EVALUATION OF THE VAN BUREN COUNTY UNIFIED DRUG TREATMENT COURT PROGRAM:
YEAR 3

October 1, 2009 - September 30, 2010

Submitted to:
Van Buren County Unified Drug Treatment Court Program
Administrative Team

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EXECUTIVE SUMMARY

The Van Buren County Drug Treatment Court Program (VBCDTCP) has been in operation since June 2008 and therefore has completed just over two full years of operation. This year (October 1, 2009—September 30, 2010) is the second full year where an independent evaluation has been conducted by an external evaluation team and is hereafter referred to as “Year 3.” These persons and those who exited the VBDTCP prior to Year 3 are analyzed as “Years 1-3.” This program operates in a stable and consistent manner and in keeping with the accepted 10 Key Components of Drug Treatment Courts (including individualized treatment plans, regular status review hearings with the judge, socialization skills training, and regular contact with treatment providers). More specifically, the VBCUDTCP has:

- served one hundred forty-six clients in Years 1-3, sixty-nine of whom entered during Year 3;
- continued to provide regular and reliable information on participants through a model data base [the Michigan Drug Court Case Management Information System (DCCMIS)];
- achieved a retention rate of 71.9% for Years 1-3 combined and 78.4% for Year 3 only.
- met program goals in having reduced the percentages of positive/missed urine screens in Phase I-III (11.2%, 1.5%, and 1.3% respectively), however the percentage increased in Phase IV to 2.7%;
- met program goals in having reduced the percentages of participants having a positive/missed urine screen in Phases I-III (from 45.9% in Phase I to 35.6% in Phase II to 18.6% in Phase III). However, the percentage of participants having a positive/missed urine screen increased to 31.8% in Phase IV;
- met program goals in having drastically reduced the percentage of participants receiving detentions in Phases I-III (from 35.6% in Phase I to 28.8% in Phase II to 14.3% in Phase III). However, the percentage of participants receiving a detention in Phase IV increased to 27.3% in Phase IV.

For those participants who have been out of the VBCUDTCP for at least one year (n=9), the program has:

- met program goals in having reduced the number of adjudicated crimes committed by participants in the pre-program, while-enrolled, and post-program time periods. More specifically, there were fifty-two adjudicated crimes committed by eight participants prior to enrollment in the VBCUDTCP (28 misdemeanors committed by six participants and twenty-four felonies committed by eight participants). During the while-enrolled time period, one participant committed one misdemeanor offense. Finally, during the one year post-program time period, four crimes were committed by three participants (two participants committed two misdemeanors and two participants committed two felonies.
- met program goals in having decreased the pre-program crime rate of 5.78 (misdemeanor = 3.11 and felony = 2.67) to 0.11 during the while-enrolled time period (0.11 = misdemeanor). The one year post-program crime rate increased slightly to 0.44

1 The Year 1 evaluation report was for the first three months of operation (July – September 2008).
(misdemeanor = 0.22 and felony = 0.22), however this rate is much lower than the pre-program time period.

- Met program goals in having decreased the pre-program crime commission rate of 0.89 (misdemeanor = 0.67 and felony = 0.89) to 0.11 during the while-enrolled time period (0.11 = misdemeanor). The one year post-program recidivism rate increased slightly to 0.33 (misdemeanor = 0.22 and felony = 0.22), however this rate is much lower than the pre-program time period.

Overall, the drug court team members worked diligently during Year 3 to address the specific tasks identified in the Year 2 evaluation report and made significant strides toward: institutionalizing the drug court program within Van Buren County, strengthening partnerships with community service providers, and achieving program sustainability.
ACKNOWLEDGEMENTS

We would like to thank all of the key individuals involved with the Van Buren County Unified Drug Treatment Court Program for their cooperation during this evaluation process. Your willingness to work collaboratively, share information, assist with data collection activities, and grant interviews was very much appreciated.

The Honorable William C. Buhl
Jim Becker
Michael Bedford
Teresa French
Nehemiah Poffenberger
Mark Palpus
Ann Marie Schaeffer
and
Participants of the
Van Buren County Unified Drug Treatment Court Program
INTRODUCTION

What follows in this section of the Year 2 evaluation report is a review of the history and rationale for the drug court movement within the United States over the past 20 years.

HISTORY

Drug court programs began as an initiative in Dade County, Florida, in 1989 (Drug Court Clearinghouse and Technical Assistance Project, 1998:1). The primary impetus behind the creation of these specialized courts was the overwhelming number of adult drug-related cases cycling through the court system (Travis, 1995:1) and the frustration with realization that law enforcement and imprisonment alone were not working to reduce the drug supply or demand (Goldkamp, 1994:i; Hora, Schma, & Rosenthal, 1999:448-449). Previous efforts at engaging defendants in treatment, such as Treatment Alternatives to Street Crime (TASC) program interventions, limited diversion programs, and conditions of pretrial release and probation, were "often fragmented, inconsistently or inappropriately used or not viewed as sufficiently effective" (Belenko, 1998:5).

THERAPEUTIC JURISPRUDENCE

Some drug court practitioners consider drug treatment courts to be an application of the legal theory known as “therapeutic jurisprudence,” even though many drug courts may unknowingly apply these concepts to "encourage treatment seeking behavior and reduce crime" (Hora, et al. 1999:441). The underlying premise behind the legal theory of therapeutic jurisprudence is that a legal rule or practice can be studied to determine whether or not it is benefiting those people it is intended to help (Hora, et al. 1999:443). Hora, et al. (1999:440) propose to "establish therapeutic jurisprudence as the DTC [Drug Treatment Court] movement's jurisprudential foundation." The idea is to use therapeutic jurisprudence to provide a theoretical justification behind the implementation of drug courts throughout the country, as well as to provide a framework for modifying and evaluating existing drug courts.

STRUCTURE

Drug courts in essence represent an integration of a public-health approach and a public-safety strategy of fighting crime and administering “justice.” Marlowe (2003:4) argues that drug courts “[combine] community-based drug abuse treatment with ongoing criminal justice supervision.” Moreover, Senjo and Leip (2001:68) assert that drug courts are “specialized criminal court[s] that streamline drug cases away from traditional processing and punishment into an intensive drug treatment program.” According to the National Drug Court Institute
Drug courts represent the coordinated efforts of the judiciary, prosecution, defense bar, probation, law enforcement, mental health, social service, and treatment communities to actively and forcefully intervene and break the cycle of substance abuse, addiction, and crime. As an alternative to less effective interventions, drug courts quickly identify substance abusing offenders and place them under strict court monitoring and community supervision, coupled with effective, long-term treatment services (Retrieved from www.ndci.org/courtfacts.htm).

While no two characterizations of the drug court model are identical, academics, researchers, and practitioners certainly agree that drug courts are palpably different from the traditional model of criminal justice.

10 KEY COMPONENTS

In general, drug courts are designed to be more holistic than traditional courts, and hence depend on the collaboration between several organizations, including service providers within the treatment community, criminal justice agencies, social service agencies, and the courts. With this collaboration and mutual effort, participants receive referrals deemed more appropriate as they are specific to individual needs (McGee, Parnham, Morrigan, & Smith, 1998:13). While no two drug courts are identical, researchers (Huddleston, Freeman-Wilson, & Boone, 2004; Listwan, et al, 2003; Hora, 2002; Marlowe, 2002; Senjo & Leip, 2001; Goldkamp, 2000; Simmons, 2000) have identified several key characteristics of the drug court model that are integral to the structure and process of all drug courts. What follows is a detailed synopsis of these key characteristics.

1. Drug courts integrate alcohol and other drug treatment services with justice system case processing. Drug courts emphasize the needs of substance abusing defendants and are based on the premise that individuals are less likely to recidivate if their substance abuse problems are addressed.

2. Drug courts use a non-adversarial approach where prosecution and defense counsel representatives promote public safety while protecting participants’ due process rights. Key to the drug court model is the dramatic change in roles traditionally held by the judge, prosecutor, defense attorney, and treatment providers. Specifically, there is an ongoing personal interaction between participants and the presiding judge. Furthermore, the formal procedures that guide the drug court process are also fundamentally different. Within the drug court model the court personnel (i.e., judge, prosecutor, and defense attorney) work closely with treatment providers to develop and maintain comprehensive individualized care plans, addressing needs around substance abuse, mental health issues, job placement, educational attainment, and housing.

3. Eligible participants are identified early and promptly placed in the “drug court” program. The court must define the target population(s) and eligibility criteria (e.g., violent offenders and offenders charged with delivery or manufacturing a controlled substance are excluded) must be clearly outlined and agreed upon by the practitioners involved in the supervision/treatment process. Moreover, given that all participants must have access to a wide variety of treatment modalities for alcohol/drug dependency,
mental health, and other treatment/rehabilitation needs, attention must be paid to the number of participants that can be brought into the drug court.

4. Drug courts provide access to a continuum of alcohol, other drug and related treatment, and rehabilitation services. Drug court personnel must also establish a coordination of services between criminal justice agencies, court personnel, treatment providers, and mental health practitioners that goes beyond the integration of alcohol and/or drug treatment services. Establishing collaborative linkages between criminal justice practitioners and community treatment providers is vital to meeting the needs of drug court participants and the criminal justice system. Wenzel, Turner, and Ridgely (2004) detail eleven characteristics that define “collaborative linkages,” which are integral to the efficiency and effectiveness of the drug court model. These include: “(4) documentation of relationships (e.g., written agreements [between agencies];…(6) joint planning of client service goals;…(9) mutual sensitivity to concerns of the other agency or program; (10) sharing of information about clients” (256).

5. Abstinence is monitored by frequent alcohol and other drug testing. Key to the drug court model is participant accountability. Drug testing, counseling sessions, and case management appointments are measures of accountability typically employed by drug courts.

6. A coordinated strategy governs drug court responses to participants’ compliance. A continuum of rewards and sanctions are designed to respond to compliance and non-compliance with program rules/regulations. Depending upon the identified target population and the needs of participants, courts must develop “incentives to encourage positive participation within the treatment process and [also have to develop] disincentives to discourage poor performance” (Goldkamp, 2000:7). Incentives can take a variety of forms: 1) advancement into the next phase of the process, 2) increased privileges, and 3) decreased frequency of case management appointments. Disincentives can include: 1) short-term incarceration, 2) decreased privileges, 3) increased frequency of case management appointments, and 4) return to previous phase of the process. Drug court personnel recognize that “structure without support feels punitive and support without structure is enabling” (Hora, 2002:1476). Therefore, striking a truly therapeutic balance between rewards and sanctions is vital to the integrity of the program and participants’ recovery.

7. Ongoing judicial interaction with each drug court participant is essential. Discourse between participants and the judge is viewed as one of the hallmark features of drug courts. It is believed that both parties benefit psychologically and emotionally from frequent and on-going interactions with one another. Communication increases the degree to which each participant and the judge becomes invested in the process.

8. Monitoring and evaluation measure the achievement of program goals and gauge effectiveness. Individual jurisdictions are required to utilize monitoring and evaluation efforts to determine program effectiveness and whether or not program goals have been met.

9. Continuing interdisciplinary education promotes effective drug court planning, implementation, and operations. Essentially, drug courts represent the integration of a
public-health approach and a public-safety strategy of fighting crime and administering “justice.” In order to be effective at meeting the stated goals, personnel should be knowledgeable about the state of the disciplines (e.g., biology, neurology, psychology, substance abuse, sociology, criminology) that comprise this public-health/public-safety approach.

