

Clark County Adult Drug Court Clark County, Washington *Process, Outcome, and Cost Evaluation Report*

Submitted to:

Shauna McCloskey

Therapeutic Specialty Courts

Clark County Superior Court

1200 Franklin St.

Vancouver, WA 98660



Submitted by:

NPC Research

Portland, OR

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NPC Research

5100 SW Macadam Ave., Ste. 575

Portland, OR 97239

(503) 243-2436

www.npcresearch.com

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Submitted by

NPC Research

Lisa Lucas, B.A.

Adrian J. Johnson, M.S.W.

Mark S. Waller, B.A.

Anna M. Malsch, Ph.D.

Shannon M. Carey, Ph.D., Principal Investigator

www.npcresearch.com

For questions about this report or project, please contact Shannon Carey at
(503) 243-2436 x 104 or carey@npcresearch.com

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*Informing policy and improving programs
to enrich people's lives*

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EXECUTIVE SUMMARY

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

In 2014, NPC Research was contracted by Clark County to provide a process, outcome and cost evaluation of the Clark County Adult Drug Court (CCADC). In September 2015, NPC provided Clark County with a draft of the process report, held a debriefing meeting to discuss feedback, integrated the court team's feedback, and submitted a final version of the report to the CCADC team. Each subsequent year (2016 and 2017), NPC provided an update to the process evaluation report and engaged in the same debrief and feedback process with the court team. The final process evaluation findings, including the Year 3 (2017) updates, are included in this final evaluation report, as well as detailed methods and findings based on a comprehensive outcome and cost evaluation.

Process Evaluation

The purpose of the process evaluation was to establish whether the program has the basic components needed to implement an effective drug treatment court. The assessment process examined the extent to which the program was implementing the 10 Key Components of drug courts (NADCP, 1997) and the best practices that research indicates are related to positive outcomes. The information that supports the process evaluation was collected from an online program assessment, drug court staff interviews, a drug court participant focus group, observations of the drug court, and program documents such as the Participant Handbook, incentive and sanctions guidelines, intake forms, court forms and other documents that describe the programs practices.

The Clark County Adult Drug Court (CCADC) was founded in 1999. This program was designed to take a minimum of 12 months to complete. The program takes post-plea moderate to high-risk/high-need offenders. The target population is described as adult drug addicted offenders with felony charges. The most common drug of choice is opiates/heroin (55%), followed by methamphetamine (25%). As of December 31, 2017, there have been 1,798 participants who entered the program with 699 graduates, 964 discharged unsuccessfully and 135 currently active.¹ These numbers include both the adult drug court and a separate track (called the DOSA track—Drug Offender Sentencing Alternative) of offenders that are primarily supervised by the Washington Department of Corrections. This evaluation is focused on the adult drug court and

¹ The number of graduates and unsuccessful discharges reported are the number of individual incidents. These numbers could include duplicates, as participants are able to participate in the CCADC program more than once.



does not include a process study of the DOSA track. At the end of 2017, the CCADC received a BJA grant that includes a similar process and outcome evaluation of the DOSA track to help ensure that this track is also following research-based best practices and to provide feedback on possible enhancements.

Overall, the CCADC has successfully implemented a program that incorporates the guidelines of the 10 Key Components of Drug Courts. The program is commended for implementing a program that follows many best drug court practices. The CCADC team includes representatives from a range of collaborating agencies (including law enforcement), and all key stakeholders attend staffing and court sessions. Team members communicate well and regularly, and demonstrate a commitment to developing and maintaining an integrated drug court team and following best practice guidelines for achieving success. CCADC follows best practices for conducting drug tests (on a random basis at least twice per week) and sanctions, rewards, and treatment responses occur as soon as possible following the behavior that prompted the response. Finally, CCADC has and continues to establish partnerships across community agencies.

Outcome Evaluation

The purpose of an outcome evaluation is to determine whether the program has improved participant outcomes. In other words, did the program achieve its intended goals for its participants?

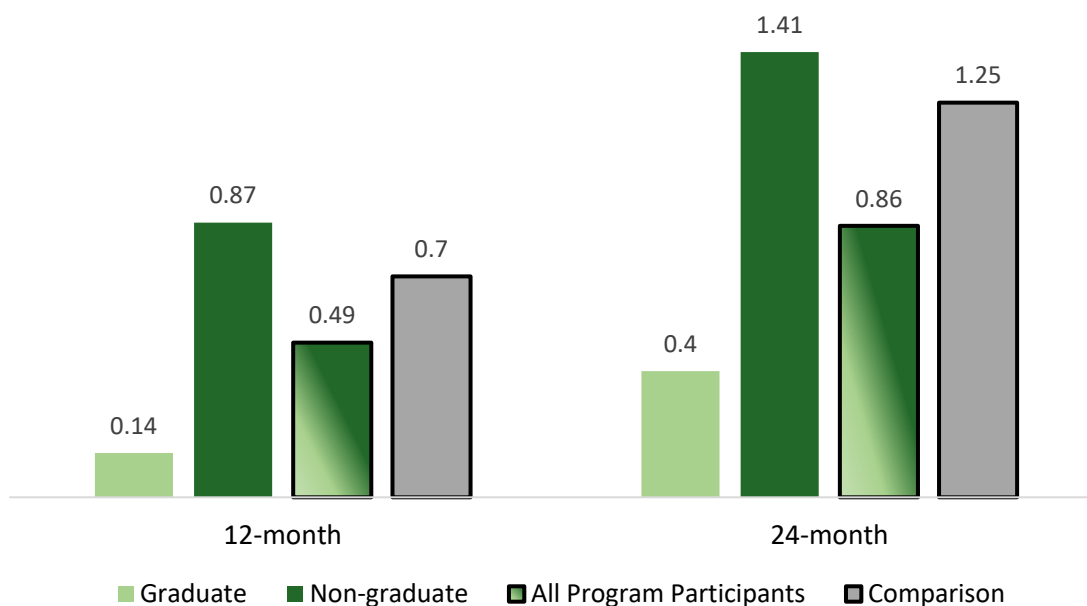
In this evaluation both short- and long-term outcomes were assessed. The outcomes assessed included graduation rates and what participant characteristics predicted whether or not they successfully completed the program, as well as whether drug court participants reduced their drug use and whether drug court participants were rearrested less often than similar individuals who did not participate in drug court.

The outcome analyses were based on a cohort of CCADC participants who entered the drug court program from 2011 through 2016, and matched comparison group of offenders eligible for drug court but who received the traditional court process rather than CCADC.

The key question of interest in an outcome evaluation of drug courts is the following:

Is participation in the CCADC associated with a reduction in the average number of all rearrests for those individuals compared with traditional court processing?

YES. CCADC participants have a significantly lower average number of rearrests (including all types of charges) than the comparison group at both 1 and 2 years after program entry ($p < .05$). See Figure E1.

Figure E1. Average Number of Rearrests over 2 Years

The average number of drug rearrests is similar for the CCADC group and the comparison group. However, there are some interesting differences that help explain this finding:

- Non-graduates of CCADC have higher rates of drug rearrests than the comparison group at both 1 and 2 years after entry. Graduates of CCADC were less likely to have drug rearrests than non-graduates
- Gender played a role: Men who participated in CCADC have significantly fewer drug arrests at 1 year than men in the comparison group ($p < .05$), while CCADC women have a slightly higher (although not statistically significant) average number of drug rearrests.

When examined by types of charge, CCADC participants have significantly lower arrest rates in all categories, with the exception of drug and felony arrests at 2 years. Non-graduates have higher rearrest rates than graduates for all categories (person, property, drug, other, misdemeanor, and felony).

Further analyses showed that the CCADC participants spend, on average, 14 months in the program—longer than the minimal requirement of 12 months. The graduation rate for the CCADC program is 54%, which is slightly lower than the national average of 57%. Programs should identify and focus on those practices that are associated with successful program completion.



Overall, the CCADC has been successful in its main goals of reducing drug use and recidivism—most notably among its participants who successfully complete the program.

Cost Evaluation

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

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

1. How much does the CCADC program cost? What is the average investment per agency?
2. What are the 1- and 2-year cost impacts on the criminal justice system for CCADC participants compared to individuals eligible for the CCADC but who received traditional processing? What is the average cost of criminal justice recidivism per agency?
3. What is the cost-benefit ratio for investment in the CCADC?

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

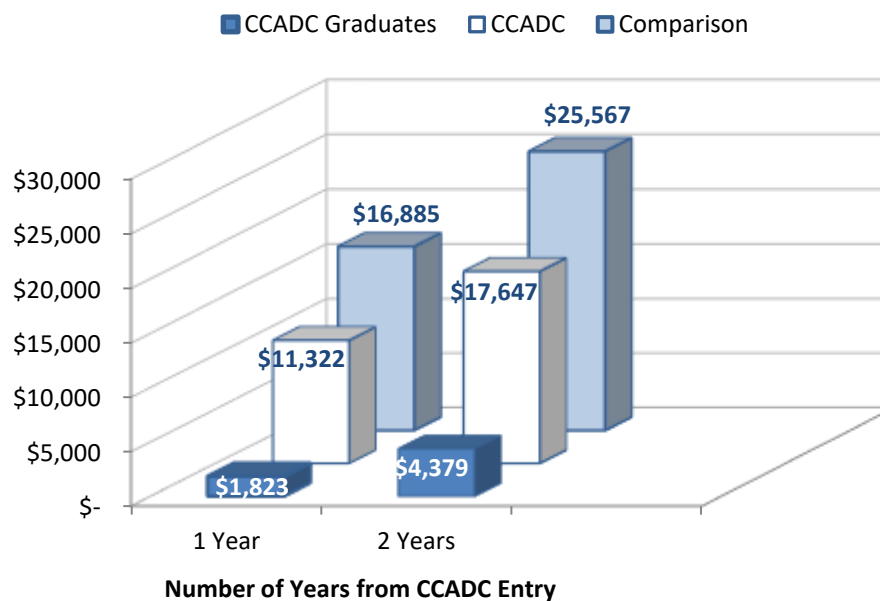
The cost evaluation involved calculating the costs of the program and the costs of outcomes (or impacts) after program entry (or the equivalent for the comparison group). In order to determine if there were any benefits (or avoided costs) due to CCADC program participation, it was necessary to determine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

The main question of interest in the cost evaluation is the following:

What is the cost impact on the criminal justice system of sending offenders through CCADC compared to traditional court processing? Or more specifically, does the CCADC save money?

YES. Figure E2 provides a graph of the costs for graduates, all participants, and the comparison group over 2 years. CCADC participants, regardless of whether they graduated from the program, cost less (i.e., save money) at every time point.

Figure E2. Criminal Justice System Recidivism Cost Consequences per Person: CCADC Participants and Comparison Group Members over 2 Years After Program Entry



The costs illustrated in Figure E2 are those that have accrued through 2 years after program entry. Many of these costs are due to positive outcomes while the participant is still in the program. Therefore, it is reasonable to state that savings to the state and local criminal justice systems are generated from the time of participant entry into the program.

These savings will also continue to grow with the number of new participants that enter the program each year. If the CCADC program continues to serve a cohort of 200 participants annually, the conservative savings of \$1,983 per participant (not including victimizations) over 2 years results in an annual savings of \$198,300 per cohort, which can then be multiplied by the number of years the program remains in operation and for additional cohorts per year. After 5 years, the accumulated savings come to over \$2.9 million. When victimizations are included, the savings of \$7,920 per participant over 2 years results in an annual savings of \$792,000 per cohort. After 5 years, the accumulated savings, including victimization savings, come to over \$11.8 million.



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

BACKGROUND

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

In the typical drug court program, participants are closely supervised by a judge who is supported by a team of agency representatives operating outside of their traditional roles. The team typically includes a drug court coordinator, case managers, substance abuse treatment providers, prosecuting attorneys, defense attorneys, law enforcement officers, and parole and probation officers who work together to provide needed services to drug court participants. Prosecuting and defense attorneys modify their traditional adversarial roles to support the treatment and supervision needs of program participants. Drug court programs blend the resources, expertise and interests of a variety of jurisdictions and agencies.

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

National Benchmarks for Problem-solving Courts

Problem-solving courts typically follow the 10 Key Components of Drug Courts, which defines the main elements of the drug court model. The 10 Key Components were developed by a committee of primarily judges supported by the National Association of Drug Court Professionals in 1997. There are additional principles and guidelines that have been created for other problem-solving court types such as the Guiding Principles of DWI Courts, from the National Center for DWI Courts, which focus specifically on DUI/DWI offenders (NCDC, 2005), as well as the 10 Key Components of Veterans Courts and Guidance to States for family dependency problem-solving courts. All of these references reflect the fundamental elements of a problem-solving court as outlined by the original 10 Key Components and are considered to be a framework for implementing successful treatment courts. These components include principles related to team member makeup and training, participant eligibility and referral, treatment offering, monitoring, responses to behavior, and community partnerships.

More recently, research has focused not just on whether problem-solving courts work, but *how* they work, and *for whom* they work best. The majority of this research is described in NADCP's Adult Drug Court Best Practice Standards (Volume I of NADCP's Best Practice Standards was published in 2013 and Volume II was released in July 2015). These Best Practice Standards



present multiple practices that have been associated with significant reductions in recidivism or significant increases in cost savings or both.

The Clark County Adult Drug Court (CCADC) was founded in 1999. This program is designed to take a minimum of 12 months to complete. The target population is described as adult drug addicted offenders with felony charges. In February of 2015, the CCADC contracted with NPC Research to perform a process, outcome and cost evaluation of their program as a part of a combined BJA and SAMHSA grant award.

Evaluation Description and Purpose

In 2014, NPC Research was contracted by Clark County to provide a process, outcome and cost evaluation of the CCADC. In September 2015, NPC provided the Clark County with a draft of the process report, held a debriefing meeting to discuss feedback, integrated the court team's feedback and submitted a final version of the report to the Clark County Court team. Each subsequent year (2016 and 2017), NPC provided an update to the process evaluation report and engaged in the same debrief and feedback process with the court team. The final process evaluation findings, including the Year 3 (2017) updates, are included in this final evaluation report, as well as detailed methods and findings based on a comprehensive outcome and cost evaluation.

PROCESS EVALUATION

Process Evaluation Methods

Research has demonstrated that drug courts that have performed monitoring and evaluation and made changes based on the feedback have significantly better outcomes, including twice the reduction in recidivism rates and over twice the cost savings (Carey, Finigan, & Pukstas, 2008; Carey, Mackin, & Finigan, 2012; Carey, Waller, & Weller, 2011). A process evaluation considers a program's policies and procedures and examines whether the program is meeting its goals and objectives. Process evaluations generally determine whether programs have been implemented as intended and are delivering planned services to target populations. To do this the evaluator must have criteria or standards to apply to the program being studied. In the case of drug treatment courts, some nationally recognized guidelines have been established and have been used to assess drug court program processes. The standards established by the National Association of Drug Court Professionals began with the "10 Key Components of Drug Courts" (NADCP, 1997) and expanded based on a prodigious amount of research in the field to include (as described earlier) the Adult Best Practices Standards Volume 1 (2013) and Volume II (2015). Good process evaluation should provide useful information about program functioning in ways that can contribute to program improvement. The main benefit of a process evaluation is improving program practices with the intention of increasing program effectiveness for its participants. Program improvement leads to better outcomes and impacts and in turn, increased cost-effectiveness and cost-savings. In addition, and particularly relevant to this study, a process evaluation should include a detailed description of the program that can be used to assist other jurisdictions in implementing the same program model.

The information that supports the process evaluation was collected from an online program assessment, drug court staff interviews, a drug court participant focus group, observations of the drug court, and program documents such as the Participant Handbook, incentive and sanctions guidelines, intake forms, court forms and other documents that describe the programs practices. The methods used to gather information from each source are described below.

ONLINE PROGRAM ASSESSMENT

An online drug court self-assessment was used to gather program process information from key program staff. This survey, the drug court best practices self-assessment (the BEST), provides a consistent method for collecting structure and process information from drug courts and provides drug court teams and evaluators with an automated report containing feedback on the research based best practices being performed by the program. The BEST was developed by NPC Research based on five main sources: NPC's extensive experience with drug courts, the American University Drug Court Survey, a published paper by Longshore et al. (2001) which lays out a conceptual framework for drug courts, the 10 Key Components established by the National



Association of Drug Court Professionals (1997) and NADCP's Best Practice Standards (Volume I, 2013 and Volume II, 2015). The assessment covers a number of areas, particularly areas related to the 10 Key Components—including eligibility guidelines, specific drug court program processes (e.g., phases, treatment providers, urinalyses, fee structure, rewards/sanctions), graduation, aftercare, identification of drug court team members and their roles, and a description of drug court participants (e.g., general demographics, drugs of use). The use of an electronic survey allows NPC to begin building an understanding of the program, as well as to collect information that will support a thorough review of the data collected about the site.

SITE VISIT

NPC evaluation staff members conducted site visit activities in all 3 years of the grant from November 2014 through August 2017. During these visits, NPC staff observed multiple Clark County Adult Drug Court (CCADC) status review hearings and staffing meetings, interviewed key drug court team members each year, facilitated focus groups (with current drug court participants), and attended policy meetings. These observations, interviews, and focus groups provided information about the structure, procedures, and routines used in the drug court. In 2017, NPC staff also attended trauma-informed training by Dr. Brian Meyer (organized and intended for all Clark County Therapeutic Specialty Court programs).

KEY STAKEHOLDER INTERVIEWS

Key stakeholder interviews, conducted in person and by telephone, were a critical component of the process study. NPC staff conducted detailed interviews with individuals involved in the administration of the drug court, including the judge, therapeutic specialty courts coordinator, administrative assistant, deputy prosecutor, two defense attorneys, resource probation officer, three case managers, treatment provider clinical supervisor, mental health professional, mentor program director, law enforcement representative/tracker and program Nurse Practitioner.

Interviews were conducted to clarify and expand upon information gained from the online assessment and to obtain a deeper and more comprehensive understanding of the CCADC process. NPC's Drug Court Typology Interview Guide² was referenced for detailed questions about the program. This guide was developed from the same sources as the online survey and provides a consistent method for collecting structure and process information from drug courts. The information gathered through the use of this guide assisted the evaluation team in focusing on the day-to-day operations as well as the most important and unique characteristics of the drug court.

² The Typology Guide was originally developed by NPC Research under a grant from the Bureau of Justice Assistance and the Administrative Office of the Courts of the State of California. A copy of this guide can be found at the NPC Research website at <http://npcresearch.com/wp-content/uploads/Drug-Court-typology-guide-NPC-Research-01-26-04-copyrighted.pdf>

FOCUS GROUP

NPC staff conducted a focus group with current participants ($N = 8$). There were four men and four women in the focus group. Four individuals in the focus group were in Phase 1, and four were in Phase 2. The focus group, which took place in August 2015, provided participants with an opportunity to share their experiences and perceptions regarding the drug court process.

