An Examination of Idaho's Felony Drug Courts:

Findings and Recommendations

FINAL REPORT

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Introduction

As prison populations rapidly increased, so did the call for alternative strategies for managing drug offenders. The drug court model rapidly gained popularity and political support and by 2007, drug courts were in all 50 states with nearly 1,700 adult drug courts in operation and over 300 more in the planning stages (Office of Justice Programs, 2007). The National Association of Drug Court Professionals have noted that the drug court may be seen as an outgrowth of the interest in developing community-based, team-oriented, criminal justice innovations that have the flexibility to mobilize community support and resources. More broadly, they suggest that the drug court is a type of community court that, along with community policing, community prosecution, and community corrections, is part of the community justice movement.

In 2001, the Idaho Supreme Court contracted with the University of Cincinnati's Center for Criminal Justice Research to assess the effectiveness of drug courts operating throughout the State of Idaho. Researchers at the University of Cincinnati had been working to examine the effectiveness of several different types of drug courts in Ohio (see, Johnson, Travis, Latessa, Holsinger, 1999; Latessa, Shaffer, Lowenkamp, 2002; Shaffer, Listwan, Latessa, & Lowenkamp, 2007). A similar framework was developed for use in evaluating drug courts in Idaho. The original proposal identified potential measures of effectiveness and suggested evaluation processes that would allow for long term program evaluation. When the project began, Idaho had nine operational drug courts and eight in the planning stages. As of 2007, 41 drug courts have been implemented statewide[1]. This report will focus on a sample of eleven adult felony drug courts.

[1] 20 are felony drug courts, 4 DUI courts, 8 combined misdemeanor/DUI courts and 7 juvenile drug courts.

A series of data elements were recommended to capture the necessary information to perform the evaluation. These data elements included basic intake information (e.g., social history, criminal history, alcohol and drug assessment, present offense (e.g., nature of offense, date of charge/arrest, date of plea, dates of incarceration)); supervision activities (e.g., treatment participation, drug test results, employment status, payment of court fees, performance of community service, technical violations, and new arrests); and case termination (e.g., information regarding the type and nature of the termination, offender progress, employment and the treatment status of each offender). Data collection forms were created by research staff and disseminated to the drug court programs. Coordinators from several drug courts across the state were also given the opportunity to recommend additional measures and the final forms were disseminated to the developers of their statewide automated database referred to as the Idaho Statewide Trial Court Automated Records System (ISTARS). Using the existing ISTARS platform, the developers created a series of drug court specific screens to capture the necessary information.

The project has progressed in a series of stages. In the first phase, the Kootenai and Ada County Felony Drug Courts were selected for an outcome evaluation. These courts were chosen given their length of time in existence and the size of their jurisdictions. The study findings were relatively positive across both courts (see Listwan & Latessa, 2005). While the evaluation concluded that drug court participants in each court had lower recidivism rates than comparison group members, the effect was greater for the Ada County Drug Court (e.g., a 24% vs. 17% effect). Moreover, in both courts, the evaluation found the arrest rates among graduates to be quite low, especially in comparison to those unsuccessfully discharged from the program.

In the second phase, we conducted a process evaluation detailing the operations, policies and needs of the drug courts statewide. The report (see Listwan, Latessa, & Jaeger, 2004) provided a snapshot of 23 adult and juvenile drug courts operating from across the state. Results indicated that the courts were operating according to design and had strengths in many areas including the assessment of clients at intake, adherence to exclusionary criteria, and the development and utilization of rewards and consequences for program behavior. However, the report also identified areas in need of improvement. For example, several courts were not utilizing the ISTARS system for data entry and only one court reassessed client risk with a standardized risk and need instrument. The courts also expressed some concerns about the sustainability of funding levels. Finally, there was some concern, although not overwhelming, regarding the lack of support from law enforcement and probation agencies for the drug court model.

The final phase, and the subject of the current report, was funded by the Idaho Supreme Court and the Substance Abuse and Mental Health Services Administration (SAMHSA). The project was a collaborative effort between the University of Cincinnati and Kent State University. The funding agencies involved were interested in three areas. First, the Supreme Court requested a reassessment of the operations, policies, and needs of the felony courts under study. Second, the Supreme Court was interested in the effectiveness (e.g., recidivism rates) of the felony drug courts operating across the state. Finally, SAMHSA grant requirements required an evaluation utilizing the client needs and service data collected through the Government Performance and Report Act (GPRA) system.

Overall, the final evaluation effort was designed to provide an assessment of how well the felony drug courts had been implemented and their overall effectiveness. As a result, the

report contains several sections. The first section of this report provides an overview of drug court research and the context for the current study. The second section provides an overview of the drug courts under study and outlines operations, policies, and needs. The third section details the results of the outcome evaluation of the eleven felony drug courts. The fourth section examines a smaller subsample of the felony courts included in the study but who also collected GPRA data. The report concludes with a discussion and recommendations for improvement.

Section I. Overview

While drug courts often differ by agency and jurisdiction, there are core components to this model. The National Association of Drug Court Professionals (NADCP) (Drug Courts Program Office, 2004) identified several key components including the integration of judicial case processing with drug treatment services via a non-adversarial approach[2]. Drug court programs are not required to adhere to these components per se; however, they are intended to provide a framework to guide operations. Essentially, the drug court model can be viewed as integrating treatment and supervision through a collaborative relationship between the court, probation, and treatment providers.

Much of the existing research places the drug court model in a positive light (Brewster, 2001; Finn, & Newlynn, 1987; French, Zarkin, Hubbard, & Valley, 1993; Goert, & Martin, 1989; Goldkamp & Weiland, 1993; Latessa, et al., 2001; Peters, Haas, & Murrin, 1999; Spohn, Piper, Martin, & Frenzel, 2001). Moreover, several national summaries of drug court evaluations also conclude that drug courts are seeing moderate success. Specifically, in 1997 the U.S. General Accounting Office (GAO) reviewed several evaluations and noted the existing research was positive. As noted by Belenko (1998), however, the GAO also concluded that the research was limited and a full assessment of the effectiveness of the drug court model was not possible at that time. In an effort to expand upon this research, Belenko (1998, 1999, 2001) provided updated reviews of the existing research. While also observing the limitations of the existing research, Belenko concluded that drug courts appeared successful in reducing recidivism

[2] These components include the following: The early identification and placement of eligible participants; A continuum of alcohol, drug, and other related treatment services; The use of frequent drug testing to monitor abstinence; The use of rewards and punishers in response to participants' behaviors, and continued judicial monitoring of offenders

and substance abuse, had high retention rates, provided close supervision and monitoring, and had successfully increased partnerships among criminal justice agencies.

Research also reported that graduates of drug court programs fared significantly better than non-graduates (Peters, et al., 1999; Vito & Tewskbury, 1998) even in a three year follow up period (Dynia & Sung, 2000). In addition to rearrest, drug courts had other important outcomes. Sechrest and Shicor (2001) report that graduates of a drug court in California were more likely to be self-supporting. An observational study by Wolf and Colyer (2001) revealed that those who successfully completed the program were less likely to present with problems at treatment review hearings with the judge.

Finally, multi-site evaluations provided further evidence of the effectiveness of drug courts with reductions in recidivism ranging from 17 percent to 30 percent (Shaffer, et al., 2007; Martinez & Eisenberg, 2003; Rempel, Fox-Kralstein, Cissner, Cohen, Labriola, Farole, Bader, & Magnani, 2003). While a few studies failed to show evidence of a reduction in criminal behavior (Belenko, Fagan, & Dumanovsky, 1994; Deschenes & Greenwood, 1994, Granfield, Eby, & Brewster, 1998; Listwan, Sundt, Holsinger, & Latessa, 2003; Meithe, Lu, & Reese, 2000), meta-analytic reviews concluded that, overall, drug courts were effective reporting average effect sizes ranging from 9 percent to 24 percent (Aos, Phipps, Barnoski, & Lieb, 2001; Lowenkamp, Holsinger, & Latessa, 2005; Wilson, Mitchell, & MacKenzie, 2002).

While the research is generally supportive of the model, drug courts are a complex initiative and represent a 'black box' of services that are difficult to inexplicitly link to specific outcomes. Given drug courts differ substantially from one jurisdiction to the next, making comparisons between evaluations that use different designs and data collection tools is problematic. In an effort to provide Idaho with an assessment of the effectiveness of their felony

drug courts, this study will examine a sample of drug involved offenders either receiving drug court services or traditional probation services.

Idaho Drug Courts

Drug courts in Idaho were officially recognized by the State Legislature in March of 2001 with passage of the Idaho Drug Court Act. Similar to the 10 Key Components established by the NADCP, the Idaho Legislature established the following goals for their drug courts:

- To reduce the overcrowding of jails and prisons
- To reduce alcohol and drug abuse and dependency among criminal and juvenile offenders
- To hold offenders accountable
- To reduce recidivism, and
- To promote effective interaction and use of resources among the courts, justice system personnel and community agencies.

In an effort to provide oversight for the current and future drug courts, the Idaho Drug Court Act required the Idaho Supreme Court to establish a Drug Court Coordinating Committee. The Committee was charged with developing guidelines to address issues related to eligibility, identification and screening, assessment, treatment and treatment providers, case management and supervision and evaluation.

As a result, a set of guidelines (referred to as the Idaho Adult[3] Drug Court Guidelines for Effectiveness and Evaluation) were developed and adopted by the drug court coordinating committee. To summarize, the guidelines set forth recommendations in the areas of assessment and screening (e.g., screening and assessment procedures should include consistent criteria and rely upon standardized and validated instruments such as the TCUDS and the LSI-R), treatment modalities (e.g., cognitive behavioral approach, family interactions), urinalysis and monitoring activities; rewards and consequences; accountability; and skill building. The courts were encouraged to develop clear and written operation manuals and participant handbooks to increase

[3] A similar set of guidelines were developed for juvenile drug courts as well.

the consistency of service delivery. The Idaho Supreme Court developed an annual compliance checklist to be completed by court coordinators in an effort to measure how well the drug courts have implemented the guidelines.

The current study adds to the existing literature by providing a multi-site impact study of selected felony drug courts in Idaho. The project examines effectiveness as it relates to three broad areas of functioning (e.g., operations, outcomes, and needs). While most published evaluations report outcomes of only one court, the current study reports outcomes of eleven drug courts across the state in an effort to fill a much needed gap in our knowledge of drug courts overall.

Section II. Organizational Issues & Needs

Documenting how well the drug courts under study are operating is important for a variety of reasons. In particular, it has been well documented (see Van Voorhis, Cullen, & Applegate, 1995) that programs that are not implemented properly or were under organizational stress may appear to be "ineffective" when in fact the model or services were never delivered according to design. The felony drug courts selected for the outcome evaluation were surveyed to document each court's organizational practices and needs. As such, courts were asked to provide information related to their programs including:

1. *The drug court process that includes eligibility and acceptance into the program*
2. *The assessment procedures and tools utilized*
3. *The programs case management procedures that include contingencies and rewards for behavior*
4. *The adequacy of the systems of monitoring and services available*
5. *The level of support for the program by the criminal justice community*
6. *The adequacy and sustainability of funding*
7. *The level of cooperation among drug court team members.*

Methodology

Sample

This section analyzes survey responses from eleven adult felony drug courts operating throughout Idaho. The survey[4], developed in collaboration with staff from the Supreme Court, was disseminated to the court coordinators in March 2006. This survey was similar to the survey sent to coordinators in June 2003 (see Listwan et al., 2004); however, the second wave was

[4] A copy of the survey can also be found in Appendix B

disseminated only to those felony drug courts included in the statewide outcome evaluation (detailed in the next section). The coordinator from each court was asked to consult with other team members while completing the survey. The courts under study typically completed the surveys within 60 days.

The survey covered several operational and policy related areas. First, the background characteristics of the courts are portrayed and include, but are not limited to, the start date, graduation rate, court structure, and the court coordinator characteristics. Courts were also asked to detail the drug court process including the length of time successful and unsuccessful participants remained in the program, the intermediate sanctions used, and the services offered. Second, the drug courts were asked to detail the assessment process, the eligibility and exclusionary criteria, the use of rewards and consequences, and rate the adequacy or satisfaction with those processes. The courts also provided information as to whether any negative changes occurred that jeopardized the court process, the level of support received from the team, satisfaction with the level of cooperation, and how well the team worked together. Finally, the courts were asked a number of open ended questions to allow for the opportunity to offer suggestions for improvement.

The results of the survey are portrayed in two ways. The first section illustrates the data by court. Each court is identified and described in various ways (e.g., start date, court structure, use of rewards, graduation criteria, etc). To preserve anonymity, the second section aggregates the responses pertaining to the level of support among members. The results of the open ended questions are located in Appendix A.

Court Descriptions

The following includes a description of the courts (in alphabetical order) that were selected for the study.

Ada County Drug Court. The Ada County Drug Court, located in Boise, Idaho (population 359,035[5]), began accepting clients in January 1999. For a client to be eligible for the program, he or she must be charged with a felony but with no more then one prior previous felony conviction or a felony possession charge. In order to graduate, the client must complete all treatment requirements, have six months clean time, obtain a GED, if possible, or at least demonstrate effort and take classes and all tests. The client must also be employed full time or be a full time student (they can engage in volunteer work if on disability), pay full restitution, and finish their assigned treatment requirements.

The program was designed to last 16 months (range 12 to 36 months). A successful client must have progressed through the program's four phases of treatment at a consistent pace. The first phase included monthly hearings that progressed to bi-weekly hearings until the program was completed. Participants were also subject to the use of random drug testing, phone calls and home visits. Graduates could also participate in alumni, alumni relapse prevention, or other treatment activities.

Bannock County Drug Court. The Bannock County Drug Court, located in Pocatello, Idaho (population 78,443), began accepting clients in January of 2002. The court was designed for people who had alcohol/drug problem for which recovery attempts had been unsuccessful. Clients were also required to be charged with a drug or drug related offense. In order to graduate successfully, a client must have completed all of his or her court ordered treatment and any other requirement set forth by the court.

[5] Population numbers obtained from the U.S. Census Bureau, 2006 estimates.

The program was designed to last 21 months (range 18 to 33 months). A successful client must have progressed through the program's four phases of treatment at a consistent pace. Weekly court hearings were required during the first phase of treatment followed by bi-monthly hearings in phase two and hearings as needed in phase three and four (with a minimum of once a month). Participants were also subject to the use of random drug testing, phone calls and home visits. The clients could attend aftercare groups post-graduation.

Bingham County Drug Court. The Bingham County Drug Court, located in Blackfoot, Idaho (population 44,051), began accepting clients in August of 2001. The court was designed for people who had been charged with a drug or drug related offense and who had an alcohol/drug problem for which recovery attempts had been unsuccessful. The court typically required a minimum score of 17 on the LSI-R and a score of three on the TCU drug assessment tool. In order to graduate from the court, the client must have been drug free for a minimum of six months, have obtained their GED or high school diploma, worked full time or be in higher education, and have completed all assigned treatment requirements.

The program was designed to last 18 months (range 15 to 19 months). A successful client must have progressed through the program's four phases of treatment at a consistent pace. During the first phase, the client was required to attend weekly court hearings followed by bi-monthly hearings in phase two and hearings as needed in phase three and four (with a minimum of once a month). Participants were also subject to the use of random drug testing, phone calls and home visits. The clients were allowed attend aftercare groups post-graduation.

Bonneville County Drug Court. The Bonneville County Drug Court, located in Idaho Falls, Idaho (population 94,630), began accepting clients in June of 2000. The court was designed for people who had been charged with a drug or drug related offense and who had an

alcohol/drug problem for which recovery attempts had been unsuccessful. The court typically required a minimum score of 17 on the LSI-R and a score of three on the TCU drug assessment tool. In order to graduate from the program, a person must have had six consecutive months of sobriety and six months of steady employment (unless retired, disabled, full- time homemaker or a full-time student), obtained a high school diploma or GED, and have successfully completed all court ordered treatment. In addition, the client must have maintained sponsor contact on a regular basis and have had regular 12-step meeting or approved support group attendance. Finally, the client must have satisfied payment of fines, restitution, treatment fees, and cost of supervision.

The program was designed to last 20 months (range 15 to 42 months). A successful client must have progressed through the program's four phases of treatment at a consistent pace. During the first phase clients were required to participate in weekly hearings that progressed to bi-monthly hearings in phase two and hearings as needed in phase three and four (with a minimum of once a month). Participants were also subject to the use of random drug testing, phone calls and home visits. Graduates were invited to attend the alumni group.

Canyon County Drug Court. The Canyon County Drug Court, located in Caldwell, Idaho (population 173,302), began accepting clients in January of 2002. The court targeted those with a felony charge, most often drug or drug related (e.g., Possession of Controlled Substance, Burglary, Forgery or Prescription fraud). Clients were required to score medium high on the LSI-R. In order to graduate, a client must have had six months continuous documented clean-time and an aftercare treatment plan completed. The clients were also required to have completed MRT, CSC, attended three 12-step meetings per week from entry date, proved through sharing with their primary counselor the 12 step work with their sponsor (actively

engaged with a AA/NA sponsor working on steps), and completed a minimum eight hour community service project approved by the Judge. In addition, clients must have paid all drug court fees and IDOC supervision fees, and consistent payments to any restitution owed. Clients were required to complete GED or training in a trade, employment and/or a documented school track, and have completed of a graduation packet.

The program was designed to last 15 months (range 12 to 24 months). A successful client must have progressed through the program's four phases of treatment at a consistent pace. The clients were required to attend weekly hearings during the first phase followed by bi-weekly hearings in phase two, and monthly hearings in phase three and four. Participants were also subject to the use of random drug testing, phone calls and home visits. The aftercare program continued as long as the participant wished to remain active in the alumni group.

Kootenai County Drug Court. The Kootenai County Drug Court, located in Coeur d'Alene, Idaho (population 131,507), began accepting clients in October of 1998. The court targeted those with a felony charge that were most often drug or drug related (e.g., possession of controlled substance, burglary, forgery or prescription fraud). In order to graduate, a client must have met all treatment requirements, paid all fees, obtained a GED, and maintained a minimum of seven months sobriety.

The program was designed to last 18 months (range 18 to 20 months). A successful client must have progressed through the program's four phases of treatment at a consistent pace. Clients were required to attend bi-weekly hearings in phase one, bi-monthly hearings in phase two and three, followed by monthly hearings until the client graduated. Participants were also subject to the use of random drug testing, phone calls and home visits. The aftercare program continued as long as the participant wished to remain active in the alumni group.

Latah County Drug Court. The Latah County Drug Court, located in Moscow, Idaho (population 35,029), began accepting clients in January of 2002. The court was designed to deal with clients who had a felony charge and an alcohol/drug problem that had reached a chronic level. In order to graduate, a client must have had a minimum of 12 months in the program and 20 weeks clean and sober time in phase three. They must have active engagement with sponsors, social activities, and AA/NA, participated in full-time employment/school, provided a written relapse prevention plan, and obtained a GED. In addition, the clients must have paid all of their drug court fees.

The program was designed to last 15 months (range 12 to 24 months). A successful client must have progressed through the program's four phases of treatment at a consistent pace. During the first two phases there were bi-weekly hearings, followed by monthly hearings until the program was completed. Participants were also subject to the use of random drug testing, phone calls and home visits. The program did not offer post-graduation aftercare.

Madison/Jefferson/Freemont Drug Court. The Madison/Jefferson/Freemont County Drug Court, serves clients from a three county area and began accepting clients in March of 2000. The court was designed for people who had been charged with a drug or drug related offense and who had an alcohol/drug problem for which recovery attempts had been unsuccessful. The court typically required a minimum score of 17 on the LSI-R and a score of three on the TCU drug assessment tool. In order to successfully graduate from the court, a person must have had six consecutive months of sobriety, six months of steady employment (unless retired, disabled, full time homemaker or full-time student), and they must have successfully completed all of the court ordered treatment, including competencies. Participants must have maintained sponsor contact on a regular basis, regularly attended 12 step meetings or

approved support group attendance, completed all of the specialized probation terms, and obtained a high school diploma or GED.

The program was designed to last 14 months (range 12 to 14 months). A successful client must have progressed through the program's four phases of treatment at a consistent pace. The first three phases included bi-weekly court hearings with monthly hearings in phase four. Participants were also subjected to the use of random drug testing, phone calls and home visits. The aftercare program was led by successful graduates and current students were able to participate as long as they wished post-graduation.

Nez Perce County Drug Court. The Nez Perce County Drug Court, located in Lewiston, Idaho (population 38,324), began accepting clients in January of 2002. The drug court was designed to work with clients who had a chronic level of need and had been arrested for a felony drug or drug related charge. In order to graduate, a client must have had a minimum 12 months in the program and 16 weeks clean and sober in phase three. They must have had active engagement with sponsors, social activities, and regularly attended AA/NA, be employed or in school full time, have a written relapse prevention plan, obtained a GED, and satisfied all of their drug court fee requirements.

The program was designed to last 17 months (range 12 to 24 months). The program included four different phases that the participant must have progressed through at a consistent pace. Participants were required to participate in bi-weekly court hearings during the first two phases of treatment followed by monthly hearing until the client graduated. Participants were also subjected to the use of random drug testing, phone calls and home visits.

Quad County Drug Court. The Quad County Drug Court, serves clients from a four county area including Gem, Peyette, Washington and Adams counties, began accepting clients in

August of 2003. The target population included first time felony offenders with no history of violence, sex offenses, or prior felony convictions. The felony charge was typically drug related including possession of controlled substance, burglary, and forgery or prescription fraud. The LSI-R scores tended to be medium high, but other considerations were seen as important. In order to graduate, a client must have had six months continuous documented clean-time and an aftercare treatment plan completed. The client was also required to complete MRT, CSC, have documented attendance of three 12-step meetings per week from entry date, and completed a minimum eight hour community service project approved by the Judge. In addition, clients must pay all of the drug court fees and IDOC supervision fees, and have made consistent payments to any restitution owed. The client must have completed the GED or training in a trade, employment and/or a documented school track, and completed a graduation packet.

The program was designed to last 15 months (range 12 to 24 months). A successful client must have progressed through the program's four phases of treatment at a consistent pace. The clients were required to attend weekly hearings during the first phase followed by bi-weekly hearings in phase two, and monthly hearings in phase three and four. Participants were also subjected to the use of random drug testing, phone calls and home visits. The aftercare program continued as long as the participant wished to remain active in the alumni group.

Twin Falls Drug Court. The Twin Falls Drug Court, located in Twin Falls, Idaho (population 71,575), began accepting clients in September 2001. The drug court was designed to work with clients who had a chronic level of need and had been arrested for a felony drug or drug related charge. The court typically required a minimum score of 18 on the LSI-R. In order to successfully graduate from the program a person must have been clean six months, have satisfied all of their fee requirements, and successfully satisfied all of the treatment requirements.

The program was designed to last 14 months (range 12 to 18 months). The program included four different phases that the participant must have progressed through at a consistent pace. During the first phase there were weekly hearings, followed by bi-weekly hearings in phase two and monthly hearings in phase three and four. Participants were also subjected to the use of random drug testing, phone calls and home visits. The aftercare program continued as long as the participant wished to remain active.

Results

Background Characteristics. Table 1 illustrates the background characteristics of the courts under study. Specifically, the courts were asked to provide the date at which they began accepting clients. The courts under study have been in existence for differing periods of time. The youngest began in August 2003 (Quad County) and the oldest began in October 1998 (Kootenai County).

With some exception, the older courts have served a greater number of clients. The Ada County Adult Drug court has served the highest number of clients. The survey results indicated that the court was currently serving 147 clients and had served 782 clients since the court began. The next largest court, the Kootenai County Adult Drug Court, had 35 current clients and had served 314 total participants since inception. Bingham, Bonneville, Canyon, and Twin Falls drugs courts had served over 100 clients since their inception. Collectively, as of March 2006, the courts under study had served over 2000 drug involved clients.

Table 1. Operations and Structure

County/Court	Date Court Began	Total # of Participants	Current # of Participants	Total # of Graduates	% of graduates[6]	% entered in ISTARS (all)	% entered in ISTARS (now)	Court Type: Post Plea/ Pre Sentence	Court Type: Post Plea/ Post Sentence	Court Type: Mixed Post/Pre
Ada County	01/1999	782	147	359	56.5	100	100			X
Bannock County	01/2002	97	33	37	57.8	100	100	X		
Bingham County	08/2001	157	46	56	50.5	95	100		X	
Bonneville County	06/2000	122	29	27	29.0	100	100		X	
Canyon County	01/2002	162	50	67	59.8	98	100	X		
Kootenai County	10/1998	314	35	123	44.1	100	100	X		
Latah County	01/2002	46	11	31	88.6	90	100			X
Madison/Jeff/Free	03/2000	62	20	26	61.9	100	100		X	
Nez Perce County	01/2002	55	18	17	45.9		100			X
Quad County	08/2003	52	24	16	57.1	100	100	X		
Twin Falls County	09/2001	251	38	128	60.1	98	100	X		

Box 1.1
Graduation Criteria

- ✓ 6 months clean time
- ✓ GED if possible
- ✓ Treatments complete
- ✓ Active engagement
- ✓ Full time work or school
- ✓ Written prevention plan
- ✓ All payments made
- ✓ All court orders followed
- ✓ Community service
- ✓ Finished all requirements

Table 1 illustrates the number of graduates from each drug court. The graduation rate was calculated as a measure of retention. As seen in Table 1, Ada, Bannock, Bingham, Canyon, Madison, Quad and Twin Falls drug courts have a graduation rate of approximately 50-60 percent. The Kootenai County and Nez Perce County drug courts graduated slightly fewer, with a rate of 45 percent. Finally, the Latah County Drug Court had the highest rate (87%) while the Bonneville Drug Court had the lowest rate (29%). Selected graduation criteria are summarized above in Box 1.1. Table 1 also shows that the drug courts have improved their data entry efforts and were consistently using ISTARS. Finally, in terms of the court structure, five courts utilize a post plea/presentence model, three courts a post plea/post sentence model and the remaining three used a mixture of the two models.