10. Forging partnerships among drug courts, public agencies, and community-based organizations generates local support and enhances drug court program effectiveness. In order for drug courts to operate efficiently and effectively, there must be institutionalized support for the overall process.

DRUG COURT IN VAN BUREN

Local criminal justice practitioners began discussing the possibility of establishing a drug court program in Van Buren County. A group of stakeholders was formed, began meeting regularly, and set a goal of developing an operational drug court program by October 1, 2008. In March 2008 several members of the drug court team attended the National Drug Court Institute (NDCI) training session in Los Angeles, CA specifically for programs in the planning/implementation stage. Shortly after attending the training session the VBCDTCP was awarded two grants—one from the Office of Highway Safety Planning (OHSP) and the other from the U.S. Department of Justice. Receipt of these awards sped up the implementation process and the program began operation in July 2008.

Since then, the VBCDTCP has received grant funding from the Bureau of Justice Assistance (BJA) to enhance the services available to program participants, the Michigan Drug Court Grant Program (MDCGP), and the State Court Administrator’s Office (SCAO).

SUMMARY

In summary, drug courts attempt to offer an alternative to the traditional criminal justice system. They offer a more holistic approach to the recovery of the alcohol/drug-dependent adult offenders. Drug court programs emphasize individualized treatment that includes an emphasis on addressing individual participant needs, particularly those that are viewed as potential contributing factors in the participant’s use of drugs. While there has been an exponential increase in the sheer number of drug courts being implemented in jurisdictions across the country since the advent of the drug court model in 1989, the bulk of the extant literature asserts that drug courts are successful in maintaining sobriety in participants, reducing recidivism rates, and reducing costs to the criminal justice system.

What follows is an evaluation of the Van Buren County Drug Treatment Court Program (VBCDTCP). The purpose of the evaluation is to determine whether the program is operating as intended in an efficient and effective manner, and to determine whether it’s meeting the stated program goals/objectives. In order to do this, the evaluation team conducted a process and outcome evaluation.
PROCESS EVALUATION

A process evaluation is designed to verify “what the program is, and whether or not it is [being] delivered as intended to the targeted recipients and in the intended “dosage”” (Scheier, 1994:40). In order to do this, the evaluation team utilized the 10 Key Components established by the National Association of Drug Court Professionals (NADCP) as the objective criteria to which the VBCUDTCP structure and methods of implementation can be compared. Process evaluation results are beneficial highlighting strengths of the program, but they are also beneficial for highlighting areas for improvement. Refining the structure and implementation of a drug court program in light of evaluation findings will yield improved functioning, better outcomes, and increased cost-effectiveness.

What follows is a discussion of the data collection methods used in this process evaluation, followed by a detailed description of the VBCUDTCP’s structure. Next, is an assessment of the degree to which each of the 10 Key Components has informed the program’s structure and implementation. Finally, the evaluation team provides suggestions/recommendations for improving/enhancing the structure and implementation of the program.

METHOD

This process evaluation consists of data gleaned from interviews with drug court team members, observations of the VBCUDTCP, and reviews program documents (e.g., VBCUDTCP policy and procedure manual and participant handbook). The majority of the information was gathered from one-on-one key stakeholder interviews and, as much as possible, the evaluators have attempted to provide the information in the same words in which it was given. The methods used to gather information from each source are described below.

Site Visits

The evaluation team conducted site visits in December 2008, March 2009, June-July 2009, and October 2009. During these visits, staff observed drug court planning sessions and court review sessions, informally interviewed key drug court staff members. These observations and informal interviews provided valuable information about the structure of the program, implementation strategies, and the program’s strengths and areas for improvement.

Key Stakeholder Interviews

The evaluation team conducted telephone interviews with key stakeholders, all of whom are involved in the administration of the drug court. These key stakeholders include: the current Judge, Prosecuting Attorney Representative, Defense Attorney Representative, former Drug Court Coordinator, current Drug Court Coordinator, Drug Court Case Manager, 36th Circuit Court Probation/Parole Officer, and 7th District Court Probation Officer. Interviews were conducted using NPC’s Drug Court Typology Interview Guide2, which provides a

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standardized format for collecting structure and implementation information from drug courts. It should be noted that the typology guide was modified to reflect the VBCUDTCP and the purposes of this evaluation.

Document Review

In an effort to better understand the day-to-day practices of the VBCUDTCP, the evaluation team reviewed program documents including: the policy and procedure manual, the participant handbook, phase requirement forms, intake paperwork (e.g., consent form, approved medication list, waiver of rights form), statistical charts, and other documents.

PROGRAM GOALS

Like other criminal justice interventions, there are several overarching goals that the drug court model purports to achieve and these goals are directly related to the characteristics of the drug court model described in the previous section. First and foremost, the nature of the drug court model seeks to break the cycle of dependence upon drugs and/or alcohol, as well as eliminate the accompanying criminal activity. Second, drug courts seek to lessen the burden that drug-related cases place upon the criminal justice system by streamlining the process by which cases are handled within the system. Third, drug courts seek to facilitate a process whereby defendants are encouraged to actively participate in their recovery, and take responsibility for their behavior and the resulting consequences. Finally, drug courts are touted as a much more cost-effective alternative to traditional court processing, which has involved the use of probation, alternative sanctions (e.g., electronic monitoring, community-based sanctions) and incarceration in jails and prisons.

ELIGIBILITY CRITERIA

The target population for the VBCUDTCP includes “non-violent felony and misdemeanor offenders whose substance abuse problems caused or contributed to their involvement with the criminal justice system” (VBCUDTCP Policy and Procedure Manual, 2008:3). The drug court team developed the following eligibility criteria in an effort to promote consistency in participant selection and help ensure the success of the program. General eligibility criteria for the VBCUDTCP are as follows:

- Must be a Van Buren County resident or the resident of a county contiguous to Van Buren County and have his/her principal place of employment in Van Buren County;
- Must be a US Citizen or qualified alien; and
- Substance abuse is either the primary reason or an underlying reason for his/her current entry into the criminal justice system.

In order to be eligible for the VBCUDTCP as a diversion participant, individuals cannot have any of the following:

- previous diversion participation
pattern of violent behavior
previous violent or assaultive felony convictions
more than one prior Assault and Battery conviction and not currently under sentence
more than one prior domestic violence conviction and not currently under sentence
signs or symptoms of severe psychological disorder
history of drug delivery
more than five prior felony convictions
displayed violence at the time of arrest
possessed weapons at the time of arrest
used a weapon during the instant offense
committed a crime against the public trust

It is also important to note that there are specific criteria that will preclude individuals from enrolling in the program. In some instances, these criteria are informed by specific legislative requirements (e.g., excluding violent offenders), while other criteria are reflective of programmatic decisions made by the drug court team (e.g., excluding individuals with severe mental health conditions). What follows is a list of exclusionary criteria for the VBCUDTCP:

• ‘Violent Offender’ as defined in 28 CFR 93.3(d) and MCL 600.1060(g)
• Diagnosis of a severe psychological disorder
• Any history of delivery-based controlled substance convictions, unless the facts demonstrate the trafficking was committed primarily to support the participant’s drug habit and there is sufficient information to negate trafficking for profit
• Pattern of violent behavior
• Currently pending charge of Home Invasion
• Any violation of 1931 PA 328, chapter LXXVI
• No identifying substance abuse problem
• Under the age of 17

TARGET POPULATION

The VBCUDTCP is designed to work with “non-violent felony and misdemeanor adult offenders whose substance abuse problems caused or contributed to their involvement with the criminal justice system” (VBCUDTCP Policy & Procedure Manual, 2008:3).

SCREENING/INTAKE

Prior to entering the VBCUDTCP, participants must be screened for three types of eligibility: program, legal, and clinical. The specific program eligibility criteria were described in the ‘Eligibility Criteria’ section above. Legal eligibility is a determination made by the prosecuting attorney responsible for reviewing the complaint and information documents. The specific criteria that will exclude a potential participant from being legally eligible for the VBCUDTCP are outlined in the ‘Exclusionary Criteria’ section above.
Clinical eligibility is a determination that is made by treatment providers at either MapleView Consultants, Pathways Psychological Associates, or the Van Buren County Health Department (VBCHD) after administering a clinical diagnostic tool [e.g., the Addiction Severity Index (ASI), the Bio, psycho, social (BSAP)] and using the criteria outlined in the DSM-IV. The results of these assessments are shared with staff of the VBCUDTCP and a determination is made as to whether individual participants are appropriate for entry into the program. Participants who do not present as having a substance abuse problem are rejected from the program and returned to the referring Court for traditional prosecution.

DRUG COURT TRACKS

Participants may enter the VBCUDTCP on one of five ‘tracks.’ What follows is a discussion of the referral process for each track and the roles/responsibilities of the drug court team members involved.

Felony Diversion

The entry process begins with the prosecutor at the warrant review stage. The screening prosecutor reviews the information and complaint and determines whether or not there is sufficient legal information to support an individual’s recommendation for drug court participation. If it determined that there is sufficient information, the screening prosecutor notifies the VBCUDTCP prosecutor who begins the external notification process. The VBCUDTCP prosecutor files a notice of eligibility/brochure with the charging document, which is provided to all eligible individuals at the time of their arraignment. All individuals deemed eligible for diversion participation in the VBCUDTCP are encouraged to discuss this option with their defense counsel. All eligible individuals must complete an election of participation form with the drug court office within five business days of their arraignment.

VBCUDTCP staff members then conduct a clinical screen on all diversion-eligible participants electing to participate in order to confirm their appropriateness for the program. All participants deemed legally and clinically eligible for the VBCUDTCP are then formally admitted to the program. The prosecutor and defense counsel jointly file a notice of entry into the VBCUDTCP with the Court and the Court then schedules a time for entry of a plea in Circuit Court.

Sentenced Felony Probationers

Participants sentenced to the VBCUDTCP as a condition of their Circuit Court sentence are first identified as clinically appropriate (i.e., has a substance abuse problem) by the field agent assigned to complete the pre-sentence investigation (PSI) report prior to sentencing. The referring field agent contacts VBCUDTCP staff to discuss the referral and must submit a referral form to the VBCUDTCP office. Prior to sentencing VBCUDTCP staff must screen all felony probationers referred to the program prior to sentencing to confirm both legal and

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1 Diversion participants must 1) agree to participate in the program and 2) present as having a substance abuse problem. Participants refusing to participate or who deny having a substance abuse problem are rejected from the program and returned to the referring Court for traditional prosecution.
clinical eligibility. See the ‘Program Eligibility Criteria’ section above for the specific requirements.

Probation Violation (Technical)

Participants entering the VBCUDTCP on this track are already under the supervision of the Michigan Department of Corrections Probation/Parole office have violated the terms of their release on probation or parole. The supervising field agent is responsible for identifying clinically eligible participants during the violation process and completing the program referral form. VBCUDTCP staff will screen all referrals for program and clinical eligibility. All eligible participants formally enter the program after a probation violation hearing has been conducted.

Probation Violation (New)

Participants entering the VBCUDTCP on this track have been ordered to program as a condition of a probation violation sentence. However, the “new” refers to the fact that these participants are also diverting a ‘new’ crime that was committed prior to entering the program and that meets the diversion legal screen criteria (see the specific requirements listed in the ‘Program Eligibility Criteria’ section above). Therefore, these participants are enrolled as a diversion participant as well as a probationer, with the diversion charge becoming the primary charge.

Misdemeanor (Diversion)

The entry process begins with the prosecutor at the warrant review stage. The screening prosecutor reviews the information and complaint and determines whether or not there is sufficient legal information to support an individual’s recommendation for drug court participation. If it determined that there is sufficient information, the screening prosecutor notifies the VBCUDTCP prosecutor who begins the external notification process.

