

FINAL REPORT
PROCESS EVALUATION
OF THE ADMINISTRATIVE OFFICE OF THE COURTS
DRUG COURT PROGRAMS:

FIRST JUDICIAL DISTRICT COURT,
THIRD JUDICIAL DISTRICT COURT,
and BERNALILLO COUNTY METROPOLITAN COURT

**For The Administrative Office of the Courts, the First Judicial District Drug Court, the
Third Judicial District Juvenile Drug Court, and the Bernalillo County Metropolitan
DWI/Drug Court**

**Prepared by the
Institute for Social Research, University of New Mexico**

Paul Guerin, Ph.D.
Robert Hyde, M.A.
Laurel Carrier, M.A.
Kristine Denman, M.A.
Rebecca Frerichs, M.A.
Jeff Halsted, B.A.
Sarah Kurhajetz
Audrey Merriweather
Jeff Mix
Jessica Neely

December 1998

TABLE OF CONTENTS

EXECUTIVE SUMMARY
CHAPTER 1: INTRODUCTION	1
Introduction.....	1
Report Organization.....	2
CHAPTER 2: PROJECT DESCRIPTION	3
CHAPTER 3: LITERATURE REVIEW	6
Introduction.....	6
Drugs and Crime	6
The Inception of Drug Courts	7
Types of Drug Courts.....	8
Treatment Drug Courts	8
Drug Court Programs	9
Existing Drug Courts and Research Findings.....	9
The Dade County Drug Court.....	9
The Maricopa County Drug Court.....	11
The Oakland Drug Court	13
Summary of Research Findings	14
Conclusion	15
CHAPTER 4: METHODOLOGY	16
Introduction.....	16
Drug Court Survey.....	16
Client Management Database	17
Client Management Database Forms	17
Addiction Severity Index	18
Criminal Histories.....	19
Observation.....	19
Consent and Locators.....	19
Data Collection	19
Data Analyses	20
Outcome Design.....	20
Conclusion	20
CHAPTER 5: SNAPSHOT OF THE THREE AOC DRUG COURTS	22
Introduction.....	22
Conclusion	27
CHAPTER 6: ANALYSIS OF INDIVIDUAL AOC DRUG COURTS	28
Introduction.....	28
First Judicial District Drug Court	28
Goals and Objectives	28
Program Information.....	28

Program Components and Structure	29
Eligibility Criteria	30
Incentives and Sanctions.....	31
Court Processes	31
Supervision	32
Urinalysis and Program Fees	32
Treatment Information	32
Client Demographics for the First Judicial District Drug Court Program.....	33
Conclusion	37
Recommendations	37
Third Judicial District Juvenile Drug Court Program.....	39
Goals and Objectives	39
Program Information.....	39
Program Components and Structure	40
Eligibility Criteria	41
Incentives and Sanctions.....	41
Court Processes	42
Supervision	43
Urinalysis and program fees	43
Treatment Information	43
Aftercare	44
Client Demographics for Third Judicial District Juvenile Drug Court Program.....	44
Conclusion	51
Recommendations	52
Bernalillo County Metropolitan DWI/Drug Court	54
Goals and Objectives	54
Program Information.....	54
Program Components and Structure	54
Eligibility Criteria	55
Incentives and Sanctions.....	56
Court Processes.....	56
Supervision	56
Treatment Information	57
Aftercare	57
Client Demographics for the Bernalillo County Metropolitan DWI/Drug Court Program	57
Crosstabs analysis	64
Conclusion	66
Recommendations.....	67
 CHAPTER 7: CONCLUSION AND RECOMMENDATIONS.	 68
Conclusion	68
Recommendations.....	68
 BIBLIOGRAPHY.....	 71

APPENDICES..... 73

- Appendix A- Drug Court Information Matrix
- Appendix B- Addiction Severity Index (ASI)
- Appendix C- First Judicial Drug Court Screening/Assessment
- Appendix D- First Judicial District Drug Court Client Assessment
- Appendix E- First Judicial District Court Drug Court Client Intake Form
- Appendix F- First Judicial District Drug Court Client Exit Form
- Appendix G- Third Judicial District Juvenile Drug Court Client Assessment/Intake Form
- Appendix H- Bernalillo County Metropolitan Drug Court Individual Assessment
- Appendix I- Bernalillo County Metropolitan DWI/Drug Court Intake Form
- Appendix J- Bernalillo County Metropolitan Court Drug Court Exit Form
- Appendix K- Criminal Histories Form
- Appendix L- Activity Form

EXECUTIVE SUMMARY

The Institute for Social Research (ISR) at the University of New Mexico was contracted by the New Mexico Supreme Court's Administrative Office of the Courts (AOC) from May 1, 1997 to October 31, 1998, to conduct a process evaluation of the AOC Drug Court programs.

Specifically, the evaluation was designed to:

- Provide a process evaluation by examining the established goals of the programs and determining how clearly these goals are defined;
- Examine the variables collected by the drug court program staff and recommend appropriate modifications to the current data collection process while aiding in the creation and implementation of an automated record keeping system;
- Provide intermediate outcome information regarding what type of client is successful in and can benefit from the drug court program;
- Provide a multiple analysis: one being qualitative in nature, stating the extent to which program goals have been met; the second using quantitative techniques to describe each sub-population being served; the third comparing program graduates to terminated participants, using programmatic and client-level variables.

Tasks completed to perform this evaluation include:

- A compilation of surveys sent to all three drug courts requesting information specific to their court.
- A review of the existing literature regarding other drug courts throughout the United States, which included literature that focused on studying the impact and success of drug courts.
- Creation and implementation of an automated record keeping system for two of the three drug court programs. The database created on *Microsoft Access* is being used by drug court staff.
- The collection of client information, within the various time frames of each court, that is maintained by the drug court staff.
- The collection of client misdemeanor and felony criminal arrest histories from each court.
- The collection of client substance abuse treatment services from the respective treatment providers.
- A qualitative analysis of the observations made by evaluation staff .

Findings:

- 243 individuals were clients in one of the programs. Sixty-one clients have been in the First Judicial District Drug Court from January 9, 1997 to October 1, 1998. Sixty-three clients have been in the Third Judicial District Juvenile Drug Court from December 16, 1997 to October 1, 1998, and 119 clients have been in the Bernalillo County Metropolitan DWI/Drug Court from July 24, 1997 to October 13, 1998.
- More than 73% of the clients were male.
- More than 71% of the clients were Hispanic, 22.1% were Anglo and 0.4% were Black.
- The average age in all three drug courts was 29.3.
- Almost 55% of the clients were single/never married (not including juvenile court).
- Almost 39% of the clients have a high school diploma or GED.
- All clients had a history of substance abuse.
- More than 46% of the clients served in the three programs had a referring offense of DWI. This is primarily a result of 74% of clients having a referring offense of DWI in the Bernalillo County Metropolitan DWI/Drug Court.
- Upon entry into the program, more than 55% of clients were employed at intake (excludes Third Judicial District Juvenile Drug Court).
- A total of 4,043 urinalysis tests were administered in Third Judicial District Drug Court and Bernalillo County Metropolitan DWI/Drug Court. Of these tests, about 94% were negative for illicit substances. Because of difficulties interpreting data, this information was not available for First Judicial District Drug Court.
- Ten clients have graduated from the First Judicial District Drug Court, and sixteen have graduated from the Third Judicial District Juvenile Drug Court. Thirty-four clients have graduated from the Bernalillo County Metropolitan DWI/Drug Court.

Recommendations:

- We recommend increased coordination and cooperation among the different partners involved in the three drug court programs. Each court has a varying level of coordination and participation among the members who typically make up drug court teams. This includes holding regular drug court meetings where all members of the drug court team are present and actively participate.

- We recommend the use of standard basic data collection forms among the various drug courts. While we recognize each individual court functions somewhat differently depending on the structure of the larger court, the type of drug court (i.e. DWI, felony, and misdemeanor), the type of client (adult and juvenile), and other circumstances that are unique to the local jurisdiction it makes sense to standardize some data collection for the purposes of consistency and reliability across sites.
- We recommend the use of an automated database that can track clients from assessment to intake to discharge and later follow-up in the community. Bernalillo County Metropolitan Court and First Judicial District Court have chosen to use adaptations of the *Microsoft Access* database we designed and we are in the final stages of training staff in these courts to use the database. Third Judicial District Court has decided to revise their existing adult database for use by the juvenile drug court and include the minimum dataset. The use of an automated database will improve data quality, data reporting
- We recommend the creation of a state-wide drug court system in which all courts follow basic standard criteria including following basic policies and procedures, the use of an automated database, the use of some standard forms, and the collection of a minimum dataset. Because each jurisdiction operates somewhat independently and each court is in a different stage of development and there are a variety of funding sources it is difficult to coordinate a state-wide system. For these reasons we do not believe this is likely to occur to the degree that would be most beneficial for the state of New Mexico. Within these limitations efforts should be made to coordinate a state-wide system.
- We recommend drug court administrators regularly and routinely review drug court program goals in order to measure progress towards the goals. Because drug courts are not static and they evolve over time it is important to monitor the courts as they evolve. A periodic critique of each program insures the delivery of quality services.
- We recommend the use of a standard treatment instrument by each programs treatment provider. Further, we recommend the use of the Addiction Severity Index (ASI) for this purpose. Because the ASI is designed as a treatment and research instrument it is able to be used for treatment and to measure clients change and progress over time. For this reason we also recommend the ASI be administered at intake and at least one other point while in treatment.
- We recommend each drug court create a method to track clients progress in the program and advancement through phases of the program. The ability to do this varies by program. It may be best to use a point system which adds and subtracts points based upon client participation. Once these guidelines are established, they should be adhered to for all participants.
- We recommend that eligibility criteria for admitting new clients be strictly adhered to.
- We recommend that drug court staff periodically review the “Key Components” set out by the federal DCPO to insure adherence to nationally recognized drug court standards

and procedures. Further, each court should set up a library containing drug court literature and routinely update their library. This activity could be coordinated by the NMADCP.

- We recommend an increased focus on additional research that focuses on client outcomes. This is necessary in to order to examine the effectiveness of specific drug courts and drug courts in general. It is important to compare drug court program clients with other matched offenders who do not become program participants. Currently, we know very little about how effective drug courts are in reducing recidivism (measured by re-arrest and time to re-arrest). While some anecdotal evidence exists this is not definitive.

CHAPTER 1: INTRODUCTION

Introduction

This Final Project Report is being submitted by the Center for Applied Research and Analysis (CARA), Institute for Social Research (ISR), at the University of New Mexico in order to satisfy the requirements of our contract with the Administrative Office of the Courts (AOC) for the project period May 1, 1997 to October 1, 1998. This report focuses on our process evaluation of the three courts supported by the funds provided by the federal Drug Court Program Office (DCPO). These funds were awarded in September 1997 to New Mexico's Administrative Office of the Courts (AOC) under the DCPO's Drug Court Implementation Grant program. Implementation Grant program funds support the development of program designs and implementation of cost effective drug court programs that provide for pretrial, probation, or other supervised release. Three courts were included in the AOC's application:

- First Judicial District Court located in Santa Fe, New Mexico which serves adult felons.
- Third Judicial District Court located in Las Cruces, New Mexico which serves juvenile felons.
- Bernalillo County Metropolitan Court located in Bernalillo County, New Mexico which serves adult misdemeanants.

Our evaluation focused on the development of the different court's program designs and the implementation of the drug courts while including a design for a future outcome evaluation. Toward this end our contract contained the following scope of work:

- A. Provide a process evaluation by examining the established goals of the programs and determining how clearly these goals are defined.
- B. Examine the variables collected by the drug court program staff and recommend appropriate modifications to the current data collection process while aiding in the creation and implementation of an automated record keeping system.
- C. Provide intermediate outcome information regarding what "type" of client is successful in and can benefit from the drug court program. Similar to the process evaluation, the contractor will recognize the particulars of each court, be it juvenile, felony, or DWI.
- D. Provide a multiple analysis: one being qualitative in nature, stating the extent to which program goals have been met; the second using quantitative techniques to describe each sub-population being served; the third comparing program graduates to terminated participants, using programmatic and client-level variables described below.
- E. Develop a uniform automated database among First and Third District Court and Metro

Courts, using the Second Judicial District Court as a model to the extent possible. AOC recognizes that the approach of drug court varies within each court.

- F. Determine client-level and programmatic variables, including: the frequency and types of treatment administered; the number of client-probation officer meetings; the number of urinalyses administered and the results; the number and types of sanctions imposed. At the client level, information regarding substance abuse treatment history, medical status, mental health status, gender, living arrangements, age, ethnicity, employment status, marital status, and level of education.
- G. Administer a locator form to all drug court participants to track clients and for follow-up information.
- H. ISR will submit a monthly progress report to the AOC delivered on the 10th of each month describing the work accomplished in the previous month.

Toward this end a number of tasks were completed. A complete discussion of these tasks is included in a later chapter on our methodology. Briefly, tasks completed included; the use of a drug court survey; the design and use of hard copy data collection forms by drug court staff; the design and implementation of an automated client management database; attendance of regular drug court meetings and court sessions; and the observation of the drug court programs. This report includes all data collection and data analysis procedures, findings, and relevant literature. We discuss the different drug court programs, their context, the project and its methodology, analyses and findings, policy implications, and conclusions and recommendations. The report covers all the major organizational components of the program and evaluation. **It is important to note that all of the drug court programs are in the early stages of development. As the programs develop, challenges and problems are inherent. Many of these issues are being addressed both as a result of this report and as a result of the drug court staff's efforts.**

Report Organization

The report is organized using a particular format. First, we include a project description that briefly describes the complete project. Second, a review of relevant literature is included. This provides general information about the development of drug courts in the United States, their relevance, the goals and objectives of drug courts, their current status, and relevant research and findings. Third, we include a scope and methodology section that includes information on our evaluation plan, design, data sources, types of data, and data analysis methods. Fourth, we present an aggregated description of all the courts and an individual descriptive analysis of each court using information from the drug court survey (Appendix A) and our observations. In addition, this chapter includes an analysis of client-level data using frequencies and cross-tabulations with narrative. Finally, we provide a chapter with conclusions and recommendations based upon our findings.

CHAPTER 2: PROJECT DESCRIPTION

Introduction

The Institute for Social Research (ISR) at the University of New Mexico has been contracted to conduct a process evaluation of the AOC drug courts. The focus of this contract is on process rather than outcomes or results obtained. This emphasis on process occurs for a number of reasons. First, the AOC drug courts are relatively new having been in operation less than 24 months. The drug courts remain in a developmental and implementation stage. Second, the length of the contract and the available resources do not allow for an outcome study. Third, and most important, it is necessary to complete and document the process of these drug courts in order to measure outcomes. This evaluation contract is designed to help complete and document this process. While the focus of this contract and research is on process, some emphasis has been placed on designing an outcome and impact study in the future.

A focus on process is a focus on how something happens rather than on the outcomes or results obtained. Programs vary in their emphasis on process. Process evaluations are aimed at understanding the internal dynamics of how a program, organization, or relationship operates. Process data permits judgement to be made about the extent to which the program or organization is operating the way it is supposed to be operating. It also reveals areas in which relationships can be improved as well as highlighting strengths of the program that should be preserved. Process descriptions are also useful in permitting people not intimately involved in a program, for example: external funding sources, public officials, external agencies, to understand how a program operates. This permits such external persons to make more intelligent decisions about the program. Finally, process evaluations are particularly useful for dissemination and replication of model interventions where a program has served as a demonstration project or is considered to be a model worthy of replications (Patton, 1986).

It is important to know the extent to which a program is effective after it is fully implemented, but it is also important to learn how the program was actually implemented. Where outcomes are evaluated without knowledge of implementation, the results seldom provide a direction for action because the decisions made lack information about what produced the observed outcomes. Unless one knows that a program is operating according to design, there may be little reason to expect it to produce the desired outcomes (Patton, 1986). ISR is prepared to complete the design and to begin the implementation of an outcome and impact study for the AOC drug courts once the programs are completely implemented.

The new implementation grant award has enabled the AOC to continue statewide planning and coordination efforts and has assisted with the implementation of three additional drug courts in the state's three largest population centers. New Mexico is one of only a few states to organize their drug court program as a statewide rather than a regionally-based program. The First Judicial District Drug Court Program, located in Santa Fe, is an adult felony drug court. The Third Judicial District Juvenile Drug Court Program, located in Las Cruces uses a variety of educational and treatment approaches designed not only to end alcohol and drug dependence but also to equip youthful offenders with enhanced social and coping skills. The Bernalillo County Metropolitan Court, located in Albuquerque, has created an alcohol drug court for repeat DWI

offenders, using the treatment providers already working with the Second Judicial District Drug Court in Albuquerque.

These drug courts have arisen in response to the increasing number of drug and alcohol related arrests in New Mexico. One of the most common responses to this growing problem has been the creation of special drug courts. Overall, drug courts are a relatively new approach used by state and local governments to address drug and alcohol related crime. These courts monitor the treatment and behavior of drug and alcohol-using defendants. The AOC drug courts are designed to provide community-based treatment and supervision to selected offenders who are identified as having substance abuse issues and could benefit from drug education and treatment. The AOC has selected the Institute for Social Research at the University of New Mexico to conduct evaluations of the drug courts.

The ISR is contracted to provide this process evaluation by examining the established goals of the programs and determining how clearly these goals are defined. In order to accomplish this, a questionnaire was sent out to the drug court program staff in October 1997. The questionnaire asked for basic information on the program, eligibility criteria, incentives and sanctions, court processes, information dissemination, program supervision, urinalysis and drug testing, program fees, treatment information, program funding, and community involvement. This information allows the ISR to determine how the program goals are defined and how they are carried out within each drug court.

The ISR is also contracted to examine the variables collected by the drug court program staff and recommend appropriate modifications to the current data collection process while aiding in the creation of an automated record keeping system. The design and operation of the drug courts are being monitored by ISR evaluation staff through the examination of the client-tracking and information keeping systems used by the three jurisdictions. A *Microsoft Access* database was created, initially for New Mexico's Second Judicial District Drug Court, and has been modified for two of the three AOC drug courts. The database for the Bernalillo County Metropolitan DWI/Drug Court has been in use by the drug court staff since September 1998. The database for the First Judicial District Drug Court has been completed and became fully operational the end of November 1998. Evaluation staff periodically collect data from these databases for analysis. The Third Judicial District Drug Court initially planned on utilizing a database created in Fox-Pro, but soon may also be using the *Access* database. A modified version of the *Access* database is being utilized by the ISR evaluation staff to analyze the data in the Third Judicial District Drug Court. Upon implementation of the automated database in these three jurisdictions, data will be uniform among all drug court sites. As a result of an examination of the variables collected by program staff, the ISR evaluation staff will include in this report recommendations aimed at improving the data collection process as well as the quality of the data collected.

