

FELONY DRUG COURTS EVALUATION REPORT



Prepared by: Robert Owens, Ph.D.
Planning and Research
Administrative Office of the Courts

IDAHO FELONY
DRUG COURTS

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Acknowledgements and Contact Information

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For questions related to this evaluation:

Taunya Jones	Planning and Research Manager Administrative Office of the Courts (208) 947-7438 tjones@idcourts.net
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For questions related to problem-solving courts:

Scott Ronan	Senior Manager Problem Solving Courts & Sentencing Alternatives Administrative Office of the Courts (208) 947-7428 sronan@idcourts.net
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Table of Contents

Executive Summary.....	iii
Introduction	ix
Part I: Comparison of Felony Drug Courts, Probation, and Retained Jurisdiction.....	4
Felony Drug Court and Comparison Samples	5
FDC Offender Information	7
Recidivism, Early Termination, and Program Failure.....	8
Type and Severity of Re-Offenses.....	10
Number of Re-Offenses and Days to First Re-Offense	12
Offender Characteristics Related to Recidivism	14
Important Findings and Some Limitations.....	16
Part II: Outcomes Specific to Felony Drug Court Offenders	17
FDC Graduation and Risk of Recidivism	18
FDC Outcomes: Education and Criminogenic Risk.....	20
Part III: Drug Court Process: Alignment with Standards and Guidelines and Outcomes	21
Global Alignment to Standards and Guidelines.....	22
Alignment with Standards and Guidelines Activities.....	24
Additional Standards and Guidelines Activities.....	26
Performance of Other Activities of Interest	27
Impact of Other Activities of Interest	28
Discussion of FDC Process Findings and Limitations	30
Part IV: Felony Drug Court Treatment Practices and Outcomes.....	31
Treatment Practices for FDC.....	32
Length of Treatment Period and Hours per Week	34
Treatment and Risk of Recidivism	36
Treatment and Likelihood of Graduation	38
Appendix A: Data, Matching, Measurement, and Analyses	41
Appendix B: Individual Felony Drug Court Profiles and Findings	48
Appendix C: Categories of Re-Offenses	52
Appendix D: Primary Treatment Providers.....	54

Executive Summary

Introduction

Drug courts seek to reduce incarceration, criminal substance abuse and dependency, and recidivism, while holding offenders accountable.

A growing body of research demonstrates the effectiveness of drug courts and identifies best practices for drug courts. A set of national standards for drug courts has been published recently based on research.

Drug courts began in Idaho in 1998. There are currently 27 felony drug courts operating in Idaho. A coordinating committee, established by statute, oversees

Idaho drug court operations. In 2011, the committee adopted a set of standards and guidelines to guide adult drug court practices.

Idaho felony drug courts were evaluated previously (Listwan and colleagues, 2008). The purpose of the current evaluation is to update findings from the previous evaluation and to further explore some aspects of felony drug courts, notably court processes and activities and treatment practices.

Part I: Comparison of Felony Drug Courts, Probation, and Retained Jurisdiction

Offenders included in the comparison began felony drug court, probation or retained jurisdiction in state fiscal years 2010-2012. The sample included:

- 1,334 felony drug court offenders
- 7,384 felony probationers
- 3,480 offenders in retained jurisdiction

In all three groups, offenders were mostly white, male, and non-Hispanic. Drug court offenders had slightly more female offenders, and probationers had slightly lower average criminogenic risk.

For this evaluation, recidivism was defined as any felony or qualifying misdemeanor filing 60 days or more post-intake that resulted in a conviction. Recidivism was similar for drug court (37%) and retained jurisdiction offenders (35%). Probationers had a higher rate of recidivism (49%).

However, the measure of recidivism does not account for some offenders who had undesirable outcomes. Offenders who did not successfully complete retained jurisdiction or terminated probation or drug court in the first 60 days were likely incarcerated, but did not recidivate according to the measure used in the study.

When considering all undesirable outcomes (recidivism, and failure or early termination) drug court offenders have the lowest rate of undesirable outcomes:

- 39% for drug court
- 54% for probationers
- 51% for retained jurisdiction

In all three groups more offenders committed misdemeanor re-offenses, most commonly drug, motor vehicle, or property. Probationers committed higher rates of felony re-offenses. Most recidivists committed a single felony or misdemeanor re-offense, but some committed multiple re-offenses.

Offenders on retained jurisdiction reoffended sooner than drug court offenders and probationers. Retained jurisdiction offenders also had the shortest follow-up periods (follow-up period began at intake for drug court and probation, but not until release to community for retained jurisdiction).

In all three groups, older offenders and offenders with lower initial risk were less likely to recidivate. In drug courts, minority offenders were more likely to recidivate than white offenders.

Part II: Outcomes Specific to Felony Drug Court Offenders

In addition to recidivism, graduation is an important outcome for felony drug court offenders. Just over half of offenders (51%) graduated from drug court.

Older offenders and offenders with lower initial risk were more likely to graduate from drug court.

As shown in Table S1, graduates have better outcomes than offenders who terminate unsuccessfully. Fewer offenders who graduated recidivated. Of those who recidivated, graduates went longer without recidivating, and had a lower rate of felony re-offenses.

35% of graduates recidivated. Of that 35%:

- 40% had a felony re-offense
- Average days to re-offense was 442

52% of unsuccessful terminations recidivated. Of that 52%:

- 57% had a felony re-offense
- Average days to re-offense was 301

Initial and follow-up education and criminogenic risk information was available for some felony drug court offenders. Over the course of participation in drug court, 14% of offenders (with available information) obtained their high school diploma, general education degree, or high school equivalent. Another 4% engaged in post-secondary education for the first time.

The average criminogenic risk score at intake (for offenders with both intake and follow-up information) was 30. Average follow-up risk score was 19.

Findings of education improvement and risk reduction should be interpreted cautiously because initial and follow-up education was only available for 65% of offenders, and initial and follow-up risk was only available for 20% of offenders.

Part III: Drug Court Process: Alignment with Standards and Guidelines and Outcomes

Felony drug court coordinators completed a survey about their court's practices. The survey asked about drug court practices specified in the state standards and guidelines and other practices of interest.

Global alignment scores are reported for the various sections of the standards and guidelines. Each section score is a composite of a number of activities coordinators reported on in survey responses. On average, court alignment to sections ranged from 52% (for Partnerships/Coordination of Services) to 90% (for Case Management and Supervision).

Average alignment was reported for a number of specific activities. Average

alignment ranged from 64% (for drug court fees) to 91% (for team member staffing attendance).

Coordinators also reported on several activities of interest not addressed in the standards and guidelines. Some activities were related to the outcomes of recidivism and graduation. The more courts use jail as a sanction the greater the risk of recidivism. The more treatment offered or required by courts that engages family members the lower the risk of recidivism.

Offenders are more likely to graduate in courts with more family engagement in treatment, shorter jail sanctions, and more treatment communication methods used.

Part IV: Felony Drug Court Treatment Practices and Outcomes

Treatment data came from data provided by the Department of Health and Welfare for fiscal years 2011 and 2012. The sample for the treatment data consisted of 568 felony drug court offenders who participated during those years.

Services fall within one of two categories: substance abuse treatment or recovery support services. All offenders received substance abuse treatment. Only a few (16%) received recovery support services.

All substance abuse treatment falls into 1 of 3 levels of intensity. Most offenders received level I outpatient (93%), some received level II intensive outpatient (28%), and very few received level III residential (2%).

Treatment and recovery support services consist of specific service types. Almost all offenders received group (99%) and individual treatment (95%). Less than half of offenders received assessment services (44%), some received education (19%) and case management (12%), and a few received other services (8%).

On average, offenders received treatment for a period of about 10½ months (316 days). Offenders received an average of about 4 hours of services per week, mostly

group (3 hours) but also some individual (.4 hours) or other service types.

For offenders who stayed in treatment at least 9 months, treatment hours per week reduced over time. Offenders had an average of 3.7 hours per week in the first half of their treatment period and an average of 2.4 hours per week in the second half.

Offenders were less likely to recidivate if they had higher levels of:

- Individual treatment
- Recovery support services

Offenders were more likely to graduate who:

- Had reduced services in the second half of their treatment period
- Received more overall individual treatment

The length of treatment period and the amount of outpatient treatment per week were curvilinearly related to the likelihood of graduation. Offenders were more likely to graduate if they were in treatment for at least 9 months but not longer than 2 years. Offenders were more likely to graduate if they received an average of at least 2.7 hours but not more than 3.8 hours of outpatient treatment per week.

Introduction

Background of Idaho Felony Drug Courts

Pursuant to the Idaho Drug and Mental Health Court Act¹, felony drug courts seek “to reduce the overcrowding of jails and prisons, to reduce alcohol and drug abuse and dependency among criminal... offenders, to hold offenders accountable, and to reduce recidivism.”

A growing body of research supports the effectiveness of drug courts and identifies best practices. In 1997, the National Association of Drug Court Professionals (NADCP)² identified 10 key components of successful drug courts. In 2008, the Northwest Professional Consortium identified cost savings and improved outcomes associated with alignment with the 10 key components.³

Recently, the NADCP released Volume I⁴ of a set of national best practice standards for drug courts and plans to release Volume II of the best practice standards in 2014.

Research has found that drug courts vary considerably in practices, outcomes, and cost savings, but consistently, drug courts effectively engage offenders in treatment, decrease substance use, reduce recidivism, and often generate cost savings^{5,3}.

Kootenai and Ada Counties established Idaho’s earliest drug courts in 1998. In 2000, drug courts began operation in eight

other Idaho counties. Success of early drug courts led to the Idaho Drug Court Act¹ and other legislation in 2001. Legislation provided a plan for establishing drug courts in each judicial district, appropriated state funds, and established the multi-disciplinary Drug Court and Mental Health Court Coordinating Committee.

The committee is responsible for funding recommendations, coordinating resources and trainings, evaluation, and provision of technical and other assistance. The committee adopted guidelines for Idaho adult drug courts in 2003. The guidelines highlighted key principles of drug courts that lead to successful outcomes. In 2011, the committee adopted an updated version of the guidelines. In the new version, some of what were previously guidelines were designated as standards, establishing a set of minimum requirements for adult drug courts.

There are currently 27 felony drug courts (FDCs) serving 29 of Idaho’s 44 counties. In addition, Idaho has 39 other problem-solving courts including misdemeanor, DUI, mental health, juvenile drug, child protection, and veteran treatment courts. The focus of this evaluation is on Idaho FDCs.

¹Title 19: Criminal Procedure, Chapter 56: Idaho Drug and Mental Health Court Act

²National Association of Drug Court Professionals (1997). *Defining Drug Courts: The Key Components*. Washington, D.C.: Bureau of Justice Assistance.

³Carey, Shannon M., Finigan, Michael W., Pukstas, K. (2008). *Exploring the key components of drug courts: A comparative study of 18 adult drug courts on practices, outcomes and costs*. Portland: NPC Research.

⁴National Association of Drug Court Professionals (2013). *Adult Drug Court Best Practice Standards Volume I*. Alexandria.

⁵Belenko, S. (1998). Research on drug courts: A critical review. *National Drug Court Institute Review*, 1(1), 1-42.

Previous Felony Drug Court Evaluation

In 2001, the Idaho Supreme Court contracted with the Center for Criminal Justice Research at the University of Cincinnati to evaluate Idaho felony drug courts.⁶ The evaluation included three major components: an examination of policies and operations, an examination of the effectiveness of drug courts, and an examination of data collected through the Government Performance and Report Act.

The sample included 11 established felony drug courts (FDCs). The evaluation found offenders who participated in drug courts were significantly less likely to recidivate (29.5%) than offenders who were on probation (37.3%).

Although findings of the previous evaluation were favorable and a body of research supports drug courts, continuing evaluation of drug courts is vital. Routine

evaluation of drug courts is essential given the public investment in tax dollars and the importance of reducing recidivism.

The current evaluation replicated much of the Listwan and colleagues (2008) evaluation with a few important differences. First, the previous evaluation used a sample of 11 FDCs. The sample for the current evaluation included 25 FDCs in operation during state fiscal years 2010-2012. The previous evaluation included data on drug testing and incentives and sanctions; the current evaluation does not.

The current evaluation also includes two comparison groups, felony probationers and offenders on retained jurisdiction (commonly referred to as “riders”). The current evaluation also includes a detailed look at FDC processes and treatment practices.

⁶Listwan, Borowiak, & Latessa (2008). *An examination of Idaho’s Felony Drug Courts: Findings and Recommendations*.

Part I:

Comparison of Felony Drug Courts, Probation, and Retained Jurisdiction

Part I includes a description of offenders in felony drug courts, on felony probation, and on retained jurisdiction and compares rates of recidivism and other undesirable outcomes across the three groups. Part I includes detailed information about recidivism for the three groups including number of re-offenses, severity of re-offenses, and how many days until offenders' first re-offense. Part I also reports offender characteristics related to the risk of recidivism for the three groups.