[6] The rate was calculated by taking total participants minus current participants divided by the number of graduates

Assessment Information. Table 2 illustrates the assessment tools currently used by the courts. All of the courts under study indicated that they used assessment tool(s) including the Level of Service Inventory-Revised (LSI-R) (Andrews & Bonta, 1995) and a variety of substance abuse screening tools. The most frequently utilized tools were the Global Appraisal of Individual needs (GAIN), American Society of Addiction Medicine (ASAM) criteria, Texas Christian University Drug Screen (TCUDS) scale, Substance Abuse Subtle Screening Inventory (SASSI), Michigan Alcohol Screening Test (MAST), Drug Abuse Screening Test (DAST), and the Socrates. Box 1.2 illustrates the variety of 'other' assessment instruments in use by the courts.

Box 1.2
Other Assessments
- ✓ DSM IV
- ✓ Barriers Questionnaire
- ✓ Readiness Ruler
- ✓ BPRS

Table 2. Assessment tools currently in use by court.

County/Court	Assessment: LSI-R	Assessment: Gain Q	Assessment: Gain I	Assessment: ASAM	Assessment: TCU	Assessment: SASSI	Assessment: Socrates	Assessment: MAST	Assessment: DAST
Ada	X				X	X			
Bannock	X			X			X		
Bingham	X	X	X	X	X				
Bonneville	X	X	X						
Canyon	X			X	X		X		
Kootenai	X					X		X	X
Latah	X				X	X	X	X	X
Madison/Jeff/Free	X	X	X						
Nez Perce	X				X	X	X	X	X
Quad County	X			X	X		X		
Twin Falls	X				X				

Exclusions. Courts were also asked whether they used exclusionary criteria. Table 3 indicates that all of the courts under study utilized exclusions. Offense history, place of residence, assessment results, and motivation are the most frequently cited areas.

Table 3. Exclusionary Criteria by Court

Ada
1. Sex or dealing offense
2. Violent crime history
3. Do not accept guilt
4. Too low of risk or outside of county

Bannock
1. Outside of county
2. A Pending Felony
3. More then one prior felony
4. No holds, probation, parole, dealing, distribution or violent felony

Bingham
1. Violence – Federal standard
2. LSI score
3. Mutual Problems

Bonneville
1. Don't have mental capacity to manage Drug Court
2. Had not had any previous attempt at treatment
3. LSI score of 16 or less and/or a TCU score of less then 2
4. Violent Offender

Canyon & Quad
1. A prior sex, violence, drug dealing, or drug manufacturing conviction
2. No history of drug use
3. Non-Residents
4. Must be able to find alternative medication through doctor

Kootenai
1. Outside of county
2. Previous incarceration
3. Prior violence or sexual offense history

Latah & Nez Pierce
1. Violent, D.U.I. or Sex Felony
2. Probation or Parole vetoed client

Madison/Jefferson/Freemont
1. Violent Offender
2. Use of a weapon in the commission of a crime
3. A death or serious bodily harm occurred in the commission of a crime

Twin Falls
1. Low LSI
2. Not getting clean
3. previous charges
4. No recommendation

Court Details. Table 4 reports the various components of the drug court programs. Courts were asked to calculate the average time successful and unsuccessful clients spend in the drug court, whether aftercare services existed, and when drug tests were conducted. According to Table 4, several of the courts indicated that successful participants spent an average of 14 to

Table 4. Program Features by Court

Court	Months in program graduates	Months in program un-successful	Aftercare program	Random drug tests during week	Random drug tests weekend	Phone checks	Home visits	Employer contacts	Electronic monitoring
Ada County	16	8	X	X	X	X	X		X
Bannock County	21	9	X	X	X	X	X	X	
Bingham County	18	5	X	X	X	X	X	X	X
Bonneville County	20	8	X	X	X		X	X	X
Canyon/Quad County	15	Unknown	X	X	X		X	X	X
Kootenai County	18	Unknown	X	X	X	X	X	X	
Latah County	15	3	X	X	X	X	X	X	
Madison/Jeff/ Free County	14	6	X	X	X	X	X	X	X
Nez Pierce County	17	3	X	X	X	X	X	X	X
Twin Falls County	14	4	X	X	X	X			

Box 1.3
Termination Criteria

- ✓ Non-Compliance
- ✓ New Drug Charges
- ✓ Absconding
- ✓ Lack of Progress
- ✓ DUI
- ✓ Falsifying drug Tests
- ✓ Continued Relapse
- ✓ Deceit
- ✓ Failure to follow judge's orders

16 months in the program. Four of the courts indicated that successful clients spent longer than 18 months. The average reported for unsuccessful clients was expectedly lower with several courts indicating five or fewer months and remaining three indicating less than 10 months. Termination criteria used by the courts are listed in Box 1.3.

Courts were also asked to report whether they offered aftercare services to their clients. All of the courts indicated that they offered some aftercare services. In addition, the courts were asked to identify the formal checks in place to monitor participant's activities. According to Table 4, all of the courts indicated that they offer drug testing during the week and on weekends. The majority of the drug

courts, in collaboration with probation, utilize home visits, phone checks, employer checks and electronic monitoring.

The courts also reported whether they had a clear outline of sanctions and rewards for in-program behavior and whether they were more likely to use rewards, consequences or a combination of the two. While all of the courts indicated that they utilized a variety of sanctions and rewards that were graduated or progressively more intense, approximately seven of the 11 courts indicated that they had established a clear outline of sanctions and rewards.

Table 5. Program Features: Rewards & Sanctions

Court	Outline for sanctions & rewards	Graduated sanctions	Graduation Ceremony	Graduates receive awards	**R**ewards, **p**unishers, or **b**oth
Ada County		X	X	X	R
Bannock County	X	X	X	X	B
Bingham County		X	X	X	B
Bonneville County	X	X	X	X	R
Canyon/Quad County	X	X	X	X	R
Kootenai County	X	X	X	X	B
Latah County	X	X	X	X	P
Madison County	X	X	X	X	B
Nez Perce County	X	X	X	X	P
Twin Falls		X	X	X	R

When asked whether they relied on rewards, consequences, or both more frequently, four courts (e.g., Bannock, Bingham, Kootenai, Madison) felt they relied on both equally. Ada, Bonneville, Canyon, and Twin falls indicated that they relied on rewards more often, and Latah

and Nez Perce indicated they utilized consequences more frequently. Examples of rewards by court are in Table 6.

Table 6. Examples of rewards utilized by each court.

Ada
1. Praise (Clapping, verbal, etc)
2. Better docket times
3. Free items
4. Personal incentives

Bannock
1. Candy Bars
2. Preference from Court
3. Travel and extended privileges

Bingham
1. Candy Bar
2. Spin of the Sobriety Wheel (for certificates, pop, meals)

Bonneville
1. Hair cuts, movie passes, and food
2. Family and other social events
3. Rarely: Gym memberships

Canyon & Quad
1. Praise from judge (Applause, hand shake, and praise)
2. Candy bars, key chains, and gift certificates
3. Holiday gifts
4. Extended travel permission

Latah & Nez Pierce
1. Free gifts
2. Certificates
3. Applause
4. Reduction of fees and travel permission

Madison
1. Incentive boxes (candy bars, certificates, etc)
2. Reduction of court fines
3. Praise and markers from authority figures
4. Phase Advancement

Twin Falls
1. Movie Passes
2. Certificates (hair cuts, dinner, etc)
3. Car Maintenance

All of the courts indicated that they held graduation ceremonies and present awards to graduates. A sample of graduation awards are noted in Box 1.4.

Box 1.4
Graduation Awards

- ✓ Certificates
- ✓ Plaque
- ✓ Coin
- ✓ Desk Clock
- ✓ Gift Certificates
- ✓ Cake
- ✓ Candy bars
- ✓ Mug

The next section describes and compares the various issues and concerns facing the courts. The data presented were aggregated and do not identify courts by name.

Coordinator Characteristics. Coordinators were asked several questions related to their occupation, education, and experience. According to Table 7, the coordinators in the felony courts have been in their current position or as the coordinator for an average of five years. With regard to education, a majority of the coordinators had earned a BS/BA in a helping profession. Finally, the majority of the coordinators had prior experience in the criminal justice field.

Table 7. Frequency and percentage distribution of coordinator characteristics.

Characteristic	N	%
Avg. years in current position	5.09	
Avg. years as coordinator	4.68	
Education		
Some College	1	9.1
Associates	2	18.2
BA/BS	8	72.7
Field of Degree		
Criminal Justice	1	9.1
Psychology	5	45.5
Social Work	1	9.1
Other	4	36.3
Prior Experience		
Yes	10	90.9
No	1	9.1

Process Factors. Courts were asked a variety of questions related to the assessment process, sanctions and rewards, and the funding and services available. In an earlier section, all of the courts responded that they were using the LSI-R at intake. According to Table 8, one court indicated that approximately 51-75 percent of the clients were actually assessed, however the rest of the courts were assessing over three-fourths of their clients. The courts were also asked to indicate whether they used the LSI-R to reassess clients during their time in drug court. While four courts indicated that they reassess more than 76 percent of their clients, five of the courts indicated that they reassess less than 25 percent of their participants.

Table 8. Frequency and percentage distribution of adequacy of the proceses.

Characteristic	N	%
Percent assessed with risk/need tool		
<25%	0	0.0
26-50%	0	0.0
51-75%	1	9.1
>76%	10	90.9
Percent reassessed with risk/need tool		
< 25%	5	45.5
26-50%	0	0.0
51-75%	2	18.2
>76%	4	36.4
How adequate is the current assessment process?		
Completely inadequate	0	0.0
Somewhat inadequate	0	0.0
Neutral	0	0.0
Somewhat adequate	6	54.5
Completely adequate	5	45.5
Eligibility adherence		
Completely	5	45.5
Mostly	6	54.5
Somewhat	0	0.0
Not at All	0	0.0
Exclusionary adherence		
Completely	7	63.6
Mostly	4	36.4
Somewhat	0	0.0
Not at All	0	0.0

When asked whether the assessment process was adequate, all of the courts felt the assessment process was either adequate or very adequate. Courts were also asked how well the system adheres to their eligibility and exclusionary criteria. Table 8 illustrates that five courts felt they completely adhered to the eligibility criteria with the remaining courts mostly adhering to the criteria. Similar results were found with regard to adherence with exclusionary criteria.

The courts were also asked to rate their system of rewards and consequences as well as their system of monitoring clients. One of the courts indicated they felt that their sanctions were inadequate, one court answered as neutral and the remaining as somewhat adequate. The courts are slightly more confident about their system of rewards with no one indicating they felt their system of rewards was inadequate. In terms of the system of monitoring, the majority of the courts rated their systems as adequate.

Table 8. Frequency and percentage distribution of adequacy of the processes, cont.

Characteristic	N	%
Are sanctions adequate?		
Completely inadequate	0	0.0
Somewhat inadequate	1	9.1
Neutral	1	9.1
Somewhat adequate	9	81.8
Completely adequate	0	0.0
Are rewards adequate?		
Completely inadequate	0	0.0
Somewhat inadequate	0	0.0
Neutral	1	10.0
Somewhat adequate	9	90.1
Completely adequate	0	0.0
Are systems of monitoring adequate?		
Completely inadequate	0	0.0
Somewhat inadequate	0	0.0
Neutral	0	0.0
Somewhat adequate	10	90.9
Completely adequate	1	9.1

Table 8. Frequency and percentage distribution of adequacy of the processes, cont.

Characteristic	N	%
Is the level of funding adequate?		
Not at all adequate	0	0.0
Somewhat inadequate	7	63.6
Neutral	0	0.0
Somewhat adequate	3	27.3
Very adequate	1	9.1
How secure is your current level of funding?		
Not at all secure	1	9.1
Somewhat insecure	0	0.0
Neutral	3	27.3
Somewhat secure	4	36.4
Very secure	3	27.3
How would you rate the treatment services for:		
Drug Court Participants:		
Very Poor	0	0.0
Poor	0	0.0
Fair	1	9.1
Good	3	27.3
Very Good	7	63.6
County at-Large		
Very Poor	0	0.0
Poor	1	11.1
Fair	3	33.3
Good	4	44.5
Very Good	1	11.1

Finally, courts were asked to rate their funding and the treatment services available. Table 8 illustrates that seven of the courts (64%) felt the level of funding was somewhat inadequate and only one of the courts felt the level of funding was very adequate. Courts did rate the question of whether the funding was secure more highly with seven courts indicating that they felt the level of funding was somewhat to very secure. The concerns surrounding funding are noted in Box 1.5

Box 1.5
Funding Concerns

- ✓ Funding for additional P.O.s
- ✓ Need a clerical position
- ✓ Needs more drug testing funds
- ✓ Residential treatment money
- ✓ More money = more options

Courts also rated the treatment services available for both drug court clients as well as the overall county level services. In regards to the treatment services available to the drug court clients, the majority of the courts felt the services were either good or very good. The comments (see Box 1.6) indicated that, with some exception, courts felt the services offered today are better than they were in the past. The results pertaining to the services offered at the county level were mixed with four of the courts rating the services as either fair or poor.

Box 1.6
Drug Court Treatment Feedback

- ✓ Programs are based in best practices now
- ✓ Good, dedicated treatment staff
- ✓ Our in-house treatment providers are the best
- ✓ Our treatment has consistently improved
- ✓ Dedicated and professional providers
- ✓ Our treatment provider is having trouble and staff feel

Changes, Support, and Cooperation. The courts were asked to report whether they had experienced any changes that have been disruptive or jeopardized the smooth functioning of the program. The areas in question were processes, funding, treatment services, and community support.

Table 9. Frequency and percentage distribution of the degree of changes in the programs within the previous year

Characteristic	N	%
Degree of Change in (within the previous year)		
Drug Court's Process		
None	8	72.7
Few	2	18.2
Some	1	9.1
Several	0	0.0
Many	0	0.0
Funding		
None	6	54.5
Few	3	27.3
Some	2	18.2
Several	0	0.0
Many	0	0.0

Table 9. Degree of changes in the programs, continued

Characteristic	N	%
Degree of Change in (within the previous year)		
Treatment Services		
None	6	54.5
Few	1	9.1
Some	1	9.1
Several	2	18.2
Many	1	9.1
Community Support		
None	11	100.0
Few	0	0.0
Some	0	0.0
Several	0	0.0
Many	0	0.0

Box 1.7
Treatment Issues Jeopardizing the Courts

- ✓ Decreased amt of time for treatment
- ✓ Change in treatment providers
- ✓ The move to H&W
- ✓ Loss of residential treatment and funding
- ✓ Non-payment from BPA

Three courts noted there were a few to some changes to the overall operations of the court. However, funding remains a significant issue for many of the courts. Specifically, five courts indicated that there have been a few or some changes in funding that have jeopardized the smooth functioning of their drug court. Five courts indicated that there have been changes to the treatment services offered. Box 1.7 illustrates some of these problems cited by the courts. Finally, no changes to community support were noted.

Courts were also asked to rate how supportive the drug court team members were of the treatment efforts provided by the drug court (e.g., the values and goals of the program). Table 10 illustrates the results. The majority of the courts felt the judge was somewhat to very supportive of the treatment efforts provided by the court. Slightly different opinions were expressed about the prosecutor. While the majority (64%) rated the prosecutor as very supportive, one rated the

Table 10. Frequency and Percentage distribution of the level of support among team members & the community

Characteristic	N	%
How Supportive Are:		
Judge		
Not at all supportive	0	0.0
Somewhat unsupportive	0	0.0
Neutral	1	9.1
Somewhat supportive	2	18.2
Very supportive	8	72.7
Prosecutor		
Not at all supportive	0	0.0
Somewhat unsupportive	1	9.1
Neutral	2	18.2
Somewhat supportive	1	9.1
Very supportive	7	63.6
Public Defender		
Not at all supportive	0	0.0
Somewhat unsupportive	1	9.1
Neutral	2	18.2
Somewhat supportive	3	27.3
Very supportive	5	45.5
Probation Officer		
Not at all supportive	0	0.0
Somewhat unsupportive	0	0.0
Neutral	0	0.0
Somewhat supportive	1	9.1
Very supportive	10	90.9
Treatment Provider		
Not at all supportive	0	0.0
Somewhat unsupportive	0	0.0
Neutral	0	0.0
Somewhat supportive	0	0.0
Very supportive	11	100.0
Community		
Not at all supportive	0	0.0
Somewhat unsupportive	1	9.1
Neutral	0	0.0
Somewhat supportive	8	72.7
Very supportive	2	18.2

prosecutor as somewhat unsupportive. The public defender received similar types of ratings. The probation officer(s) and treatment provider received high ratings with all of the courts noting

they were either somewhat or very supportive. Finally, the community at large also generally received positive ratings, however, one court did rate the community as somewhat unsupportive.

Finally, as indicated in Table 11, the courts were asked to rate how satisfied they were with the level of cooperation between the drug court and various agencies. The majority of courts indicated they were somewhat to very satisfied with the level of cooperation with the law enforcement agencies. The results are more mixed with regard to the prosecutors(s), defense attorney(s) and district court. Most of the courts indicated that they felt satisfied with the level of cooperation with the probation department; however, two courts indicated they were unsatisfied. The courts indicated that they felt satisfied or very satisfied with the treatment provider's cooperation; however, a few of the courts indicated that they were somewhat unsatisfied with the level of cooperation among those agencies who offered vocational services. Finally, with one exception, all of the courts were either satisfied or very satisfied with the level of cooperation they received from the Supreme Court.

Table 11. Frequency and percentage distribution of satisfaction with members of the criminal justice community

Characteristic	N	%
Satisfaction with the level of cooperation between drug court and _____:		
Law Enforcement		
Unsatisfied	0	0.0
Somewhat	0	0.0
Undecided	1	10.0
Somewhat	8	80.0
Satisfied	1	10.0
Prosecution		
Unsatisfied	1	10.0
Somewhat	0	0.0
Undecided	1	10.0
Somewhat	4	40.0
Satisfied	4	40.0
Defense		
Unsatisfied	0	0.0
Somewhat	0	0.0
Undecided	1	10.0
Somewhat	7	70.0
Satisfied	2	20.0

Table 11. Level of satisfaction, continued

Characteristic	N	%
Satisfaction with the level of cooperation between drug court and _____:		
District Court		
Unsatisfied	2	20.0
Somewhat unsatisfied	0	0.0
Undecided	1	10.0
Somewhat satisfied	3	30.0
Very satisfied	4	40.0
State Probation		
Unsatisfied	2	20.0
Somewhat unsatisfied	0	0.0
Undecided	1	10.0
Somewhat satisfied	3	30.0
Very satisfied	4	40.0
Treatment Providers		
Unsatisfied	0	0.0
Somewhat unsatisfied	0	0.0
Undecided	0	0.0
Somewhat satisfied	4	40.0
Very satisfied	6	60.0
Jail Personnel		
Unsatisfied	0	0.0
Somewhat unsatisfied	0	0.0
Undecided	0	0.0
Somewhat satisfied	8	80.0
Very satisfied	2	20.0
Vocational Services		
Unsatisfied	2	20.0
Somewhat unsatisfied	0	0.0
Undecided	3	30.0
Somewhat satisfied	3	30.0
Very satisfied	2	20.0
Supreme Court		
Unsatisfied	0	0.0
Somewhat unsatisfied	0	0.0
Undecided	1	10.0
Somewhat satisfied	3	30.0
Very satisfied	6	60.0
How effectively does the drug court team work together:		
Not at all	0	0.0
Somewhat	0	0.0
Neutral	1	9.1
Somewhat	4	36.4
Very	6	54.5

Finally, courts were asked how effectively the drug court team works together to manage the drug court and its participants. While one court gave this item a neutral response, the remaining courts indicated they were satisfied or very satisfied.

Summary

The following can be summarized from the above findings:

What is the drug court's process that includes eligibility and acceptance into the program, the assessment procedures and tools utilized?

- The courts under study have been in existence for differing lengths of time with the youngest beginning in August 2003 (Quad County) and the oldest beginning in October 1998 (Kootenai County).

- In total, as of March 2006, the courts under study had served over 2000 drug involved clients.

- All of the courts under study indicated that they used assessment tool(s) including the LSI-R and a variety of substance abuse screening tools. The most frequently utilized tools were the GAIN Q and I, ASAM criteria, TCU scales, SASSI, MAST, DAST, and the Socrates.

- All of the courts utilized exclusions, with the most frequently cited areas including offense history, place of residence, assessment results, and level of motivation.

What are the court's case management procedures including contingencies and rewards for behavior?

- All of the courts indicated that they offer drug testing during the week and on weekends. The majority of the drug courts, in collaboration with probation, utilize home visits, phone checks, employer checks and electronic monitoring.

- While all of the courts indicated that they utilized a variety of sanctions and rewards that were graduated or progressively more intense, seven of the 11 courts indicated that they had established a clear outline of sanctions and rewards.

- When asked whether they relied on rewards, consequences or both more frequently, the four courts (e.g., Bannock, Bingham, Kootenai, Madison) felt they relied on both equally. Ada, Bonneville, Canyon, Quad and Twin Falls indicated that they relied on rewards more often, and Latah and Nez Perce indicated they used consequences more frequently.

- All of the courts indicated that they held graduation ceremonies and presented awards to graduates.

How did courts rate the adequacy of the systems of monitoring, the funding and the services available?

- All of the courts indicated that they felt their system of consequences were either adequate or very adequate. Similar results were found with the system of rewards.

- Seven of the courts felt the level of funding was somewhat inadequate and only one of the courts felt the level of funding was very adequate. Courts did rate the question of whether the funding was secure more highly with seven courts indicating that they felt the level of funding was somewhat to very secure.

- In regards to the treatment services available to the drug court clients, the majority of the courts felt the services were either good or very good. The results pertaining to the services offered at the county level were mixed with four of the courts rating the services as either fair or poor.

What were the levels of support for the program, the adequacy and sustainability of funding & the levels of cooperation among drug court team members?

- The majority of the courts did not experience any changes in the areas of court processes, and community support.

- Three courts indicated that funding changes and changes in the area of treatment have jeopardized the smooth functioning of the drug court program.

- All of the courts felt the judge was somewhat to very supportive of the treatment efforts provided by the court. The results were mixed with regard to the prosecutors(s), defense attorney(s) and district court. Most of the courts indicated that they felt satisfied with the level of cooperation with the probation department; however, two courts indicated they were somewhat unsatisfied. Similarly, the courts indicated they felt satisfied with the treatment provider's cooperation; however, three courts rated this item as undecided. A few of the courts also indicated that they were somewhat unsatisfied with the level of cooperation among those agencies who offer vocational services. Finally, with one exception, all of the courts were either satisfied or very satisfied with the level of cooperation they received from the Supreme Court.

Section III. Statewide Outcome Evaluation Results

Research Questions

The multi-site outcome evaluation was designed to examine the overall effectiveness of selected participants processed through 11 felony drug courts in Idaho compared to drug involved clients receiving traditional probation services. The current study builds upon the previous evaluations and research by examining the following research questions:

1. *What are the characteristics of the offenders served by the drug courts & how do they compare to those in the probation group?*
2. *How do the groups compare on risk and need level?*
3. *What is the drug use profile among drug court participants?*
4. *Does participation in the drug court impact the likelihood that an individual will recidivate? What other factors predict the likelihood of recidivism?*
5. *What are the outcomes among graduates of the drug court programs? What factors predict likelihood of graduation?*
6. *Do the outcomes differ by LSI-R score?*

Methodology

Design and Sample

In order to estimate the impact of drug court involvement on future criminal behavior, a quasi-experimental control group design was utilized. The quasi-experimental design is a common approach with program evaluations, since random assignment is difficult to obtain in criminal justice related programs.[7] To assess the drug court's impact on delivery of services and

[7] There are several problems with a quasi-experimental design, which should be noted. First, there are often important differences between those offenders who participate in a drug court and those who do not. When known, significant differences are controlled for, however, offender motivation to change and other important factors cannot be accounted for. Second, one cannot assume that some members of the comparison group did not receive treatment

outcomes, participants who received services through the drug courts were compared on a variety of measures with similar adults who were exposed to traditional probation services. The evaluation focused on 11 adult felony courts.[8] Focusing on these courts was important for a variety of reasons. First, while there were exceptions, felony drug courts typically serve a population with greater needs and more serious outcomes which have implications for cost effectiveness. Moreover, it was important to assess whether drug courts are a viable option for higher risk clients. Finally, comparing these adults with clients served on traditional probation allows the Supreme Court to assess whether an intensive treatment based intervention leads to a greater reduction in recidivism rates.

The data used for the current study were gleaned from the ISTARS database. The drug courts were given notice that the data downloads were going to be conducted in the Spring of 2006 and they were asked to ensure that they data were updated and complete. The county-by-county XML data downloads were sent to Kent State University for analysis. The time frame used for the current study included all drug court clients accepted into the 11 courts between July 1, 2002 and June 30, 2005. This time frame was selected for two reasons. First, the "youngest" court in the study began accepting clients in August 2003; however, the majority began offering services by January 1, 2002. Second, the recidivism time frame began at intake and continued until June 30, 2006. The sample end date of June 20, 2005 allowed each client a minimum 12 month follow up period.

The comparison group was selected through the Idaho Department of Corrections database on drug offenders who were being served on probation. Individuals were selected by

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of some type. What we do know is that they did not receive the drug court model; however, in some jurisdictions it may be that treatment services similar to those offered through drug courts were available to the probation clients.

[8] District 1: Kootenai, District 2: Latah & Nez Perez, District 3: Canyon & Quad, District 4: Ada, District 5: Twin Falls, District 6: Bannock, District 7: Bingham, Bonneville, Madison/Jefferson/Freemont

filtering those adults who were on probation in the same counties in which the drug courts were operating and who were drug involved, defined by charge; however, they were served by probation instead of the court.[9] The same time frame was used when selecting the comparison group. Once the data were collected for the drug court and comparison groups, resource limitations at the time[10] necessitated the development of a sampling procedure. When sampling, it was important to maintain the overall county level contributions. For example, it was determined that the Ada County Drug Court served approximately 40 percent of the total number of drug court clients served among the 11 selected courts. As a result, the final statewide sample maintained the proportions necessary to reflect the contributions by each court[11]. A proportionate stratified random sampling strategy with county representing the initial strata was used to draw the samples. The clients within the particular county based strata were then matched to the comparison group based on LSI-R[12] and substance abuse assessment results (n= 702 drug court cases; n= 691 comparison group cases).[13] We matched on these characteristics in

[9] Information regarding why the client might not have gone to drug court was unavailable given the probation group was collected post-hoc, that is, once their status on probation was known. Clients who may have started in drug court and then were placed on probation after being unsuccessfully terminated were excluded.