The ISR is contracted to analyze client information utilizing data collected from the AOC drug court programs including the various treatment providers. The ISR is contracted to provide an analysis concerning what types of clients the programs have served. This analysis will be designed to assist the drug court administrators in determining what sort of clients were referred

to the program and any patterns which may have been present since the start of the programs. This will also illustrate what type of client is successful in and can benefit from the drug court program. By conducting an analysis of the data extracted from the *Microsoft Access* database, the ISR staff will provide information back to the drug court administrators so that they may have a clear understanding of the demographic criteria of the clients they serve.

The last contractual obligation involves the provision of a multiple analysis: one being qualitative in nature, stating the extent to which program goals have been met; the second using quantitative techniques to describe each sub-population being served; the third comparing program graduates to terminated participants, using programmatic and client-level variables.

The tasks used to accomplish the above-mentioned goals include an extensive literature review, the collection of data on all individuals, and the design of a database to automate client level information collected for use by the drug court probation officers. Client demographic and criminal history information was collected from the drug court program records. Client substance abuse history and treatment information was collected by the use of the Addiction Severity Index (ASI) from the drug court designated treatment provider agencies. This process evaluation will document the specific elements comprising each of the AOC drug courts.

CHAPTER 3: LITERATURE REVIEW

Introduction

This chapter is designed to serve a number of purposes. First, it provides a discussion of drugs and crime that has served as the impetus for a movement toward specialized drug courts in the United States. Second, this chapter provides a review of the different types of drug court programs that exist concentrating on treatment drug courts. These findings are related to the AOC drug courts and are helpful in explaining the design of this evaluation and the design of an outcome and impact study. It is extremely useful to bring prior research findings to bear when evaluating these or any other drug court program. This discussion is also useful since it places the AOC drug courts in the national context and provides some background information regarding the design and development of the program.

Drugs and Crime

More than half of all individuals brought into the criminal justice system have substance abuse problems. Many of these individuals are nonviolent offenders who repeatedly cycle through the court, corrections, and probations systems. Drugs, drug use, and crime are linked and progress in reducing drug use will have a direct and positive impact on reducing crime (ONDCP, 1995). Drugs and crime are related in a number of ways. First, there are drug-defined offenses. These violations include laws regulating the possession, use, distribution, or manufacture of illegal substances. Second, there are drug-related offenses. This category includes offenses in which a drug's pharmacological effects contribute; offenses motivated by the user's need for money to support continued use; and offenses connected with drug distribution itself (BJS, 1992).

A study by the National Institute of Drug Abuse (NIDA) found a high incidence of criminal activity among drug users who are not in treatment (BJS, 1993). Approximately one-half of the respondents in the study reported legal sources of income, but one-half also reported illegal sources. Overall, 17% of state prison inmates in 1991 and 13% of convicted jail inmates in 1989 said they committed their offense to obtain money for drugs. According to the Bureau of Justice Statistics (BJS) in 1991 approximately 31% of state prison inmates were under the influence of drugs or drugs and alcohol at the time of the offense (BJS, 1993). Fifty percent of state prison inmates had used drugs in the month before the offense. According to the Drug Use Forecasting system of a sample of adult males arrested in 1993 in 23 cities, 54% to 81% tested positive for drugs at the time of their arrest. In an ongoing study funded by the federal government under the Arrestee Drug Abuse Monitoring (ADAM) Program, 68.6% of arrestees booked into the Bernalillo County Detention Center who voluntarily provided urine samples tested positive for an illicit substance. Finally, the BJS estimates that 79% of state prisoners have used drugs at some point in their lives. Inmates incarcerated for robbery, burglary, larceny, and drug trafficking most often committed their crimes to obtain money for drugs. Inmates who committed homicide, assault, and public-order offenses were least likely to commit their offense to obtain money for drugs (BJS, 1994). State and local police made over an estimated one million arrests for drug law violations in 1997 (FBI, 1997). The number of drug trafficking

convictions in State courts more than doubled between 1986 and 1990 and drug offenders comprised a third of all persons convicted of a felony in State courts in 1990. In addition, 77% of persons convicted of drug trafficking in 1990 were sentenced to some kind of incarceration: 28% to jail and 49% to prison; 23% were sentenced to probation. The average prison sentence for persons convicted of drug trafficking was six years and two months, of which the estimated time to be served was one year and 11 months. Thirty-five percent of persons convicted of drug possession were sentenced to prison and have an average sentence of four years and one month of which the estimated time to be served was 13 months. Twenty nine percent of persons convicted of drug possession were sentenced to jail and 36% to probation (BJS, 1995). In a study of drug offenders sentenced to probation in 32 counties and 17 states in 1986, 49% were rearrested within the 3-year period. One out of three was arrested for a drug offense. Drug abusers were more likely to be rearrested than non-abusers.

The Inception of Drug Courts

Drug courts have proliferated over the last few years. As of April 1998, drug courts had been implemented in some 275 jurisdictions (Cooper, 1998). One important impetus was the Violent Crime Control and Law Enforcement Act of 1994, which contained provisions calling for federal support for the planning, implementation, and enhancement of drug courts for nonviolent offenders. This federal support has helped to accelerate the growth of drug courts. Between 1995 and 1997, the U.S. Department of Justice, through its Drug Courts Program Office, provided a total of \$56 million in funding to drug courts. This included 151 planning grants to help jurisdictions develop a drug court design, 99 implementation grants to start new drug courts and 29 enhancement grants to expand existing drug courts (DCPO, 1997). Another driving force behind the development of drug courts came with the enormous increase in the number of drug related arrests and the resulting criminal cases that flooded the nation's courts. Historically, it was common practice to deal leniently with felony drug arrestees who had no prior arrests or convictions. More recently, arrest, conviction, and sentencing trends in State and Federal courts indicate an increasingly punitive response to drugs. The response of state and local courts to increasing drug cases has been to primarily focus on case processing. With an increasing emphasis on not treating drug cases too leniently, rapid and efficient case processing has become more difficult. With this recognition came a sense of frustration that law enforcement policies and correctional policies alone could not adequately address this problem. Understanding began to develop that the "war on crime" and the "war on drugs" policies of the 1980's that had stressed attacking the supply and demand of drugs had not had the hoped for impact. The large increase in criminal caseloads which were largely driven by the increase in drug cases also served to further aggravate the problem. In response to increasing drug-related arrests and caseloads some courts began to respond by seeking new methods of improving case flow management, increased resources, and establishing specialized courts that focused on drug cases.

Types of Drug Courts

According to the Department of Justice, there currently exist two types of drug courts. The first type merely expedites the processing of drug offense cases. These drug courts are based on the premise that many cases can proceed through the court system at a faster pace than otherwise if appropriate routes for disposition are available. In this type of system, cases are not processed simply based on their chronological order but by using a variety of case management procedures. This type of drug court is primarily concerned with the proper case management of drug cases which, in theory, will lead to a reduction of court backlogs. While this is true, this type of drug court also places some emphasis on drug treatment, counseling, and rehabilitation (Cooper, 1994). The second type of drug court, treatment drug courts, seek to change the behavior of drug-using defendants' using court-monitored and mandated substance use treatment. Some drug courts use a combination of the two types (GAO, 1995).

Treatment Drug Courts

The AOC drug courts, located in New Mexico, are based on the treatment oriented model. Primarily for this reason the literature review focuses on the treatment oriented model. In addition, the 1994 Crime Act, authorizes grants only for those drug courts that have court-monitored drug treatment, and does not provide grants for those that merely expedite the processing of drug offense cases.

According to a recent report by the Drug Court Resource Center (DCRC), drug treatment courts typically use one of two approaches to the processing of drug cases (GAO, 1995). In the first approach, deferred prosecution, the offender waives his/her right to a speedy trial and is placed in a drug treatment program. Upon satisfactory completion of the program, the case is dismissed and the defendant avoids a possible felony conviction. In the second approach, post adjudication, the defendant is tried and convicted of a drug charge, but the sentence is deferred until the defendant undergoes treatment and either completes or withdraws from the program. In this approach, the defendant has increased incentive to do well in the program since any progress toward rehabilitation is considered by the judge when determining the sentence. These approaches are utilized by the AOC drug courts and in the AOC drug courts, the judge may also impose Drug Court in response to a probation violation.

While eligibility criteria may vary slightly from one drug court to another, according to the DCRC, drug courts should accept defendants who have substance abuse problems and have been charged with a nonviolent, drug-related offense. Additionally, most drug courts do not accept defendants who have been charged with a violent offense in the past. It should be noted that under the Crime Act of 1994, drug courts that allow current or past violent offenders into the program may not be awarded federal grants (GAO, 1995).

The principal objective of drug courts is to change the behavior of drug-using offenders, thereby reducing crime, by using the authority of the court (GAO, 1995). In collaboration with prosecutors, defense attorneys, treatment facilities, law enforcement agencies and others, judges oversee drug court hearings, track defendants' progress in treatment, and impose appropriate incentives and sanctions. In the end, defendants are given more lenient sentences or, in some

cases, have charges completely dismissed in exchange for compliance with and successful completion of the prescribed treatment program. While some basic elements of drug court programs are the same across the board, many vary in their established criteria for eligibility for the program, length of program, and prescribed sanctions.

The effectiveness of drug courts should be evaluated based on the question: *Do drug courts make a difference?* In other words, is there a reduction in recidivism, an increase in time to re-arrest, and a reduction in drug use among defendants who successfully complete drug court programs as opposed to defendants who were not exposed to drug court treatment? It should be noted that many of our nation's drug courts began in the early 90's making firm conclusions as to their effectiveness difficult to determine.

Drug Court Programs

While there has been a large amount of variation and diversity in the design and implementation of drug courts, some core elements among treatment drug courts have been recognized across the United States (NIJ, 1994). This variation has existed in regards to the stages of criminal processing, court structure, treatment program components and target populations.

Core elements that have been identified include: (1) Judicial leadership and the judicial role in treatment drug courts, (2) collaboration among criminal justice, courts, treatment agencies, and community organizations, (3) target populations, (4) treatment program and operational procedures, (5) compliance and enforcement of program conditions, (6) anticipating the impact of drug court and its resource implications, (7) an integrated management information system capacity, (8) funding sources, (9) implementation plan, (10) training and orientation of drug court professionals, and (11) an evaluation strategy and periodic review of impact (NIJ, 1994).

Existing Drug Courts and Research Findings

The following is a brief review of three examples of existing drug courts located in Dade County, Florida, Maricopa County, Arizona, and Oakland, California. Included in this section is a review of the evaluation and research findings of each.

The Dade County Drug Court

The Dade County Court system in the late 1980's emerged as the pioneering treatment drug court model (NIJ, 1994). Unlike some earlier efforts, the Dade County strategy was based on a conscious decision to focus on the cause of the growing number of drug-related cases rather than simply on the number of cases. This occurred since it was decided that it would be worthwhile to attempt to give defendants an opportunity to change by offering a demanding program of drug treatment. Rather than simply operating as a point of referral to treatment, the Dade County approach established itself as an integral part of the treatment process. It was based upon the unorthodox view that the various actors within the court would work on a team approach rather than on the traditional adversarial approach. In this way the judge, prosecutor, and defense attorney would work in a setting that encouraged a treatment approach. In addition, this system

recognized treatment providers as integral and important partners in this experiment. The combination of these two components; the role of criminal justice system officials (primarily the judge) in the courtroom and the existence of outpatient drug treatment programs is central to the Dade County model.

The approach adopted in Dade County encouraged other jurisdictions and officials to begin implementing versions of this innovative approach to dealing with some drug offenses and offenders.

Essentially, the Miami drug court offers the first-time, nonviolent drug offender a choice: engage in and complete the specified treatment and be afforded a second chance by having the case dismissed and the record sealed, or fail to comply and face prosecution (Finn and Newlyn, 1994).

Like most drug court programs, the crux of the Dade County program is the drug court which places defendants in the Diversion and Treatment Program (DATP), oversees their progress, and makes the decision as to whether or not the client's level of success warrants the dismissal of their case. Upon informing all new defendants what will be expected of them: random urinalysis, frequent court appearances, and a minimum of one year in treatment, the defendant is placed in the custody of DATP (Finn and Newlyn, 1994).

Once in the program, the defendant passes through three distinct phases: detoxification, stabilization, and aftercare. The client is continuously monitored by the drug court judge and urinalyses are performed during each of these three phases.

When a relapse into drug use occurs, as it commonly does, particularly during the first phase, the client is given another "second chance." Whether drug use is detected through urinalysis, or through self admission, the counselor helps the client to recognize the event or events that triggered the relapse. In this way, the client is able to recognize when they are at risk for relapse and can find ways to cope with these situations. If relapse occurs during the first phase, the counselor may recommend that the client attend individual or group counseling. When relapse occurs during the second or third phase, the counselor may modify the client's treatment plan to include more frequent drug testing, and move forward the date of the clients' next court appearance. In addition, the counselor may require the client to attend counseling sessions on a more frequent basis. In extreme cases, cases in which a client frequently tests positive for drugs, the judge may return the client to phase one. The judge very rarely expels a client from the program. Even when clients are very uncooperative, and not engaged in treatment, Judge Goldstein, prefers to send the client to jail for a period of time rather than remove them from the program completely.

In an assessment of the impact of the Dade County Drug Court by John Goldkamp and Doris Weiland (1990), drug court defendants were tracked over an 18-month period and compared to a similar group of defendants who did not participate in the program. Only defendants who received an intake into the program during the months of August and September 1990 were

tracked during this period.

Because of the difficulties in determining the definition of a successful defendant versus an unsuccessful one, for the purpose of this study, drug court client outcomes were defined as either “favorable” or “unfavorable.” The authors reported the percent of favorable and unfavorable outcomes only on relevant cases. That is, several cases were dropped from the total sample because they were considered “false starts,” those defendants against whom charges were dropped within the first 30 days, and those defendants who dropped out of the program within the first three weeks of treatment. Among the total number of relevant cases (n =245), 60% were characterized as having favorable outcomes, while the remaining 40% were considered to have unfavorable outcomes.

Finally, Goldkamp and Weiland reported the following findings for drug court defendants: (1) fewer cases were dropped, (2) lower rates of incarceration, (3) rearrests were less frequent, (4) the time elapsed to rearrest was longer, and (5) higher failure-to-appear rates, perhaps due to the unusually high number of court appearances required by the drug court program, were noted.

The Maricopa County Drug Court

The Maricopa County First Time Drug Offender (FTDO) program combines “drug education and process group counseling, with intensive case management and aftercare” (Deschenes, Turner, and Greenwood, 1995). While the primary goal at its inception was to increase the availability of drug treatment for probationers in an effort to decrease drug use and recidivism, another goal was to make offenders more accountable using a more structured system of supervision and sanctions. The final goal was to reduce overcrowding of the system.

Similar to that of the Miami Drug Court, Maricopa counties’ Drug Court was designed to last from six months to a year with three 2-month phases through which a defendant must pass, repeating a phase if necessary. Each defendant’s progress in the program rests on a point-system in which they accumulate points for each programs component achieved and each clean urine test. Based on the point total, defendants receive rewards including as reduction in the probation sentence or deferred jail time, and advancement into the next phase of the program. Also, based on the point scale, defendants can receive sanctions such as repetition of a phase or even jail time (Deschenes, Turner, and Greenwood, 1995).

Although the Maricopa County FTDO program possesses many of the characteristics of other drug courts (i.e., three phases in the program, rewards and sanctions), one key difference makes it stand out from the rest. The Maricopa model is a post-adjudication program for offenders sentenced to probation for felony drug offences. Rather than operating as a diversion program, it serves as a type of probation enhancement (Deschenes, Turner, and Greenwood, 1995). By shortening the term of probation, the result is a decrease in the numbers of currently active cases. It is clear, however, that the Maricopa County FTDO program is similar to other drug courts because of its goals and program components.

An evaluation of Maricopa County's FTDO program was funded by the National Institute for Justice. One of the objectives of the evaluation was to determine whether the frequency of drug testing has an effect on offender reintegration and criminal behavior (recidivism). The experiment conducted by the evaluation component compared four different probation "tracks." Three of these tracks varied the frequency of drug testing but were treated the same as standard probation cases, while the fourth track was the drug court. The drug court track differed from the other three groups in the availability of treatment and the sanctions used. A 4-step process used by which probation clients were randomly assigned to one of the four tracks or groups.

Each probationer was followed up for a 12-month period following the random assignment. Data sources included the probation files, chronological files maintained by the probation officer, and the computerized tracking system used by the probation department to track the status of each offender and to obtain his/her prior record called the LEJIS system.

Similar to the Dade County Drug Court, of the total number in the drug court program (n=176), 61% of participants in the FTDO program were considered successful while 39% were considered to be unsuccessful. Those who were considered successful included program graduates who were freed upon their completion, graduates who were returned to regular probation in order to finish additional probation requirements such as community service hours, those who were discharged without graduating, and those who were still in the program at the end of the 12-month study. Unsuccessful clients included those who were returned to jail or prison for another offense, those that absconded and had warrants, and a category called "other," which were those discharged for medical or other reasons.

Urinalysis tests were used to assess drug use by probationers in all four tracks at varying frequencies. Approximately 50% of all probationers, including those in the drug court program, tested positive for one or more substances during the twelve-month period. It is worth noting, however, that a higher proportion of those in regular probation were found to have used cocaine or heroin, while those in the drug court program were more likely to have used marijuana (Deschenes, Turner, and Greenwood, 1995).

In terms of recidivism rates, approximately 30% of probationers from all four tracks were arrested for a new offense. There was no significant difference in rearrests between those in the drug court program and those in the other three tracks, nor was there a difference in the rate of conviction or incarceration rates between the groups. The study concluded only that a significantly smaller number of those in the drug court program (9%) were sentenced to prison than those in the regular probation tracks (23%).

The authors of the Maricopa County FTDO study concluded that the drug court program is indeed having a significant impact on those probationers with first-time felony drug possession convictions, who participate in and complete the drug treatment program. A greater number of probationers in the drug court program are involved in drug education, treatment, and counseling than those on regular probation.

A second accomplishment of the Maricopa County FTDO program mentioned in the study was the provision of increased supervision with a structured system of rewards and sanctions. The fact that drug court clients are more frequently exposed to a judge seems to aid the development of a rapport between the defendant and the judge which demonstrates a high level of moral combined with authority that a judge can provide.

