part of the drug court team. He attends staffing meetings (team meetings where participant progress is discussed) where his role is to facilitate the discussion and bring the team to consensus on issues that arise. In the court hearings he speaks directly to the participants about their progress or lack thereof and delivers incentives and sanctions; the evidence-based contingency management program used to change participants' behavior.

Compared to working with clients in conventional court, the judge believes that he gets to know the participants in drug court much more closely, and finds it to be a richer experience. In drug court, he understands participants, their history, the nature of their addiction, and their strengths and weaknesses. He encourages them to do well, and when sanctions occur, they come out of concern. He sees it as a way for participants to grow from the process; he tries never to diminish the individual in any way. Part of the judge's role is to listen, and he does so with the participants and with the team.

Team members related that each of the four judges had strengths that were valuable to drug court and to the team. The participants (according to those attending focus groups) were able to adjust to each judge but some found the transition during judicial rotation very difficult.

Drug Court Coordinator

There have been two coordinators since the implementation of the RCADC. The first coordinator staffed the drug court from 2003 - 2005 and was instrumental in developing the policy manual and participant handbook as well as the drug court procedures. The second and current coordinator was hired in August 2005. She manages the drug court and is the "keeper of the information." She ensures all players receive the necessary information including attorneys, probation officers, treatment providers, participants, and staff within the District Court. She works with other com-

munity agencies on important issues including housing and employment and is also the link to the Court Administrator's Office and the state treatment court coordinator.

The coordinator does the research when the team has policy questions or when other issues arise that need additional information prior to a decision. She keeps the team informed about best practices, as well.

The primary challenges in this role have been judicial rotation and integration of the drug court model as a regular part of District Court. Administrative integration of the drug court model in the District Court process would allow the coordinator to use her program management and development skills to increase program capacity and apply her knowledge of addiction and behavior to better serve the team and participants.

Team members commended the coordinator for her work in building community relationships and bringing in community resources.

Treatment Providers

Rutland Mental Health Services / Evergreen Treatment Services is the primary treatment provider for the RCADC. The Director of Evergreen supervises the drug court case manager and attends most of the weekly treatment drug court team staffings. He also acts as liaison between the drug court team and the treatment team at Evergreen, attends drug court sessions as his schedule allows, and is a member of the Drug Court Oversight Committee.

The clinical team at Evergreen is an important part of the drug court process. Members of the clinical team conduct the assessments, run the intensive outpatient program (IOP), and other groups as well as seeing the participants individually when needed.

Probation

The support of the Probation Office is extremely valuable to the RCADC. Although probation officers are rarely involved with the drug court staffings, they do make referrals and update the team on participants when they have important information that might impact decisions in the staffing regarding an individual's progress. The coordinator updates Probation at least once a month about any participants who are under on probation.

Public Defender

Approximately 70% of the drug court participants are served by a dedicated Public Defender as opposed to private attorneys. The drug court Public Defender spends about 8 hours a week (1 full day) on drug court duties, with additional time devoted to issues as they arise during the week. His role is to be part of the drug court team, which discusses participants' progress, considers new referrals to drug court, and discusses policy issues. The Public Defender ensures that the individuals contemplating the drug court program understand the program's requirements including the rights they are waiving to enter the program. He reviews the participant contract with them and ensures their due process rights. He attends the drug court staffings, drug court hearings and Drug Court Oversight Committee meetings.

In working with the drug court, the Public Defender's role is non-adversarial compared to traditional court, recognizing that the person has a substance abuse addiction as well as related issues. The Public Defender prepares the individuals for the program encouraging them to show up in court, to show up for treatment and to comply with other program requirements.

The Public Defender may take a different position from the rest of the team in the staffings, but makes it clear to participants that he operates as part of that team and must abide by the team's

decisions. It is clearly understood that the drug court team presents a united front in the courtroom.

Prosecutor

Two Deputy State's Attorneys for Rutland County split drug court duties—changing each month. They spend about 4 hours per week on formal drug court work, and also attend meetings, such as the Oversight Committee and Judicial Subcommittee. Both Deputy SAs have been involved with drug court from its inception. A paralegal worked 20 hours a week while BJA grant funds were available, dealing principally with drug cases, most of which were drug court cases. When the federal grant ended, there was no additional funding for the paralegal.

The two Deputy SAs, the SA, and the drug court PD all support the drug court and work well together in the best interest of the individual, according to a team member. According to team member, any disagreements are worked out in the staffings or in committee meetings.

The SA's office provides the legal screening for the potential participants; checking on criminal records, type of offense, history and issues around restitution. However, the traditional role changes as the drug court process proceeds because the prosecutor works as part of the team, where the defining characteristics of the job are less clear for both the prosecutor and the Public Defender.

Law Enforcement Agencies

A Deputy Sheriff works in the courtroom as security. He is an integral part of the functioning of the drug court, according to team members, in that he is part of the "theater" of the drug court. Although he doesn't participate in the staffing, he has built relationships with the participants and encourages them while they wait for the drug court hearings to begin.

The Rutland City Police Department was a driving force in the development of the drug court and continues to participate with a representative on the Oversight Committee. Law enforcement agencies from around the Rutland County make referrals to the drug court program and when the participants are known to them they informally supervise them and have been known to report in to the coordinator.

Case Manager/Treatment Provider

The drug court's case manager began with the program in November 2003 prior to the drug court accepting its first client in January 2004. She is employed by Rutland Mental Health/Evergreen Treatment Services.

When individuals are referred to drug court, the case manager does an initial screening to determine whether they are substance dependent. She, along with the coordinator, interviews the potential participants, collecting the demographic and historical data as well as determining the individual's interest in the drug court program. Following the screening the coordinator conducts a program orientation.

The case manager tracks the participants' progress (e.g., UAs, attending treatment) and creates a case management progress report each week to present to the team. She sees herself as the link between the participants and community providers who provide the services necessary for the success of each individual. She coordinates services and helps the participants resolve issues such as finding child care or transportation so they can get to treatment or to a job, setting up appointments, and coordinating with individual counselors. She coordinates care to minimize overlap, ensures that treatment and care are seamless, and that nothing is being overlooked.

The case manager sees her role as more of an advocate than a supervisor or probation officer, and believes that participants see her that way as well. They do know, however, that she relays information to the drug court team, and also know that if they are struggling, she can help them troubleshoot and find a way to “turn it around”.

The case manager is a member of the clinical team at Evergreen as well as the drug court team and acts as the liaison between the two relaying critical information to each team from the other. She feels that she is supported and respected by both teams and finds it refreshing to see both sides working together.

The case manager works full time on drug court issues, this includes the drug court staffings and hearings as well as providing other needed services such as home visits or meetings with employment counselors. In addition, she is available by cell phone during her non-work hours, not to be called unless she is really needed, though she said, “In a pinch, I will be there.”