[10] At the time the sampling frame was adopted, it was thought that the Idaho Supreme Court would need to pay for the recidivism data on a per client schedule. We calculated the sample size needed to maintain adequate power for the multivariate analyses and sampled accordingly.

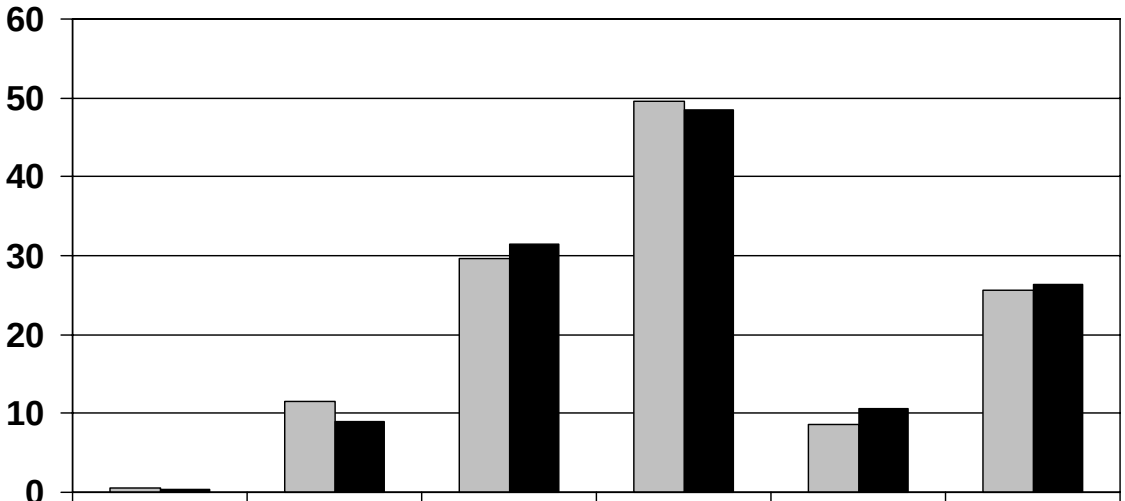
[11] The limitation of this approach was that some of the smaller counties were left with too few cases to allow for an outcome evaluation by county. However, this limitation was weighed against resource concerns and the fact that the evaluation was designed as a statewide outcome evaluation. While the numbers are small, the county comparisons are located in Appendix C.

[12] The LSI-R is a standardized risk and need tool with 54 items and 10 subcomponents. The ten scored sub-components: Criminal History, Education and Employment, Financial, Family/Marital, Accommodations, Associates, Substance Abuse, Leisure/Recreation, Personality/Behavior, and Attitudes and Orientations. The 54 items are summed to produce an overall risk score.

[13] The drug courts under study utilized a variety of drug assessment tools including the DAST, MAST, SASSI, ASI, TCU Drug Screen. Comparison group members on probation are also given an intake assessment that included the LSI-R and the TCU Drug Screen II. When matching clients, it we used TCUD data if available for the drug court clients, otherwise we relied on the scoring results of the other tools.

an effort to control for differences in risk and need associated with outcome. Figures 1 and 2 illustrate the similarities between the two groups on these measures[14].

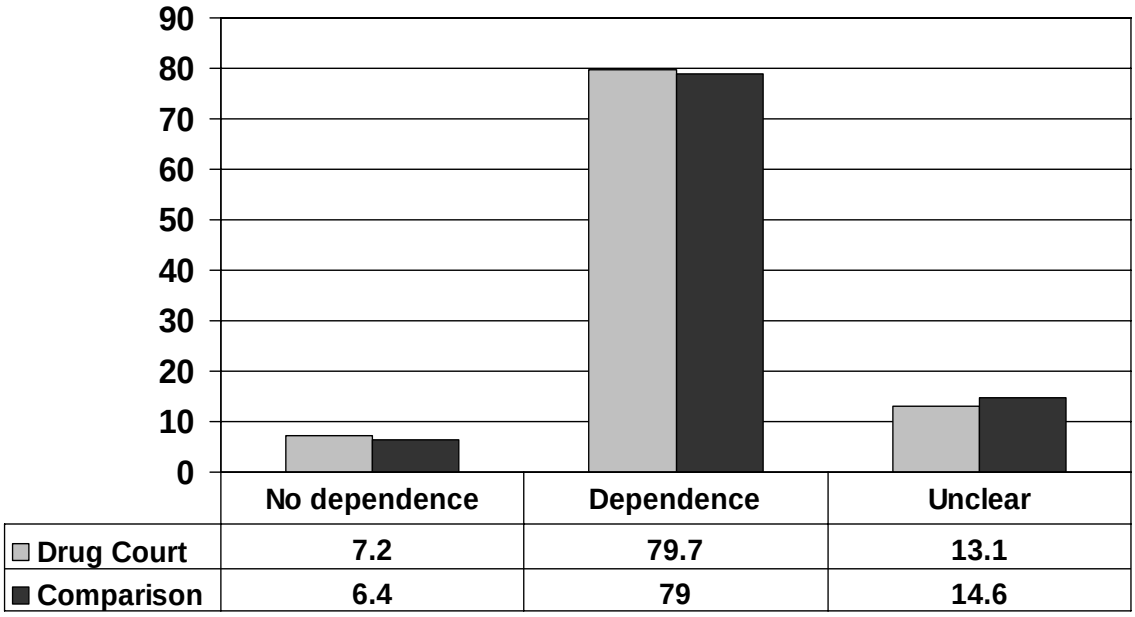
Figure 1
LSI-R Categories by Group



	Low (<8)	Low/Med (8-15)	Medium (16-24)	Med/High (25-36)	High (>36)	Mean
Drug Court	0.5	11.5	29.7	49.5	8.6	25.7
Comparison	0.3	8.9	31.5	48.5	10.7	26.3

[14] The majority of clients in both groups were deemed to have a chemical dependency problem that warranted treatment. In less than 15 percent of the cases the intake personnel felt that the results of the assessment were unclear. Specifically, the assessment was given, however, the rater or the instrument felt the results were inaccurate.

Figure 2
Substance Abuse Screen Results



	No dependence	Dependence	Unclear
Drug Court	7.2	79.7	13.1
Comparison	6.4	79	14.6

Measures

***Independent & Control Variables*:** There were a number of variables examined in this study. The primary interest to the current study was whether participation in the drug court influenced the probability that an individual would recidivate. To assess this issue, we explored whether being a member of the treatment group versus the comparison group affected various outcomes. Because we used a quasi-experimental design we controlled for a number of demographic factors that may also be predictive of recidivism. While not considered as a risk factor for criminal behavior (see Jones, 1996), race was a control variable considering its frequently observed correlation with

recidivism, its prominence in many criminological theories, and its strong relationship to other risk factors of crime such as social class (Hindelang, 1981). With mixed findings, the literature generally suggests that demographic and lifestyle factors such as marriage, educational attainment, and age are related to criminal behavior and drug use. Finally, risk of re-offending was measured through the use of the LSI-R and has been correlated with a variety of outcomes (Gendreau, Little, & Goggin, 1996; Simourd, 2004).

Dependent Variables: The primary dependent variable included in this study was recidivism defined as a court filing post-intake. We also explored charge and time elapsed since intake to failure. The recidivism data were collected by staff at the Idaho Supreme Court through the Idaho Dispositional Database (IDD). The IDD was a statewide database comprised of media disposition reports from ISTARS. The media disposition reports were collected county-by-county and consist of disposed court filing records for the study time frame 7/1/2001-7/1/2006. The media disposition reports pulled information from ISTARS for only those court filings that were closed (disposed). A court filing was any new charge submitted to the court by the prosecutor. The treatment group and comparison groups' birth dates and social security numbers were then matched to the IDD in order to determine the number of disposed court filings for each group.[15][16] Court filing data was seen as advantageous over arrest data. By using prosecutorial action as a measure of recidivism, we are reducing the probability counting an arrest that may have been subsequently dismissed in the early stages by the prosecutor.

[15] Court filings within 60 days post intake were not included as recidivism given the potential lag time between an arrest and when the prosecutor files the charge with the court. The concern was that a charge recorded within 60 days post intake may be the charge that led the client to be placed in drug court or on probation.

[16] Any court filings which had not been disposed, (active cases) were not included. Other reports available through ISTARS (filings by statute, cases by date, disposition by date) do not have the necessary SSN and data of birth needed for an adequate comparison for the two groups.

Analysis

The analysis proceeded in two stages. First, bivariate statistics were used to describe the sample and assess its comparability. Chi-square was used to test for differences on categorical variables and independent sample *t*-tests were used for continuous variables. Discrete time event history analysis was utilized to 1) assess the relative influence of drug court involvement on outcome and 2) add to the model those variables whose probable influence on program outcome has been demonstrated through prior research and the bivariate analyses. Given both samples included individuals entering drug court or probation at different periods, it would have been inaccurate to treat the length of their histories at risk as equivalent (Allison, 1984). The estimated probability of failure over time will be displayed in the results section as failure (not survival) curves.

Results

Intake

As can be seen by Table 12, there were significant differences between the groups in terms of demographic characteristics. For example, the treatment group was slightly younger and more likely to be female, Caucasian, and married. However, while these differences do exist, it should be noted that the majority in both groups were men, Caucasian, and single. Finally, the majority of both groups (64 and 67 percent respectively) had received a high school degree or equivalent at intake.

Although data were not available for the comparison group, Table 13 illustrates several other important areas of need among the drug court clients. For example, clients were asked how often they moved in the last 12 months to assess residential stability. Half of the clients had

Table12. Frequency and percentage distributions of social demographic information.

Characteristic	Treatment N	Treatment %	Comparison Group N	Comparison Group %
Age at intake				
12 to 18	44	6.4	12	1.7
19 to 25	280	40.7	227	32.9
26 to 34	185	26.9	210	30.4
35 to 50	169	24.6	23	32.3
51 to 61	10	1.5	18	2.6
Mean	28.74		31.26	
F=26.1; p=.001				
Gender				
Male	393	56.1	474	68.6
Female	308	43.9	217	31.4
X^2 =23.270; p=.000				
Race				
Non-white	21	3.1	144	20.8
Caucasian	603	88.7	547	79.2
unknown	56	8.2	0	0
X^2 =150.339; p=.000				
Marital Status				
Married	187	27.7	88	12.7
Not Married	487	72.3	603	87.3
X^2 =47.781; p=.000				
High school degree or GED				
Yes	443	64.1	469	66.8

remained at their current residence in the year preceding their involvement with the drug court, however, of those who did move the average number of times was 1.04. Clients were also asked whether they were dependent upon their family for support. Forty-seven percent of the clients indicated that they did rely on their family. Forty-one percent of the clients indicated that they had children under the age of 18 (with an average of two children). The data indicate that very few clients had children either born during the program or had children who were born affected by drugs or alcohol. The results, however, should be viewed with caution given the extent of missing data.

Table 13. Frequency and percentage distributions of needs

Characteristic	Drug Court Sample N	%
Number of time moved (last 12 months)		
None	345	50.5
One	159	23.3
Two	84	12.3
Three	48	7.0
Four or more	47	6.9
Client was dependent on their family		
Yes	334	47.6
No	61	8.7
Unknown	307	43.7
Children under age of 18		
Yes	292	41.7
Number of children		
0	409	58.3
1	121	17.2
2	97	13.8
3	56	8.0
4+	18	2.7
Mean	1.92	
Were children born during program?		
Yes	25	3.6
No/Unknown	677	96.4
Were children born affected by drugs?		
Yes	11	1.6
No/Unknown	691	98.4

Table 14 illustrates the client's prior record and disposition status as well as the existence of mental disorders and abuse. It appears that the majority of the drug court participants did have a prior record involving either a drug related offense, a felony offense, and/or a misdemeanor offense. One-third of the sample indicated that they had received drug and alcohol treatment prior to their engagement in the drug court. The majority were given the sentencing option of treatment in lieu of conviction.

Table 14. Frequency and percentage distributions of prior record

Characteristic	Drug Court Sample N	%
Was their a prior drug arrest?		
Yes	352	50.1
No	84	12.0
Unknown	266	37.9
Was their prior felony arrest?		
Yes	306	43.6
No	142	20.2
Unknown	254	36.2
Was their prior misdemeanor arrest?		
Yes	319	45.2
No	68	9.7
Unknown	315	44.9
Previous drug/alcohol treatment		
Yes	230	32.8
No	234	33.3
Unknown	238	33.9
Disposition status at intake		
Convicted/Adjudicated	160	25.6
Treatment in Lieu of Conviction	466	74.4
Client diagnosed with a dual disorder		
Yes	118	16.8
No	289	41.2
Unknown	295	42.0
Prior sexual abuse		
Yes	56	8.0
No/Unknown	627	92.0
Was their physical abuse?		
Yes	81	11.5
No/Unknown	602	88.5

The data indicate that only 17 percent of the drug court clients in the current study were found to have a chemical dependency and mental illness diagnosis. However, data were missing with over 40 percent of the cases. Similarly, less than 15 percent of the clients indicated that they

were the victims of physical or sexual abuse; however, the missing data on these items appears to be extensive.

Drug Use Patterns

Drug court participants were asked to report their primary drug of choice, age of first use, and the frequency and route of their drug use. Unfortunately we are unable to compare differences among the groups based on these factors given the data were not available on comparison group members.

Table 15 illustrates that methamphetamines are the primary drug of choice among the drug court participants included in the study. This is similar to the results found in the earlier evaluations of the Ada and Kootenai County drug courts. Clients were also asked to report when they began using their primary drug of choice. Thirty percent of the clients indicated that they began using their primary drug of choice between the ages of 15 and 18; with an average age of 17. A majority of the clients (69%) indicated that they were daily drug users. Finally, 47 percent of the clients indicated that they smoked their drug of choice, followed by 19 percent who injected the drug, and 12 percent who chose to take the drug orally.

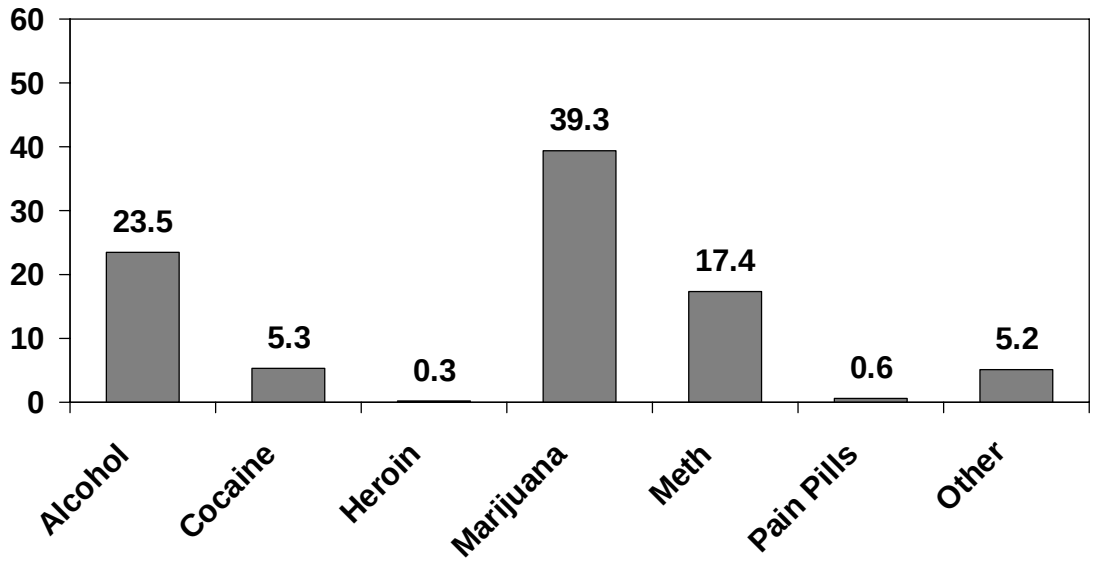
Clients were also asked whether they were poly-drug users and if so, what other types of drugs they preferred. Figure 3 illustrates the clients' second drug of choice. We see that marijuana and alcohol emerged as drug preferences.

Table 15. Frequency and percentage distribution of drug use preferences.

Characteristic	Drug Court Sample N	%
Primary Drug of Choice		
Alcohol	62	8.8
Crack/Cocaine	21	3.0
Heroin	11	1.6
Marijuana	118	16.8
Meth	422	60.1
Pain Pills	13	1.9
Other	12	1.7
Unknown	43	6.1
Age Began Using Drug of Choice		
14 or under	162	23.1
15 to 18	213	30.3
19 to 22	91	13.0
23 to 26	41	5.8
27 and older	82	11.7
Missing	113	16.1
Mean	17.02	
Frequency		
Less then once per month	18	3.1
1 to 3 times per month	16	2.7
1 to 3 times per week	54	9.2
3 to 5 times per week	88	14.9
Daily	407	69.0
Unknown	7	1.2
Route administered		
Inhalation	44	6.3
Injection	132	18.8
Oral	82	11.7
Smoking	331	47.2
Unknown	8	1.1

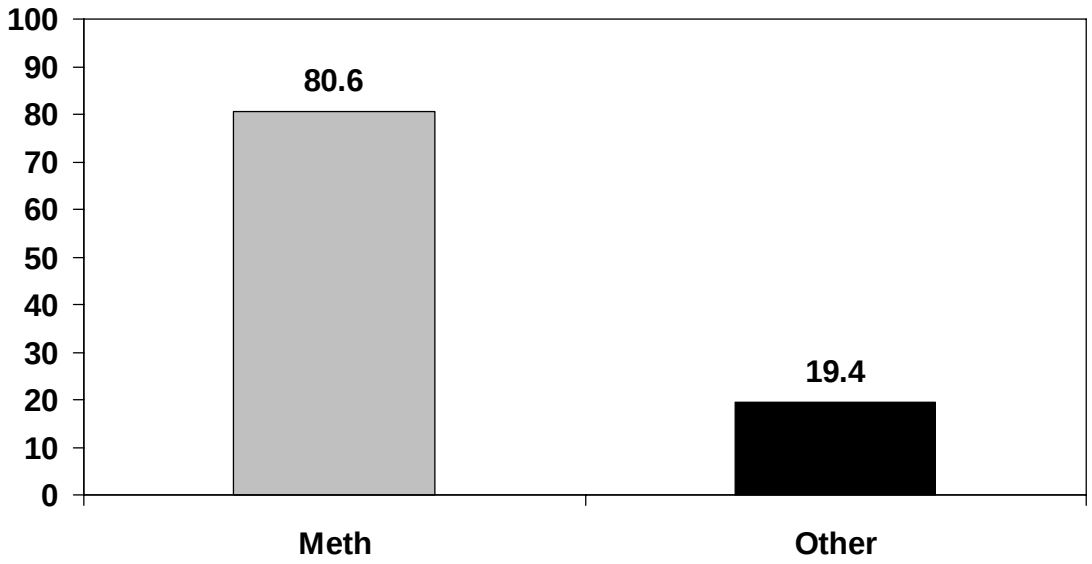
Figure 3

Drug Preference: 2nd Choice



It should be noted that 17 percent of the clients indicated that methamphetamines was their second drug of choice. As illustrated by Figure 4, if we combine the client's first and second drugs of choice, we see that more than 80 percent of the clients being served by the selected felony drug courts in Idaho used methamphetamines at intake. This is particularly important given the increased attention paid to methamphetamine use in this country and whether drug courts are a reasonable option for treating this population.

Figure 4
Drug Preferences: 1st & 2nd Choice Combined

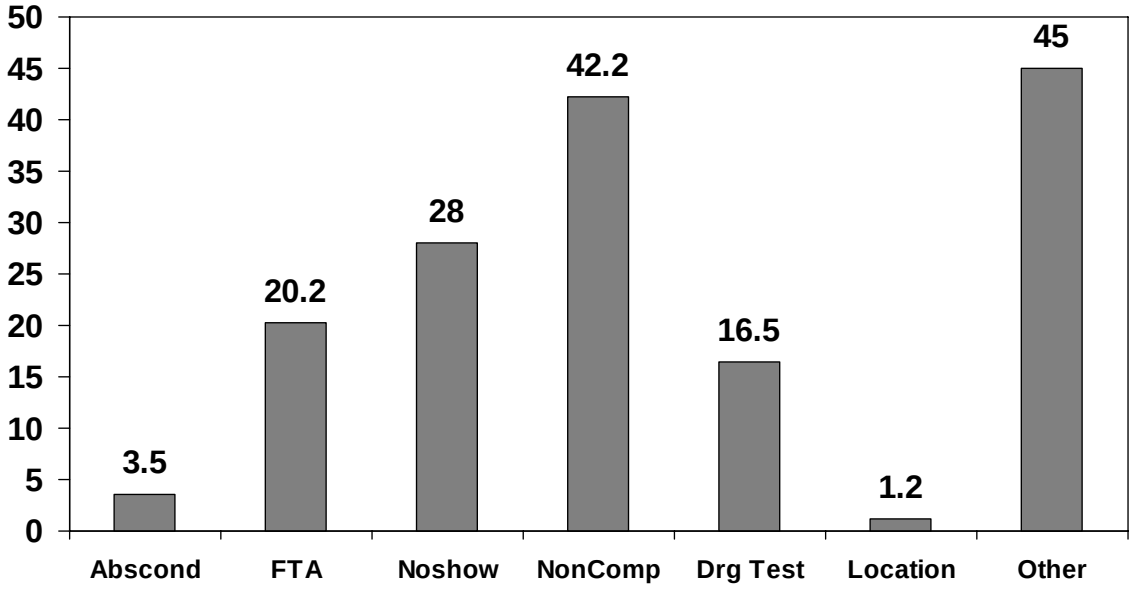


In-Program Behavior

Given compliance with program requirements is an important area of concern for the drug courts, the staff were asked to collect information regarding whether a client received a violation while in the program and the sanction given to the client. Unfortunately not all of the courts collected these data so the results are presented to give the reader an idea of the general types of technical or program violations received by participants and the more frequently occurring sanctions utilized (i.e., top 5).

Figure 5 illustrates that the most common violations received by participants included

Figure 5
Types of In-Program Violations

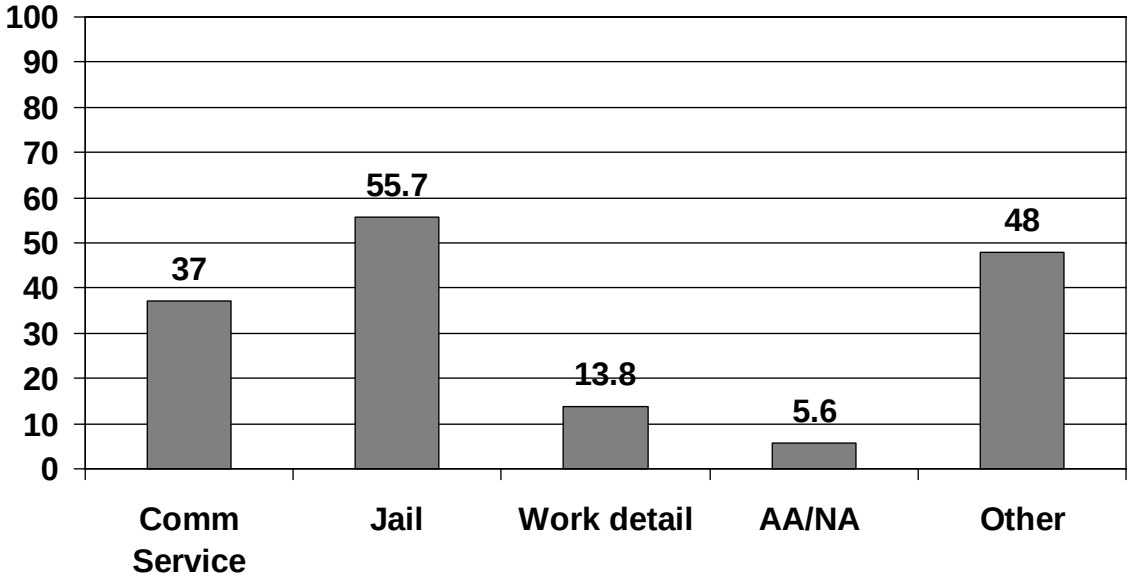


non compliance, failure to appear for a court related hearing, not showing up for treatment, and drug testing violations. Forty-five percent of the clients committed a violation categorized as "other," unfortunately data were not available to describe the behavior categorized as other by the drug courts.