The third benefit of the drug court noted in this study was a reduction in the system workload which resulted from the relatively short sentence (12 months) required of drug court probationers as opposed to the imposed 36 months. An additional factor leading to the decrease in system workload was the reduction of individuals with a prison sentence for a new arrest.

The Oakland Drug Court

The Oakland drug court was created as a pilot project in 1990 and received its first presiding judge in January 1991. Each year approximately 1200 defendants sign contracts with the drug court which are negotiated by both the judge and the probation officer. The contracts provide tasks which must be completed in order to receive points. While contracts may vary from one defendant to another, the majority require that the defendant appear for probation appointments, attend group counseling, and provide clean urine tests. In addition, they may require defendants to attend educational classes on AIDS, acquire a GED, or enroll in college level classes or find employment.

The Oakland drug court's open sessions are used to review client progress publicly. For some defendants, graduation may occur after six months, provided they have accumulated enough points, for others, however, completion of the program may take up to two years. The minimum required for the program is six months. While a \$220 diversion fee is required of all participants, there is opportunity to whittle that amount down to as little as \$20 depending on the level of compliance (Setterberg, 1994). Only upon the successful completion of the program is the felony conviction erased for the defendant.

In an in-house survey which compared the Oakland drug court's first two years with regular methods of diversion, a reduction in felony recidivism, as high as 49%, was found. Moreover, it appears to be cost-effective. It was estimated that over the two-year period, the court saved \$169,000 merely in arrest and booking charges addition to over \$2 million in jail costs.

Summary of Research Findings

In summary there are several comparisons that can be made between the effectiveness of the drug court approach and the traditional case approach (DCCTAP, 1996a). This comparison is of particular importance since it is hypothesized that the existence of the drug court approach as opposed to the traditional case approach leads to a greater reduction in substance use and hence crime. First, there is evidence of a reduction in drug usage among drug court participants

compared to traditional case approach participants. Traditionally, substance abusers have received little treatment after conviction. In addition to receiving very little treatment most are not monitored for drug use. Because drug courts are designed to treat and monitor drug use, not only is it possible to accurately measure continued drug use but these programs are designed to treat and reduce drug use. Second, it appears that a reduction in drug use as measured by urinalysis among drug court participants leads to more favorable outcomes as measured by recidivism (Belenko, 1998). There is evidence that the drug court approach leads to reductions in recidivism. It is well documented in the literature that as substance use increases so does criminal activity. When compared to matched groups drug court participants have lower rates of recidivism. Third, there is more intensive supervision for drug participants than for other offenders. This supervision is more intensive and immediate than would have been provided to a typical drug court participant prior to the program. Fourth, because of the more intensive supervision, drug courts have a greater capacity to deal swiftly with relapse. This is of particular importance when it is recognized that substance abuse and addiction is often a chronic and persistent disorder. Historically, the failure to maintain sobriety has been followed by a new arrest and further and increased sanctions. Drug courts are given more options in responding to incidents in relapse. These options focus on obtaining compliance from the offender in discontinuing drug use. Finally, the drug court approach is endowed with the capability of integrating drug treatment services with other ancillary social services that promote long-term abstinence and recovery. The traditional case approach is not designed to perform these functions and hence is not able to impact other factors (i.e., dysfunctional families, low self-esteem) that are correlated with drug abuse.

In addition to making comparisons with the traditional case approach, it is also possible to present other findings from Drug Courts. These findings include that drug court programs have reported higher participant retention rates than for traditional drug treatment programs (DCCTAP, 1996a). Drug Court programs have also generally found that the nature and extent of addiction and drug usage among Drug Court participants vary widely. Drug Court participants have reported that close supervision provided by the judge together with intensive and strict monitoring and treatment services are the keys to success. Most programs also report that Drug Courts are more cost effective than traditional methods of dealing with this type of offender. In addition to reporting cost savings it has been generally found that drug court programs are enabling agencies to more effectively allocate criminal justice system resources.

There is also some evidence that jurisdictions are beginning to target more serious offenders. This is a conscious policy decision by some agencies to use scarce resources for persons with more serious substance abuse problems rather than those with less severe problems who might be served through other programs and a recognition that traditional probation and incarceration have failed to prevent further drug use and criminal activity (DCCTAP, 1996a).

Conclusion

As previously mentioned, it is useful to review prior research findings when evaluating any drug court program. This discussion and the sequential analysis places the AOC Drug Courts in the

national context as well as providing background information regarding the design and development of the AOC Drug Courts. National guidelines have been drawn up by the Drug Court Program Office (DCPO) and the National Association of Drug Court Professionals (NADCP) that should be followed when designing and developing new drug courts. The U.S. Department of Justice, through its Drug Courts Program Office, has published a manual entitled: *Defining Drug Courts: The Key Components* (1997) that discusses critical components that have been proven nationwide. The AOC drug courts have been designed with these components as a guide in developing a quality program. It would be beneficial if these components were reviewed regularly and any changes or improvements be made promptly.

CHAPTER 4: METHODOLOGY

Introduction

During the initial funding cycle, there were two primary goals set forth by ISR project staff: first, to conduct a process evaluation by examining the different drug court program's established goals, design, and structure and assess its intermediate impact upon participating inmates, and secondly, to establish a framework that would be used in the future to conduct an outcome evaluation and evaluate the different program's long-term success. A number of tasks were completed to meet these two goals. This section describes our methodology for reaching these two goals.

Prior to data collection a number of meetings were held among our staff to finalize the research design and methodology. We assigned a staff member to each of the three courts and used a methodology that was similar to the one used for the Second Judicial District Drug Court. During the course of the funding period it was necessary to make minor revisions and adjustments to our research design and methodology due to changes in the research environment. These changes, which were unforeseen, included some problems in implementing an automated client management database for each of the three courts, designing and implementing hard copy data collection forms which are patterned after the database, collecting some of the data necessary for the evaluation, communication problems with several of the programs, and delays in the programs acquiring program participants. These changes limited us in implementing all of our proposed activities and meeting all of our proposed goals. Another limitation, for which we controlled, concerned the geographical location of two drug court sites. The Third Judicial District Court is located in the southern part of the state and is three hours by car from the Institute which limited our ability to readily interact with program staff when issues arose. To correct for this we hired a research assistant who lives in the Las Cruces area and is a graduate student in the criminal justice department at New Mexico State University. This individual was trained to conduct all aspects of the evaluation and was the primary contact with the site. During the course of the contract we made several trips to visit the site and program staff. The research assistant was directly supervised by senior Institute staff. In addition, the First Judicial District Court which is located an hour north of Albuquerque presented similar issues. The staff member assigned to administer this site was in regular contact with program staff and regularly attended drug court meetings.

Drug Court Survey

One of the first tasks we completed was a survey of the three drug courts. In this survey we included a number of different subject areas. Subject areas included:

- Program Information
- Eligibility Criteria
- Program Coordination
- Incentives and Sanctions

- Court Processes
- Supervision
- Information Dissemination
- Program Fees
- Treatment Information
- Rehabilitation and Aftercare
- Program Funding
- Community Involvement

This information was used to provide a general description of all the pertinent aspects of each drug court. With this information we constructed a drug court survey matrix (Appendix A) which allowed us to describe the design and general operation of the different drug courts at the time the survey was completed. Because drug courts are unique in their operation, not all of the information collected during the survey is current. Despite this known shortcoming we are confident the general information is useful, and, combined with our own observations, is up to date. In fact it is the only reliable and valid method to use in describing the different programs. The survey also provided us with a method to make a general comparison of the different programs and helped organize this report.

Client Management Database

In order to fulfill the immediate research goals, we collaborated with program staff in revising the automated Second Judicial District Court client management database. This automated database using *Microsoft Access* was originally designed to be used by the Second Judicial District Court and was tailored to the needs of each drug court. For example the First Judicial District Drug Court program wanted to collect additional information at assessment which required us to substantially revise the assessment table in the database. Additionally, Third Judicial District Drug Court decided not to use our database but instead to use one for their juvenile court that was patterned after their adult court. As of this date the juvenile court does not have a functional automated database. Because of this the program collects all of their information on paper forms which we then enter into our database. The Bernalillo County Metropolitan DWI/Drug Court program database most closely follows the original Second Judicial District Drug Court database.

Client Management Database Forms

The paper forms and the database are designed to collect various types of information. Four main forms have been designed to collect information pertaining to a drug court client at several stages during the participation in the drug court program. The forms are the assessment (Appendix C, D, G, H), intake (Appendix E, G, I), activity (Appendix L), and exit (Appendix F, J).

The assessment form is designed to gather information pertaining to the eligibility of an individual for the drug court program. The form is the first one to be completed when an

individual has their first contact with drug court staff. Based on the information pertaining to the individual's substance abuse and criminal history the screening officer should be able to determine whether or not the client meets minimum eligibility requirements in order to participate in the drug court program. In addition, the form allows the drug court to document basic information on every person who interviews as a potential drug court participant. The information is collected whether or not they actually become a program participant.

The purpose of the intake form is to collect information regarding each drug court participant that will aid in providing supervision and treatment. The form collects information such as home address and phone numbers, place of employment, substance abuse information, and information pertaining to the criminal case itself. The form also collects demographic information including: age, ethnicity, gender, educational level, and marital status allowing drug court staff to describe the drug court population and to provide statistics related to these demographics.

The activity form is used to document each event or activity that takes place between participants and drug court staff. These activities include client-probation officer contacts, hearings before the drug court judge, treatment activities, UA's, and phone contacts.

The exit form is the last form to be completed on program participants. The primary purpose of the exit form is to document the final disposition of each client. The form is completed when clients leave the program. This form must be completed whether or not the participant successfully completes the program.

Addiction Severity Index

The ASI (Appendix B) is designed as a relatively brief, semi-structured interview and is not recommended or designed to be self-administered. The ASI is a treatment/research instrument and is designed to provide important information about aspects of a patient's life which may contribute to their substance abuse syndrome. The instrument can also be used for research purposes since it can provide a description of their condition before and after the intervention procedure. Each program, as part of its regular routine, administers the ASI or in the case of the Third Judicial District Court the Teen-ASI. Clients who were admitted into one of the programs prior to the use of the ASI do not have this information available. The ASI collects extensive information in seven problem areas: medical, employment/support, alcohol, drug, legal, family/social, and psychiatric. The ASI also has a general information section which collects basic demographic information. The ASI is designed to be administered by technical staff and it is not necessary to have clinical staff administer the instrument.

In our original discussions with AOC and drug court program staff, we recommended that the ASI be used not only at intake but at discharge and/or at other points in the treatment cycle. This was recommended because of the fact the instrument can be used to measure changes overtime in the seven problem areas. It is not necessary to re-administer the complete ASI at follow-up points. Rather, composite scores have been developed from combinations of items in each problem area that are capable of showing change and that offer the most internally consistent

estimate of problem status.

Criminal Histories

We also collected criminal histories on all program participants in order to more completely describe the participants in the three drug court programs (Appendix K). This information is useful in seeing if participants meet eligibility criteria and in profiling program participants.

Observation

In order to better understand the drug court programs, we have attended various regularly held meetings at different sites. These meetings have included drug court advisory meetings and drug court sessions. In addition, we have been in regular contact with all of the programs throughout the project. Many of these contacts have been a result of the need to stay in close contact regarding the client management information database.

Consent and Locators

We also designed and implemented a participant consent form and a participant locator form. The consent form is based upon other forms we have used in similar research projects and has been approved by the University's Institutional Review Board. The consent form allows us access to clients for interviews, notifies them of their rights, informs them of the purpose of the study, and notifies them they will receive payment for their participation. The original instruments were designed using guidelines from the Center for Substance Abuse Treatment's (CSAT) "Staying in Touch: A Fieldwork Manual of Tracking Procedures for Locating Substance Abusers for Follow-Up Studies". This form also collects locational information on participants including, names, phone numbers, and addresses of significant others.

Data Collection

Using the sources noted above we have collected all available data. Data collection has occurred on two levels. First, we have collected data on all clients. All of the necessary data to complete a process outcome has not been available for all program participants for a variety of reasons. Because the forms were implemented after the programs began the data is available only on a subset of the population. This will be discussed further in a later chapter. Also, the quality of the data varies by drug court over time, and by type of data and form. This will also be discussed later in the report. Second, we have collected data at the program level. This has primarily occurred through the use of the drug court survey and our observations. This also occurs when the client level data is aggregated and compared to the drug court survey.

All of this information was collected with the goal of conducting a process evaluation of each of the different drug court program's established goals, design, and structure and to assess its intermediate impact upon participating inmates. A later section of this report details our findings regarding this goal.

Data Analyses

Data analyses included in this report focus on discussing the participants in the different drug court programs. This is done using frequencies and cross-tabulations. First, the data is aggregated for the three courts and secondly, each court is presented separately. In addition, a qualitative discussion of each drug court program is provided. This section relies on information from the drug court survey and our observations.

It was also our intention to perform intermediate outcome analyses using multivariate techniques. This type of analysis would allow us look at what proportion of clients graduate from the programs, demographic differences between those who graduate and those who terminate, and which variables affect intermediate outcomes. We were not able to completely perform these analyses for a number of reasons. First, and most importantly, the programs have not been in operation long enough to have a large enough number of clients to analyze. Second, there is missing data due to an improper use of forms. In addition, the client management database has not been in use for a long period of time. Third, we have not had enough time to completely match all the data and construct a single database to conduct some analyses. This is primarily a result in delays in to collecting criminal histories and ASIs and problems encountered in entering all the hard copy data collected by the programs.

Outcome Design

It was also our intention and a part of our methodology to prepare for an outcome study. Towards this end we constructed the consent and locator forms. These forms will help us gain the consent and necessary locational information to follow program participants once they leave the drug court program. We have also designed follow-up forms based upon the ASI which allows us to gather data that will be comparable to baseline information collected at intake and discharge. Our outcome evaluation design closely parallels our design for the Second Judicial District Court. We have used similar instruments in other projects for intermediate and outcome data and are confident of the utility of the instruments. Prior to their full implementation we will pilot the instruments.

Conclusion

The general goal of our methodology was to provide the framework to complete a process evaluation of the funded drug court programs. Towards this end our methodology was designed to gather comparable information at the program level and at the client level using the noted methods. With this information it is possible to conduct a process evaluation and to lay the groundwork for an outcome evaluation. Later chapters in this report describe the data collected using these methods.

CHAPTER 5: SNAPSHOT OF THE THREE AOC DRUG COURTS

Introduction

This section begins with a brief overview of the three drug courts overseen by the AOC. Tables are used to present aggregated demographic data for all three courts. The tables contain information on 243 individuals who have participated in one of the three drug courts. Sixty-one clients have been in the First Judicial District Drug Court, which serves adult felons, since it began on January 9, 1997. Sixty-three clients have been in the Third Judicial District Juvenile Drug Court, which serves juvenile felons, since it began on December 16, 1997. And 119 clients have been in the Bernalillo County Metropolitan DWI/Drug Court, which serves adult misdemeanants, since it began on July 24, 1997. Data for each specific court is presented in Chapter 6.

Table 5.1 - Length of Program by Phase						
Drug Court Site	Phase 1	Phase 2	Phase 3	Phase 4	Total Length	Avg. Length of Stay (graduates)
First Judicial District	Four weeks	Twelve weeks	Twenty weeks	-----	Nine months	8.6 months
Third Judicial District	Eight weeks	Six weeks	Six weeks	Four weeks	Six months	5.4 months
Bernalillo County Metropolitan	Eight weeks	Eight weeks	Eight weeks	-----	Six months	4.7 months

The average length of stay in the program for those who have graduated in First Judicial District Drug Court is 8.6 months, while the average length of stay for graduates in Third Judicial District Juvenile Drug Court is 5.4 months. The average length of stay in the Bernalillo County Metropolitan DWI/Drug Court is 4.7 months. Length of stay in the program is shorter than the prescribed length in all three courts.

During the course of the evaluation there were several changes in the different courts in the length of their program phases. When appropriate this is discussed in the following Chapter for individuals courts.

Table 5.2 - Gender (n=243)		
Gender	Frequency	Percent
Male	179	73.6
Female	64	26.3

A large majority (more than 73%) of clients were male. According to the Drug Courts Program Office significantly more males than females are enrolling in drug court programs nationally. Table 5.2 echoes this finding for the AOC drug courts.

Table 5.3 - Ethnicity (n=243)		
Ethnicity	Frequency	Percent
Anglo	52	22.1
Hispanic	167	71.0
Black	1	0.4
Native American	15	6.3
Other	0	0.0

Missing - 8

More than 71% of all clients were Hispanic, while only 0.4% were Black. It is evident that Hispanics and Native Americans are over-represented in the programs and Anglos and Blacks are under-represented when compared to their representation in the general population. This is not too surprising as minorities, for a variety of reasons, tend to be disproportionately represented in the criminal justice system. It is somewhat surprising that Blacks are under-represented. This deserves further study. It would be beneficial to complete a more thorough comparison of the racial/ethnic composition of drug court program participants to the general population, to those arrested, and to those under other types of supervision (i.e. Probation and Parole) . Because of time limitations we were not able to do this. There is some concern as to the reasons for such a low number of blacks admitted into the drug courts.

Table 5.4 - Age (n=243)		
Age	Frequency	Percent
14-18	58	24.2
19-25	36	15.0
26-32	49	20.5
33-39	49	20.5
40+	47	19.6

Missing - 4

More than 55% of the clients were between the ages of 19 and 39 at intake. The average age in all three courts was 29.3. Nationally, more than 70% of drug court clients were between 19 and 39 (DCPO, 1997). The average age here is lower due to the juvenile court.

Table 5.5 - Marital Status (n=180)*		
Status	Frequency	Percent
Married	39	22.0
Divorced/separated	37	20.9
Single/never married	97	54.8
Widowed	3	1.6
Other	1	0.5

Missing - 3

* - data from Third Judicial District Juvenile Drug Court is not included in this table because the marital status variable is not collected.

More than 54% of clients were single/never married. Drug courts across the nation report similar demographic information regarding marital status with 49% being single, 25% being married, and 24% being divorced (DCPO, 1997).

Table 5.6 - Education (n=243)		
Education	Frequency	Percent
Less than High School	39	17.6
Some High School	57	25.7
High School or GED	85	38.4
Some college or vocational training	30	13.5
College Degree	10	4.5

Missing - 22

Most clients (38.4%) have a high school diploma or GED. In the national context, 36% of drug court clients have a high school diploma or GED. Additionally, many drug courts across the country require participants to have a high school diploma or GED in order to graduate (DCPO, 1997).