Felony Drug Court and Comparison Samples

The samples for this evaluation included 1,324 drug-court offenders, 7,384 offenders on felony probation, and 3,480 offenders on retained jurisdiction. Offenders began participation in drug court, probation, or retained jurisdiction between July 1, 2009 and June 30, 2012.

Table C1 reports percentages of offenders in FDC and the comparison groups for race, ethnicity, and marital status at intake or status start. Offenders were similar across samples; they were mostly male and mostly white non-Hispanic. Marital status was only available for FDC offenders, some of whom were married or cohabitating, but most were never married (almost half) or had divorced or separated. The average age for offenders in all three groups was early thirties.

Table C1 also reports average length of stay and initial risk, based on the Level of Service Inventory-Revised (LSI-R). Offenders

remained on probation for the longest period of time (average 17 months). Length of stay was shortest for offenders on retained jurisdiction (average about 9 months). Average length of participation in FDC was about 13 months. FDC and retained jurisdiction offenders' average risk score was 29. Probationers had a lower average risk score of 24.

Offenders were similar across the three groups in breakdown of gender, race, and ethnicity, though FDC had slightly higher female participation than probation, and probation had slightly higher female participation than retained jurisdiction. FDC also had slightly more minority participants than comparison groups. Probationers had lower average initial risk score than the other groups, but the difference is expected and appropriate given that FDC and retained jurisdiction are intended for higher risk offenders.

Felony Drug Court (FDC). FDC is intended for high-risk and high-need offenders who have plead guilty to felony offenses and are substance dependent. FDC offenders are required to participate in substance abuse treatment and submit to frequent drug testing. FDC offenders attend regular hearings in front of a judge who oversees offender progress and imposes rewards or sanctions in response to offender behaviors.

Felony Probation. An offender convicted of a felony may be placed on probation as an alternative to serving a prison term. Offenders on probation are supervised by the Department of Correction and as a condition of probation they may be required to participate in programs, engage in treatment, submit to drug testing, and receive sanctions for noncompliant behavior.

Retained Jurisdiction or "Rider." Offenders on retained jurisdiction are sentenced to a brief period of incarceration, during which time offenders are evaluated and participate in programming based on their needs. Upon completion of retained jurisdiction, the court decides whether to place offenders on probation or whether they will serve a prison term.

Table C1. Sample Characteristics

FDC offenders were similar to comparison offenders, but differed slightly in gender, race/ethnicity, length of stay, and initial risk

		Drug Court	Probation	Retained Jurisdiction
Gender				
	Male	64%	74%	82%
	Female	36%	26%	18%
Race				
	White	87%	92%	92%
	Native American	3%	4%	4%
	African American	1%	2%	2%
	Asian	1%	1%	<1%
	Other	8%	1%	1%
Ethnicity				
	Hispanic	9%	13%	12%
	Non-Hispanic	81%	87%	88%
Marital Status				
	Never Married	48%	--	--
	Divorced	22%	--	--
	Married	17%	--	--
	Cohabiting	7%	--	--
	Separated	5%	--	--
	Widowed	1%	--	--
Averages				
	Average Age	32	33	32
	Average Length of stay (months)	12.9	17.0	8.9
	Average Initial risk (LSI-R score)	29	24	29
	Substance Abuse Issues (LSI-R Domain)	--	4.2	4.9

FDC Offender Information

Information on education at intake and primary and secondary drug of choice was only available for FDC participants.

Table C2 reports education at intake for FDC offenders. Most FDC offenders had a high school diploma, a general education degree (GED) or high school equivalency (HSE). Some FDC offenders had attended college or received technical training.

Table C3 contains primary and secondary drugs of choice for FDC offenders. Drug preference information was not available for comparison group offenders. Over a third of FDC offenders listed methamphetamine as their primary drug of choice. The next most common primary drugs of choice were alcohol and marijuana. Methamphetamine, alcohol and marijuana were also common secondary drugs of choice.

Table C2. Education for FDC Offenders

At intake, more than half of FDC offenders had a high school diploma, general education degree (GED), or high school equivalent (HSE)

Highest Education Completed (FDC only)	%
High School Incomplete	29%
High School Diploma	28%
GED or HSE	23%
Any College	17%
Technical Training	2%

Table C3. Drug of Choice for FDC Offenders

Most FDC offenders listed methamphetamine, alcohol, or marijuana/hashish as their primary or secondary drug of choice

Drug of Choice (FDC only)	Primary %	Secondary %
Methamphetamine	36%	18%
Alcohol	28%	26%
Marijuana/Hashish	20%	32%
Pain Pills	5%	6%
Other Opiates & Synthetics	4%	5%
Heroin	3%	2%
Crack/Cocaine	1%	4%
Other	2%	6%

Recidivism, Early Termination, and Program Failure

In order to facilitate comparisons between FDC offenders and comparison groups, subsamples were drawn from the overall felony probation and retained jurisdiction samples. Subsamples were matched to the FDC sample on gender and risk.

Recidivism was the primary outcome of interest. For the evaluation, recidivism constituted any court filing 60 days or more post intake that resulted in a felony or qualifying misdemeanor conviction.

This measure of recidivism does not capture some negative outcomes. Based on the measurement of recidivism, probationers who fail probation in the first 60 days and end up in prison or on a retained jurisdiction would not recidivate.

Similarly, offenders who fail FDC within the first 60 days are very likely to be incarcerated and would not recidivate based on the measurement.

Offenders who do not successfully complete retained jurisdiction are not released into the community and cannot recidivate according to the measure of recidivism.

Offenders who fail retained jurisdiction or who terminate drug court or probation

unsuccessfully within the first 60 days are not included in recidivism counts, but incarceration cannot be considered a successful outcome.

Only a small percent of offenders terminated drug court (2%) or probation (5%) unsuccessfully in the first 60 days, but a larger percent of offenders on retained jurisdiction (16%) remained incarcerated at the end of their retained jurisdiction.

In order to present the most complete picture of outcomes, Figure C1 reports combined rates of recidivism and other undesirable outcomes for offenders in FDC, on felony probation, and on retained jurisdiction.

FDC offenders had significantly **lower** rates of **undesirable outcomes** than **comparison group** offenders.

Figure C2 shows the rates of recidivism only for FDC and the comparison groups. FDC offenders recidivated at a significantly lower rate than probationers, but at a similar rate to offenders on retained jurisdiction. (See Appendix B for recidivism rates or individual FDCs.)

Figure C1. Rates of Recidivism, Failure, and Early Termination

FDC offenders had lower rates of undesirable outcomes than did offenders on retained jurisdiction and felony probation.



*Significantly different than FDC at the $p < .05$ level

Figure C2. Rates of Recidivism Only

FDC offenders had a lower recidivism rate than probationers, but a rate similar to offenders on retained jurisdiction.



*Significantly different than FDC at the $p < .05$ level

Type and Severity of Re-Offenses

The rate of recidivism is an important indicator of the success of sentencing alternatives; however, the type and severity of re-offenses are also important considerations. This section reports the crime type and severity (felony or misdemeanor) of re-offenses for the three groups.

Table C4 displays percentages of crime types for felony re-offenses for FDC and comparison group offenders who recidivated. (See Appendix C for descriptions and examples of re-offense types.) FDC offenders had a lower rate of felony re-offenses than probationers, but the rate of felony re-offense for FDC and retained jurisdiction were not significantly different. About one-third of FDC and retained jurisdiction re-offenses were felonies and around 40% of probation re-offenses were felonies.

The most common felony re-offenses were drug, motor vehicle, and property. FDC had lower rates of property re-offenses but higher rates of DUI re-offenses than comparison groups. In comparison to retained jurisdiction, FDC had a higher rate of drug and motor vehicle re-offenses.

Table C5 displays percentages of crime types for misdemeanor re-offenses for FDC and comparison offenders who recidivated. Misdemeanor re-offenses were more common than felonies in all three groups.

FDC recidivists had **lower** rates of **felony** re-offenses than **probation** recidivists.

The rate of misdemeanor re-offenses was higher for FDCs than for probation, but FDC and retained jurisdiction did not have significantly different rates of misdemeanor re-offenses.

As with felony re-offenses, drug offenses, motor vehicle offenses, and property offenses were the most common across all three groups. For misdemeanor re-offenses, FDC had a lower rate of property re-offenses than either comparison group. FDC offenders also had slightly higher rates of drug offenses and offenses against society than retained jurisdiction offenders and slightly lower rates of misdemeanor DUI re-offenses than retained jurisdiction offenders.

Table C4. Types of Felony Re-Offenses

FDC recidivists committed lower rates of felony re-offenses than offenders on probation but rates similar to offenders on retained jurisdiction

	Drug Court	Probation	Retained Jurisdiction
Overall rate of felony	32%	40%*	34%
Drug	26%	23%	19%*
Motor Vehicle	7%	7%	4%*
Property	20%	31%*	38%*
Crimes against society	11%	14%	12%
Crimes against persons	13%	13%	13%
DUI	17%	7%*	4%*
Animal/Fish & Game	<1%	1%	3%*

*percent is significantly different from drug court percent at the $p < .05$ level.

Table C5. Types of Misdemeanor Re-Offenses

FDC recidivists committed higher rates of misdemeanors than offenders on probation but rates similar to offenders on retained jurisdiction

	Drug Court	Probation	Retained Jurisdiction
Overall rate of misdemeanor	68%	60%*	66%
Drug	31%	28%	26%*
Motor Vehicle	27%	27%	25%
Property	16%	20%*	27%*
Crimes against society	12%	12%	9%*
Crimes against persons	14%	13	13%
DUI	4%	5%	7%*
Animal/Fish & Game	1%	1%	1%

*percent is significantly different than drug court percent at the $p < .05$ level.

Number of Re-Offenses and Days to First Re-Offense

The number of re-offenses committed and the length of time between intake and re-offense are other important considerations when considering recidivism.

Figure C3 shows the percent who committed single or multiple felony re-offenses for FDC and comparison group re-offenders; figure C4 shows the same information for misdemeanor re-offenses.

In all three groups, there were more offenders who committed a single felony or misdemeanor than offenders who committed multiple felonies or misdemeanors.

FDC offenders committed higher rates of misdemeanor and lower rates of felony re-offenses than probationers did, but rates were similar for FDC and retained jurisdiction.

Table C6 shows average days to first re-offense and the average length of the

follow-up period for FDC offenders and comparison offenders. Average length to recidivism was slightly shorter for FDC offenders than for probationers, but the difference was not significant.

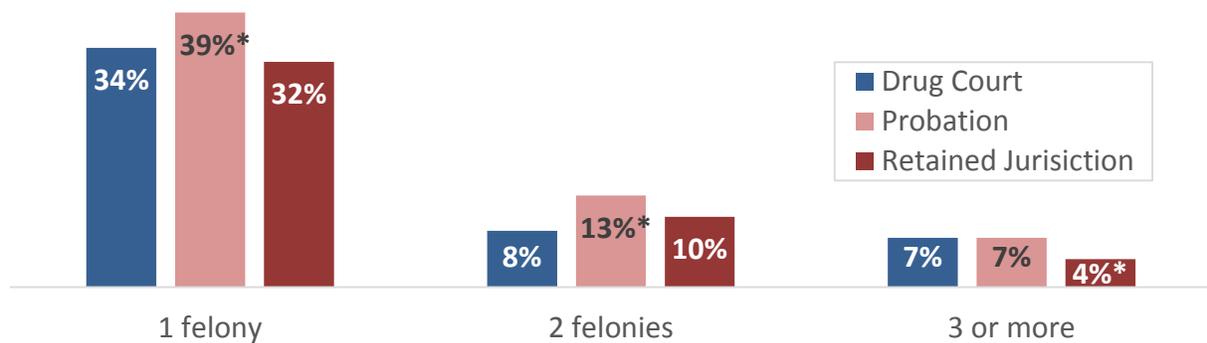
FDC offenders went longer without reoffending than offenders on **retained jurisdiction**.

On average offenders on retained jurisdiction re-offend about two and a half months sooner than FDC offenders.

Note that offenders in retained jurisdiction have a significantly shorter average follow-up period. Offenders on retained jurisdiction have shorter follow-up periods because their recidivism follow-up period begins when they go back into the community, not at intake like FDC offenders and probationers.