NPC staff conducted a second focus group with current participants ($N = 10$) in April 2017. There were nine men and one woman in the focus group. Two individuals in the focus group were in Phase 1, four were in Phase 2, and four were in Phase 3. The results of the focus group are combined with the process findings below, including quotes that illustrate participant perspectives on the program.

DOCUMENT REVIEW

In order to better understand the operations and practices of the CCADC, the evaluation team also reviewed program documents including the Clark County Drug Court Participant Handbook, Introduction to Drug Court Sheet, phase/graduation applications, status reports, staffing notes, worksheets to screen potential/new participants, mental health screening forms, participant reporting forms, policy meeting minutes, aftercare planning, and other related documents.

Summary

The Clark County Adult Drug Court (CCADC) was founded in 1999. This program was designed to take a minimum of 12 months to complete though most participants complete in about 20 months. The program takes post-plea moderate to high-risk/high-need offenders. The target population is described as adult drug addicted offenders with felony charges. The most common drug of choice is opiates/heroin (55%), followed by methamphetamine (25%). As of December 31, 2017, there have been 1,798 participants who entered the program with 699 graduates, 964 discharged unsuccessfully and 135 currently active.³ These numbers include both the adult drug court and a separate track (called the DOSA track—Drug Offender Sentencing Alternative) of offenders that are primarily supervised by the Washington Department of Corrections. This evaluation is focused on the adult drug court and does not include a process study of the DOSA track. At the end of 2017, the CCADC received a BJA grant that includes a similar process and outcome evaluation of the DOSA track to help ensure that this track is also following research-based best practices and to provide feedback on possible enhancements.

The following process section of this evaluation report contains a summary, by Key Component, of the best practices the CCADC follows in their adult drug court track including commendations recommendations from over the 3 years of the evaluation (November 2014-November 2017).

³ The number of graduates and unsuccessful discharges reported are the number of individual incidents. These numbers could include duplicates, as participants are able to participate in the CCADC program more than once.



Also described are the key process changes the CCADC has made during the course of their BJA grant, including those made in response to recommendations from the evaluation. A detailed description of the CCADC processes before the changes can be found in the original Year 1 process evaluation report.

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

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

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

Changes to the program's process related to Key Component #1 over the 3 years of the grant included turnover in some key positions during Year 2, including the judge, case manager, mental health professional, and the psychiatrist. However, the team continued to function at a very high level and took the changes in stride, using the turnover as a way to reevaluate their program processes and continue to perform best practices. Funding for the probation officer position came to an end during the first year, but the team has been able to continue on, as case managers with Lifeline continue to be the focal point of participant support. In the third year of the grant, the CCADC enjoyed more consistency and stability in team membership. Team members that joined in Year 2 have become acclimated and are active contributors to the program's overall progress and success.

Year 3 focus group quotes:

- ▶ "The random UAs help, they are really needed to stay clean."
- ▶ "I like the weekly winners and the monthly drawing. I wish we could do that more."
- ▶ "The program helps us get back in the community. It's not fake. It's genuine."

Commendations

- Representatives from all key stakeholders attend staffings and court sessions.** Research shows that each team member contributes an important perspective and can improve participant outcomes by being a part of the team (Carey et al., 2012).
- The program has a law enforcement representative on the drug court team.** The law enforcement officer serves an essential role on the CCADC team, communicating with the local police and sheriff's department about drug court, increasing cross-agency collaboration and providing a unique hybrid of supervision and supportive many participants have not experienced from law enforcement. Law enforcement representatives can typically recognize participants out in public and provide an extra level of positive supervision. (Carey et al., 2008). Drug court programs that included a representative from law enforcement on the drug court team had 88% greater reductions in recidivism and 44% higher cost savings compared to programs that did not include law enforcement (Carey et al., 2012). The sheriff's deputy involved with drug court conducts home/curfew checks during non-traditional hours, and reports important information back to the team, such as suspicious behaviors or house guests. This individual has an excellent disposition when working with participants and her contribution cannot be overstated. Team members noted during follow up interviews that the sheriff's department may have to reduce the law enforcement representative's time with the CCADC, due to limited personnel currently available at the sheriff's office. Reducing the officer's time or eliminating the role on the team would have a significant impact on the success of participants. It is strongly recommended that the team work collaboratively with the sheriff's office to identify strategies to maintain this role on the CCADC while minimizing the burden on law enforcement resources.

Focus group participant quotes (speaking about the best part of drug court):

- ▶ *"It's nice to be viewed by people of authority as not just a criminal or a case. Someone who needs help. Instead of just being sent to jail."*
- ▶ *"Structure. Just helping you get organized. They are trying to understand where we are coming from. It's not just stay clean or you go to jail."*
- ▶ *"I like how they generally just care."*

Year 3 focus group quotes:

- ▶ *"Shauna is very on point. Knowledgeable. She'll go out of her way to help you if you ask her."*
- ▶ *"Barry is awesome. He's always got good advice. He doesn't talk down to you like you're an addict. But he doesn't sugar coat it for you either."*
- ▶ *"Marissa is awesome too. Love working with her."*

The program continues to follow the best practices that resulted in these commendations.



Suggestions/Recommendations

- **Continue to schedule policy meetings regularly to ensure enhancements/changes to program policy can be discussed.** The CCADC is commended for their ability to adjust to changes and implement the many enhancements that have occurred over the last year. This includes a change in both the judge and court coordinator, the addition of a law enforcement representative, a new approach to incentives/sanctions, and several enhancements to services provided to participants. The team is encouraged to continue discussing the successes, challenges, and possible modifications in policy committee meetings so that staffing meetings can focus on participant progress and decisions on the team response to participant behavior.

Focus group participant quote (speaking about the best part of drug court):

"I've been to prison. I have an extensive criminal history. This is the first time I ever had the opportunity for treatment to acknowledge my drug problem instead of just being incarcerated. Each time before, I just did my time so I could get back out and get high as soon as possible. It was 20 years of continuous use without any treatment. Now I have several months of sobriety, which I've never had in my life. Now I see how I have the potential to live sober. I wish this had come to me a long time ago."

The program continued to hold regular policy meetings over the last 3 years, which were even more important given the turnover of key team members. These policy meetings have resulted in useful discussions of the program's processes and the recommendations provided from the evaluation, and ultimately, led to significant changes to several aspects of the program (use of sanctions, phase requirements, advancement criteria). The policy meetings are also used an opportunity to train team members is treatment court best practices as well as other topics important to treatment courts such as risk and need assessment and the impact of substance use disorder on the brain.

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

This key component is concerned with the balance of three important issues. The first issue is the nature of the relationship between the prosecution and defense counsel in drug court. Unlike traditional case processing, drug court case processing favors a collaborative approach. The second issue is to ensure the drug court remains responsible for promoting public safety. The third issue is to ensure the protection of participants' due process rights.

No significant changes to the program's process related to Key Component #2 occurred over the 3 years of the grant. This is an area of stability for this program. Some minor changes in clarifying attorney roles have been made in response to the single recommendation as described below.

Commendations

- **CCADC has a dedicated deputy prosecutor and two defense attorneys assigned to the program.** Best practices research indicates that having dedicated attorneys on the drug court team with training in the drug court model, their role on the drug court team and

other related topics results in more positive participant outcomes including significantly lower recidivism and increased cost savings (Carey et al., 2008). Both attorneys have a non-adversarial team approach while participating in the drug court proceedings. They take a treatment-based approach to participant behavior and are clearly supportive of the drug court model.

- **The program allows both drug and non-drug charges.** Allowing a wide range of charges is commended, and allows drug court structure and services to be available to a population of offenders that need them. Research shows that courts where charges in addition to drug charges are eligible for participation had lower recidivism and higher cost savings. In addition, research in 69 drug courts showed that programs that included offenders with violent charges had similar outcomes to those that did not include violent offenders, demonstrating that drug court is equally effective with varying degrees of high-risk participants (Carey et al., 2012).

The program continues to follow the best practices that resulted in these commendations.

Suggestions/Recommendations

- **Be mindful of team member roles and duties with the drug court.** *Team transition and other outside factors resulted in a dynamic where team members were regularly performing or completing duties outside of their respective roles. This included the defense attorneys recommending, discussing, and issuing sanctions in the absence of the drug court judge.*

It is important to remember that treatment court model includes a collaborative team and the attorneys to be non-adversarial in their communication, each attorney still must also continue to perform their traditional roles of protecting participant due process rights and promoting public safety. Having prepared counsel on both sides present in court allows for contemporaneous resolution, court response, and return to treatment.

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

Year 3 focus group quotes:

- ▶ *"Your attorney is supposed to be on your side, but it doesn't always feel that way."*
- ▶ *"I just feel like, don't go out of your way to make sure I get a sanction for missing a web report, or a late payment or something."*
- ▶ *"I wish they would address things with me first, instead of bringing it up when I'm in front of the judge."*



The role of the prosecution is still to protect public safety, including that of the client. Prosecutors have tremendous power. It can be used to facilitate the goals of the Court. The power can be used to praise, engage, and encourage participants in the Court. Prosecutors can be excellent participants in reinforcing incentives, or in instilling hope on “bad days.” Sometimes a simple “I am glad to see you” makes a difference when it comes from such an unusual source.

Attorneys assigned to the team have remained engaged with the drug court process, while also performing their intended roles and duties. This can especially be seen in the defense attorney role (and they are specifically commended for this), as they have come to further understand and embrace the best practice standards after attending trainings over the course of the grant (highlighting the importance of team member training). The defense attorneys have worked to shift their focus back to advocacy in the staffing and court sessions, and less on sanctions and reminders to pay drug court fees. However, focus group participants still expressed that (at times) it can feel like their defense attorney is not on their side. In particular, participants felt during the court session that their attorney was pointing out what they were doing wrong or even recommending a sanction.

Though not all focus group participants felt this way, it is an important reminder that the defense attorney role must remain one of advocacy, real and perceived. With the current stability that exists in the program, the defense attorneys should be mindful of their interactions with participants in court and ensure that all participants perceive them as their advocate.

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

The focus of this component is on the development, clarity and effectiveness of the eligibility criteria and referral process. Different drug courts have different eligibility and exclusion criteria. Some drug courts include criteria unrelated to the defendant’s criminal history or addiction severity, such as requiring that participants admit to a drug problem or meet other “suitability” requirements. Research reveals that the most effective drug courts have clearly defined eligibility criteria. It is advisable to have these criteria written and provided to all potential referral sources. Drug courts also differ in how they determine if a client meets entry criteria. While drug courts are always targeting clients with a substance use problem, the drug court may or may not use a substance abuse screening instrument to determine eligibility. The same may apply to mental health screens. A screening process that includes more than just an examination of legal eligibility may take more time, but also results in more accurate identification of individuals who are appropriate for the services provided by the drug court.

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

The CCADC's processes related to Key Component #3 were stable, but the program found areas to further develop and improve. One significant addition was the creation of a life skills-focused needs assessment developed by the coordinator. This assessment is completed at program entry, and is intended to glean more information about participants so that life skills program requirements are tailored specifically to each individual. Also, after receiving training on trauma-informed care, the program has begun to use the ACE (Adverse Childhood Experiences) Questionnaire during the entry process, which is used to screen individuals for potential issues related to trauma. Related commendations and recommendations have been included below, with updates provided where needed.

Commendations

- **Participants are connected with services swiftly.** One of the goals of the drug court is to connect individuals to services expeditiously and limit their time in the criminal justice system. The CCADC is able to achieve this frequently by having the program coordinator complete screenings of potential participants while they are still in custody or shortly after release. This immediate contact allows the program to make a swift decision on whether a participant will enter the program, typically getting participants into treatment within 1 week of their first drug court session.
- **The program assesses participants for risk and need (including whether they have a substance use disorder).** This information is crucial in appropriately assigning the participants to appropriate services and supervision level (Marlowe, 2012). Identifying participants' risks and needs ensures appropriate care is provided and expectations are appropriate for each participant.

The program continues to follow the best practices that resulted in these commendations.

Suggestions/Recommendations

- **Continue the successful efforts to maintain and increase program caseload.** It was noted during the January 2015 policy meeting that decreased numbers of participants in the CCADC was impacting the ability of the treatment agency to provide the necessary services due to less drug testing compensation and fewer people in group sessions. Lifeline reported several treatment groups were started (or were planned), but that low attendance eventually resulted in the need to cancel the groups. The CCADC team discussed several ideas at the policy meeting, including actively identifying more eligible individuals being held in jail and spreading the word about drug court within the jail. The law enforcement representative noted that the jail administration is supportive of drug court, and that he was willing to approach them about having the probation officer come in to talk with potential participants. The deputy prosecutor was also asked if more offenders with a minimum risk score could be considered for entry, regardless of whether they had a drug crime or not. He stated he was interested in this idea, but that his office would have to discuss it further. Another team member also noted that many individuals on supervised release are being missed for consideration to drug court. The treatment provider commented that those individuals still have to do drug testing at the Lifeline facility, so they could provide pamphlets or flyers to them when they come for testing. Overall, the program is being thoughtful and proactive with their current plans



to address these issues. They are encouraged to proceed with all strategies discussed, and should ensure there is time to provide updates in this area at future policy meetings.

During follow-up interviews, team members noted that the drug court population had increased significantly (from approximately 65 participants in early 2015 to 105 participants in August 2015) due to their efforts and has maintained higher numbers over time.

- **Monitor program practices if the CCADC reaches 125 participants.** While the program has not reached 125 total adult drug court participants, research has demonstrated that larger programs can frequently see higher recidivism than smaller programs. This is due to the tendency of larger programs to “drift” from the model and lose their adherence to best practices, particularly practices that cost money or take more time. Larger drug courts tend to perform drug testing less often, hold status review hearings less often, spend less time with individual participants in front of the judge during court, and have less participation by all team members in staffing and court sessions. While increasing the number of participants in the program is a goal shared by all team members, the CCADC should continue to ensure the capacity of the program is sufficient to continue providing services and engaging in best practices already in place.

The program is in tune with best practices and has kept an eye on the overall size of the program and its effects. The team has been proactive in trying to address any potential issues related to larger participant numbers, including the hiring of a third case manager to lower caseloads from 50 to 35. The two primary drug court case managers were able to report recently that this has resulted in a small increase in informal and face-to-face contacts and that they were pleased that they can now spend a little more time with the participants.

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

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

The CCADC has made significant changes to their program related to Key Component #4 in response to the recommendations from the evaluation. Related commendations and recommendations have been included below, with updates provided where relevant.

Commendations

- **The program length is a minimum of 12 months, and has at least three phases.** Programs that have a minimum length of stay of at least 12 months to complete had significantly higher reductions in recidivism. In addition, programs that had three or more phases showed greater reductions in recidivism (Carey et al., 2012).
- **The program primarily works with one treatment provider.** Research shows that having one to two agencies providing treatment is related to significantly better program outcomes including higher graduation rates and lower recidivism (Carey et al., 2012).
- **The program provides relapse prevention education while participants are active in the program.** Drug courts that provide relapse prevention education and continuing care have significantly improved participant outcomes (Carey et al., 2012).
- **The program allows participants to take medication for substance dependence.** Treating drug dependence with medication is an evidence-based practice. Multiple research studies have shown appropriate medication to be extremely effective in controlling cravings and to reduce use in dependent individuals.

Focus group participant quotes (speaking about what they like least about drug court):

- ▶ *"The 4pm (treatment group) is not work friendly at all. It's hard enough to get a job as a criminal. And it's the only time they offer that class and you have to take it."*
- ▶ *"They should have weekend classes and treatment."*
- ▶ *"I wanted the night classes.....but they wouldn't let me because the class was full so now I'm stuck with the morning class. It's going to force me to drive without a license or miss classes. I already know it. I live too far away to use the bus."*
- ▶ *"They just need to have more available times."*

The program is recognized for continuing consistent practices that resulted in these commendations.

Suggestions/Recommendations

- **Evaluate current process for receiving treatment updates.** Currently, Lifeline provides their treatment update through an electronic case management system (called LOREX) that can be accessed by court staff prior to each staffing session. Treatment notes tend to focus on attendance and reporting requirements, which team members acknowledged were important but do not always provide the detail and insight needed to gauge participants' progress. During a recent policy meeting, this topic was discussed, and the treatment provider noted that timing may have an effect on how these updates are provided. The treatment provider's weekly in-house staffing is held just before staffing notes are provided in the LOREX system, creating a limited amount of time for the treatment provider to complete both updates. However, the treatment provider recognized the need to give more detailed updates so the program can respond accordingly. They asked to receive the weekly docket from the court to ensure that



those participants who are scheduled for court are discussed in a timely fashion at the treatment agency. The court agreed to this arrangement, as this increased communication was beneficial (and not overly burdensome) for everyone involved.

During follow-up observations of staffing sessions, it was noted that the updates in the system were more regular, but that treatment-related information was still somewhat limited. Specifically, mental health treatment information was lacking. For example, individuals involved with the mental health treatment enhancements were not designated or noted to be receiving services, including information regarding medications, dosages and overall progress. The CCADC should review their current process to discuss the specific information they would like to receive from the treatment provider while understanding that some information should be kept confidential if it is not needed in making decisions on the appropriate court response to help change participant behavior.

Developing a written MOU would be helpful as it can include what specific information will be shared by each agency and what information should NOT be shared, as well who it can be shared with (e.g., what information should be shared with the team and what information can be shared with clients) as well as the frequency of updates. The MOU can also be used as a part of the training process for new team members, to help clarify the expectations and duties associated with their role.

Communication continually improved over the course of the grant. Team members reported that communication from the treatment provider representatives continues to work well. An MOU was drafted and signed by all team member agencies as of May 2017. Although the MOU is signed and agreed upon, language will continue to be added over time (in collaboration with all parties) that outline specifics/guidelines for each team member agency in regards to information sharing and duties/expectations.

- **Consider implementing the 5-phase model recommended by the National Association of Drug Court Professionals (NADCP).** NADCP teaches a 5-phase model that is characterized by starting participants in a stabilization phase with fewer program requirements, increasing requirements in the mid-phases and then decreasing requirements toward the end with the final phase focused on maintenance and continuing care into the community. This model does not require self-help meetings until the participant can participate more fully and meaningfully in these groups and increases the requirements for the groups as the participant transitions away from the structure of the program and back to the community in later phases. A training on the 5-Phase model can be requested from NDCI at no cost by writing the NDCI Director, Carolyn Hardin, at chardin@nadcp.org.