Table 5.7 - Employment status (n=243)		
Status at intake	Frequency	Percent
Employed	103	44.1
Unemployed	131	55.9

Missing - 9

Almost 56% of clients were unemployed at intake. Nationally, 65% of drug court clients are unemployed on a sporadic basis (DCPO, 1997).

Table 5.8 - Primary Substance (n=243)		
Substance	Frequency	Percent
Alcohol	114	48.3
Marijuana	44	18.6
Opiates	36	15.2
Cocaine	34	14.4
Other	8	3.3

Missing - 7

Alcohol is the drug of choice for slightly more than 48% of the clients. This is primarily a result of 79% of clients with a primary substance of alcohol in the Bernalillo County Metropolitan DWI/Drug Court.

Table 5.9 - Referring Offense (n=243)		
Offense	Frequency	Percent
Driving while intoxicated	103	46.8
Larceny	25	11.3
Drug possession	25	11.3
Drug sales	11	5.0
Assault	6	2.7
Prostitution	6	2.7
Criminal damage	5	2.2
Other	39	17.7

Missing - 23

Almost 47% of all clients had a referring offense of driving while intoxicated. This is related to the fact the Bernalillo County Metropolitan Court is a DWI/Drug court. Over 16% had a referring offense of drug sales or drug possession. Offenses in the 'other' category include disorderly conduct, burglary, drunkenness, conspiracy, resisting arrest, liquor law violations,

weapons charges, fraud, forgery, and motor vehicle theft.

Table 5.10 - Urinalysis (n=4043) *		
	Frequency	Percent
Negative	3789	93.7
Positive	254	6.3
Total	4043	100.0

*- does not include tests from First Judicial District Drug Court because of the difficulty interpreting the data collection forms. (See page 39 for more details)

More than 6% of urinalyses submitted tested positive for illicit substances. Preliminary findings from the most recent American University national drug court survey found that, for the 13 courts that reported urinalysis test results, an average of 10% of the tests were positive (Cooper, 1998).

Conclusion

This brief overview of the AOC drug courts illustrates similarities with drug courts across the nation. Much of the client demographics presented here mirror national demographics. Caution should be exercised when comparing one drug court to another or when comparing local drug courts to drug courts nationwide. There are many factors that can and do affect the success or failure of any given program. The following chapter presents more specific data within each of the AOC drug courts.

CHAPTER 6: ANALYSIS OF INDIVIDUAL AOC DRUG COURTS

Introduction

What follows is a description of the three drug courts that the AOC oversees. The data for this analysis has been captured by using intake and assessment forms for client demographics, the Addiction Severity Index (ASI) for drug use histories, criminal histories for client crime patterns, and treatment services forms for treatment activities information. A review of the drug court survey questionnaires was used to identify goals, objectives, and program structure. Observational notes were used to determine how clearly the goals and objectives were defined, and exit forms were used to identify the clients final disposition.

First Judicial District Drug Court

Goals and Objectives

The First Judicial District Drug Court (FJDDC), located in Santa Fe, began operating on January 9, 1997. The drug court is a three phase, nine month program that is designed to accommodate adult, felony offenders. All of the clients for this court are post-adjudication or probation/parole violators. The stated objective of FJDDC is “to provide court supervised treatment with the intention of assisting adult felony offenders to achieve total abstinence from illegal drug use, divert them from the New Mexico Corrections Department prison system, and reduce recidivism”(New Mexico Association of Drug Court Professionals pamphlet, 1998). The goals of the drug court are pursued by employing a wide variety of components.

Program Information

FJDDC includes a drug court team which has representatives from all agencies involved in the treatment process. The drug court team consists of the drug court judge, drug court coordinator, district attorney, public defender, probation officer, and representative(s) from the drug court treatment provider. In FJDDC the drug court coordinator is also the drug court probation officer. Although the entire drug court team participate in every aspect of the drug court, all decisions are ultimately made by the drug court judge. The drug court team, as described by the First Judicial District Drug Court Orientation Handbook, includes:

- Drug court judge- “The drug court judge will oversee the progress of each participant and have full jurisdiction of the entire process. Final determination of entry into the drug court program, or termination from the program, including imposition of any sanctions, shall rest with the drug court judge, with recommendations from the other drug court team members.”
- Drug court coordinator- “The drug court coordinator is also the drug court probation officer. The drug court coordinator is responsible for monitoring each participant’s compliance with the standard conditions of the drug court program, while coordinating their rehabilitation process with all treatment and community

service providers. The drug court coordinator conducts the initial screening interview on each potential participant and collects all necessary data to determine participant eligibility. The drug court coordinator also provides client tracking and case management services by providing intermediate counseling with each participant and coordinating with other private and governmental agencies to assist participants with individual employment, residential, health, or other related issues. The drug court coordinator reports directly to the drug court judge and is also responsible for the collection of all fees, fines, or restitution.”

- Drug court prosecutor-”Oversees criminal proceedings against defendants involved in drug court”.
- Drug court public defender- “The drug court public defender provides legal counsel to drug court participants, reviews all program documents, and prepares all necessary orders, affidavits, and other relevant information, including meeting regularly with the drug court judge and drug court coordinator.”
- Drug court treatment provider- “The treatment provider will provide urinalysis testing, group therapy, individual and family therapy (as needed), physical therapy in the form of Qi Gong, and acupuncture services.” Once a participant is admitted into drug court, they are referred to the treatment provider. “The treatment provider prepares an initial, comprehensive treatment assessment that includes psychological and substance abuse queries to establish a baseline with regards to the severity of the abusive pattern. The treatment provider also coordinates with the drug court coordinator in providing services which include medical, educational, and employment information.”

The drug court team consists of a drug court judge, a drug court probation officer and coordinator, a public defender, an assistant district attorney, and the treatment provider. The team meetings of First Judicial District Drug Court are held every third Tuesday of the month. The team meetings are a time when they can come together to discuss possible changes in the drug court to make the program more effective. Everyone participates in the team meetings, although, there are definite meeting leaders. In every team meeting the judge and the drug court coordinator were the main participants through which most of the suggestions and changes were made. It was our observation that the drug court judge was in control of the entire process.

Program Components and Structure

The First Judicial District Drug Court Program has always been set up as a three-phase program in which participants move from a highly supervised treatment program in phase I, to a less intensive treatment program in phase III. However, the phase lengths and requirements have changed since its inception. Throughout the program, most of the requirements remained constant. First Judicial District Drug Court has utilized the services of two different treatment providers since its inception due to different contracts. Phase I is now six weeks long, with a two-week initial orientation. During the two-week orientation period, client requirements are reduced as well as the penalties for violating drug court regulations. While in orientation the clients arrange to perform community service and the clients have to attend group counseling.

The drug court participants do need to submit urine samples and meet with the drug court coordinator as well as attend a newly implemented individual counseling coupled with drug education. While in phase I, drug court clients must now attend two 12-step meetings per week instead of the one that was originally required. At the same time, only ten hours of community service are required as opposed to the original fifteen hours.

Phase II of the program is now a fourteen-week process that is very similar to the original set-up of phase II. Once again, fifteen hours of community service is required. The only change in phase II from the original is that two 12 step meetings are required as opposed to one. Phase III is now a sixteen-week program that requires community service as well as a minimum of two 12 step meetings and one sponsorship meeting per week.

Eligibility Criteria

Criteria for acceptance into FJDDC are:

- The offenders must not have been convicted of any current or past violent offense.
- The underlying offense is a second, third, or fourth degree felony.
- The offense or probation violation must be the use of illegal drugs or be motivated by illegal drug use.
- The offenders must have at least twelve months of probation remaining on their sentence.

Other reasons for not accepting a potential client into drug court are if the person is a member of a gang, has a previous conviction for a sex crime, has no motivation for behavioral change, is a high absconding risk, or is a risk to the community. Eligibility for drug court is screened by the drug court district attorney and the drug court coordinator. Once a client has been deemed eligible, the drug court coordinator presents potential clients to the drug court team at a selection panel meeting which is scheduled for every Thursday morning. Because FJDDC is a post-conviction court, all participants in the program have either entered a plea of guilty or have violated their probation and been referred to drug court. Drug court referrals can be requested by the prosecutor, defense attorney, or by the defendant, but the sentencing judge makes the decision as to whether or not to refer the defendant to drug court. The decision to accept or reject a referred defendant into drug court is then made by the drug court judge. Referrals for drug court participation come from judges throughout the district. There is, though, an attempt by the drug court coordinator and the drug court judge to be more inclusive to other violators by amending the program to incorporate a diversionary program that includes non-felonies.

Incentives and Sanctions

The FJDDC Judge employs a wide variety of sanctions which include any one or a combination of the following:

- retention, no advancement to next level of program
- demotion from 1 week to 6 months back in program
- increased supervision and/or treatment
- increased urinalysis testing
- increased community service
- incarceration to include overnight, 1-30 days
- termination from program

Any participant not complying with all conditions of the drug court are subject to being sanctioned. Although the entire drug court team will discuss appropriate sanctions for clients that falter, the final decision rests with the drug court judge. The only set sanctions are those for failure to appear in drug court and positive urinalysis testing. Any failure to appear in drug court when directed results in a warrant being issued for the clients arrest. The client will then be incarcerated until the next available drug court. If a participant is arrested three times for failure to appear in drug court, they will be terminated from the program and face possible further prosecution. Positive urinalysis results have the following sanctions:

- First positive = 1 day incarcerated
- Second positive = 4 days incarcerated
- Third positive = 7 days incarcerated
- Fourth Positive = Greater than 7 days incarcerated; including review for program termination.

Confirmations for positive urinalysis results can be requested by the defendant. If the confirmation is positive, the client will be sanctioned double the incarceration time and be required to pay the fee for the confirmation test, approximately \$100. If the confirmation returns with a negative result, then the participant will avoid sanctions and the program will assume the costs of the confirmation. Although some sanctions may be prescribed, the drug court judge has final say in all sanctioning matters and can make changes if desired. Incentives are used for clients who commit to program requirements and submit clean urine samples. Incentives include reduction in program time, certificates, and mementos.

Court Processes

Drug court meetings are held every Thursday in the First Judicial District Drug Court judge's office. Although the drug court team is usually present, the drug court meeting is almost entirely an exchange between the drug court judge and the drug court coordinator. At this meeting the drug court coordinator discusses each participant's weekly activities and record of compliance. If requirements are not met for some reason, it is here that decisions are made as to the appropriate sanction for the noncompliance. Although the entire drug court team is encouraged to attend, this

seldom occurs. Frequently, either the drug court district attorney and/or the drug court public defender are absent.

Supervision

Drug court is held immediately after the drug court meeting adjourns. All the drug court participants gather to report to the judge their activities since their last appearance in the court. The judge publicly acknowledges both achievement and failure in the program. If sanctions are necessary due to a client's failure to comply, the sanction given is usually one that was agreed upon by the entire drug court team in the drug court meeting just prior to the court. Usual sanctions include being set back in the program, incarceration, community service, increased requirements, or termination from the drug court program.

Urinalysis and Program Fees

Progress in the drug court is measured by the clients' ability to complete weekly program requirements, achieve negative urinalysis results in drug testing, and avoid subsequent criminal activity. The frequency of drug testing changes as a client progresses through the drug court. The client is tested three times per week in phase I, two times per week in phase II, and once per week in phase III. The program includes a mandatory drug court fee for all participants that is \$5.00 per week for those unemployed and \$10.00 per week for those employed. All participants are required to complete community service. Any inability to successfully complete all requirements during a week results in sanctions including possible jail time and loss of advancement to the next week.

Treatment Information

The treatment components used include group therapy, individual and family therapy, vocational counseling, twelve step meetings (Narcotics Anonymous, Alcoholics Anonymous, Cocaine Anonymous), 12-step sponsorship, Acupuncture, and Qi Gong (chee-gong). Qi Gong is a form of meditation exercise that has roots in traditional Chinese medicine and has been practiced by people in China since the 16th century.

Client Demographics for the First Judicial District Drug Court Program

The following is an analysis of data collected on individuals who participated in the program

from January 9, 1997 to October 1, 1998. Sixty-one individuals have been admitted: 29 absconded, 12 terminated, 9 graduated, and 11 are still active. Because of our difficulty interpreting forms and incomplete forms, we were unable to present as much information as the other drug courts being evaluated.

Table 6.1 - Gender (n=61)		
Gender	Frequency	Percent
Male	37	60.6
Female	24	39.4

The majority of clients were male.

Table 6.2 - Ethnicity (n=61)			
Ethnicity	Frequency	Percent	% of total Santa Fe county population *
Anglo	13	23.6	45.6
Hispanic	41	74.5	49.6
African American	1	1.8	0.9
Native American	0	0.0	3.0
Other	0	0.0	0.8

Missing - 6

More than 74% of clients were Hispanic. (*-source: Population Estimates Program, Population Division, U.S. Bureau of the Census, 1997). It is interesting to note that the ethnicity representation in the drug court was very high for Hispanics and low for Anglos and Native Americans. This deserves further study.

Table 6.3 - Age (n=61)

Age	Frequency	Percent
19-25	21	34.4
26-32	18	29.5
33-39	11	18.0
40 +	11	18.0

More than 63% of clients were less than 33 years of age. The average client's age was 32.2.

Table 6.4 - Marital Status (n=61)		
Status	Frequency	Percent
Married	4	6.5
Divorced/separated	9	14.7
Single/unmarried	47	77.0
Other	1	1.6

A large majority of clients were single or unmarried.

Table 6.5 - Education Completed (n=61)		
Education	Frequency	Percent
Less than high school	23	37.7
High school or GED	30	49.1
Some college or vocational training	5	8.1
College degree	3	4.9

Almost half (49%) of the clients reported having a high school diploma or GED. Surprisingly, almost 40% have less than a high school education. This would provide support for mandating obtaining GEDs for those with less than a high school education.

Table 6.6 - Employment (n=61)		
Employment	Frequency	Percent
Employed	16	28.5
Unemployed	40	71.4

Missing - 5

Most of the clients (71.4%) were unemployed at intake. Less than 29% were employed.

Table 6.7 - Living Arrangements (n=61)		
Arrangement	Frequency	Percent
With parent(s)	18	43.9
With child	0	0.0
With other relative	11	26.8
With partner/spouse	0	0.0
Alone	11	26.8
Other	1	2.4

Missing - 20

Almost 44% of the clients lived with their parent(s). Twenty cases (32.7%) were missing. This is of interest when compared to the average age of the clients (32.2). This deserves further study.

Table 6.8 - Referring Offense (n=61)		
Offense	Frequency	Percent
Driving while intoxicated	0	0.0
Drug possession	16	29.6
Drug Sales	11	20.3
Larceny	14	25.9

Other	13	24.0
-------	----	------

Missing - 7

Almost 50% of clients had a referring offense of drug sales or possession. Offenses in the ‘other’ category include probation violation, forgery, vehicle theft, stolen property, and burglary.

Table 6.9 - Primary Substance (n=61)		
Substance	Frequency	Percent
Alcohol	3	4.9
Marijuana	8	13.1
Opiates	29	47.5
Cocaine	15	24.5
Other	6	9.8

More than 47% of clients claimed their drug of choice as opiates. Slightly less than 5 percent said their drug of choice was alcohol. This may indicate that many of these offenders are long term drug abusers which may make it more difficult for them to be successful in this program.

Table 6.10 - Criminal Histories	
Offense	Frequency
DWI	24
Larceny	18
Drug sales	13
Drug possession	12
Burglary	9
Forgery	8
Stolen property	6
Motor vehicle theft	5

All other offenses	30
--------------------	----

Missing - 21

Table 6.10 illustrates the crimes that were committed by clients in this drug court. Each client had an average of two criminal arrests. Driving while intoxicated was the crime most often committed, followed by larceny and drug sales. There were twenty-one criminal histories missing. According to drug court staff this is primarily a result of clients having no official history of criminal activity.

Conclusion

This drug court has been in operation since January 1997. Sixty-one clients have been admitted. As of October 1, 1998 eleven clients were still active, nine had graduated, and forty-one had either absconded or terminated for a variety of reasons. Currently efforts are underway to discuss ways of recruiting more clients. In addition, these discussions should include methods to dramatically reduce the number participants who either abscond or terminate. Drug court team members are exploring the feasibility of referring pre-arrest offenders to the drug court. Historically, all participants have been post-adjudication or probation/parole violators. Clients are currently receiving treatment services from Ayudantes, which was the original treatment provider. During the course of the evaluation drug court staff have had to revise and modify a number of different policies and procedures which has necessitated the revision of forms they use to collect data. This has impacted our ability to collect necessary data and resulted in us not being able to analyze treatment level data. We believe this situation has been settled and forms will not receive major revisions in the near future.

We would have liked to analyze the data from this court by using cross-tabulations and Chi-Square tests, but because of the low number of cases (61), this type of analysis was not possible. This type of analysis would have allowed us to begin to profile successful versus unsuccessful clients by looking at their demographic characteristics, including their drug of choice. In reviewing the data it appears that minorities are over-represented as drug court clients. This is not too surprising considering minorities are disproportionately represented in every stage of the criminal justice system (arrests, courts, and prisons). When reviewing the tables it is apparent that drug court program clients are socio-economically less well off than the general population. Again this is not too surprising. Drug court program clients appear to be under-educated and under-employed which suggests this court should attempt to improve their education and employment status. It is also interesting to note the large percent of clients who live with their parents and who remain unmarried. This may be partially a result of their employment status. It is also interesting to note the large number of clients we were told were missing criminal histories because they had no official criminal record. It seems unusual to have this large number of clients in drug court with no prior criminal record. It also seems unusual when compared to primary substance. Disproportionately those with long substance abuse histories and those that use substances like cocaine/crack and opiates have criminal records.