The VBCUDTCP prosecutor files a notice of eligibility/brochure with the charging document, which is provided to all eligible individuals at the time of their arraignment. All individuals deemed eligible for diversion participation in the VBCUDTCP are encouraged to discuss this option with their defense counsel. All eligible individuals must complete an election of participation form with the drug court office within five business days of their arraignment.

VBCUDTCP staff members then conduct a clinical screen on all diversion-eligible participants electing to participate in order to confirm their appropriateness for the program. All participants deemed legally and clinically eligible for the VBCUDTCP are then formally admitted to the program. The prosecutor and defense counsel jointly file a notice of entry into the VBCUDTCP with the Court and the Court then schedules a time for entry of a plea in Circuit Court.

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4 It should be noted that participants can also waive the formal probation violation hearing and agree to the terms of the probation violation sentence.
5 Diversion participants must 1) agree to participate in the program and 2) present as having a substance abuse problem. Participants refusing to participate or who deny having a substance abuse problem are rejected from the program and returned to the referring Court for traditional prosecution.
DRUG COURT PHASES

The VBCUDTCP is a minimum of 15 months in length (5 years maximum) and is comprised of four phases. What follows is a brief discussion of each of the four phases of the program and the requirements participants must meet in order to progress to the next phase.

Phase I—Introduction: Assessment and Orientation

This phase is a minimum of four weeks (30 days) in length, which may follow detoxification or inpatient treatment services (if necessary). The specific requirements of this phase are:

- Attend bi-weekly drug court review sessions
- Submit to at least 3 random urine screens per week
- Meet with case manager on a weekly basis
- Attend 30 consecutive support group meetings (i.e., Alcoholics Anonymous and/or Narcotic’s Anonymous)
- Provide verification of having identified a healthy outside mentor/sponsor/support person
- Obtained State of Michigan identification card and Social Security card

Phase II—Stabilization: Recovery and Responsibility to Self

This phase is a minimum of four months (120 days) in length and participants must obtain 120 consecutive days of clean time/sobriety in order to transition to Phase III of the program. The specific requirements of this phase are:

- Attend bi-weekly drug court review sessions
- Submit to at least 3 random urine screens per week
- Comply with the treatment plan established with treatment provider
- Meet with case manager on a bi-weekly basis
- Attend at least 3 support group meetings (i.e., Alcoholics Anonymous and/or Narcotic’s Anonymous) per week
- Enroll in educational, vocational, or alternative programming
- Establish a payment plan for restitution (if applicable)

Phase III—Maintenance: Recovery and Responsibility to Self and Others

This phase is also a minimum of four months (120 days) in length and participants must obtain 120 consecutive days of clean time/sobriety in order to transition to Phase IV of the program. The specific requirements of this phase are:

- Attend drug court review sessions on a monthly basis (contingent upon employment/education status)
- Submit to at least 2 random urine screens per week
- Comply with the treatment plan established with treatment provider
- Meet with case manager on a monthly basis
- Attend at least 3 support group meetings (i.e., Alcoholics Anonymous and/or Narcotic’s Anonymous) per week
- Remain enrolled in either educational/vocational/alternative programming or be employed at least 30 hours per week
- Comply with the terms of the payment plan for restitution (if applicable)
- Obtain high school diploma or general equivalency degree (GED) (if applicable)

**Phase IV—Aftercare: Reinforce a Clean, Sober, and Legal Lifestyle**

This phase is a minimum of six months in length and participants must obtain 180 days of clean time/sobriety in order to graduate from the program. The specific requirements of this phase are:

- Attend drug court review sessions on a monthly basis
- Submit to at least 1 random urine screen per week
- Attend at least 2 support group meetings (i.e., Alcoholics Anonymous and/or Narcotic’s Anonymous) per week
- Complete treatment plan and develop a written relapse prevention plan
- Secure stable living arrangements
- Remain employed at least 30 hours per week
- Maintain regular contact with a healthy outside mentor/sponsor/support person

**TREATMENT OVERVIEW**

The VBCUDTCP partners with MapleView Consultants\(^6\), Pathways Psychological Associates, Phoenix Rising, and the Van Buren/Cass County Health Department (VBCHD) for substance abuse treatment services. Treatment providers are responsible for assessing all drug court participants to determine the level of addiction severity and developing individualized treatment plans. The results of the assessment and the treatment plan are shared with the drug court case manager. They are also responsible for verifying participants’ attendance at all treatment appointments, updating the drug court team on individual participants’ progress in treatment, and providing input on appropriate incentives/sanctions. Moreover, therapists from MapleView Consultants, Pathways Psychological Associates, and the Van Buren/Cass County Health Department attend the planning and court review sessions on a bi-weekly basis.

These treatment providers have specific services they offer to drug court participants. MapleView Consultants provides individual counseling and facilitates a relapse prevention group. Pathways Psychological Associates provides individual and group counseling, couple’s counseling, as well as gender specific group counseling (one for men and one for women).

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\(^6\) [http://mapleviewconsultingcenter.com/aboutus.html](http://mapleviewconsultingcenter.com/aboutus.html)
The Van Buren County Health Department facilitates a ‘Living in Balance’ group, which is exclusively for women and focuses on self-esteem, establishing healthy relationships, setting boundaries, etc. While the feedback from drug court team members regarding the quality of services received from these providers was extremely positive, the drug court team continues to look at various options given the costs for these services and the program’s ability to sustain these costs over time.

URINE SCREENS

According to the Policy & Procedure Manual, all participants are tested for drug use on a random drug testing schedule. Tests are randomized through color coding and participants call the “drop line” each morning to find out the color group that must submit to a urine screen that day. Participants in Phases I and II submit to urine screens at least 3 times per week, however participants in Phases III submit to at least 2 urine screens per week, and Phase IV clients are tested at least one time per week. If drug/alcohol use is suspected, participants can be asked to submit to a urine screen at any time.

The VBCUDTCP partners with the Van Buren County Health Department for drug screening personnel. The drug testing coordinator is employed by the VBCHD and three part-time testing assistants are employed by the drug court program. The drug testers administer 8-panel rapid tests and if the urine screen is positive the drug testers attempt to elicit a confession from the participant. If s/he admits to using, this information is documented and no further testing is conducted. However, if the participant does not admit to using, the urine screen sample is sent to Redwood Laboratories for confirmation testing. The drug testers also send random urine screen samples to Redwood Laboratories for additional testing. Redwood Laboratories’ tests include levels of concentration, as well as a read out of positive or negative. The lab results are emailed to the drug court coordinator within 72 hours. Additional tests used by program staff include: breathalyzer tests and EtG (Ethylglucuronide), which tests for previous alcohol use (up to 72 hours).

Participants must pay a $5 fee for all drug tests. The money collected helps offset the cost of drug testing supplies and analyses. Neither grant funding source pays for confirmation testing, so these tests are used very sparingly and participants are required to subsidize the cost of such testing if the confirmation test yields positive results. If the confirmation test comes back negative, these costs are covered by the program.

In Year 4, drug court team members stated that the drug testing protocol was one of the strengths of the program and that prior concerns (see Year 1 and 2 evaluation reports) have since been addressed.

DRUG COURT TEAM

The VBCUDTCP drug court team is comprised of the following individuals: Judge William C. Buhl, Assistant Prosecuting Attorney representative Michael Bedford, Defense Attorney representative Jim Becker, Drug Court Coordinator/Case Manager Teresa French, Case Manager Nehemiah Poffenberger, and CircuitCourt Probation Officer Mark Palpus.
TRAINING

In March 2008, seven individuals involved in the planning/implementation of the VBCUDTCP attended the National Drug Court Initiative (NDCI) training in Los Angeles, CA. Since that time, the drug court team has been in a perpetual state of transition and only two of the original seven team members remain actively involved with the drug court program.

During Year 3, several members of the drug court team attended the Michigan Association of Drug Court Professionals (MADCP) annual conference in Lansing, MI in February 2010 and the entire drug court team attended the National Association of Drug Court Professionals (NADCP) annual meeting in Boston, MA in June 2010. Moreover, the Drug Court Coordinator and Case Manager attended a training session on the Drug Court Case Management Information System (DCCMIS), which is the online database for all drug court programs funded by the Michigan State Court Administrator's Office (SCAO). Given that one of the 10 Key Components is to continue interdisciplinary education, additional team training should be continued as is necessary in the coming years.

DRUG COURT TEAM MEETINGS

Certain members of the drug court team participate in a variety of meetings during the course of the day-to-day operations. While not all drug court team members attend the pre-planning meetings, the work done at these meetings informs the work done at the planning sessions and subsequently sets the agenda for the court review sessions.

Pre-Planning

Drug court “pre-planning” meetings are held on Wednesday afternoons during the drug court review session weeks. The drug court coordinator, case manager, and Circuit Court probation officer discuss each participant and his/her progress in the program. Recommendations are fashioned during these meetings and presented to the entire drug court team during the planning session on Friday morning.

Planning

The drug court planning sessions precede the drug court review sessions every other Friday morning beginning at 8 a.m. All members of the drug court team are present and engage in an open discourse as to each participant’s progress (or lack thereof). These planning sessions provide a venue for the drug court team members to share information and fashion appropriate sanctions.

Court Review Sessions

Drug court review sessions are held every other Friday in Judge Buhl’s courtroom, which begin at 9 a.m. All participants in Phases I and II are required to attend all drug court review sessions, whereas participants in Phases III and IV have to attend one drug court review session a month. The purpose of these review sessions is to provide Judge Buhl and the participants an opportunity to engage in an on-going discourse about their progress in the
program. Key Component #7 of the 10 Key Components of the drug court model states “Ongoing judicial interaction with each drug court participant is essential” (NADCP, 1997).

During these review sessions, participants in compliance with the program requirements are praised for their progress (i.e., applause during the court session, phase advancement, etc.) and participants not in compliance with the program requirements are sanctioned accordingly (i.e., sentenced to a term of jail time, ordered to complete community service, warned of the consequences of future non-compliance, etc.). It has been acknowledged that “the current system of adversarial interactions between drug offenders and the courts does not result in offenders being quickly involved in structured treatment with adequate incentives and consistent sanctions” (VBCUDTCP Policy & Procedure Manual, 2008:2). Therefore, one way in which the drug court model is unique is in the certainty and celerity of incentives and sanctions.

INCENTIVES

The VBCUDTCP uses an evidence-based system of contingency management for delivering incentives. The Policy & Procedure Manual states that incentives are awarded for compliance with the program rules and progress within the recovery process. Examples include (but are not limited to):

- Applause from those in attendance at the court review session
- Accolades
- Judicial praise
- Completion certificates for moving through each Phase
- Gift cards
- Gift of participant’s choice from the “gift cart”
- Early payment discount
- Fee suspension/waiver
- Promotion to next phase of the program
- Reduced frequency of drug testing
- Reduction in term of probation (if applicable)

Several stakeholders expressed an interest in diversifying the pool of tangible incentives that could be offered to the program participants.