Figure C3. Rates of 1, 2, and 3 or more Felony Re-Offenses

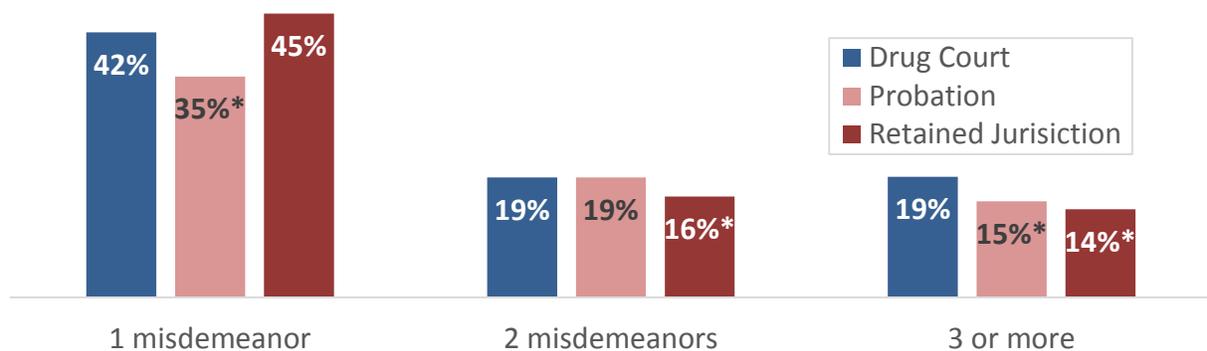
Most recidivists who committed felonies were convicted of one felony



*percent is significantly different from drug court percent at the $p < .05$ level.

Figure C4. Rates of 1, 2, and 3 or more Misdemeanor Re-Offenses

Most recidivists who committed misdemeanors were convicted of one misdemeanor



*percent is significantly different from drug court percent at the $p < .05$ level.

Table C6. Time to Re-Offense and Length of Follow-Up (in days)

Offenders on retained jurisdiction reoffended sooner and had shorter follow-up periods

	Drug Court	Probation	Retained Jurisdiction
Average days to first re-offense	349	360	271*
Average length of follow-up period	901	919	755*

*Average is significantly different from FDC average at the $p < .05$ level.

Offender Characteristics Related to Recidivism

Based on results of regression analyses, some offender characteristics appeared related to risk of recidivating. The characteristics related to recidivism risk and the strength of the relationships varied across the three groups.

Table C7 shows the significant effects of offender characteristics on recidivism risk. There was no significant relationship between gender and recidivism for FDC offenders, but in both comparison groups, males offenders were more likely re-offend than female offenders.

Minority FDC offenders were much more likely to reoffend than white offenders. Minority status was not significantly related to risk of recidivism for either comparison group.

In FDC, **minority offenders** were **35%** more likely to commit a re-offense than white offenders.

In all three groups, age of offenders was related to the risk of recidivism. Figure C5 shows the relationship between age and risk of recidivism for all three groups. Younger offenders were more likely to commit re-offenses than older offenders were. The relationship was strongest for FDC offenders. For drug court offenders, the risk of recidivism was 3% lower per year

of age. Retained jurisdiction offenders risk decreased 2% per year of age, and probationers risk decreased 1% per year.

In all three groups, **older** offenders and **lower risk** offenders were **less likely to recidivate**.

Criminogenic risk at intake, as measured by the LSI-R, was also related to risk of recidivism in all three groups. Figure C6 shows the relationship between criminogenic risk and recidivism for all three groups. As might be expected, offenders with higher criminogenic risk have a greater risk of recidivating. FDC offenders and probationers risk of recidivism increased 3% per point on the LSI-R score at intake. Retained jurisdiction offenders increased 2% per point on the LSI-R.

Education and marital status information were only available for FDC offenders. Education and marital status were included in regressions, but neither was significantly related to offender risk of recidivism.

Some findings were unique to comparison groups. For both comparison groups, Male offenders were more likely to reoffend than female offenders were. For felony probation, offenders with higher substance abuse domain scores were less likely to recidivate.

Table C7. Significant Effects on Risk of Recidivism

Risk of recidivism based on offender characteristics for all three offender groups

	Drug Court	Probation	R. Jurisdiction
Age (1 year older)	-3%	-1%	-2%
Gender (female)	--	-13%	-15%
Minority Status (minority)	+32%	--	--
Education (has high school diploma or equivalent)	--	--	--
Initial Risk (LSI-R) (1 point higher risk score)	+3	+3%	+2%
Substance abuse issues (LSI-R) (1 point higher score)	--	-2%	--

Figure C5. Effects of Age on Recidivism

In all three groups, older offenders were less likely to recidivate than were younger

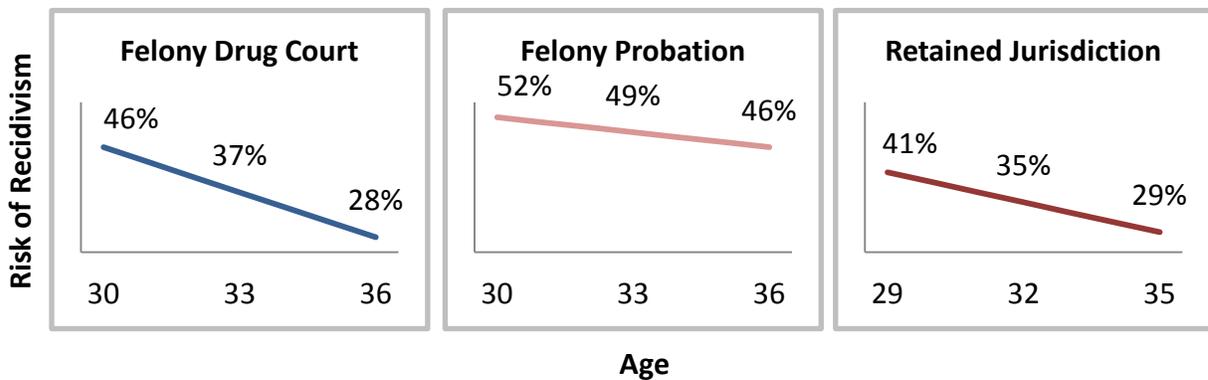
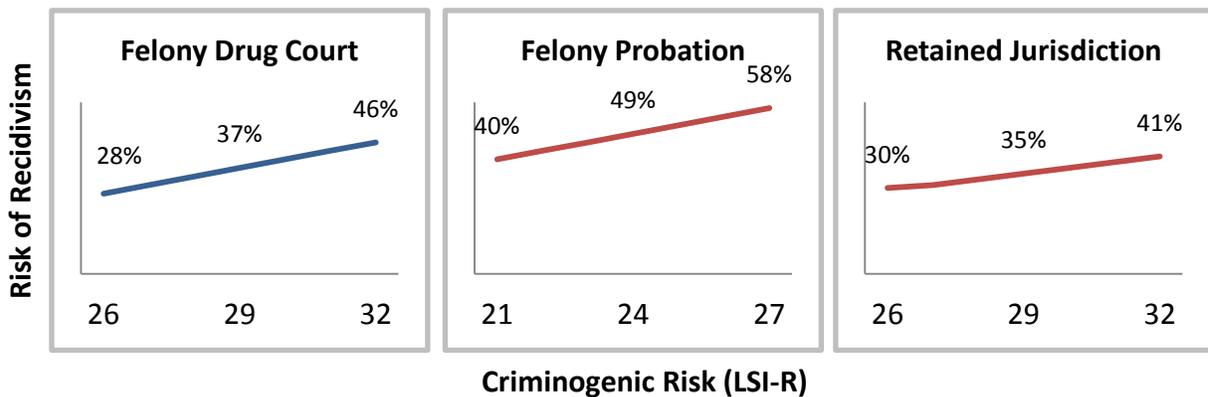


Figure C6. Effects of Criminogenic Risk Scores on Recidivism

In all three groups, offenders with higher initial criminogenic risk (based on the LSI-R) were more likely to recidivate



Important Findings and Some Limitations

The comparison groups were appropriate for this study due to their remarkable similarities with the FDC sample. The notable discrepancies between groups included gender breakdown, race and ethnicity, and initial criminogenic risk (for probationers). The time offenders spent in sentencing alternatives also varied by group.

FDC offender had the lowest rate of undesirable outcomes. Drug court re-offenders committed lower rates of felonies than probationers did, and went longer before re-offending than offenders on retained jurisdiction did.

Younger offenders and offenders with higher initial risk had higher rates of recidivism in all three groups.

Minority offenders in FDC had higher rates of recidivism. It is not clear why FDC minority offenders were more likely to recidivate. Minority status did not play a significant role in recidivism of comparison groups.

Males were more likely to recidivate in comparison groups. Gender did not play a significant role in recidivism rates for FDC.

One limitation was the measure of recidivism, which could not capture the undesirable outcomes of early termination or failed retained jurisdiction. More detailed data concerning offender participation in sentencing alternatives and incarceration is needed for future evaluations to provide a more accurate picture of offender outcomes.

A second limitation is the treatment of the three groups as independent, when in reality many offenders move back and forth between groups. One offender could participate in all three of the sentencing alternatives. Again, more information about offender history is necessary for future evaluations.

Finally, more meaningful comparisons will be possible with more data. For this evaluation, educational attainment and marital status were not available for comparison offenders. Substance abuse domain scores from the LSI-R were not available for FDC offenders.

Hopefully, future evaluations will overcome these limitations.

Part II:

Outcomes Specific to Felony Drug Court Offenders

Part II of the report provides information on graduation from felony drug court and details how outcomes of graduates differ from outcomes of those who terminate unsuccessfully. Part II also reports offender characteristics related to the likelihood of graduating and reports on offender progress in education as well as reduction of risk based on initial and follow-up scores on the Level of Service Inventory-Revised.

FDC Graduation and Risk of Recidivism

In addition to recidivism, successful completion or graduation from drug court is an important outcome. Just over half of all FDC offenders graduate from drug court. (See Appendix B for graduation rates for individual FDCs.) This section reports on individual offender characteristics that were related to the likelihood of successful completion.

51% of felony drug court offenders **graduated**.

A regression analysis tested whether the following offender characteristics were related to the likelihood of graduating FDC:

- Age
- Gender
- Minority status
- Initial risk
- High school completion
- Marital status

The prevalence of these offender characteristics was reported in Part I of the report.

Figure O1 shows regression results. Results indicate that older offenders and offenders with lower initial risk were more likely to successfully complete drug court. Minority status, marital status and education were not related to likelihood of graduation.

FDC graduates differ from offenders who terminate unsuccessfully in recidivism rate, severity of re-offenses, and in time to re-offense. Table O1 shows differences in recidivism outcomes for graduates and unsuccessful offenders. FDC graduates recidivated at a lower rate than non-graduates. Of the offenders who did recidivate, graduates were less likely to commit a felony re-offense, and took an average of 141 days longer to reoffend than non-graduates.

Figure O1. Offender Characteristics and Graduation Likelihood

Older offenders and lower risk offenders were more likely to graduate from drug court (findings significant at the .05 level).

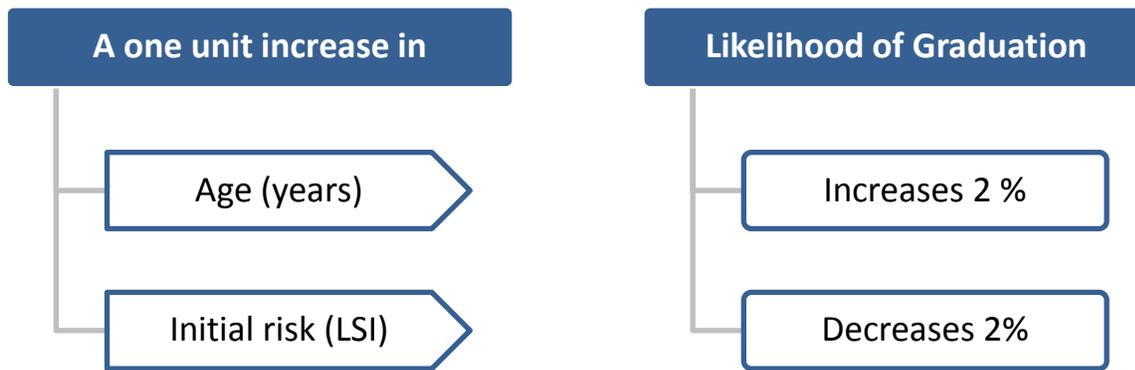


Table O1. Outcomes of Graduates and Offenders who Terminate Unsuccessfully

FDC graduates recidivate less often, have fewer felony re-offenses, and have longer periods without reoffending

	Graduates	Unsuccessful
Percent of offenders who recidivated*	35%	52%
Percent of Re-offenders with felony re-offenses*	40%	57%
Average days to re-offense*	442	301

*Average or percent is significantly different for graduates and unsuccessful offenders at the .05 level.

FDC Outcomes: Education and Criminogenic Risk

Findings suggest FDC offenders make improvements in education and reductions in criminogenic risk during their participation in drug court; however, results should be interpreted with caution as only a limited number of offenders had intake and follow-up education and risk information.

65% of offenders had information available about education before and after drug court. Many participants obtained a GED or high school equivalence during FDC, and some engaged in post-secondary education for the first time while in FDC.

14% obtained a **GED** or **high school equivalence**
4% engaged in **post-secondary education** for the first time.