Recommendations

- We recommend that advisory committee and selection panel meetings be held on a routine basis. Advisory committee meetings and selection panel meetings have been occasionally canceled. According to procedure all potential participants must first be approved by a selection panel before entering the program and receiving services. On several occasions clients were admitted into the program and later approved by the selection panel.
- We recommend the adoption and use of standardized data collection forms. In addition, we recommend that adopted standardized forms be thoroughly filled out. During the course of our evaluation we discovered that a number of versions of assessment/intakes and activity forms had been used. Different versions have asked questions differently and collected information using different formats. Three different activity forms were used and none of them could be easily read or interpreted by our staff primarily because of their design and the way they were completed. Because we could not interpret the activity forms this information was not included in our report. All thirty-two of the completed exit forms were missing some information regarding telephone numbers, addresses, and/or employment status. In conversations with the PO we were informed that during the course of the first year it was necessary to adapt and change forms so that they would reflect changes in the program. We recognize that programs change and so do data collection instruments but also realize that as programs stabilize so should the forms.
- We recommend that urinalysis results be documented more clearly. This would include noting the measure for each positive urinalysis. This is necessary in order to determine if measures are increasing or decreasing. We realize that including measures may not be feasible due to the use of test kits and cost. We discovered that not always was the positive substance detected listed and we were, at times, unable to determine if a sanction was imposed for a positive urinalysis.
- We recommend increased coordination and collaboration among the drug court stakeholders. It was our observation that some drug court staff stakeholders were more involved and invested in the drug court process than others. The high number of participants who either abscond and terminate needs to be addressed and rectified.

Third Judicial District Juvenile Drug Court Program

Goals and Objectives

The established goals of the Third Judicial District's Juvenile Drug Court Program are to promote public safety while protecting the participants' legal due process rights and restoring teens with dignity and productive living. Another goal of the program is to curtail substance use and abuse and reduce delinquent activity among participants.

Program Information

This Drug Court began receiving clients in November 1997, but the clients did not actually start attending until December 17, 1997. An initial group of clients were referred to the program and screened by the treatment provider prior to beginning treatment services. The type of cases that are included in this drug court are: deferred prosecution, post-adjudication, and probation/parole violations.

A group treatment session was the first activity that the clients attended. This group treatment session was held on December 17, 1997. Both Las Cruces and Anthony are within the Third Judicial District, it was determined that the community of Anthony would be better served if the drug court itself would travel rather than requiring the clients, and associated parties, to travel from Anthony to drug court in Las Cruces.

The court felt that the clients from the two communities also represented different cultural challenges for the treatment providers. The clients are served by different school districts, juvenile probation officers, police departments, and other supporting agencies. In some respects,

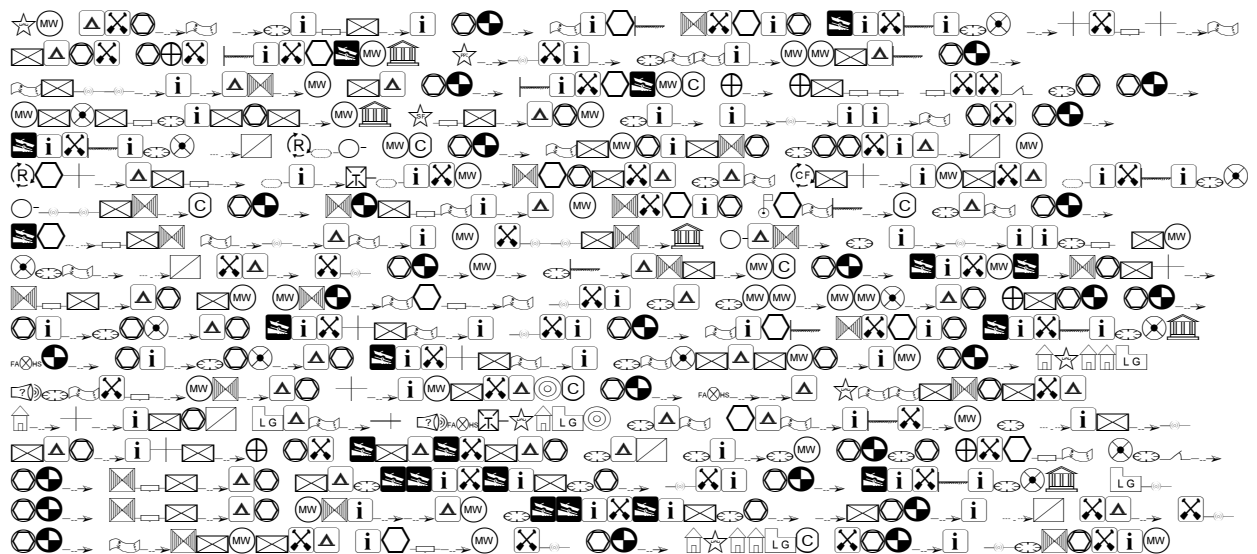
The court felt that the clients from the two communities also represented different cultural challenges for the treatment providers. The clients are served by different school districts, juvenile probation officers, police departments, and other supporting agencies. In some respects,

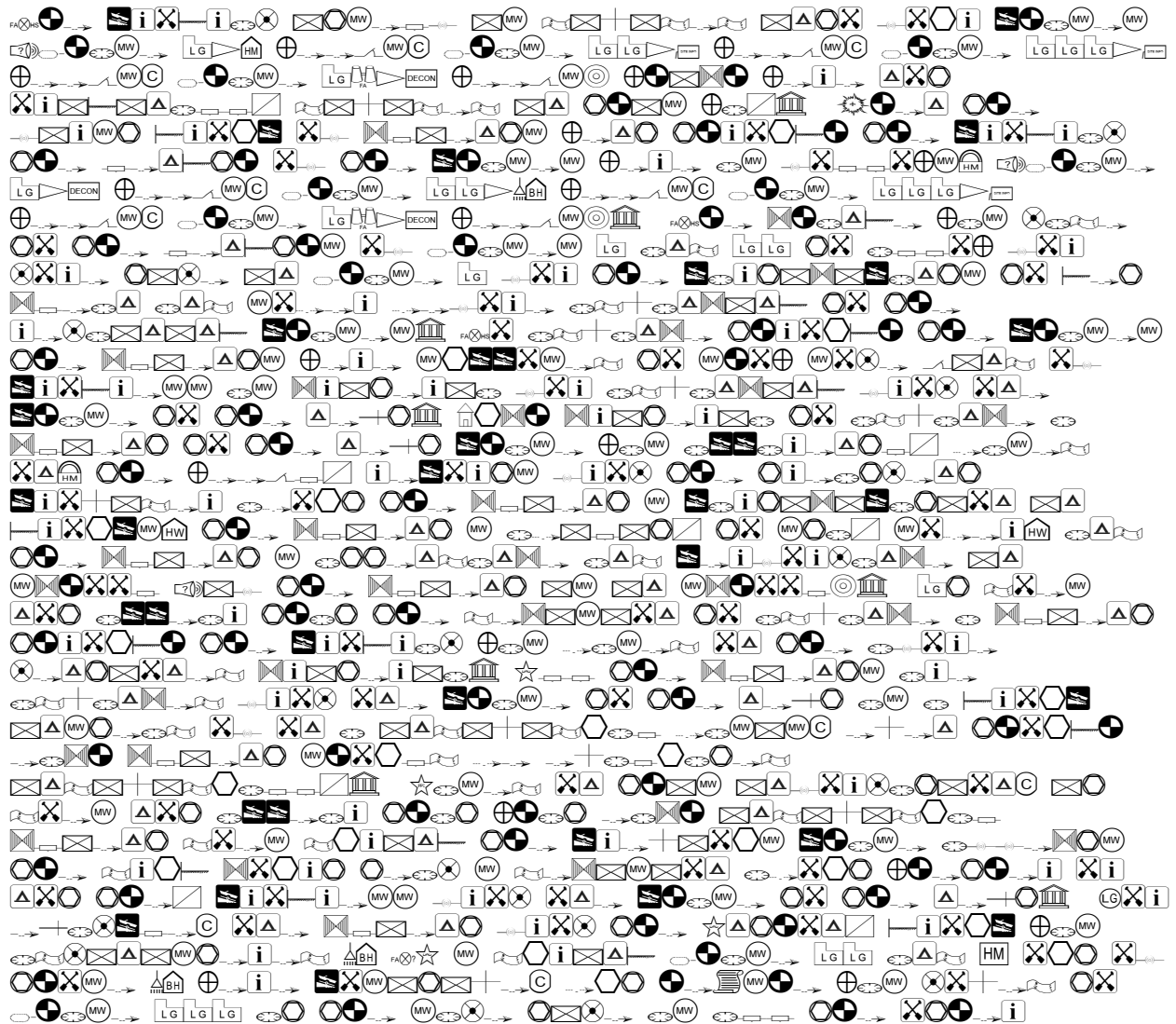
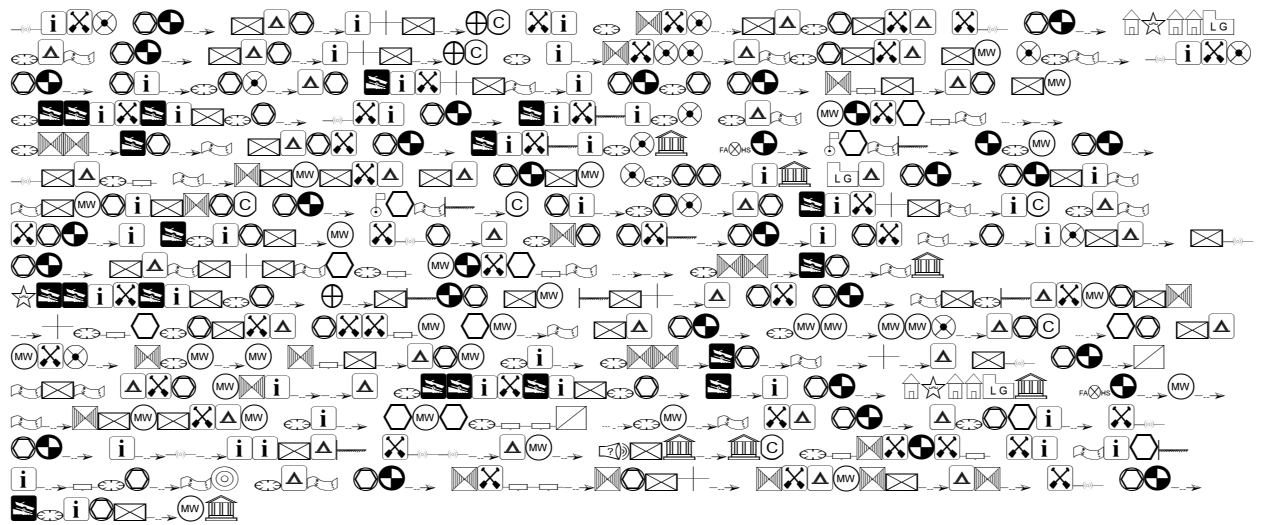
The court felt that the clients from the two communities also represented different cultural challenges for the treatment providers. The clients are served by different school districts, juvenile probation officers, police departments, and other supporting agencies. In some respects,

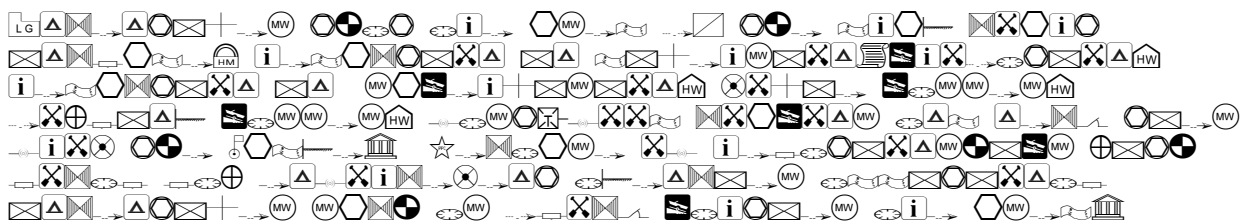
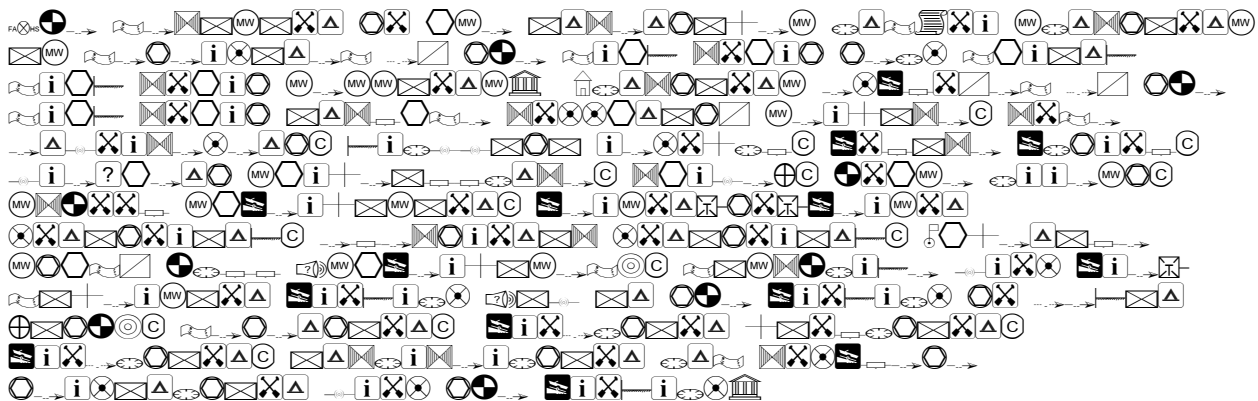
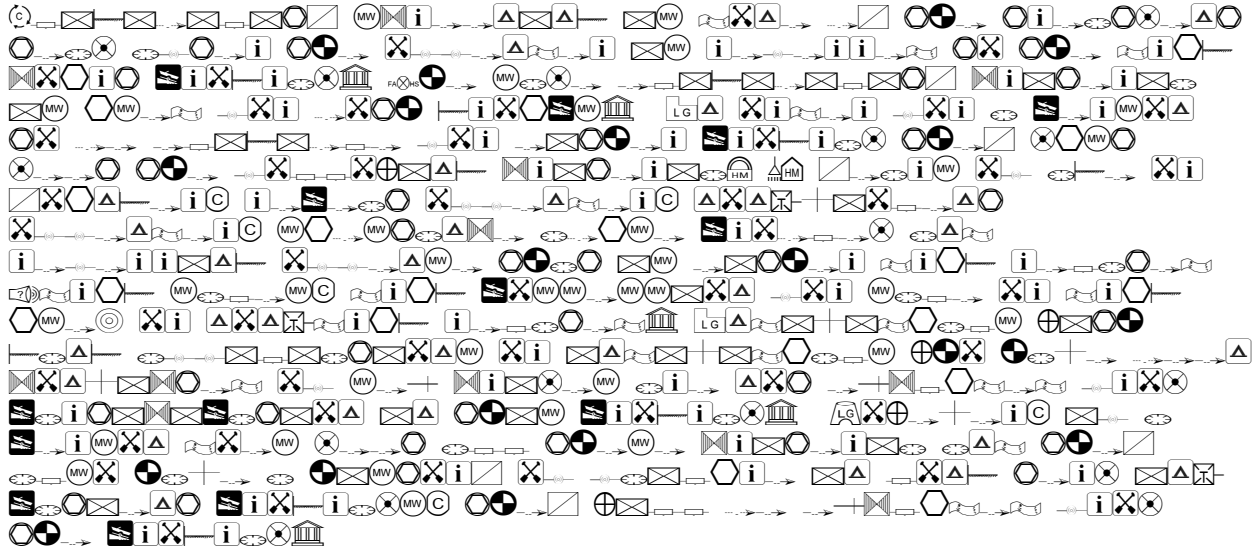
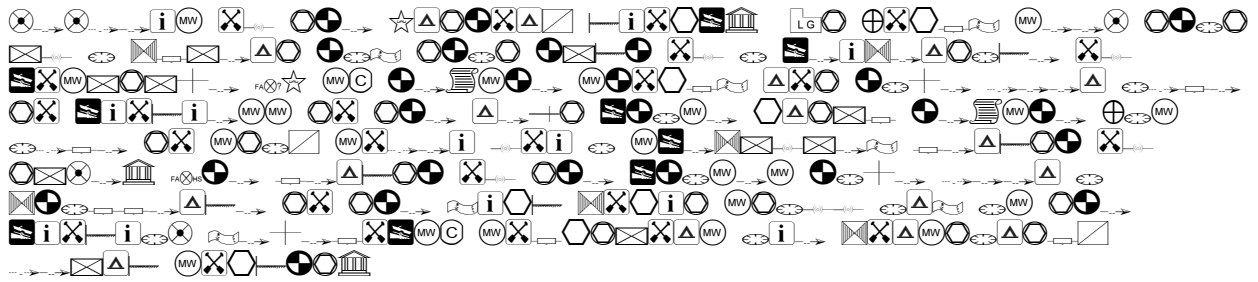
The court felt that the clients from the two communities also represented different cultural challenges for the treatment providers. The clients are served by different school districts, juvenile probation officers, police departments, and other supporting agencies. In some respects,

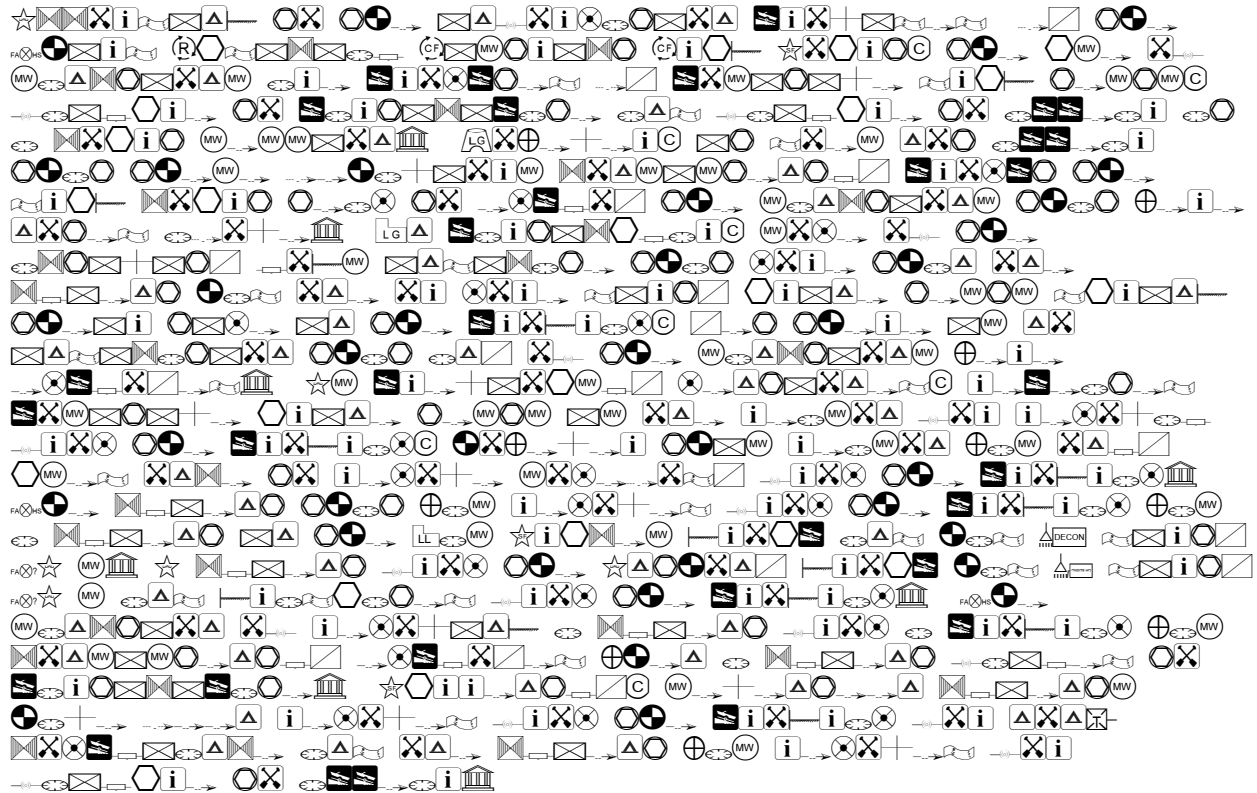
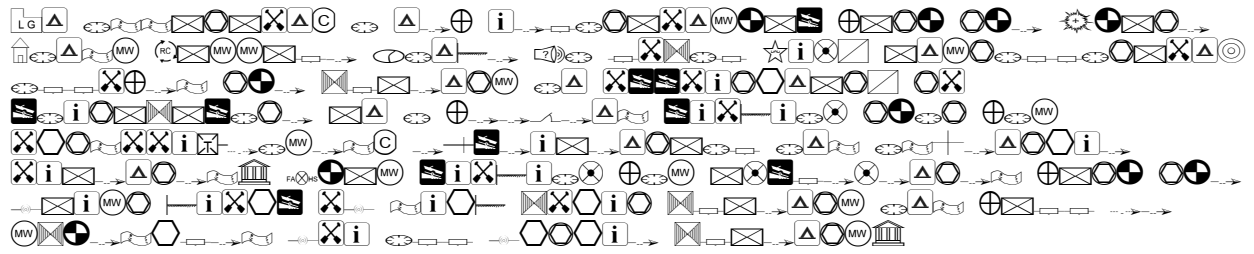


The Third Judicial District Juvenile Drug Court team includes the drug court coordinator, the drug court judge, public defender's office, district attorney's office, juvenile pre-prosecution and diversion officer, juvenile probation officers and counselors from the treatment provider's office.