SANCTIONS

The VBCUDTCP uses a graduated set of sanctions (see Appendix A for the sanctions chart) in response to non-compliant behavior. According to the Policy & Procedure Manual, behaviors that are sanctioned include (but are not limited to):

- Positive drug tests (this includes missed and tampered drug tests)
- Missed treatment appointments
- Failure to complete (with verification) the required number of support group meetings
- Failure to show up on time for all appointments (e.g., case management, treatment)
- Tardiness or failure to appear for scheduled sessions of court
- Engaging in criminal behavior
- Other noncompliance with individualized treatment plan and/or other drug court requirements

Official sanctions for non-compliance are addressed at the following court review session (held bi-weekly on Friday mornings), however program staff address the issue(s) with participants as soon as is possible. The VBCUDTCP Policy & Procedure Manual states that sanctions are graduated in nature and include one or more of the following:

- Judicial warning/admonishment
- Community service
- Writing an essay on a drug court-related topic (e.g., Why? Paper)
- Additional support group meetings
- Increased frequency of drug testing
- Increased frequency of court hearings
- Increased intensity of treatment
- Increased frequency of reporting to case manager and/or probation officer
- Change in curfew
- Electronic monitoring
- Incarceration
- Demotion to an earlier phase
- Termination from the program

PROGRAM FEES

Participants in the VBCUDTCP are assessed a program fee of $300. This fee may be reduced to $200 if participants remain clean/sober for the first 150 days of the program. Participants begin making payments toward the program fee once they enter Phase III of the program and must pay the fee in full before being eligible for graduation.

VBCUDTCP participants are also responsible for paying all co-pays associated with their substance abuse treatment. The specific amount will vary depending on the type of health insurance (i.e., private insurance, Medicaid, etc.) and the specific level of coverage. Participants are also responsible for the cost of all urine screens ($5) administered during their term of enrollment. Moreover, participants submitting a positive or tampered urine screen must pay $30 in order to cover the cost of the necessary confirmation testing.

SUCCESSFUL COMPLETION

In order to graduate from the VBCUDTCP, participants must successfully complete the requirements of all four phases of the program (see previous section for a detailed discussion). Given that the first cohort of graduates are not scheduled to successfully complete the program until February 2010, the specific details of the graduation ceremonies
have not been outlined by program staff as of the writing of this evaluation report. The details of these ceremonies will be discussed in the Year 3 process evaluation report.

UNSUCCESSFUL DISCHARGE

Participants may be unsuccessfully discharged from the VBCUDTCP for a variety of reasons. First, participants displaying a long-term pattern of non-compliance with the program rules and graduated sanctions will be terminated from the program. Second, participants who commit a felony offense while enrolled in the program will be terminated once the felony case has been bound over to Circuit Court. Third, tampering/adulterating with drug tests (i.e., smuggling in urine) will result in immediate termination from the program. Fourth, participants who forge documents (i.e., support group verification sheets) will be sanctioned according to the sanctions chart criteria, however more than one incident of forging documents will result in termination. Fifth, participants who display threatening, harmful, violent, assaultive, abusive, and/or intimidating behavior to staff or other participants will be terminated from the program. Finally, only diversion track participants have the ability to “opt out” of the program.

FUNDING

Funding for the VBCDTCP was obtained from the U.S. Department of Justice Discretionary Grant Program for the Implementation of a Drug Court Program (DOJ), the State Court Administrator's Office Michigan Drug Court Grant Program (SCAO/MDCGP), and the Edward Byrne Memorial Fund that is given to SCAO (SCAO/BYRNE). The DOJ grant provides funding for three years of implementation, while the SCAO/MDCGP and SCAO/BYRNE grants provide additional funding and are renewable on an annual basis. The VBCUDTCP was awarded a Bureau of Justice Assistance Enhancement grant, which will be available during Year 4.

COMMUNITY PARTNERSHIPS

The VBCUDTCP has established collaborative working relationships with various law enforcement agencies operating within Van Buren County (i.e., Michigan State Police, Van Buren County Sheriff’s Department, Paw Paw Police Department) and treatment providers at MapleView Consultants, Pathways Psychological Associates, Phoenix Rising, and the Van Buren/Cass County Health Department. The working relationship established with all four treatment providers has been categorized as positive and that each has been very responsive to the needs of the participants.

In Year 4 the drug court program should work to establish additional partnerships with community service providers focusing on substance abuse treatment, education, job training, life skills, parenting, etc. Not only will these partnerships diversify the programming available to program participants, but these partnerships may also open doors for additional funding opportunities previously not available to the program (e.g., SAHMSA grant).

See the website for additional information: www.samhsa.gov/grants/apply.aspx.

(footnote continued)
supporting a partnership between the drug court program and existing community-based substance abuse treatment providers).
ADHERENCE TO THE 10 KEY COMPONENTS

In general, drug courts are designed to be more holistic than traditional courts, hence they depend on the collaboration between several organizations, including treatment, criminal justice agencies, social service agencies, and the courts. With this collaboration and mutual effort, participants receive referrals deemed more appropriate as they are specific to individual needs (McGee, Parnham, Morrigan, & Smith, 1998). The National Association of Drug Court Professionals Drug Court Standards Committee developed these 10 Key Components which are integral to the structure and process of all drug courts. What follows is a discussion of each key component and an assessment of the degree to which the VBCUDTCP is in compliance with these tenets of the drug court model. For each key component, the VBCUDTCP is graded as either: 1) Compliant; 2) Partially Compliant; or 3) Non-compliant.

Key Component #1: Drug courts integrate alcohol and other drug treatment services with the justice system case processing.

Drug courts emphasize the needs of substance abusing defendants and are based on the premise that individuals are less likely to recidivate if their substance abuse problems are addressed.

**The VBCUDTCP is compliant with Key Component #1.** The program integrates substance abuse treatment services with justice system case processing. MapleView Consultants, Phoenix Rising, Pathways Psychological Associates, and the Van Buren/Cass County Health Department provide substance abuse treatment services for program participants. Treatment providers from all the agencies are actively involved in the drug court process by providing timely reports and participating in the planning and court review sessions on a bi-weekly basis.

Moreover, the Van Buren County Health Department facilitates a ‘Living in Balance’ group, which is for women only that focuses on self esteem, establishing health relationships, etc. All members of the drug court team appear to be genuinely interested in providing participants with the tools necessary to be successful in their recovery and in the overall success of the program. During Year 4, members of the drug court team should continue to establish and strengthen collaborative working relationships with a diverse pool of treatment providers and should increase the ancillary services available to program participants.

Key Component #2: Using a non-adversarial approach, prosecution and defense counsel promote public safety while protecting participant’s due process rights.

Key to the drug court model is the dramatic change in roles traditionally held by the judge, prosecutor, defense attorney, and treatment providers. Specifically, there is an on-going personal interaction between participants and the presiding judge. Furthermore, the formal procedures that guide the drug court process are fundamentally different. Within the drug court model the court personnel (i.e., judge, prosecutor, and defense attorney) work closely with treatment providers to develop and maintain comprehensive individualized care plans,
addressing needs around substance abuse, mental health issues, job placement, educational attainment, and housing.

**The VBCDTCP is compliant with Key Component #2.** The program utilizes a non-adversarial approach to the drug court process and all members of the drug court team have taken seriously their modified roles. Each team member recognizes that the traditional method of processing defendants through the criminal justice system does little in the way of addressing the specific reasons why people commit crime. There were minimal staffing transitions during Year 3, which provided some much-needed stability and consistency within the program. Maintaining a strong core drug court team and strengthening collaborative working relationships with service providers will be vital to the success of participants and the success of the program as a whole.

**Key Component #3:** Eligible participants are identified early and promptly placed in the drug court program.

This will allow for enrollment in the program at the appropriate stage of the criminal justice process. The court must define the target population(s) and eligibility criteria (e.g., violent offenders and offenders charged with delivery or manufacturing a controlled substance are excluded) must be clearly outlined and agreed upon by the practitioners involved in the supervision/treatment process. Moreover, given that all participants must have access to a continuum of care for alcohol/drug dependency, mental health, and other treatment/rehabilitation needs, attention must be paid to the number of participants that can be brought into the drug court.

**The VBCDTCP is compliant with Key Component #3.** All drug court team members reported being satisfied with the screening/enrollment process and stated that it was operating efficiently and effectively. There was an exponential increase in the number of participants referred to the program, which resulted in a record number of program enrollees during Year 3.

**Key Component #4:** Drug courts provide access to a continuum of alcohol, drug, and other related treatment & rehabilitation services.

The fourth key component requires that drug court personnel establish a coordination of services between criminal justice agencies, court personnel, treatment providers, and mental health practitioners that goes beyond the integration of alcohol and/or drug treatment services. Establishing collaborative linkages between criminal justice practitioners and community treatment providers is vital to meeting the needs of drug court participants and the criminal justice system. Wenzel, Turner, and Ridgely (2004) detail eleven characteristics that define “collaborative linkages,” which are integral to the efficiency and effectiveness of the drug court model. These include: “(4) documentation of relationships (e.g., written agreements [between agencies]);…(6) joint planning of client service goals;…(9) mutual sensitivity to concerns of the other agency or program; (10) sharing of information about clients” (256).
The VBCDTCP is compliant with Key Component #4. As stated above, the program does provide participants with access to substance abuse treatment services and has developed strong collaborative working relationships with MapleView Consultants, Pathways Psychological Associates, Phoenix Rising, and the Van Buren/Cass County Health Department. Feedback from drug court team members suggests that the quality of substance abuse treatment services is high and the treatment providers themselves are willing to provide the services necessary to meet participants' needs. However, there continues to be a dearth of ancillary services available to program participants in Van Buren County. Specific areas of concern noted by program staff included: parenting classes, educational courses, employment training, life skills classes, and mental health counseling. This issue will likely be addressed with funding received from the Bureau of Justice Assistance Drug Court Enhancement Grant.

Key Component #5: Abstinence is monitored by frequent alcohol and other drug testing.

The fifth key component ensures that participants are remaining abstinent and in compliance with program rules/regulations. Key to the drug court model is participant accountability. Drug testing, counseling sessions, and case management appointments are measures of accountability typically employed by drug courts. Depending upon the identified target population and the needs of participants, courts must develop “incentives to encourage positive participation within the treatment process and [also have to develop] disincentives to discourage poor performance” (Goldkamp, 2000:7). Incentives can take a variety of forms: 1) advancement into the next phase of the process, 2) increased privileges, and 3) decreased frequency of case management appointments. Disincentives or sanctions can include: 1) short-term incarceration, 2) decreased privileges, 3) increased frequency of case management appointments, and 4) demotion to a previous phase of the process.

The VBCDTCP is compliant with Key Component #5. Four drug testers (one coordinator and three assistants) were responsible for administering drug tests to all program participants during Year 3. The frequency of testing was randomized using the established phase color system, which is designed to ensure participants are submitting to urine screens on a frequent and random basis. This phase system included weekend and holiday testing, which represents a marked improvement from Years 1 and 2. It is well documented that chemically dependent individuals will take advantage of not being tested over the weekend and will likely go undetected especially given the short amount of time it takes for various substances to exit the body. Therefore, this is an area that should be monitored closely by program staff and adaptations to the current policies and procedures should be made as is necessary.

Key Component #6: A coordinated strategy governs drug court responses to participants’ compliance.

The sixth key component refers to the utilization of a continuum of rewards and sanctions to respond to compliance and non-compliance with program rules/regulations. Drug court personnel recognize that “structure without support feels punitive and support without structure is enabling” (Hora, 2002:1476). Therefore, striking a truly therapeutic balance
between rewards and sanctions is vital to maintaining the integrity of the program and to participants’ recovery.

The VBCDTCP is compliant with Key Component #6. Members of the drug court team continue to express great satisfaction in playing an active role in facilitating the success of program participants. One team member stated “Seeing people who were unsuccessful in the past change their way of thinking and behavior is incredibly rewarding.” All drug court team members should continue to work collaboratively to develop rapport with each other and with program participants.