Initial and follow-up criminogenic risk scores were only available for 20% of offenders. On average LSI-R scores decreased 11 points. Based on regression analyses reported earlier, an eleven-point reduction in risk would decrease risk of recidivism by 22%.

Average LSI-R at **intake: 30**
Average LSI-R at **follow-up: 19**

Given the substantial missing data, a consideration of who is missing data is beneficial to understanding the real impact of FDC participation on education and criminogenic risk. Most offenders had intake data; most of the missing information was follow-up.

Of the offenders with follow-up information for education, 51% had graduated, and 49% terminated unsuccessfully. It appears that many offenders improve in education during drug court, whether they graduate or terminate unsuccessfully.

In contrast, 80% of offenders with both initial and follow-up risk information graduated, only 20% terminated unsuccessfully. It appears that offenders who successfully completed drug court may have driven the trend in risk reduction during FDC participation.

Part III:

Drug Court Process: Alignment with Standards and Guidelines and Outcomes

Part III includes state averages of alignment to the standards and guidelines, state average alignment scores for activities specified in the standards and guidelines, and other activities of interest. Part III also reports on which felony drug court activities are related to the risk of recidivism and the likelihood of graduation.

Global Alignment to Standards and Guidelines

In 2011, the Drug Court and Mental Health Court Coordinating Committee adopted a set of required standards and recommended guidelines for adult drug courts in Idaho based on the current research on drug court practices. The standards and guidelines provide a basis for FDCs to develop policies and procedures to guide court operations. There are six sections in the standards and guidelines:

1. Eligibility
2. Identification and Assessment
3. Treatment and Treatment Providers
4. Case Management and Supervision
5. Evaluation
6. Partnerships/Coordination of Services

FDC coordinators completed a survey about their courts' practices. One purpose of the survey was to assess the degree to which court practices aligned with state approved standards and guidelines.

Items were assigned point values for alignment. Each court received full, partial, or no points for items based on coordinator responses. Each court received a composite alignment score for each section of the standards and guidelines. Alignment calculation consisted of the sum of a court's

scores for every item pertaining to a section divided by the total points possible for the items. Alignment was reported as a percent.

Figure P1 shows the average of all the courts' alignment to each section of the standards and guidelines. A score of 100% for a section indicated perfect alignment to the standards and guidelines in that section. Average scores ranged from 52% for Partnerships/Coordination of Services to 90% for Case Management and Supervision.

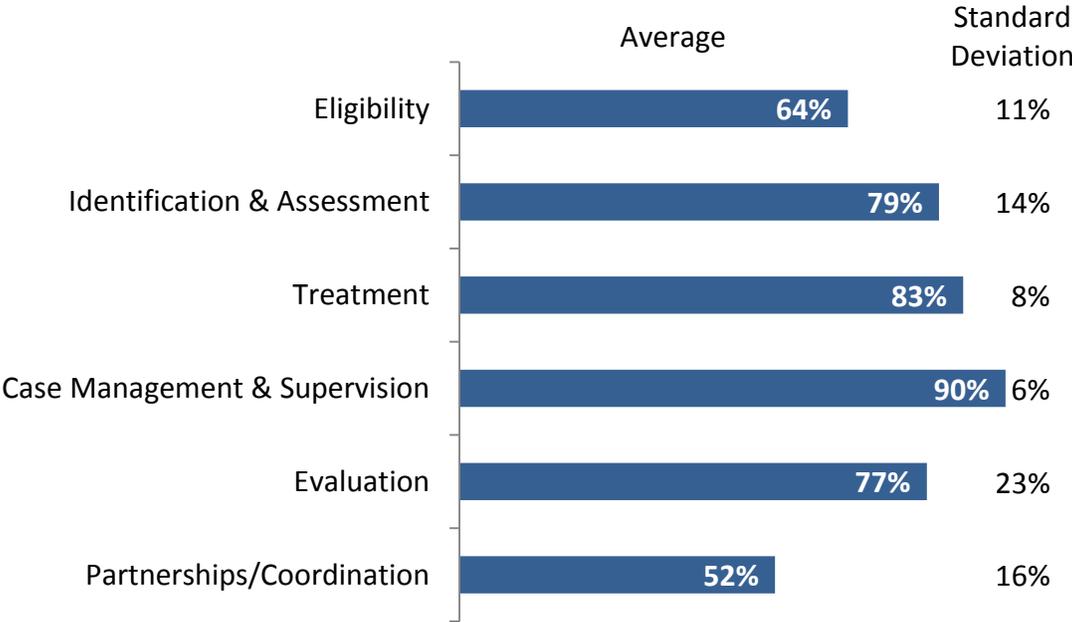
Average alignment was between 79% and 90% for Identification and Assessment, Treatment, and Case Management and Supervision. Alignment was lower (between 52% and 77%) for Eligibility, Evaluation, and Partnerships/Coordination of Service.

Figure P1 also shows the standard deviation for alignment with standards and guidelines. The standard deviation provides an idea of the degree to which alignment varies across the different courts.

If standard deviation is small (around 10%), courts are similar in alignment to that section of the standards and guidelines. Larger standard deviations indicate courts vary more in alignment.

Figure P1. Average Composite Alignment to Standards and Guidelines

Average court alignment varied from 52%-90% and was higher for Case Management & Supervision, Treatment, and Identification & Assessment



Alignment with Standards and Guidelines Activities

Average scores reported in the previous section provide global appraisals of how well Idaho courts adhere to sections of the standards and guidelines.

Each section of the standards and guidelines addresses several drug court activities. Global appraisals provide little detail about the day-to-day operations of FDCs.

FDC alignment to 12 specific activities is presented in order to gain a better understanding of day to day court operations. The activities include target population, drug court fees, assessment, treatment communication, staffing attendance, hearing attendance, drug testing, incentives, sanctions, graduation requirements, judicial assignment, and training. The measurement of these activities is included in Appendix A.

Based on coordinator responses, each court had an alignment score for each of the sets of activities listed above. Similar to the Standards and Guideline section alignment scores, possible scores range from 0% to 100%. A score of 100% would indicate the court is completely in line with standards and guidelines for that set of activities.

Figure P2 reports the state averages and standard deviations for the 12 sets of activities.

Average alignment was between 79% and 90% for staffing and hearing attendance,

drug testing practices, incentives and sanctions, graduation requirements, and training.

FDC average alignment to sections of the standards & guidelines ranged from **52%-90%**.

FDC alignment was lower for other activities. Average alignment was between 63% and 73% for target population, drug court fees, assessments, treatment communication, and judicial assignment.

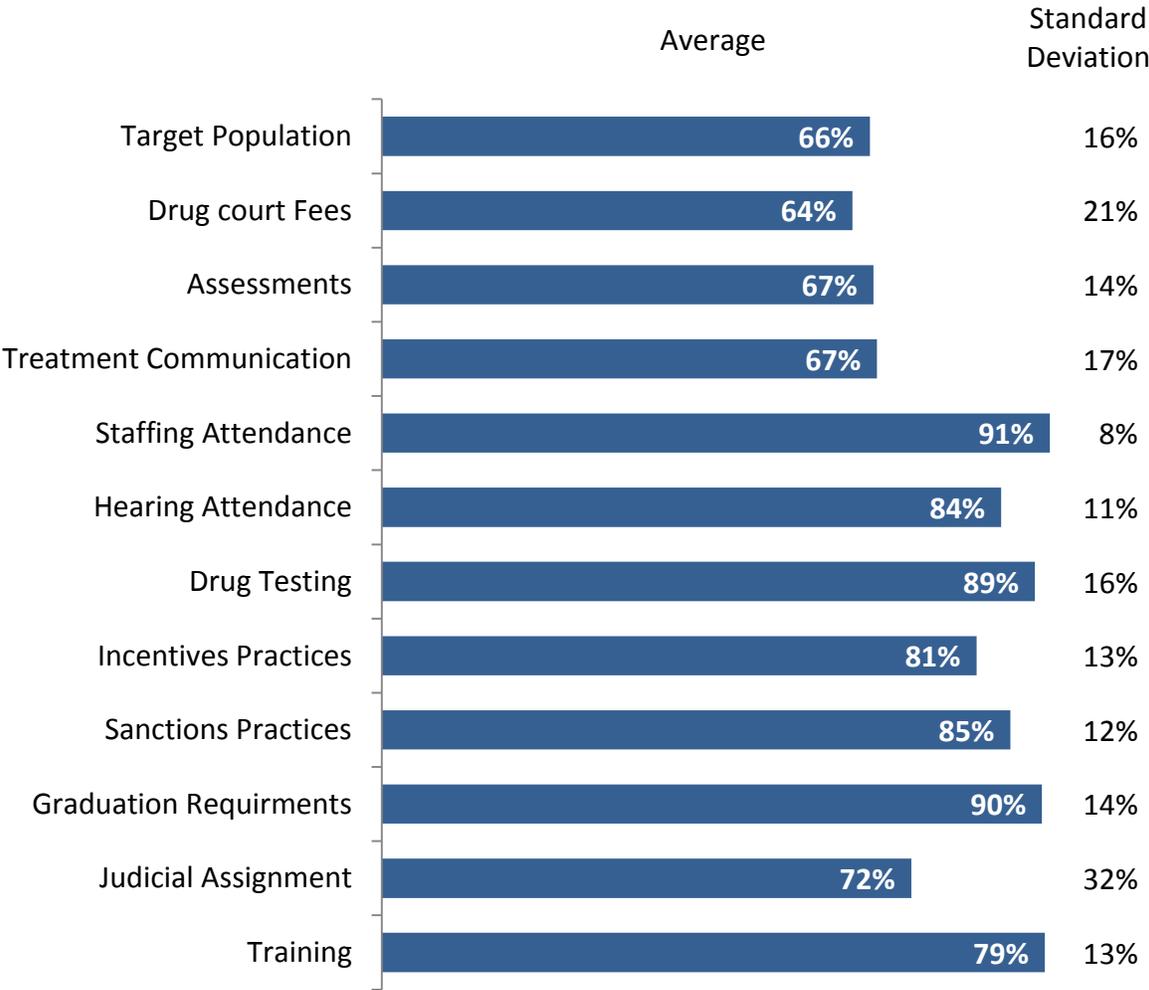
The standard deviations indicate that alignment did not vary much for assessments, staffing and hearing attendance, incentives and sanctions practices, and graduations requirements.

Alignment varied somewhat for target population, drug court fees, treatment communication, drug testing, and training.

There was considerable variation in alignment for judicial assignment.

Regression analyses tested the relation of alignment with these sets of activities and the risk of recidivism and the likelihood of graduation. Although some findings were statistically significant at the .05 level, effect sizes were too small to report or interpret with confidence. To be conservative in reporting, these findings are not included.

Figure P2.
Across-court average alignment to the standards and guidelines ranged from 64% to 91% for 12 FDC activities



Additional Standards and Guidelines Activities

In addition to the 12 activities reported above, coordinators reported on 4 specific activities. Specifics of the measurement of the 4 activities are included in Appendix A.

No mean scores were calculated for these activities because courts either met the Standard or Guideline or failed to meet it. For each court, the alignment score would be either 100% or 0%.

The standards and guidelines specify that court hearings should be less frequent in later phases. Coordinators from 80% of FDCs reported a decrease in hearings for participants in later phases.

According to the standards and guidelines, courts should have a local coordinating committee and a steering committee. Less than a third of courts (28%) reported having both an active coordinating committee and an active steering committee separate from the drug court team. A few courts (12%) had one or the other, but most courts (60%) had neither committee active.

The standards and guidelines state that it is preferable for courts to use only one primary treatment provider. The majority of courts (88%) have only one treatment provider, but some courts have more than one.

Almost a third of courts (32%) did not have current written agreements or memoranda of understanding as mandated in the standards and guidelines.

Of the specific activities, regression analyses revealed that reduction of hearing was significantly related to risk of recidivism. Offenders in courts that reduce hearings in later phases were less likely to recidivate. Regression analyses controlled for age, minority status, and initial risk.

Offenders in courts that **reduced hearings** in later phases had a **30%** lower risk of recidivism.

Performance of Other Activities of Interest

The survey included questions about drug court activities not specifically addressed in the standards and guidelines but of interest. This section reports on those activities. See Appendix A for measurement of these activities.

Activities included attendance in staffings and hearings (by individuals other than core team members), use of jail, jail as detox, and family engagement in treatment. These activities were scored on a scale of 0 – 10. A score of 0 indicated that a court does not engage in the activity and a score of 10 indicated that a court engages in the activity to a high level or degree.

Not many individuals outside the specified team members attended staffings. The average score for courts was 3.6 on the scale measuring staffing attendance by individuals other than core team members. The average for non-core team members at hearings was slightly higher (4.7).

Most FDCs regularly **use jail as a sanction** for a variety of offenses.