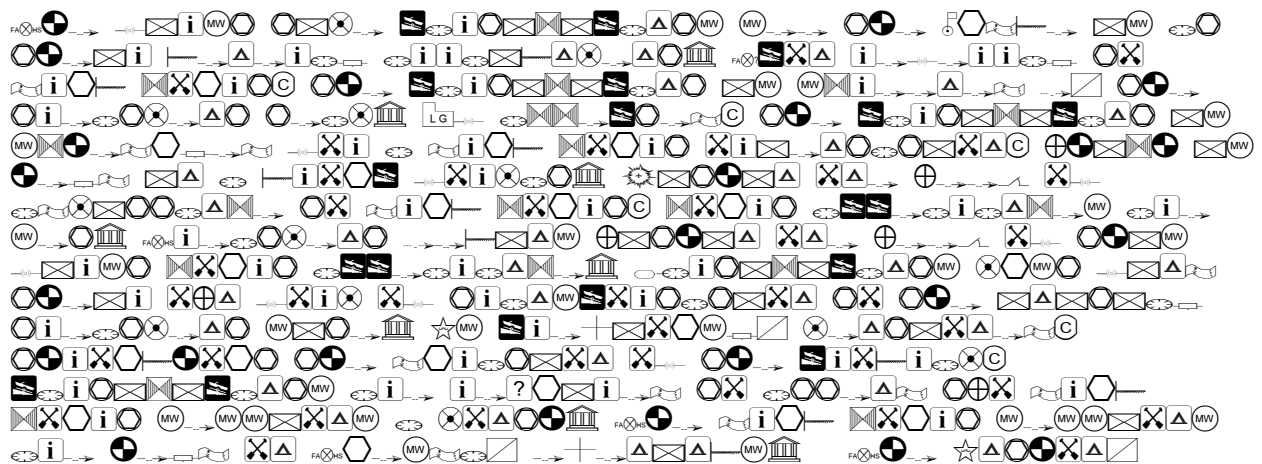


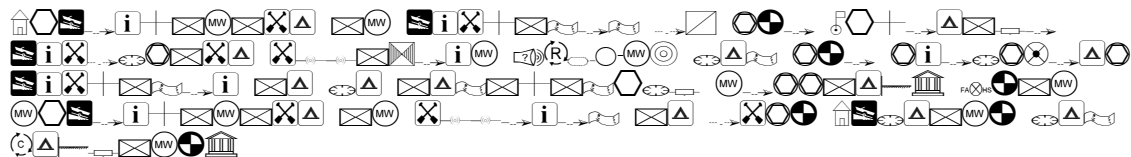
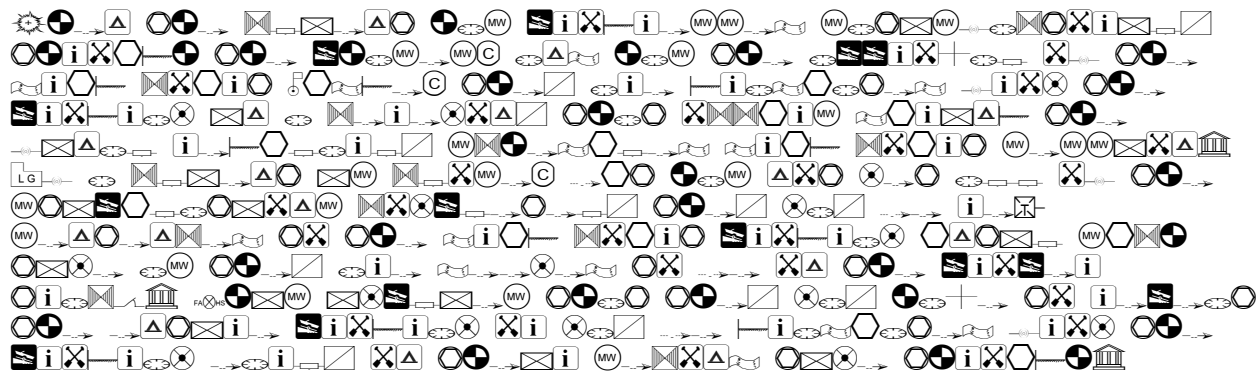
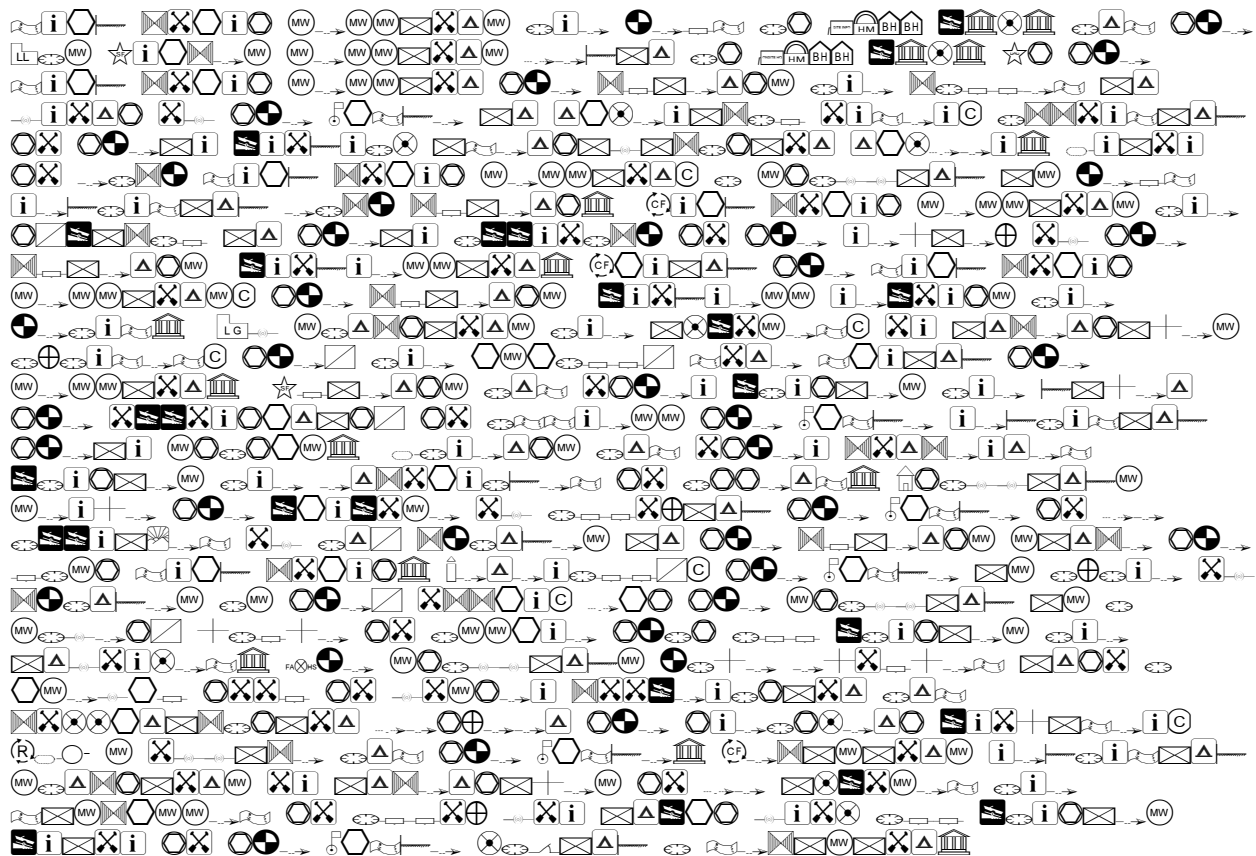


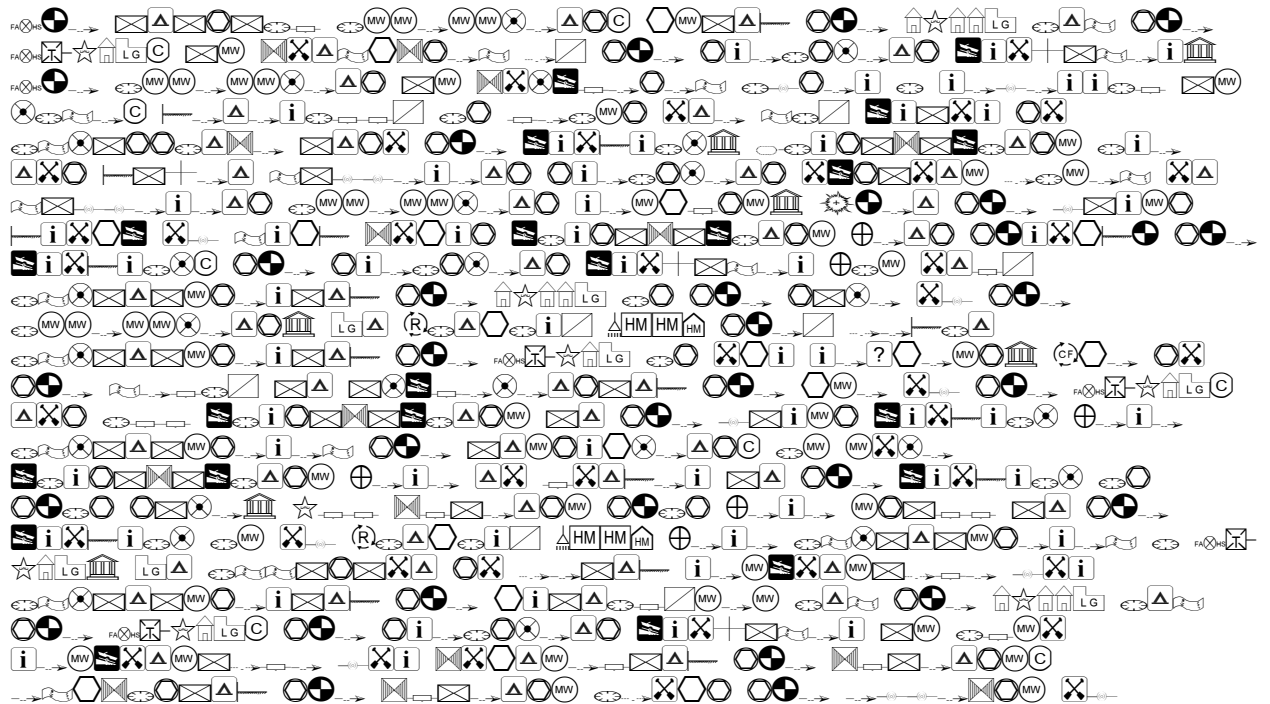
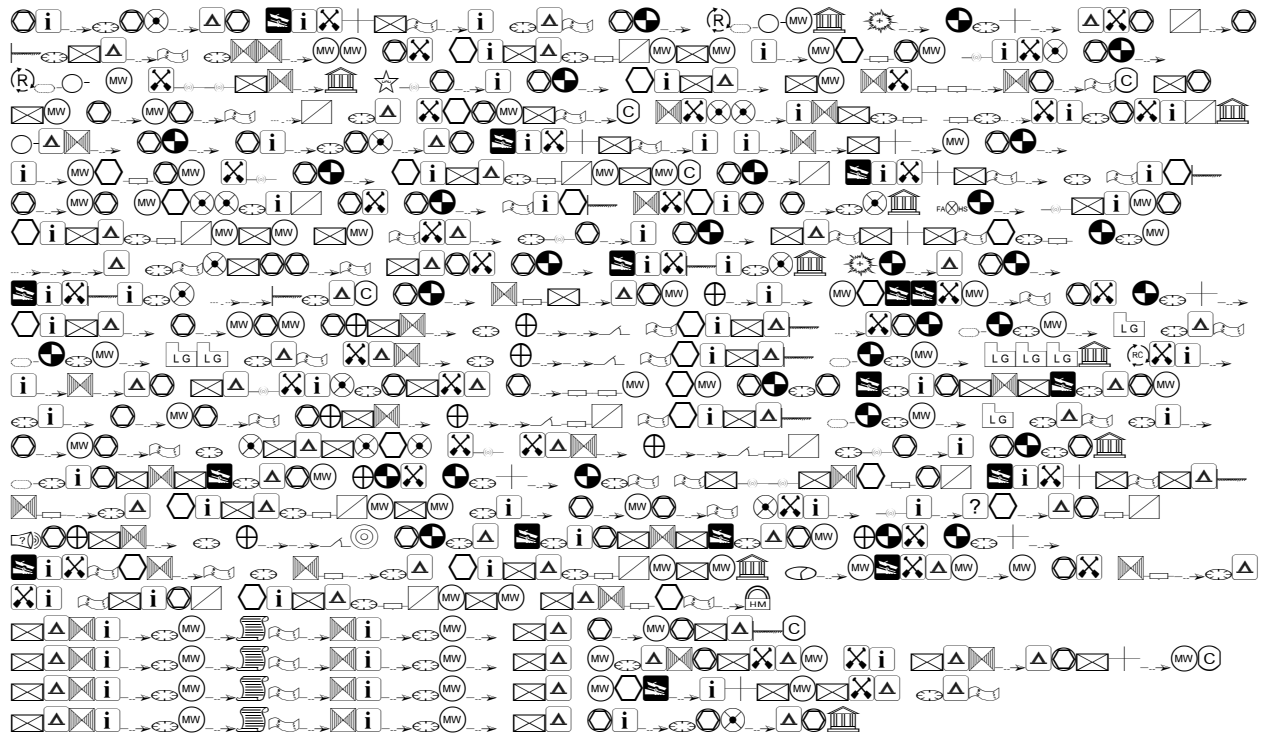



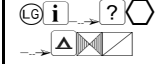
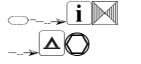
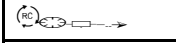







☆Xio - iX → MV MV → MV







The vast majority of the clients were male.

Table 6.12 - Ethnicity (n=63)			
Ethnicity	Frequency	Percent	% of total Dona Ana county population *
Anglo	9	14.3	38.9
Hispanic	54	85.7	57.1
Black	0	0.0	1.9
Native American	0	0.0	0.9

A large majority of the clients are Hispanic. The disproportionate representation of minorities deserves further study.

(*source: Population Estimates Program, Population Division, U.S. Bureau of the Census, 1997)

Table 6.13 - Age (n=63)		
Age	Frequency	Percent
14	2	3.3
15	8	13.1
16	13	21.3
17	19	31.1
18	13	21.3
19	6	9.8

Missing - 2

About 62% of the clients are age 17, 18 and 19. The average age of all clients was 16.8.

Table 6.14 - Education completed (n=63)		
Last grade completed	Frequency	Percent
Grade 8 or less	10	19.2
Grade 9	20	38.5
Grade 10	13	25.0
Grade 11	5	9.6
Grade 12	4	7.7

Missing - 11

Even though most clients were 17 or older, only about 17% had completed a grade higher than grade 10.

Table 6.15 - Employment (n=63)		
Employment	Frequency	Percent
Employed	10	16.7
Unemployed	50	83.3

Missing - 3

More than 80% of the clients were unemployed. Since the clients are juveniles, this data should not be seen as unusual.

Table 6.16 - Living Arrangements (n=63)		
Arrangement	Frequency	Percent
With parent (s)	49	92.5
With child	0	0.0
With other relative	2	3.7
With partner/spouse	1	1.9
Alone	0	0.0

Other	1	1.9
-------	---	-----

Missing - 10

The vast majority of clients (92.5%) live with their parent(s).

Table 6.17 - Referral Source (n=63)		
Source	Frequency	Percent
Juvenile probation officer	51	85.0
Juvenile pre-prosecution	4	6.7
Other	5	8.3

Missing - 3

The vast majority of all clients (85%) were referred from the juvenile probation office.

Table 6.18 - Type of Client (n=63)		
Type	Frequency	Percent
Pre-indictment	4	6.3
Post-indictment	55	87.3
Probation/parole	4	6.3
Other	0	0.0

Almost 88% of the clients were post-indictment.