The capacity of the case manager is 25 participants, and at the time of the stakeholder interviews she had 23 drug court participants on her caseload. Team members articulated the need for additional case managers to handle the numbers of people who could benefit from the program and are waiting for an opening so that they may participate. Focus group participants suggested that at least one other case manager is needed to help provide a different perspective, as they believe the current procedure of having one case manager represent all clients as well as being the sole person to communicate information from the treatment provider may not always result in an accurate representation of their case.

State Treatment Court Coordinator

A State Drug Court Coordinator was hired in 2004, and her title was changed to State Treatment Court Coordinator in 2006. She works for the State Court Administrative Office and oversees all problem-solving courts. Her role is to ensure that the local teams are using research and following best practices, to support the local coordinators and teams, ensure that the teams’ training needs are met, and that there is funding for sustainability. She also writes and manages grants, as well as updates legislators about the drug courts in Vermont and the national research on drug courts.

DRUG COURT TEAM TRAINING

Under the federal grant funding from 2003 - 2007, RCADC was able to finance extensive national and regional training for team members including; the annual New England Association of Drug Court Professionals (NEADCP) conference; National Association of Drug Court Professionals (NADCP) conference; and National Drug Court Institute (NDCI) Sanction and Incentives trainings in Florida and California. In addition, several national drug court experts were brought to the state to educate teams, judges and stakeholders in the latest research and best practice in treatment courts including; the Bureau of Justice Administration & National Center for State Courts Evaluation Training Workshops and Douglas Marlowe, Ph.D., J.D. Chief of Science, Law and Policy at NADCP. Other in-state training included attending the yearly Vermont Conference on Addictive Disorders; Substance Abuse and Mental Health Services Administration Center for Substance Abuse Treatment (SAMHSA) Legal Rights training and other treatment, contingency management and cultural proficiency trainings. As judges rotated in prospective treatment courts, the grant allowed for specialized drug court judicial training. To date, four Vermont judges have received specialized training through the NDCI practitioner training series.

DRUG COURT STAFFINGS

Drug court “staffings” are meetings where participant progress is discussed and decisions are made around team responses to participant behavior. The RCADC team members that attend staffings include the judge, coordinator (a court employee), two dedicated prosecutors, a dedicated Public Defender, and the case manager. Others have attended team meetings on occasion, such as the case manager’s supervisor (the Director of Evergreen), state partners from the Office of Alcohol and Drug Abuse Programs, other judges, staff from Rutland Mental Health, probation officers and staff from a doctor’s practice who is serving drug court participants in his practice. The team meets weekly for pre-court staffings to discuss participant progress and responses to participant behavior.

DRUG COURT HEARINGS

RCADC hearings are held for approximately one and a half hours, following the pre-court staffings. As described above, the Drug Court team is comprised of the Judge, coordinator (a court employee), a two dedicated prosecutors, a dedicated Public Defender, and the case manager. These individuals generally attend the drug court hearings. Participant family members and friends may be there as well.

Most of the interactions between the judge and the other members of the drug court team take place during the pre-court staffing. The evaluators' observations of a drug court session found that the judge speaks directly to the participants during drug court hearings. The judge interacts with the each participant in a warm way, establishing a connection by asking thoughtful, open-ended questions, focusing on many aspects of their lives, including the recovery process. The judge listens to the participants, treats them respectfully, and conveys knowledge of addiction and the struggles related to being on the road to recovery. In addition to the case management plan and program phase expectations, participants must submit personal goals prior to phase advancement. This aids in identifying additional areas participants choose to focus on while in the program. During the judicial hearing, the judge monitors their progress and offers support to help them reach their stated goals, such as license reinstatement.

Family Involvement

Family involvement is strongly encouraged especially if family members are supportive of the participants’ involvement in the drug court and supportive of their recovery process. At times the judge will talk with a parent or loved one who is present with a participant. If the person is doing well, he will ask: “What have you seen differently from your son/daughter/partner/spouse? How has his/her life changed? How has his/her relationship with you changed? The judge said that he is “looking for information that will bring hope to the process.”

DRUG TESTING

All participants are tested for drug use on a random drug testing schedule. Tests are randomized through color coding, and participants call a hot line each night to find out the color for the following day. When their color comes up, they go in the next day for testing. Phase I is red, and comes up at least 3 times per week; Phase II is orange, and testing comes up at least twice per week; Phase III is yellow, and random testing continues twice a week, eventually changing to a minimum of once a week. If use is suspected participants may be tested immediately.

A drug court team member reported that sample collection is fully observed by Evergreen front desk staff of the same gender as the participant being tested. Participants, however, complained

that tests for males are not always observed because no male observer is available (one male said that only about half of his tests are observed).

Evergreen collects about 40 urinalysis tests (UAs) per week using a 6 panel test. After the sample is collected, Evergreen sends the samples to Dominion Laboratories, where it is analyzed and insurance companies are billed directly. The lab results are available in 48 hours. Breathalyzer tests are also used, and the program recently began using another test for alcohol use: EtG (Ethylglucuronide), which can test for use up to 4 days previously. Dominion Laboratories' tests include levels of concentration, as well as a read out of positive or negative. The treatment provider has a good relationship with the lab and appreciates that they are available for questions and provide “great education” over the phone.

Medicaid pays for lab tests, but not for rapid tests, so almost no rapid tests are used by this drug court program. Medicaid, private insurance, or VHAP (Vermont Health Access Plan) will pay for drug testing as long as it is medically necessary. If confirmation tests are requested by the participant and the result is positive, they must pay the cost of the lab test. If the test comes back negative, costs are covered by the drug court.

The Vermont Department of Health / Office of Drug and Alcohol Programs (ADAP) has been working with the Vermont Office of Health Access to discuss funding for the rapid tests. In some instances, the drug court team has changed the testing requirements based on acquired knowledge of drug use and drug testing, for example, if a person is testing positive for marijuana, they do not need to be tested 3 times a week unless they are suspected of using a substance other than marijuana.

DRUG COURT FEES

No participant fee is assessed for participating in the RCADC. The drug court participants are, however, expected to agree to their restitution and restitution orders are issued. Once the participants start working in Phase II, they are expected to make weekly restitution payments. The Participant Orientation folder contains information on the requirement that drug court participants make payments on restitution. They are also required to become current on any other court-ordered obligations (such as child support).