While great strides were made during Year 3 to address the lack of consistency in addressing non-compliant behavior and fashioning appropriate sanctions, this remains an area to be monitored. At the end of Year 3, the drug court team was working together to make necessary modifications to the sanctions chart (See Appendix A).

Moreover, several drug court team members continue to discuss various incentives that can be used to reward participants’ compliant behavior. At present, participants who are in compliance with the program are able to select an item from the “Accolades cart” during the court review session. One example of an incentive is a “fish bowl” where participants in Accolades could draw for a prize (e.g. one free urine screen).

Key Component #7: On-going judicial interaction with each drug court participant is essential.

The seventh key component highlights the importance of discourse involving each individual participant and the judge, which is one of the hallmark features of drug courts. It is believed that both the participant and the judge benefit psychologically and emotionally from frequent and on-going interactions with one another. Communication increases the degree to which participants and the judge become invested in the process.

The VBCDTCP is compliant with Key Component #7. Judge Buhl’s demeanor during the review hearings could be characterized as casual yet firm. He appears to demonstrate a genuine interest in this process and openly asserts that the traditional method of processing defendants through the criminal justice system is ineffective and does little in the way of addressing the needs of individuals addicted to alcohol/drugs. The court review sessions provide a venue for the participants to openly interact with Judge Buhl and it is well documented that this interaction is one of the hallmarks of the drug court process. Based upon observations and input from drug court team members, it appears as though the drug court participants should be more actively engaged during these court review sessions. Participants should be encouraged to verbalize what is going on in their lives, discuss their successes/failures, etc. as this will assist in facilitating a more therapeutic environment. This increased level of participation will be beneficial to all participants and will increase a sense of camaraderie among the drug court participants.

In light of the impending transition that will occur with Judge Buhl’s retirement, this is an area that should be monitored by program staff. Changes to the way in which the court review sessions are structured should reflect Judge Hamre’s interpersonal style and preference(s).
Key Component #8: Monitoring and evaluation measure the achievement of program goals and gauge effectiveness.

The eighth key component requires that jurisdictions utilize monitoring and evaluation efforts to determine program effectiveness and whether or not program goals have been met. The results of on-going evaluation efforts should be utilized to highlight the strengths of a program, as well as to identify places where change is necessary and/or warranted.

The VBCDTCP is compliant with Key Component #8. The VBCDTCP uses the Drug Court Case Management and Information System (DCCMIS) database for the maintenance of participant records. The use of this electronic database is mandatory for all Michigan drug court programs receiving funding from the Michigan Supreme Court State Court Administrator’s Office (SCAO). This database has the ability to store a wealth of information for each participant and is updated on a regular basis. The VBCDTCP contracts with Dr. Kristen DeVall (author of this report) for the purposes of providing ongoing evaluation information. Maintaining a collaborative working relationship with an external evaluator will be important.

Key Component #9: Continuing interdisciplinary education promotes effective drug court planning, implementation, and operations.

The ninth key component asserts that in order to make improvements to the structure and process of the drug court model, drug court personnel should remain engaged in interdisciplinary education. Drug courts represent the integration of a public-health approach and a public-safety strategy for fighting crime and administering “justice.” With that said, in order to be effective at meeting these stated goals, personnel should be knowledgeable about the state of the disciplines (e.g., biology, neurology, psychology, substance abuse, sociology, criminology, etc.) that comprise this public-health/public-safety approach.

The VBCDTCP is compliant with Key Component #9. Members of the drug court team appear dedicated to educating themselves and to keeping up with the current literature within the field. As stated earlier in this report, several members of the drug court team attended the Michigan Association of Drug Court Professionals (MADCP) annual meeting in February 2010 and all members of the drug court team attended the National Association of Drug Court Professionals (NADCP) annual meeting in Boston, MA in June 2010. Feedback from these training sessions was incredibly positive and several team members noted that they learned a lot and were able to network with other practitioners. Additional training should be scheduled as is needed in Year 4.

Key Component #10: Forging partnerships among drug courts, public agencies, and community-based organizations generates local support and enhances drug court program effectiveness.

The tenth key component includes establishing and maintaining partnerships between the court, treatment providers, local community, and key social service agencies. It is believed that the strength of these partnerships is vital to maintaining the integrity of program theory and to the overall sustainability of the program. In order for drug courts to operate efficiently and effectively, there must be institutionalized support for the overall process.
The VBCDTCP is compliant with Key Component #10. As stated earlier in this report, the VBCUDTCP partners with the following service providers in Van Buren County: MapleView Consultants, Pathways Psychological Associates, Phoenix Rising, and the Van Buren County Health Department. Additionally, members of the drug court team have established collaborative working relationships with local and state law enforcement agencies. During Year 4, several drug court team members stated that they felt there is increased support for the program among local criminal justice practitioners, county commissioners, and the general public in Van Buren County. Institutionalizing support for the program within the larger community continues to be vital to the sustainability of the program and it appears that the hard work of the drug court team is paying off.
OUTCOME EVALUATION

An outcome evaluation emphasizes the short-term impact of the program and includes an analysis of urine screens, the phase process, sanctions, crime rates, and recidivism rates. The focus of the outcome evaluation is on whether the VBCDTCP is meeting the goals/objectives. The outcome and impact evaluation consists of the data analysis of important program objectives. It should be noted that the emphasis is on the quantification of objectives. A comparison group was used as a benchmark to allow for comparison of differences in the crime and recidivism rates of the two groups. The comparison group was comprised of individuals who were referred to the VBCDTCP, but refused to participate. The comparison group differed from the experimental group in that they received less supervision and less regular urine screens. Even more important, selection was certainly not random and the number of men/women in the comparison group is quite small, so comparisons must be interpreted cautiously. In reporting on Years 1-3 of the program, the information is based upon those individuals who were enrolled in the program during Years 1-3 (n=146).

Experimental group

The total number of participants who participated in the program during Year 3 and Years 1-3 is displayed in Figures 1 and 1A. Of the 134 participants enrolled during Year 3, 1.5% (n=2) entered during Year 1, 47.0% (n=63) in Year 2, and 51.5% (n=69) entered in Year 3. Of the 146 participants in Years 1-3, 3.4% (n=5) entered the drug court program during Year 1, 49.3% (n=72) in Year 2, and 47.3% (n=69) entered the program during Year 3.

AGE

The age analysis is based on the participants’ age when they entered the program. It should be noted that the VBCDTCP is designed to work with adult offenders who are seventeen years of age or older. As displayed in Figure 2, the mean age of participants during Year 3 was 36.8 years with a median age of 36.0 years, and a modal age of 24. The age range was 19 to 60 years. 16.4% (n=22) were under the age of 25 and another 16.4% (n=22) were between the ages of 35-39, while 15.7% (n=21) were between the ages of 25-29.

As displayed in Figure 2A, the mean age of participants during Years 1-3 was 36.1 years with a median age of 35.0 years, and a modal age of 24. The age range was 18 to 60 years. 19.2% (n=28) were between the ages of 25-29, while 15.1% (n=22) were between the ages of 20-24.

ETHNICITY

According to Figure 3, 88.1% (n=118) of participants in Year 3 were white. 6.0% (n=8) were African American, 4.5% (n=6) were Hispanic, 1.5% (n=2) were Native American.

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8 There were two Year 2 participant who were transferred to drug court programs in other jurisdictions. Given that complete program information were not available for these participants, they have been excluded from all analyses.
According to Figure 3A, 87.0% (n=127) of participants in Years 1-3 were white. 6.2% (n=9) were African American, 4.1% (n=6) were Hispanic, 2.1% (n=3) were Native American, and 0.7% (n=1) were Asian.

GENDER

As displayed in Figure 4, 67.2% (n=90) of participants in Year 3 were male, whereas 32.8% (n=44) were female. In Figure 4A, 66.4% (n=97) of participants in Years 1-3 were male, whereas 33.6% (n=49) were female.

EDUCATION

As Figure 5 illustrates, 54.4% (n=75) of Year 3 participants have either a high school diploma or a general equivalency degree (GED). 18.6% (n=25) have less than a high school diploma and 26.7% (n=36) have some college experience, a college degree, or some postgraduate work.

As Figure 5A illustrates, 54.8% (n=80) of participants in Years 1-3 have either a high school diploma or a general equivalency degree (GED). 19.2% (n=28) have less than a high school diploma and 26.0% (n=38) have some college experience, a college degree, or some postgraduate work.

MARITAL STATUS

As Figure 6 illustrates, 50.7% (n=68) of participants in Year 3 are single (never been married). 22.4% (n=30) are married, while the remaining 26.8% (n=36) are divorced, separated, or widowed.

As Figure 6A illustrates, 53.4% (n=78) of participants in Years 1-3 are single (never been married). 21.2% (n=31) are married, while the remaining 25.4% (n=37) are divorced, separated, or widowed.

NUMBER OF DEPENDENTS

As Figure 7 illustrates, 26.3% (n=35) of participants in Year 3 do not have any children. 48.9% (n=65) have either one or two children, whereas 24.9% (n=33) have three or more children. The mean number of children is 1.7 (median number of children is 2) and the range is 0-7 children. Data were missing for one Year 3 participant.

As Figure 7 illustrates, 26.9% (n=39) of participants in Years 1-3 do not have any children. 47.6% (n=69) have either one or two children, whereas 25.5% (n=37) have three or more children. The mean number of children is 1.7 (median number of children is 2) and the range is 0-7 children. Data were missing for one participant.
EMPLOYMENT STATUS AT PROGRAM ENTRY

As Figure 8 illustrates, 47.0% (n=63) of participants enrolled during Year 3 were unemployed at the time they entered the VBCDTCP, whereas only 12.7% (n=17) were employed part-time, and 29.9% (n=40) were working full-time. 9.0% (n=12) were receiving disability benefits and therefore not in the workforce.

As Figure 8A illustrates, 47.3% (n=69) of participants enrolled during Years 1-3 were unemployed at the time they entered the VBCDTCP, whereas only 13.0% (n=19) were employed part-time, and 28.8% (n=42) were working full-time. 9.6% (n=14) were receiving disability benefits, 0.7% (n=1) were enrolled in school, and 0.7% (n=1) were retired and therefore not in the workforce.