Table 6.19 - Referring Offense (n=63)		
Offense	Frequency	Percent
Driving while intoxicated	14	24.1
Drug possession	8	13.8
Criminal damage	5	8.6
Larceny	3	5.2
Assault	6	10.3
Other	22	38.0

Missing-5

Driving while intoxicated was the single largest offense leading to their participation in the program. The other category accounted for the largest number and percentage of offenses and includes runaway, criminal trespass, fraud, possession of drug paraphernalia, conspiracy to commit auto burglary, motor vehicle theft, probation violation, obstructing a police officer, burglary, and robbery. As evidenced by this category a large number of offenses led to assignment to the drug court program.

Table 6.20 - Primary Substance (n=63)		
Substance	Frequency	Percent
Alcohol	18	30.5
Marijuana	35	59.3
Opiates	1	1.7
Cocaine	4	6.8
Other	1	1.7

Missing - 4

About 90% claim their drug of choice as alcohol or marijuana. Table 6.23 lends support to this claim as the vast majority of positive tests are for marijuana.

Table 6.21 - Urinalysis (n=732)		
	Frequency	Percent
Total UA's administered	732	100.0
Negative UA's	480	65.6
Positive UA's	252	34.4

Thirty-four percent of the urinalysis tests administered were positive. The reason for the high rate of positives may be due to many tests having a tapering measure. For instance, a client may test positive for cannabis at 137 ng/ml initially, and then three days later test positive again at a lower 94 ng/ml. This is supported by the fact that 83.1% of all tests were positive for cannabis. A method should be developed to accurately account for and document tapering measures. This is particularly pertinent to juvenile courts where the drug of choice is often marijuana which remains in the body at measurable levels for long periods of time. If this were done then the number of positive measures would decrease and the number of tapering positives would increase. The evaluation staff was not able to determine how often this occurred due to inconsistent documentation regarding the measures. This information does not include any tests done by the JPO's office. Table 6.22 below shows the substances found in the positive UA's.

Table 6.22 - Positive substance (n=252)		
Substance	Frequency	Percent
Cannabis	209	82.9
Cocaine	12	4.8
Cannabis and cocaine	14	5.5
Cannabis and benzodiazepine	6	2.4
Opiates	4	1.6
Other	7	2.8

Cannabis, either by itself or in combination with other drugs, was detected in over 82% of the 252 positive urinalysis tests.

Table 6.23 - Program Activity Information		
Activity	Frequency	Mean
Group therapy	1119	19.6
Urinalysis-negative	48	8.4
Urinalysis-positive	252	4.4
Attended drug court	233	4.0
Client jailed	28	0.5
NA/AA meeting	212	3.7
Other Activity	75	1.3
Total Activities	2399	42.1
Excused absence	106	1.8
Unexcused absence	190	3.3

Missing - Activity Information for 6 Clients

Table 6.23 contains information on 57 clients. The table contains frequencies and averages for each type of activity averaged for the number of clients. Clients received an average of 42.1 activities of various types. Clients received an average of 19.6 group therapy sessions. Clients submitted an average of 8.4 negative urinalyses and an average of over 4.4 positive urinalyses. Clearly, some clients did not submit a positive urinalysis, while it is possible that one or more clients submitted no negative urinalyses. Each client attended drug court an average of 4 times. Clients were jailed an average of 0.5 times. The average attendance at AA or NA meetings was 3.7 times. Towards the end of our data collection period the program implemented a weekend program called La Salida and activities with the Las Cruces Police Department (LCPD). We have been able to document that 9 participants attended La Salida and 2 activities with the LCPD. These are included in the other activities category.

The average number of excused absences per clients was slightly more than 1.8 and unexcused absences occurred an average of 3.3 times per client. The category of unexcused absences deserves further mention. Unexcused absences occurs when a client does not show for a scheduled activity. The occurrence of this event should be reduced. It would be advisable to find out which activities account for the unexcused absences and take steps to ensure attendance. Clients with unexcused absences should not advance in the program until they make up the missed activity. Excused absences also occurred during the course of the evaluation. Absences were excused during the holidays and when the participant could present a valid reason for the absence. At times participants were also tardy from meetings. When we knew they were late

but still attended the activity these have been included in the table. At other times it appeared they were so tardy that they missed the majority of the activity and so did not receive the credit for the activity. These are not included in this table.

This table is missing the activities of six clients. For one client we could not find the file at the time we collected activities. The activities for this client will be collected and included in a later report. For another client we were only able to document an intake/assessment and found nothing else in the file. The other four clients were discharged non-compliant and there were no activity sheets in their files.

Table 6.24 - Criminal Histories	
Offense	Frequency
Drug possession	47
Other assaults (non-aggravated)	30
Vandalism/Criminal damage	36
Burglary	26
Larceny	36
DWI	17
All other offenses	128

Clients in this drug court were most often arrested for drug possession and other assaults. All other offenses include traffic violations, trespassing, solvent abuse, conspiracy, domestic violence, curfew, arson, motor vehicle theft, truancy, possession of stolen property, concealing identity, incorrigible child, drug sales, criminal sexual penetration, weapons charges, public affray, possession of drug paraphernalia, probation violation, and resisting arrest.

Conclusion

This drug court has been in operation since December 1997. It is important to reiterate that because this drug court is in the development stage, problems and challenges are to be expected. Many issues have been and are being addressed to solve programmatic and logistic problems. Through our evaluation of the Third Judicial District Juvenile Drug Court we found that some parts of the process are working to design, whereas some parts still need some improvement. The relationship that the drug court has formed with both the military and local law enforcement agencies seems to be helpful for the clients as well as the agencies involved. This is a unique aspect of this program and we recommend that they maintain this relationship for the duration of the drug court program. One of the key components of a drug court is that “initial and ongoing

planning is carried out by a broad-based group, including persons representing all aspects of the criminal justice system, the local treatment delivery system, funding agencies, the local community and other key policy makers”(DCPO, 1997). The Third Judicial District Juvenile Drug Court is doing this by including the police department, the treatment provider, and other community leaders on the Juvenile Drug Court Advisory Committee.

Similar to national statistics the vast majority of the participants are male and like national statistics and other national and state drug programs minorities are disproportionately represented as participants. It appears that most of the program participants when comparing their age to their educational level are behind their age cohorts in grade level. Most participants are also unemployed and live with their parents. The vast majority of the referrals originate with the Juvenile Probation Officers and are post-indictment cases. As evidenced by table 6.19 a large number of offenses led to participation in the drug court program and the most commonly used substance is marijuana. This marijuana use is also as noted in the discussion to tables 6.21 and table 6.22 as being related to large number of positive tests.

Recommendations

Based upon our evaluation of the goals, objectives, and design of the Third Judicial District Juvenile Drug Court, several recommendations are warranted. These recommendations are supported by the National Association of Drug Court Professionals and the Drug Court Programs Office through research on drug courts throughout the U.S. which discusses the design of drug courts.

- We recommend the standardization of requirements in the program and between the Las Cruces and Anthony sites. We have found that the two groups of clients do not always follow the same program guidelines. For example clients in the Las Cruces are required to attend AA/NA meetings while clients in the Anthony group are not. We have been told this occurs because of the difficulty in transportation to AA/NA sites and the lack of AA/NA programs in Anthony. AA/NA are integral parts of drug court programs nationwide and should not be eliminated.
- Related to the prior recommendation, we recommend that the Anthony site continue to maintain the program during extended holidays and the summer. We have discovered that the Anthony program closes during holidays and the summer because they use a local public school for court sessions which is closed during these periods and the Anthony Probation and Parole Officers have been unwilling to participate in the drug court program at these times. It would seem to be possible to obtain a location for court sessions and gain the cooperation of JPOs.
- We recommend the discontinuation of the use of phases as they are currently constructed. Phases are currently based upon a certain number of calendar weeks of programming at the end of which clients are graduated to the next phase. Regardless of how well or poorly clients performed in the phase they are routinely graduated to the next phase. It is

our belief it would be better to create a point system by which clients gain and lose points depending on their performance in each phase. Upon obtaining a certain number of points each client would then be graduated to the next phase resulting in their eventual graduation from the program. This would result in standard criteria for advancement through the program. In discussions with staff at the treatment provider concerning the current phase system it was agreed that another method might be more appropriate.

- We recommend the use of an automated database. Currently the juvenile program does not have an automated database. We have offered to revise our database for use by their court but have been informed they are adapting the adult database for juveniles. It is agreed that the program will include in their database the minimum dataset.
- We recommend that all urinalysis test results be documented, compiled, and stored in a central location. The only urinalysis tests we have access to are kept by the treatment provider and we have not been able to definitively discover whether or not the JPO's administer any tests. In fact it is not clear to the treatment provider whether or not the JPO's administer urinalysis tests.
- Related to the prior recommendation we recommend increased coordination between the JPO's and other drug court team staff. While we have observed JPO's present at court sessions and meetings of drug court staff it appears that there is a lack of communication among some drug court staff and the JPOs.

Bernalillo County Metropolitan DWI/Drug Court

Goals and Objectives

On July 24, 1997 the DWI/Drug Court program at the Bernalillo County Metropolitan Court began taking their first clients. While the court primarily deals with DWI cases and other alcohol related offenses, this court addresses all drug problems their clients have and the misdemeanor cases that resulted from their dependence on alcohol and other substances of abuse. The main goals and objectives of this court are clearly stated in their mission statement:

- The Bernalillo County Metropolitan DWI/Drug Court is a voluntary program, which seeks to reduce substance abuse, crime, and recidivism by providing intensive supervision, treatment, and judicial oversight for alcohol and other drug dependant participants. The Program focuses on the participant living drug free in an environment filled with life's obstacles and pressures.
- With the continuing problem of alcohol and substance abuse in Albuquerque, New Mexico, the DWI/Drug Court possesses the necessary components to impact positively on the community, the offender, and the victim through the reduction in the rate of recidivism. (Source: Bernalillo County Metropolitan Court DWI/Drug Court Program)

Program Information

Once a client is deemed acceptable for participation in the program they are placed in the first phase of the program. Clients are required to complete three of these phases in order to successfully complete the program. Each phase includes counseling, urinalysis, 12 step meetings AA and/or NA, DWI/Drug Court attendance, and regular meetings with their drug court probation officer. For every activity that a client completes, he/she receives one point. Clients need 189 points to successfully complete the program.

Program Components and Structure

Requirements for Phase One: (minimum of eight weeks)

- Meet with probation officer twice per week.
- Substance abuse counseling and/or group sessions twice per week.
- Random urinalysis at least twice weekly and breath tests at random.
- At least one 12-step meeting per week.
- Obtain a sponsor and contact the sponsor once per week.
- Sixteen acupuncture sessions
- Take antabuse if ordered or prescribed.
- Pay drug court fee assessed on a sliding scale.
- Seventy points required to move to phase II.

Upon completion of Phase One, the client is formally congratulated in the DWI/Drug Court session and receives instructions on what is expected of them during Phase Two, which lasts a minimum of eight weeks. Requirements for Phase Two include:

- Meet with probation officer once per week.
- Substance abuse counseling and/or group sessions twice per week.
- Random urinalysis at least twice weekly and breath tests at random.
- DWI/Drug Court attendance once per month.
- At least one 12-step meeting per week.
- Contact sponsor at least once per week.
- Ten hours of community service.
- Attend the Victim Impact Panel.
- Sixty two points required to move to phase III.

Upon completion of Phase Two, the client enters the final phase of the program. This phase is completed in a minimum of eight weeks and the requirements to complete Phase Three include:

- Meet with probation officer twice monthly.
- Attend substance abuse counseling and/or group sessions.
- Random urinalysis at least twice weekly and breath tests at random.
- DWI/Drug Court attendance once per month.
- One 12-step meeting per week.
- Contact sponsor at least once per week.
- Twenty hours of community service.
- A total of 189 points required to graduate.

Community service hours are performed at a nonprofit agency selected by both the participant and the probation officer. This is designed to not only help repay the community, but also make the participant aware of individuals who have possibly suffered as a direct result of the participant's crime.

Eligibility Criteria

The types of people eligible to participate in the program include men and women who are non-violent offenders who have been convicted of a subsequent misdemeanor DWI or other misdemeanor offense. The primary persons responsible for eligibility screening are the judge and the drug court team. The program staff includes a chief judge, a judge, the court administrator, the deputy court administrator, the chief probation officer, two drug court probation officers, a drug court clerk, and the treatment provider.

Incentives and Sanctions

Non-compliance with the program includes positive urinalysis tests, failure to participate, and failure to appear at a court session. A sanction can be imposed which includes (but are not limited to) jail time, loss of program points, increased amount of treatment services and meetings (i.e. increased acupuncture, increased 12-step, etc.), or having to repeat an entire phase in the program. If a client continues to be non-compliant in the program, the drug court team reserve the right to terminate the client. If a client consistently has negative urinalysis tests, pays fees on time, receives good reports from the treatment provider and drug court probation officer, and is fully participating in the program, incentives are used. The types of incentives used include reduction in terms of supervision, reduction in program contacts with probation officer, certificates and mementos. Like sanctions, the awarding of incentives is determined by the drug court team.

Drug court participants are informed of the consequences of their level of participation through the point system, a handbook outlining what is required in the program, and through the signing of contracts at the beginning of each phase, which again reiterates expectations during each phase.

Court Processes

After entering a guilty plea to the offense that qualified them for the drug court program, a participant first appears before the judge at the next scheduled drug court session. DWI/Drug Court sessions are held at 4:00 p.m. and 5:30 p.m. twice per month on alternating Wednesdays. At 3:30 p.m. a pre-Drug Court meeting is held in the judge's chambers to discuss general drug court issues and the progress of each probation officer's clients. Those present at this meeting include: the judge, both probation officers, and the treatment provider. Usually the clients that have compliance problems are discussed and recommendations for sanctions are made by the probation officers with the input of the treatment provider. Graduates are discussed as well. Once court is in session, graduates are given a framed certificate and are asked to share a few words with other participants. Then the regular cases are presented with the client, the probation officer and the treatment provider at the bench. The judge reviews the client's progress (or lack thereof) and provides encouragement and support towards the client's success. If the client is facing a sanction, the judge explains why they are being sanctioned, what the sanction is, why he and the drug court team think the sanction is appropriate, and that the client's non-compliant behavior is not acceptable for this program. Clients that are new to the program approach the bench as a group. They are welcomed into the program and reminded of program compliance. Sometimes comparisons are made between the graduates and those receiving sanctions to symbolize that the client is in charge of their drug court experience. The judge appears to provide an environment in which the clients feel comfortable interacting. He serves as counselor, a source of encouragement, and a disciplinarian. In general, drug court is a time for the judge to connect with the clients in his court whether it is to praise their progress or administer a sanction.

Supervision

Client supervision is provided by the judge during drug court sessions, by probation officers during their meetings, and by the treatment provider during groups. The frequency of meetings varies from phase to phase. If a client is facing non-compliance, phone contacts are made by the probation officers.

Treatment Information

When a client first makes contact with the treatment provider, the Addiction Severity Index (ASI) is administered. The ASI is the formal treatment instrument used to help design a treatment plan for each client. Treatment options are available for specific types of clients such as pregnant women, dual diagnosed and HIV positive clients.

In addition to providing counseling, supervision, acupuncture, education and rehabilitation services, the treatment provider conducts all urinalysis and blood alcohol content tests. The monthly sliding program fee is paid directly to the treatment provider. All treatment services are provided at one location and begin as soon as contact is made with the treatment team and the ASI is complete.

In sharing the responsibilities of supervision, the treatment provider contacts a client's probation officer within 24 hours, if the client has been non-compliant with the treatment portion of the program. General reports are made weekly, and the information is provided to the court and the probation officers. Incentives and sanctions are determined by the judge and the drug court team based on the performance of the client in treatment. The treatment provider is present at every drug court session, and their review of the client's progress is weighed heavily when incentives and sanctions are discussed.

Aftercare

Upon completion of the program, participants are referred to aftercare. Two to three weeks after a participant graduates they are notified for sentencing by Metropolitan court. Graduates are always welcome to continue attending groups at the treatment provider and/or DWI/Drug Court sessions.

Client Demographics for the Bernalillo County Metropolitan DWI/Drug Court Program

The following is an analysis of data collected on individuals that participated in the program from July 24, 1997 to October 1, 1998. Since it began, 119 individuals have been admitted into the program. Forty-five have graduated, nineteen have been terminated and fifty-five were still active.

Table 6.25 - Gender (n=119)		
Gender	Frequency	Percent
Male	89	74.8
Female	30	25.2

The majority of the clients were male.

Table 6.26 - Ethnicity (n=119)			
Ethnicity	Frequency	Percent	% of Total Bernalillo County Population *
Anglo	29	24.7	53.7
Hispanic	73	62.3	36.5
African American	0	0.0	3.8
Native American	15	12.8	3.7

Missing - 2

(*source: Population Estimates Program, Population Division, U.S. Bureau of the Census, 1997)

The majority of clients were Hispanic. Like the other two courts Hispanics when compared to their representation in the general population are over-represented in drug court statistics.

Table 6.27 - Age (n=119)		
Age	Frequency	Percent
19-25	13	10.9
26-32	31	26.1
33-39	39	31.9
40 +	36	30.3

Most of the clients (62%) were over the age of 32. The average age was 36.0. This is slightly higher than the average age of FJDC clients.

Table 6.28 - Marital Status (n=119)		
Status	Frequency	Percent
Married	35	29.9
Divorced	26	22.2
Separated	2	1.7
Single/never married	51	43.5
Widowed	3	2.5

Missing - 2

A large minority of clients (43.5%) were single or never married, while almost 30% were married and 23.9% were divorced/separated.

Table 6.29 - Education completed (n=119)		
Education	Frequency	Percent
Less than High School	6	5.4
Some High School	19	17.2
High School diploma or GED	52	47.2
Some College or Vocational training	25	22.7
College degree	7	6.3

Missing - 9

More than 47% of clients had a high school degree or a GED. Of interest is the fact that 29% report having some college or vocational training or a college degree. When compared to FJDC (13%) this is much higher. This may be partially a result of a felony level court being compared to a misdemeanor court.

Table 6.30 - Employment (n=119)		
Employment	Frequency	Percent
Employed	76	63.9
Unemployed	43	36.1

Almost two-thirds (63.9%) of the clients were employed. Again this is in direct contrast to FJDC in which 71.4% of the participants were unemployed. Table 6.29 and this table taken together suggest there is greater stability in this courts population.