INCENTIVES

The RCADC uses an evidence-based system of contingency management for delivering incentives and sanctions in response to participants' behavior. It has evolved through experience and through information about best practices in this area. The RCADC Policy Manual states that incentives are awarded for accomplishing goals, which include (but are not limited to):

- Meeting or exceeding treatment goals (attending treatment, staying abstinent)
- Showing up for the drug tests and testing negative
- Getting a job and/or participating in educational services
- Attending community support meetings
- Providing additional support to new participants

The positive behavior that elicits an incentive changes as the participants move through the three Phases, for example, in the early phases an incentive may be given for showing up, while later in the program an incentive would be provided for getting a job. Initially, when the program had

funding from its federal grant, the drug court team used incentives that were paid for by the grant. The drug court team experimented with the use of the fishbowl (drawing the names of participants to receive incentives) for attending 3 community support meetings. This provided a real incentive to keeping people in the program, according to one team member. (Participants, however, agreed that applause and recognition were most appreciated). The program now has very little money for rewards or incentives, but the judge does give out recovery stones with messages on them, such as “Courage.” Other incentives are built into the advancing stages of the program.

The RCADC Policy Manual lists possible incentives such as;

- Applause from those in the courtroom
- Praise from the Judge
- Completion certificates for moving through each Phase
- Gift certificates or passes from local merchants
- Reduced frequency of drug testing
- Reduction of required community service
- Permission to travel out of the county or state
- Relaxed curfew

The coordinator and others have searched for additional funds, but judiciary employees are not allowed to solicit which makes this challenging. The non-judiciary community partners are encouraged to look for funding for incentives.. The State Treatment Court Coordinator also searches for funding for incentives that must be purchased and when writing grants includes funding for incentives. (For the use of the RCADC team, Appendix C contains a list of rewards, sanctions and responses to participant behavior that have been used in other drug courts.)

SANCTIONS AND TREATMENT RESPONSES

When participants are noncompliant in the drug court program a graduated set of sanctions are imposed on the participants. The RCADC Policy Manual says that behaviors that are sanctioned include (but are not limited to):

- Positive drug tests, including missed, tampered or diluted drug tests
- Missed treatment or tardiness at treatment
- Missed community-based support group meetings or failure to bring meeting attendance verification
- Missed call-ins
- Tardiness or failure to appear for scheduled sessions of court
- New criminal activity
- Other noncompliance with individualized treatment plan and/or other drug court requirements

The program realizes the importance of responding to behaviors as soon as possible, and its goal is to hand out sanctions or incentives within 7 days of the triggering behavior, or immediately where appropriate. For participants in Phase II or III whose scheduled court date is more than 7

days away, the case manager contacts the participant and schedules him/her for the next available court date.

The RCADC Policy Manual states that sanctions are graduated and include one or more of the following:

- Writing an essay on a drug court-related topic
- Additional community-based support group meetings
- Increased frequency of drug testing
- Increased frequency of court hearings
- Requirement to sit in the jury box
- Time and/or place curfews
- Community service
- Incarceration
- Demotion to an earlier phase
- Program expulsion

In addition, a team member reported that participants may be sanctioned to a “work crew,” and work with people from corrections for a day.

When noncompliant behavior occurs, the drug court team looks at all the sanction options and decides which will be imposed based on the behavior, phase, sanction history and clinical recommendation. Some focus group participants do not think that everyone is treated fairly, especially regarding sanctions. They see some people receiving more severe sanctions than others for the same behaviors with no explanation.

The program distinguishes between treatment responses to participant behaviors and sanctions, and the current judge makes it clear during court which type of response is being rendered based on the behavior that brought about the response. The case manager also explains to participants that changes in treatment are based on the fact that the participant is struggling with their addiction and need additional treatment support, rather than a sanction for noncompliant behavior.

TERMINATION/UNSUCCESSFUL COMPLETION

A participant may be terminated from the drug court program after the participant fails to comply with the participant contract and subsequent graduated sanctions. Other reasons for termination include:

- Two consecutive unexcused absences from drug court hearings;
- A total of four unexcused absences from drug court hearings during their participation in drug court;
- Are a danger to the mental or physical well-being of other participants; and/or
- There is an issue of program integrity or public safety in the community.

As a decision to terminate a participant is being considered by the team, the Judge will give notice and a final chance for compliance during the next week. At the termination hearing, the rea-

sons for termination are explained and the defendant is allowed to respond. If an individual is on the pre-adjudication track, upon termination, a bail review/conditions of release hearing will be held. The matter will be set for resolution conference in misdemeanor cases or for a felony status hearing. In post-adjudication cases, a bail review/conditions of release hearing will be held, and a sentencing date will be scheduled. In addition, participants may withdraw at any time and have their case(s) transferred back to District Court.

Some terminated participants, after having been charged with a new crime, have requested re-entry into the program. This has been a challenging issue for the team and has been discussed at length. It remains undecided whether to allow this, when others are on the waiting list who have not yet had a chance to participate.

GRADUATION

To be considered for graduation from the RCADC, participants must successfully complete all three phases of the drug court program and be considered by the team to have reached maximum benefit of the program. The team has recently modified requirements to include a review of participant applications before advancing to the next phase of the program. In addition to having the required number of clean days the participant must demonstrate how they have grown in their self care and recovery process during that phase. Potential graduates must now complete a graduation application to include their plan for self management following drug court.

The team may decide to keep someone in the program longer to be sure that they are stabilized on a new medication, if they recently went through a difficult time (such as a parent dying), or if they are pregnant. Two focus group participants said they believed they were retained in Phase III longer than they should have been because they were pregnant and the team thought that they needed the extra support.

Graduations are individualized, but more than one person may graduate at a time if they are ready and/or prefer to graduate together. Prior to graduation, participants are asked to identify if there is someone special they want to invite to the graduation, such as their arresting officer or sponsor or someone who has helped them through the program or offered support. Most invite family members or friends.

Graduation takes place at the beginning or the end of a drug court session (depending on the judge). The individual is called up to the front of the courtroom and the team members are invited to talk about the participant, their progress and the team member's relationship to that person, seeing him/her grow, and relate anecdotal stories. The State's Attorney gives a copy of the dismissal of charges and/or discharge from probation to the participant and the judge awards a certificate. The graduate then has an opportunity to speak. Most often they talk about their experience in the drug court program, their own recovery process, and they thank people in the program. Some also use this time to help others in the courtroom who might need encouragement or suggestions for how to be successful. The graduation then moves to another room where cake is served, stories told, and pictures are taken of the judge giving the certificate to the graduate.

Drug court team members sometimes ask graduates to speak to community groups about the program and their recovery. Graduates from the program, and even a few who were not successful in the program, have come back to visit, observe court, lend support to those in the program and to check in with the coordinator and case manager.

DRUG COURT OVERSIGHT COMMITTEE AND OTHER MEETINGS

Periodically, there are committee meetings to address a variety of issues. For example, the judicial sub-committee meets for decisions on legal issues or challenges that the team is facing, the manual committee meets with the purpose of reviewing and revising the RCADC policy manual and the policy committee meets to discuss current process issues, changes or concerns.

The Drug Court Oversight Committee meets quarterly to receive updates on numbers of individuals being served, to discuss policy issues and to make decisions on the direction of the drug court.