Figure 6 illustrates the most commonly utilized sanction given to drug court clients. Of the clients who received a sanction while in drug court, 37 percent received a sanction of community service, 56 percent were sentenced to spend an undisclosed amount of time in jail, 14 percent were given work detail, six percent were required to attend Alcoholics Anonymous and

Figure 6

Top 5 Types of In-Program Sanctions Utilized

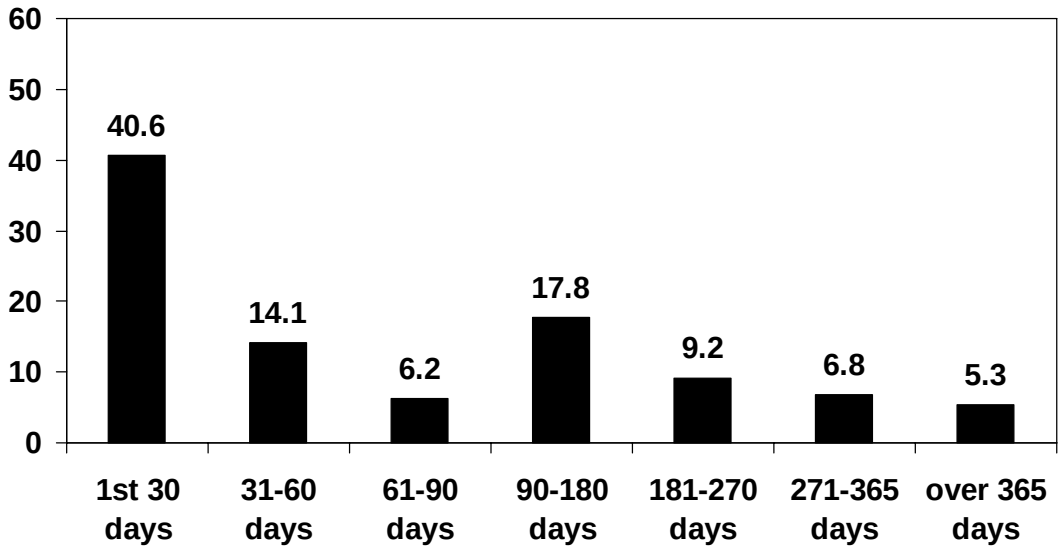


Narcotics Anonymous groups and 48 percent received a sanction classified by the courts as "other."

Drug Testing Information

All of the drug courts under study utilized frequent urinalysis to monitor compliance with the program requirements. Missing data precluded an in-depth analysis of the drug testing data, however, for the drug testing data available we explored the time between intake and the positive drug test. In our sample, the data indicated that 207 clients received at least one positive drug test. Of those 207, 41 percent occurred within the first 30 days of drug court participation. The positive results were spread more evenly across the remaining time periods with slightly higher rates between 30 and 60 days and again between 90 and 180 days.

Figure 7
Percentage of Drug Court Clients with a Positive Drug Test by Time



N=207

Outcome

The main purpose of an outcome evaluation is to determine the impact of the intervention, in this case the drug court involvement, on behavior. Recidivism in this evaluation was measured as any court filing received during the follow-up period. The follow up period for both groups began at intake and continued until July 1, 2006. The average follow up period for both groups was approximately 2.7 years. Table 16 illustrates that significantly fewer drug court clients received a court filing during the follow period in contrast to the comparison group (30% vs. 37%).

Table 16. Recidivism Information

Characteristic	Drug Court N	Drug Court %	Comparison Group N	Comparison Group %
Court Filing Post-Intake				
Yes	203	29.5	237	37.3
No	486	70.5	399	62.7
X^2 =9.074; p=.003				
Charge				
Drug	88	43.3	104	44.8
DUI	21	10.3	26	11.2
Violence	20	9.9	20	8.6
Theft	28	13.8	12	5.2
Probation Violation	36	17.7	67	28.9
Other/Unknown	3	1.3	10	4.9
X^2 =19.581; p=.002				
Time Between Intake and Court Filing (days)				
Mean	359.76		316.68	
Total Follow Up Period (days)				
Mean	989.79		972.61	

With regard to charge, we see similarities between the groups when exploring drug related offenses, however, differences did emerge with the probation violation charge. There was some concern regarding whether to include probation violations as recidivism in this analysis given the majority of the drug court participants were not on probation. The main concern was whether we would be measuring technical violations among the probation group instead of the types of criminal behaviour measured with the drug court participants. However, discussions with community corrections officials in Idaho indicated a court filing of "probation violation" would be used only in circumstances of serious behavioural infractions[17] not for technical violations

[17] In particular, felony crimes can result in a report of violation being submitted to the courts and will result in a charge of "probation violation" in the court filing data.

(e.g., failing to appear for a supervision meeting, missing one drug test, etc). Finally, the time between intake and arrest was also explored to examine at which point in the follow up period the clients were likely to commit an offense. The data indicated that the time from intake to failure was similar between the two groups with the average 360 days for the drug court clients and 317 for the comparison group clients.

Multivariate Analysis. Event history analysis is often utilized to study events by modeling the probability or likelihood of the event occurring over time. The follow-up period was collapsed into years at risk after analyses indicated that no one month was significantly different from another in predicting outcome. In other words, overall there does not appear to be a tendency for the failure rate to significantly increase or decrease in any one month. Each participant in the sample was at risk for recidivism from 30 days post intake. In each subsequent year, the number who received a court filing were removed from the sample that remained at risk. Those never arrested were considered right censored cases. In other words, "right censoring occurs when the waiting time for the occurrence of an event is longer than the period of observation" (Palloni & Sorenson, 1990, p. 304). The follow-up period varied between one and four years depending on when the client entered either drug court or probation. We did not want to conclude that the censored cases would never incur a court filing; rather all we can say is that during our follow-up period a new court filing was not incurred by these individuals. Yet the need to "analyze simultaneously the data from individuals with censored and non-censored events times is apparent because the former are a key group of people: those least likely to experience the event" (Willett & Singer, 1997, p.273).

The multivariate analysis was conducted to estimate the probability of an event occurring (e.g., court filing) while taking into consideration the impact of the independent and control

variables (e.g., group, social demographics, LSI-R scores, etc) and time at risk. Due to missing data on drug preferences and use, the factors included in the model were limited to group membership (1=drug court), age, gender (1=male), race (1=Caucasian), education (1=completed H.S.), marital status (1=not married), LSI-R score and time followed (years).

As illustrated by Table 17, the following variables were significantly related to the recidivism: group, age, gender, LSI-R score, time followed. Specifically, members of the comparison group, those who were younger, males, those with higher LSI-R scores were more likely to fail. In regards to time at risk, the model indicated that a significantly greater proportion of clients failed in the first twelve months when compared to subsequent years. Importantly, group membership was still a significant predictor of outcome beyond the bivariate differences found between the drug court and comparison group with regard to demographics (e.g., age, gender, LSI-R score).

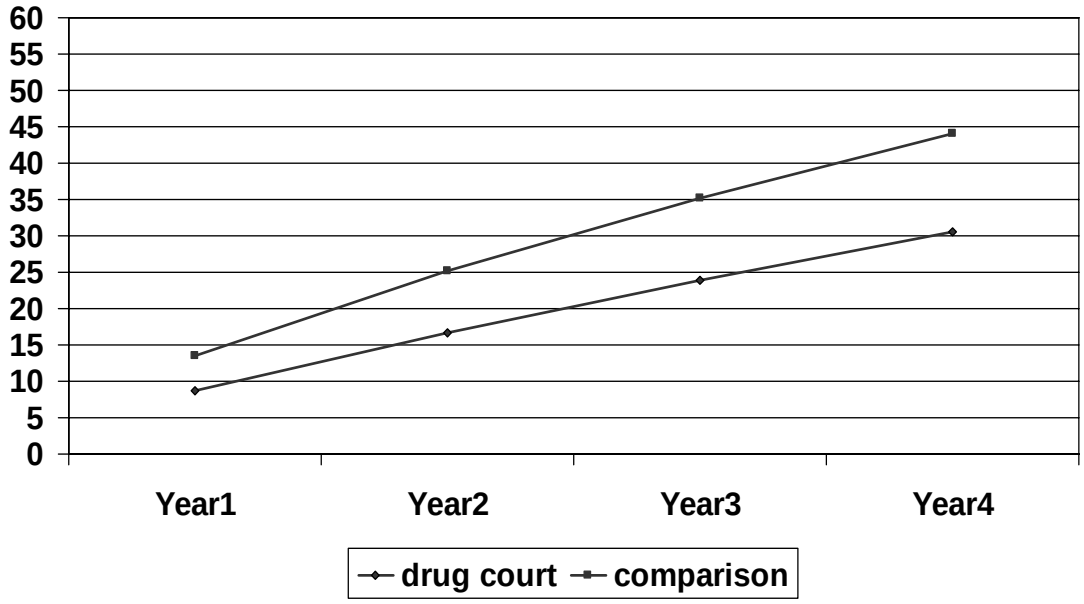
Table 17. Logistical Regression Predicting Court Filing

Variable	B	S.E.	Significance
Group*	-.488	.443	.000
Age*	-.017	.007	.013
Gender*	.359	.127	.005
Race	-.287	.443	.516
Marital Status	-.054	.155	.726
Education	-.192	.137	.161
LSI-R score*	.055	.008	.000
Time at risk*			
Year2	-.744	.139	.000
Year3	-.823	.182	.000
Year4	-2.102	.510	.000

*$p < .05$

Results of the event history analysis by group membership are shown in Figure 8. Figure 8 represents the independent effects of group while controlling for the other independent variables and time at risk.

Figure 8
Predicted Probability of Failure by Group & Time



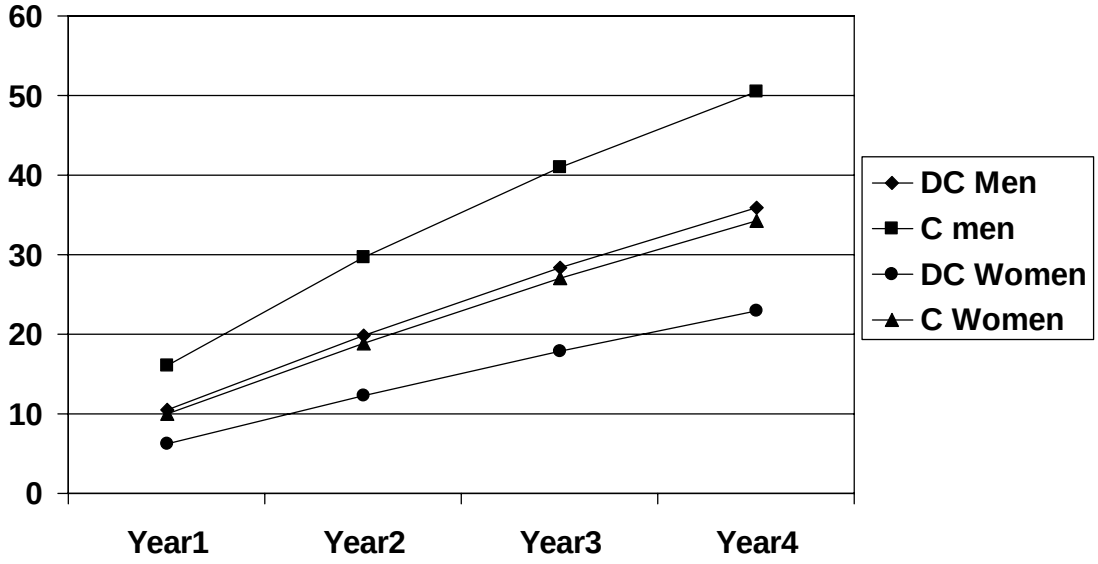
Differences are statistically significant

The failure curves shown are based on the probability of a court filing at each year based on the proportion that failed. Throughout the follow-up period, the comparison group had the highest probability of failure.

Figure 9 illustrates the failure curves by gender and group. Gender was significant in the multivariate model with men more likely to recidivate than women. As seen in Figure 9, the

highest probability of recidivism rests with male probationers followed by drug court men, female probationers and finally drug court women.

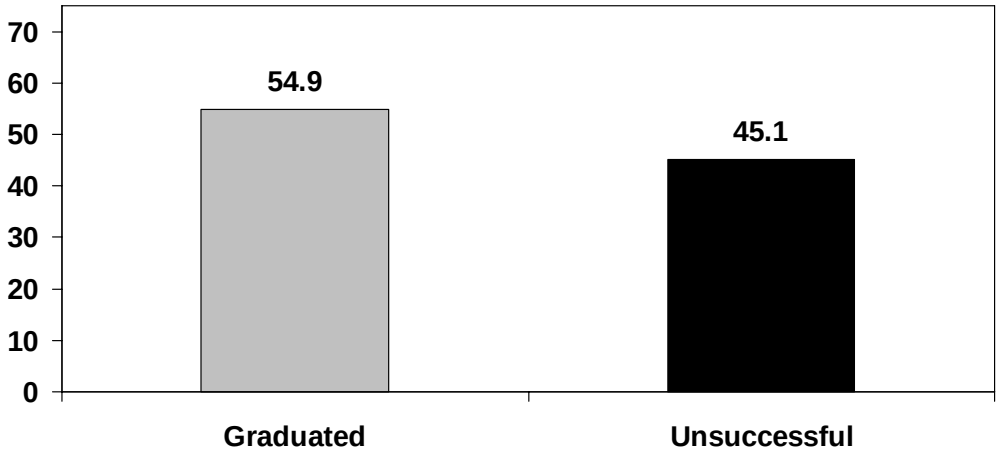
Figure 9
Predicted Probability of Failure by Gender, Group & Time



Graduates[18]. Figure 10 illustrates the graduation rate of the courts under study. Specifically, we see that 55 percent of the clients in the sample graduated during the study period.

[18] The analysis involving graduates was limited only to those drug court clients for which termination status was available. According to the data approximately 160 clients were still receiving drug court services at the end of the study period. Those clients were excluded from this analysis.

Figure 10
Status at Termination among Drug Court Clients

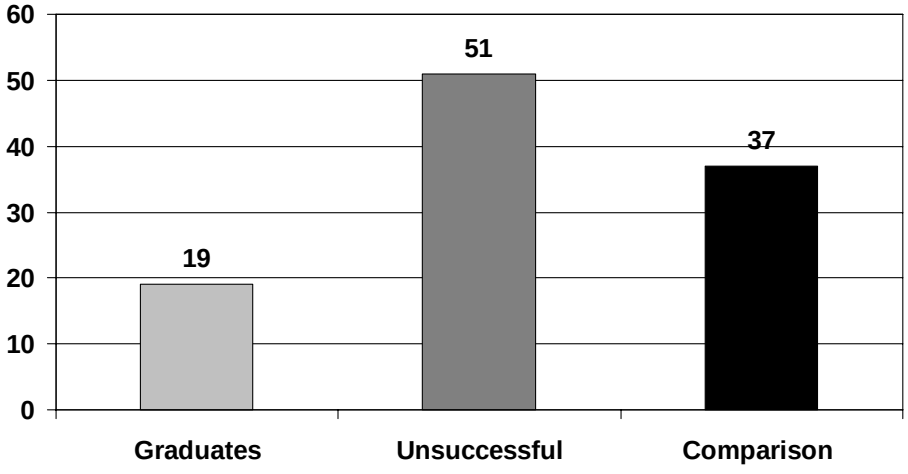


We explored the recidivism rates among these individuals and compared them to those who were unsuccessfully discharged (non-graduates) and comparison group members. As can be seen by Table 18, there is a significant difference between the three groups. Specifically, we see a significantly lower recidivism rate among the graduates compared to those who were unsuccessful and the comparison group. The graduates recidivism rate was 19 percent compared to 51 percent among the participants who were terminated as unsuccessful and 37 percent among the comparison group. The difference in type of charge is also significantly different with 50 percent of those categorized as unsuccessfully terminated being charged with a drug related offense as compared to 38 percent of the graduates and 45 percent of the comparison group.

Table 18. Recidivism Information by Termination Status and Comparison Group Members

Characteristic	Graduates N	Graduates %	Non-Grads N	Non-Grads %	Comparison Group N	Comparison Group %
Court Filing Post-Intake						
Yes	56	19.0	122	50.6	237	37.3
No	238	81.0	119	49.4	399	62.7
X^2=56.065; p=.000						
Most Serious Charge						
Drug	21	37.5	59	49.6	104	44.8
DUI	8	14.3	10	8.4	26	11.2
Violence	9	16.1	9	7.6	20	8.6
Theft	7	12.5	13	10.9	12	5.2
System Violation	8	14.3	23	19.3	67	28.9
Other/Unknown	3	5.4	5	4.2	3	1.3
X^2=20.600; p=.024						
Time Between Intake and Court Filing (days)						
Mean	467.04		321.46		316.68	
Total Follow-Up Period						
Mean	1099.98		980.95		972.61	

Figure 11
Percent with a Court Filing Post Intake by Group



Differences are statistically significant

Predictors of Successful Completion (Graduation). In an effort to identify factors associated with successful graduation, a logistic regression analysis was conducted limited to only drug court participants who had either graduated successfully or were unsuccessfully terminated. The variables in the equation are similar to the previous analysis, however, drug of choice was added to the model to assess the impact of methamphetamine use (as measured as those who self report meth as their primary drug of choice; 1 = yes) on outcome (1=successful graduation). As seen in Table 19, those who were older, female, had a high school degree, and who had lower LSI-R scores were more likely to graduate successfully from the drug courts under study. Drug of choice was not a significant predictor of outcome.

Table 19. Logistical Regression Predicting Termination Outcomes among Drug Court Clients

Variable	B	S.E.	Wald	df	Significance
Age*	.038	.014	7.647	1	.006
Gender*	-.569	.254	5.022	1	.025
Race	1.037	.665	2.436	1	.119
Marital Status	-.525	.307	2.924	1	.087
Education*	-1.097	.291	14.176	1	.000
Meth preference	.210	.258	.661	1	.416
LSI-R score*	-.097	.017	32.842	1	.000

*p < .05

LSI-R Scores & Outcomes. The guidelines set forth by the drug court coordinating committee recommend that the drug courts utilize the LSI-R at screening and in treatment planning. Currently, the courts are using the following guideline when selecting clients for the drug court:

Less than 14……..Low (exclude)
14-24……Discretionary with caution (with DA score of 4 or above)
25-41……Target Population
42 and above…….High (exclude or obtain further assessment)

Given the courts are encouraged to utilize the tool and the LSI-R score was significant in both multivariate models, it is prudent to explore outcomes by these categories. Figure 12

illustrates the overall distribution of LSI-R scores within the drug court group. Figure 13 shows those differences within the recommended categories discussed above. The drug courts under study were accepting some clients in the lower and upper ranges, however, the majority of clients scored between 14 and 41. Fifty-six percent of the clients fell within the recommended target population. It should be noted that the current sample began participating in the drug courts in January 2002 and the recommendations by score were not developed until more recently. Moreover, staff used their discretion when deciding whether to admit someone with a higher or lower score including consulting substance abuse assessment results and consultation team members

Figure 12
Percentage of Drug Court Clients within Overall LSI-R score

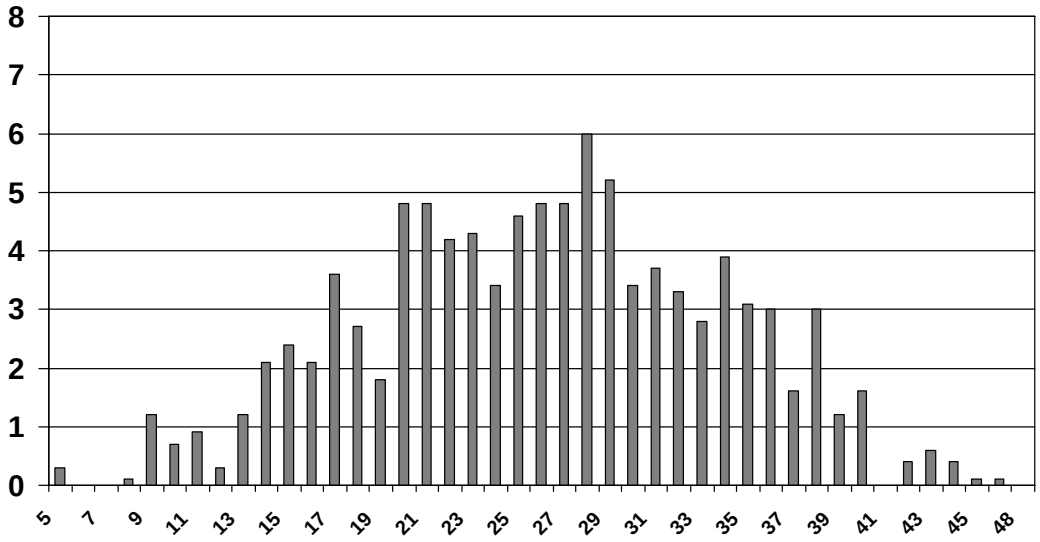


Figure 13
Percentage of Drug Court Clients by
Recommended LSI-R category

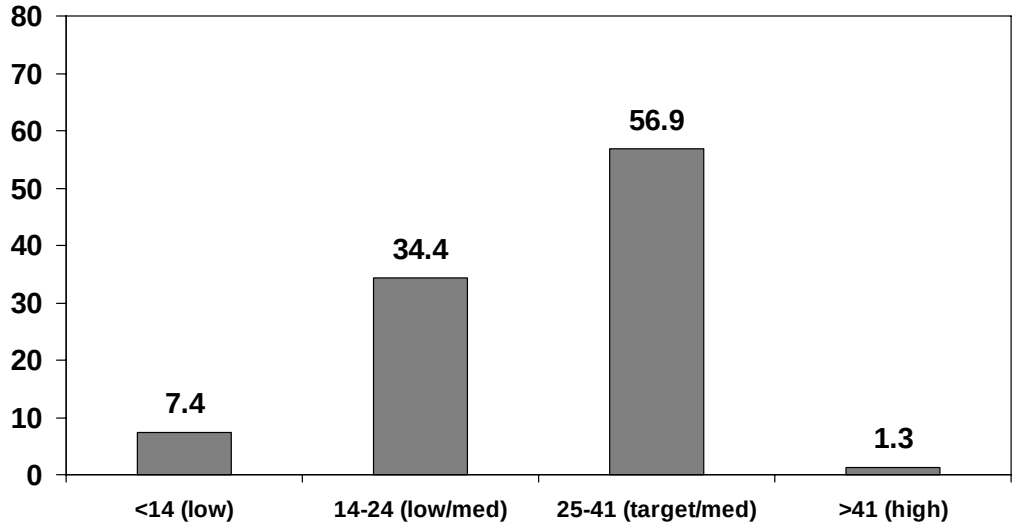
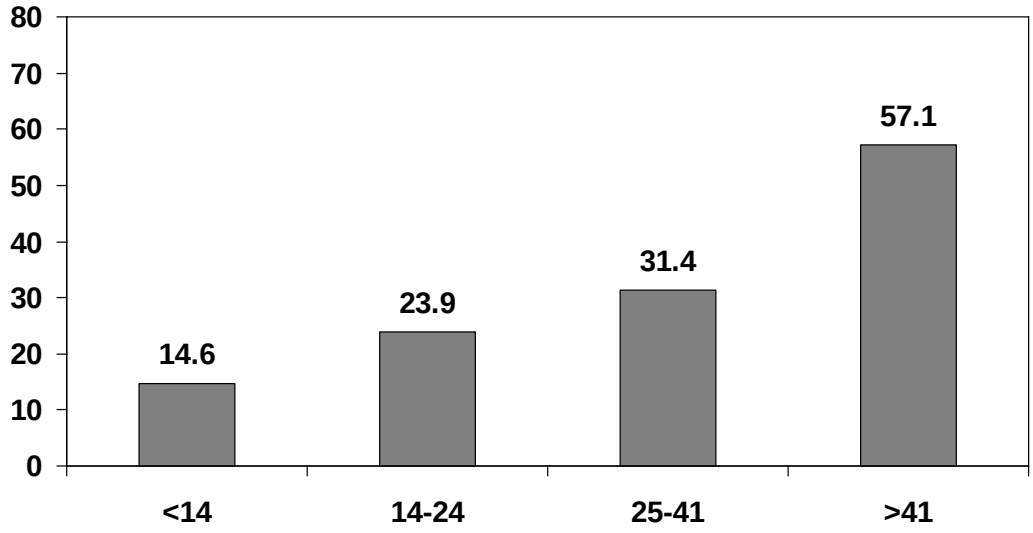


Figure 14 illustrates LSI-R scores by outcome. The findings are in the expected direction with a greater number of high risk clients failing (as measured by court filings). Specifically, 15 percent of the clients who failed fell within the less than 14 category[19] received a new court filing, followed by 24 percent of the 14-24 category, 31 percent of the 25-41 category and 57 percent of the highest category of 41 and above[20].

[19] Note small sample size n= 41
[20] Note small sample size n= 7

Figure 14
Percentage of Drug Court Clients with a Court Filing by Recommended LSI-R Category



We also explored overall LSI-R score by outcome to determine whether there was a tipping point of sorts whereas the client's rate of recidivism increased significantly. Figure 15 portrays the overall score by outcome. We see that there is a significant jump in recidivism rates among clients who score below 34 and clients who score above 35. According to table 20, 24 percent of the clients scored below 34 received a court filing in contrast to 47 percent who scored above 34.