The team reviewed the 5-phase model at policy meetings and decided that a 4-phase structure was better suited for them given some creative changes they made to the requirements for each phase. Their 4-phase model includes Phase 1 (Stabilization), Phase 2 (Planning), Phase 3 (Action) and Phase 4 (Maintenance). They have added an enhanced track for each phase in half steps (e.g., Phase 1.5) to reward participants who have engaged with a mentor by providing them with incentives such as a later curfew and being called earlier on the docket in court sessions.

The program has incorporated many of the components from the NADCP 5-phase model, including a delay with self-help group requirements. The program has been thoughtful and detailed in their planning of this model, and are commended for moving towards a phase structure based on the most recent best practices. The team successfully implemented their new phase model as of January 2017 and is highly commended for achieving this goal.

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

The focus of this key component is on the use of alcohol and other drug testing as a part of the drug court program. Drug testing is important both for court supervision and for participant accountability. It is generally seen as a key practice in participants' treatment process. This component encourages frequent testing but does not define the term "frequent" so drug courts have developed their own guidelines on the number of tests required. Related to this component, the drug court must assign responsibility for these tests and the method for collection.

Drug and alcohol testing should provide an accurate, timely and comprehensive assessment of unauthorized substance use throughout participants' enrollment in the drug court.

Program processes related to Key Component #5 have remained stable over the course of the grant. Related commendations and recommendations have been included below, with updates provided where needed.

Commendations

- **Rapid results from drug testing.** The CCADC is commended for adhering to this best practice by receiving their results within 24 hours of submission. Research has shown that obtaining drug testing results within 48 hours of submission is associated with significantly higher graduation rates and lower recidivism (Carey et al., 2008, 2012).
- **Drug testing occurs at least 2 times per week.** Research indicates that testing two or more times per week in the first phase leads to lower recidivism rates. This CCADC is recognized as following best-practices drug testing in both Phase I and Phase II by requiring at least two weekly UAs and is encouraged to consider this level of testing throughout other phases.
- **The program requires participants to be clean at least 120 days before graduation.** Drug courts where participants are expected to have greater than 90 days clean (negative drug tests) before graduation had 164% greater reductions in recidivism compared to programs that expected less clean time (Carey et al., 2012).



The program is again commended for continuing the practices over the last 3 years that resulted in these commendations. In the third year, the program changed the number of days clean to graduate from 120 to 90 days. The best practice is greater than 90 days. The program still meets best practice standards as long as participants actually exceed the 90 days in reality.

Focus group participant quotes (speaking about what they like least about drug court):

- ▶ *"They have to make the UA times earlier. You can't go until 10am and most of us have classes then, so you can't go then either."*
- ▶ *"There's pretty much no possibility to do a UA before work. And so you're stuck in traffic hoping that you make it back here in time to drop. Everyone misses UAs because of that."*
- ▶ *"I've seen people have to choose between treatment and a UA because they only have time for one after work."*
- ▶ *"When you have to depend on the bus schedule, it makes it really hard. The buses run late a lot, things are always across town."*
- ▶ *"When you can't make it, they don't consider that you don't have a job and have a life."*
- ▶ *"If you're on probation, they never talk and I would have to do UA's for both of them on the same day, it doesn't make any sense. Then people have to choose which one is better to miss."*

Suggestions/Recommendations

- **Track and monitor any issues with receiving drug testing results.** The CCADC should work to ensure that any technical issues with the drug testing center related to administering, collecting, or providing results do not adversely affect participants until confirmation is obtained. Multiple focus group participants noted issues with drug testing during their time in the program. (See call-out box on this page.)

Particularly important is that the court response should not occur unless the program is certain the information provided by the drug testing center is accurate. Testing issues should be discussed with the drug testing center immediately. While no system is perfect, the drug testing provider must understand that mistakes can result in a deprivation of liberty and that accurate reporting is essential to the success of the program.

The program already had a policy in place that ensured they did not sanction participants until all drug testing issues were fully known. Therefore, no significant steps were needed in this area, with the team noting that issues are dealt with on a case-by-case basis. Staff turnover at the drug testing lab may have contributed to the issues participants reported in the first year as well. Issues previously discussed were not mentioned by team members or focus group participants by Year 3. The team is still encouraged to solicit feedback from participants in this area and continue to monitor/review any issues that may arise.

- **Maintain the frequency of drug testing for participants in later phases.** Research shows that drug courts that test at least 2 times per week have better outcomes (Carey et al., 2008). We recommend that the CCADC continue testing at least twice per week after Phase I. The frequency of drug testing should be the last requirement that is reduced as

participants progress through the program, as drug testing is the only truly objective measure of whether the program requirements are working for participants. As treatment sessions and court appearances are decreased, checking for drug use becomes increasingly important, to determine if the participant is doing well with more independence and less supervision. This would also completely eliminate any confusion that arises from participants changing drug test colors as they phase up, as they could have the same color throughout the program.

The CCADC has addressed this recommendation directly by requiring participants be drug tested an average of 2 times per week throughout the program when the new 4-phase model was implemented in January 2017.

Focus group participant quotes (speaking about what they like least about drug court):

- ▶ *"I got a call from my case manager that I missed a UA when I knew I took it. She found out that they had lost my sample....and they wanted me to come in again. They figured out it was a paper mix up, but I didn't sleep that night at all. I knew I was clean but I was so worried."*
- ▶ *"I tested positive for alcohol and I knew I didn't drink. They said it would take days, and then it never showed up or it was lost or something. I didn't get in trouble, but I wanted to prove myself."*
- ▶ *I got a call that I should prepare for jail because I didn't give a sample, but I know I did. After 2 days, thinking I was going to jail, and knowing I had no way to prove otherwise....they found out it was a computer error at Lifeline."*
- ▶ *"Me and a friend were in there one time, and they mixed up the slips, so we signed each other's. Then I left, and they caught it so they called me back and I had to sit there for another hour until I could go again."*



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

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

The CCADC has made significant changes to their program related to Key Component #6 in response to the recommendations from the evaluation including changes to the use of jail sanctions, restructuring phases in the program, and overhauling the sanction/incentive guidelines. The program is commended for their hard work in this area. A more detailed description of the program policy changes/processes can be found below.

Commendations

- **Sanctions are imposed swiftly after noncompliant behavior.**

The program understands that if a participant has engaged in a behavior that requires a sanction, they need to ensure that the sanction occurs as close to the behavior as possible. In order for behavior change to occur, there must be a link between the behavior and consequences (either a sanction or a treatment response). Scheduling the

noncompliant participant for the next upcoming court session rather than waiting until the participant's next scheduled session is optimal. Research has demonstrated that for sanctions and rewards to be most beneficial, they need to closely follow the behavior that they are intended to change or reinforce.

- **CCADC graduation requirements follow best practices.** Programs that require participants to be at least 90 days clean, have a job or be in school, have a sober housing environment, and have a sobriety/relapse prevention plan before graduation have significantly higher graduation rates and lower recidivism (Carey et al., 2012).

Focus group participant quotes (speaking about their case managers):

- ▶ "Debbie will explain where she's been. So she makes you very comfortable and easy to talk to. You can tell her anything."
- ▶ "Debbie is amazing. She is very down to earth and realistic. Honest. She won't beat around the bush."
- ▶ "Kasey is really sweet. I don't get enough one-on-one time with her I think, but I know she is busy."

The program has continued the practices that resulted in these commendations during the course of grant.

Suggestions/Recommendations

- Work to avoid the use of jail for holding people until residential treatment is available.** Unless the participant is a danger to themselves or others, the use of incarceration to hold individuals until residential treatment is available is contraindicated. Jail is expensive and participants are unlikely to learn positive behaviors from their time incarcerated. The converse is more probable in that individuals are more likely to engage in negative thoughts and learn more negative behaviors from other inmates while incarcerated. Only in situations where the team has serious concerns about participant overdose or other dangerous activities should jail be considered as the best option.

Focus group participant quotes (speaking about the mentor program):

- ▶ *"I think the mentor program is awesome. You can say anything you want in mentor groups and it doesn't leave the room."*
- ▶ *"I hang out with my mentor regularly. We talk daily and do things together, it's great."*
- ▶ *"I feel it should be optional. There are some mentors that do come thru for you, but not all do. There just is no benefit for me and there's only so much time in the day."*

Over the course of the grant, the program significantly reduced the use of jail, including in situations as described above. Use of jail until treatment is available is only used when participants are a danger to themselves or others.

- Avoid using pro-social activities with the mentors as a sanction.** Although it may be appropriate for the team to "require" participants to engage with mentors and participate in pro-social activities so that participants can learn positive behavior, the use of mentoring as a "sanction" rather than a required activity will create negative associations with both the mentors and the pro-social activity.

Although the program never intended the peer mentoring activities as a sanction (as peer mentoring is completely voluntary), the delivery of the message around participant engagement in peer mentoring sometimes made these pro-social activities appear to be a punishment. The program has changed this delivery to make it clear that peer mentors and pro-social activities are encouraged and are intended as a benefit to participants. Pro-social activities are still required for all participants, and the team may use pro-social activities in conjunction with a court response, but it is not issued as a sanction. The judge follows through with this in court, explaining the difference and ensuring that participants know that the pro-social activities are not a punishment. The team may also have the participants go to the mentor facility to clean, sweep the floors, etc. This is mostly used as a minor deterrent to negative behavior, but is really used in hopes that the participants start to engage with the many activities available at the facility. Focus group participants in Year 3 noted how much they enjoyed the pro-social activities.



- **Take full advantage of the court hearing as a learning experience for participants.** Drug court hearings are a forum for educating all participants and impacting their behavior. Participants are not currently required to stay for the full court session. It is effective to require all participants in Phase I to stay for the entire hearing to observe consequences (both good and bad) and to see how some people

Year 3 focus group participant quotes (speaking about the individuals and pro-social activities at Reach Too):

- ▶ “Everyone at Reach Too is cool. They help A LOT. They have art, community service projects, meetings, so many resources there.”
- ▶ “They make you feel good and want you to succeed.”
- ▶ “It makes me more comfortable that they’ve been in our shoes. I can relate to them more and I can chat with them easily.”

who have as many challenges as they are able to succeed and make positive, healthy choices and changes in their lives. The team should see successful participants earlier in the session and focus on what they are doing well both to reinforce their positive behavior and also teach other participants what positive look like. The team should consider excusing participants who are doing well early as an incentive for the positive behavior they have demonstrated since the previous hearing.

The program implemented a new phase system for participants in January 2017 that includes new processes that are intended as positive learning experiences for all participants in the court room. As a part of this system, participants that are phasing up or receiving sobriety coins are seated in the jury box, called up first, and allowed to leave the court session early while Phase 1 participants are required to sit in the front row of the gallery and stay for the entire session.

- **Continue to evaluate use of jail and develop new guidelines for incentives and sanctions that follow research based best practices.** Although the option to use jail as a sanction is an integral piece of an effective drug court (Carey et al., 2008), it is vital to use jail judiciously. Programs that use jail sanctions lasting longer than 6 consecutive days had significantly worse outcomes including higher recidivism and higher costs. Further, more recent research shows that programs that used jail consistently for the first positive drug test had less positive outcomes compared to programs that did not use jail for the first positive test (Carey et al., 2012).

The team implemented a new set of sanction guidelines based on recommendations from NDCI, and discussed limiting the use of jail at policy meetings. Despite these discussions and the new guidelines, the program has reverted back to the old grid and is currently using jail on a regular basis and as a standard for certain behaviors (such as the first positive drug test). Team members have been open and receptive to the idea of using jail less often, noting that individuals who have recently been prescribed medications by the program psychiatrist will have an interruption will negatively affect their progress. We recommend that the team set time aside at upcoming policy meetings to design incentive and sanction guidelines that follow best practices and research in behavior modification (will encourage positive participant behavior change) that all team members will support and use.

The team should also remember that sanctioning guidelines should be considered a *starting point* for team discussion during staffing rather than hard and fast rules and should not be provided as hard and fast rules to participants. If a specific sanction grid is provided to participants, the team is then held to following this grid or appears unfair if the grid is not followed. When participants perceive the process as unfair, they will discount any accountability for their actions because their assumption will be that any punishment they receive is not deserved.

Guidelines for the team that have a range of options do not prevent the team from using jail if the team feels that response is necessary. The larger benefit of having these guidelines is to help the team in maintaining some consistency across participants for specific behaviors while also serving as a reminder of the various sanction and incentive options available to the team so they do not fall into habits of using the same type of sanctions (e.g., community service) for everyone that may be ineffective for some participants. Properly written guidelines should also serve as a reminder to the team of the participant behaviors they intend to change the behaviors they want to encourage in order to achieve the ultimate goal of developing a clean and healthy, working and taxpaying citizen.

The program has made tremendous strides related to the use of jail as a sanction. The old sanction grid system is no longer in use. Instead, it has been replaced with a sanction chart (based on best practices) that lists all possible sanction options, along with the types of proximal and distal goals to expect at each phase of the program. Individualizing court responses to the participant behavior is a best practice, and the program is commended for overhauling and implementing this policy over the course of the grant.

- **Increase the focus on and use of rewards (positive reinforcement) for participants who are doing well to encourage completion of program requirements and reinforce other positive behaviors.**

Incentives are key to learning and maintaining new behavior, and it is important that the program find incentives that are meaningful to each participant. Engaging

participants in positive behavior will help replace the negative participant behaviors the program is working to change. Identifying the strengths of each participant and using them to build on can increase program engagement. Identifying individualized incentives (e.g. a grocery store gift card may be more meaningful than a movie certificate for some and vice versa), will contribute to greater success. Research shows that it is not possible to overdo praise; people do not become habituated. The program should demonstrate its understanding of addiction and the reality of relapse (and associated behaviors) as part of the recovery process by identifying more opportunities to acknowledge progress and offer incentives for positive replacement behaviors. The

Year 3 focus group quotes (discussing the various sanctions they receive):

- ▶ “For sanctions, it’s mostly work crew, community service, jail and sit in court all day.”
- ▶ “Jail is a good deterrent for some, but it’s the most ineffective. There are so many drugs in there. I got stuck in there once and I used since I was just there.”



CCADC judge should continue to emphasize positive behavior on a regular and consistent basis.

The program has also made tremendous progress in the use and delivery of incentives. The new judge has done an excellent job in requesting that the team in staffings provide him with positive information about each participant first before discussing any poor behavior. The judge is also focused on improving conversations with participants in court, being positive with participants and looking for areas to commend them. For

example, with participants who are struggling, the judge notes that the participant was honest and showed up to court, despite knowing the potential consequences. The program has also created a positive reinforcement chart, which notes low/moderate/high levels of reinforcement they can use, ranging from applause to gift cards. Additionally, small but very notable changes have been implemented to encourage participants and create a positive atmosphere. The team will hand out "PayDay" bars when someone gains employment, and "Smarties" when they enroll in school or other classes, and hand out fortune cookies with recovery language "fortunes" when the judge wants to give a small token of recognition. The coordinator and team is creative, and is implementing innovative methods in hopes of building up the participant's self-worth and confidence. The team is also giving participants a very positive and supportive atmosphere in which they try to better their lives (an atmosphere that many have never experienced). The positive atmosphere in staffings and court has also resulted in increased team member job satisfaction. Such methods are not easily implemented by programs, and the program is commended for their great efforts.

The program should continue to build upon the great improvement made in this area. Specifically, the judge should continue to encourage participants that are struggling to "show up, be honest, and just try" (to work the program). Also, soliciting responses from participants when they share positive aspects of their lives in their web reports may be beneficial. Such as how a participant was able to reconnect with their family members or describe their first sober birthday was like. And asking specific follow-up questions, such as asking how it felt for them, how they got there, what they've learned, and what they would tell someone in a similar situation. This could be especially meaningful

Focus group participant quotes (speaking about what they like most about the program):

- ▶ "The positive praise helps a lot. The judge said he was proud of me and I liked that. It made me feel good to do well."
- ▶ "It's always good to hear someone say they're proud of you and doing good. Especially coming from a person of authority like a judge."

Focus group participant quotes:

- ▶ "What I don't understand....it says for your first 5 dirty UAs, you get a day of jail each time. But I saw a guy who missed and had a dirty UA, and he got a whole week in jail."
- ▶ "They should follow the grid. If they're going to give it to us, that's what they should follow."
- ▶ "I got 7 days for my first dirty."
- ▶ "They shouldn't be using the grid, because they're not following it anyway."
- ▶ "It gives the judge an excuse to say he's following the grid if wants to be a little bit harsher on people. I've seen him say I'm following the grid to one person, then give community service to the next one. It just depends on his mood."

considering participant feedback in focus groups (in general, and in this evaluation) consistently note their desire for praise from the judge.

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

The focus of this component is on the judge's role in drug court. The judge has an essential function for drug court in monitoring participant progress and using the court's authority to promote positive behavior and successful outcomes. While this component encourages ongoing interaction, drug courts must still decide more specifically how to structure the judge's role. Courts need to determine the appropriate amount of courtroom interaction between the participant and the judge as well as how involved the judge is with the participant's case. Outside of the court sessions, depending on the program, the judge may or may not be involved in team discussions, progress reports and policy making. One of the key roles of the drug court judge is to provide the authority to ensure that appropriate treatment recommendations from trained treatment providers are followed.

A new CCADC judge began presiding over the program in May 2016. Previous rotation periods for the judges have varied over time, but tenure is typically 2 years. The judge also has cases and dockets outside of the drug court. Observations of the new judge have shown him to be very empathetic, caring, genuine, and kind with participants. He brings a positive attitude to the program while still maintaining his role as the authority and leader of the program. This judge took significant time in getting training and information about the drug court model and research based best practices. The program has benefitted greatly from his knowledge and adherence to best practices. He is open-minded and receptive to feedback. He has used this report, along with suggestions given during policy meeting, and attendance at national trainings to implement new best practices into the court. His knowledge, expertise, and overall demeanor are invaluable to a high functioning team such as the CCADC. He has helped improve relationships and communication with several local agencies, and has taken an ownership and leadership role within the team while remaining humble and open to learning. We highly recommend that the current CCADC judge stay with the program beyond the current 2-year term. This recommendation is based not only on the quality of this particular judge, but also on the damaging impact replacing the judge can have on participant progress in the program and participant outcomes. Research demonstrates that each time a judge changes on the treatment court bench, participant criminal recidivism increases significantly (Carey & Finigan, 2004; Kissick, Rodi, & Carey, 2017).

Commendations

- **Weekly staffing notes provide exceptional detail and information on participants.** Providing such comprehensive information greatly aids the CCADC judge and staff in considering the circumstances of each individual participant while discussing court responses. It would also allow the program to look back at previous responses and methods that have been used to either increase the severity of sanctions or consider options that have yet to be utilized if the team chooses to develop more flexible guidelines around incentives and sanctions. Specific items such as the participant journal



notes also serve as a tool to evaluate participant progress and the potential effects of the drug court.