DATA COLLECTED BY THE DRUG COURT FOR TRACKING AND EVALUATION PURPOSES

Catherine Stanger, Ph.D., former Research Associate Professor, Departments of Psychiatry and Psychology, at the University of Vermont, and now with the University of Arizona, is a licensed clinical psychologist with expertise in assessment, development of psychopathology, and treatment of adolescent disorders. She completed a process evaluation of this drug court each year and helped set up the Management Information System (MIS). The Rutland Drug Court began its data collection using the Buffalo MIS and quickly moved to the DCMIS 2000 which was downloaded from the American University website and is much easier to use. The data collected in this database includes participant demographics, program start and end dates, completion status, dates of drug court hearings, dates and results of drug tests, treatment received, sanctions received, and other case and program related information.

Vermont currently does not have a statewide database for the drug court so the DCMIS 2000 has been loaded on a laptop in each one of the operating drug courts and is accessed exclusively by the coordinator. The coordinator also has access to traditional court data in the court case management system and can track participants in both systems. The Vermont Judiciary is in the process of hiring a vendor for a new court case management system and it is anticipated that the drug court case management system would be connected to the judiciary case management system.

DRUG COURT FUNDING

The RCADC began with a \$499,966 grant from the Bureau of Justice Assistance (BJA) for startup and implementation which included funding for the coordinator's position. This 3-year grant began in 2003, and with two extensions allowed, is ending in 2008, with this final year focused exclusively on this evaluation.

During this time period, the Vermont Legislature started funding drug court initiatives in three counties, Rutland being one of them. The Legislature appropriated \$25,000 a year for each site through the Vermont Department of Health, Office of Drug and Alcohol Programs (ADAP) who then transferred it to the Court Administrator's Office. As the grant funding was ending, this funding helped support the RCADC coordinator's position. ADAP took the initiative in funding the case manager's position for the drug court through a contract with Rutland Mental Health/Evergreen. Over the years the appropriation for the drug courts has increased and now supports both the coordinator's and case manager's positions.

As discussed previously, the BJA grant paid for a part-time Public Defender and a part-time paralegal for the State's Attorneys' Office and a part-time judge as well as the cost of supplies (e.g., paper, computer), training and travel, and the evaluation. These costs are now being covered by

the respective agencies in their base budgets or in some instances (the paralegal, training and travel) are not funded.

Treatment costs are paid by the participants through private insurance, Medicaid or the Vermont Health Access Program (VHAP), and the cost of drug testing is also covered primarily by Medicaid, with some supplemental aid through ADAP. Rutland Mental Health Services received \$5,000 from a private local business, for incentives.

Shortly after the stakeholder interviews the State Treatment Court Coordinator was notified that the Court Administrator's Office was the recipient of a grant from the Bureau of Justice Assistance in the amount of \$333,002 for statewide enhancement of the Vermont Treatment Court System. The award has been submitted for Legislative approval. If approved, this grant will add a part-time case manager to the RCADC.

COMMUNITY PARTNERS

The coordinator and the case manager have developed strong community relationships with the local agencies that provide resources for drug court participants, including Rutland Housing Coalition, Rutland Housing Authority, the Departments within the Agency of Human Services, the Sheriffs' Department, local shelters, and Probation and Parole. The coordinator and case manager work well with the residential treatment centers in the state as well as the partial hospitalization program for people who need mental health support. The residential providers understand the drug court process, facilitate releases between the facilities and the case manager and report back to the drug court on participant's progress. However, at least one residential provider reported feeling that the drug court participants have a more serious criminal background than they were comfortable with and than they were led to believe from information provided by the drug court.

According to drug court staff, several physicians in Rutland County who prescribe Suboxone for opiate addicted participants work well with the drug court team. The doctors keep the team up to date on participant treatment and have provided trainings to the team on the effects of addiction on the brain and new research on the impact of AA meetings. The doctors have also attended a presentation by Doug Marlowe, the NADCP Research and Policy Chief and attended and observed the drug court in action.

Staff reported that the Probation and Parole Department, which is situated within Corrections, and the private defense attorneys, have been very supportive of the drug court program. The coordinator communicates with them on a regular basis updating them on their respective client's progress and challenges. When making referrals, both the probation officers and private attorneys are invited to the drug court staffing to discuss their referral and advocate for entry into the drug court program.

Adult education is available in the community for participants who would like to pursue a GED or a high school diploma. Some participants have also taken classes at the community college..

The Department of Employment & Training, Rutland Vocational Rehabilitation, and the Rutland Bennington Opportunity Counsel provide services and support for those participant seeking employment or a change in career. Participants attend job fairs, training workshops, resume writing clinics, and business planning sessions. Classes offered at the local Stafford Technical School have provided opportunities to participants for training in high paying specialized trades. The case manager connects participants to the services best suited for their individual goals whether

it's going from working under the table to a tax paying job (a program requirement) or going from an unskilled job to developing a trade or their own business.

Mental health services are provided by Rutland Mental Health, Rutland Regional Medical Center, and private practitioners. Participants are assessed for their mental health needs throughout the program. Recommendations for mental health services are generally made by the Evergreen clinicians and are discussed during their staffing each Wednesday. Provider information is accessible and participants are encouraged to seek supports they identify as helpful to their recovery. During the stakeholder meetings some team members and participants shared that even though some mental health services are available, more are needed.

Turning Point, the local recovery center, offers a positive and supportive environment in the Rutland community for drug court participants and others in recovery and is vitally important to the health of the Rutland community. Turning Point offers 12-step meetings and other positive activities including pool tables and family movie night and opportunities to socialize with others in recovery. Drug court participants and graduates have facilitated 12-step meetings and there is a Tuesday pre-drug court 12-step meeting specifically for the active drug court participants. Turning Point also provides opportunities for drug court participants to fulfill community service sanctions in a recovery environment, enabling them to get their foot in the door and start building healthy relationships. Drug court graduates and non-graduates continue to spend time at Turning Point and offer support to active drug court participants.

Participants felt that although the drug court provides many services, additional services are needed, such as transportation, help getting driver's licenses back, more housing, more mental health services, child care (during drug court sessions, etc.), and career counseling.

CONCLUSION

Drug courts are complex programs designed to deal with some of the most challenging problems that communities face. Drug 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 drug treatment court must understand the various social, economic and cultural factors that affect them. The RCADC has been responsive to the community needs and strives to meet the challenges presented by substance abusers.

APPENDIX B: PARTICIPANT FEEDBACK FROM FOCUS GROUPS

Rutland County Drug Court Active and Graduate Focus Group, July 30, 2008

Active participants and graduates of the Rutland County Drug Court took part in a focus group facilitated by staff from NPC Research on July 30, 2008. The focus group included nine (9) individuals in the following phases:

Conditional = 1
Phase I = 1
Phase II = 2
Phase III = 2
Graduates = 3

Following is a summary of their responses to the focus group questions.