Table 6.31 - Living arrangements (n=119)		
Arrangement	Frequency	Percent
With parent (s)	21	19.6
With child	10	9.3
With other relative	2	1.8
With partner/spouse	20	18.6
Alone	17	15.8
With spouse and children	24	22.4
Other	13	12.1

Missing - 12

More than 22% of the clients live with spouse and children. Most clients in the 'other' category live with friends or roommates. When compared with FJDC a much smaller percentage of this programs clients live with their parents or a relative while a much larger percentage with their partner/spouse and spouse and children. This may be partially a function of a misdemeanor court and felony court and the type of offender. What ever the cause it appears this courts population is more stable.

Table 6.32 - Referral Source (n=119)		
Source	Frequency	Percent
Defense attorney	0	0.0
Probation Officer	45	40.1
Pretrial services	0	0.0
District attorney	0	0.0
Judge	66	58.9
Other	1	0.8

Missing - 7

All but two of the clients were referred from one of two sources. More than 58% of the clients were referred to drug court by a judge while 40.1% were referred by a Probation Officer.

Table 6.33 - Referring Offense (n=119)		
Offense	Frequency	Percent
Driving while intoxicated	88	82.2
Drug possession	1	0.9
Drug Sales	0	0.0
Larceny	8	7.4
Prostitution	6	5.6
Other	4	3.7

Missing - 12

More than 82% of clients had a referring offense of DWI. This information was missing for about 10% of the clients. This court has maintained its focus on DWI offenders while occasionally accepting other types of offenders.

Table 6.34 - Primary Substance (n=119)		
Substance	Frequency	Percent
Alcohol	94	80.3
Opiates	7	5.9
Cocaine	15	12.8
Marijuana	0	0.0
Other	1	0.8

Missing - 2

A very large majority of the clients' primary substance was alcohol. This information is most often captured through the client self-reporting.

Table 6.35 - Urinalysis (n=3402)		
	Frequency	Percent
Total UA's administered	3402	100.0
Negative UA's	3333	97.9
Positive UA's	69	2.0

A small discrepancy in the number of urinalyses administered was discovered between what we have compiled in the database using the treatment provider records and what the treatment provider has given the court. We do not know what has caused this difference. We have double checked our records and found a few errors which we corrected. The treatment provider sends a list of the number of tests each month to the court. A copy is then sent to us. It may be we did not receive all the records from the treatment provider and/or other urinalysis tests were given which we do not know about. Regardless, the reason this table only includes those urinalysis tests included in the database. Almost 98 percent of UA's submitted were negative, while two percent were positive. This percentage is much lower than the national average of 10% positive. Table 6.36 below shows what substances were found in the positive tests.

Table 6.36 - Positive substance (n=69)		
Substance	Frequency	Percent
Cannabis	35	50.7
Cocaine	14	20.3
Opiates	7	10.1
Opiates and cocaine	4	5.8
Alcohol	3	4.3
Other	2	3.0
Unknown	4	5.8

Just over 50% of the positive UA's were found to be positive for cannabis. Because alcohol when compared to other illegal drugs does not remain in the system in measurable amounts for long periods of time there is no reliable method to check for alcohol. The low number of positives could be partially a result of this being a DWI court and that 80.3% of the participants reporting alcohol as their primary substance.

Table 6.37 - Criminal Histories	
Offense	Frequency
DWI	334
Larceny	60
Other assaults	50
Prostitution	32
Drunkenness	20
Drug possession	17
Disorderly conduct	13
All other offenses	262

Driving while intoxicated is the crime most often committed by clients in this drug court. Clients in this program had an average of 6.6 prior arrests. Most of the prior arrests were not for serious

violent or property offenses. The other category includes: domestic violence, motor vehicle theft, possession of stolen property, weapons charges, probation violations, resisting arrest, burglary, traffic violations, fraud, and liquor law violations.

Crosstabs analysis

In tables 6.38 through 6.42 the SPSS crosstabs command was utilized. The SPSS CROSSTABS procedure produces two-way to n-way crosstabulations for variables that have a limited number of numeric or string (alphanumeric) values. Cell frequencies, expected frequencies under the assumption of independence, row, column, total percentages, and a variety of measures of association can also be calculated. In addition to providing substantive information about the relationship among several variables, a crosstabulation can highlight errors in data entry and unusual values that cannot be detected with the frequencies procedure.

Although examination of the various row and column percentages in a crosstabulation is a useful first step in studying the relationship between two variables, row and column percentages do not allow for quantification or testing of that relationship. For these purposes, it is useful to consider various indexes that measure the extent of association as well as statistical tests of the hypothesis that there is no association.

The subcommand CHISQUARE tabulates a variable into categories and computes a chi-square statistic based on the differences between observed and expected frequencies. By default, the CHISQUARE test assumes equal expected frequencies. For tables 6.38 - 6.42, a chi-square statistics test was performed. This statistic tests for independence between variables by comparing the actual number to the expected value. Statistical significance is determined by comparing the chi-square value to a chi-square table with a value of .05 or less. If the significance level meets this criteria, it signifies that there is only a 5 percent or lower chance of observing a departure from independence.

Table 6.38 - Ethnicity by Disposition (n=56)*			
Ethnicity	Terminated	Graduated	Total
White	7 30.4%	11 33.3%	18 32.1%
Indian	2 8.7%	4 12.1%	6 10.7%
Hispanic	14 60.9%	17 51.5%	31 55.4%
Missing/other	0 0.0%	1 3.0%	1 1.8%

n-56

Chisq value-.383

Significance-.826

Table 6.38 is a cross-tabulation that is intended to see if ethnicity impacts whether a client graduates successfully or terminates before completing the program. A Chi-Square test indicates that ethnicity has no significant impact on whether a client graduates successfully or terminates before completing the program.

Table 6.39 - Employed at Intake by Disposition (n=46)*			
Employed at Intake	Graduated	Terminated	Total
Yes	28 60.9%	5 10.9%	33 71.7%
No	4 8.7%	9 19.6%	13 28.3%

n-46

Chisq value-12.882

Significance-.000

Table 6.39 is intended to look at a clients employment status at intake and how it impacts his/her success in the program. A Chi-Square test indicates that there is a significance between the two variables. Individuals who are employed at intake are more likely to graduate than those who are not employed.

Table 6.40 - Gender by Disposition (n=56)*			
Gender	Terminated	Graduated	Total
Male	12 21.4%	26 46.4%	38 67.9%
Female	11 19.6%	7 12.5%	18 32.1%

n-56

Chisq-value-4.401

Significance-.036

Table 6.40 is a cross-tabulation intended to see if gender impacts a clients success in the program. A Chi-Square test ($p < .036$) indicates that gender does impact whether a client graduates or terminates the program before completing. It appears that males graduate more often than females. However, in this case, the significance lies in the fact that there are more males in the program than there are females.

Table 6.41 - Marital Status by Disposition (n=56)*			
Marital Status	Terminated	Graduated	Total
Married	6 10.7%	10 17.9%	16 28.6%
Not Married	17 30.3%	23 41.0%	40 71.3%

n-56 Chisq value-1.707 Significance-.789

Table 6.41 is intended to determine if marital status impacts a clients success in drug court. A Chi-Square test reveals that marital status does not impact whether a client graduates or terminates before completing the program.

Table 6.42 - Primary Substance by Disposition (n=55)*			
Substance	Terminated	Graduated	Total
Alcohol	10 18.2%	28 50.9%	38 69.1%
Opiates	2 3.6%	0 0.0%	2 3.6%
Amphetamines	0 0.0%	1 1.8%	1 1.8%
Cocaine	11 20.0%	3 5.5%	14 25.5%

n-55 Chisq value-15.027 Significance-.002

Table 6.42 is a cross-tabulation that is intended to see if a clients primary substance has an impact on their disposition (whether they graduate or not). A Chi-Square test suggests that clients who use alcohol primarily are more likely to graduate. However, because of the high number of clients who use alcohol, this may not be a significant factor.

Conclusion

The Bernalillo County Metropolitan DWI/Drug Court Program appears to provide its participants with the intense supervision and treatment services that is needed for one to successfully achieve and maintain recovery from addiction. The program requires complete participation from the participants and the drug court team is present to guide them towards their recovery. Each component and individual involved in the recovery process play key roles in

ensuring a participants success in the drug court program.

In conversations with drug court team staff we have been informed that staff have spent time attending budget meetings; providing testimony to encourage continued funding of drug courts; assisting in the formation of the New Mexico Association of Drug Court Professionals; preparing a grant application to provide training for drug court staff and technical assistance to a variety of agencies/individuals regarding planning, funding, and implementation of drug courts. Although regular advisory board meetings have not been held, the drug court staff have committed to begin holding quarterly meetings. The program staff and the members of the advisory board have kept in frequent contact to discuss the progress of the program and its adherence to the key components.

Like the other two courts the majority of participants have been male and Hispanic. The average age of this programs participants (36) is slightly higher than FJDC's participants (32.2). A large minority of this programs clients are single/never married with the next largest number and percentage being married. Almost two-thirds of all participants were employed and the largest number of participants were living with a partner/spouse and children. All but one referral were from a Judge or a Probation Officer. The majority of referring offenses were for DWI and a primary substance of alcohol and only 2% of all urinalysis tests were positive with 50.7% of the tests positive for marijuana. While clients had on average 6.6 prior arrests the majority of these arrests were for less serious offenses.

This program was the only one with a large enough number of clients to begin exploring the profiling of clients. In the variables tested employment at intake and perhaps gender and primary substance help predict graduation. Clients employed at intake who are males with a primary substance of alcohol are more likely to graduate than others. In this brief and preliminary analysis ethnicity and marital status did not appear to predict graduation. Once these programs have been in existence for a longer period of time and more participants matriculate through the programs more sophisticated analyses can be conducted to more completely profile successful and unsuccessful participants.

Recommendations

- We recommend that regular advisory board meetings be held at which all members of the drug court team are present. To our knowledge advisory board meetings were never held during the course of the evaluation. In discussions with drug court staff we were informed that though meeting were not held all drug court staff kept in touch. Pre-drug court meetings were held and covered much of what occurs in advisory board meetings. These meetings cannot take the place of advisory board meeting since the only persons present at these meetings are the judge, probation officers, and a representative from the treatment provider.

CHAPTER 7: CONCLUSION AND RECOMMENDATIONS

Conclusion

Having provided a process evaluation by examining the established goals of each of the programs, we were better able to determine how clearly these goals were defined. It is apparent that the drug courts are serving the intended population and many of the goals are being reached. We have examined the variables collected by the drug court program staff and are now prepared to recommend appropriate modifications to the current data collection process. We were able to provide limited intermediate outcome information regarding what type of client is successful in and can benefit from the drug court program.

This report provides a multiple analysis: one being qualitative in nature, stating the extent to which the program goals have been met; the second using quantitative techniques to describe each sub-population being served; the third comparing program graduates to terminated participants, using programmatic and client-level variables. Even though we were unable to compare graduates to terminated participants in the First and Third Judicial District's, we were able to provide this information in the Bernalillo County program. Because the programs in the First and Third Judicial District's have not been in operation long and because all of the data is not available, a comparative analysis is not feasible at this time. We have developed a uniform automated database among First and Metro courts using the model utilized by the Second Judicial District Court. These courts are using the database and it appears that it is working well. The Third Judicial District Juvenile Drug Court has stated that they will be using an in-house database. We have determined the types of treatment administered, the number of urinalyses administered and the results. We have provided information regarding gender, ethnicity, age, marital status, level of education, employment status, living arrangements, referring offense, primary substance, and criminal histories.

Recommendations

The recommendations listed below are supported by the National Association of Drug Court Professionals and the Drug Court Programs Office through nationwide drug court research. Based on this, we recommend the following;

- We recommend increased coordination and cooperation among the different partners involved in the three drug court programs. Each court has a varying level of coordination and participation among the members who typically make up drug court teams. This includes holding regular drug court meetings where all members of the drug court team are present and actively participate.
- We recommend the use of standard basic data collection forms among the various drug courts. While we recognize each individual court functions somewhat differently depending on the structure of the larger court, the type of drug court (i.e. DWI, felony, and misdemeanor), the type of client (adult and juvenile), and other circumstances that

are unique to the local jurisdiction it makes sense to standardize some data collection for the purposes of consistency and reliability across sites.

- We recommend the use of an automated database that can track clients from assessment to intake to discharge and later follow-up in the community. Bernalillo County Metropolitan Court and First Judicial District Court have chosen to use adaptations of the *Microsoft Access* database we designed and we are in the final stages of training staff in these courts to use the database. Third Judicial District Court has decided to revise their existing adult database for use by the juvenile drug court and include the minimum dataset. The use of an automated database will improve data quality and data reporting.
- We recommend the creation of a state-wide drug court system in which all courts follow basic standard criteria including following basic policies and procedures, the use of an automated database, the use of some standard forms, and the collection of a minimum dataset. Because each jurisdiction operates somewhat independently and each court is in a different stage of development and there are a variety of funding sources it is difficult to coordinate a state-wide system. For these reasons we do not believe this is likely to occur to the degree that would be most beneficial for the state of New Mexico. Within these limitations efforts should be made to coordinate a state-wide system.
- We recommend drug court administrators regularly and routinely review drug court program goals in order to measure progress towards the goals. Because drug courts are not static and they evolve over time it is important to monitor the courts as they evolve. A periodic critique of each program insures the delivery of quality services.
- We recommend the use of a standard treatment instrument by each programs treatment provider. Further, we recommend the use of the Addiction Severity Index (ASI) for this purpose. Because the ASI is designed as a treatment and research instrument it is able to be used for treatment and to measure clients change and progress over time. For this reason we also recommend the ASI be administered at intake and at least one other point while in treatment.
- We recommend each drug court create a method to track clients progress in the program and advancement through phases of the program. The ability to do this varies by program. It may be best to use a point system which adds and subtracts points based upon client participation. Once these guidelines are established, they should be adhered to for all participants.
- We recommend that eligibility criteria for admitting new clients be strictly adhered to.
- We recommend that drug court staff periodically review the “Key Components” set out by the federal DCPO to insure adherence to nationally recognized drug court standards and procedures. Further, each court should set up a library containing drug court literature and routinely update their library. This activity could be coordinated by the

NMADCP.

We recommend an increased focus on additional research that focuses on client outcomes. This is necessary in order to examine the effectiveness of specific drug courts and drug courts in general. It is important to compare drug court program clients with other matched offenders who do not become program participants. Currently, we know very little about how effective drug courts are in reducing recidivism (measured by re-arrest and time to re-arrest). While some anecdotal evidence exists this is not definitive.

BIBLIOGRAPHY

American University. Looking at a Decade of Drug Courts. Drug Courts Program Office. June 1998.

Belenko, S. Research on Drug Courts: A Critical Review. The National Center on Addiction and Substance Abuse (CASA) at Columbia University. June, 1998.

Bureau of Justice Statistics. A National Report: Drugs, Crime, and the Justice System. Bureau of Justice Statistics. December 1992.

Bureau of Justice Statistics. Drugs and Crime Facts, 1993. U.S. Department of Justice, National Institute of Justice. August, 1994.

Bureau of Justice Statistics. Drugs and Crime Facts, 1994. U.S. Department of Justice, National Institute of Justice. June, 1995.

Cooper, C. 1998 Drug Court Survey: Preliminary Findings. Washington, D.C. Drug Court Clearinghouse and Technical Assistance Project, American University. 1998.

Cooper, C. S. Expedited Drug Case Management. Bureau of Justice Administration, 1994.

Deschenes, Turner, and Greenwood. Drug Court or Probation?: An Experimental Evaluation of Maricopa County's Drug Court. The Justice System Journal, Vol. 18, No. 1, 1995.

Drug Court Clearinghouse and Technical Assistance Project. Summary Assessment of the Drug Court Experience. Office of Justice Programs, 1997.

Drug Courts Program Office. Defining Drug Court: The Key Components. Drug Courts Program Office. January 1997.

F.B.I. Crime in the United States, 1996. U.S. Department of Justice, Federal Bureau of Investigation, 1997.

Finn, P. & Newlyn, A. Miami Drug Court Gives Drug Defendants a Second Chance. Judicature, Vol. 77, No. 5, March-April, 1994.

General Accounting Office. Drug Courts: Information on a New Approach to Address Drug-Related Crime. GAO, May, 1995.

Goldkamp, J. & Weiland, Doris. Assessing the Impact of Dade County's Felony Drug Court. National Institute of Justice. December, 1993.

National Institute of Justice. Justice and Treatment Innovation: The Drug Court Movement, A Working Paper of the First National Drug Court Conference, December, 1993. U.S. Department of Justice, National Institute of Justice. Issues and Practices Series. October, 1994.

National Institute of Justice. Drug Courts and the Role of Graduated Sanctions. August 1998.

New Mexico Administrative Office of the Courts. Descriptions of Current New Mexico Drug Courts. October 1998.

Patton, M. Utilization-Focused Evaluation. Sage Publications 1986.

U.S. General Accounting Office. Drug Courts: Information on a New Approach to Address Drug-Related Crime. General Accounting Office. May 1995.

U.S. Department of Justice. Office of Justice Programs News: President Clinton Announces \$27 Million for More Drug Courts. U.S. Department of Justice. September 1998.

U.S. Department of Justice. Drug Courts Program Office Fact Sheet. U.S. Department of Justice. September 1998.

APPENDICES

Appendix A- Drug Court Information Matrix
Appendix B- Addiction Severity Index (ASI)
Appendix C- First Judicial Drug Court Screening/Assessment
Appendix D- First Judicial District Drug Court Client Assessment
Appendix E- First Judicial District Court Drug Court Client Intake Form
Appendix F- First Judicial District Drug Court Client Exit Form
Appendix G- Third Judicial District Juvenile Drug Court Client Assessment/Intake Form
Appendix H- Bernalillo County Metropolitan Drug Court Individual Assessment
Appendix I- Bernalillo County Metropolitan DWI Court Intake Form
Appendix J- Bernalillo County Metropolitan Court Drug Court Exit Form
Appendix K- Criminal Histories Form
Appendix L- Activity Form

Appendix A- Drug Court Information Matrix

Appendix B- Addiction Severity Index (ASI)

Appendix C- First Judicial Drug Court Screening/Assessment

Appendix D- First Judicial District Drug Court Client Assessment

Appendix E- First Judicial District Court Drug Court Client Intake Form

Appendix F- First Judicial District Drug Court Client Exit Form

Appendix G- Third Judicial District Juvenile Drug Court Client Assessment/Intake Form

Appendix H- Bernalillo County Metropolitan Drug Court Individual Assessment

Appendix I- Bernalillo County Metropolitan DWI Court Intake Form

Appendix J- Bernalillo County Metropolitan Court Drug Court Exit Form

Appendix K- Criminal Histories Form

Appendix L- Activity Form