HOUSEHOLD INCOME

These data were not available to the external evaluation team. It is hopeful that we will be able to include a measure of socioeconomic status in the Year 4 report.
Figure 1: Total Number of Participants: Year 3
n=134
Figure 1A Total Number of Participants: Years 1-3
n=146
Figure 2: Age of Participants: Year 3
n=134
Figure 2A Age of Participants: Years 1-3
n=146
Figure 3: Ethnicity of Participants: Year 3
n=134
Figure 3A: Ethnicity of Participants: Years 1-3
n=146

![Bar chart showing the distribution of ethnicity among participants. The chart indicates that White participants are the most numerous, followed by African American, Hispanic, Native American, and Asian participants. The numbers of participants are as follows: 127 White, 9 African American, 6 Hispanic, 3 Native American, 1 Asian.](image-url)
Figure 4: Sex of Participants: Year 3
n=134

- Male, 90
- Female, 44
Figure 4A: Sex of Participants: Years 1-3
n=146

- Male, 97
- Female, 49
Figure 5: Educational Attainment of Participants: Year 3
n=134

- some post-graduate work: 1
- college graduate: 3
- 2 year college graduate: 3
- trade school graduate: 5
- some college: 24
- high school diploma: 44
- GED: 29
- less than high school degree: 25
Figure 5A: Educational Attainment of Participants: Years 1-3
n=146

- College graduate: 3
- 2 year college graduate: 3
- Trade school graduate: 5
- Some college: 26
- High school diploma: 47
- GED: 33
- Less than high school degree: 28
Figure 6: Marital Status of Participants: Year 3

n=134

- Single: 68
- Married: 30
- Divorced: 27
- Separated: 7
- Widowed: 2
Figure 6A: Marital Status of Participants: Years 1-3
n=146
Figure 7: Number of Dependents: Year 3
n=134
Figure 7A: Number of Dependents: Years 1-3
n=146
Figure 8 Employment Status at Program Entry: Year 3
n=134

![Bar chart showing employment status]

- Unemployed: 63
- Part-time: 17
- Full-time: 40
- Disabled: 12
- Retired: 1
- Student: 1
Figure 8A: Employment Status at Program Entry: Years 1-3
n=146

- Unemployed: 69
- Part-time: 19
- Full-time: 42
- Disabled: 14
- Retired: 1
- Student: 1
AGE AT ONSET OF DRUG AND ALCOHOL USE

Figure 9 illustrates the breakdown of the ages at which participants began using drugs and alcohol for all Year 3 participants. The mean age at which participants began using alcohol was 17.7 years, with a median and modal age of 16 years. The range was 5-46 years of age. Twenty-three participants did not report any alcohol use and therefore were excluded from this analysis. The mean age at which Year 3 participants began using drugs was 18.1 years with a median and modal age of 16 years. The range was 9-45 years of age. Fourteen participants did not report any drug use and therefore were excluded from this analysis.

Figure 9A illustrates the breakdown of the ages at which participants began using drugs and alcohol in Years 1-3. The mean age at which participants began using alcohol was 17.4 years, with a median and modal age of 16 years. The range was 5-46 years of age. Twenty-four participants did not report any alcohol use and therefore were excluded from this analysis. The mean age at which participants in Years 1-3 began using drugs was 18.2 years with a median and modal age of 16 years. The range was 9-45 years of age. Sixteen participants did not report any drug use and therefore were excluded from this analysis.

DRUG OF CHOICE

As Figure 10 illustrates, 41.8% (n=56) of Year 3 participants reported that their drug of choice prior to entry into the VBCDTCP was methamphetamine. In terms of prevalence among participants during Year 3, other drugs of choice are as follows: alcohol [25.4%, n=34], marijuana [11.2%, n=15], poly drug use [10.4%, n=14], and opiate other [5.2%, n=7].

As Figure 10A illustrates, 41.1% (n=60) of participants in Years 1-3 reported that their drug of choice prior to entry into the VBCDTCP was methamphetamine. In terms of prevalence among participants during Years 1-3, other drugs of choice are as follows: alcohol [24.0%, n=35], marijuana [11.0%, n=16], poly drug use [10.3%, n=15], and cocaine [3.4%, n=5] and heroin [3.4%, n=5].

PRECIPITATING CHARGE

As Figure 11 illustrates, prior to their entry into the VBCDTCP, 64.2% (n=86) of participants enrolled during Year 3 were charged with a violation of the Michigan Public Health Code, 24.6% (n=33) were charged with a violation of the Michigan Vehicle Code, and 11.2% (n=15) were charged with a violation of the Michigan Penal Code. More specifically, 31.3% (n=42) of participants were charged with controlled substance possession of methamphetamine [333.74032B1], 19.4% (n=26) were charged with OUIL 3rd [257.6256D], and 12.7% (n=17) were charged with controlled substance operating/maintaining a laboratory involving methamphetamine [333.7401C2F].

As Figure 11 illustrates, prior to their entry into the VBCDTCP, 64.1% (n=93) of participants enrolled during Years 1-3 were charged with a violation of the Michigan Public Health Code, 13.1% (n=19) were charged with a violation of the Michigan Vehicle Code, and 22.7% (n=33) were charged with a violation of the Michigan Penal Code. More specifically, 30.8% (n=45) of participants were charged with controlled substance possession...
of methamphetamine [333.74032B1], 17.8% (n=26) were charged with OUIL 3rd [257.6256D], and 13.0% (n=19) were charged with controlled substance operating/maintaining a laboratory involving methamphetamine [333.7401C2F].

SGL CELL TYPE

As Figure 12 illustrates, 63.8% (n=81) of participants in Year 3 had sentencing guidelines that placed them within the intermediate cell category. 21.3% (n=27) had sentencing guidelines that placed them within the straddle cell category and 15.0% (n=19) were scored within the presumptive prison category. Therefore, 36.3% (n=46) of Year 3 participants were straddle cell or above, which exceeds the program goal of 30%. 3.0% (n=4) of Year 3 participants committed a misdemeanor offense prior to enrolling in the VBCDTCP and therefore did not have a sentencing guideline. Data were also missing for three participants.

As Figure 12A illustrates, over half (58.7%, n=84) of participants in Years 1-3 had sentencing guidelines that placed them within the intermediate cell category. 20.3% (n=29) had sentencing guidelines that placed them within the straddle cell category and 16.8% (n=24) were scored within the presumptive prison category. Therefore, 37.1% (n=53) of participants in Years 1-3 were straddle cell or above, which exceeds the program goal of 30%. 4.2% (n=6) of participants committed a misdemeanor offense prior to enrolling in the VBCUDTCP and therefore did not have a sentencing guideline. Data were missing for three participants.

MODE OF PROGRAM ENTRY

As Figure 13 illustrates, 53.7% (n=72) of participants entered the VBCDTCP through the diversion track and 34.3% (n=46) of participants were sentenced to the program as a condition of probation. Only 11.2% (n=15) were enrolled in the program as a result of a probation violation sentence and 0.7% (n=1) were enrolled as a condition of release on parole.

As Figure 13A illustrates, 54.8% (n=80) of participants entered the VBCDTCP through the diversion track and 32.9% (n=48) of participants were sentenced to the program as a condition of probation. Only 11.0% (n=16) were enrolled in the program as a result of a probation violation sentence and 1.4% (n=2) were enrolled as a condition of release on parole.
Figure 9: Age at Onset of Drug and Alcohol Use: Year 3
n=119 (drug) and n=110 (alcohol)
Figure 9A: Age at Onset of Drug and Alcohol Use: Years 1-3
n=130 (drug) and n=122 (alcohol)
Figure 10: Drug of Choice: Year 3  
n=134

- Poly drug: 14
- Opiate (other): 7
- Methamphetamine: 56
- Marijuana: 15
- Heroin: 3
- Crack cocaine: 1
- Cocaine: 3
- Benzodiazepine: 1
- Amphetamine: 0
- Alcohol: 34
Figure 10A: Drug of Choice: Years 1-3
n=146

- Poly drug: 15
- Opiate (other): 7
- Methamphetamine: 60
- Marijuana: 16
- Heroin: 5
- Crack cocaine: 1
- Cocaine: 5
- Benzodiazepine: 1
- Amphetamine: 1
- Alcohol: 35
Figure 11: Precipitating Charge: Year 3
n=134
Figure 11A: Precipitating Charge: Years 1-3
n=146

- MI Vehicle Code: 33
- MI Public Health Code: 93
- MI 600: 1
- MI Penal Code: 19
Figure 12: Sentencing Guideline Cell Type: Year 3
n=134

- Intermediate, 45
- Presumptive Prison, 19
- Straddle Cell, 27
- Not applicable, 4
Figure 12A: Sentencing Guideline Cell Type: Years 1-3
n=146

- Intermediate: 45
- Straddle Cell: 29
- Presumptive Prison: 24
- not applicable: 6
Figure 13: Mode of Program Entry: Year 3
n=134

- Diversion: 72
- Probation violator: 15
- Parole: 1
- Sentenced: 46
Figure 13A: Mode of Program Entry: Years 1-3
n=146
PHASE PROGRESSION AND COMPLETION

The next two figures (Figures 14 and 14A) deal with the progress of the participants in the program and the status of all participants at the end of Year 3 and Years 1-3 respectively (September 30, 2010). It is important to note that it is possible for a single participant to progress through more than one phase in a year or to be moved back to a prior phase and then progress through that phase more than once.

Figure 14 shows the phase progression and completion of the 134 participants who actively participated in Year 3. 100% (n=134) entered Phase I and 74.6% (n=100) graduated Phase I and entered Phase II. One hundred three9 participants entered Phase II and 60.2% (n=62) graduated and entered Phase III. Seventy10 participants entered Phase III and 61.4% (n=43) graduated and entered Phase IV. Of the forty-four participants who entered Phase IV,11 27.3% (n=12) successfully completed Phase IV and graduated from the program.

Figure 14A shows the phase progression and completion of the 146 participants who actively participated in Years 1-3. 100% (n=146) entered Phase I and 69.2% (n=101) graduated Phase I and entered Phase II. One hundred four12 participants entered Phase II and 59.6% (n=62) graduated and entered Phase III. Seventy13 participants entered Phase III and 61.4% (n=43) graduated and entered Phase IV. Of the forty-four participants who entered Phase IV,14 27.3% (n=12) successfully completed Phase IV and graduated from the program. At the end of Year 3, eighty-five participants remained in the program to be carried over to Year 4.

STATUS OF PARTICIPANTS

The status of participants allows one to calculate the retention rate of participants. The status of the participants is divided into three categories: 1) those who graduated from the program, 2) those unsuccessfully discharged or terminated from the program, and 3) those still in the program.

As of September 30, 2010, 8.2% (n=12) graduated from the VBCDTCP, 27.4% (n=40) were unsuccessfully discharged, and 63.7% (n=93) were still enrolled in the program (see Figures 15 and 15A for the Year 3 and Years 1-3 breakdown). In accordance with the Office of Justice Program (OJP), retention rates are calculated by comparing the number of participants who graduated or are still in the program with the total number of participants who have ever been in the program. The national retention rate is 68% (OJP Drug Court

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9 Three participants successfully completed Phase I (repeat) and entered Phase II (original), which is why the numbers of participants graduating from Phase I (original) and entering Phase II (original) do not match.

10 Eight participants successfully completed Phase II (repeat) and entered Phase III (original), which is why the numbers of participants graduating from Phase II (original) and entering Phase III (original) do not match.

11 One participant successfully completed Phase III (repeat) and entered Phase IV (original), which is why the numbers of participants graduating from Phase III (original) and entering Phase IV (original) do not match.

12 Three participants successfully completed Phase I (repeat) and entered Phase II (original), which is why the numbers of participants graduating from Phase I (original) and entering Phase II (original) do not match.

13 Eight participants successfully completed Phase II (repeat) and entered Phase III (original), which is why the numbers of participants graduating from Phase II (original) and entering Phase III (original) do not match.