What is good about drug court?

- Education on addiction through Evergreen.
- Knowing that there were other people going through it,
- Having support and structure.
- The connections with other people (staff and other participants)
- Staff are quick to respond.
- Get to not go to jail as long as you do what you are supposed to. “If I wasn’t here, I’d be doing 18 months to 8 years right now.”
- The expectations from the drug court (have a job—work 40 hours a week, attend AA/NA, follow the rules of the program) help with self-esteem. Self-esteem is a huge part of staying away from drugs. “It took me a while to do all of those things, but that’s huge... It really does help. It builds self-esteem. I feel like a productive member of society today. If you can get your self-esteem back, you can be successful in any program.”
- Drug court connects us with other programs where we can get help.
- I thought it was way too long at the beginning. I thought the whole thing was stupid. I hated the meetings at first. “Because of the length of it, and because they make you continuously go to those things...after awhile I started to need the meetings, to look forward to it some days...your attitude changes about it.”
- When I was going through problems, I got strength and support from the Case Manager, Judge and the other staff.

What is your experience with drug court staff?

- Most of my experience has been with [Case Manager]. I have a hard time opening up to everyone, but when there was a big problem, the team really picked me up and helped me through it. “They all play a pretty big part. If it wasn’t for the whole team deciding and seeing something more of me than I see of myself...”
- I had a hard time with [Case Manager] at first. I just didn’t like her. She was nice—it wasn’t that she was mean or rude. But [Case manager] kept making an effort to tell me she was here for me... she cared, even if I wasn’t showing an effort. She didn’t stop talking to me, she made an effort to stay in my life. Now I have a really good relationship with [Case Manager] and talk to her about anything. “She is one of those where you can walk into a room and know she cares, where some people are just here for the paycheck.”

- I was really [angry] at [Case Manager]. She took me off an anxiety medicine that I was on for many years, and of course I was addicted to it and now realize that I needed to be off it. I think she saved my life. I'm just thankful that she did take it...I'm learning how to live now. "I'm liking life today." [Case Manager] is watching my kids so I could come to this focus group. She helped me go back to school.
- I'm just grateful that I haven't relapsed. I never thought I'd go 6 ½ months without relapsing. I've been a chronic relapser since the day I picked up drugs. This program has helped me stay sober... I hate to think about leaving this program. It opened up all kinds of opportunities for me.
- "I had nothing, I was dying. This program has done so much for me."

What is your experience with the Judge?

- He takes time and asks you a lot of questions. I think he's good.
- We had a different judge when I started the program. I had a hard time switching judges in the middle. We had a complete switch in attitude when the new judge started. I thought I wasn't going to make it through. I had a bad history with him. He was the judge in a lot of my cases. It took me a long time to feel okay about him. He didn't completely win me over, but I have the best relationship I can have with the court system.
- They are both very fair, very caring. They both have their own good qualities and both did a very good job.
- I work better with the new judge. He is more personally involved and has a better grasp on addiction and talks to us on a more personal level. I feel comfortable with him.
- The transition was easy, it was just a different face and a different name. We had the new Judge when the old Judge wasn't available so we already knew him.
- All the decisions they make stay the same.

What things you would like to see change or be better?

- I'm a little irritated that I can't graduate because I'm about to have a child. I should be graduated by now and they're only keeping me in because I'm pregnant. They are making the year of aftercare, which is usually optional, mandatory for me.
- They did the same thing to me. It ended up taking 3 or 4 extra months when I could have been graduated. Looking back it didn't hurt nothing. They were more lenient, too. They didn't expect as much because I'd already done my time. They just wanted to make sure I could handle everything.
- One thing I really despise about drug court is that they don't treat everyone the same, at all. You'll see one person get 25 chances and the next person if they do something out of line, they whack them. Some people get jail, and others get work crew. Everybody's first sanction should be the same (work-crew).
- If you broke the rules you broke the rules, however you did it, the sanctions should just get progressively worse. They skip around and the sanctions can start out with a week in jail while somebody else gets two days of work crew or writing a letter.
- It is stupid to make a set of rules and a guideline of punishments for breaking those rules, and then don't follow it at all.
- What they come back with is everybody is a different person and they go by what everybody needs.

- I think watching is a learning experience. See what happens and think, "I'm not going to do that now." Or, look how well other participants are doing. Get to see people you care about doing well.
- Better explanations about why each person is getting what they get. Perhaps an explanation in court to the person who is getting the sanction (and therefore everyone in court) the behavior that led to the sanction and why they gave the sanction they did.
- I messed up and got 40 days of treatment, while people who were on their 4th or 5th chance get a weekend in jail.

Why did you decide for drug court?

- I came in because I had kids. They were going to send me to rehab or jail. I came in to better myself and be a better mom.
- Staying out of jail. Changing my life for the better. I'd been doing drugs for a long time.
- To get some structure, treatment, some help. Taking all my charges off. My attorney told me about it.
- I didn't know anything about the program. It was mentioned to me by my lawyer as my only option not to go to jail. I just knew it would keep me out of jail. (Many didn't know much about it).
- My lawyer gave me a pamphlet on my way to rehab. When I got back, I signed up. She explained it to me and answered any questions...

[It was a different experience for each person. Some received a pamphlet. Others met with [Coordinator] and [Case Manager] first. Some went to rehab first as part of getting into the conditional period.]

Drug testing process

- UAs keep you clean. [Everyone nods.] If you use, you can't deny it.
- They could be more random. You can figure out when the next colors are going to come up. You know how often per week your color is going to come up. Especially the further you are in the program. The less frequent UAs later in the program make it easier to predict.
- I'm color red and I know when they are going to call me: Monday, Wednesday, Friday. Every once in a while Monday, Tuesday, Friday.
- It's BS that men aren't always observed because there are no men available to observe.
- In the last 3 weeks I've probably had half my UAs not observed [said by a male].
- Me, too. [another male]
- My ex used to brag how he got away with using because he wasn't observed and could switch cups. [They were really resentful about this.] Everyone should be observed. There are always males around to observe at Evergreen. They should do it.

Are there any barriers getting in the way of you finishing drug court or being successful?

- We need more transportation. Or help them getting driver's licenses back.
- More help finding safe houses. There is only one half-way house in Rutland & they don't like to take drug court participants. We need more programs for housing.
- Help us find out where the services are and how to get to them.
- We need child care options available. They have a big room with toys. Why can't they have someone there to watch your child while you are in court or your groups?

- I don't think drug court is an appropriate atmosphere for children. We need to have child care outside the court room. It's only an hour. Some worker behind the counter down there could watch them in the little play room. Children shouldn't be in there, period.
- Don't like that they tell you what you can and can't do for a job. They don't consider working at home on the computer is a job when I make 5 times as much at home.