The average use of jail for courts was 7.1 on the scale that measured how frequently courts use jail as a sanction. Some courts use jail as detox from time to time. Courts averaged 5.5 on the scale that measured frequency of using jail as detox.

Most courts offer or require some treatment types designed to engage family members. The average score was 7.3 on the

scale that measured the use of treatment services designed to engage family members.

There were an additional 6 activities included in survey questions that were not addressed in the standards and guidelines. Court practices for these activities are reported in meaningful units.

Activities reported in units include the average length of jail sanctions (days), methods of treatment communication (number of methods), Phase I individual treatment per month (sessions), Phase II individual treatment per month (sessions) and Final Phase individual treatment per month (sessions), and sanctions used (types of sanctions).

The average length of a jail sanction is 4.5 days. On average, treatment providers communicate with drug court teams using 4 methods and offenders participate in 2 individual treatment sessions per week in phase 1, about 5 per month in phase 2, and a little over 2 per month in the final phase. On average, courts use about 10 of the 13 types of sanctions asked about in the survey.

Finally, courts reported on the number of staffings they held per month. All courts met the standards and guidelines requirement of 2 per month. Most of the courts (68%) reported holding 4 staffings per month.

Impact of Other Activities of Interest

Regression analyses were used to test whether the performance of specific activities not addressed in the standards and guidelines influence the outcomes of recidivism and graduation. This section only reports on the significant ($p < .05$) findings of regression analyses. Regression analyses controlled for age, minority status, and initial risk for recidivism and graduation.

The **use of jail** and **family engagement** in treatment influenced the **risk of recidivism**.

The more frequently a court used jail as a sanction the greater the risk of recidivism. The NADCP Best Practice Standards⁴ discusses the detrimental effect of more frequent use of jail. According to the national standards, drug courts who use jail sanctions sparingly have better outcomes and are more cost-effective.

Offenders in courts that offer and/or require more treatment and services to engage family member have lower risk of recidivism.

Figure P5 shows the effects of the use of jail and family engagement. Effects were significant and strong.

The length of jail sanctions and the number of communication methods treatment providers used influenced the probability of graduation. The longer jail sanctions the less likely offenders were to graduate. Figure P7 shows the effect of length of jail on graduation; the effect was significant but small and may not be meaningful.

The more methods that treatment providers used to communicate with the drug court team, the more likely offenders were to graduate. The effect (also shown in Figure P7) was significant and of moderate strength. The methods of communication coordinators reported on in the survey included verbal in team meetings, verbal in court hearings, written reports, email, Sharepoint, and by telephone.

The actual communication methods may not be as important to graduation rates as the quality and amount of communication between treatment providers and drug court teams. FDC teams that use many different methods to communicate may have more frequent and higher quality communication with treatment providers.

⁴National Association of Drug Court Professionals (2013). *Adult Drug Court Best Practice Standards Volume I*. Alexandria.

Figure P6. Other Activities and Recidivism Risk

Greater use of jail increased the risk of recidivism; Greater family engagement in treatment decreased risk of recidivism. (Findings significant at the <.05 level.)

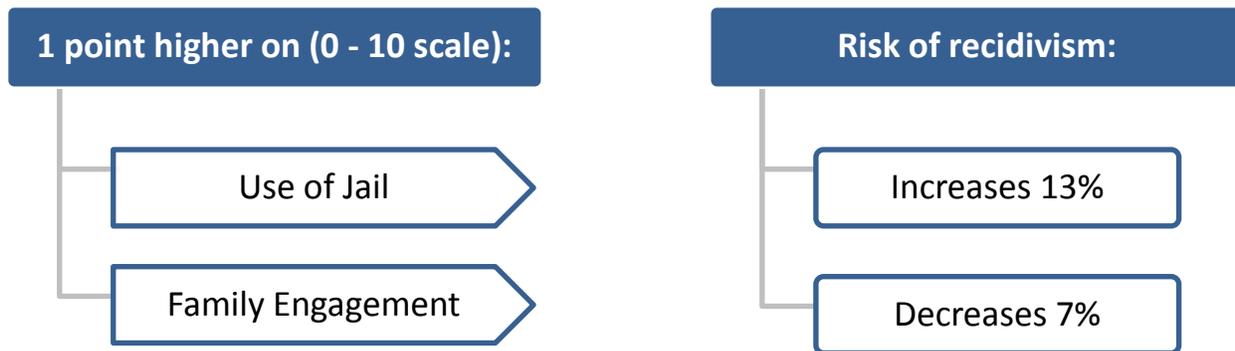
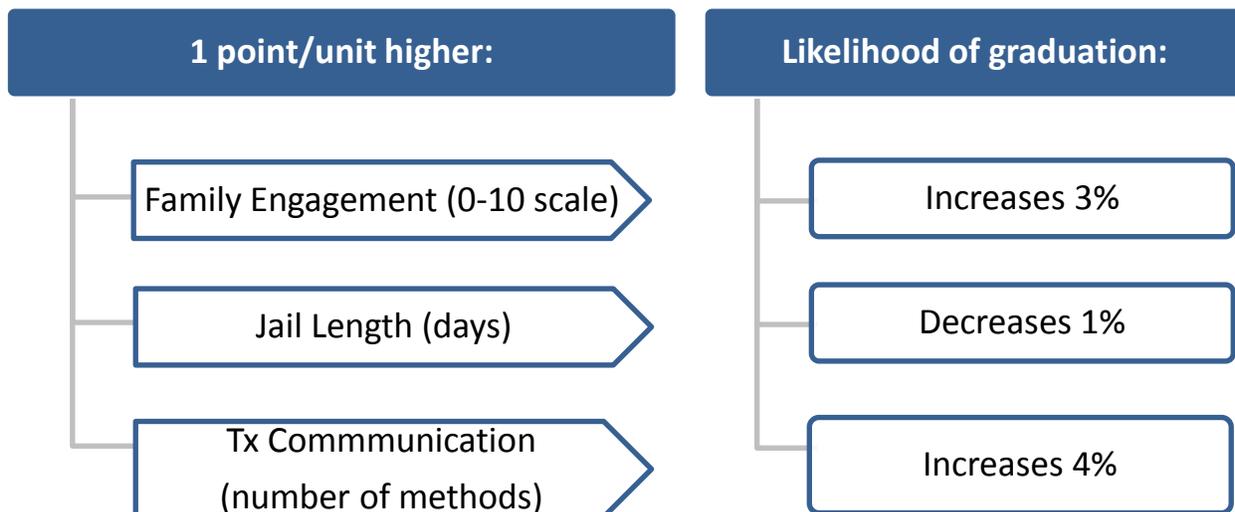


Figure P7. Other Activities and Graduation Likelihood

Greater family engagement in treatment and more methods of communication with treatment increased the likelihood of graduation; longer jail sanctions decreased the likelihood of graduation. (Findings significant at the <.05 level.)



Discussion of FDC Process Findings and Limitations

Of all the FDC activities examined, only reduction of hearings, use of jail, and family engagement in treatment were related to recidivism. Only the length of jail sanctions and treatment communication were related to graduation. Many important FDC activities influence outcomes even though they may not be significantly related in regression analyses.

There are many reasons why analyses may not have significant results. This discussion covers some characteristics of the data, limitations in measurement, and respondent characteristics that may explain the lack of significant findings.

Some effects may not have been detected because of uniform practices across courts. Examination of the standard deviations for activities reveals that many practices did not vary much across courts. A lack of variation in practices can make the effects harder to detect.

For example, it would be difficult to answer the question of whether staffing attendance was related to risk of recidivism if staffing attendance is high for all courts, because there would be no courts with low attendance for comparison.

In addition to uniform practices, some measurement issues could also make detecting effects more difficult. The process survey asked about many different activities, but did not address any single activity with much depth.

The survey was limited in scope to whether activities occurred and did not ask about the quality of activities. More detailed measurement of fewer activities, and information about the quality of activities could provide a better basis for testing whether activities influence the risk of recidivism or the probability of graduation.

Another limitation was that coordinators were the only survey respondents. For some activities, other members of the drug court team or drug court offenders might be better sources of information than coordinators. Information from a variety of sources could provide a better basis for testing the effects of court activities on outcomes.

In the future, evaluation of drug court activities may be more informative if it includes ratings of the quality of activities, measures fewer activities in greater detail, and uses multiple respondents.

Part IV:

Felony Drug Court Treatment Practices and Outcomes

Part IV reports on types and amounts of treatment offenders receive, the treatment period (length from first to last treatment service) and whether treatment sessions reduce in frequency over the treatment period. Part IV also reports what treatment practices are related to the risk of recidivism and the likelihood of graduation.

Treatment Practices for FDC

The Department of Health and Welfare had provided regular expenditure reports that summarized invoices for state-funded treatment for drug court offenders. This section includes information on services delivered during fiscal years 2011 and 2012. Any treatment funded by means other than drug court funds (e.g. insurance, private pay, or other state funds) was not included in the findings and analyses presented in this section.

A total of 568 offenders participated in FDCs (intake to termination) during fiscal years 2011 and 2012. This sections reports on treatment expenditures for those 568 offenders.

Expenditure reports included information on:

1. Dates of service provision
2. Whether services were for substance abuse treatment or recovery support
3. The level of intensity
4. The specific type of service
5. Treatment Providers

Appendix A contains a description of treatment and support service types. All offenders received substance abuse treatment. Less than 1 in five offenders received recovery support services (see figure T1.)

Figure T2 shows the percent of offenders who received treatment at each intensity

level. Nearly all offenders received level I outpatient treatment. Just over a quarter of offenders received some level II intensive outpatient services. Very few offenders received level III residential treatment.

Figure T3 shows the percent of offenders who received various types of services. More than 90% of offenders received both group and individual treatment. Almost half of offenders received some assessment services. About 1 in 5 offenders participated in education services. About 12% of offenders received case management services. Very few offenders engaged in individual with family, residential, halfway house, safe and sober housing, drug testing (paid for with state treatment funds), or transportation services.

Although many different types of services are available for FDC offenders, it appears that the majority of offenders only receive level I outpatient treatment in the form of individual and group sessions. Some offenders receive state funded assessment, and very few offenders receive other types of services. The next section reports on the time offenders spend in treatment including the total length of the treatment period, the average amount of treatment offenders receive per week, and whether the average treatment per week decreases from the first half to the second half of the treatment period.

Figure T1. Percent who Received Substance Abuse Treatment and Support Services

All offenders received substance abuse treatment but only some offenders received any recovery support services.

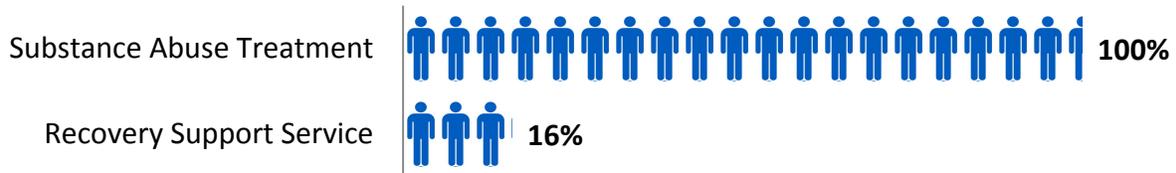


Figure T2. Percent who Received Level I, II, or Residential Services

Nearly all offenders received level I outpatient services; fewer received intensive outpatient and even fewer received residential or housing services.

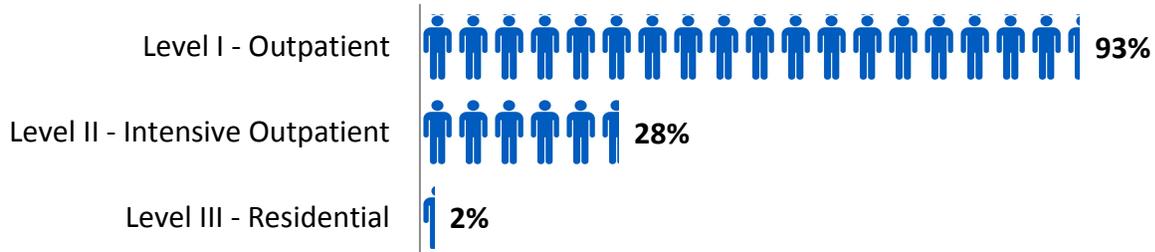
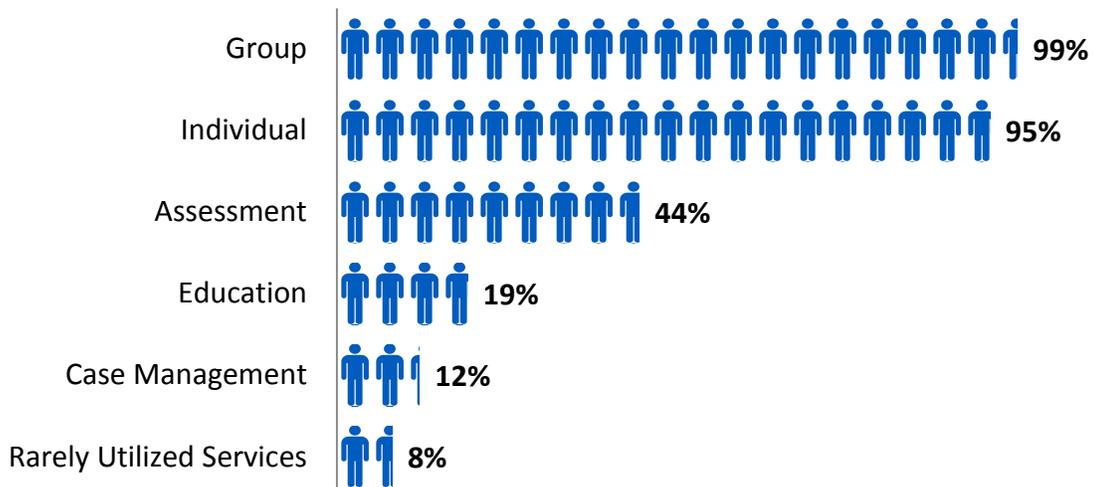


Figure T3. Percent who Received Various Service Types

Almost all participants received group and individual treatment; fewer participants received other services.