Figure 15
Percentage of Drug Court Clients with a New Court Filing
by Overall LSI-R Score

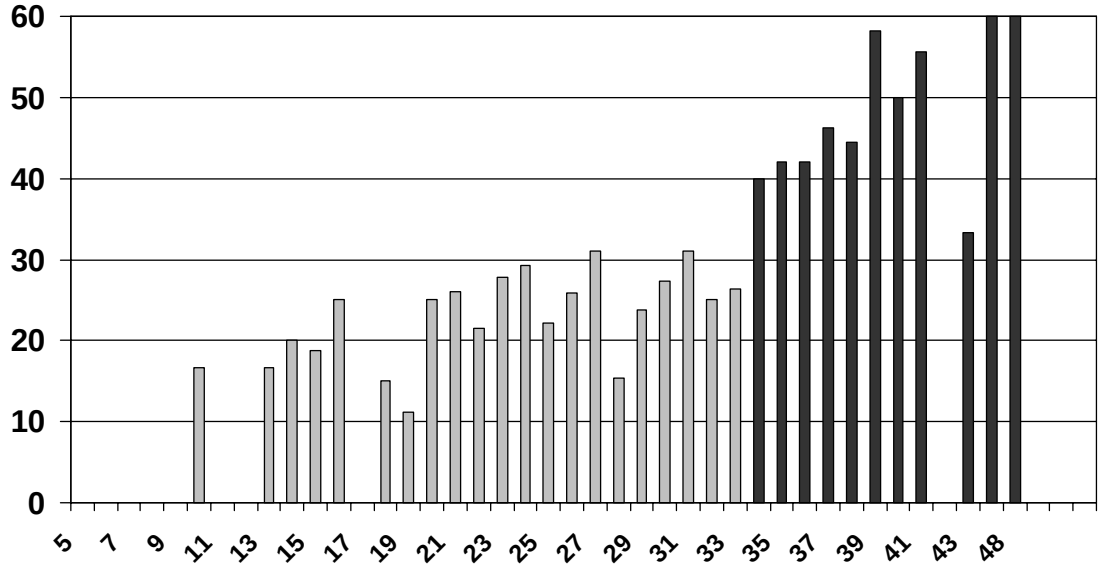
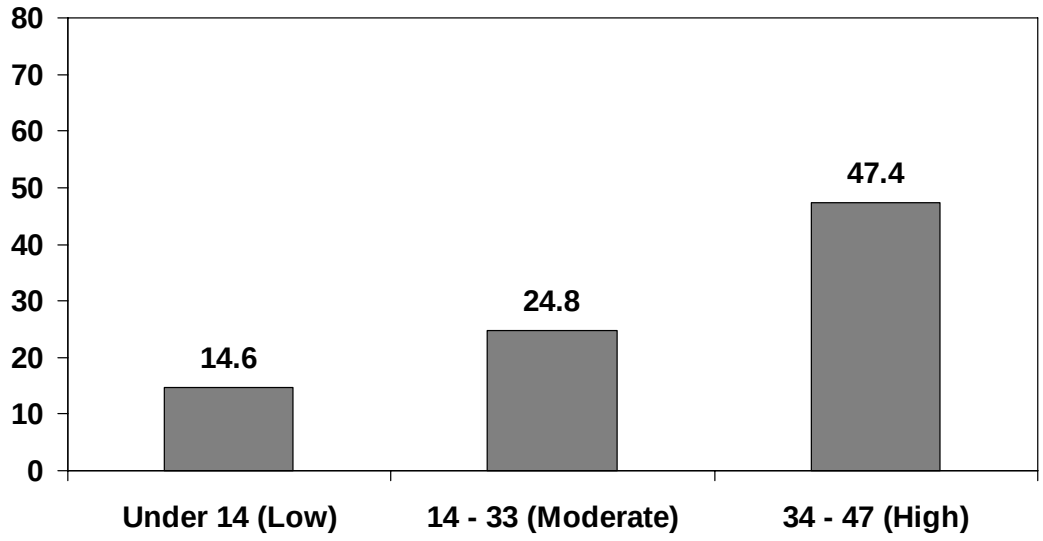


Table 20. Recidivism Information by LSI-R score: Drug Court Clients Only

Characteristic	Score 33 & Below N	%	Score 34 & Above N	%
Court Filing Post-Intake				
Yes	107	23.8	45	47.4
No	342	76.2	50	52.6
X^2 =21.576; p=.000				

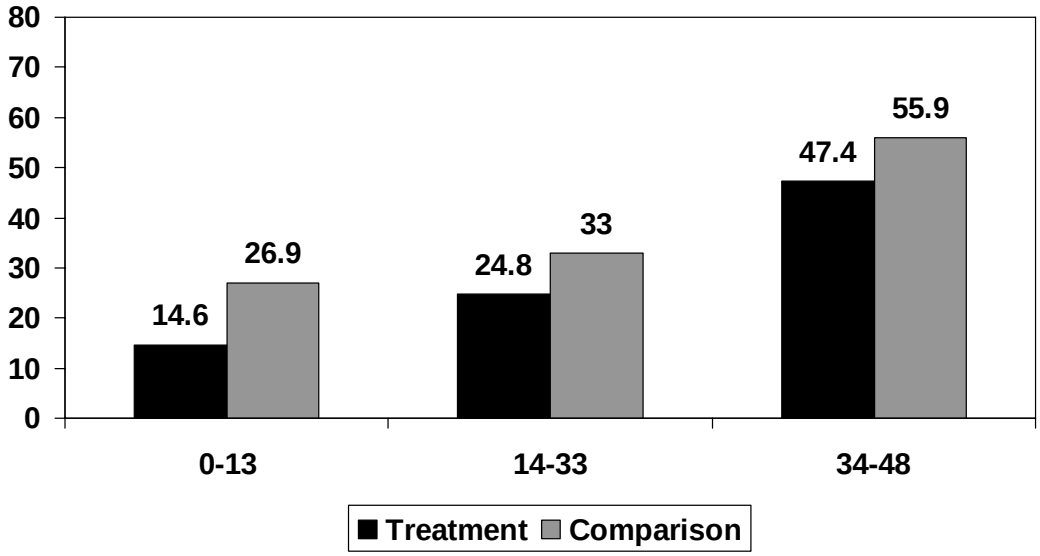
Figure 16 illustrates these results broken into three categories: under 14 as a low risk category, 14 to 33 as moderate risk, and 34 to 47 as the high risk category.

Figure 16
Percentage of Drug Court Clients with a New Court Filing by LSI-R Grouping



Finally, Figure 17 displays the LSI-R categories by outcome and group. We can see that within each category, drug court participants have a lower rate of recidivism as compared to probationers. Specifically, we see a 12 percentage point difference in the 0-13 category and an 8 percent difference in the two higher risk categories.

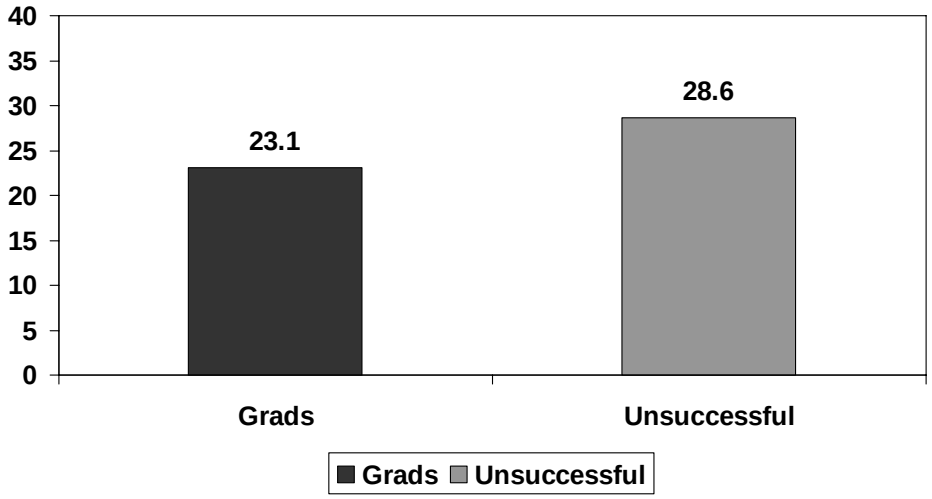
Figure 17
Percentage with a New Court Filing by
LSI-R Score & Group



Differences are statistically significant

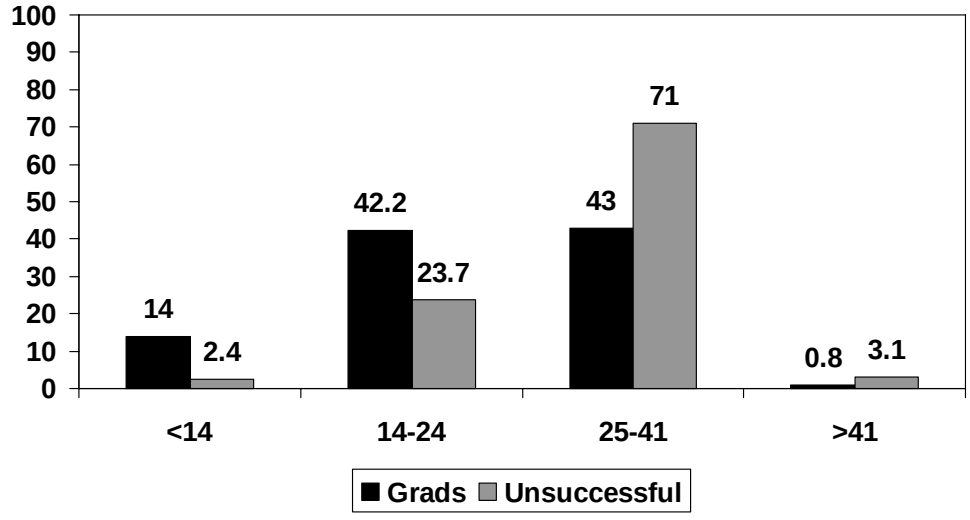
LSI-R & Termination Status. We also explored the LSI-R breakdown among clients who graduated compared to those who were terminated as unsuccessful. Figure 18 shows that graduates had significantly lower mean scores on the LSI-R than those in the terminated group. The breakdown in Figure 19 illustrates the differences further, with a higher percentage of terminated clients having intake LSI-R scores in the range of 25-41.

Figure 18
Mean LSI-R scores among Drug Court Participants by Termination Status



Differences are statistically significant

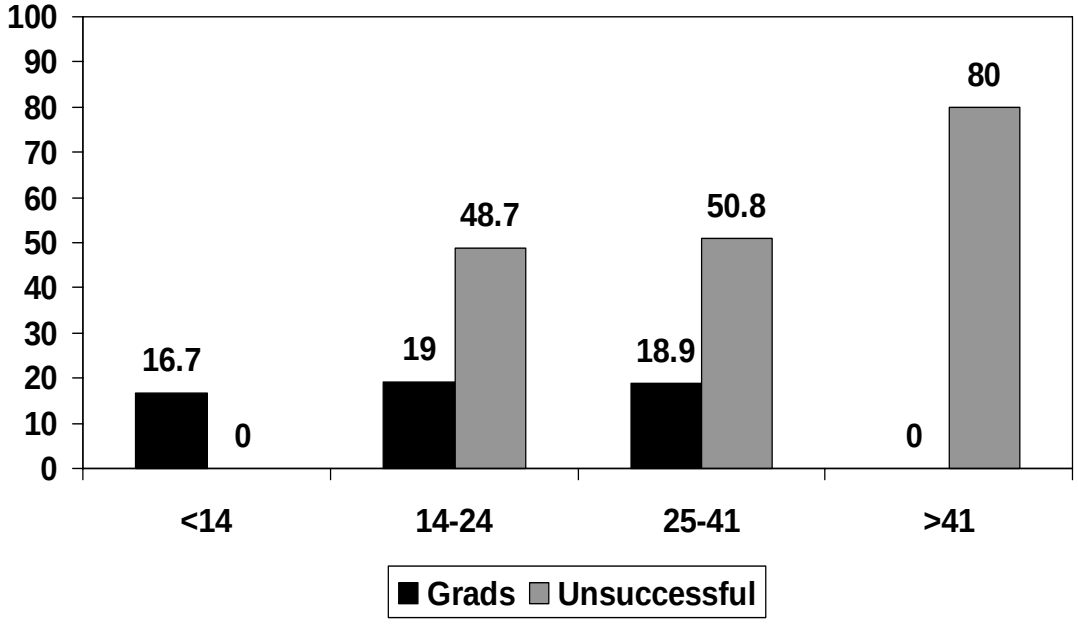
Figure 19
Percentage of Drug Court Clients by Recommended LSI-R Category & Termination Status



Differences are statistically significant

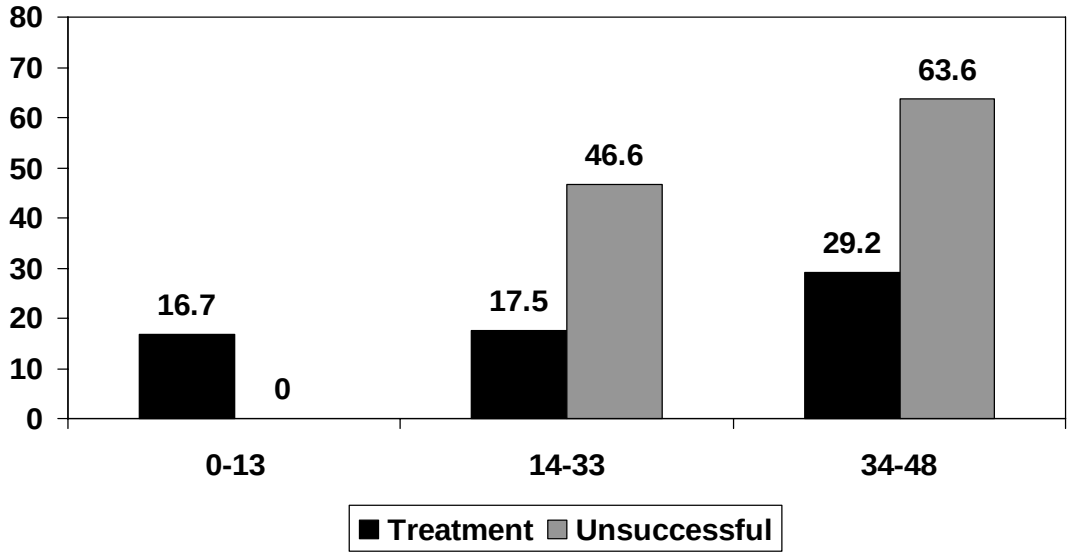
When exploring outcomes, we see that the unsuccessfully terminated group had higher rates of recidivism across LSI-R categories for both groupings (Figure 20 & 21).

Figure 20
Percentage of Drug Court Clients with a Court Filing by Recommended LSI-R Category & Termination Status



Differences are statistically significant

Figure 21
Percentage of Drug Court Clients with a New Court Filing by LSI-R Score & Termination Status



Differences are statistically significant

Summary

The following can be summarized from the above findings.

What are the characteristics of the offenders served by the drug courts & how do they compare to those in the comparison groups?

- The treatment group was slightly younger and more likely to be female, Caucasian, and married. However, while these differences do exist, it should be noted that the majority in both groups were men, Caucasian, and single.

- The majority of both groups (64 and 67 percent respectively) had received a high school diploma or equivalent (GED).

How do drug court participants appear on various indicators of drug use?

- Methamphetamines were the primary drug of choice among the drug court participants included in the study

- Thirty percent of the clients indicated that they began using their primary drug of choice between the ages of 15 and 18 (average age 17). A majority of the clients (69%) indicated that they were daily drug users.

- Forty-seven percent of the clients indicated that they smoked their drug of choice, followed by 19 percent who injected the drug and 12 percent who chose to take the drug orally.

- By combining the client's first and second drugs of choice, we see that more than 80 percent of the clients being served by the selected felony drug courts in Idaho reportedly used methamphetamines at intake.

Does participation in the drug court affect the likelihood that an individual will recidivate? What other factors predict the likelihood of recidivism?

- With regard to court filing, significantly fewer drug court clients received a court filing during the follow period in contrast to members of the comparison group.

- With regard to charge, we see similarity between the groups when exploring drug related offenses, however, differences did emerge with the probation violation charge.

- The multivariate analysis revealed that members of the comparison group, those who were younger, males, and those with higher LSI-R scores were more likely to fail. Importantly, group membership was still a significant predictor of outcome beyond the bivariate differences found between the drug court and comparison group with regard to demographics (e.g., age, gender, martial status).

What are the outcomes among graduates of the drug court programs? What factors predict likelihood of graduation? What are the outcomes/predictors among non-graduates of the drug court programs?

- At the time of this evaluation, 298 participants in the drug court sample had graduated successfully. The collective graduation rate was 54 percent

- The recidivism rate among graduates was 19 percent compared to 51 percent among the participants who were terminated as unsuccessful and 37 percent among the comparison group.

- Fifty percent of those categorized as unsuccessfully terminated were charged with a drug related offense as compared to 38 percent of the graduates and 45 percent of the comparison group members.

Do the outcomes differ by LSI-R score?

- According to the multivariate model, those who were older, female, had a high school degree, and who had lower LSI-R scores were more likely to graduate successfully from the drug courts under study.

- With regard to the LSI-R results, the drug courts under study are accepting some clients in the lower and upper ranges, however, the majority of clients fall within the 14 to 41 range. Fifty-six percent of the clients fall within the recommended target population.

- Specifically, 15 percent of the clients who failed fell within the less than 14 category received a new court filing, followed by 24 percent in the 14-24 category, 31 percent in the 25-41 category, and 57 percent in the highest category of 41 and above.

- There was a significant difference in recidivism rates among clients who scored below 35 compared to those who scored above 35 on the LSI-R.

- Graduates had lower mean scores on the LSI-R and lower recidivism rates by LSI-R score.

Section IV. GRPA Data Summary

The final analysis for this project included an evaluation of five[21] felony drug courts that received additional SAMSHA funds for enhanced residential treatment services. The funds were utilized to provide residential treatment, residential case management, and offer specialized phase four aftercare services following the first thirty weeks of active outpatient treatment. In addition, the project provided funds for staff training. Each of these courts was required, by the Government Performance and Results Act (GPRA),[22] to complete a standardized intake assessment and provide baseline evaluation data. The courts were also required to collect client data at six and 12 months post-intake. This report will summarize the GPRA data available for the five felony drug courts who received SAMSHA funds[23]. Areas of interest include:

1. *A profile of the sample population from the courts receiving residential treatment dollars*
2. *Changes in self reported drug use between intake and six and twelve month follow up periods*
3. *Changes in the amount and source of wages earned by participants over time*
4. *Changes in self ratings of overall health over time*
5. *Treatment involvement among clients*
6. *Changes in reported mental health symptoms*
7. *Outcomes among participants in the drug courts in the selected sample*

[21] There were eight courts that eventually received SAMSHA funds for residential treatment. However, data were available for only the five drug courts included in this part of the study.

[22] The Government Performance and Results Act of 1993 was passed by Congress in order to facilitate the linkage of management and resource decisions to program performance. GPRA was also designed to allow researchers to gather information on various government programs. In 2005, GPRA was updated to streamline and standardize the data requirements for GPRA researchers and data gathers. GPRA is designed to gather information by having all agencies develop a strategic plan, in which they describe what they hope to accomplish in three to five years. Also, they were required to set performance targets and produce reports to show whether the strategic plan was reached. Finally, agencies must regularly conduct assessments of their programs and use these assessments in order to objectively gauge the performance of their programs.

[23] Part of the funding for the current project was through SAMSHA to analyze the existing GPRA data.

Methodology

Design and Sample

The sample for the current section is limited to the five felony drug courts that received SAMSHA funds for residential services. The drug court sites included: Bannock, Bingham, Bonneville, Canyon, and Madison counties. The clients included in the sample for this analysis were matched with the clients sampled as part the outcome evaluation. Intake data were available for 145 felony drug court participants.[24] Of the 145 clients, 12 month follow up data were available on 97 participants. The tables presented in this section will be limited to those individuals with all data points (e.g., intake, 6months, and 9months). Data on the total group (n=145) will be presented in Appendix D.

Socio-demographic Profile. As can be seen in Table 21, the mean age of the participants was 30 years old. With regard to gender and race, 44 percent were male and 85 percent were Caucasian. Sixty-three percent of the clients were classified as not married, nearly 60 percent had a high school diploma or equivalent, and 35 percent had children. The majority of the clients fell into either the medium or medium high risk category as determined by the LSI-R. The mean LSI-R score among participants was 23.

With regard to prior history, Table 22 illustrates that the majority have been involved with the system in the past. Specifically, 69 percent had a prior felony arrest, 67 percent a prior drug arrest, and 44 percent a prior misdemeanor arrest. Thirty-seven percent of the clients surveyed had prior exposure to treatment services.

[24] Of the 145 clients, 24% came from Bannock Co, 11% Bingham, 18% Bonneville, 36% Canyon, and 11% Madison.

Table 21. Frequency and percentage distribution of social demographic factors.

Characteristic	Drug Court N	%
Age (Mean = 30.37)		
18 to 24	31	32.0
25 to 34	34	35.1
35 to 44	22	22.7
45 to 54	8	8.1
55 to 64	1	1.0
Gender		
Male	43	44.3
Female	54	55.7
Race		
Non-white	5	5.3
Caucasian	81	85.3
Unknown	9	9.5
Marital		
Married	35	36.8
Not Married	60	63.2
Education		
Less than H.S.	17	19.5
H.S. Graduate	50	57.5
More than H.S.	20	23.0
Children		
Yes	50	34.5
No	95	65.5
LSI Score		
Low (0-7)	0	0.0
Low/Med (8-15)	15	17.6
Medium (16-24)	31	36.5
Medium/High (25-36)	37	43.5
High(37 & above)	2	2.4
Mean	22.7	

Table 22. Frequency and percentage distribution of prior record and treatment.

Characteristic	Drug Court N	Drug Court %
Prior Felony Arrest		
Yes	67	69.1
No	6	8.2
Unknown	24	24.7
Prior Drug Arrest		
Yes	65	67.0
No	7	7.2
Unknown	25	25.8
Prior Misdemeanor Arrest		
Yes	43	44.3
No	13	13.4
Unknown	56	57.7
Prior Treatment		
Yes	37	37.1
No	38	39.2
Unknown	23	23.7

Data Sources

Data for the current study was collected from three sources. First, individual level data included intake information (e.g., social history, criminal history, alcohol and drug assessment, and risk need data (LSI-R)); supervision activities (e.g., treatment participation, drug test results, employment status, payment of court fees, performance of community service); and case termination (e.g., information regarding the type and nature of the termination, offender progress, technical violations, and new arrests).

Second, GPRA data were gathered at various stages using the CSAT GPRA Client Outcome Measures for Discretionary Programs. The 14 page survey was given to clients at set intervals during their participation in the program; including intake, six months, 12 months and discharge. The courts were required to provide follow up data on at least 80 percent of their clients. The data collected included services received and duration of exposure, drug and alcohol use (e.g., drug of choice and frequency/severity of problem); family and living conditions;

education, employment, and income; arrest history and exposure to jail (both framed as within the past 30 days); mental and physical health problems and treatment; and termination or discharge status. Data were downloaded from the GPRA/CSAT website and merged with existing ISTARS and recidivism data.

Finally, recidivism was collected through the Idaho Dispositional Database (IDD). The IDD is a statewide database of court filings, which was used a proxy measure for arrest. The database contains information on charges, sentencing and dispositions. The data were then matched with the intake date of the participant. The drug court client's date of birth and Social Security Numbers were then matched to the IDD in order to determine the number of court filings for the drug court client. The recidivism data were collected from July 1, 2002 - July 1, 2006. Each client's follow up period began at the point of intake into the drug court.

Results

Drug & Alcohol Use Preferences & History.

As part of the intake process, the clients were asked to report their drug use preferences and history. With regard to primary drug of choice, 43 percent of the participants cited methamphetamines as their primary drug of choice, followed by marijuana and alcohol. When asked when they began using their primary drug of choice, 56 percent indicated that they began using before the age of 19 (mean age of 18). Specifically, 23 percent began using their drug of choice when they were 14 or younger and 33 percent between ages of 15 and 18. Seventy seven percent indicated that they used the drug daily, with another seven percent indicating at least

Table 23. Frequency and percentage distribution drug preference data.

Characteristic	Drug Court N	Drug Court %
Primary Drug of Choice		
Alcohol	13	13.4
Crack/Cocaine	2	2.1
Heroin	1	1.0
Marijuana	22	22.7
Methamphetamine	42	43.3
Pain Pills	2	2.1
Other	1	1.0
Unknown	14	14.4
Age of First Use for Primary Drug (Mean = 18.15)		
14 and under	23	23.7
15 to 18	25	32.5
19 to 22	4	4.1
23 to 26	6	6.2
27 and older	19	19.6
Unknown	20	20.6
Frequency of Drug Use		
Less then once per month	4	4.1
1 to 3 times per month	6	6.2
1 to 3 times per week	6	6.2
3 to 5 times per week	7	7.2
Daily	75	77.3
Unknown	22	22.7
Route of Admission		
Inhalation	4	4.1
Injection	13	13.4
Oral	13	13.4
Smoking	45	46.4
Unknown	22	22.7

weekly use. The findings are mixed with regard to route of admission; however, 46 percent indicated that they preferred to smoke their drug of choice.

Clients were asked at each data collection period whether they used any drugs or alcohol in the previous 30 days. As can be seen in Figure 22, 61 percent indicated that they had used alcohol 30 days prior to intake, 31 percent marijuana and 53 percent methamphetamines. The self reported rate of use decreases substantially at both six and 12 month follow up periods. The difference between intake, six and 12 months was statistically significant among all three types

of drugs. The difference between six months and 12 months is only statistically significant for marijuana.

Figure 22

Change in Drug Use by Previous 30 Days

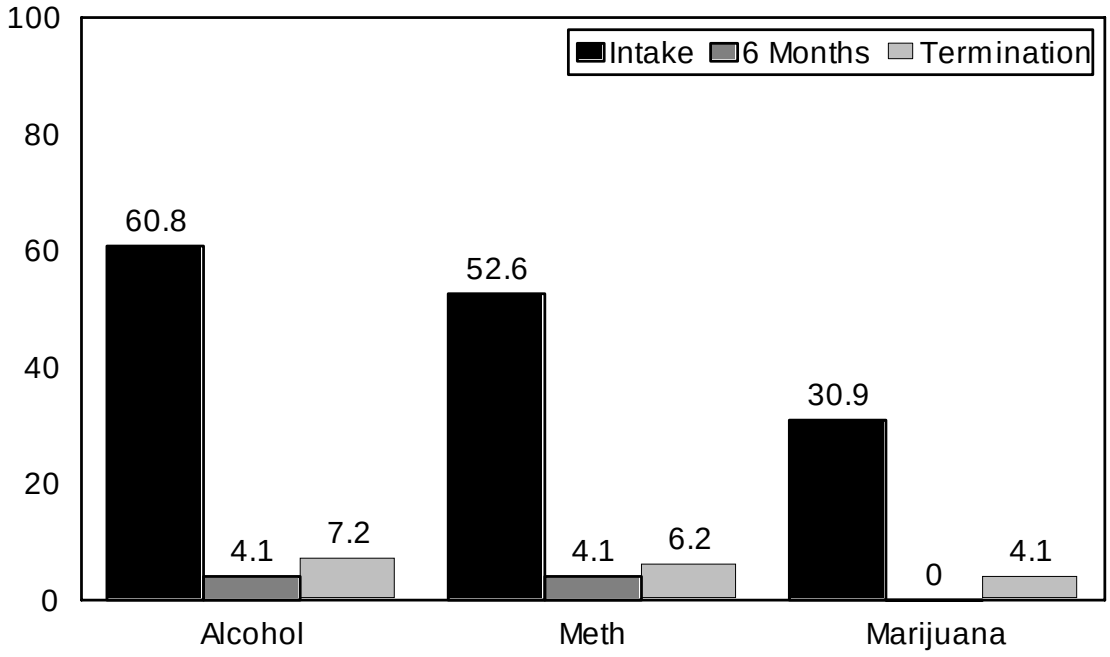


Table 24 provides a comprehensive picture including drugs type by the number of times used in the last 30 days for each of the follow up periods. Statistically significant differences were found with several types of drugs including alcohol and methamphetamines. Specifically, if we explore the differences between six and 12 months we see that alcohol use decreased (particularly with regard to those who used more than five drinks). In terms of methamphetamines use, we see a slight increase in reported use from four percent at six months to six percent at 12 months.