Are there enough services in the community? We know about Evergreen and Turning Point.

- There's tons of self-help meetings.
- In terms of our addiction, they do offer a lot of services. Counseling at Evergreen and things like that.
- We need services that aren't drug-based.
- We need more services for housing.
- Services for MH.
- Services to get your licenses back.
- More career counseling (rather than just a job).
- Education support.
- Help managing your money (bills and saving), and managing other household issues. [Others nodded and added their take on needing this kind of help.]

How does this program affect your family lives?

- I have family back.
- My mother now knows what's going on. She was embarrassed that her daughter was in trouble and might go to jail, lose my kids. Now she understands what's going on.
- This program has helped me be more honest with my mother. I used to be more scared of her.
- I had teenage kids that were following the same route. Now I can be a good example for them and help keep them from following that route.
- I have both my kids back.

What would you tell people who are thinking about starting the program?

- In the beginning, I would have told them not to do it. But I was constantly in trouble and getting sanctions. Now I just tell them, do what you gotta do.
- You need to be ready to change. To change the negative stuff.
- This program is a blessing. It has its issues, but I am a better person now. I can be a husband to my wife, a father to my kids. I've got my priorities straight. My bills are paid (mostly).
- I've had someone ask me about the program, and for me personally I feel grateful for the program. Everything else I tried didn't work. All the treatment programs, etc. "For the first time I am able to be sober, to be honest about it. Everything in my life has changed."
- Teach you *how* to change things, not just tell you you have to change. Drug court shows you how to live without drugs. The structure. Everything comes together to teach you how to change your life.
- It's great for somebody who wants to stay clean. I gave the advice to come in. I have nothing bad to say about it.

What makes it work?

- It's more teaching. I learned a lot. You have to change things, and they don't just tell you, they show you how. They kept me on my toes. They show they care.
- Structure.
- Drug court is the blueprint for showing you how to live without drugs. All the programs you have to do for it. Everything comes together to teach you how to change for the better, how to live without drugs, and to be happy.

Rutland County Drug Court Focus Group with Terminated Participants, July 30, 2008

Five former participants in the Rutland County Drug Court took part in a focus group facilitated by NPC Research staff on July 30, 2008. All of the focus group participants were terminated from (did not successfully complete) the program. The following is a summary of their responses to the focus group questions.

What things about drug court worked for you?

- UAs helped you stay clean. Groups you attended. I liked some of them.
- I hated "Quitting Time [a group]." [Others loved Quitting Time.]
- I loved some counselors.
- After Quitting Time I took another group 3 nights a week with a different counselor. He was great. I took a bunch of classes with him. I felt comfortable. You could be completely honest. Not judgmental. After he left, I didn't like anything in groups anymore.
- Certain tools that drug court teaches you that are really helpful. (But you don't have to get them from drug court. It doesn't have to be drug court to teach you those things, but they enforce it.)
- You have to find what fits. If you're forced to be in a class or group that you don't feel comfortable in or that you don't like, it's not going to do anything for you.
- The "Boot in my back that made me get my [act] together." It was the opportunity to not have my addiction create permanent effects on my life. I had an opportunity to do the right thing—get solidly based in a support network, get clean with help, and have charges related to my addictive use dismissed and not have it come back to haunt me.
- Getting my charge dismissed.
- The concept of drug court is fabulous. There are a lot of kinks in this drug court that need to get fixed. There are going to be those people who abuse it and take advantage of it, lie, connive, and succeed. There's going to be people who really try and fail, and people who really try and succeed.

Were there things that didn't work for you?

- Too much favoritism. They pick and choose those who get rewards, who gets less sanctions and who gets more. Those who "kiss the team's ass" will graduate.
- They try to run your personal life too much. [Told them who they couldn't date or spend time with.]

- Some people, who are in [the team's] favor, can have dirty drug tests and just get a slap on the wrist, while those who are not in favor get 5 days in jail.
- The team is not willing to accept that other parts of life might keep you from going to group. I need to go to work when the job calls. But I got sanctioned for that.
- Drug court is not going to pay my bills or feed my kids.
- [Case manager] gets too involved with my personal life. She shouldn't be able to tell me who I can date or that my children can't see their father.
- [Case manager] runs the show. The Judge and the prosecutors rely on her opinion. She has her favorites and holds grudges. (Participants talked about not feeling supported, that they pick favorites.)
- She [Case Manager] counted my pills (cyboxin) bare handed; doesn't wash her hands.
- I am very bitter about drug court and [Case Manager]. I did good at first because I do want to get away from drugs. It's a battle I fight every day. I used once and called up that night and admitted to it. The last time I got caught with dirty urine. That whole team just turned on me. I did wrong, but I thought it was totally wrong the way it was handled.
- At this point I wish I never did drug court because that time [that I'd already put in] didn't count. When you do something wrong, the whole team turns on you. When I needed their support the most, they turned on me.

What recommendations do you have to make program better?

- Staff needs to stop showing favoritism to certain participants. [All nodded agreement.]
- There needs to be specific punishment for specific behaviors. They told me, "We hold you to a higher standard. You need to be setting an example."
- They need to be clear that "these are the rules" - If you do X behavior, X response will happen. Some variation is understandable for circumstances, but it should be *small* variation. They should treat people the same, it doesn't matter if you just came in or are close to graduation.
- If you relapse and you are honest about it, you should get the same or less sanction than someone who lies.
- All staff should be required to take a course on substance abuse. They don't know. That's why they all rely on [Case Manager].
- They need to get more case managers (an independent addiction therapist). Someone outside of Evergreen, so they can be a check and balance. It should be more than just one person's opinion.
- I put my heart and soul in this program. And for all of its flaws, I've been clean and I'm still clean, because I went through this program.
- Do not take rumors or hearsay as fact. (It broke my heart that these people who were supposed to be my best support network believed that I was guilty of something I wasn't doing.)
- Keep the same judge. Changing the judge was bad.
- Two people should be at pill counting.
- Make sure anyone who is not a regular part of the program (who is substituting for team members) should be well trained and should have good communication about how they do things, making sure facts are straight before bringing it up in court.
- They need to have real verification of attendance at meetings. There's a requirement to attend, but no way to verify. Participants make deals in the hallway, "Will you tell them I was at the meeting?" **Do people really do that?** "Sure, I only went to half the meetings."