Length of Treatment Period and Hours per Week

Length of treatment period was calculated in days from the earliest to the latest date of service. On average, offenders received treatment for a period of about 10 ½ months with a standard deviation of about 6 months. Recall that standard deviation gives an idea of how much variability there is in the data. The higher the standard deviation the more offenders who had treatment periods much shorter or much longer than average.

Figure T4 shows a frequency distribution of length of treatment period. There appear to be two clusters of treatment period length, one centered around 4 months and one centered around 13 months

The shortest length of a treatment period was 1 day, and the longest length of a treatment period was 822 days (about two years and three months).

Treatment period **ranged** from **1 – 822** days, with an **average** of **316** days (standard deviation of 180 days).

FDC offenders received an average of 14.7 units of substance abuse treatment per week (standard deviation 5.7). A substance abuse treatment unit equals 15 minutes of outpatient treatment or a day of inpatient or residential treatment.

Most of the substance abuse treatment offenders received was outpatient group or individual treatment. Figure T5 shows the average hours per week for total outpatient, individual, and group treatment.

Figure T5 also includes standard deviations. On average, offenders participated in almost 4 hours of outpatient treatment per week. Most of the outpatient services appear to be group sessions, but offenders also participated in some individual and other forms of treatment.

Reduction of services over time was examined by comparing service hours per week during the first half and second half of offenders' treatment periods. Only offenders who received treatment for at least 9 months were included in this analysis, because it is not likely that treatment was noticeably reduced for offenders in treatment less than 9 months.

Offenders received just over 3½ hours of services per week on average during the first half of their treatment period. Average service was reduced to just less than 2½ hours a week in the second half.

Average treatment per week:
First Half - 3.7 hours per week
Last Half - 2.4 hours per week

In summary, on average, offenders received almost 4 hours of outpatient treatment per week for about 10½ months. Most of the substance abuse treatment offenders participated in was outpatient group. The amount of treatment offenders received decreased in the second half of their treatment period. Appendix D provides information about primary treatment providers.

Figure T4. Frequency for Length of Treatment Period

Offenders fell into two cluster centered around 150 days and 400 days from first to last services

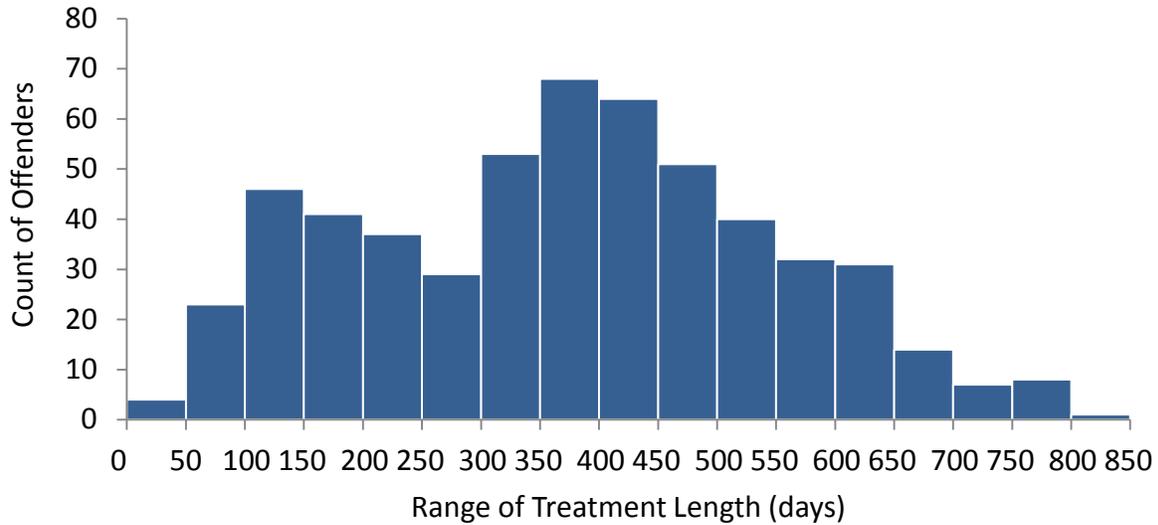
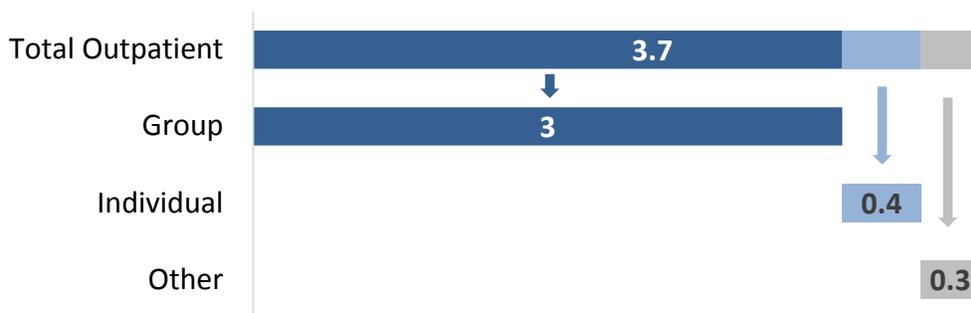


Figure T5. Average Total Outpatient and Outpatient Service Types

Offenders received on average almost 4 hours of outpatient per week, mostly in the form of group treatment.



Treatment and Risk of Recidivism

Regression analyses were used to test for the effects of treatment participation on offender risk of recidivism. Regression analyses controlled for age, minority status, and initial risk.

Variables tested include the total:

- Days from earliest to latest service
- Units of substance abuse treatment
- Units of recovery support services
- Days of residential treatment

Additional variables tested include the total hours of:

- Level I outpatient treatment
- Level II intensive outpatient treatment
- Group treatment
- Individual treatment
- Assessment
- Case management
- Education
- Other rarely used services

Finally, regression analyses were also used to test the effects of:

- Reducing treatment frequency over time
- Units of treatment per week

Not many treatment variables were related to the risk of recidivism.

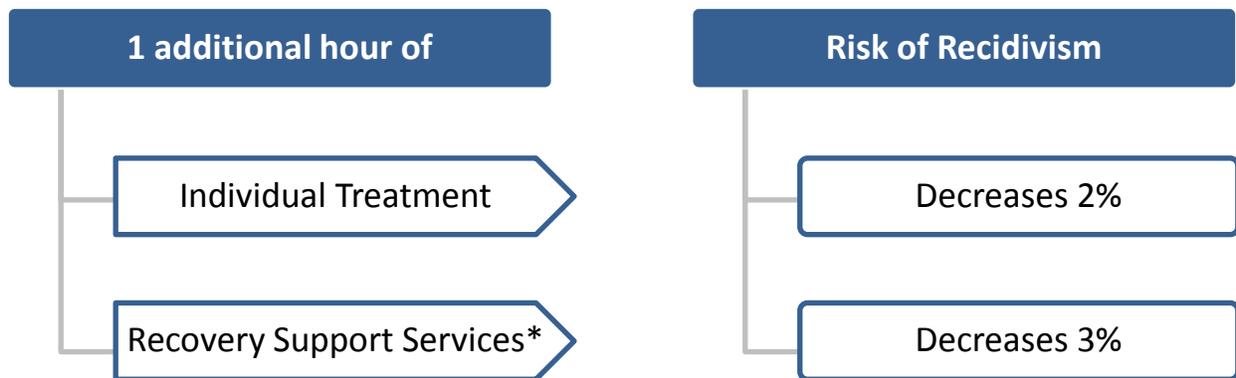
Offenders who received more total hours **individual treatment** and more total units of **recovery support services** were **less likely to recidivate**.

As shown in Figure T7, the more individual treatment an offender received the less likely he or she was to reoffend. Similarly, an offender was less likely to reoffend if he or she had received more recovery support services.

The expenditure reports from the Department of Health and Welfare provide useful information about the types of treatment FDC offenders receive and how much they receive of the various treatment types. However, with the exception of the total amount of recovery support services and the total amount of individual treatment, treatment practice information is not related to risk of recidivism. The next section will explore the relation of treatment practices and the likelihood of graduation from drug court.

Figure T7

Offenders were less likely to re-offend if they received more individual treatment and recovery support services. (Findings significant at the $<.05$ level.)



*Units of recovery support services are 15-minute increments, 1 day, or 1 mile depending on the type of service. Hours are used here (4 units) for easy interpretation of findings.

Treatment and Likelihood of Graduation

Regression analyses tested the influence of treatment practices on the probability of graduation. Analyses controlled for offender age and initial risk and included all the variables tested for effects on recidivism risk. The variables are listed on page 36. Significant findings ($p < .05$) are reported here.

Regression analyses indicated total hours of individual and reduction of treatment were related to likelihood of graduation.

Offenders who received more individual treatment were more likely to graduate.

Offenders were **1% more likely** to graduate for every **additional hour** of **individual treatment**.

Offenders with reduced services in the second half of their treatment period were more likely to graduate.

Offenders were **7% more likely** to **graduate** for every **15 minutes** per week **reduction** in treatment during later phases.

The overall length of treatment period and hours per week of outpatient were also

related to the likelihood of graduation, but the relationships were curvilinear.

Figure T8 shows the curvilinear relation of treatment period and likelihood of graduation. Graduation likelihood increases with treatment length until about 14 months. Around 14 months it appears the likelihood of graduation peaked and began to slowly decline.

Graduation was **most likely** for offenders who received treatment for at least **9 months** but not more than **2 years**.

Figure T9 shows the curvilinear relationship of outpatient hours per week and likelihood of graduation. Graduation likelihood increases as outpatient per week increases until around 3 hours per week. Around 3 hours of outpatient per week the graduation rate begins to decline.

Graduation was **most likely** for offenders who received outpatient services for at least **2.5 hours** per week but not more than **4 hours** per week.

Figure T8. Curvilinear Relation of Treatment Period and Graduation

FDC offenders were more likely to graduate from drug court if they attended treatment for 280 days or more (about 9 months).