- **Judge spends greater than 3 minutes with each participant.** During observations, the judge averaged around 3.5 minutes when addressing each participant. An *average* of three minutes per participant is related to graduation rates 15 percentage points higher and recidivism rates that are 50% lower than drug courts that spend less than 3 minutes per participant (Carey et al., 2011). As the number of participants increases, efforts to maintain this time with individual participants can be challenging, but is an important best practice that significantly impacts outcomes.
- **The CCADC judge has participated in trainings and conference opportunities on the drug court model.** The judge is commended for attending multiple trainings. This is a best practice, and particularly important for maintaining fidelity to the drug court model and best practices. The NADCP annual conference and the NDCI Judicial Drug Court Training are key trainings in providing an educational foundation the drug court model so should be attended by all judges, particularly those new to the drug court bench. Research has shown that drug courts that have formal training for all team members have higher graduation rates and lower recidivism (Carey et al., 2008; 2011). The judge sets an important precedent for the entire team by putting ongoing education as a top priority. We recommend that the incoming judge attend the judicial training as well as other regular trainings such as the annual NADCP conference.

The program has continued the practices that resulted in these commendations. While the previous judge who was on the bench at the beginning of this evaluation spent about 3.5 minutes on average with each participant, observations of the new drug court judge showed an average of just under 3 minutes were spent addressing participants. It should be noted that some observed court sessions were just after the judge joined the program, leading to shorter interactions as he was getting to know them. Subsequent court sessions that were observed still showed the new judge was under the 3-minute average. Recommendation language below has provided some suggestions in how the judge can spend more quality time with each participant.

Suggestions/Recommendations

- **The team should consider ways to adjust the timing of staffings to ensure that the judge can always attend.** This recommendation is particularly important as the current judge rotates out of the program and the new judge transitions in. The Court and team should ensure that the timing of staffing and drug court review hearings work for the judge's schedule. When the judge misses staffing meetings, it can lead to issues where the discussions/decisions made in staffing

Year 3 focus group quotes (describing Judge Veljacic):

- ▶ "He's very caring, laid back, involved."
- ▶ "Very empathetic."
- ▶ "When you do good, he lets you know that, and he'll say keep it up, you're doing good. That's really nice to hear."
- ▶ "He can be very lenient with some."
- ▶ "It feels very generic to me a lot of times, just how are you and then see you later."

are changed by the judge in court (with little to no chance for feedback from team members). The judge must lead by example. NDCI has identified nine core competencies that describe the role of the drug court judge. Core Competency #1 states that the judge “Participates fully as a drug court team member, committing him or herself to the program, mission and goals, and works as a full partner to ensure their success.” The Judicial Benchbook also states that the judge should also participate in scheduled staffings to review progress of participants, solicit information regarding the participant’s progress from every team member in attendance, deliver coordinated response to participants in the courtroom, and impose incentives and sanctions that are consistent while considering the individual needs of each drug court participant. Attendance at staffing is key to accomplishing these goals.

This issue no longer pertains to the program, as they meet this best practice regularly, with the new judge in attendance for all staffing meetings.

- Explain the reasons for incentives and sanctions in court and be aware of the importance of appearing fair.** The drug court is currently using an older sanctioning grid, but also makes occasional exceptions on a case-by-case basis. The team must always consider the appearance of fair treatment for similar infractions and the importance of repeatedly communicating the rationale behind decisions regarding levied sanctions. Similarly, incentives that differ between participants for similar behavior and are not clearly explained can appear unfair. Based on observations, focus groups and interviews, there are times when the CCADC delivers different responses for similar behaviors. This can be appropriate based on an individual’s needs and history, but confusing for participants. During participant orientation to drug court, the team is encouraged to explain that incentives and sanctions are individualized based on participant circumstances. In addition, the judge should clearly explain in court the behavior that led to the sanction and the behavior the team would like the participant to engage in instead, both for the benefit of the participant in front of the judge and for the participants who are observing. Consistency in explaining incentives and sanctions, even when they differ across participants, will enhance the perception of fairness for participants and provide a better learning experience. It should be noted that some incentives carry an inherent risk of appearing unfair (as well as risk of personal safety and potential violation of Judicial Canons) such as a reward that includes participants spending time alone with the judge (e.g., having lunch or coffee with the judge). Although the judge relationship with participants is crucial in helping positive behavior modification to occur, legal process and safety issues must still be considered.



Observations of the new drug court judge (assigned to the program in May 2016), show that he has excellent communication skills, and is very comfortable speaking with participants. He takes the time to listen to participants, focusing on the things they do well, and explaining why they received a sanction when a sanction is warranted. He has the appearance of fairness—he demonstrated in words and actions. Now that the team has moved to the new sanction and incentive grids (developed with best practices in mind), it is less likely for an unfair response to occur. And the differences that do occur in court responses between participants are explained clearly by the judge. The judge continues to have positive interactions with the participants, but it is also suggested that the judge remain aware of focusing on positive behaviors more than negative behaviors, and remembers to solicit responses from (and ask questions of) participants whenever possible, especially when they are modeling good behaviors.

Focus group participant quotes (speaking about their interactions with the judge):

- ▶ *“The positive praise helps a lot. The judge said he was proud of me and I liked that. It made me feel good to do well.”*
- ▶ *“It seemed like he was just like, why don’t you get it! He thinks we purposely make the decision...”*
- ▶ *“He’s fair. He cares and wants us to do the right thing.”*
- ▶ *“Once I had a request denied by the judge in court that I was sure was going to happen. My case manager was also sure I was going to get approved because I had done well in the program for a good while and had no issues, but then I came to court and got denied. It was really surprising. And my first thought was, I’m relapsing, screw this. Like I needed to send them a message. Then I rethought it through...”*

As mentioned earlier in this section, it is highly recommended that Clark County end the practice of rotating judges through the adult treatment court bench and assign a judge indefinitely to the CCTC program as occurs for the other treatment court programs in the county. Focus groups with treatment court participants have demonstrated that rotating the judge can have an adverse impact on individuals who have previous experiences with abandonment and neglect, and can re-traumatize individuals who are already struggling with a brain disorder (a substance use disorder) as well as triggering substance use and other negative behaviors. Research demonstrates that each time a judge changes on the treatment court bench, participant criminal recidivism increases significantly (Carey & Finigan, 2004; Kissick, Rodi, & Carey, 2017).

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

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

Program processes related to Key Component #8 have remained stable over the course of the grant. Related commendations and recommendations have been included below, with updates provided where needed.

Commendations

- **The CCADC has an effective data management system in place.** Having a database that can be used by both the court and treatment provider is rare. Court staff is commended for keeping the system up to date, as the database contains a wealth of information. The treatment provider should also be commended for being open to modifying treatment notes based on team feedback. Some team members noted at a policy meeting that they would like to receive the weekly reports so they can also stay informed on participant progress. The CCADC should consider sending this information to all team members, as it contains crucial treatment information that inform team responses and will make staffing meetings more efficient. The team should also continue to accumulate and analyze this information and use it during policy meetings. It may be helpful to periodically look at the types of participants who are most and least successful in the program as a way to inform the team and monitor program goals.
- **The CCADC is participating in the current evaluation.** Courts that have participated in evaluation and made program modifications based on evaluation feedback have had twice the cost savings compared to courts that have not adjusted their program based on evaluation feedback (Carey et al., 2012).

The CCADC has continued practices that led to these commendations. This continues to be an area of strength for the program.

Suggestions/Recommendations

- **Share evaluation and assessment results.** The CCADC team members are encouraged to discuss the overall findings of this evaluation, both to enjoy the recognition of its accomplishments and to identify areas of potential program adjustment and



improvement. Plan for time in a future policy meeting to discuss the results of this evaluation and make a plan for how to use the information. Appendix A contains a brief set of guidelines for how to review program feedback and next steps in making changes to the program. In addition, the assessment and evaluation results can be very beneficial to the program if it is looking to apply for grants to fund additional positions, etc., or for local funders/agencies to help them access resources. These results can document needs as well as show how well the program has done in some areas.

The team has been exemplary in sharing evaluation commendations and recommendations over the last 3 years. The coordinator has used the process report as a roadmap on how to improve the program and the team discussed the findings in detail at regular policy meetings. They have also addressed several other issues head-on, and have worked to implement new practices to help their participants' succeed. They are aware of the ever-evolving nature of drug court research and best practices, and show in their hard work that they are willing and able to change for the betterment of their participants.

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

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

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

Program processes related to Key Component #9 have remained stable over the course of the grant. It is noteworthy that the team benefitted from an excellent training on trauma in February 2017 and has already implemented some new practices related to trauma-informed care. Related commendations and recommendations have been included below, with updates provided where needed.

Commendations

- **The majority of drug court team members have received training on the drug court model.** The CCADC understands that the drug court model requires specialized training for all staff members to understand their roles, and the science behind effective treatment. Team member training has been demonstrated to produce significantly lower recidivism and greater program completion rates (Carey et al., 2008; 2012). The

CCADC is aware of this and makes team member training a priority by regularly bringing new information to policy meetings and encouraging team members to attend conferences when funding allows.

The program has continued to prioritize training for team members. Opportunities are regularly available and the program has excelled in this Key Component.

Suggestions/Recommendations

- **Ensure that all drug court team members receive initial training before or soon after becoming part of the CCADC team.** To ensure continued training, particularly role specific training, we recommend that the coordinator and management continue to identify team members who would best benefit from the conference each year as well as continue to bring information on specific topics that team members may be lacking to policy meetings.
- **Work to implement the best practices learned from drug court trainings.** Since several team members attended sessions on incentives and sanctions at the 2015 NADCP conference, as suggested under Key Component #6, we recommend that the team set time aside at upcoming policy meetings to design incentive and sanction guidelines that follow best practices and research in behavior modification (will encourage positive participant behavior change) that all team members will support and use.

Several team members were able to attend the 2016 NADCP Conference in Anaheim and the 2017 conference in Washington, DC. Following the conferences, new policies and practices were implemented that align with drug court best practices. The CCADC team has done tremendous work over the course of the grant, including providing training to new and old team members. This has helped shape new program policies and enhanced commitment in best practices.



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

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

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

Program processes related to Key Component #10 have remained stable over the course of the grant. Related commendations and recommendations have been included below, with updates provided as needed.

Commendations

- **Overall, the program has worked to established partnerships across many community agencies.** The CCADC judge, court coordinator, defense attorneys, treatment providers, and mentor program director have spoken within their own agencies/organizations and to the greater community about drug court. This is to both inform and forge relationships with these entities. This has allowed the program to access services through organizations such as Consumer Voices Are Born, Inc. (CVAB), who work in conjunction with the mentor program director to host pro-social activities and sober holiday events. "Second Step Housing" recently opened two women's houses that assist female drug court participants that have housing needs. The program also has two men's houses through Inland Properties as well as many Oxford and faith-based transitional houses. The program partners with Goodwill Job Industries for employment search. In addition, the inclusion of law enforcement on the team strengthened the relationship with the Sherriff's Office. We strongly recommend that the team continue to work with the Sheriff to sustain this law enforcement representative on the team.
- **The program has creatively and effectively addressed many participant needs.** The program is commended for thoughtfully coming up with solutions to barriers for participants to access necessary services, such as streamlining access to employment training and medical services. This responsiveness helps the participants be more likely to succeed and helps them develop a trust in the program that it really is on their side and working in their best interest. The team should continue discussing possible

community connections and resources, and ideas for generating outside support to enhance the program.

The program has continued the practices that resulted in these commendations. The new judge has recognized his ownership of the program, working to foster relationships with local agencies and organizations that are directly (or even indirectly) involved with the program. The judge also continues to use his role as a leader to address and improve the program's most complex issues and concerns.

Suggestions/Recommendations

- **Continue to invite community members and staff from other agencies to CCADC graduations.** Drug court graduation ceremonies provide powerful testimony for the effectiveness of drug courts. Inviting potential community partners to drug court graduations is one low-cost strategy for strengthening outreach efforts and allows them to witness positive program impacts. The CCADC understands that it is important to educate those not familiar with drug courts in how the drug court model works and its effectiveness, and has seen positive results from utilizing this strategy.

The program continued to reach out to several community members, including those who already work with the drug court. The importance of fostering relationships is not lost among the team, and it shows in their continued willingness to work with agencies in a collaborative manner. The team has taken the approach of "what can we do for you?" which will serve them well as they continue to evolve and prosper.

ADDITIONAL RESOURCES

Appendix A at the end of this document contain resources to assist the program in making any changes based on the feedback and recommendation in this report. It provides a brief "how-to" guide for beginning the process of changing program structure and policies. Other important and useful resources for drug courts are available at the National Drug Court Resource Center's website: <http://www.ndcrc.org>.

OUTCOME EVALUATION

The main purpose of an outcome evaluation is to determine whether program participation is associated with improved participant outcomes. An outcome evaluation can examine short-term outcomes that occur while a participant is still in the program including whether the program is delivering the intended amount of services, whether participants receive treatment more quickly and complete treatment more often than those who do not participate, whether participants are successfully completing the program in the intended amount of time, whether drug or alcohol use is reduced, and what factors lead to participants successfully completing the program. An outcome evaluation can also measure longer term outcomes, including participant outcomes after program completion such as rearrests and incarceration.

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

1. What is the impact of CCADC on criminal recidivism?
 - 1a. Is participation in CCADC associated with a reduction in the average *number of* all rearrests for those individuals compared with traditional court processing?
 - 1b. Is participation in CCADC associated with a lower overall *recidivism rate* (the percent of participants who were rearrested) compared with traditional court?
2. How successful is the program in bringing program participants to completion and graduation within the expected time frame?
 - 2a. What participant characteristics are associated with program success?
 - 2b. What program activities are associated with program success?
3. What participant and program characteristics are associated with rearrest?

Outcome Study Methods

For the outcome study, NPC included all participants who received at least 28 days of programming and entered the CCADC program from 2011-2016. NPC also identified a comparison sample of individuals eligible for the CCADC but who received traditional court processing for their charge (a policy alternative). It is important to identify a comparison group of individuals who are eligible for the CCADC because those who are not eligible represent a different population of CCADC offenders; thus, any differences that cause individuals to be ineligible for CCADC could also be the cause of any differences found in outcomes. Methods for selecting the comparison group are described below. Data for both program and comparison participants were tracked through existing administrative databases for a period of 2 years post CCADC program entry (or the equivalent for the comparison group) depending on the availability of the data. The evaluation team used criminal justice data sources as described in



Table 1 to determine whether CCADC participants and the comparison group differ in subsequent arrests.

SAMPLE/COHORT SELECTION

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

The CCADC Participant Group

The CCADC participant sample was the population of individuals who entered the program from 2011 to 2016. Outcomes are presented in 1-, and 2-year increments. However, some drug court participants do not have 2 full years since the date they entered the program; therefore, the 2-year recidivism rate for those individuals was not measured.⁴

Individuals deemed “plea and flee” (those who received less than 28 days of programming either due to agreeing to participate but never attending court or program services, or by disappearing on bench warrant status while in the program) are not included in the participant sample.

The Comparison Group

Step 1: Selecting the Comparison Group

The comparison sample is composed of individuals who are similar to those who participated in the drug court program (e.g., similar demographics and criminal history) but who did not participate in the CCADC program. These individuals were also not participants in other Clark County treatment courts including the SAC Court or DOSA program.

NPC obtained criminal history information (arrest and court records) from the Washington State Office of the Administrator of the Courts Judicial Information System (JIS) for the CCADC participants. JIS data were also obtained on any individuals who had an arrest between 2007-2017 in Clark County for a drug charge (to indicate likely drug use; see Table 1 for more details). These data allowed for the identification of individuals who received similar types of eligible arrests (e.g., drug, property, etc.) and therefore were potentially eligible for CCADC. Additional information was gathered from the Clark County Corrections that indicated whether these individuals were on probation in Clark County. The JIS data included demographics and criminal history. All CCADC participants and comparison individuals were matched on all available information (described in detail below) using propensity score weighting.

Step 2: Matching the Comparison Group to the CCADC Group - Application of Propensity Score Weighting

Comparing CCADC program participants to offenders who did not participate in the treatment court (comparison group members) is complicated by the fact that program participants may

⁴ For drug court participants, there were 161 of the 228 individuals with two full years of outcome data.

systematically differ from comparison group members, and those differences, rather than treatment court, may account for some or all of the observed differences in the impact measures. To address this complication, once the potential comparison sample was identified, we used a method called propensity score matching because it provides some control for any differences between the program participants and the comparison group (according to the available data on both groups) (Rosenbaum & Rubin, 1983). Propensity scores are a weighting scheme designed to mimic random assignment.

NPC matched participants with potential comparison group members on a number of participant characteristics including: 1) race, 2) age, 3) sex, and 4) a series of criminal history variables. Table 2 lists the data elements used in the matching process.

DATA COLLECTION AND SOURCES

Administrative Data

NPC staff members adapted procedures developed in previous drug court evaluations for data collection, management, and analysis of the CCADC data. The data required for the evaluation were gathered from administrative databases as described in Table 1.

**Table 1. CCADC Evaluation Data and Sources**

Data	Source
<i>Drug Court Program Data</i> <i>Examples:</i> <ul style="list-style-type: none">• Participant demographics (gender, ethnicity, age, children, education and employment)• Program start and end dates and phase change dates• Drug Test dates and results• Mental health needs• Drug of choice• Sanctions and Incentives• Dates of court appearances	Clark County Adult Drug Court Database
<i>Department of Corrections Related Data</i> <i>Examples:</i> <ul style="list-style-type: none">• Probation start and end dates• Jail start and end dates• Jail sanction start and end dates• Assessment data• Marital status	Clark County Corrections
<i>Criminal Justice-Related Data</i> <i>Examples:</i> <ul style="list-style-type: none">• Incident dates (arrest dates)• Dates of case filings• Charges• Charge results• Demographics	Washington State Office of the Administrator of the Courts (OAC) Judicial Information System (JIS)
<i>Substance Abuse Treatment</i> <i>Examples:</i> <ul style="list-style-type: none">• Types of substance abuse treatment received• Numbers of sessions or days for treatment received• Cost of treatment	Lifeline Center

Outcome Evaluation Findings⁵

Tables 2 and 3 provide the demographics for the study sample of CCADC participants (all participants who entered from March 2011 to June 2016) and the comparison group. Propensity score matching included the characteristics with bolded text, and showed no imbalances. Other characteristics, not used in matching due to lack of availability of consistent data in the comparison group, are provided for CCADC participants as additional information.

Overall, Table 2 shows that about two thirds of CCADC participants were male, almost all were white, and the average age at program entry was 30 years old with a range from 18 to 53 years. None of these characteristics was significantly different in the comparison group.