- They need to have options outside of 12-steps. Some people do better in Rational Recovery. There should be alternatives for people to do what works better for them.
- Turning Point is a “silver club.” They have NA, AA, drug court meetings. It’s a lounge you can sit in. They have BBQs and other activities. You can drop in—it’s a place to go when you don’t want to use & don’t want the effects of drugs in your face [drugs are so prevalent elsewhere].
- More focus on what causes relapse and how to avoid it. Use sanctions/responses that are appropriate in helping you through a relapse, that are constructive.
- More options for sanctions instead of just jail. It should be appropriate response to the behavior. Community service. Places to volunteer that could really use help (Women’s shelter, hospital, library, Turning Point, cutting grass—volunteer work) Watching district court in the jury box (which they used to do, but don’t now)—it was effective.
- Sanctions should be the same thing for everybody for a particular behavior. Every person who’s dirty should be sanctioned, so the people sitting there know that is what will happen to them.
- Other people in the court room [other participants, the staff] will talk when you are up there at the microphone. It’s rude, disrespectful and distracting.
- Different things work for different people. Sometimes it’s not helpful to hook up with other participants. I know plenty of addicts, I don’t need to meet any more at drug court. I don’t want to air my lifestyle to a room full of junkies. [Another person said: "I got to be friends with 2 people who ended up relapsing. I don’t need that."]
- Stupid little incentives. The fishbowl was dumb because they were inconsistent about who got to pull out of the fishbowl. I’m glad they stopped the fish bowl.
- Rewards should be applause and compliments when people are doing a good job. Tangible rewards should be given consistently and fairly for specific behaviors.
- [All agreed that the drug tests went well for them—they agreed with results, etc.]
- Knowing that you have random drug testing at least once a week is effective.
- This [focus group] would be nice once in a while—an opportunity to sit and talk.

Other services

- Turning Point is great. People can hang out there in a drug-free place and watch TV and play pool. In the past people went there to get high. People were selling drugs out of there. They need to have a person on duty that keeps people who have been using out of there. The person on duty gets scared and won’t make people leave.
- Evergreen sends everyone to “Quitting Time,” and it’s not useful for everybody. People would go to Quitting Time and counselors would talk about using [glorifying the use, describing how they would use] that would cause others to trigger. People left and used. One girl OD’d. People at Quitting Time don’t really help you if you are going to use. Calling them if you are tempted does not help. It’s just a way for them to make money [people going to Quitting Time].

**APPENDIX C: EXAMPLES OF REWARDS AND SANCTIONS USED
BY OTHER DRUG COURTS**

EXAMPLES OF REWARDS AND SANCTIONS USED BY OTHER U.S. DRUG COURTS

Drug Court Responses to Participant Behavior (Rewards and Sanctions) Ideas and Examples

The purpose of rewards and sanctions in drug court programs is to help shape participant behavior in the direction of drug court goals and other positive behaviors. That is, to help guide offenders away from drug use and criminal activity and toward positive behaviors, including following through on program requirements. Drug court teams, when determining responses to participant behavior, should be thinking in terms of behavior change, not punishment. The questions should be, “What response from the team will lead participants to engage in positive, pro-social behaviors?”

Sanctions will assist drug court participants in what *not* to do, while rewards will help participants learn they should do. Rewards teach that it can be a pleasant experience to follow through on program requirements and in turn, to follow through on positive life activities. It is important to incorporate both rewards and sanctions, as sanctions will only demonstrate to participants what behaviors are inappropriate but will not help them learn the behaviors that are appropriate.

Below are some examples of drug court team responses, rewards and sanctions that have been used in drug courts across the United States.

Rewards

No cost or low cost rewards

- Applause and words of encouragement from drug court judge and staff
- Have judge come off the bench and shake participant’s hand.
- A “Quick List.” Participants who are doing well get called first during court sessions and are allowed to leave when done.
- A white board or magnetic board posted during drug court sessions where participants can put their names when they are doing well. There can be a board for each phase so when participants move from one phase to the next, they can move their names up a phase during the court session.
- Decrease frequency of program requirements as appropriate – fewer self-help (AA/NA) groups, less frequent court hearings, less frequent drug tests.
- Lottery or fishbowl drawing. Participants who are doing well have their names put in the lottery. The names of these participants are read out in court (as acknowledgement of success) and then the participant whose name is drawn receives a tangible reward (candy, tickets to movies or other appropriate events, etc.)
- Small tangible rewards such as bite size candies.
- Key chains, or other longer lasting tangible rewards to use as acknowledgements when participants move up in phase.

Higher cost (generally tangible) rewards

- Fruit (for staff that would like to model healthy diet!)
- Candy bars
- Bus tickets when participants are doing well
- Gift certificates for local stores.

- ❑ Scholarships to local schools.
- ❑ Tokens presented after specified number of clean days given to client by judge during court and judge announces name and number of clean days.

Responses to Noncompliant Behavior (including sanctions)

- ❑ Require participants to write papers or paragraphs appropriate to their noncompliant behavior and problem solve on how they can avoid the noncompliant behavior in the future.
- ❑ “Showing the judge’s back.” During a court appearance, the judge turns around in his or her chair to show his/her back to the participants. The participant must stand there waiting for the judge to finish their interaction. (This appears to be a very minor sanction but can be very effective!)
- ❑ “Sit sanctions.” Participants are required to come to drug court hearings (on top of their own required hearings) to observe. Or participants are required to sit in regular court for drug offenders and observe how offenders are treated outside of drug court.
- ❑ Increasing frequency of drug court appearances
- ❑ Increasing frequency of self-help groups, (for example, 30 AA/NA meetings in 30 days or 90 AA/NA meetings in 90 days).
- ❑ Increasing frequency of treatment sessions
- ❑ One day or more in jail. (Be careful, this is an expensive sanction and is not always the most effective!)
- ❑ “Impose/suspend” sentence. The judge can tell a participant who has been noncompliant that he or she will receive a certain amount of time in jail (or some other sanction) if they do not comply with the program requirements and/or satisfy any additional requirements the staff requests by the next court session. If the participant does not comply by the next session, the judge imposes the sentence. If the participant does comply by the next session, the sentence is “suspended” and held over until the next court session, at which time, if the participant continues to do well, the sentence will continue to be suspended. If the participant is noncompliant at any time, the sentence is immediately imposed.
- ❑ Demotion to previous phases. (This has been reported in some programs to be a demoralizing occurrence for participants and may lead to termination rather than improved behavior.)
- ❑ Community service. The best use of community service is to have an array of community service options available. If participants can fit their skills to the type of service they are providing and if they can see the positive results of their work, they will have the opportunity to learn a positive lesson on what it can mean to give back to their communities. Examples of community service that other drug courts have used are: helping to build houses for the homeless (e.g., Habitat for Humanity), delivering meals to hungry families, fixing bikes or other recycled items for charities, planting flowers or other plants, cleaning and painting in community recreation areas and parks. Cleaning up in a neighborhood where the participant had caused harm or damage in the past can be particularly meaningful to the participants.
- ❑ Rather than serve jail time, or do a week of community service, the participant pays a fee (\$25) to work in the jail for a weekend (2 days). The fact that they have to pay and sacrifice a weekend is an effective deterrent. If they cannot pay the \$25 they spend the weekend in jail.