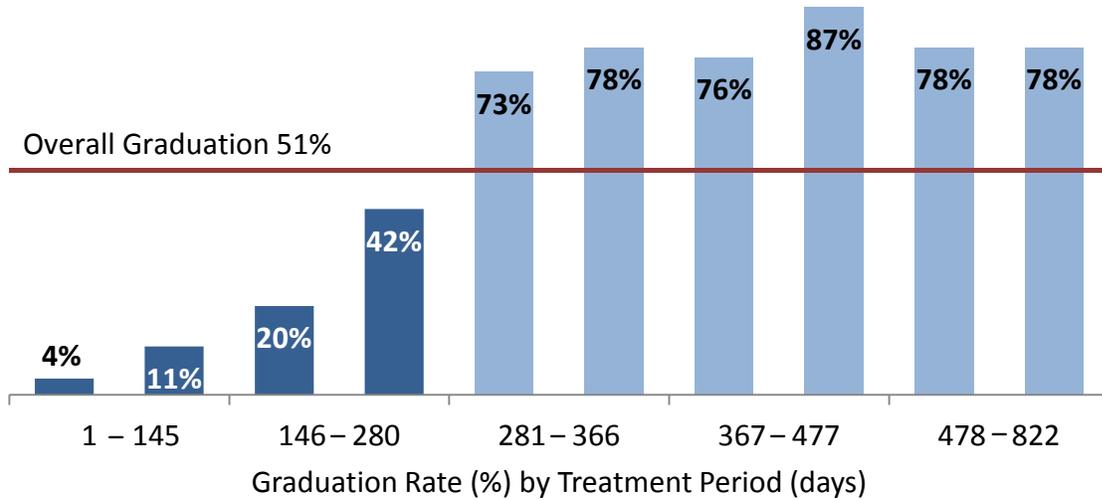
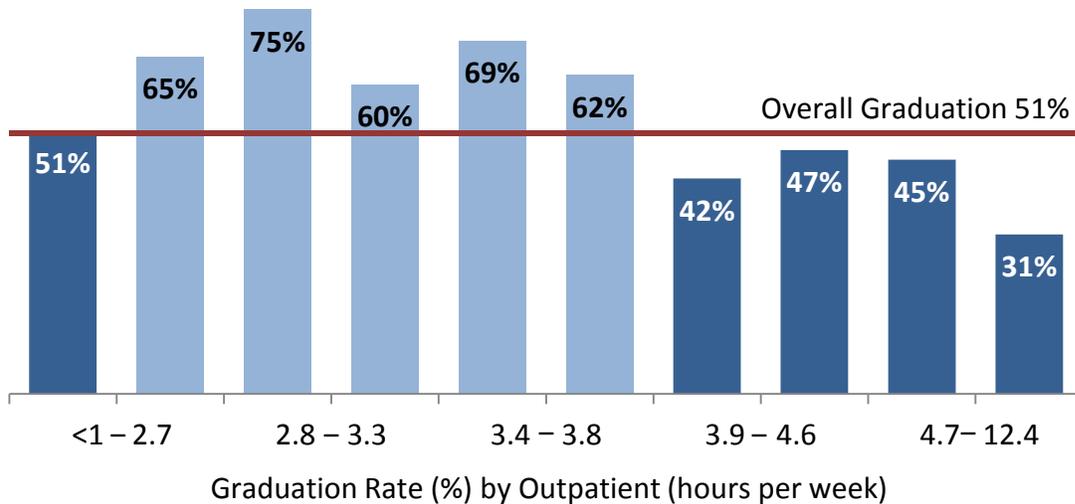


Figure T9. Curvilinear Relation of Outpatient Per Week and Graduation

FDC offenders were more likely to graduate from drug court if they received an average of 2.7 to 3.8 hours of outpatient treatment per week.



Discussion of treatment findings

Not many treatment variables were related to the outcome of recidivism. The lack of significant findings may have to do with uniform treatment practices across offenders across courts. It is difficult to tell whether group treatment influences outcomes when all participants receive 2-4 hours of group per week.

In addition to uniform treatment practices, significant findings may be difficult to detect because the available data only show the amount and type of treatment that took place. Certainly, the quality of treatment is important and relates to outcomes.

The curvilinear relationship of outpatient hours per week is somewhat puzzling. According to the finding, graduation rates decrease when patients receive more than 4 hours of outpatient per week. However, according to the NADCP Best Practice Standards,⁴ offenders should receive 6-10 hours per week.

There are a number of possible explanations for the puzzling finding. Three possible explanations are presented for consideration.

First, offenders may become overwhelmed by treatment. It is possible that offenders receive too much treatment and drop out of the program. This explanation seems unlikely given the recommendation from the NADCP Standards.

Another more likely explanation is that the lower graduation rate and the increased amount of outpatient per week are both results of offender characteristics. Courts may respond to offenders with extreme risk and need by providing them with more outpatient services per week. Extreme risk and need offenders are less likely to graduate, even if they receive more outpatient services than other offenders.

The third and most likely explanation is that the finding is an artifact of some other findings. Offenders received fewer hours of treatment per week in the second half of their treatment periods. Offenders who graduate were likely to have longer treatment periods. It is possible that offenders who did not graduate were not in treatment long enough to have their treatment hours reduced; therefore, offenders who did not graduate would have higher average treatment hours per week.

In future evaluations, comparing treatment records and phase progression through drug court will prove more useful than looking at hours per week in the first and second half of treatment period. In addition, future evaluation will benefit from the inclusion of information about the quality of treatment sessions and offender responsiveness to treatment.

⁴National Association of Drug Court Professionals (2013). *Adult Drug Court Best Practice Standards Volume I*. Alexandria.

Appendix A:

Data, Matching, Measurement, and Analyses

Data Sources and Matching

Evaluation data were from four sources:

1. The Idaho State-wide Trial-court Automated Records System (ISTARS),
2. Data obtained from the Idaho Department of Correction (DOC),
3. Coordinator responses on a FDC process survey, and
4. Treatment expenditure reports provided by Department of Health and Welfare.

Program and demographic information on the FDC offenders came from the ISTARS Problem-Solving Court Module. Filing and conviction information used to assess recidivism for FDC and comparison offenders came from ISTARS disposition data. Program and demographic information on comparison group offenders

came from a data set created by the DOC for this evaluation. FDC coordinators provided process information with their responses to an online survey regarding FDC practices. Treatment expenditure data came from the Department of Health and Welfare and included treatment, recovery support services, and direct client services expenditures per FDC offender

It was necessary to match data across the various data sources. Offender data were matched by name, date of birth, and when available social security number and court name. In all matching, efforts were made to check for minor errors in name spelling or dates in order to match as many offenders as possible to treatment and recidivism data.

Variables and Measures for Parts I and II

Offender Characteristics

Activities	Measurement
Race and ethnicity /Minority status	Demographic data for both race and ethnicity were available in both ISTARs and in the IDOC case management system and were collected for all populations. For correlation and regression analyses, minority status was defined dichotomously as white or non-white (all other racial groups).
Marital status	Marital status was only available for drug court participants. Marital status information came from the ISTARs drug-court module. Statuses included never married, divorced, married, cohabitating, separated, and widowed. For correlational and regression analyses, marital status was defined dichotomously as married or not married (all other statuses).
Length of stay	Length of stay refers to the length of time offenders spent in drug court, on probation, or in a retained jurisdiction program. It was calculated as days between intake or status start day and termination or status end date and reported in months. Data were available for all populations and came from ISTARs or the DOC case management system. Length of stay was not included in correlation and regression analyses, because many offenders were still in progress.
Initial risk	Initial risk was the full score of the Level of Service Inventory-Revised (LSI-R). The LSI-R is a criminogenic risk assessment, or a measure of an offenders risk of future criminal behavior. The LSI-R includes 54 items divided into 10 domains: criminal history, education/employment, financial, family/marital, accommodation, leisure/recreation, companions, alcohol/drug problems, emotional/personal, and attitudes/orientation. Initial risk data were from ISTARs for FDC offenders and from DOC data for comparison offenders.
Substance abuse issues	For comparison group offenders, the substance abuse issues measure was the alcohol/drug problems LSI-R domain score (possible scores range from 0-9). DOC uses a domain score of 4 or greater to indicate a substance abuse issue that qualifies for treatment. Substance abuse issues were only available for comparison offenders and came from DOC data. Initial risk was the full score LSI-R. Substance abuse issues was the substance use domain score.

Variables and Measures for Part III

Activities from Standards and Guidelines

12 Activities	Measurement
Target Population	Do courts have a target population, written requirements for eligibility, disqualify offenders with sex offenses, and prioritize admission?
Drug Court Fees	Are offenders required to pay fees, do fees vary based on offender ability to pay, and Do courts establish payment plans for offenders and keep them informed of outstanding balances?
Assessments	Do offenders participate in standard assessments for criminogenic risk and substance abuse issues, are assessments performed by professionals, and how are assessment results used?
Treatment Communication	Is communication from treatment providers timely and of high quality?
Staffing Attendance	How often do the judge, coordinator, prosecutor, public defendant, probation officer, treatment provider, and law enforcement representative attend drug court staffings?
Hearing Attendance	How often do the judge, coordinator, prosecutor, public defendant, probation officer, treatment provider, and law enforcement representative attend drug court hearings?
Drug Testing	Do drug courts use urinalysis for drug testing, how long till the FDC team receives drug testing results, is drug testing random, how often do offenders submit to drug tests, and does testing take place on holidays and weekends?
Incentives	Do felony drug courts use different types of incentives and how do courts deliver incentives?
Sanctions	How often are sanctions imposed immediately after the behavior, are team members and offenders aware of what sanctions result from which behaviors, are sanctions predictable and graduated, do team members discuss and agree on sanctions, and are sanctions given with consideration of proximal and distal goals?
Graduation Requirements	The survey asked whether offenders must successfully complete treatment, be clean and sober for 6 continuous months, have a job or be in school, progress toward GRE (if applicable), demonstrate effective use of community resources, pay all fees, and have a written relapse plan in order to graduate.
Judicial Assignment	Did the judge seek out the assignment to FDC, and how long does the assignments last?
Training	Do drug court staff receive training specific to the court's target population, is training specific to staff roles and responsibilities, is training on strengths-based practices, and is training on the drug-court model? Do FDC team members bring new information on drug-court practices, addiction, and

treatment to staffings.

Variables and Measures for Part III (continued)

Additional Activities from Standards and Guidelines

4 Activities	Measurement
Hearing Reduction Committees	How many hearings are offenders required to attend during various phases of drug court? Does the frequency of hearings decrease over time?
Treatment Providers	Do drug courts have separate steering and coordinating committees that regularly meet?
Current MOU	How many primary treatment providers does the court use?
	Do courts have current memoranda of understanding or formal written agreements with the district judge, prosecutor, public defender, probation agency, treatment provider, and county commissioner?

Other Activities of Interest

Other Activities	Measurement
Additional Staffing Attendance	How often do case managers, the court clerk, jail liaisons, recovery support coaches or peer specialists, or other community partners attend staffing? (0-10)
Additional Hearing Attendance	How often do case managers, the court clerk, and other community partners attend court hearings? (0-10)
Use of Jail	How frequently do courts use jail as a sanction? (0-10)
Jail as Detox	How frequently do courts use jail for detox? (0-10)
Family Engagement	How many treatment and other services that engage family members are offered to offenders? (0-10)
Length of Jail	Typically how long is a jail sanction? (days)
Treatment Communication	How many methods does the treatment provider use to communicate with the drug court team? (number of methods)
Individual Sessions per Month P1	How many individual treatment sessions does an offender typically receive per month during the first phase?(sessions per month)
Individual Sessions per Month P2	How many individual treatment sessions does an offender typically receive per month during the second phase? (sessions per month)
Individual Sessions per Month FP	How many individual treatment sessions does an offender typically receive per month during the final phase? (sessions per month)
Sanction Types	How many types of sanctions does the court typically use? (number of sanctions)

Variables and Measures for Part IV

Substance Abuse Treatment: Intensity and Service Types

Substance Abuse Treatment			
Intensity	Service Type	Description	Unit
Assessment			
	Drug & Alcohol Assessment	Gathering and analyzing information to determine appropriate treatment	15 min.
Levels I & II			
	Group	Treatment involving interaction between a group of 6-12 offenders	15 min.
	Individual	Treatment involving one-to-one interaction between a counselor and offender	15 min.
	Education	Strategies to teach offenders about substance use and effects of substance use	15 min.
	Other	Very few offenders also engaged in counseling with family members present and involved	15 min.
Level III			
	Residential	Low or medium intensity treatment delivered in a secure and highly structured environment	1 day

Recovery Support Services: Service Types

Recovery Support Services			
Service Type	Description	Unit	
Case Management	The administration and evaluation of other substance abuse or support services	15 min.	
Other	Very few offenders received other recovery support services including safe and sober housing , transportation, or drug testing	1 day, 1 mile, or 1 test	

Data Analyses and Statistics

The most common statistics used to compare outcomes for the three populations in Part I were averages, and frequencies reported as percentages. Averages and frequencies were reported in other places throughout the report. Difference of means t-tests were used to test the statistical significance of some averages. Chi² was used to test the statistical significance of differences in some percentages.

Tests of statistical significance (t-tests and chi²) determine the probability that observed differences exist in the populations examined as opposed to occurring in the sample simply by chance. In all cases, statistical significance was tested at the .05 level, meaning that where statistical significance was found, we are 95% confident that the observed relationship truly exists. Where statistical significance was not found, we cannot assert with any confidence that the observed differences exist in the populations.

In Part I, Cox D time-sensitive regression analysis was used to analyze the relative impacts of multiple predictors on the probability of re-offense and the probability

of negative outcomes (recidivism and negative outcomes combined) for each year of the follow-up period, for each of the 3 populations. This analysis allows us to determine whether and how much each variable is related to the risk of recidivism and whether the observed relationships are statistically significant at the .05 level, as described above.

Cox D time-sensitive regression analyses were used to test whether FDC processes (in part III) and treatment practices (in Part IV) were related to the risk of recidivism.

Throughout the report, multi-level regression analyses were used to determine whether variables were related to the likelihood of graduation. Multi-level analyses can control for similarities between offenders who participate in the same FDC. Multi-level analyses were used for graduation because some initial analyses revealed that offender likelihood of graduation depended on which court they participated in.

Multi-level analyses were not necessary for recidivism, because recidivism was not significantly related to which FDC an offender participated in.