Table 2. CCADC Participant and Comparison Group Characteristics: Demographics

	CCADC Participants N = 228	Comparison Group N = 158
Sex		
Male	63%	66%
Female	37%	34%
Race/Ethnicity		
White	89%	88%
African American	6%	7%
Other	5%	5%
Age at Entry Date		
Average age in years	30.4 years	30.6 years
Range	18 – 53	18 – 60

In addition, about one in six (14%) CCADC participants had some college or were college graduates and about half (49%) had a high school diploma or GED. Half of the participants (47%) were employed at entry. Most CCADC participants were single (87%). The majority of participants reported methamphetamines as their drug of choice (71%). Participants also reported using marijuana (58%) and heroin (50%). This information was not available for the comparison group.

In terms of criminal history, the CCADC participants and comparison group were also similar. Table 3 shows the criminal history for the CCADC participants and the comparison group. There were no statistically significant differences in criminal history between the two groups. In

⁵ Analysis methods are included in Appendix B.

addition, prior arrests for weapons, drug sales and violent crimes for both groups were also examined and there were no statistically significant differences between the two groups.

Table 3. CCADC Participant and Comparison Group Characteristics: Criminal History

	CCADC Participants <i>N</i> = 228	Comparison Group <i>N</i> = 158
Average number of total arrests prior to program entry	11	11
Average number of arrests 2 years prior to program entry	4	4
Average number of total drug arrests prior to program entry	2	2
Average number of drug arrests 2 years prior to program entry	1	1
Average number of person arrests 2 years prior to program entry	0.17	0.18
Average number of property arrests 2 years prior to program entry	2	2
Average number of other arrests 2 years prior to program entry	1.3	1.4
Average number of misdemeanor arrests 2 years prior to program entry	2	2
Average number of felony arrests 2 years prior to program entry	2	2

OUTCOME STUDY QUESTION #1: WHAT IS THE IMPACT OF CCADC ON CRIMINAL RECIDIVISM?

1a. Is participation in the CCADC associated with a reduction in the average number of all rearrests for those individuals compared with traditional court processing?

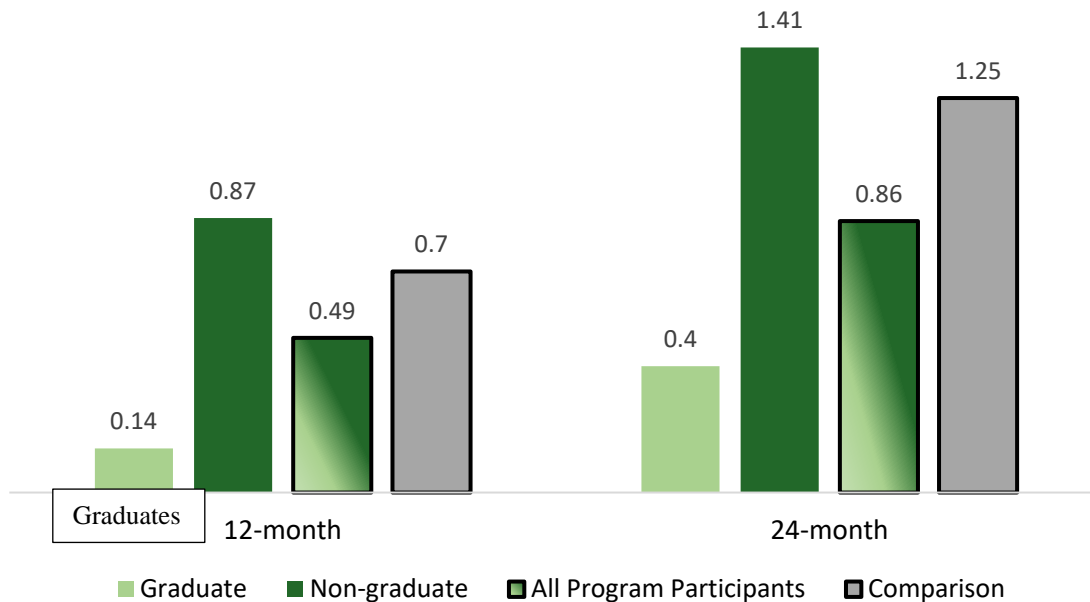
Figure 1 illustrates the average number of cumulative rearrests for each year up to 2 years after program entry for CCADC graduates, non-graduates, all CCADC participants (graduates and non-graduates combined) and the comparison group. As illustrated in the graph, comparison group participants had a significantly ($p < .05$) higher number of rearrests (including all types of charges but not traffic citations), relative to the program group at both 1 and 2 years after program entry, controlling for sex, age, race, and criminal history.^{6,7} This indicates that up to 2 years from

⁶ Significant at the $p < .05$ level for both 12 months and 24 months. Non-adjusted means by group and time period (1 Year, 2 Years): All CCADC Participants – 0.48, 0.86; Comparison Group – 0.71, 1.24.

⁷ Statewide prison data were unavailable for this study so time at risk was not able to be included as a factor in these analyses.

program entry, the program was associated with lower recidivism. Drug court graduates had significantly ($p < .001$) fewer rearrests than non-graduating participants, and non-graduates had more rearrests than the comparison group at 1 and 2 years after program entry.⁸

Figure 1. Average Number of Rearrests over 2 Years⁹



In addition to all rearrests, a key measure for drug courts is new arrests associated with drug charges as this is an indication of continued drug use. Figure 2 illustrates the average number of rearrests *with drug charges* for each year up to 2 years after program entry for CCADC graduates, CCADC non-graduates, all CCADC participants combined, and the comparison group. The average number of drug rearrests is similar for the CCADC group and the comparison group (the difference is not statistically significant). This may be due to the low incidence of drug rearrests for both groups. Graduates were less likely to have drug rearrests than non-graduates^{10,11}

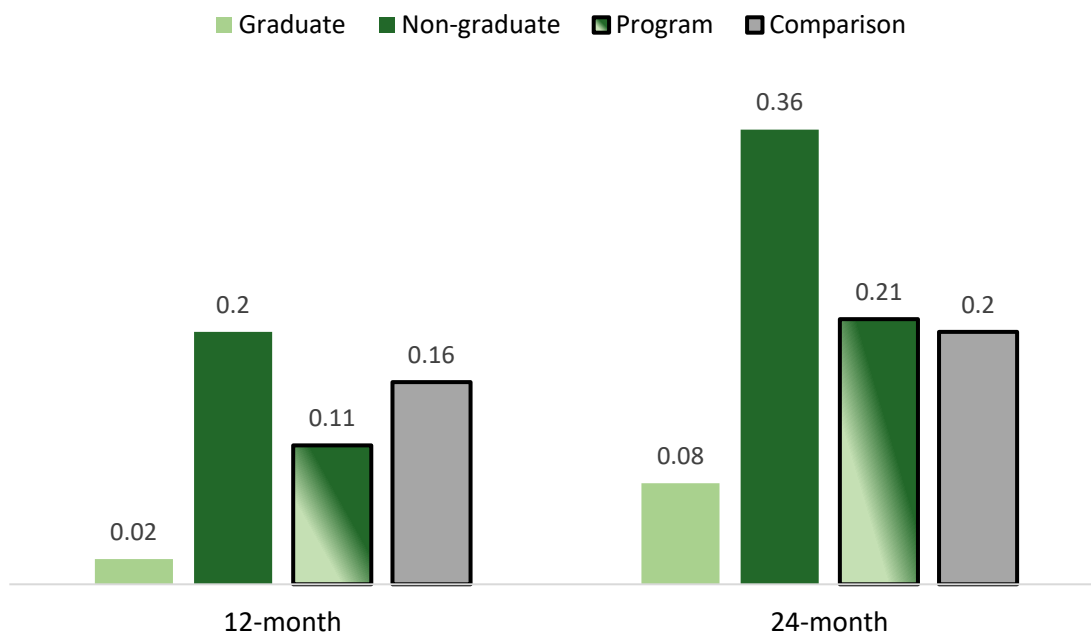
⁸ Graduates are compared only with non-graduates as they are not necessarily matched to the entire comparison group. The means for the graduate and non-graduate samples are not directly comparable to the means of the comparison group. Differences between graduates and non-graduates are significant at the $p < .001$ level for both 12 months and 24 months.

⁹ Sample sizes by group and time period (1 Year, 2 Years): Graduates $n = 99, 783$; Non-Graduates $n = 97, 70$; All CCADC Participants $n = 228, 161$; Comparison Group $n = 158, 100$.

¹⁰ Non-adjusted means by group and time period (1 Year, 2 Years): All CCADC Participants – 0.11, 0.21; Comparison Group – 0.16, 0.20.

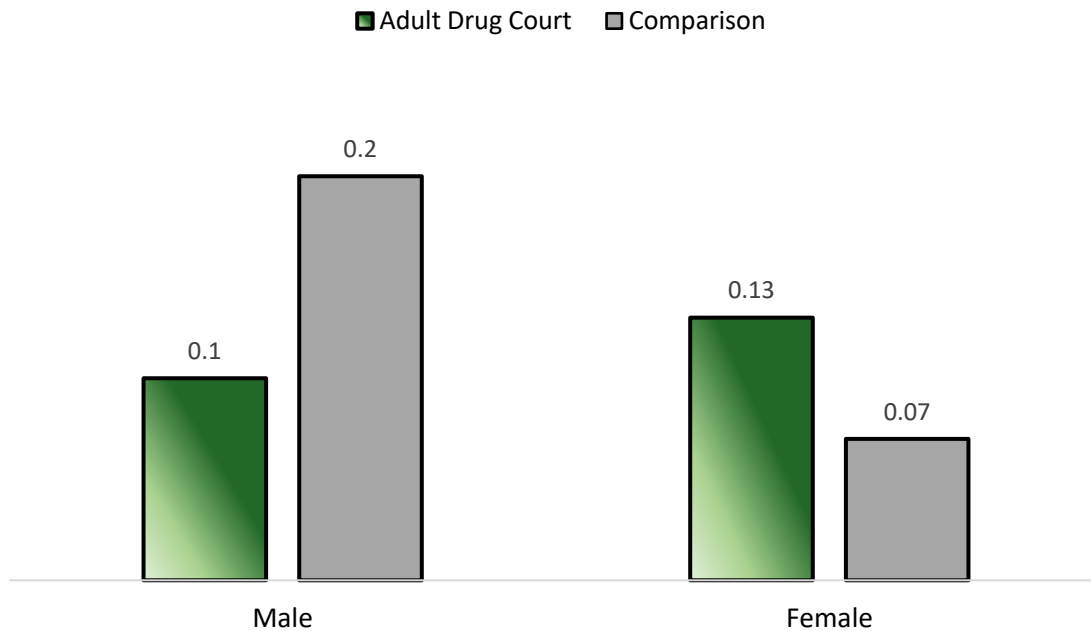
¹¹ Statewide prison data were unavailable for this study so time at risk was not able to be included as a factor in these analyses.

Figure 2. Average Number of Drug Rearrests over 2 Years¹²



Further examination into the average number of drug rearrests for program participants and the comparison group revealed a relationship between participation in the CCADC and gender. As shown in Figure 3, men who participated in CCADC had significantly fewer rearrests with drug charges at 1 year than men in the comparison group ($p < .05$) while CCADC women have a slightly higher average number of drug rearrests though this is not a significant difference.

¹² Sample sizes by group and time period (1 Year, 2 Years): Graduates $n = 99, 783$; Non-Graduates $n = 97, 70$; All CCADC Participants $n = 228, 161$; Comparison Group $n = 158, 100$.

Figure 3. Average Number of Drug Rearrests at 1 Year by Gender^{13,14}

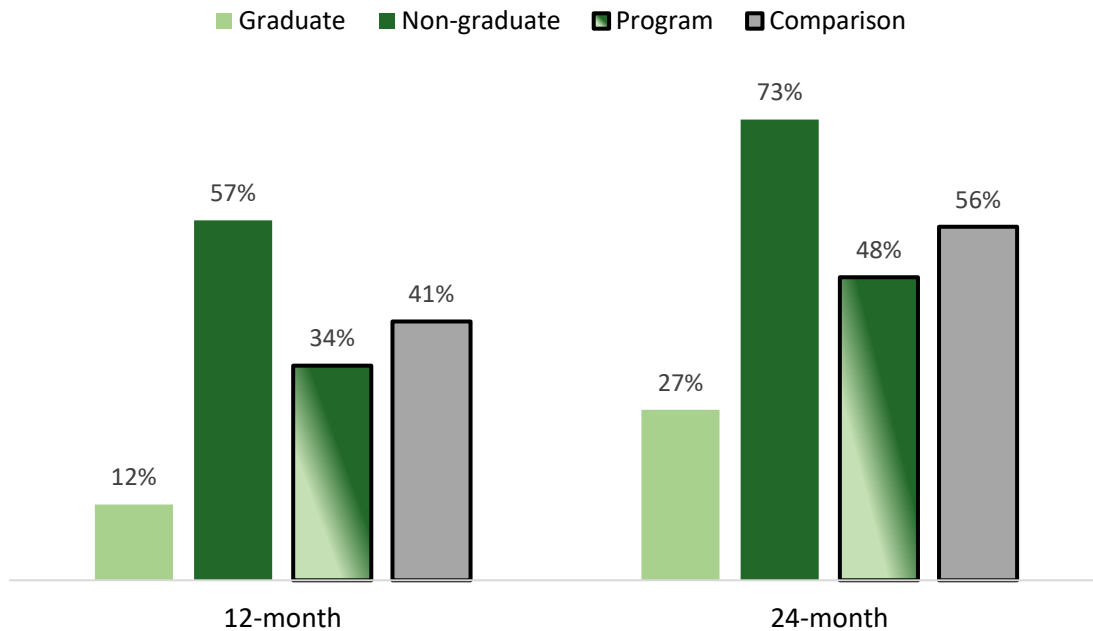
1b. Is participation in CCADC associated with a lower overall recidivism rate (the percent of participants who were rearrested) compared with traditional court?

In addition to examining the average numbers of rearrests as described in 1a, it is also useful to examine the proportion of individuals from each group who were rearrested at least once over time periods (12 months and 24 months). Figure 4 illustrates the percent of CCADC graduates, non-graduates, all CCADC participants, and comparison group members who were rearrested over a 2-year period for any charge following program entry. The percent of CCADC participants rearrested is trending in the expected direction, with CCADC participants having a lower recidivism rate than the comparison group. However, this difference was not statistically significant when controlling for sex, age, race, and criminal history.

¹³ Significant at the $p < .05$ level at 1 year for men. Non-adjusted means by gender, group: male CCADC participants – 0.10; male comparison group – 0.20; female CCADC participants – 0.13; female comparison group – 0.07.

¹⁴ Sample sizes by group and sex: CCADC men $n = 144$, CCADC women $n = 84$; comparison group men $n = 105$, comparison group women $n = 53$.

Figure 4. Percent of Individuals Rearrested for any Offense over 2 Years¹⁵

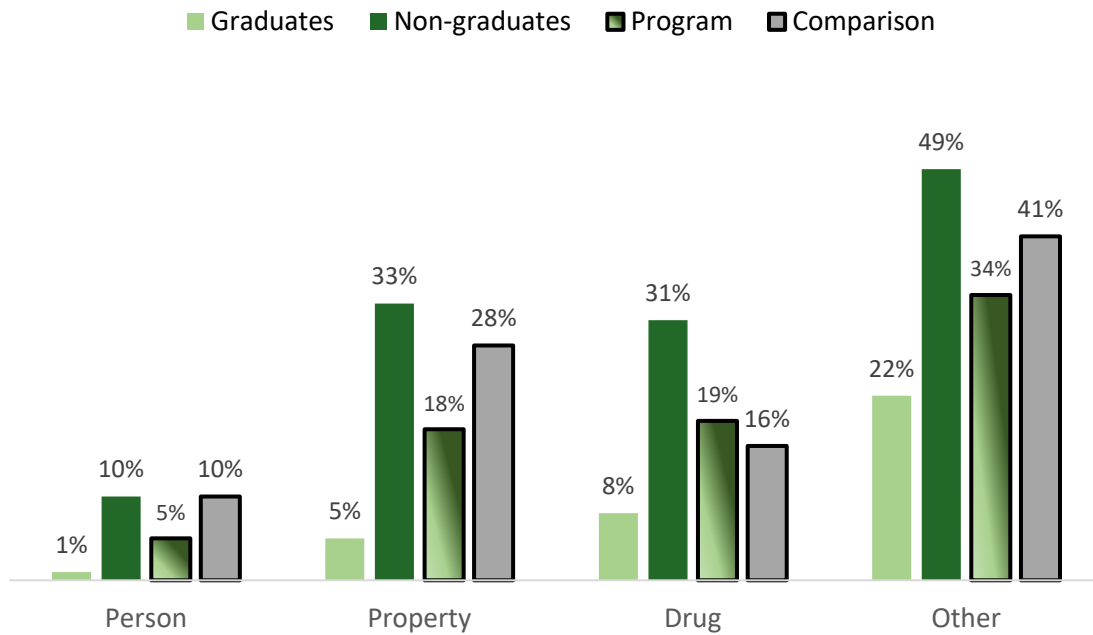
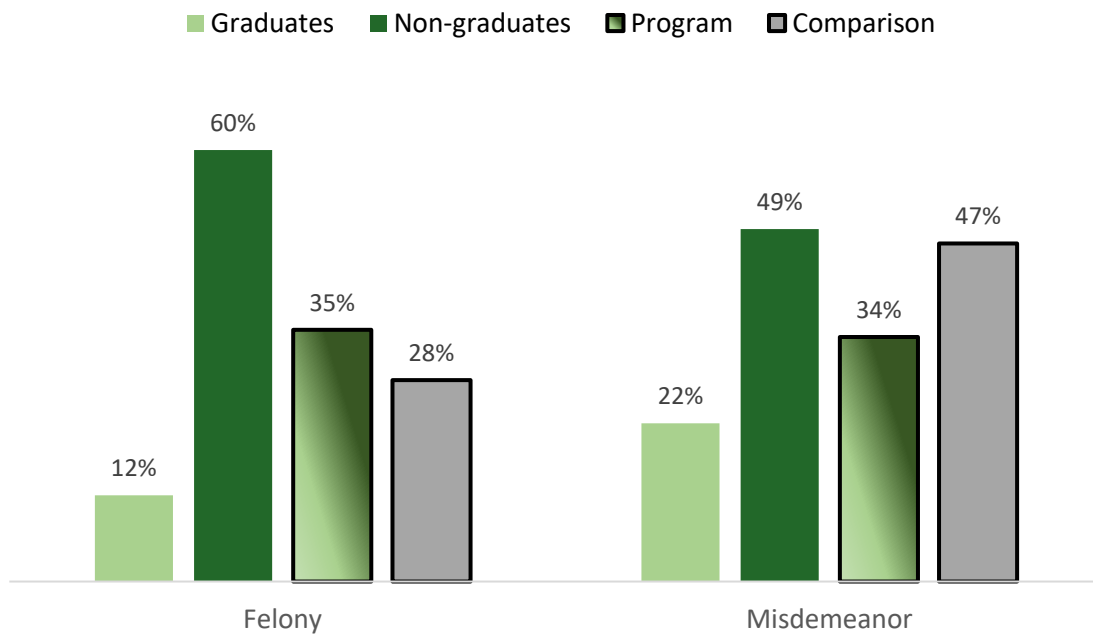


To assess a more complete history of the criminality of both groups, arrests by type of charge are presented in Figure 5. This includes person (e.g., assault), property (e.g., theft), drug (e.g., possession), or other arrest charges (e.g., trespassing) 2 years from program entry. In addition, charge level (misdemeanor and felony) is presented in Figure 6.¹⁶

Figures 5 and 6 demonstrate that CCADC participants have lower arrest rates in all categories with the exception of drug and felony arrests at 2 years (this difference is not significant, although it is trending in the direction of the comparison group). CCADC participants had significantly lower arrests rates for property crimes ($p < .05$) and misdemeanor arrests ($p < .05$) at 2 years. Non-graduates have higher rearrest rates than graduates for all categories ($p < .001$).