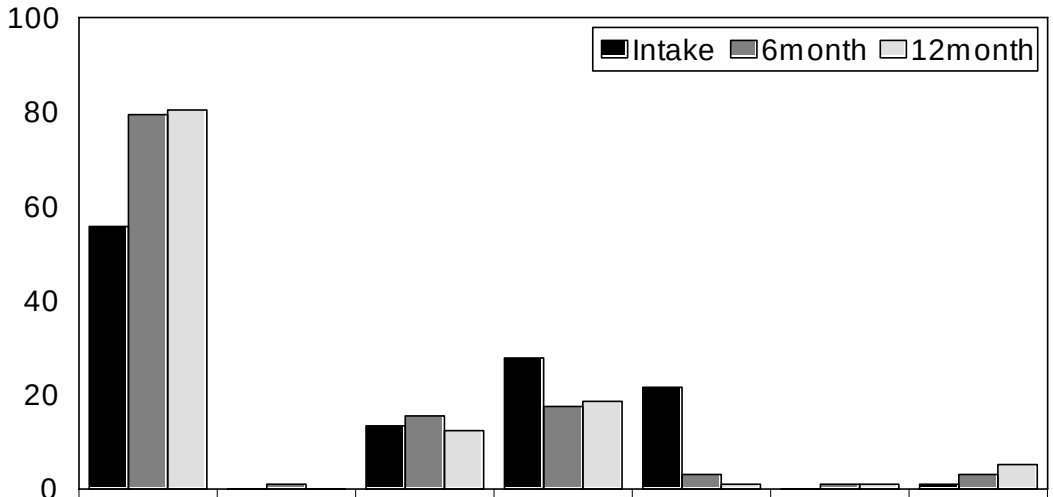
Table 24. Frequency and percentage distribution of drug use data.

Time Period	Intake	6-Month	12-Month
Valid Cases =	97	97	97
Percentage of clients who used _____ in the last 30 days?			
Alcohol[ab]	60.8	4.1	7.2
Alcohol(<5 Drinks)[ab]	18.6	2.1	1.0
Alcohol(>5 Drinks)[ab]	24.7	2.1	5.2
Barbiturates	1.0	0.0	0.0
Benzodiazepines	2.1	1.0	0.0
Cocaine[ab]	11.3	0.0	1.0
Codeine	3.1	0.0	0.0
Illegal Drugs[ab]	62.9	5.2	6.2
GHB	1.0	0.0	0.0
Hallucinogens	5.2	0.0	1.0
Heroin	2.1	0.0	0.0
Inhalants	2.1	0.0	1.0
Injected Drugs[ab]	19.6	1.0	1.0
Marijuana[abc]	30.9	0.0	4.1
Methamphetamines[ab]	52.6	4.1	6.2
Methadone	2.1	0.0	0.0
Morphine	2.1	0.0	1.0
Drug Paraphernalia[ab]	19.6	1.0	1.0
Tranquilizers	0.0	1.0	0.0
Mean number of times _____ used in the last 30 days			
Alcohol[ab]	12.66	4.75	5.14
Alcohol(<5 Drinks)[abc]	4.83	4.50	1.00
Alcohol(>5 Drinks)[ab]	14.25	4.50	6.80
Barbiturates	2.00	0.0	0.0
Benzodiazepines[ab]	25.00	1.00	0.0
Cocaine[abc]	12.91	0.0	5.00
Codeine[ab]	14.33	0.0	0.0
Illegal Drugs[ab]	19.98	8.20	6.50
GHB[ab]	10.00	0.0	0.0
Hallucinogens[ac]	6.00	0.0	4.00
Heroin[ab]	16.00	0.0	0.0
Inhalants[ab]	8.00	0.0	4.00
Marijuana[abc]	12.57	0.0	8.25
Methamphetamines[abc]	19.00	3.75	6.50
Methadone[ab]	27.50	0.0	0.0
Morphine[ab]	22.50	0.0	5.00
Drug Paraphernalia[ac]	4.05	1.00	5.00
Tranquilizers[ac]	0.0	26.00	0.0

Clients were also asked to indicate whether they received wages or income. They participants were also asked to indicate the source and the amount. Figure 23 illustrates the wage source within the previous 30 days. The differences are in the expected direction, with wages increasing and assistance on others (and illegal sources) decreasing. Table 25 provides a comprehensive view of income sources.

Figure 23

Wage Source Within Last 30 Days



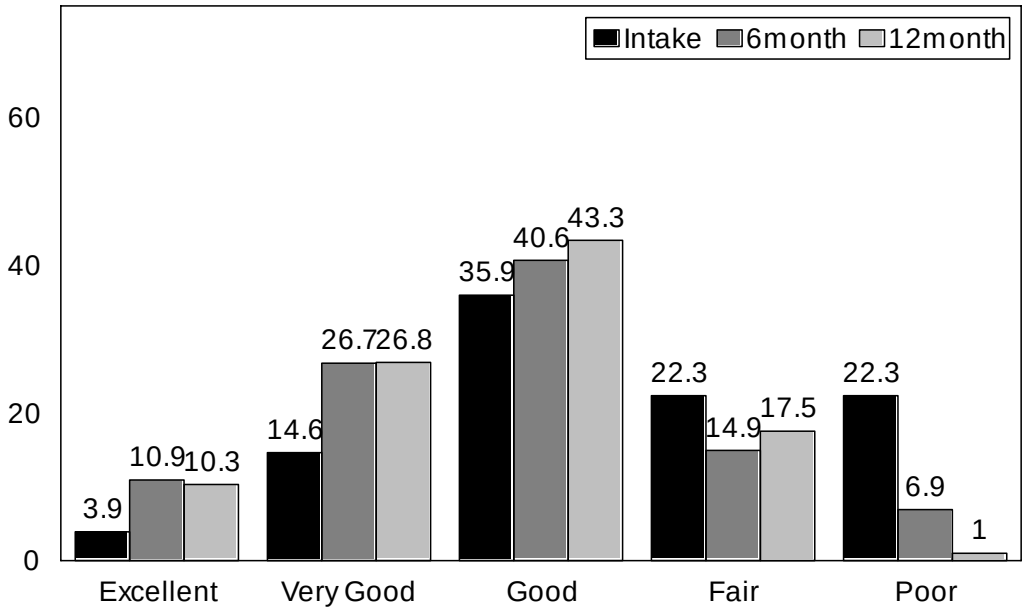
	Wages	Retirement	Public Assis	Other	Nonlegal	Family/Friends	Disability
Intake	55.7	0	13.4	27.8	21.6	0	1
6month	79.4	1	15.5	17.5	3.1	1	3.1
12month	80.4	0	12.4	18.6	1	1	5.2

Table 25. Frequency and percentage distribution of wage sources & income.

Characteristic	Intake	6-Month	12-Month
Valid Cases =	97	97	97
Received money from _____in the past 30 days?			
Wages[ab]	55.7	79.4	80.4
Retirement	0	1.0	0
Public Assistance	13.4	15.5	12.4
Other Sources[ab]	27.8	17.5	18.6
Non-Legal Sources[ab]	21.6	3.1	1.0
Family and Friends	0	1.0	1.0
Disability[b]	1.0	3.1	5.2
Mean amount of money received from ____ in the past 30 days?			
Wages[ab]	$995	$1,130	$1,387
Retirement[ac]	$0	$22,000	$0
Public Assistance	$430	$355	$297
Other Sources	$246	$481	$295
Non-Legal Sources[ab]	$1,000	$126	$120
Family and Friends[abc]	$0	$1,000	$500
Disability	$1,400	$598	$860
Rating of Overall Health			
Excellent	3.1	11.3	10.3
Very Good	15.5	25.8	26.8
Good	34.0	41.2	43.3
Fair	22.7	14.4	17.5
Poor	23.7	6.2	1.0
Refused/Don’t know	1.0	1.0	1.0

Figure 24

Rating of Overall Health



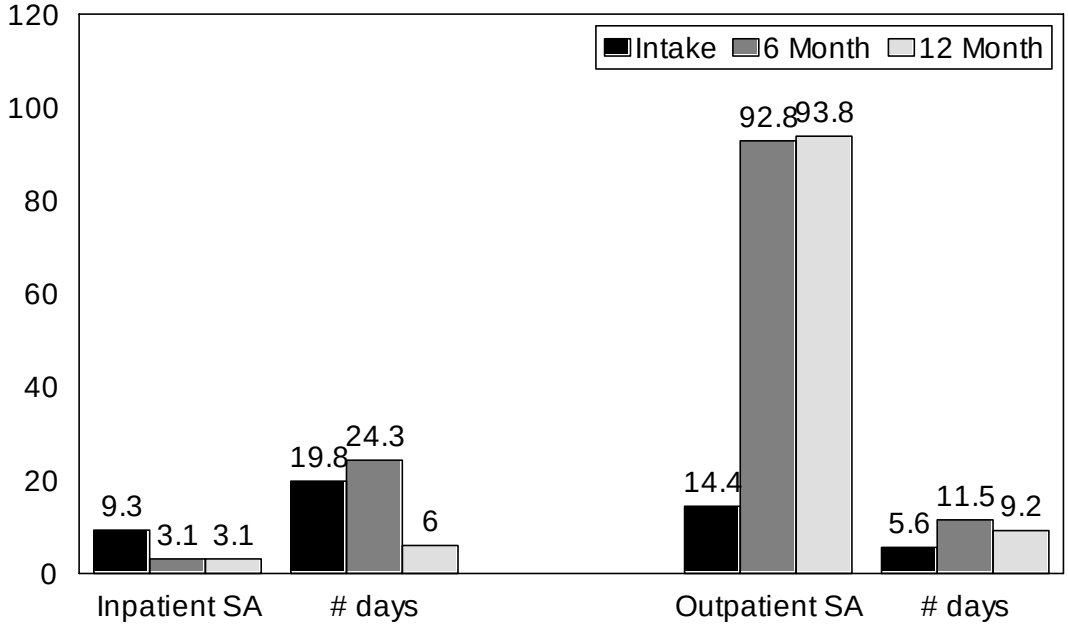
Clients were also asked to rate their overall health. Figure 24 illustrates the change in the client's perceptions of their overall health. Substantially fewer clients were reporting their health as poor at the 12 month follow up period.

Figure 25 shows that nine percent of the clients at intake indicated that they had received inpatient treatment for drugs and alcohol with an average of 20 nights, three percent at six month follow up indicated that they had participated in inpatient services (with an average of 24 nights stay) and finally three percent at 12 months with an average of six nights stay. The data also appear to show that outpatient treatment was more heavily utilized than previously discussed. At the six month follow up, 93 percent of the clients surveyed indicated that they had participated in outpatient treatment for drugs and alcohol with 11 average contacts. Moreover, 94 percent of the

client's survey at the 12 month follow up indicated that they participated in this treatment with nine contacts in the last month.

Figure 25

Treatment Involvement for Substance Abuse



As can be seen in Figure 26, we see that the number of clients that indicated that anxiety was a concern remains relatively consistent across time as does emotional impacts. Moreover, while significantly different from the intake data, 40 percent of clients indicate that they are still having mental trouble and 37 percent with depression at the 12 month follow up period.

Table 26. Frequency and percentage distribution of treatment data.

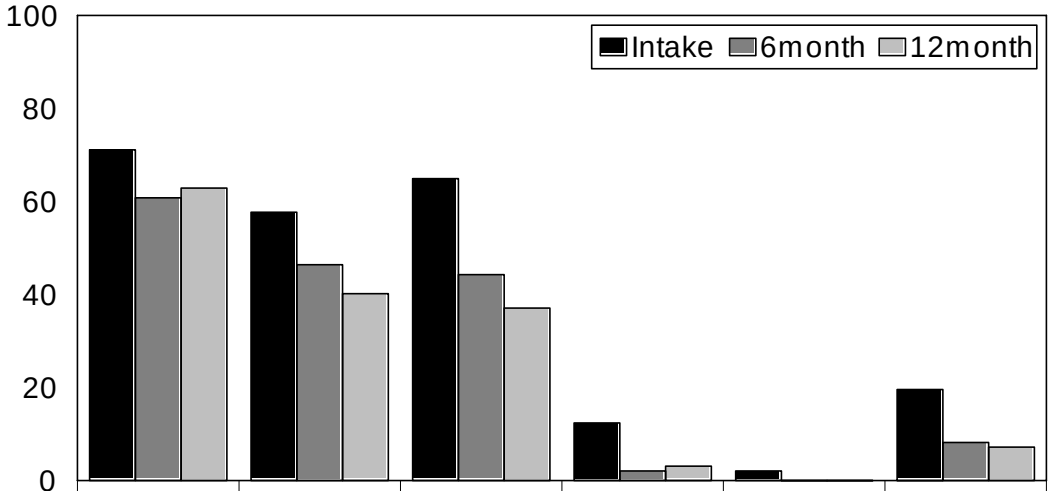
Time Period	Intake	6-Month	12-Month
Valid Cases =	97	97	97
Percentage Receiving Inpatient Treatment for:			
Physical Compliant	1.0	1.0	2.1
Mental/Emotional problem	3.1	0.0	1.0
Alcohol/Substance Abuse	9.3	3.1	3.1
Number of days in Inpatient Treatment for:			
Physical Compliant	1.00	1.00	2.00
Mental/Emotional problem[ab]	10.67	0.0	2.00
Alcohol/Substance Abuse[bc]	19.89	24.33	6.00
Received Outpatient Treatment for:			
Physical Compliant[b]	17.5	29.9	36.1
Mental/Emotional problem[ab]	9.3	17.5	22.7
Alcohol/Substance Abuse[ab]	14.4	92.8	93.8
Number of Days in Outpatient Treatment for:			
Physical Compliant	1.82	2.34	2.03
Mental/Emotional problem	1.89	2.88	2.59
Alcohol/Substance Abuse[ab]	5.64	11.53	9.23
Mental health symptoms experienced in past 30 days non due to drugs/alcohol:			
Anxiety	71.1	60.8	62.9
Mental trouble[ab]	57.7	46.4	40.2
Depression[ab]	64.9	44.3	37.1
Emotional Impact	100.0	99.0	100.0
Medical/Emotional Impact[ab]	12.4	21.6	27.8
Hallucinations[ab]	12.4	2.1	3.1
Suicide Attempt	2.1	0.0	0.0
Violent Behavior[ab]	19.6	8.2	7.2

Supervision Data. Table 27 lists whether the client received a violation and if so the type given. The vast majority (76%) did receive a violation during the follow up period. The most common types of violations given were not showing up for treatment, failure to appear for court hearings, followed by non-compliance, and reporting violations. In regards to sanctions, the data

clearly show five sanctions appear more than any other including jail, community service, and work detail. Specifically, of those who received a sanction 76 percent spent an undisclosed amount of time in jail, 36 percent were given community service, and 28 percent sent to work detail. Thirty-five percent received a sanction classified as other.

Figure 26

Emotional and Mental Health Issues



	Anxiety	Concentration	Depression	Hallucinations	Suicidal	Violent
Intake	71.1	57.7	64.9	12.4	2.1	19.6
6month	60.8	46.4	44.3	2.1	0	8.2
12month	62.9	40.2	37.1	3.1	0	7.2

Table 27. Frequency and percentage distribution of drug testing and violation data.

Characteristic	Drug Court N	%
Ever Committed a Violation		
Yes	74	76.3
Violation Type		
Absconded	1	1.4
Failure to Appear	17	22.9
Non-Compliance	26	35.1
No-Show	28	37.8
Positive drug test	31	41.9
Reporting violation	16	21.6
Other	33	44.6
Most likely sanctions given		
Community service	27	36.5
Jail	56	75.6
Work detail	21	28.3
Other	26	35.1

Outcome Data. Termination data indicated that 67 percent of the sample graduated successfully from the drug court**.** Court filing data were collected to explore outcomes among the drug court participants selected for the larger outcome evaluation discussed in Section III of this report. The follow up period began at point of entry into the drug court. The average follow up period was 987 days (2.5 years). Table 28 illustrates that 25 percent of the clients who received a court filing during the follow up period. With regard to charge, 35 percent received a court filing involving drugs, followed by 22 percent for a probation violation.

Table 28. Frequency and percentage distribution of termination and outcome.

Characteristic	Drug Court (n=97) N	%
Graduation Status		
Graduated	51	67.1
Unsuccessfully terminated	25	32.9
New Court Filing		
Yes	23	24.7
No	70	75.3
Most Serious Charge		
Drug	8	34.8
DUI	0	0.0
Violence	4	17.4
Theft	4	17.4
System Violation	5	21.7
Other	2	8.7
Average Follow Up Period (days)	987	

Finally, Table 29 illustrates the outcome results by termination status. When exploring differences between successful graduates and those who were unsuccessfully discharged we see a statistically significant difference with 62 percent of the unsuccessful group receiving a new court filing compared to just 10 percent of the graduates. The numbers are too low to assess differences between the two groups with regard to charge.

Table 29. Frequency and percentage distribution of outcome by termination status.

Characteristic	Graduates (n=51) N	%	Unsuccessful (n=25) N	%
New Court Filing				
Yes	5	10.0	15	62.5
No	45	90.0	9	37.5
Most Serious Charge				
Drug	2	40.0	6	40.0
DUI	0	0.0	0	0.0
Violence	0	0.0	3	20.0
Theft	2	40.0	1	6.7
System Violation	1	20.0	3	20.0
Other	0	0.0	2	13.3

Summary

The following can be summarized from the above findings:

A profile of the sample population from the courts receiving residential treatment dollars

- The sample (n=97) included only those individuals who had 12 month follow up data.

- The mean age of the participants was 30 years old and forty-four percent were male and 85 percent were Caucasian. Sixty-three percent of the clients were classified as not married, nearly 60 percent had a high school diploma or equivalent, and 35 percent had children. The majority of the clients fell into either the medium or medium high risk category as determined by the LSI-R. The mean score among participants was 23.

- The majority have been involved with the system in the past. Specifically, 69 percent have a prior felony arrest, 67 percent a prior drug arrest, and 44 percent misdemeanor arrest. Thirty-seven percent of the clients surveyed have prior exposure to treatment services.

Changes in self reported drug use between intake and six and twelve month follow up periods

- Forty-three percent of the participants cited methamphetamines as their primary drug of choice, followed by marijuana and alcohol

- The self reported rate of use decreases substantially at both six and 12 month follow up periods.

Changes in the amount and source of wages earned by participants over time

- Self reported wage sources within the previous 30 days shows that the differences were in the expected direction, with wages increasing and assistance on others (and illegal sources) decreasing

Changes in self ratings of overall health over time

- Ratings of overall health improved significantly over time.

Treatment involvement among clients

- The majority of the clients were involved with outpatient drug treatment during the follow up periods

Changes in reported mental health symptoms

- Forty percent of clients indicate that they are still having mental trouble and 37 percent with depression at the 12 month follow up period.

Outcomes among participants in the drug courts in the selected sample

- Termination data indicated that 67 percent of the sample graduated successfully from the drug court**.**

- Twenty-five percent of the clients received a court filing during the follow up period. Thirty-five percent received a court filing involving drugs, followed by 22 percent for a probation violation.

Section V. Discussion

The results of this evaluation are very promising. First, according to a national study completed by Belenko (2001), the average graduation rate among participants was 47 percent (range 36 percent to 60 percent). The felony drug courts under study have a graduation rate similar to the national average with the majority of the courts graduating between 50 and 60 percent of their participants. Second, data entered into ISTARS continues to increase with all of the courts indicating that they have 100 percent of their current participants in the system. Third, the courts are all using the LSI-R at intake. The courts are also using a variety of substance abuse assessment tools to screen clients at intake. Finally, the courts appear to be operating as designed; in particular, they reported the existence of aftercare, monitoring activities, rewards and graduated sanctions, experienced staff, assessment processes, eligibility and exclusionary criteria, and support and cooperation among team members and the community

In terms of outcomes, we did find a treatment effect for the drug courts under study. The drug court clients had a significantly lower recidivism rate compared to the probationers. The clients most likely to fail included those who were male, younger, had higher LSI-R scores. Moreover, the clients were likely to fail in the first year when compared to subsequent years.

It appears that graduates are a highly successful group. This is in line with the research that finds that graduates fare better than comparison group members (Peters, et al. 1999). We can speculate that those individuals who receive the full "dosage" of treatment and finish the drug court requirements are more fully impacted, at least in terms of future criminal behavior. Predictors of successful graduation included those who were older, women, those who had a high school diploma, and those with lower LSI-R scores.

The GPRA data gave us additional insight into areas of functioning. For example, clients were less likely to rely on wages rather than assistance from others by the six month and the 12 month follow up periods. The amount of wages earned also increased over time for the clients. Moreover, the participants self reported increases in overall health at the six and twelve month follow up period. While the data were mixed in regards to improvement for mental health symptoms, the participants appeared to improve overall.

The outcomes among this subsample were generally positive as well with 67 percent graduating successfully and 25 percent receiving a new court filing. When exploring outcomes by termination status, the graduates fared significantly better with only 10 percent of the graduates receiving a new court filing in contrast to 63 percent of the unsuccessful clients. The graduation rate among the subsample of participants was slightly higher than found in the statewide evaluation (54% compared to 67%).

Finally, it should not be overlooked that these courts are primarily serving methamphetamine addicts. There has been a growing concern over the use of methamphetamines. Although it is not clear that meth is more addictive than other drugs, there is evidence to suggest that meth users may progress along a continuum of addiction more quickly (Castro, Barrington, Walton, & Rawson, 2000). As the concern surrounding methamphetamine use escalates, it is important to consider viable options for treating this population rather than simply revisiting the failed drug policies of the 1980s. While we are unable to determine whether the probationers were also methamphetamine users, the recidivism rate found in this study speaks to the ability of the drug court to effectively manage this population.

While the overall findings are encouraging, there are limitations that should be considered. First, the lack of process data available among drug court participants hinders our

ability to determine which part of the drug court is most successful. Some researchers suggest that the Judge is a key component of the drug court's success while others argue that treatment services and dosage are the backbone. We were unable to gather the type of treatment data necessary to analyze the impact of dosage or treatment type on individual behavior. Second, detailed process data on the comparison group was also unavailable. Comparing the two groups on indicators such as drug of choice, frequency of drug use, treatment service exposure, and LSI-R reassessment results would have enhanced the evaluation. Third, given the evaluation was designed to assess the aggregate effectiveness of these selected felony drug courts, we are unable to provide a detailed assessment of each individual court. Finally, random assignment to the groups was not available. It is recognized that random assignment is often not a feasible option, however, in its absence careful consideration must be given to the selection of comparison group members. We feel confident that our selection of the comparison group and the use of statistical controls have increased the probability that the outcome differences are attributable to the drug court intervention. However, there are limitations inherent to quasi-experimental designs.

Section VI. Recommendations for Improvement

Overall the drug courts under study were effective in reducing recidivism. However, areas for improvement do remain. In terms of assessment, the drug courts should be reassessing all of their participants with the LSI-R. Although the majority of courts are using the instrument, very few courts appear to be utilizing it to its full potential. As offenders progress through treatment, their risk and needs change and the LSI-R results should be an integral part of the service delivery plan. Moreover, these results should also be used in aftercare planning and relapse prevention. Without these results, we are unable to assess the full impact of the drug court intervention on risk of future offending.

We support the State's current efforts to recommend that all of the courts adopt the same standardized drug assessment tool. The courts can utilize the tool to standardize their acceptance criteria and match the findings with treatment dosage. The combination of LSI-R and substance abuse results would give the courts a comprehensive picture of the clients' overall risk and needs and further facilitate treatment planning. Treatment intensity or dosage should be clearly matched to the offender's level of risk with higher risk clients receiving more intense levels of treatment.

While most of the courts reported that they used rewards and consequences, five of the eleven indicated that they did not have a clear outline of how these are tied to behaviors (both positive and negative). Drug courts have the opportunity to increase the effectiveness of treatment by using rewards and punishers in a consistent and equitable manner. The consistent application and awareness of rewards and consequences are key in teaching a client to understand how their behavior affects consequences in their environment. Behaviors that are reinforced are more likely to be repeated and behaviors followed by a negative consequence are

likely to be extinguished. A clear outline of rewards and consequences that will be consistently applied to behavior is crucial step to increasing the likelihood of behavioral change.

The issue of funding was raised on several occasions by several courts. The courts expressed a need for funding for treatment services, staff, drug testing and monitoring. Each court must attempt to prioritize the needs of the court and balance that with the need of the participants. Overworked staff can be as detrimental to the effectiveness of the court as problems with service availability. Courts should also consider whether they are attempting to serve too few clients to justify the resources dedicated to the court. In contrast, other courts should examine whether they are serving too many clients. In some cases, reducing caseloads in an effort to increase quality may be seen as more beneficial than treating a large quantity of clients.

Support and cooperation among certain team members was a concern among several courts. One of the unique aspects of the drug court model is the collaboration among the drug court team. Collaboration is important given effective leadership and communication facilitates the infrastructure needed for effective programming. While it is recognized that prosecutors and defense attorney's may disagree at certain points in the process, the drug court model demands that everyone work together for the common good of the participant. The collaborative approach is not only useful for the participant as the system strives to rehabilitate the offender but also for the court itself. A team that does not work together frequently spends more time with administrative dilemmas and less on service delivery. This seamless approach to treatment will help ensure the program is being delivered appropriately and the offender's needs are being met.