14 One participant successfully completed Phase III (repeat) and entered Phase IV (original), which is why the numbers of participants graduating from Phase III (original) and entering Phase IV (original) do not match.
Clearinghouse and Technical Assistance Project, 2001). The retention rate for Year 3 is 78.4% and Years 1-3 is 71.9%, which are both above the national average. However, the comparison of retention rates must be interpreted cautiously, as some adult drug court programs in the country may have full or partial voluntary participation, and thus would be more likely to have a higher retention rate. In addition, some programs are only a few years old, which, given the method of calculation used by the OJP, means they are likely to have high retention rates. Given that the VBCDTCP has completed just over two years of operation the evaluation team will continue to monitor the program retention rate to assess any fluctuations.
Figure 14: Phase Completion and Progression: Year 3
n=134
Figure 14A: Phase Completion and Progression: Years 1-3  
n=146
Figure 15: Status of Participants: Year 3
n=134

- Still enrolled, 87
- Graduated, 12
- Unsuccessfully discharged, 32
- Bench warrant status, 2
- Transferred to another jurisdiction, 1
- Still enrolled, 87

Total, 134
Figure 15A: Status of Participants: Years 1-3
n=146

- Graduated, 87
- Unsuccessfully discharged, 40
- STILL enrolled, 12
- Bench warrant status, 6
- Transferred to another jurisdiction, 1
LENGTH OF TIME TO DISCHARGE

This analysis compiles the length of time it took participants enrolled in Year 3 to either successfully complete or be unsuccessfully discharged from the VBCDTCP. Of the twelve Year 3 graduates, 75.0% (n=9) spent between fifteen and eighteen months in the program. The mean length of time was 529 days and the median length of time was 507 days in the program. The length of enrollment ranged from 468 days (just over fifteen months) to 699 days (23 months). Comparing the mean and median values suggests that the mean was biased up due to some graduates spending more time enrolled in the program.

Of the 40 participants unsuccessfully discharged from the VBCDTCP during Years 1-3, 7.5% (n=3) spent thirty days or less in the program, 17.5% (n=7) spent between 31 and 60 days in the program, and 17.5% (n=7) spent between 61 and 90 days in the program. Therefore, 42.5% (n=17) of the participants unsuccessfully discharged from the program during Years 1-3 spent 90 days or less in the program. The minimum and maximum number of days it took for a participant to be unsuccessfully discharged from the program was 7 and 727 days respectively. 80.8% (n=32) of participants unsuccessfully discharged from the program during Years 1-3 were in Phase I (original) at the time of discharge, whereas 17.5% (n=7) were in Phase II at the time of discharge, and 2.5% (n=1) was in Phase III. It should be noted that only 10.0% (n=4) of those participants unsuccessfully discharged ever participated in Phase III and only 5.0% (n=2) were ever in Phase IV.

PHASE DAYS COMPLETED

The purpose of this section is to report the average (mean) value and the total number of days participants spent in each phase of the program. The analysis compiles phase information from Years 1-3. This analysis is limited to the phases participants successfully completed at the time of the analysis. For example, if a participant had completed Phase I and Phase II but was still in Phase III at the end of Year 3 or had been discharged while in Phase III, then only his/her Phase I and Phase II information was included in this analysis.

Table 2 displays the total number of days, as well as the average number of days, participants spent in each phase of the program. The “Original” phases listed refer to the number of participants who completed that phase for the first time and the total and average days they spent in each of these phases. The “Repeat” phase items in Table 2 refers to the number of participants and the total and average days they spent repeating that particular phase. Participants can be sent back to a previous phase by the judge if they are not complying with the program rules. For example, a participant may have entered Phase III, but then began violating program rules. She could have been sent back to Phase II. Again, only repeat phases that had been completed, where the Judge “graduated” the participant back into the phase they left, were included in the analysis.
TABLE 2 TIME ELAPSED BY COMPLETED PHASE: YEARS 1-3

<table>
<thead>
<tr>
<th>Time Elapsed by Completed Phase</th>
<th>Years 1-3 (n=146)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td># of Participants</td>
</tr>
<tr>
<td>Phase I Original</td>
<td>101</td>
</tr>
<tr>
<td>Phase I Repeat</td>
<td>51</td>
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<tr>
<td>Total Phase I</td>
<td>152</td>
</tr>
<tr>
<td>Phase II Original</td>
<td>62</td>
</tr>
<tr>
<td>Phase II Repeat</td>
<td>15</td>
</tr>
<tr>
<td>Total Phase II</td>
<td>77</td>
</tr>
<tr>
<td>Phase III Original</td>
<td>43</td>
</tr>
<tr>
<td>Phase III Repeat</td>
<td>4</td>
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<tr>
<td>Total Phase III</td>
<td>47</td>
</tr>
<tr>
<td>Phase IV Original</td>
<td>12</td>
</tr>
<tr>
<td>Phase IV Repeat</td>
<td>0</td>
</tr>
<tr>
<td>Total Phase IV</td>
<td>12</td>
</tr>
</tbody>
</table>

AVERAGE NUMBER OF DAYS

According to the VBCDTCP Participant Handbook, program participants are expected to spend a minimum of 30 days in Phase I, 120 days in Phase II, 120 days in Phase III, and 180 days in Phase IV. Thus, participants are expected to be enrolled in the VBCUDTCP for a minimum of 15 months (450 days).

According to Table 2 of the 146 participants enrolled during Years 1-3, 69.2% (n=101) completed Phase I. These 101 individuals were in Phase I for an average of 56.7 days (median number of days = 44). Of the 104 participants who entered Phase II, 59.6% (n=62) completed Phase II. The average number of days these 62 participants spent in Phase II was 128.2 days (median number of days = 127). Of the 70 participants who entered Phase III, 61.4% (n=43) completed Phase III. These participants spent an average of 146.1 days (median number of days = 127). Finally, of the 44 participants who entered Phase IV, 27.3% (n=12) successfully completed the program. These twelve participants spent an average of 185.3 days in Phase IV (median number of days = 183).

Based upon the median lengths of time participants spend in Phases I-III, it appears as though participants are spending significantly longer than expected in Phase I (median number of days = 44 versus 30 days pursuant to the Participant Handbook). For Phases II and III, to date participants appear to be spending only slightly longer than is expected (median number of days = 127 days for Phases II and III versus 120 days pursuant to the Participant Handbook). Moreover, for Phase IV participants are spending only slightly

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15 Only the original phase information is elaborated on within the body of the text, however information regarding successful completion of repeat phases is presented in Table 2.

16 The median is also being reported because the average (mean) number of days participants spent in each phase of the program was affected by the few participants who spent a significantly longer time than other participants in each of the phases.
longer than is expected (median number of days = 183 versus 180 pursuant to the Participant Handbook). Therefore, the only phase where participants are spending longer than expected is in Phase I.

It should be noted that the range of time spend in each phase of the program is affected by the structure and orientation of the program, which stresses maintaining client participation. Participants are not discharged from the program unless they repeatedly exhibit behavior that is in violation of the program rules, commit an offense that disqualifies them from the program, or they elect to “opt out” of the program. Participants can be on bench warrant status or incarcerated without being discharged from the program. Furthermore, positive screens will not necessarily lead to a participant’s discharge from the program, but may result in the participant being returned to a previous phase within the program. However, if participants repeatedly test positive for drugs and/or alcohol that can be just cause for unsuccessful discharge from the program.

**PHASE DAYS COMPARISON**

Table 3 compares the total time and the average time three separate subgroups of participants spent in each phase of the program. The three subgroups are: 1) those who graduated from the program; 2) those participants unsuccessfully discharged/terminated from the program; and 3) those participants still enrolled in the program.

The twelve program graduates completed Phase I in an average of 54.7 days (median number of days = 51). Of he discharged group (n=40) only 42.5% (n=17) completed Phase I and spent an average of 81.7 days (median number of days=60) in that phase. For the 87 participants who were still in the program at the end of Year 3, 81.6% (n=71) had completed Phase I and it took these participants an average of 51.3 days (median number of days=42) to do so.

The twelve program graduates completed Phase II in an average of 126.5 days (median number of days = 126). However, the comparison of successful and unsuccessful discharges is most important and is only meaningful for Phase I since so few participants unsuccessfully discharged completed a later phase. It is hopeful that at the end of Year 4, a more meaningful comparison between groups can be made. Of the 87 participants still in the program, 51.7% (n=45) had completed Phase II in an average of 128.9 days (median number of days=127).

Of the program graduates, 91.7% (n=11) completed Phase III in an average of 158.5 days (median number of days = 140). Moreover, of the participants still in the program, 34.5% (n=30) had successfully completed Phase III and it took them an average of 142.8 days (median number of days =127) to do so.
Finally, the twelve program graduates spent an average of 185.3 days (median number of days =183) in Phase IV. Furthermore, of the 87\(^{17}\) participants still enrolled in the VBCUDTCP at the end of Year 3, 17 (19.5\%) were enrolled in Phase I, 25 (28.7\%) were enrolled in Phase II, 23 (26.4\%) were enrolled in Phase III, and 20 (23.0\%) were enrolled in Phase IV. It should be noted that two participants were on suspension status and therefore were not enrolled in a particular phase of the VBCUDTCP.

### TABLE 3: COMPARISON OF TIME ELAPSED BY COMPLETED PHASE: YEARS 1-3

<table>
<thead>
<tr>
<th>Time Elapsed by Completed Phase</th>
<th>Comparison by Groups</th>
<th>Years 1-3 (n=146)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Graduated (n=12)</td>
<td>Discharged (n=40)</td>
<td>Still In The Program (n=87)</td>
</tr>
<tr>
<td>n</td>
<td>Total Days</td>
<td>Average Days (Median # of days)</td>
</tr>
<tr>
<td>---</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>Phase I</td>
<td>12</td>
<td>656</td>
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<tr>
<td>Phase I repeat</td>
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<td>0</td>
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<tr>
<td>Phase II</td>
<td>12</td>
<td>1,518</td>
</tr>
<tr>
<td>Phase II repeat</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Phase III</td>
<td>11</td>
<td>1,743</td>
</tr>
<tr>
<td>Phase III repeat</td>
<td>1</td>
<td>127</td>
</tr>
<tr>
<td>Phase IV</td>
<td>12</td>
<td>2,223</td>
</tr>
<tr>
<td>Phase IV repeat</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total Duration</td>
<td>12</td>
<td>6,140</td>
</tr>
</tbody>
</table>

### URINE SCREENS

All participants of the VBCUDTCP must submit to random urine screens as part of the program requirements. The number of random urine screens required of participants

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\(^{17}\) At the end of Year 3, six (6.5\%) participants were on bench warrant status and therefore were not enrolled in a specific phase of the VBCUDTCP and thus have been excluded from these analyses. Moreover, one program participant was transferred to another drug treatment court program and therefore has been excluded from this analysis.
depends on which phase of the program they are in. These data are important because the urine screens are used to identify relapses in the drug/alcohol abstinence of the participants. The decline of drug usage is one of the most significant and obvious objectives of this program. Eight-panel urine screens (7 drugs and the creatinin level) are utilized most often however 5-panel instant urine screens can be utilized in place of the 8-panel screens. Both the treatment providers and the case managers have the discretion to require urine screens when they feel it necessary.

It is important to note two data collection issues related to urine screen data. First, if a participant was discharged or was in the middle of a phase at the end of the evaluation year, data were collected from the time they entered that phase until the date they were discharged or until the end of the evaluation year (September 30, 2010). Even though they had not yet completed the phase, the information was included under the context of that phase. Second, with regard to urine screen data, it is also important to ascertain how many and what percent of participants had positive urine screens, as a few participants often contribute a high proportion of positive drug screens. The data are again arranged by phases as the number of users and the incidences of the use of illegal drugs are both expected to go down from one phase to the next. These two sets of data need to be reviewed together. The data are provided for all participants during Years 1-3 of the program.