¹⁵ Sample sizes by group and time period (1 Year, 2 Years): Graduates $n = 99, 783$; Non-Graduates $n = 97, 70$; All CCADC Participants $n = 228, 161$; Comparison Group $n = 158, 100$.

¹⁶ When an individual received more than one charge per arrest, a single arrest could be coded as both a person and property crime. Therefore, the percentages in Figures 5-6 do not add up to the percent of total arrests reflected in Figure 4. Please see Appendix B for analysis methods.

Figure 5. Percent of Individuals Rearrested by Arrest Charge at 2 Years¹⁷**Figure 6. Percent of Individuals Rearrested by Arrest Level at 2 Years¹⁸**

¹⁷ Sample sizes by group (at 24 months): Graduates $n = 83$; Non-Graduates $n = 70$; All CCADC Participants $n = 161$; Comparison Group $n = 100$.

¹⁸ Sample sizes by group (at 24 months): Graduates $n = 83$; Non-Graduates $n = 70$; All CCADC Participants $n = 161$; Comparison Group $n = 100$.



OUTCOME EVALUATION QUESTION #2: HOW SUCCESSFUL IS THE PROGRAM IN BRINGING PROGRAM PARTICIPANTS TO COMPLETION AND GRADUATION WITHIN THE EXPECTED TIME FRAME?

Whether a program is bringing its participants to successful completion and doing so in the intended time frame is measured by program graduation (completion) rate, and by the amount of time participants spend in the program. Program *graduation rate* is the percentage of participants who graduated from the program, out of a cohort of participants who started during a similar period and who have left the program either by graduating or by being unsuccessfully discharged. Table 4 shows program status by entry cohort year including participants who are still active and those who agreed to join the program and then never came back (plea and flee). Plea and flee was defined as participants who received less than 4 weeks of programming either due to agreeing and never showing up for court and program services or by disappearing on bench warrant status while in the program (and receiving less than 4 weeks of services).

Table 4. CCADC Participant Status by Entry Year

Program Entry Year	Total Participants	Graduates	Non-Graduates	Active Participants	“Plea and Flee”
2011	2	50%	50%	0%	0%
2012	10	20%	80%	0%	0%
2013	38	58%	34%	5%	3%
2014	71	48%	42%	1%	9%
2015	89	37%	29%	25%	9%
2016	83	10%	27%	52%	12%
2017	24	0%	4%	96%	0%
Total	317	32%	32%	29%	8%

Note. Percentages may not add up to 100% due to rounding.

The program’s graduation rate for all participants entering between March 2011 and December 2015 is 54% (for only those that have exited the program), which is slightly lower than the national average of 57% (2016 and 2017 were not included in this calculation because a large number of the participants were still active).

Regardless of the graduation rate, programs should identify and focus on those practices that are associated with successful completion. To increase graduation rates, drug court teams must consider the practical challenges participants face in performing program requirements and how best to support them in meeting those requirements. For example, if a participant is homeless or does not have enough to eat, it can be difficult to focus on engaging in substance

abuse treatment. Or, if a participant has no access to transportation, getting to appointments can be exceptionally challenging. If the goal is to get participants to treatment (rather than to test participant's ability to find transportation) then providing transportation is a good way to meet this goal.

To measure whether the program was meeting the expected time frame for participant completion, the average amount of time that CCADC graduates spent in the program was calculated. The minimal requirements of CCADC theoretically allow for approximately 12 months from the time of entry to graduation. On average, most participants spend more than 12 months in the program (approximately 14 months), regardless of completion status. Best practice research shows that drug courts that require a minimum of 12 months in the program have significantly better outcomes.

The average length of stay in CCADC for all participants was 16 months, or 14 months when taking into account the number of days participants were missing from the program while on bench warrant status. Graduates spent an average of 19 months (573 days; 561 days when taking into account bench warrant status) in the program, ranging from 6 months to 2.5 years. Approximately 25% graduated within 15 months of program entry, and 75% of graduates had completed the program by 21 months after entry. Participants who did not graduate from the program spent, on average, a little over a year (388 days), or just over 9 months (278 days) when accounting for time missing from the program on bench warrant status. Similar to the majority of drug courts in the United States, CCADC participants spend considerably more time than 12 months in the program.

OUTCOME EVALUATION QUESTION #2A: WHAT PARTICIPANT CHARACTERISTICS ARE ASSOCIATED WITH PROGRAM SUCCESS?

Graduates and non-graduates were compared on a variety of factors to determine whether there were any patterns associated with program graduation. The following analyses included participants who entered the program from 2011 to 2017. Of those 201 individuals, 101 (50%) were unsuccessfully discharged from the program and 100 (50%) graduated.

T-tests and Chi Square tests were performed to determine if there were any demographic differences among participants that graduated and those who did not, including sex, age at program entry, ethnicity, whether they had children, education and employment at program entry, drug of choice, age at first use, whether they had mental health needs and participant risk and need assessment results. Table 5 shows the results for graduates and non-graduates. The only characteristic distinguishing graduates from non-graduates was age at program entry: graduates were significantly older (32 years of age) than non-graduates (29 years of age). Level of education showed a trend ($p < .1$), with a greater percentage of graduates having more than a high school degree. Similarly, having children showed a trend ($p < .1$), with more graduates having children.



Consistent with other research (e.g., Carey & Perkins, 2008; Ho & Carey, in progress), participants whose drug of choice is methamphetamines have the highest graduation rate while participants who use Heroin have lower graduation rate (and have the most difficulty in ending their use). Although not statistically significant in the current study, the findings do trend in that same direction with a greater percentage of graduates reporting methamphetamines as their drug of choice. Also, consistent with other research, participants with higher education levels are more likely to graduate.

Table 5. CCADC Graduate & Non-Graduate Characteristics: Demographics and Substance Use¹⁹

	Graduates <i>n</i> = 100	Non-Graduates <i>n</i> = 101
Sex		
Male	60%	65%
Female	40%	36%
Race/Ethnicity		
White	90%	86%
African American	7%	7%
Hispanic	1%	6%
Asian	1%	1%
American Indian/Alaskan Native	1%	0%
Age at Entry		
Average age in years	32 (range 19-53)**	29 (range 18-53)
Married/Significant Other at Entry^a		
Yes	12%	10%
No	88%	90%
Children at Entry		
Yes	41%†	31%
No	59%	69%
Education at Entry^b		
High School/GED or Less	71% †	90%
More than High School/GED	29%	10%

¹⁹ "Plea and fee" individuals are not included.

	Graduates <i>n</i> = 100	Non-Graduates <i>n</i> = 101
Employed at Entry^c		
Yes	56%	56%
No	44%	44%
Drugs of Choice^d		
Methamphetamine	74%	64%
Marijuana	48%	36%
Heroin	39%	46%
Alcohol	23%	28%
Prescription Drugs	16%	8%
Cocaine	7%	0%
Average Age at First Use^d		
	16 (range 11-26)	15 (range 11-28)
Frequency of Use at Program Entry^d		
Daily	65%	62%
Less frequently than daily	35%	38%
Mental Health Needs Indicated		
Yes	14%	17%
No	86%	83%
Probation Risk Level^e		
High	52%	61%
Moderate	48%	36%
Low	0%	3%

Note. Sample sizes vary by item depending on missing data.

† $p < .1$

* $p < .05$

** $p < .01$

*** $p < .001$

^a For those with available marital status data. Graduates $n = 51$; non-graduates, $n = 58$.

^b For those with available education data. Graduates $n = 21$; non-graduates, $n = 31$.

^c For those with available employment data. Graduates $n = 98$; non-graduates, $n = 96$.

^d For those with available drug of choice data. Graduates $n = 31$ non-graduates, $n = 39$. Program data provided up to three drugs of choice for each participant.

^e For those with available *Service Planning Instrument* assessment data. Graduates $n = 68$; non-graduates, $n = 66$.



OUTCOME EVALUATION QUESTION #2B: WHAT PROGRAM ACTIVITIES ARE ASSOCIATED WITH PROGRAM SUCCESS?

T-tests were performed to determine if there were any program activity differences among participants that graduated and those who did not, including length of time in the program, length of time in Phase 1 of the program, average number of drug tests, average number of positive drug tests, incentives, sanctions and treatment dosage during the program. Table 6 shows the results for graduates and non-graduates and displays a variety of activities that occur for participants while in the program.

Statistically significant differences emerged and followed an expected pattern: Graduates often stayed in the program longer, attended more court sessions, and received more rewards (i.e., were in compliance with the program). Non-graduates had longer stays in Phase 1 and more jail days as a sanction. Successful participants spend more time in individual and group treatment, as expected. They also have more Medication-Assisted Treatment (MAT) meetings and less time in residential treatment. It is possible that those able to receive MAT early are less likely to relapse and therefore more likely to be among the graduates.

Oddly, non-graduates had fewer drug tests in the first 3 months of the program (including only participants who had at least 3 months in the program). Since non-graduates also spent more time in jail and in residential treatment, this may be due to these participants being unavailable for testing, but the average number of days unavailable does not appear large enough for this to be the only explanation.

Table 6. CCADC Graduate & Non-Graduate Characteristics: Program Activities and Treatment²⁰

	Graduates <i>n</i> = 100	Non-Graduates <i>n</i> = 101
Program Length of Stay		
Average number of days in program	561***	278
Phase 1 Length of Stay ^a		
Average number of days in Phase 1	201**	254
Court Sessions ^b		
Average number of court sessions attended in first 3 months in program	9.0**	8.3

²⁰ "Plea and fee" individuals are not included.

	Graduates <i>n</i> = 100	Non-Graduates <i>n</i> = 101
Drug Testing^b		
Average number of drug tests administered in first 3 months in program	18***	10
Average number of positive drug tests in first 3 months	2.8	3.3
Incentives/rewards^b		
Average number of incentives/rewards received in first 3 months in program	1.3***	0.5
Sanctions^b		
Average number of sanctions received in first 3 months	2.0	2.0
Average number of days in jail as a sanction in the first 3 months	4.3 †	7.3
Average number of jail days as a sanctions received overall	9.1***	23.9
Average number of days in work crew as a sanction in the first 3 months	0.2	0.1
Average number of work crew days received overall	1.2	1.0
Treatment Received^d		
Average number of individual sessions	8.2***	2.6
Average number of group sessions	52.4***	16.8
Average number of sessions for medication-assisted treatment (MAT) sessions	2.7*	0.3
Average number of days in residential treatment	0.4*	2.4

Note. Sample sizes vary by item depending on missing data.

† $p < .1$

* $p < .05$

** $p < .01$

*** $p < .001$

^a For those with available phase dates and participated in the program for at least 3 months. Graduates, $n = 91$; non-graduates, $n = 33$.

^b For those with available court session, drug test and incentive and sanction data and participated in the program for at least 3 months. Graduates, $n = 98$; non-graduates, $n = 96$.

^c For those with available treatment data and who participated in the program for at least 3 months. Graduates, $n = 73$; non-graduates, $n = 72$.



Table 7 displays a summary of average numbers of drug tests for participants while in the program. Statistically significant differences emerged and followed an expected pattern—graduates had a higher average number of total tests, have fewer positive tests and had fewer “no shows” in Phase 1. In later phases these differences became less marked.

Table 7. CCADC Graduate & Non-Graduate Characteristics: Drug Tests by Phase²¹

	Graduates <i>n</i> = 98	Non-Graduates <i>n</i> = 90
Drug Testing - Total Tests by Phase^a		
Average number of drug tests administered in Phase 1	48**	36
Average number of drug tests administered in Phase 2	34*	24
Average number of drug tests administered in Phase 3	28	21
Average number of drug tests administered in Phase 4	20	N/A
Drug Testing – Positive Tests by Phase^a		
Average number of positive drug tests in Phase 1	6***	11
Average number of positive drug tests in Phase 2	4†	7
Average number of positive drug tests in Phase 3	4	5
Average number of positive drug tests in Phase 4	3	N/A
Drug Testing – “No Shows” by Phase^a		
Average number of “no shows” in Phase 1	3***	7
Average number of “no shows” in Phase 2	2	3
Average number of “no shows” in Phase 3	2	3
Average number of “no shows” in Phase 4	2	N/A

Note. Sample sizes vary by item depending on missing data.

† $p < .1$

* $p < .05$

** $p < .01$

*** $p < .001$

^a For those with available phase dates and drug test data in each phase.

²¹ “Plea and fee” individuals are not included.

Table 8 describes the criminal history of graduates and non-graduates prior to entering the program. Graduates and non-graduates had similar lengths of time between arrest and program entry (close to 5 months) as well as similar arrest histories prior to program entry.

Table 8. CCADC Graduate & Non-Graduate Characteristics: Criminal History²²

	Graduates <i>n</i> = 99	Non-Graduates <i>n</i> = 97
Arrest to Entry Days		
Average number of days	153	139
Prior Arrests		
Average number of total arrests	10.3	11.5
Average number of total drug arrests	2.2	2.2
Average number of arrests 2 years prior to program entry	3.5	4.0
Average number of person arrests 2 years prior to program entry	0.12	0.22
Average number of property arrests 2 years prior to program entry	1.7	2.1
Average number of drug arrests 2 years prior to program entry	1.0	1.0
Average number of other arrests 2 years prior to program entry	1.4	1.3
Average number of misdemeanor arrests 2 years prior to program entry	2.0	2.2
Average number of felony arrests 2 years prior to program entry	2.0	2.2

† $p < .1$

* $p < .05$

** $p < .01$

*** $p < .001$

²² "Plea and fee" individuals are not included.

OUTCOME EVALUATION QUESTION #3: WHAT PARTICIPANT AND PROGRAM CHARACTERISTICS ARE ASSOCIATED WITH REARREST?

Characteristics Related to Criminal Justice Recidivism

Another indicator that can help predict success is to examine is characteristics of participants who are rearrested versus not rearrested.²³ All program participants were reviewed to determine whether any factors or characteristics were related to being rearrested within 2 years after program entry. While age at program entry was the only factor related to graduation, several factors predict rearrests for participants including gender (men; $p < .01$), prior arrests (those with more prior arrests; $p < .05$) and program status (non-graduates; $p < .001$) were most likely to predict criminal justice recidivism.

Program Dosage and Context Related to Criminal Justice Recidivism

Participants received varying dosage in terms of length of stay in the program. Length of stay in the program was associated with recidivism when examining the mean number of days in the program by rearrest. Participants who were rearrested within 2 years of program entry spent, on average, 391 days in the program while those who were not rearrested had an average length of stay of 549 days, indicating that the longer participants are in the program the less likely they are to be rearrested.²⁴

Similarly, length of stay in the program when categorized by program dosage is also related to recidivism. About 80% of participants who received between 0 to 6 months of programming were rearrested, 86% of participants with 6 to 12 months were rearrested, while 35% of participants with at least 1 year in the program were rearrested, and just 28% of those with more than 2 years were rearrest ($p < .001$).²⁵

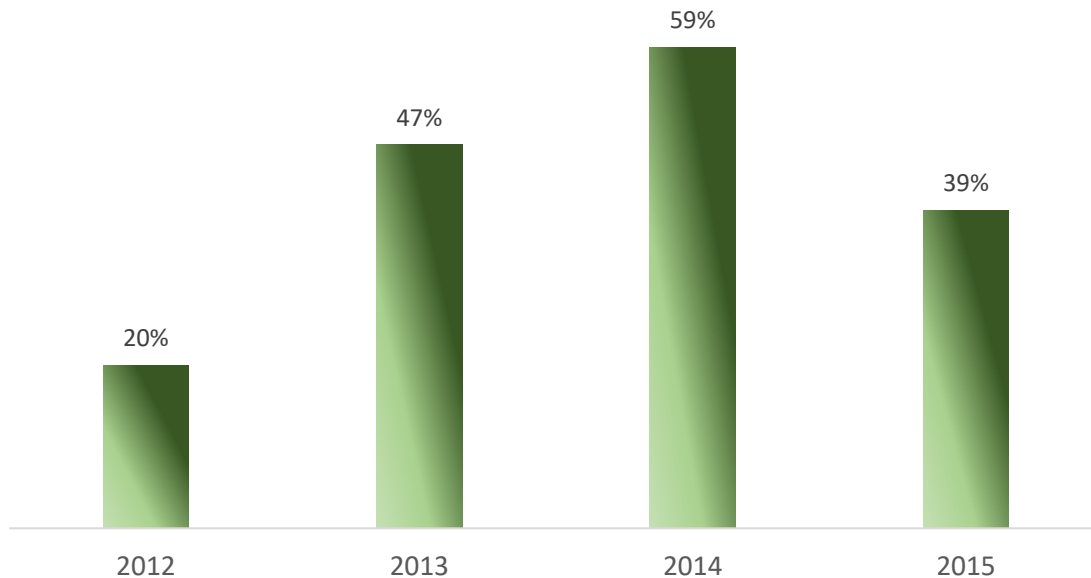
When examining the recidivism rate at 2 years post program entry by program entry year, there are not enough years to determine a specific pattern. However, averages vary by year, with no consistent trend (see Figure 7).²⁶ Recidivism numbers appear to increase 1 year and then decrease the next year. The judges assigned to CCADC shift every 2 years, perhaps creating this irregular pattern—consistent with prior research showing that recidivism increases in drug courts each time a new judge presides over the program and recidivism decreases the longer the same judge remains with the program (e.g., Finigan, Carey & Cox, 2008).

²³ Arrest is a more sensitive measure of recidivism than other indicators such as conviction. Furthermore, the study period is insufficiently long to use incarceration as the measure of recidivism and arrest is a more accurate indicator of police contact and predictor of conviction and incarceration.