Appendix B:

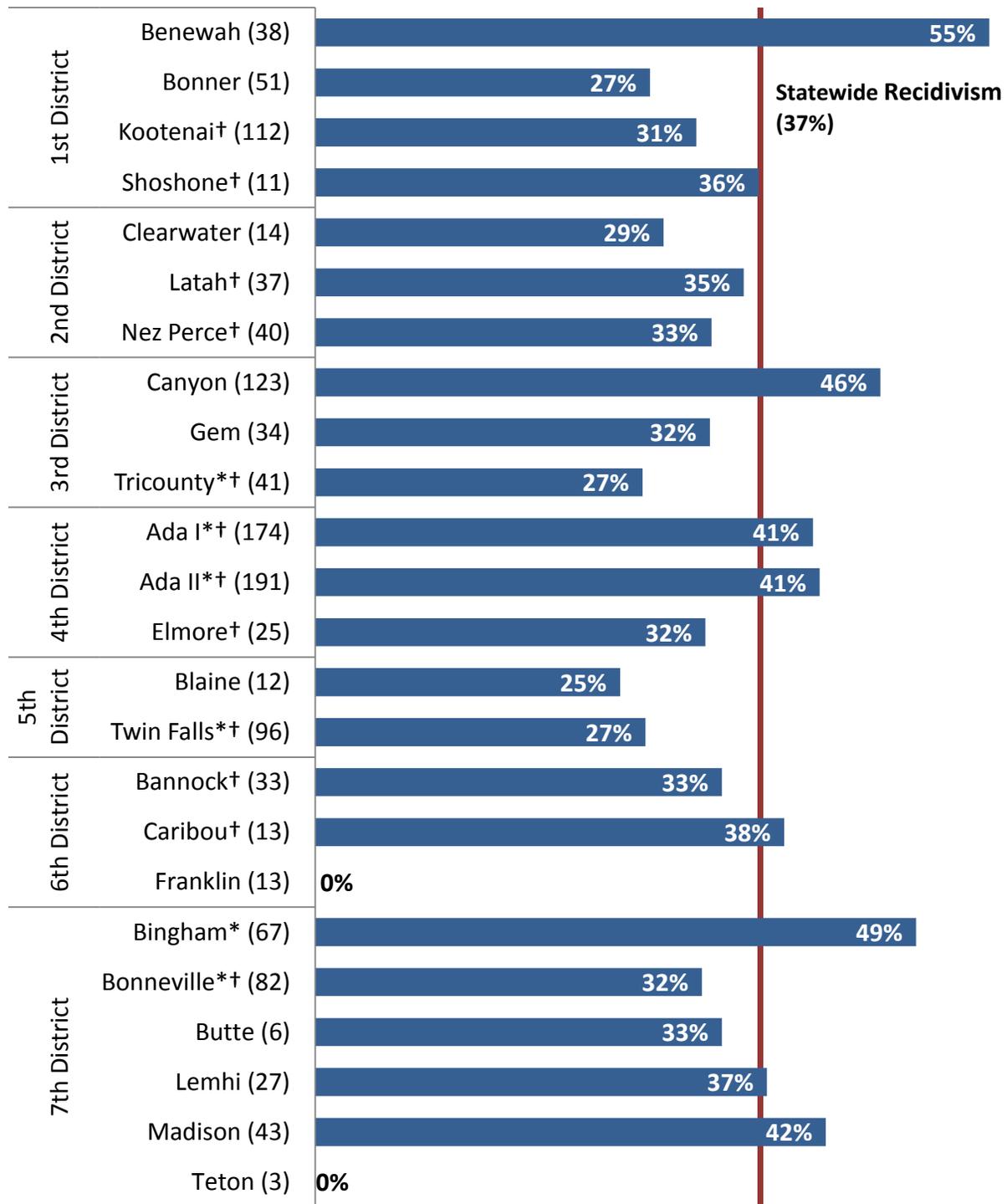
Individual Felony Drug Court Profiles and Findings

Offender Participation Profile Idaho FDCs

Individual Courts' Participant Information

District	Court	Male	Minority	Average Age	Average Initial Risk	n
First District		61%	8%	33	27	217
	Benewah	83%	13%	34	29	40
	Bonner	63%	6%	40	20	51
	Kootenai	55%	7%	30	28	115
	Shoshone	45%	9%	31	24	11
Second District		64%	13%	32	27	94
	Clearwater	67%	20%	38	25	15
	Latah	63%	24%	31	26	38
	Nez Perce	63%	0%	31	29	41
Third District		68%	28%	36	29	201
	Canyon	71%	32%	35	28	126
	Gem	74%	15%	36	28	34
	Tricounty	54%	27%	37	31	41
Fourth District		59%	14%	32	31	396
	Ada I	61%	18%	33	32	179
	Ada II	57%	13%	31	32	192
	Elmore	56%	4%	33	26	25
Fifth District		71%	23%	34	30	112
	Blaine	83%	0%	42	28	12
	Twin Falls	70%	26%	33	30	100
Sixth District		56%	14%	32	25	59
	Bannock	58%	18%	32	25	33
	Carabou	62%	8%	31	26	13
	Franklin	46%	8%	35	24	13
Seventh District		72%	19%	34	29	245
	Bingham	75%	44%	35	30	72
	Bonneville	75%	5%	32	29	91
	Butte	67%	0%	40	--	6
	Lemhi	66%	10%	34	28	29
	Madison	68%	16%	36	26	44
	Teton	67%	0%	41	22	3
State Total		64%	17%	33	29	1324

Recidivism Rate for Idaho FDCs

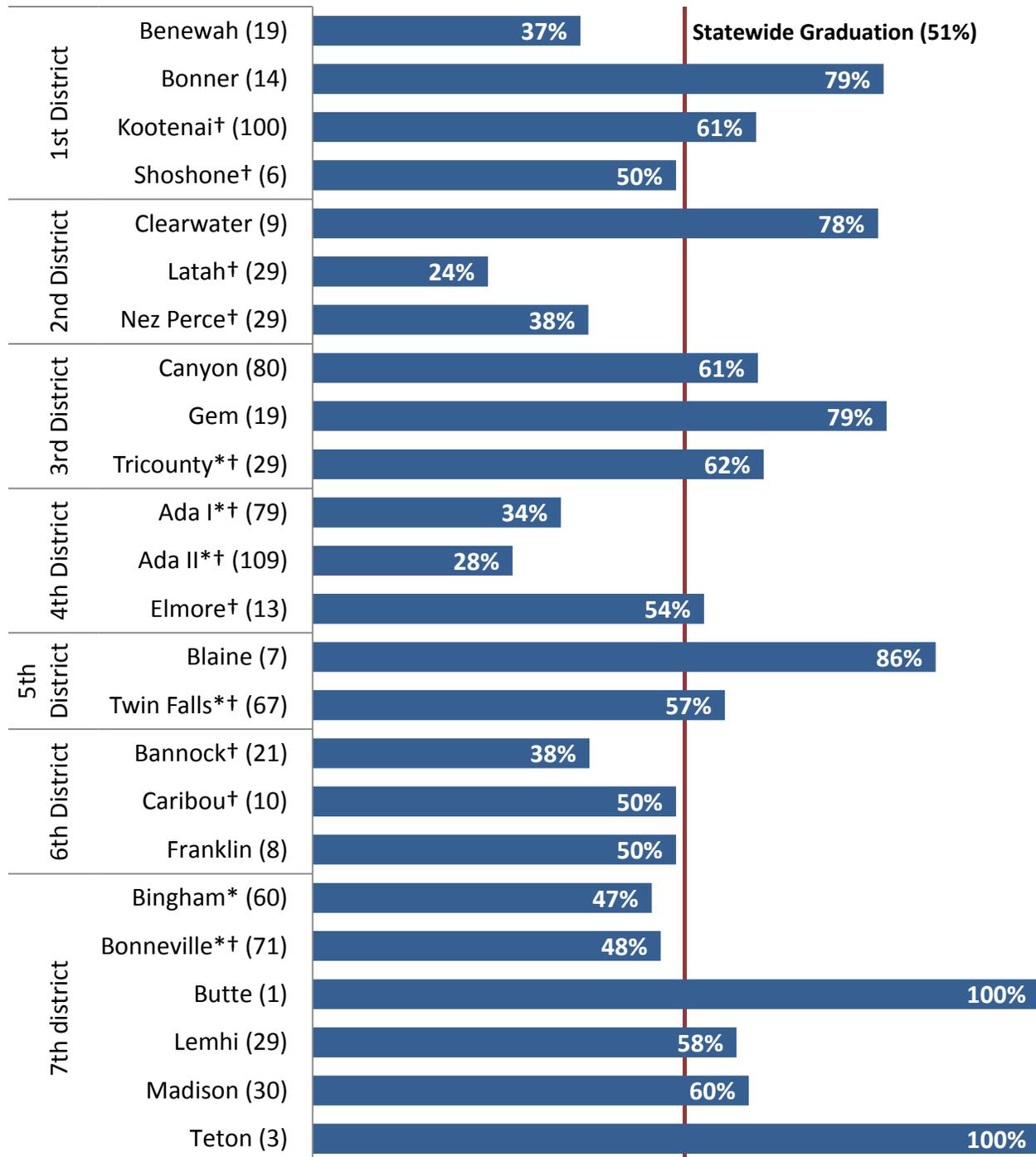


Note: The line represents the statewide recidivism rate of 37%.

*Court's average LSI-R score is higher than the state average.

†Court's average age is younger than the state average.

Graduation Rate for Idaho FDCs



Note: The line represents the statewide FDC graduation rate of 51%.

*Court's average LSI-R score is higher than the state average.

†Court's average age is younger than the state average.

Appendix C:

Categories of Re-Offenses

Re-Offense Crime Type Categories

Crime Category	Description • Examples
Drug	<p>Crimes related to controlled substances, prescription drugs, drug possession, drug trafficking, drug delivery, intoxication, tobacco, or alcohol excepting driving under the influence (DUI) offenses.</p> <ul style="list-style-type: none"> • Misdemeanors: “Controlled Substance-Possession of,” “Drug Paraphernalia-Use or Possess With Intent to Use.” • Felonies: “Controlled Substance-Possession With Intent to Manufacture or Deliver,” “Controlled Substance-Delivery.”
Property	<p>Crimes including the theft or destruction of property, or trespassing.</p> <ul style="list-style-type: none"> • Misdemeanor: “Petit Theft,” “Trespass.” • Felony: “Property-Malicious Injury to Property,” “Forgery.”
Motor Vehicle	<p>Crimes related to driving, parking, driver’s license, motor vehicle registration, or insurance excepting DUI offenses.</p> <ul style="list-style-type: none"> • Misdemeanor: “Driving Without Privileges,” “Vehicle Insurance-Fail to Provide Proof of Insurance.” • Felony: “Accident-Fail to Stop for Damage Accident or Leaving the Scene Of,” “Driving-Reckless.”
Crimes against Society	<p>Crimes against the public at large, law enforcement, the judiciary, or other state or city entities.</p> <ul style="list-style-type: none"> • Misdemeanor: “Disturbing the Peace,” “Failure to Appear for Misdemeanor Citation.” • Felony: “Arrests & Seizures-Resisting or Obstructing Officers,” “Escape-by One Charged, Convicted or On Probation for a Felony.”
Crimes against Persons	<p>Crimes such as assault, battery, domestic violence, harassment and other crimes with victims.</p> <ul style="list-style-type: none"> • Misdemeanor: “Battery-Domestic Violence Without Traumatic Injury Against a Household Member,” “Stalking-Second Degree.” • Felony Assault, Battery, and Other: “Assault-Aggravated,” “False Imprisonment.”
DUI	<p>Crimes of driving or operating a motor vehicle (including a boat) while under the influence of alcohol or another intoxicating substance.</p> <ul style="list-style-type: none"> • Misdemeanor: “Driving Under the Influence.” • Felony: “Driving Under the Influence-(Third or Subsequent Offense).”

Appendix D:

Primary Treatment Providers

Primary Treatment Providers

Drug courts used 37 agencies across the state to provide treatment or recovery support services for offenders during fiscal years 2011 and 2012. For the purposes of this evaluation, an offender's primary treatment provider is the agency from which the participant received the most units of treatment during the two-year period.

The figure included in Appendix D shows primary treatment providers and the percentage of offenders they served. Ada County Drug Court and D7 Treatment Program were the primary providers that

served the highest number of offenders. 20% of offenders had Ada County Drug Court as their primary provider. Another 20% had D7 Treatment Program as their primary provider. These two largest treatment providers are county run organizations. Most of the other treatment providers are private agencies.

Alliance Family Services served the next highest percentage of offenders as primary treatment provider. They served 9% of FDC offenders. The rest of the agencies were the primary treatment providers for much lower numbers of offenders.

Offenders Served by Primary Treatment Providers

Ada County Drug Court, D7 Treatment Program, and Alliance Family Services were the primary providers for almost half of all FDC offenders; other agencies served fewer offenders.