APPENDIX D: GLOSSARY OF DRUG COURT TERMS

Glossary of Drug Court Terms

The definitions listed below are for the purposes of this study and are not necessarily the definitions used by the specific court described in this report.

Active: The drug court participant is currently attending drug court sessions and treatment (and has not already completed/graduated or been terminated). This includes those who are on bench warrant for failure to appear if they have not been officially terminated from the program.

Actual Expenditures: Taken from a county or agency's budget report, actual expenditures are a line in the budget that lists a particular agency's total budget spending for a previous year. The "actual" refers to the actual amount that the agency spent (not just the estimated or budgeted amount set aside).

Arrest: An arrest of an offender (drug court participant or comparison group member) by local law enforcement such as a sheriff or police officer. Each arrest has an associated cost, which goes into the investment and outcome costs. For arrest, typically a city police department serves as the activity/cost model.

Benefits: The portion of an employee's pay that is not direct salary paid to the employee. Benefits include health or other medical insurance, retirement, dental, vision, disability insurance, etc. Benefits can be obtained as either a dollar amount (per hour, month, or year) or as a percentage of the salary (for example, 33% of the hourly rate).

Booking Episode: After each arrest, an offender is booked into the law enforcement's system. Each booking episode has an associated cost, which goes into the outcome costs. Bookings are most frequently performed by sheriff's departments, but can also be performed by correction divisions, detention departments, etc. as is customary for the local circumstance.

Cohort: A cohort consists of all eligible offenders who entered a drug court program during a defined time period, regardless of their graduation status. If they opted-in but did not attend any drug court activities, they have not used any program resources and therefore are excluded from the cost evaluation. The comparison group also forms a cohort.

Drug Court Session: A drug court session is when drug court participants make their court appearance in front of the judge. Multiple participants attend each drug court session, but an individual's drug court session time is only the time that the individual spends in front of the judge (from the time their name is called until the time they are excused). This is a **drug court appearance**.

Drug of Choice: The specific drug that the drug court participant or comparison group individual reports as their preferred drug (and/or the drug that the participant has the most severe addiction issues with). Most drug court databases have primary drug of choice as a data field. Some comparison groups' databases also provide drug of choice or this information may be available in probation records.

Graduated: The drug court participant successfully completed all requirements of the drug court program and is no longer subject to the requirements or supervision of drug court.

Graduation Rate: The program graduation (completion) rate is the percentage of participants who graduated the program out of a cohort of individuals who had equal time to complete the program (graduates/total number in drug court cohort).

Group Treatment Session: A treatment session with multiple clients and one or more counselors/therapists. This is one of the transactions for which a cost was found. Group treatment sessions commonly last an hour or more and can cover a broad range of topics (parenting skills, anger management, processing, drug education, etc.). Alcoholics Anonymous/Narcotics Anonymous (AA/NA) sessions ARE NOT considered group treatment sessions.

Individual Treatment Session: A treatment session with one counselor/therapist and one client. This is one of the transactions for which a cost was found. Individual treatment sessions usually last about an hour and can cover a broad range of topics including mental health treatment.

Jail (as a) Sanction: Penalty consisting of jail time imposed by a judge on an offender for a violation of a court rule. In drug court, a jail sanction consists of time spent in jail by a participant in response to a violation of a drug court rule (such as testing positive for drug use, failure to attend court or treatment, etc.).

Jail Time Served: The number of days a drug court participant spent in jail after the date of drug court entry up to the current date. This includes time spent in jail while the offender was participating in drug court.

Overhead Rate (Cost): The indirect costs associated with the county's oversight and support of a particular agency (facilities management, county counsel costs, auditor costs, utilities, treasury/tax costs, internal audits, building or equipment depreciation, etc.). It is usually given as a percentage of direct costs. To get the overhead rate percentage, divide those costs that are considered overhead costs by the direct costs (salary and benefit costs).

Some city agencies such as police departments would not be listed in the county's Cost Allocation Plan, and the county would not have any oversight and support costs for such city agencies. In these cases, the city's costs to support and oversee the agency should be used. If there is no city Cost Allocation Plan, the city agency will sometimes have a combined support and overhead rate, which they may call their indirect overhead rate. The financial officer may know if this rate includes support rate items (the indirect costs associated with agency operations—the agency's management and support staff costs, IT, human resources, supplies and services, etc.).

Retention Rate: the program retention rate is the percentage of individuals who have either graduated or are still active out of the total number who have entered the program active + graduates/total enrolled in drug court).

Prison: The number of days that an offender served in prison. The Indiana Department of Corrections (IDOC) provided the number of days served and the specific prison for the DOC sentences.

Probation: Probation time served (the number of days spent on Probation) after the drug court exit date up to the present date. In the case of Probation only, we use the exit date instead of the entry date because the Probation agency costs for drug court are counted in other drug court program specific calculations.

Probation Annual Caseload: The number of unique cases that the entire adult probation department has in one year, including case-bank and other low supervision cases.

Proxy: An estimate used in place of more detailed or specific data when the detailed data is not available or is too difficult (or time intensive) to collect.

Re-arrest: Each instance of arrest from the time the participant entered drug court up to the current date. This includes arrests that occur while the participant is still in drug court or the comparison group program.

Recidivism: Re-arrests and associated criminal justice system consequences such as new court cases, and new episodes of probation and incarceration.

Residential Treatment: Treatment in which the client lives 24 hours a day at a treatment facility while receiving drug and/or alcohol (or mental health) treatment services.

Session: One distinct instance of a certain transaction or activity, such as a group treatment session, an individual treatment session, or a drug court session. A session may include only one drug court participant (such as an individual treatment session), or it could include several participants (such as a group treatment session or drug court session).

Subsequent Court Cases: New court cases that arise from an incident (such as an arrest) that occurred after the drug court entry date. Each court case will have a separate court case number. Subsequent court cases are only those cases that occur after the participant entered drug court up to the current date. This includes new court cases that occur while the participant is still in drug court.

Support Rate (Cost): The indirect costs associated with agency operations, usually given as a percentage of direct costs. The rate includes an agency's management and support staff costs, IT (information technology), human resources, supplies and services, etc. Generally, this is nearly every agency cost except for the direct salary and benefit costs. To calculate the support rate percentage, divide those costs that are considered support costs by the direct costs (salary and benefit costs).

Terminated: The drug court participant was officially removed from participation. For purposes of analyses, this category includes those participants that withdrew or were removed from the program during a "window" or "probationary" period (usually the first 2 weeks of a program) as long as the participant had at least one treatment session or one drug court session.

Withdrawn: Drug court participants who chose to leave the program before completion/graduation and were therefore officially removed from drug court participation. This includes those who withdrew during the early "window" or "decision" period, as long as they participated in at least one treatment or one drug court session.