The courts should be mindful of the multivariate results. Much can be learned from examining the participants who fail to complete the drug court as well as the participants who are

graduating successfully. Courts should analyze their retention rates and the characteristics of those who fail. On an aggregate level we can say that gender, age, and LSI-R score are important predictors of recidivism. In addition, we found women were more likely to graduate than men. In some respects this makes sense given drug court staff, as a result of the service based approach, may be better positioned to respond to certain "responsivity" needs of women such as mental illness, childcare, transportation, housing, and prior abuse. However, that does not answer why men are more likely to fail. Courts should examine the needs and issues of men and younger participants and ask whether the population is receiving the most effective combination of treatment type and dosage.

The data exploring LSI-R score and outcome indicated that drug courts should consider excluding low risk clients (under 14) unless assessed as having a substantial need in the area of substance addiction. The target population should continue to include moderate to high risk clients. Currently, the recidivism rate among drug court clients scoring above 34 on the LSI-R is nearly twice that of those scoring between 15 and 34. There are two issues here that should be considered. First, drug courts should be assigning treatment dosage and supervision strategies based on the client's LSI-R results. We know that drug courts are not a one-size-fits-all solution to the drug problem. Drug treatment within the drug court model should also not be a one-size-fits-all approach. Furthermore, courts should be mindful that those participants who score in the mid-thirties or above should be receiving a higher level or dosage of service. Based on these results, we can speculate that these clients may not be receiving adequate levels of treatment. There was also a statistically significant difference in mean LSI-R scores between the drug court graduates and unsuccessful drug court clients. The findings provide evidence that the courts should critically analyze their treatment protocols.

Finally, drug courts should develop quality assurance mechanisms to ensure that the providers are offering high quality services. While the survey results indicated that drug court members were generally satisfied with their treatment provider(s), the courts should continue to ensure that they providers are using evidence based approaches. The majority of the program activities, groups, and services should be directed toward reducing criminogenic needs and risk factors. While substance abuse does provide the starting point for treatment, the courts should also ensure that the providers are using effective models to address other important needs. Moreover, probation or agencies involved in the supervision of clients should be trained on the cognitive behavioral model. This model, particularly as it relates to the delivery of rewards and consequences, is very relevant to probation officers. Together, the drug court team members should continue to work as a therapeutic alliance for their clients.

In sum, Idaho's felony drug courts have been in existence for the better part of a decade. The results of the evaluations conducted over the last seven years reinforce the view that drug courts can be effective in reducing recidivism. As drug courts evolve and mature over the coming years they should continue to internally evaluate their policies and approaches. Moreover, during the last decade, the state has seen a tremendous growth not only in the number of drug courts but also among specialty courts in general. Future research should examine the impact of these court based interventions both in terms of county and state level costs and their system level effectiveness in serving offenders in Idaho.

References

Allison, P. D. (1984). *Event history analysis: Regression for longitudinal event data*. Beverly Hills, CA.: Sage.

Andrews, D., & Bonta, J. (1995). *The level of service inventory-revised.* Toronto, ONT: Multi-Health Systems, Inc.

Aos, S., Phipps, P., Barnoski, R., & Lieb, R. (2001). *The comparative costs and benefits of programs to reduce crime.* Olympia, WA: Washington State Institute for Public Policy.

Belenko, S. (1998). Research on drug courts: A critical review. *National Drug Court Institute Review, 1*, 1-43.

Belenko, S. (1999). Research on drug courts: A critical review, 1999 update. *National Drug Court Institute Review, 2*, 1-58.

Belenko, S. (2001). Research on drug courts: A critical review, 2001 update. *The National Center on Addition and Substance Abuse*. New York: Columbia University.

Belenko, S., Fagan, J. A., & Dumanovsky, T. (1994). The effects of legal sanctions on recidivism in special drug courts. *Justice System Journal, 17*, 53-81.

Brewster, M. P. (2001). An evaluation of the Chester county (PA) drug court program. *Journal of Drug Issues, 31*, 177-206.

Castro, F.G., Barrington, E.H., Walton, M.A., & Rawson, R.A. (2000). Cocaine and methamphetamine: Differential addiction rates. *Psychology of Addictive Behaviors, 14*, 390-396.

Deschenes, E. P., & Greenwood, P.W. (1994). Maricopa County's drug court: An innovation program for first time drug offenders on probation. *Justice System Journal, 17*, 99-115.

Drug Courts Program Office, Office of Justice Programs (2004). *Defining drug courts: The key components.* Washington, DC: U.S. Department of Justice.

Dynia, P., & Sung, H. (2000). The safety and effectiveness of diverting felony drug offenders to residential treatment as measured by recidivism. *Criminal Justice Policy Review, 11*, 299-311.

Finn, P., & Newlynn, A.K. (1997). Miami's drug court: A different approach. In L. K. Gaines and P. B. Kraska (Eds.), *Drugs, crime, and justice* (pp. 357-374). Prospect Heights, IL: Waveland.

French, M. T., Zarkin, G.A., Hubbard R. L., & Valley, R. J. (1993). The effects of time in drug abuse treatment and employment on post-treatment drug use and criminal activity. *American Journal of Drug and Alcohol Abuse, 19*, 19-25.

General Accounting Office (2003). *Drug courts: Better DOJ data collection and evaluation efforts needed to measure impact of drug court programs.* Washington DC: Report to Congress (02-434).

Gendreau, P., Little, T., & Goggin, C. (1996). A meta analysis of the predictors of adult recidivism: What works? *Criminology, 34*, 575-607.

Goerdt, J. A., & Martin, J. A. (1989). The impact of drug cases on case processing in urban trial courts. *State Court Journal, 13*, 4-12.

Goldkamp, J. S., & Weiland, D. (1993). *Assessing the impact of Dade County's felony drug court. National Institute of Justice Research Brief.* Washington D.C.: U.S. Department of Justice.

Granfield, R., Eby, C., & Brewster, T. (1998). An examination of the Denver drug court: The impact of a treatment-oriented drug-offender system. *Law and Policy, 20*, 183-202.

Hindelang, M. J. (1981). Variations in sex-race-age-specific incidence rates of offending. *American Sociological Review, 46,* 461-474.

Johnson, S. L., Travis, L., Latessa, E., and Holsinger, A.M. (1999). *Ohio drug court research study: Status and recommendations*. Technical Report. Center for Criminal Justice Research, University of Cincinnati.

Latessa, E. J., Shaffer, D. K., & Lowenkamp, C. T. (2002). *Outcome evaluation of Ohio's drug court efforts.* Technical Report. Center for Criminal Justice Research, University of Cincinnati.

Listwan, S. J., & Latessa, E. (2005). *Ada and Kootenai County drug courts: Outcome evaluation findings.* Technical Report. Center for Criminal Justice Research, University of Cincinnati.

Listwan, S. J., Latessa, E., & Jaeger, N. (2004). *Idaho's Drug Courts: Process Evaluation Findings Phase 1*. Technical Report. Center for Criminal Justice Research, University of Cincinnati.

Listwan, S. J., Sundt, J., Holsinger, A. M., & Latessa, E. J. (2003). The effect of drug court programming on recidivism: The Cincinnati experience. *Crime & Delinquency, 49, 389-411*

Lowenkamp, C. T., Holsinger, A. M., & Latessa, E. J. (2005). Are drug courts effective: A meta-analytic review. *Journal of Community Corrections*, Fall, 5-10, 28.

Martinez, A. I., & Eisenberg, M. (2003). *Initial process and outcome evaluation of drug courts in Texas*. Austin, TX: Criminal Justice Policy Council.

Miethe, T. D., Lu, H., & Reese, E. (2000). Reintegrative shaming and recidivism risks in drug court: Explanations for some unexpected findings. *Crime and Delinquency, 46,* 522-541.

Office of Justice Programs, Drug Court Programs Office. (2007). *Defining drug courts: The key components*. Washington, D. C.: U.S. Department of Justice.

Palloni, A. & Sorensen, A. B. (1990). Methods for the analysis of event history data: A didactic overview. In P. B. Baltes, D. L. Featherman, and R. M. Lerner (Eds.), *Life-span development and behavior* (pp. 291-323). Hillsdale, N.J.: Lawrence Erlbaum Associates.

Peters, R. H., Haas, A. L., & Murrin, M. R. (1999). Predictors of retention and arrest in drug courts. *National Drug Court Institute Review, 2*, 33-60.

Rempel, M., Fox-Kralstein, D., Cissner, A., Cohen, R., Labriola, M., Farole, D., Bader, A., & Magnani, M. (2003). *The New York State adult drug court evaluation: Policies, participants and impacts*. Technical Report. The Center for Court Innovation.

Sechrest, D. K., & Shicor, D. (2001). Determinants of graduation from a day treatment drug court in California: A preliminary study. *Journal of Drug Issues, 31*, 129-148.

Shaffer, D. K., Listwan, S. J., Latessa, E. J., & Lowenkamp, C. T. (2007). Examining the differential impact of drug court services by court type: Findings from Ohio. *Drug Court Review, 6*, 33-68.

Simourd, D. (2004). Use of dynamic risk/need assessment instruments among long term incarcerated offenders. *Criminal Justice and Behavior, 24*, 52-70.

Spohn, C. ,Piper, R. K., Martin, T., & Frenzel, E. D. (2001). Drug courts and recidivism: The results of an evaluation using two comparison groups and multiple indicators of recidivism. *Journal of Drug Issues, 31*, 149-176.

Van Voorhis, P., Cullen, F. T., & Applegate, B. (1995). Evaluating interventions with violent offenders: A guide for practitioners and policymakers. *Federal Probation,* 59, 17-28.

Vito, G., & Tweksbury, R. A. (1998). The impact of treatment: The Jefferson County (Kentucky) drug court program. *Federal Probation, 62*, 46-52.

Wilson, D. B., Mitchell, O., & MacKenzie, D. L. (2002). A systematic review of drug court effects on recidivism. Paper presented at the annual meeting of the American Society of Criminology, Chicago, Nov. 12-16.

Willett, J. B., & Singer, J. D. (1993). Investigating onset, cessation, relapse, and recovery: Why you should, and how you can, use discrete-time survival analysis to examine event occurrence. *Journal of Consulting and Clinical Psychology, 61*, 952-965.

Wolf, E., & Colyer, C. (2001). Everyday hassles: Barriers to recovery in drug court. *Journal of Drug Issues, 31*, 233-258.

APPENDIX A

Survey Results: Improvements & Concerns

The courts were asked to answer several questions pertaining to their system and operations. They were also asked to indicate problems or issues faced by the courts. The following tables illustrate a summary of the open-ended questions asked of the courts.

Question	Answer
Improvements made since inception of court	*Various drug testing methods, *Increased drug testing, *Alumni group, *Drug court coordinator, *Mental health consultant, *Employment consultant, *Establishment of the core competencies and measurements, *Bringing treatment "in house" under one umbrella for drug courts in District 7, *MRT, CSC, Matrix, family component, & Slicks Group *"What Works Meeting" for Drug Court treatment providers, probation, and support staff, *Elimination of "points system" *Progress measured through competencies, not time, *Treatment and probation located in the same office, *Process evaluation by BYU-I interns, *Weekly clinical staff meetings *Probation and Parole *Drug testing has been enhanced *program length has doubled from 9 to 18 months *Polygraph, treatment, & Assessments *Our treatment modality is totally different; It is much more cognitive and behavioral change oriented with inclusion of CSC and MRT as mandatory components; We are using the Matrix Model in Phase I and Phase II; We have changed our Phase III and IV (the last 5-6 months) of program to a powerful Aftercare program that stresses development of community sober support and putting recovery skills to work in life circumstances; We utilize mentors and a Alumni Recovery Panel for participants to identify and strengthen their chance for success for long term; *We have decreased the number of providers serving this Drug Court; *We recognize that for the target offender group that we accept into our program 12 months is not long enough for them, we expect it will take 14-16 months to complete; *The most significant improvement made to our DC, in my opinion, has been to hire our own DC treatment providers and bring treatment in house. A recent addition to treatment has been a family component.

	*Our treatment center, probation officers to monitor compliance, expanded treatment - offer parenting, GED groups, family groups, relationships/boundaries group, grief, budgeting, relapse prevention, alumni, etc..., changed core treatment groups - MRT/Matrix, more training/education for staff, more different options for sanctions/rewards, better overall monitoring, curfew/ breath analysis, etc.... *Added a case manager, added MRT to treatment, lengthened time in each phase to 20 weeks, added 5 day test for alcohol, enlisted sheriff's deputies to do curfew checks, new rewards in court *Added a case manager, lengthened final phase to 6 months of aftercare, added 5 days test for alcohol, new rewards in court - drawing for prizes, etc. MRT verifying initials on AA/NA cards/ Added MH counselor to team *Wellness program, neuro-cognitive/psychological evaluations, peer support/aftercare, relapse group, MRT, *Dual issues, family education, access to specialized treatment and counseling, financial management, employment groups, physical evaluations/health/meds, alumni, mental health, parenting
Remaining obstacles facing drug court	*None *Not enough time and participation in staffing *Help with data entry, we are using existing resources and they are stretched to the limits. *Mental health issues *Judges need case loads reduced to handle drug court. *A total lack of access to residential treatment; This program as well as the Quad County program worked with an Ontario residential program (Alcohol Recovery Center) to develop a relationship that allowed our Drug Court clients to enter in a timely manner when increased level of treatment was needed. For approximately two years we had benefit of a Treatment Enhancement Grant to assist with the cost of the 28 day program; It was normal to have a bed date open when the offender finished a 7-14 day jail sanction for another relapse; When the grant was gone, we were using ATR funding and still having great success with those clients receiving this higher level of care in a timely manner. Recently ARC advised that they no longer had control of their own waiting list---all admissions were through BPA and the Drug Court clients would not receive preferential treatment even though ARC wanted to continue receiving referrals from Drug Court; Wait lists for residential are currently 3-4 months; Our participants cannot sit in jail waiting for a bed (it is far too expensive) and yet are failing at Intensive Out-patient level of care. Our participants have already pled guilty to their felony charge and therefore if they fail Drug Court they will be sent straight to sentencing on their felony….typically going to prison on the rider program. It is a lose-lose situation. Because of the wait lists we have stopped making referrals through BPA; Our "band aid" solution is to develop an individualized treatment plan that increases the IOP services to nearly a day treatment plan. We've been able to stabilize some clients and get them back on track; But this uses our treatment funding up more rapidly

	with so many IOP treatment hours and so it is not the answer either. *Our drug testing is adequate but we skimp on testing….especially alcohol testing…..because our budget is the same now as 4 years ago. In order to cover testing expenses the last 3 months of this fiscal year we are using the Client Fee fund. We need approximately $12,000 additional funding per year to meet the needs of this program. *Transportation continues to be a huge barrier for participants that reside in Gem County or Washington County and must come to Payette or Ontario, Or for services. Many do not have driver's licenses, have no car and are certainly feeling the crunch of the high gasoline prices. We have just one treatment provider for all four phases in the Quad program. While the program is good it is located in Ontario, OR. Clients have become creative in finding ways to get there but having treatment services in Gem Co (Emmett) would be helpful to say the least. *I need to develop at least one additional provider for this program. *A total lack of access to residential treatment *Limited drug testing money *Under funding prevents an expansion of the drug court program *Most issues are quickly identified and dealt with by the team, however, an area of concern is the signing of AA cards and how easy it is to falsify them. *Reporting requirements, ISTARS is ineffective to actually operate the program. *Funding *To cramped treatment center, over capacity in program, and turning people away *Health and welfare certification *data entry into 3 databases *not enough probation officers *difficulty with some members of drug court team *to big load for each party *we need a place to send clients long term inpatient as an alternative to prison. *collection of fees (requirement for promotion and graduation) from indigent clients seems unreasonable *In desperate need of transitional housing - Our clients have nowhere to go, except to sleep under the bridge - landlords won't give them a chance. *More cooperation with medical doctors and dentists. They continue to prescribe narcotic drugs to addicts. *Graduates feel it ends abruptly, so the program has recently been extended from 18 to 24 months. then extra 6months are a transitional phase with peer support

What Aspects of the court would you like to change?	*From the program inception, all drug testing for the Felony Drug Court Clients are coordinated at the misdemeanor/drug court office by the misdemeanor probation officer and coordinator because the felony office does not have the man power or resources. While the current system works, the felony officer is missing out on key contacts with clients, and also this places extra strain on the misdemeanor probation office that should be shared with felony office. *ISTARS, while there are efforts being made to improve the data collection system, for a multiple county court it is challenging to collect and enter data from various counties. Things are being "patched" together to make due, but it is time consuming and could be improved *More help *A way to monitor people after they graduate from the drug court *Increase alcohol testing using the EtG test *A way to gather information on people who do not enter the program *More judicial interest and willingness in order to expand our program; *Bring treatment services closer geographically to the clients; *Start an Alumni Group in Gem County *How to keep the alumni association as a viable group. *1 database *Fix ISTARS *More/better funding, new treatment center, more staff/more probation officers, better teamwork, & consistency/working relationship with Judge *Always changing and modifying *Always making minor changes and adjustments *Change curfew - place everyone on a schedule 24/7 with their timeframe so that employment/home visits aren't done while they aren't there. *Keep it balanced maybe change criteria so its not so tight as to allow for more participants
What does your team need to function more effectively?	*More time to spend together as a team. *More probation support from DOC. The officer currently assigned does the best she can with the time she has to dedicate to the drug court., but at times there is just not enough time. *More time in team planning *Do a better job on the records and data entry *Our team is doing extremely well at this time. We do have new members that have had to learn as they go…because there is no funding to send them to important trainings. Our Prosecutor has especially asked for help to attend the Judicial College training in Reno….it would only help to make a stronger team (in my opinion) *Our team is doing extremely well at this time. *We have worked through some issues and the process of working through them seems to have strengthened our team. Judge Krogh is a perfect fit as a Drug Court Judge (in my opinion having served 2 in Oregon and 3 others in District 3). *The constant change in Probation Officers has settled now that our original

	PO is back from Iraq….he is such an asset to the team and excellent style of supervision. *Over all the team works well together. Even though the communication is frequent, there are still times when treatment knew information that wasn't shared with probation or vice versa. *Our team goes through highs and lows in functioning. For the past several years, we have had significant difficulties with some members stability & consistency. This has recently improved somewhat. *Hot tub *We have a difficult time reaching agreement because of widely different philosophies (and personal in-fighting of treatment counselors). Our meetings are usually very adversarial. *Availability of more team training in lieu of separate training per position.
What support would you like from the Supreme Court?	*Visiting with colleagues from across the country, I feel we are very fortunate to have the support we have from the Supreme Court. THANK YOU! *Travel and training funding if possible someday would be great. *ISTARS, while making improvements is a weak link in the data collection. *Connectivity between counties benefit program management and outcome studies. *More meetings on state bases, they are doing a great job *Norma is doing great as well as her staff, but we could use more data entry people & PO's for the program *I believe those at the Supreme Court are extremely responsive and always willing to give assistance. *I can't think of anything other than perhaps continued encouragement to our Judges in District 3 to support and learn more about Drug Court and other problem solving Courts. *If those at the Supreme Court have influence with the decision makers that could help with the residential treatment access problem that would also be appreciated. *The staff of the Supreme Court are supportive, available to provide assistance, and approachable. At this time, I have no suggestions for change. *Fix ISTARS - I could probably eliminate an entire position. I submitted pages of problems and suggestions, but haven't gotten a response. *Evaluation is crucial, but it is a very minor part of our jobs - we have to be able to manage a program not just collect data. more communication - invitation to or at least communication about meetings about my individual program. *Aside from taking all the coordinators on vacation to Mexico? *The ongoing problems with payments by BPA take time and rob my providers of their enthusiasm, if not their livelihood. *We need a different system at DHW so BPA cannot continue to run over us without accountability. pro active decisions with BPA and a definition of their role, which is

	separate of what we feel their role is !? *A case management/data collection system that works, and ability to generate reports from what is placed into the database. CONNECTIVITY BETWEEN COUNTIES! Continue listening and lending support as needed.

APPENDIX B

Court Coordinator Survey

Drug Court Evaluation Survey: Court Coordinator

Instructions: Please answer the following questions to the best of your ability. Your answers are an important part of this project. ***Please return the completed survey by Friday, March 31st, 2006 to Norma Jaeger Idaho Supreme Court, P.O. Box 83720, Boise, Idaho 83720-0101.*** If you have any questions or concerns regarding this survey, please call Norma Jaeger at (208) 947-7406 or Scott Ronan (208) 947-7428. Thank you for your participation. We know that you are always extremely busy. Please know that your answers are critical to the final phase of the statewide felony court outcome evaluation and the resulting impact on continued support for the drug courts in Idaho. We sincerely appreciate your efforts.

Part I

Name:_____

Employing Agency Name:_____

Drug Court (please be specific):_____

Your Address:_____

Position/Title:_____

Years in current position:_____

How long have you worked as *Coordinator* for this drug court?_____

What is your educational level?

a. ___High School Diploma
b. ___Some College
c. ___Associate Degree
d. ___B.S./B.A./B.S.W.
e. ___M.S./M.A./M.S.W. or higher

Field of Degree:_____

Certifications/Licensure_____

Before you came to this program, had you worked for another program dealing with offenders?

Yes _____ No _____ If yes, please complete the following:

Program:_____ Title:_____

Years:_____

Program:_____ Title:_____

Years:_____

Program:_____ Title:_____

Years:_____

Program:_____ Title:_____

Years:_____

When did this drug court first accept participants? _____, _____-____

month/day year

Does this drug court currently use the ISTARS mis/database Yes _____ No _____

What percentage of your **currently active** drug court cases are entered in ISTARS ? _____%

What percentage of your **total** drug court cases (current and old) are entered in ISTARS ? _____%

Do you use any other database to collect data on your drug court ? Yes _____ No _____

Drug Court Process:

Please mail a copy of your drug court operating manual or participant handbook, along with this completed survey to Scott Ronan.

Structure of this drug court (**circle all that apply**): Pre-Plea Diversion, Post Plea – Pre Sentence,

Post Plea – Post Sentence, Referral of Probationers from Department of Correction,

Target Population/Eligibility Criteria: (please list eligibility criteria)

Referral sources:

Who conducts screening to determine eligibility for admission:

What assessment tools (criminogenic risk/need; substance abuse; mental health; education; etc.) does your drug court utilize for determining acceptance into drug court and to determine treatment placement and services to be provided? Your answer should include those utilized by the drug court as well as by the treatment providers.

What percentage of offenders are assessed on criminogenic risk/need factors prior to entering your program? (circle selected answer)

a. _____less than 25 percent
b. _____26-50 percent
c. _____51-75 percent
d. _____more than 75 percent
e. _____do not know

What percentage of offenders are **reassessed** to determine the change in criminogenic risk/need before they leave your program? (circle selected answer)

a. _____less than 25 percent
b. _____26-50 percent
c. _____51-75 percent
d. _____more than 75 percent
e. _____do not know

How adequate do you consider your assessment process? (circle your choice)

1	2	3	4	5
completely inadequate	somewhat inadequate	neutral	somewhat adequate	completely adequate

If rated completely or somewhat inadequate, why?

How well are the specified eligibility criteria for your drug court adhered too?

a. _____Completely
b. _____Mostly
c. _____Somewhat
d. _____Not at all
e. _____Do not know

What exclusionary criteria are in place that would render an offender <u>ineligible</u> for your program?

How well are these exclusionary criteria adhered too?

a. _____Completely
b. _____Mostly
c. _____Somewhat
d. _____Not at all
e. _____Do not know

Frequency of drug court participant review hearings conducted by the Judge :
In Phase 1 : Weekly, Bi-Weekly, Monthly, Other (specify)_____
In Phase 2 : Weekly, Bi-Weekly, Monthly, Other (specify)_____
In Phase 3 : Weekly, Bi-Weekly, Monthly, Other (specify)_____
In Phase 4 : Weekly, Bi-Weekly, Monthly, Other (specify)_____

How long does a **successful** participant typically remain in the drug court? # _____ months

What is the range of time spent in drug court by **successful** participants? # _____ to #_____
months

How long does an **unsuccessful** participant typically remain in the drug court? #_____ months

What is the range of time spent in drug court by **unsuccessful** participants? # _____ to #_____
months

Is there a structured aftercare program for participants? Yes _____ No _____

If there is a structured aftercare program, when does it begin and how long can participants participate?

What formal checks are in place to monitor a participant's activities while not in the treatment setting? (check all that apply)

a. _____random drug testing during week
b. _____random drug testing on weekends
c. _____random phone calls
d. _____home visits
e. _____sign-in sheets at required activities
f. _____regular contact with probation officer in office
g. _____contacts by probation officer at participant's home or work
h. _____regular contacts with employer
i. _____electronic monitoring
j. _____other:_____
k. _____do not know

How adequate is the system of checks to monitor participant activities? (circle your choice)

1	2	3	4	5
completely inadequate	somewhat inadequate	neutral	somewhat adequate	completely adequate

If rated as completely or somewhat inadequate, why?

Does your drug court utilize rewards to encourage pro-social behavior?

a. _____yes
b. _____no
c. _____do not know

If yes, what rewards are used?

How adequate are the rewards? (circle your choice)

1	2	3	4	5
completely inadequate	somewhat inadequate	neutral	somewhat adequate	completely adequate

If rated as completely or somewhat inadequate, why?

Does the program utilize punishers/sanctions/consequences?

a. _____yes
b. _____no
c. _____do not know

How adequate is the system of using punishers/sanctions/consequences? (circle your choice)

1	2	3	4	5
completely inadequate	somewhat inadequate	neutral	somewhat adequate	completely adequate

If rated as inadequate, why?

Which are used more frequently, rewards or punishers?

a. _____rewards
b. _____punishers
c. _____both are used at the same rate
d. _____do not know

Is there a clear outline of sanctions and rewards related to specific behaviors? ___yes _____no

Are sanctions and rewards progressively more intense (graduated)? _____yes _____no

How do you handle instances of drug use in your drug court?