²⁴ Sample sizes: rearrested ($n = 78$) and not rearrested ($n = 83$) within 2 years of program entry. Significant at $p > .001$.

²⁵ Sample sizes by program length of stay: 0 to 6 months $n = 20$, 6 to 12 months $n = 28$, 12 to 18 months $n = 48$, 18-24 months $n = 40$ and more than 24 months $n = 25$.

²⁶ For 2012, $n = 10$; for 2013, $n = 34$; for 2014, $n = 66$; and for 2015, $n = 49$.

Figure 7. Recidivism at 2 Years by Program Entry Year

Outcome Evaluation Summary

The outcome analyses were based on a cohort of CCADC participants who entered the drug court program from 2011 through 2016, and matched comparison group of offenders eligible for drug court but who received the traditional court process rather than CCADC.

The results of the outcome analysis for the Clark County Adult Drug Court are for the most part positive. Compared to offenders who experienced traditional court processes, the CCADC participants:

- Have a significantly lower average number of rearrests (including all types of charges) than the comparison group at both 1 and 2 years after program entry ($p < .05$).
- Have a similar number of drug rearrests as the comparison group. However, there are some interesting differences that help explain this finding:
 - Non-graduates of CCADC have higher rates of drug rearrests than the comparison group at both 1 and 2 years after entry. Graduates of CCADC were less likely to have drug rearrests than non-graduates
 - Gender played a role: Men who participated in CCADC have significantly fewer drug arrests at 1 year than men in the comparison group ($p < .05$), while CCADC women have a slightly higher (although not statistically significant) average number of drug rearrests.
- Have significantly lower arrest rates in all categories, with the exception of drug and felony arrests at 2 years. Non-graduates have higher rearrest rates than graduates for all categories (person, property, drug, other, misdemeanor, and felony).



Further analyses showed that the CCADC participants spend, on average, 14 months in the program—longer than the minimal requirement of 12 months. The graduation rate for the CCADC program is 54%, which is slightly lower than the national average of 57%. Programs should identify and focus on those practices that are associated with successful program completion. Participants who successfully completed the program:

- Stayed in the program longer
- Had shorter stays in Phase 1
- Attended more court sessions
- Received more rewards
- Received less jail days as a sanction
- Spent more time in individual and group treatment
- Had more Medication-Assisted Treatment meetings
- Had less time in residential treatment

Overall, the CCADC has been successful in its main goals of reducing drug use and recidivism—most notably among its participants who successfully complete the program.

COST EVALUATION

Cost Evaluation Design and Methods

NPC conducted a full cost-benefit analysis for the CCADC to assess the extent to which the costs of the program are offset by cost-savings due to positive outcomes. This section provides the methods and results for the cost-benefit analysis performed for the CCADC.

The main purposes of a cost analysis for this study were to determine the cost of the program and to determine if the costs due to criminal justice and other related outcomes were lower due to CCADC participation. This is called a “cost-benefit” analysis. The term “cost-effectiveness” is often confused with the term “cost-benefit.” A cost-effectiveness analysis calculates the cost of a program and then examines whether the program led to its intended positive outcomes without actually putting a cost to those outcomes. For example, a cost-effectiveness analysis of adult drug courts would determine the cost of the adult drug court program and then look at whether the number of new arrests were reduced by the amount the program intended (e.g., a 50% reduction in rearrests compared to those who did not participate in the program). A cost-benefit evaluation calculates the cost of the program and also the cost of the outcomes, resulting in a cost-benefit ratio. For example, the cost of the program is compared to the cost-savings due to the reduction in rearrests. In some drug court programs, for every dollar spent on the program, over \$10 is saved due to positive outcomes.²⁷

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

1. How much does the CCADC program cost? What is the average investment per agency?
2. What are the 1- and 2-year cost impacts on the criminal justice system for CCADC participants compared to individuals eligible for the CCADC but who received traditional processing? What is the average cost of criminal justice recidivism per agency?
3. What is the cost-benefit ratio for investment in the CCADC?

COST EVALUATION DESIGN

Transaction and Institutional Cost Analysis

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

²⁷ See drug court cost-benefit studies at <http://www.npcresearch.com>



approach recognizes that these transactions take place within multiple organizations and institutions that work together to create the program of interest. These organizations and institutions contribute to the cost of each transaction that occurs for program participants. TICA is an intuitively appropriate approach to conducting costs assessment in an environment such as a drug court, which involves complex interactions among multiple taxpayer-funded organizations.

Cost to the Taxpayer

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

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

Opportunity Resources

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

COST EVALUATION METHODS

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

for the CCADC but did not participate. The comparison group in this cost evaluation was the same as that used in the preceding outcome evaluation.

TICA METHODOLOGY

The TICA methodology is based upon six distinct steps. Table 9 lists each of these steps and the tasks involved.

Table 9. The Six Steps of TICA

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

Step 1 (determining program process) was performed during site visits, through analysis of CCADC documents, and through interviews with key informants. Step 2 (identifying program transactions) and Step 3 (identifying the agencies involved with transactions) were performed through observation during site visits and by analyzing the information gathered in Step 1. Step



4 (determining the resources used) was performed through extensive interviewing of key informants, direct observation during site visits, and by collecting administrative data from the agencies involved in the CCADC. Step 5 (determining the cost of the resources) was performed through interviews with CCADC and non-CCADC staff and with agency financial officers, as well as analysis of budgets found online or provided by agencies. Finally, Step 6 (calculating cost results) involved calculating the cost of each transaction and multiplying this cost by the number of transactions. For example, to calculate the cost of drug testing, the unit cost per drug test is multiplied by the average number of drug tests performed per person. All the transactional costs for each individual were added to determine the overall cost per CCADC participant/comparison group individual. This was reported as an average cost per person for the CCADC program, and outcome/impact costs due to rearrests, jail time and other recidivism costs, as well as victimizations. In addition, due to the nature of the TICA approach, it was also possible to calculate the cost of CCADC processing per agency, so that it was possible to determine which agencies contributed the most resources to the program and which agencies gained the most benefit.

COST DATA COLLECTION

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

Program Costs

Obtaining the cost of CCADC transactions for adult drug court status review hearings (i.e., court sessions) and case management involved asking each CCADC team member for the average amount of time they spend on these activities (including preparing for staffing meetings and the staffing meetings themselves), observing their activities on site visits and obtaining each CCADC team member’s annual salary and benefits from a supervisor or financial officer at each agency involved in the program. As this is typically public information, some of the salaries were found online, but detailed benefits information usually comes from the agency’s financial officer or human resources department. In addition to salary and benefits, the indirect support rate and jurisdictional overhead rate were used in a calculation that results in a fully loaded cost per adult drug court session per participant, and cost per day of case management per participant. The indirect support rates and overhead rates for each agency involved in the

program were obtained from agency budgets that were found online or by contacting the agencies directly.

Drug testing costs were obtained directly from the CCADC coordinator. The specific details for how the cost data were collected and the costs calculated for CCADC are described in the results.

Treatment costs for the various modalities used were obtained from a representative of Lifeline Connections, the main treatment provider for the CCADC.

The cost per day of jail sanctions was calculated using information found in the Clark County Jail Annual Report and the Clark County Budget. Costs were updated to fiscal year 2017 at the time of the cost calculations using the Consumer Price Index.

Outcome/Impact Costs

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

The cost per court case was calculated from budget information and caseload data from several agencies—the Superior Court, District Court, Municipal Court, Prosecuting Attorney, Public Defender, and the Washington State Court System. Information was found online at each agency’s website or from agency staff.

The cost per day of jail was calculated using information found in the Clark County Jail Annual Report and the Clark County Budget. Costs were updated to fiscal year 2017 at the time of the cost calculations using the Consumer Price Index.

The cost per day of prison was found on the Washington Department of Corrections website. The cost per day of prison was updated to fiscal year 2017 at the time of the cost calculations using the Consumer Price Index.

Person and property victimizations were calculated from the National Institute of Justice's *Victim Costs and Consequences: A New Look (1996)*. The costs were updated to fiscal year 2017 dollars using the Consumer Price Index.



Cost Evaluation Results

COST EVALUATION RESEARCH QUESTION #1: PROGRAM COSTS

How much does the CCADC program cost?

As described in the cost methodology, program transactions for which costs were calculated in this analysis included adult drug court status review hearings and staffings, case management, drug treatment and other related services, and drug tests. The costs for this study were calculated to include taxpayer costs only. All cost results provided in this report are based on fiscal year 2017 dollars or were updated to fiscal year 2017 using the Consumer Price Index.

Program Transactions

An adult drug court session, for the majority of adult drug courts, is one of the most staff and resource intensive program transactions. These sessions include representatives from the following agencies:

- Clark County Superior Court (Judge, Administrative Assistant, Coordinator);
- Office of the Public Defense (Defense Attorneys);
- Lifeline Connections (Treatment Court Case Managers);
- Clark County Prosecuting Attorney (Deputy Prosecutor);
- Clark County Sheriff's Office (Sheriff's Deputy).

The cost of an ***Adult Drug Court Appearance or Status Review Hearing*** (the time during a session when a single program participant interacts with the judge) is calculated based on the average amount of court time (in minutes) each participant interacts with the judge during the adult drug court session. This includes the direct costs for the time spent for each CCADC team member present, the time team members spend preparing for the session, the time team members spent in staffing, the agency support costs, and jurisdictional overhead costs. The cost for a single CCADC court appearance is \$82.04 per participant.

Case Management is based on the amount of staff time dedicated to case management activities during a regular work week and is then translated into a total cost for case management per participant per day (taking staff salaries and benefits, and support and overhead costs into account).²⁸ The agencies involved in case management are the Clark County Superior Court, Office of the Public Defense, Clark County Sheriff's Office, and Lifeline Connections. The daily cost of case management is \$2.34 per participant.

²⁸ Case management includes meeting with participants, evaluations, phone calls, referring out for other help, answering questions, reviewing referrals, consulting, making community service connections, assessments, documentation, file maintenance, home/work visits, and residential referrals.

Treatment Services for the majority of CCADC participants are provided by Lifeline Connections. The treatment costs used for this analysis were obtained from a representative of Lifeline Connections. The unit costs per day for group treatment is \$33.40 per person per session; the unit cost for individual treatment is \$88.56 per session; the unit cost for medication assisted treatment meetings is \$64.93 per session; and the unit cost of residential treatment is \$195.00 per day.

Drug Testing is performed by Lifeline Connections. Drug testing costs were obtained from the coordinator. The average cost per UA test per participant is \$25.00.

Jail Sanctions are provided by the Clark County Sheriff's Office- Corrections Branch. The cost of jail was calculated using information from the 2013 Annual Jail Report and the 2013-2014 Clark County Budget. The cost of jail was \$152.31 per day in 2013. Using the Consumer Price Index, this was updated to fiscal year 2017 dollars, or \$164.49.

CCADC participants pay a \$600.00 **Program Fee**, but because NPC was not able to obtain data on actual participant payments, this fee was not taken into account in the cost analysis. However, the CCADC collects approximately \$32,000 per year in program fees.

Program Costs

Table 10 displays the unit cost per program related event (or "transaction"), the number of events and the average cost *per individual* for each of the CCADC events for program graduates and for all participants who exited the program.²⁹ The sum of these events or transactions is the total per participant cost of the CCADC program. The table includes the average for CCADC graduates ($N= 100$) and for all CCADC participants regardless of completion status ($N = 201$). It is important to include participants who were discharged as well as those who graduated as all participants use program resources, whether they graduate or not.

²⁹ Program participants included in the program cost analysis are those who had sufficient time to complete the program and who exited the program either through graduation or termination. Active participants were not included in the analysis as they were still using program services so did not represent the cost of the full program from entry to exit.

**Table 10. Program Costs per Participant**

Transaction	Unit Cost	Avg. # of Events per CCADC Graduate	Avg. Cost per CCADC Graduate	Avg. # of Events per CCADC participant (grad and non-grad combined)	Avg. Cost per CCADC Participant
Drug Court Appearances	\$82.04	45.91	\$3,766	38.45	\$3,154
Case Management Days	\$2.34	560.66	\$1,312	418.62	\$980
Group Treatment Sessions	\$33.40	52.42	\$1,751	34.73	\$1,160
Individual Treatment Sessions	\$88.56	8.16	\$723	5.41	\$479
Medication Assisted Treatment Meetings	\$64.93	2.66	\$173	1.48	\$96
Residential Treatment Days	\$195.00	0.41	\$80	1.39	\$271
Drug Tests	\$25.00	109.86	\$2,747	76.59	\$1,915
Jail Sanction Days	\$164.49	9.09	\$1,495	16.52	\$2,717
TOTAL			\$12,047		\$10,772

The unit cost multiplied by the number of events per person results in the cost per person for each transaction during the course of the program. When the costs of the transactions are summed the result is a total CCADC program cost per participant of \$10,772. The cost per graduate is \$12,047. The largest contributor to the cost of the program is drug court sessions (\$3,154), followed by jail sanctions (\$2,717). Note that the graduates cost slightly more than the participants in general, as graduates are in the program longer and use more of every resource with the exception of residential treatment and jail sanctions.

Program Costs per Agency

Another useful way to examine program costs is by the amount contributed by each agency. Table 11 displays the cost per CCADC participant by agency for program graduates and for all participants.

Table 11. Program Costs per Participant by Agency

Agency	Avg. Cost per CCADC Graduate	Avg. Cost per CCADC Participant (grad and non-grad combined)
Superior Court	\$2,546	\$2,085
Office of Public Defense	\$873	\$713
Prosecuting Attorney's Office	\$415	\$347
Sheriff's Office	\$1,992	\$3,118
Treatment Agencies (primarily Lifeline Connections)	\$6,221	\$4,509
TOTAL	\$12,047	\$10,772

Table 11 shows that the costs accruing to Lifeline Connections (drug court sessions, case management, drug treatment, and drug testing) account for 42% of the total program cost per participant, which is appropriate given that Lifeline Connections does all drug treatment and drug testing, as well as case management for participants. The next largest cost (29%) is for the Sheriff's Office due to drug court sessions, case management, and jail sanctions, followed by the Superior Court (19%) for time spent on drug court sessions and case management.

CCADC Program Costs Summary

Total cost for the CCADC program is estimated at \$10,772 per participant (without regard to graduation status). Overall, the largest portion of CCADC costs is due to resources put into drug court hearings (an average of \$3,154, or 29% of total costs), followed by jail sanctions (\$2,717 or 25%) and drug treatment (an average of \$2,006, or 19% of total costs). When program costs are evaluated by agency, the largest portion of costs accrues to Lifeline Connections (\$4,509 or 42% of total costs), followed by the Sheriff's Office (\$3,118 or 29%) and the Superior Court (\$2,085 or 19%).

That the cost for jail sanctions is higher than the amount spent on treatment indicates that the program should continue to work toward less use of jail as a sanction, since best practices indicate jail as a sanction becomes harmful after approximately 5 days.



COST EVALUATION RESEARCH QUESTION #2: OUTCOME/RECIDIVISM COSTS

What is the cost impact on the criminal justice system of sending individuals through CCADC compared to individuals eligible for the CCADC but who received traditional processing?

Outcome Costs

The Transactional and Institutional Cost Analysis (TICA) approach was used to calculate the costs of each of the criminal justice system outcome transactions that occurred for CCADC and comparison group participants. As mentioned previously, transactions are those points within a system where resources are consumed and/or change hands. Outcome transactions for which costs were calculated in this analysis included rearrests, subsequent court cases, jail time, prison time, probation time, and victimizations. Only costs to the taxpayer were calculated in this study. All cost results represented in this report are based on fiscal year 2017 dollars or were updated to fiscal year 2017 dollars using the Consumer Price Index.

The outcome cost analyses were based on a cohort of adults who participated in the CCADC and a matched comparison group of individuals who were eligible for the CCADC program but who did not attend the program. These individuals were tracked through administrative data for 2 years post program entry (and a similar time period for the comparison group). This study compares recidivism and victimization costs for the two groups over 2 years, as well as the costs by agency.

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

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

The outcome costs discussed below do not represent the entire cost to the criminal justice system. Rather, the outcome costs include the transactions for which NPC's research team was able to obtain outcome data and cost information on both the CCADC and comparison group from the same sources. However, we believe that the costs represent the majority of system costs.

Outcome costs were calculated using information from the Clark County Superior Criminal Court, Clark County District Court, Clark County Prosecuting Attorney's Office, Washington State Office of Public Defense, Washington Department of Corrections, Clark County District Court Probation Department, National Institute of Justice, Clark County Sheriff's Office (including the Corrections

Branch), Vancouver Police Department, and Washington Administrative Office of the Courts. The methods of calculation were carefully considered to ensure that all direct costs, support costs and overhead costs were included as specified in the TICA methodology followed by NPC.

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

Outcome Transactions

Arrest costs were gathered from representatives of the Vancouver Police Department and the Clark County Sheriff's Office (the two main arresting agencies in Clark County). The cost per arrest incorporates the time of the law enforcement positions involved in making an arrest, law enforcement salaries and benefits, support costs and overhead costs. The average cost of a single arrest at the two law enforcement agencies is \$301.66.

Court Cases include those cases that are dismissed as well as those cases that result in arraignment and are adjudicated. Because they are the main agencies involved, court case costs in this analysis are shared among the Clark County Superior Criminal Court, Clark County District Court, Clark County Prosecuting Attorney's Office, and the Washington Office of Public Defense. Using caseload information obtained from the Washington Administrative Office of the Courts and budget information obtained from the 2013-2014 Clark County Budget, the 2014 Status Report from the Washington State Office of Public Defense, the cost of a Superior Criminal Court Case is \$824.09 and the cost of a District Court Case³⁰ is \$556.52.

Prison costs were found in the Fiscal Year 2016 Average Cost of Incarceration for Prison Offenders Report. The statewide cost per person per day of prison was \$97.23 in 2016. Using the Consumer Price Index, this was updated to fiscal year 2017 dollars, or \$101.53.

³⁰ Clark County District Court cases include Vancouver Municipal Court cases, as they are consolidated within the District Court.



Unfortunately, NPC was not able to obtain administrative data on prison time, due to a lack of staff available to pull data at the DOC, so prison costs were not included in this cost analysis.

Jail is provided by the Clark County Sheriff's Office - Corrections Branch. The cost of jail was calculated using information from the 2013 Annual Jail Report and the 2013-2014 Clark County Budget. The cost of jail was \$152.31 per day in 2013. Using the Consumer Price Index, this was updated to fiscal year 2017 dollars, or \$164.49.

Probation is provided by the Clark County District Court Probation Department. The cost of probation was obtained from a representative of the agency. The cost of probation is \$20.98 per day.