How do you handle participants who commit a new offense while in drug court?

Participants:

Number of active participants on **December 31, 2005** _____

Number of participants who have been admitted to drug court **since its inception**: _____

Graduation Criteria:

Number of graduates since this drug court's inception: _____

Do you hold a graduation ceremony for the participants: Yes _____ No _____

Do you present the graduating participants with awards or rewards? Yes _____ No _____

If yes, what is presented to the graduates?

Unsuccessful Termination / Removal Criteria:

Number of unsuccessful terminations / removals since this drug court's inception: _____

What improvements or additions in services have you made since this drug court's inception?

Identify obstacles or barriers that you are currently facing in your drug court process?

What aspects of your program would you like to change or modify?

PLEASE RATE EACH OF THE FOLLOWING:

In your opinion, have there been any **changes** in this drug court's **processes** since January 1, 2005, which have jeopardized the smooth functioning of the program? (circle your choice)

1	2	3	4	5
no changes				many changes

If there have been many changes, please describe:

Have there been any **changes** in this drug court's **funding** since January 1, 2005, which have jeopardized the smooth functioning of the program? (circle your choice)

1	2	3	4	5
no changes				many changes

If there have been many changes, please describe:

have there been any **changes** in this drug court's **treatment services** since January 1, 2005, which have jeopardized the smooth functioning of the program? (circle your choice)

1	2	3	4	5
no changes				many changes

If there have been many changes, please describe:

Have there been any changes in **community support** for this drug court since January 1, 2005, which have jeopardized the smooth functioning of the program? (Circle your choice)

1	2	3	4	5
no changes				many changes

If there have been many changes, please describe:

How supportive are **your drug court team members** of the treatment efforts provided by the drug court (i.e. the values and goals of the program? (Circle your choice)

	1 not at all supportive	2 somewhat unsupportive	3 neutral	4 somewhat supportive	5 very supportive
Judge	_____	_____	_____	_____	_____
Prosecutor	_____	_____	_____	_____	_____
Public Defender	_____	_____	_____	_____	_____
Probation Officer	_____	_____	_____	_____	_____
Treatment Provider	_____	_____	_____	_____	_____

How supportive is the **community at large** of your program? (circle your choice)

1 not at all supportive	2 somewhat unsupportive	3 neutral	4 somewhat supportive	5 very supportive

Do you consider the **current funding** adequate to operate the program? (circle your choice)

1 not at all adequate	2 somewhat inadequate	3 neutral	4 somewhat adequate	5 very adequate

If not adequate, please note concerns:

Do you consider the **current funding** secure to sustain the program? (circle your choice)

1 not at all secure	2 somewhat insecure	3 neutral	4 somewhat secure	5 very secure

If not secure, please note concerns:

Overall, how would you rate the treatment programs available to the drug court participants? (circle your choice)

1 very poor	2 poor	3 fair	4 good	5 very good

Why did you give the available treatment this rating?

Overall, how would you rate the **treatment programs** available, generally, in your county? (circle your choice)

1	2	3	4	5
very poor	poor	fair	good	very good

Why did you give the treatment programs available in your county this rating?

How satisfied are you with the **level of cooperation** between this drug court and the following agencies: (circle your selection)

	Very Unsatisfied	Unsatisfied	Undecided	Satisfied	Very Satisfied
Law Enforcement	1	2	3	4	5
Prosecution	1	2	3	4	5
Public / Other Defense	1	2	3	4	5
District Court System	1	2	3	4	5
Adult State Probation	1	2	3	4	5
Treatment Providers	1	2	3	4	5
Jail Personnel	1	2	3	4	5
Vocational Services	1	2	3	4	5
Supreme Court	1	2	3	4	5

How effectively does your **drug court team** work together to manage the drug court and its participants? (circle your choice)

Very Ineffectively	Somewhat Ineffectively	Undecided	Somewhat Effectively	Very Effectively
1	2	3	4	5

What does your drug court team need to work together more effectively?

What additional or different support or assistance would you like to receive from the Supreme Court?

APPENDIX C

Table 1 Drug Court Effectiveness by County

	Ada				Bannock				Bingham				Bonneville			
	Treatment		Control Group		Treatment		Control Group		Treatment		Control Group		Treatment		Control Group	
Characteristic	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Age at Intake																
12 to 18	23[b]	8.9	7	2.7	2	5.1	0	0.0	2	8.0	0	0.0	1	2.9	1	2.9
19 to 25	95	36.8	79	30.7	16	41.0	10	25.0	8	32.0	6	24.0	12	35.3	11	35.3
26 to 34	66	25.6	75	29.2	8	20.5	13	32.5	10	40.0	11	44.0	11	32.4	12	32.4
35 to 50	68	26.4	92	35.8	13	33.3	16	40.0	5	20.0	7	28.0	10	29.4	10	29.4
51 to 61	6	2.3	4	1.6	0	0.0	1	2.5	0	0.0	1	4.0	0	0.0	0	0.0
Mean	29.39		31.68		29.15		33.60		29.24		32.88		30.89		29.71	
Gender																
Male	134[a]	51.5	177	68.9	25	62.5	19	47.5	15	60.0	16	64.0	26	74.3	27	79.4
Female	126	48.5	80	31.3	15	37.5	21	52.5	10	40.0	9	36.0	9	25.7	7	20.6
Race																
Non-White	8[a]	3.3	44	17.1	8[b]	80.0	1	2.6	5[c]	20.0	11	44.0	33[b]	100.0	7	20.6
Caucasian	221	90.9	213	82.9	32	20.0	38	97.4	17	68.0	14	56.0	0	0.0	27	79.4
Unknown	14	5.8	0	0.0	0	0.0	0	0.0	3	12.0	0	0.0	0	0.0	0	0.0
Martial Status																
Married	60[a]	24.7	22	8.6	5	12.8	3	7.5	6	24.0	5	20.0	7	21.9	8	23.5
Not Married	183	75.3	235	91.4	34	87.2	37	92.5	19	76.0	20	80.0	25	78.1	26	76.5
LSI Score Categories																
Low	0[a]	0.0	0	0.0	0[b]	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Low/Med	19	8.3	20	7.9	4	10.0	0	0.0	0	0.0	0	0.0	5	20.8	7	21.9
Med	39	17.1	84	33.3	18	45.0	8	20.0	4	36.4	7	28.0	7	29.2	10	31.3
Med/High	132	57.9	111	44.0	18	45.0	26	65.0	7	63.6	15	60.0	12	50.0	15	46.9
High	38	16.7	37	14.7	0	0.0	6	15.0	0	0.0	3	12.0	0	0.0	0	0.0
LSI Raw Score																
5 to 15	19[a]	8.3	20	7.9	4[b]	10.0	0	0.0	0	0.0	0	0.0	5	20.8	7	21.9
16 to 25	47	20.6	99	39.3	21	52.5	11	27.5	4	36.4	7	28.0	9	37.5	12	37.5
26 to 35	114	50.0	89	35.3	15	37.5	23	57.5	7	63.6	15	60.0	10	41.7	12	37.5
36 to 45	48	21.1	44	17.5	0	0.0	6	15.0	0	0.0	3	12.0	0	0.0	1	3.1
Mean	28.90		28.94		23.40		29.50		26.82		28.96		22.75		22.25	

Table 2 Drug Court Effectiveness by County

	Ada				Bannock				Bingham				Bonneville			
	Treatment		Control Group		Treatment		Control Group		Treatment		Control Group		Treatment		Control Group	
Characteristic	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Court Filing Post Intake																
Yes	90[a]	34.7	40	59.6	3	7.7	6	15.8	7	28.0	4	16.0	10[b]	29.4	2	6.3
No	169	65.3	95	40.4	36	92.3	32	84.2	18	72.0	21	84.0	24	70.6	30	93.8
Most Serious Offense																
Drug	41[a]	45.6	55[b]	39.3	0	0.0	4	66.7	2	28.6	3	75.0	1	10.0	1	100.0
DUI	7	7.8	8	5.7	0	0.0	1	16.7	0	0.0	1	25.0	1	10.0	0	0.0
Violence	6	6.7	10	7.1	0	0.0	1	16.7	2	28.6	0	0.0	1	10.0	0	0.0
Theft	14	15.6	1	0.7	3	0.0	0	0.0	1	14.3	0	0.0	1	10.0	0	0.0
SV	21	23.3	64	45.7	0	0.0	0	0.0	1	14.3	0	0.0	4	40.0	0	0.0
Other	1	1.1	2	1.4	0	0.0	0	0.0	1	14.3	0	0.0	2	20.0	0	0.0
Time Between Intake and Court Filing (days)																
Mean	306.53		276.37		---		338.83		232.29		366.75		536.00		321.5	
Total Time Followed (days)																
Mean	961.58		939.09		866.33		832.33		772.29		987.25		1034.60		1188.00	

Table 3 Drug Court Effectiveness by County

	Canyon				Kootenai				Latah				Madison/Jefferson/Freemont			
	Treatment		Control Group		Treatment		Control Group		Treatment		Control Group		Treatment		Control Group	
Characteristic	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Age at Intake																
12 to 18	3[b]	2.9	1	0.9	5	6.6	2	2.6	5	62.5	4	66.7	1	4.0	0	0.0
19 to 25	50	48.1	35	32.4	31	40.8	30	38.5	2	0.0	0	0.0	14	56.0	10	38.5
26 to 34	28	26.9	34	31.5	21	27.6	25	32.1	0	25.0	1	16.7	7	28.0	8	30.8
35 to 50	22	21.2	32	29.6	18	23.7	18	23.1	1	0.0	0	0.0	3	12.0	7	26.9
51 to 61	1	1.0	6	5.6	1	1.3	3	3.8	8	16.7	1	16.7	0	0.0	1	3.8
Mean	28.10		31.84		28.40		29.74		25.88		28.00		26.24		27.77	
Gender																
Male	56[a]	53.3	81	75.0	49	63.6	49	62.8	2	33.3	7	87.5	16	57.1	18	69.2
Female	49	46.7	27	25.0	28	36.4	29	37.2	4	66.7	1	12.5	12	42.9	8	30.8
Race																
Non-White	3[a]	2.9	46	57.4	0[b]	0.0	4	5.1	1	16.7	1	12.5	1[c]	3.7	5	19.2
Caucasian	76	72.4	62	42.6	77	100.0	74	94.9	5	83.3	7	87.5	24	88.9	21	80.8
Unknown	26	24.8	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	2	7.4	0	0.0
Martial Status																
Married	44[a]	41.9	19	17.6	21[b]	27.3	11	14.1	0	0.0	0	0.0	7	25.9	5	19.2
Not Married	61	58.1	89	82.4	56	72.7	67	85.9	6	100.0	8	100.0	20	74.1	21	80.8
LSI Score Categories																
Low	1	1.0	0	0.0	2	5.0	1	1.3	0	0.0	1	16.7	0	0.0	0	0.0
Low/Med	15	15.5	8	7.8	9	22.5	12	15.8	0	0.0	2	33.3	5	19.2	5	19.2
Med	39	40.2	42	41.2	10	25.0	23	30.3	0	0.0	2	33.3	15	57.7	15	57.7
Med/High	39	40.2	48	47.1	16	40.0	33	43.4	0	0.0	1	16.7	6	23.1	6	23.1
High	3	3.1	4	3.9	3	7.5	7	9.2	0	0.0	0	0.0	0	0.0	0	0.0
LSI Raw Score																
5 to 15	16	16.5	8	7.8	11	27.5	13	17.1	0	0.0	3	50.0	5	20.0	5	19.2
16 to 25	46	47.5	45	44.1	11	27.5	27	35.5	0	0.0	2	33.3	12	48.0	15	57.7
26 to 35	31	32.0	42	41.2	14	35.0	28	36.8	0	0.0	1	16.7	8	32.0	6	23.1
36 to 45	4	4.1	7	6.9	4	10.0	8	10.5	0	0.0	0	0.0	0	0.0	0	0.0
Mean	22.62		25.07		22.98		24.74		n/a		16.17		21.60		19.69	

Table 4 Drug Court Effectiveness by County

	Canyon				Kootenai				Latah				Madison/Jefferson/Freemont			
	Treatment		Control Group		Treatment		Control Group		Treatment		Control Group		Treatment		Control Group	
Characteristic	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Court Filing Post Intake																
Yes	31	29.8	27	28.1	26	34.2	25	34.2	1	12.5	0	0.0	7	28.0	3	15.0
No	73	70.2	69	71.9	50	65.8	48	65.8	7	87.5	6	100.0	18	72.0	17	85.0
Most Serious Offense																
Drug	18	58.1	15	60.0	14	53.8	9	36.0	0	0.0	0	0.0	2	28.6	1	33.3
DUI	3	9.7	4	16.0	6	23.1	9	36.0	1	100.0	0	0.0	1	14.3	1	33.3
Violence	3	9.7	2	8.0	1	3.8	3	12.0	0	0.0	0	0.0	1	14.3	0	0.0
Theft	3	9.7	3	12.0	1	3.8	4	16.0	0	0.0	0	0.0	2	28.6	1	33.3
SV	3	9.7	1	4.0	2	7.7	0	0.0	0	0.0	0	0.0	1	14.3	0	0.0
Other	1	3.2	0	0.0	2	7.7	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Time Between Intake and Court Filing (days)																
Mean	362.58		392.85		354.73		357.88		45.00		0.00		501.26		409.33	
Total Time Followed (days)																
Mean	1058.03		1148.79		993.08		964.68		382.00		0.00		1158.43		964.00	

Table 5 Drug Court Effectiveness by County

	Nez Perce				Twin Falls			
	Treatment		Control Group		Treatment		Control Group	
Characteristic	N	%	N	%	N	%	N	%
Age at Intake								
12 to 18	0	0.0	1	5.9	7[c]	7.0	0	0.0
19 to 25	12	63.2	5	29.4	37	37.0	37	37.0
26 to 34	5	26.3	4	23.5	27	27.0	27	27.0
35 to 50	2	10.5	6	35.3	27	27.0	35	35.0
51 to 61	0	0.0	1	5.9	2	2.0	1	1.0
.... Mean	26.26		31.59		29.49		30.57	
Gender								
Male	12	63.2	12	70.6	53[b]	51.0	71	71.0
Female	7	36.8	5	29.4	51	49.0	29	29.0
Race								
Non-White	1	5.9	2	10.5	0[a]	0.0	17	17.0
Caucasian	16	94.1	17	89.5	93	89.4	83	83.0
Unknown	0	0.0	0	0.0	11	10.6	0	0.0
Martial Status								
Married	5[c]	26.3	1	5.9	32[b]	32.3	14	14.0
Not Married	14	73.7	16	94.1	67	67.7	86	86.0
LSI Score Categories								
.... Low	0[b]	0.0	0	0.0	0[c]	0.0	0	0.0
Low/Med	2	11.1	1	6.7	5	6.9	5	5.1
Med	10	55.6	1	6.7	26	36.1	20	20.1
Med/High	6	33.3	9	60.0	37	51.4	62	63.3
..... High	0	0.0	4	26.7	4	5.6	11	11.2
LSI Raw Score								
5 to 15	2[b]	11.1	1	6.7	5[b]	6.9	5	5.1
16 to 25	10	55.6	1	6.7	32	44.4	24	24.5
26 to 35	6	33.3	6	40.0	30	41.7	53	54.1
36 to 45	0	0.0	7	46.7	5	6.9	16	16.3
Mean	23.78		31.33		25.61		28.38	

Table 5 Drug Court Effectiveness by County

	Nez Perce				Twin Falls			
	Treatment		Control Group		Treatment		Control Group	
Characteristic	N	%	N	%	N	%	N	%
Court Filing Post Intake								
Yes	4	21.1	1	6.3	24	24.0	29	30.5
No	15	78.9	15	93.8	76	76.0	66	69.5
Most Serious Offense								
Drug	1	25.0	1	100.0	9	37.5	16	57.1
DUI	1	25.0	0	0.0	1	4.2	2	7.1
Violence	1	25.0	0	0.0	5	20.8	4	14.3
Theft	0	0.0	0	0.0	3	12.5	3	10.7
SV	0	0.0	0	0.0	4	16.7	2	7.1
Other	1	25.0	0	0.0	2	8.3	1	3.6
Time Between Intake and Court Filing (days)								
Mean		458.25		136.00		454.79		389.62
Total Time Followed (days)								
Mean		1221.0		1449.0		1001.71		973.90

Table 7 Drug Court Effectiveness by County

	Ada						Bannock						Bingham					
	Grads		Non-Grads		Control Group		Grads		Non-Grads		Control Group		Grads		Non-Grads		Control Group	
Characteristic	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Court Filing Post Intake																		
Yes	22[a]	21.4	54	60.7	140	59.6	1	5.9	0	0.0	6	15.8	0	0.0	3	27.3	4	84.0
No	81	78.6	35	39.3	95	40.4	16	94.1	7	100.0	32	84.2	3	100.0	8	72.7	21	16.0
Most Serious Offense																		
Drug	9[a]	40.9	27	50.0	55	39.3	0[c]	0.0	0	0.0	4	66.7	0	0.0	2	66.7	3	75.0
DUI	3	13.6	3	5.6	8	5.7	0	0.0	0	0.0	1	33.3	0	0.0	0	0.0	1	25.0
Violence	3	13.6	2	3.7	10	7.1	0	0.0	0	0.0	1	33.3	0	0.0	1	33.3	0	0.0
Theft	2	9.1	8	14.8	1	0.7	1	100.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
SV	4	18.2	14	25.9	64	45.7	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Other	1	4.5	0	0.0	2	1.4	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Time Between Intake and Court Filing (days)																		
Mean	282.41		403.82		276.37		601.00		000.00		338.83		000.00		228.33		366.75	
Total Time Followed (days)																		
Mean	955.07		1097.40		939.09		955.00		000.00		832.33		000.00		609.67		987.25	

Table 8 Drug Court Effectiveness by County

	Bonneville						Canyon						Kootenai					
	Grads		Non-Grads		Control Group		Grads		Non-Grads		Control Group		Grads		Non-Grads		Control Group	
Characteristic	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Court Filing Post Intake																		
Yes	1[a]	16.7	9	18.8	2	6.3	9[a]	18.8	20	60.6	27	28.1	8[a]	21.6	17	56.7	25	43.9
No	5	83.3	13	81.3	30	93.7	39	81.3	13	39.4	69	71.9	29	78.4	13	43.3	32	56.1
Most Serious Offense																		
Drug	0	0.0	1	11.1	1	100.0	5	55.6	13	65.0	15	60.0	4	50.0	9	25.9	9	36.0
DUI	0	0.0	1	11.1	0	0.0	2	22.2	1	5.0	4	16.0	3	37.5	3	17.6	9	36.0
Violence	0	0.0	1	11.1	0	0.0	1	11.1	2	10.0	2	8.0	1	12.5	0	0.0	3	12.0
Theft	0	0.0	1	11.1	0	0.0	1	11.1	1	5.0	3	12.0	0	0.0	1	5.9	4	16.0
SV	1	100.0	3	33.3	0	0.0	0	0.0	2	10.0	1	4.0	0	0.0	2	11.8	0	0.0
Other	0	0.0	2	22.2	0	0.0	0	0.0	1	5.0	0	0.0	0	0.0	2	11.8	0	0.0
Time Between Intake and Court Filing (days)																		
Mean	1031.00		481.00		321.50		396.00		338.60		392.85		428.13		333.65		357.88	
Total Time Followed (days)																		
Mean	1271.00		1008.33		1188.00		1103.33		1080.05		1148.79		1097.13		980.88		964.68	

Table 9 Drug Court Effectiveness by County

	Madison/Jefferson/Freemont						Nez Perce						Twin Falls					
	Grads		Non-Grads		Control Group		Grads		Non-Grads		Control Group		Grads		Non-Grads		Control Group	
Characteristic	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Court Filing Post Intake																		
Yes	1[b]	9.1	4	66.7	3	15.0	2	25.0	1	16.7	1	6.3	12	20.7	11	29.7	29	30.5
No	10	90.9	2	33.3	17	85.0	6	75.0	5	83.3	15	93.8	46	79.3	26	70.3	66	69.5
Most Serious Offense																		
Drug	0	0.0	1	25.0	1	33.3	1	50.0	0	0.0	1	100.0	2	16.7	6	54.5	16	57.1
DUI	0	0.0	0	0.0	1	33.3	0	0.0	1	100.0	0	0.0	0	0.0	1	9.1	2	7.1
Violence	0	0.0	1	25.0	0	0.0	1	50.0	0	0.0	0	0.0	3	25.0	2	18.2	4	14.3
Theft	0	0.0	2	50.0	1	33.3	0	0.0	0	0.0	0	0.0	3	25.0	0	0.0	3	10.7
SV	1	100.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	2	16.7	2	18.2	2	7.1
Other	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	2	16.7	0	0.0	1	3.6
Time Between Intake and Court Filing (days)																		
Mean		809.00		347.5		409.33		373.50		732.00		136.00		591.08		311.27		389.62
Total Time Followed (days)																		
Mean		1185.00		1023.25		964.00		1326.00		1228.00		1449.00		1057.17		968.90		973.90

APPENDIX D

GPRA data overall Sample

Table 1. Frequency and percentage distribution of client drug use.

Characteristic	Intake	6-Month	12-Month
Valid Cases =	145	136	97
Percentage of clients who used _____ in the last 30 days?			
Alcohol[ab]	41.8	6.2	4.8
Alcohol(<5 Drinks)[ab]	18.5	1.4	0.7
Alcohol(>5 Drinks)[ab]	28.8	4.1	3.4
Barbiturates	0.7	0.0	0.0
Benzodiazepines[a]	4.8	0.7	0.0
Cocaine[ab]	12.3	0.7	0.7
Codeine	2.7	0.0	0.0
Illegal Drugs[ab]	65.1	6.2	4.1
GHB	0.7	0.0	0.0
Hallucinogens[ab]	3.4	0.7	0.7
Heroin	2.1	0.7	0.0
Inhalants	1.4	0.0	0.7
Injected[ab]	17.8	2.1	0.7
Marijuana[abc]	35.6	1.4	2.7
Methamphetamines[ab]	52.7	4.1	4.1
Methadone	1.4	0.0	0.0
Morphine	2.7	0.0	0.7
Drug Paraphernalia[ab]	17.8	2.1	0.7
Percocet	1.4	0.0	0.0
Mean number of times _____ used in the last 30 days			
Alcohol[ab]	12.21	3.11	5.14
Alcohol(<5 Drinks)	4.89	4.50	1.00
Alcohol(>5 Drinks)[ab]	13.17	2.67	6.80
Barbiturates	2.00	0.0	0.0
Benzodiazepines[ab]	16.14	1.00	0.0
Cocaine	11.61	2.00	5.00
Illegal Drugs[ab]	19.73	6.56	6.50
GHB	10.00	0.0	0.0
Hallucinogens	6.00	1.00	4.00
Heroin[ab]	12.33	1.00	0.0
Inhalants	8.00	0.0	4.00
Marijuana[abc]	14.37	3.50	8.25
Methamphetamines[ab]	18.92	5.17	6.50
Methadone	27.50	0.0	0.0
Morphine[ab]	23.75	0.0	5.00
Drug Paraphernalia	3.88	3.00	5.00
Percocot	15.00	0.0	0.0
Tranquilizers[ac]	0.0	26.00	0.0

Table 8. Frequency and percentage distribution of client wages & health.

Characteristic	Intake	6-Month	12-Month
Valid Cases =	145	136	97
Received money from _____in the past 30 days?			
Wages[ac]	52.1	72.6	53.4
Retirement	0	0.7	0
Public Assistance	15.8	14.4	8.2
Other Sources[ab]	25.3	16.4	12.3
Non-Legal Sources[ab]	19.9	2.7	0.7
Family and Friends	0	2.1	0.7
Disability[b]	0.7	2.1	3.4
Mean amount of money received from ____ in the past 30 days?			
Wages	$886	$1,077	$1,387
Retirement	$0	$22,000	$0
Public Assistance	$414	$391	$297
Other Sources	$313	$496	$295
Non-Legal Sources	$800	$232	$120
Family and Friends	$0	$700	$500
Disability	$1,400	$598	$860
Rating of Overall Health[ab]			
Excellent	4.1	11.0	6.8
Very Good	17.1	26.7	17.8
Good	31.5	35.6	28.8
Fair	26.0	15.1	11.6
Poor	20.5	4.8	0.7
Refused/Don’t know	0.7	0.0	0.7

Table 9. Frequency and percentage distribution of treatment service exposure & mental health

Characteristic	Overall Treatment % Intake	6-Month	12-Month
Valid Cases =	145	136	97
Percentage Receiving Inpatient Treatment for:			
Physical Compliant	3.4	0.7	1.4
Mental/Emotional problem[a]	2.7	0.0	0.7
Alcohol/Substance Abuse	7.5	3.4	2.1
Number of days in Inpatient Treatment for:			
Physical Compliant	1.60	1.00	2.00
Mental/Emotional problem[ab]	9.25	0.0	0.7
Alcohol/Substance Abuse[bc]	16.73	22.40	6.00
Received Outpatient Treatment for:			
Physical Compliant[ac]	17.8	27.4	24.0
Mental/Emotional problem[ab]	10.3	17.1	15.1
Alcohol/Substance Abuse[ab]	16.4	87.0	62.3
Number of Days in Outpatient Treatment for:			
Physical Compliant	1.85	2.08	2.03
Mental/Emotional problem	2.60	2.56	2.59
Alcohol/Substance Abuse[ab]	5.92	11.69	9.23
Experienced in past 30 Days non due to drugs/alcohol:			
Anxiety[abc]	74.7	57.5	41.8
Mental trouble[abc]	58.2	42.5	26.7
Depression[abc]	65.8	42.5	24.7
Emotional Impact[a]	100	93.2	66.4
Medical/Emotional Impact[abc]	14.4	24.0	18.5
Hallucinations[ab]	13.0	2.1	2.1
Suicide Attempt[ab]	2.7	0.0	0.0
Violent Behavior[ab]	21.2	6.8	4.8