Victimizations were calculated from the National Institute of Justice's *Victim Costs and Consequences: A New Look (1996)*.³¹ The costs were updated to fiscal year 2017 dollars using the Consumer Price Index. **Property crimes** are \$13,833.49 per event and **person crimes** are \$44,813.80 per event.

³¹ The costs for victimizations were based on the National Institute of Justice's *Victim Costs and Consequences: A New Look (1996)*. This study documents estimates of costs and consequences of personal crimes and documents losses per criminal victimization, including attempts, in a number of categories, including fatal crimes, child abuse, rape and sexual assault, other assaults, robbery, drunk driving, arson, larceny, burglary, and motor vehicle theft. The reported costs include lost productivity, medical care, mental health care, police and fire services, victim services, property loss and damage, and quality of life. In our study, arrest charges were categorized as violent or property crimes, and therefore costs from the victimization study were averaged for rape and sexual assault, other assaults, and robbery and attempted robbery to create an estimated cost for violent crimes, arson, larceny and attempted larceny, burglary and attempted burglary, and motor vehicle theft for an estimated property crime cost. All costs were updated to fiscal year 2017 dollars using the consumer price index (CPI).

Outcome Cost Results

Table 12 shows the average number of recidivism-related events per individual for CCADC graduates, all CCADC participants (regardless of graduation status) and the comparison group over 2 years. These events are counted from the time of program entry.

Table 12. Average Number of Recidivism Events per Person in the 2 Years from CCADC Entry

Recidivism Related Events	CCADC Graduates Per Person (n = 83)	CCADC Participants Per Person (n = 161)	Comparison Group Per Person (n = 100)
Rearrests	0.40	0.86	1.24
Superior Criminal Court Cases	0.13	0.40	0.31
District Court Cases ³²	0.30	0.44	0.87
Jail Days	14.78	60.01	63.29
Probation Days	6.51	15.82	72.02
Property Victimizations	0.07	0.25	0.42
Person Victimizations	0.01	0.07	0.15

Overall, as demonstrated in Table 12, CCADC participants have fewer rearrests, District Court cases, days in jail, and days on probation than the comparison group, but more Superior Criminal Court cases. CCADC participants also have fewer person and property victimizations than the comparison group.

Table 13 presents the outcome costs for each transaction for graduates, all CCADC participants (graduates and terminated participants) and the comparison group.

³² Note that this includes Vancouver Municipal Court cases.

**Table 13. Outcome Costs per Participant over 2 Years**

Transaction	Unit Costs	CCADC Graduates Per Person (n = 83)	CCADC Participants Per Person (n = 161)	Comparison Group Per Person (n = 100)
Rearrests	\$301.66	\$121	\$259	\$374
Superior Criminal Court Cases	\$824.09	\$107	\$330	\$255
District Court Cases³³	\$556.52	\$167	\$245	\$484
Jail Days	\$164.49	\$2,431	\$9,886	\$10,411
Probation Days	\$20.98	\$137	\$332	\$1,511
SUBTOTAL		\$2,963	\$11,052	\$13,035
Property Victimizations	\$13,833.49	\$968	\$3,458	\$5,810
Person Victimizations	\$44,813.80	\$448	\$3,137	\$6,722
TOTAL		\$4,379	\$17,647	\$25,567

The first subtotal in Table 13 displays the costs of outcomes that occurred in the 2 years after program entry for the CCADC group and the comparison group (an estimated “program entry date” was calculated for the comparison group to ensure an equivalent time period between groups) not including victimizations. Because victimizations were not calculated using the TICA methodology, the costs for these events are presented separately, with the final total providing the total costs for all events from program entry to 2 years after program entry. This final total illustrates the cost impacts due to participation in the CCADC program and to individuals eligible for the CCADC but who received traditional processing. Table 14 shows that the difference in the 2-year outcome cost between the CCADC participants and the comparison group is \$1,983 per participant, indicating that CCADC participants cost less than the comparison group. When costs due to victimizations are included, the difference increases with CCADC participants costing \$7,920 less (per participant) than comparison group members. This difference is the benefit, or savings, due to CCADC participation. Graduates of the program show savings compared to the comparison group (a savings of \$21,188); however, graduates cannot be fairly compared to the comparison group as some of the comparison group is made up of people who would have terminated. Overall, the cost results show a savings for those

³³ Note that this includes Vancouver Municipal Court cases.

who participate in the CCADC due to less use of system resources such as rearrests, jail, and probation time.

Outcome Costs per Agency

These same outcome costs were also examined by agency to determine the relative benefit to each agency that contributes resources to the CCADC program. The transactions shown above are provided by one or more agencies. If one specific agency provides a service or transaction (for example, the Clark County Sheriff's Office - Corrections Branch provides jail days), all costs for that transaction accrue to that specific agency. If several agencies all participate in providing a service or transaction (for example, the Superior Criminal Court, Prosecuting Attorney's Office, and Office of Public Defense are all involved in Superior Criminal Court cases), costs are split proportionately amongst the agencies involved based on their level of participation. Table 14 provides the cost for each agency and the difference in cost between the CCADC participants and the comparison group per person. A positive number in the difference column indicates a cost savings for CCADC participants.

Table 14. Outcome Costs per Participant by Agency over 2 Years from Program Entry

Agency	CCADC Outcome Costs per Participant	Comparison Outcome Costs per Individual	Cost Difference/ Savings per Individual
Superior Criminal Court	\$108	\$83	(\$25)
District Court	\$103	\$204	\$101
Prosecuting Attorney's Office	\$145	\$144	(\$1)
Office of Public Defense	\$219	\$308	\$89
Law Enforcement	\$10,145	\$10,785	\$640
Probation Department	\$332	\$1,511	\$1,179
SUBTOTAL	\$11,052	\$13,035	\$1,983
Victimizations*	\$6,595	\$12,532	\$5,937
TOTAL	\$17,647	\$25,567	\$7,920

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



Table 14 shows that the District Court, Office of Public Defense, law enforcement, and Probation Department have a benefit, or savings, as a result of the CCADC, but the Superior Criminal Court and Prosecuting Attorney's Office do not. The lack of savings for the Superior Criminal Court and the Prosecuting Attorney's Office is related to the greater number of Superior Criminal Court cases for the CCADC group (mostly due to participants who did not graduate from the program). As demonstrated in Tables 13 and 14, the total outcome cost over 2 years from program entry for the CCADC per participant (regardless of graduation status) was \$11,052 while the cost per comparison group member was \$13,035. The difference between the CCADC and comparison group represents a savings of \$1,983 per participant. When costs due to victimizations are added, the difference in costs increases (due to fewer victimizations for participants) with CCADC participants costing a total of \$7,920 less per participant than the comparison group.

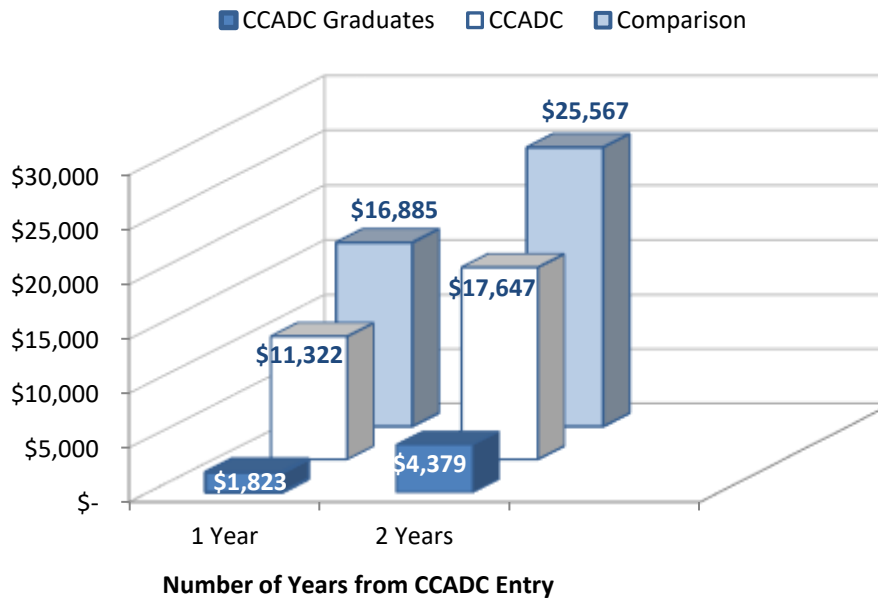
Cost-Benefit Analysis

Over time, the CCADC results in significant cost savings and a return on taxpayer investment in the program. The program investment cost is \$10,772 per CCADC participant. The benefit due to significantly reduced recidivism for CCADC participants over the 2 years included in this analysis came to \$7,920. This amount does not result on a positive return on the investment over the 2-year time period. However, if we make the assumption that the cost savings will continue to accrue over time as has been shown in long term drug court studies (e.g., Finigan et al., 2007) this cost-benefit ratio will improve over time as the investment is repaid. If these cost savings are projected just 1 more year (to 3 years) the savings come to \$11,880 per participant resulting in a cost-benefit ratio of 1:1.10. That is, for taxpayer every dollar invested in the program, there is \$1.10 return after 3 years. This ratio can increase over time as the investment is repaid and the savings continue to accumulate. At 5 years the cost-benefit ratio comes to 1:1.84. These are criminal justice system savings only, and do not include prison costs. If other system costs, such as health care and child welfare were included, studies have shown that an even higher return on investment can be expected, up to \$10 saved per \$1 invested in the program (Finigan, 1998).

Cost Evaluation Conclusion

Figure 8 provides a graph of the outcome costs for graduates, all participants and the comparison group over 2 years, including victimizations.

Figure 8. Criminal Justice System Recidivism Cost Consequences per Person: CCADC Participants and Comparison Group Members over 2 Years After Program Entry



The costs illustrated in Figure 8 are those that have accrued through 2 years after program entry. Many of these costs are due to positive outcomes while the participant is still in the program. Therefore, it is reasonable to state that savings to the state and local criminal justice systems are generated from the time of participant entry into the program.

These savings will also continue to grow with the number of new participants that enter the program each year. If the CCADC program continues to serve a cohort of 200 participants annually, the conservative savings of \$1,983 per participant (not including victimizations) over 2 years results in an annual savings of \$198,300 per cohort, which can then be multiplied by the number of years the program remains in operation and for additional cohorts per year. After 5 years, the accumulated savings come to over \$2.9 million. When victimizations are included, the savings of \$7,920 per participant over 2 years results in an annual savings of \$792,000 per cohort. After 5 years, the accumulated savings, including victimization savings, come to over \$11.8 million.

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

REFERENCES

- Carey, S. M., & Finigan, M. W. (2004). A detailed cost analysis in a mature drug court setting: a cost-benefit evaluation of the Multnomah County Drug Court. *Journal of Contemporary Criminal Justice*, 20(3) 292–338.
- Carey, S. M., Finigan, M. W., & Pukstas, K. (2008). *Exploring the Key Components of Drug Courts: A Comparative Study of 18 Adult Drug Courts on Practices, Outcomes and Costs*. Submitted to the U. S. Department of Justice, National Institute of Justice, May 2008. NIJ Contract 2005M114.
- Carey, S. M., Finigan, M. W., Waller, M. S., Lucas, L. M., & Crumpton, D. (2005). *California drug courts: A methodology for determining costs and benefits, Phase II: Testing the methodology, final report*. Submitted to the California Administrative Office of the Courts, November 2004. Submitted to the USDOJ Bureau of Justice Assistance in May 2005.
- Carey, S. M., Mackin, J. R., & Finigan, M. W. (2012). What Works? The 10 Key Components of Drug Courts: Research Based Best Practices. *Drug Court Review*, VIII(1), 6–42.
- Carey, S. M., & Perkins, T. (2008). *Methamphetamine Users in Missouri Drug Courts: Program Elements Associated with Success*, Final Report. Submitted to the Missouri Office of the State Court Administrator, November 2008.
- Carey, S. M., Waller, M. S., & Weller, J. M. (2011). *California Drug Court Cost Study: Phase III: Statewide Costs and Promising Practices, final report*. To be submitted to the California Administrative Office of the Courts.
- Finigan, M. W. (1998). *An outcome program evaluation of the Multnomah County S.T.O.P. Drug Diversion Program*. Report prepared for Multnomah County Department of Community Corrections. NPC Research: Portland, OR.
- Finigan, M. W., Carey, S. M., & Cox, A. (2007). *The impact of a mature drug court over 10 years of operation: Recidivism and costs*. Final report submitted to the U. S. Department of Justice, National Institute of Justice, July 2007. NIJ Contract 2005M073.
- Government Accounting Office (GAO) (2005). “Adult Drug Courts: Evidence indicates recidivism reductions and mixed results for other outcomes.” February 2005 Report. Available at <http://www.gao.gov/new.items/d05219.pdf>
- Kissick, K., Rodi, M.C., & Carey, S.M. (2017). Chittenden County Treatment Court Process, Outcome and Cost Evaluation. *Submitted to Vermont Administrative Office of the Courts, March 2017*.
- Kralstein, D. (2010, June). *The impact on drug use and other psychosocial outcomes: Results from NIJ’s Multisite Adult Drug Court Evaluation*. Presentation at the 16th Annual Training Conference of the National Association of Drug Court Professionals. Boston, MA.



- Longshore, D. L., Turner, S., Wenzel, S. L., Morral, A. R., Harrell, A., McBride, D., Deschenes, E., & Iguchi, M. Y. (2001). Drug courts: A conceptual framework. *Journal of Drug Issues*, 31(1), Winter 2001, 7–26.
- Marlowe, D. B. (2012). Alternative Tracks in Adult Drug Courts: Matching Your Program to the Needs of Your Clients. National Drug Court Institute. Volume VII, No. 2.
http://www.ndcrc.org/sites/default/files/alt_tracks_3-14-12.pdf
- National Association of Drug Court Professionals Drug Court Standards Committee (1997). *Defining drug courts: The key components*. U.S. Department of Justice, Office of Justice Programs, Drug Court Programs Office.
- National Association of Drug Court Professionals. (2013). *Adult Drug Court Best Practice Standards, Volume I*. Alexandria, VA: NADCP.
- National Association of Drug Court Professionals. (2015). *Adult Drug Court Best Practice Standards, Volume II*. Alexandria, VA: NADCP.
- Rosenbaum, P. R., & Rubin, D. B. (1983). The central role of the propensity score in observational studies of causal effects. *Biometrika*, 70, 41–55.

APPENDIX A: GUIDE FOR USE OF NPC ASSESSMENT AND TECHNICAL ASSISTANCE REPORTS

Brief Guide for Use of NPC Assessment and Technical Assistance Reports

The 10 Key Component assessment results can be used for many purposes, including 1) improvement of program structure and practices for better participant outcomes (the primary purpose), 2) grant applications to demonstrate program needs or illustrate the program's capabilities, and 3) requesting resources from boards of county commissioners or other local groups.

When you receive the results:

- ☐ **Distribute copies of the report** to all members of your team, advisory group, and other key individuals involved with your program.
- ☐ **Set up a meeting** with your team and steering committee to discuss the report's findings and recommendations. Ask all members of the group to **read the report** prior to the meeting and **bring ideas and questions**. Identify who will **facilitate** the meeting (bring in a person from outside the core group if all group members would like to be actively involved in the discussion).
- ☐ During the meeting(s), **review each recommendation**, discuss any questions that arise from the group, and **summarize the discussion, any decisions, and next steps**. You can use the format below or develop your own:

Format for reviewing recommendations:

Recommendation: Copy the recommendations from the electronic version of report and provide to the group.

Responsible individual, group, or agency: Identify who is the focus of the recommendation, and who has the authority to make related changes.

Response to recommendation: Describe the status of action related to the recommendation (some changes or decisions may already have been made). Indicate the following:

- ☐ 1. This recommendation will be accepted. (see next steps below)
- ☐ 2. Part of this recommendation can be accepted (see next steps below and indicate here which parts are not feasible or desirable, and why)
- ☐ 3. This recommendation cannot be accepted. Describe barriers to making related changes (at a future time point, these barriers may no longer exist) or reason why the recommendation is not desirable or would have other negative impacts on the program overall.

Next steps: Identify which tasks have been assigned, to whom, and by what date they will be accomplished or progress reviewed. Assign tasks only to a **person who is present**. If the appropriate person is not present or not yet identified (because the task falls to an agency or to the community, for example), identify who from the group will take on the task of identifying and contacting the appropriate person.

- Person: (Name)
 - Task: (make sure tasks are specific, measurable, and attainable)
 - Deadline or review date: (e.g., June 10th) The dates for some tasks should be soon (next month, next 6-months, etc.); others (for longer-term goals for example) may be further in the future.
 - Who will review: (e.g., advisory board will review progress at their next meeting)
-
- ☐ **Contact NPC Research** after your meeting(s) to discuss any questions that the team has raised and not answered internally, or if you have requests for other resources or information.
 - ☐ **Contact NPC Research** if you would like to hold an additional conference call with or presentation to any key groups related to the study findings.
 - ☐ **Request technical assistance or training as needed** from NADCP/NDCl or other appropriate groups.
 - ☐ **Add task deadlines to the agendas of future steering committee meetings**, to ensure they will be reviewed, or select a date for a follow-up review (in 3 or 6 months, for example), to discuss progress and challenges, and to establish new next steps, task lists, and review dates.

APPENDIX B: DATA ANALYSES

Data Analyses³⁴

Crosstabs were run to examine differences in rates for rearrest types between drug court and the comparison group in the 2 years after drug court start date (or an equivalent date for the comparison group). Chi-square analyses were used to identify any significant differences in rearrest rates between drug court and comparison group participants.

Logistic regression was used to determine if there were significant differences due to group over and above any differences in gender, race, age and prior arrest history.

Univariate analysis of covariance (ANCOVA) were performed to compare the mean number of rearrests by type CCADC participants and the comparison group for each year up to 2 years after program or the equivalent date for the comparison group. Means generated by univariate analysis were adjusted in the analysis based on gender, age at program entry, race and prior arrest history.

Independent samples *t* tests were performed to determine any significant differences between graduates and non-graduated in prior arrests and the average number of subsequent arrest.

Graduates and non-graduates were compared on the basis of demographic characteristics and a variety of activities occurring during the program to determine whether any significant patterns predicting program graduation could be found. In order to best determine which factors were related to successful CCADC completion, chi-square and independent samples *t* tests were performed to identify which factors were significantly associated with program completion (graduation). A logistic regression was used including all variables in the model to determine if any factors were significantly related to graduation status above and beyond the other factors.

³⁴ Analyses that examine outcome time periods greater than 1 year include only participants who have the full outcome time available. For example, analyses that examine outcomes 2 years from CCADC entry will only include individuals that have 2 full years of outcome time available. Outcomes are based upon program entry date (or a similarly assigned date for the comparison group).