Figure 15 shows the total number of urine screens given to all participants in by phase and the number that were positive and missed for Years 1-3. The total number of urine screens administered during Years 1-3 was 13,818. Of these, 4.8% (n=657) were either positive (3.4%; n=472) or missed (1.4%; n=185). There were a total of 3,081 screens administered in Phase I; 4,602 in Phase II; 2,433 in Phase III; and 673 in Phase IV. The percentage of positive screens declined dramatically between Phase I and II. Of the 3,081 screens administered in Phase I, 11.2% (n=344) were either positive or missed. This decreased to 1.5% (67 out of 4,602) in Phase II. From Phase II to Phase III, the percentage of positive and missed screens decreased again to 1.3% (31 out of 2,433). However, in Phase IV the percentage of positive and missed screens increased slightly to 2.7% (18 out of 673). These findings should be interpreted with caution, as the fewer number of tests administered in Phases III and IV is a reflection of officials’ belief that participants are generally doing well. Tests are more likely to be ordered when there is suspicion in this phase, thereby predisposing them to positive results. On the other hand, decreased supervision and fewer required tests may lead some participants to believe they could relapse into drug usage without being detected.

Figure 16 shows urine screen information by phase for participants in Years 1-3. Of the 146 participants enrolled in the VBCUDTCP during Years 1-3, 69.2% (n=101) individuals had at least one positive and/or missed urine screen during their time in the program. Of the 146 participants who were in Phase I at some point during Years 1-3, 45.9% (n=67) had either a positive or missed urine screen. In Phase II, the number of participants with positive and/or missed urine screens dropped to 35.6% (n=37 of 104). The percentage decreased again in Phase III, with 18.6% (n=13 of 70) either testing positive and/or missing urine screens. Finally, in Phase IV, the percentage of participants with a positive or missed a urine screen increased to 31.8% (n=14 of 44). In summary, there was a general decline in the percentage of participants testing positive for drugs and/or alcohol as they advanced
through Phases I to III of the program, but an increase in Phase IV. As stated above, these findings should be interpreted with caution.

**DETENTIONS BY PHASE**

Formal violation and sanction information was collected from the DCCMIS system. Data were collected on the number of detentions participants received during their enrollment in the VBCUDTCP. The only form of detention categorized by the evaluation team was the time served in the Van Buren County Jail.

The data in this section of the analysis were collected by phase. In the event that a participant did not complete a phase because s/he was discharged from the program, data for that “phase” included any sanctions acquired from the date s/he entered this particular phase until s/he was discharged from the program. Data were available for all 146 participants in the program during Years 1-3. Data were collected from the date they entered the program to the date they completed each of the program phases. For participants who were in the middle of a phase at the end of Year 3, data were collected from the date they entered their current phase through the end of the evaluation year (September 30, 2010).

The formal violation information for Years 1-3 is presented in Figure 17. A total of 210 detentions (1,264 days in jail) were received by 78 participants during Years 1-3. 53.4% (n=78) of program participants had at least one jail sanction during their term of enrollment in the program. In Phase I, there were ninety-one detentions (360 days in jail) received by 35.6% (n=52) participants. In Phase II, thirty-three detentions (166 days in jail) were received by 28.8% (n=30) participants. In Phase III, eleven detentions (63 days in jail) were received by 14.3% (n=14) participants. In Phase IV, thirteen detentions (77 days in jail) were received by 27.3% (n=12) participants.

There were forty-two detentions (297 days in jail) received by twenty-two participants while repeating Phase I. There were twenty detentions (101 days in jail) received by sixteen participants while repeating Phase II. In summary, the number of detentions received by participants enrolled in the VBCUDTCP during Years 1-3 decreased between Phases I-III of the program. However, the percentage of participants receiving jail detentions increased during Phase IV.
Figure 15: Urine Screens by Phase: Years 1-3
n=146
Figure 16: Number of Participants with Positive Urine Screens: Years 1-3

n=146

<table>
<thead>
<tr>
<th>Phase</th>
<th>Total</th>
<th>Positive</th>
<th>Missed</th>
</tr>
</thead>
<tbody>
<tr>
<td>I</td>
<td>53</td>
<td>28</td>
<td>14</td>
</tr>
<tr>
<td>II</td>
<td>37</td>
<td>14</td>
<td>13</td>
</tr>
<tr>
<td>III</td>
<td>37</td>
<td>14</td>
<td>13</td>
</tr>
<tr>
<td>IV</td>
<td>37</td>
<td>14</td>
<td>13</td>
</tr>
</tbody>
</table>

Legend:
- Blue: Total
- Red: Positive
- Green: Missed
Figure 17: Detentions by Phase: Years 1-3
n=146
ADJUDICATED CRIMES AND RECIDIVISM FOR THE EXPERIMENTAL GROUP

In this section, the emphasis is on a comparison between the adjudicated crimes committed prior to entry of the participants in the VBCUDTCP (both lifetime and one year prior to program entry) and crimes committed while they were enrolled in the program and the one year after their discharge from the program. Given that only nine participants have been out of the program (either through graduation or unsuccessful discharge) for one year, the post-program recidivism statistics are based upon these nine cases. Moreover, two year post-program recidivism statistics will be included in the Year 4 evaluation report as some participants will have been out for more than two years at that time. Moreover, comparisons in crime and recidivism statistics will be made between program graduates and those participants who were unsuccessfully discharged.

This analysis is limited to misdemeanors and felonies with a guilty or no contest adjudication in the adult court system. Therefore, cases that did not include an adjudication on the ICHAT report (either for missing data, cases with a suspended sentence, diversion cases, etc.) were not included in this analysis. The adult adjudication information was obtained from the Internet Criminal History Access Tool (ICHAT), as the Law Enforcement Information Network (LEIN) information was not available to the evaluators. One limitation of this information database is that it only includes adjudications in the State of Michigan. The evaluators collected adult criminal information for participants in both the experimental and comparison groups.

The time periods were determined as follows:

- the pre-program period was any time prior to their entry in the program;
- the while-enrolled period began with their entry into the VBCUDTCP and ended when they either graduated or were unsuccessfully discharged;
- the one year post-program period was the one year following their graduation or unsuccessful discharge from the program.

Although the comparisons between the one year pre-program criminal behavior and criminal behavior committed while in the program are important, they are not without problems. Please see Appendix B for a discussion of additional limitations associated with these data.

ADJUDICATED CRIMES: PRE-PROGRAM & WHILE-ENROLLED

Figure 18 displays adjudicated criminal activity for those participants who had been out of the program for at least twelve months (n=9) and Figure 18A shows the number of participants who committed these crimes. The total number of adjudicated crimes committed by these participants prior to their entry in the program was 52. Of these crimes, 28 were misdemeanors and 24 were felonies. Eight participants committed these crimes; six committed the 28 misdemeanors and 8 committed the 24 felonies.

The total number of adjudicated crimes committed by these participants while they were enrolled in the program was one. One participant committed one misdemeanor while
enrolled in the program. The total number of adjudicated crimes committed by these participants in the one year post-program period was four. Three participants committed these four crimes. Two participants committed two misdemeanors and two participants committed two felonies. Therefore, the data suggest that there was a dramatic decrease in the total number of adjudicated crimes between the pre-program period (52) and the while-enrolled period (1), however there was a slight increase in the number of crimes committed in the one year post-program period (4).

**CRIME AND RECIDIVISM RATES**

Comparisons of the crime and recidivism rates were included because they standardize the data and take into account the differences in the numbers of participants between the pre-program, while-enrolled, and post-program time frames. Crime and recidivism rates were calculated for those individuals who had been out of the program for at least twelve months (n=9). Crime rates were calculated by dividing the total number of crimes committed during the pre-program, while-enrolled, and one year post-program time periods in each category (total crimes, misdemeanors, and felonies) by the total number of participants discharged from the VBCUDCP during Years 1-3 who were out of the program for at least twelve months (n=9).

Displayed in Figures 19 and 19A are the crime rates and recidivism rates respectively for the pre-program, while-enrolled, and one year post-program time periods. The crime rate for the total number of pre-program offenses is 5.78, compared to a while-enrolled crime rate of 0.11, and a post-program crime rate of 0.44. More specifically, the misdemeanor crime rate decreased from 3.11 in the pre-program period to 0.11 in the while-enrolled period, and 0.22 in the one-year post-program period. Furthermore, the felony crime rate decreased from 2.67 in the pre-program period to 0.00 in the while-enrolled period, but increased slightly to 0.22 in the one year post-program period.

Recidivism rates decreased as well from the pre-program phase to the while-enrolled phase. The pre-program total crime commission was 0.89 and the while-enrolled recidivism rate dropped to 0.11. However, the one year post-program recidivism rate increased slightly to 0.33. More specifically, the misdemeanor pre-program commission rate is 0.67, compared to the while-enrolled recidivism rate of 0.11, and the one year post-program recidivism rate of 0.22. The felony pre-program commission was 0.89 and the while-enrolled recidivism rate dropped to 0.00. However, the one year post-program recidivism rate increased to 0.22.

There was a general decline in the recidivism rates for all three groups (misdemeanor, felony, and total crimes) when comparing the pre-program time period (includes the one year pre-program) with the while-enrolled period, however there was a slight increase in the recidivism rates for the one year post-program time period.

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18 It should be noted that not all participants enrolled in the VBCUDTCP were convicted of a felony/misdemeanor prior to program enrollment (e.g., participants on the diversion track), however all participants enrolled in the VBCUDCTP either pled guilty to a felony and/or misdemeanor or were convicted as this is an enrollment requirement.
Figure 18: Adjudicated Crimes: (Twelve Months Post-Program): Years 1-3
n=9

- Pre-Program: 52 Total, 28 Misdemeanor, 24 Felony
- While-Enrolled: 1 Total, 1 Misdemeanor, 0 Felony
- One Year Post-program (n=9): 4 Total, 2 Misdemeanor, 2 Felony
Figure 18A: Participants Committing Adjudicated Crimes (Twelve Months Post-Program: Years 1-3)  

n=9
Figure 19: Crime Rate: Twelve Months Post-Program: Years 1-3
n=9

While-Enrolled

One Year Post-program (n=9)

Total  Misdemeanor  Felony

Pre-Program  While-Enrolled  One Year Post-program (n=9)

5.78  3.11  2.67  0.11  0.11  0  0.44  0.22  0.22
Figure 19A: Recidivism Rate: Twelve Months Post-Program: Years 1-3
n=9

<table>
<thead>
<tr>
<th></th>
<th>Pre-Program</th>
<th>While-Enrolled</th>
<th>One Year Post-Program (n=9)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>0.89</td>
<td>0.11</td>
<td>0.33</td>
</tr>
<tr>
<td>Misdemeanor</td>
<td>0.89</td>
<td>0.11</td>
<td>0.22</td>
</tr>
<tr>
<td>Felony</td>
<td>0.67</td>
<td>0.00</td>
<td>0.22</td>
</tr>
</tbody>
</table>
APPENDIX A: SANCTIONS CHART
APPENDIX B: LIMITATIONS TO RECIDIVISM DATA

LIMITATIONS

When analyzing and interpreting the adjudicated crime and recidivism data, there are several limitations that should be taken into account. First, there may be a built-in bias in the data since adults have to commit at least one criminal offense before being considered for admissions to the VBCUDTCP. Second, for the comparison of pre-program and in-program crime, we remind the reader that the time periods for comparison are not consistent across the nine program participants who were in the program during Years 1-3. The recidivism information was gathered for all participants who had been out of the program for at least one year. The pre-program time period includes adult records for anytime prior to their referral to the VBCUDTCP.

Third, as mentioned in the body of the report, only crimes with either a “guilty” or “nolo contendere” adjudication were included in the analysis. Some individuals may have committed a crime that was not yet adjudicated at the end of the evaluation year, thereby eliminating this information from the analysis. In addition, the lag time for records being entered into the official database (ICHAT) may have resulted in some crimes being inadvertently excluded from the analysis, resulting in the post-program information being incomplete.

Fourth, is the issue of time-at-risk. If individuals were confined in jail, another detention facility, or prison, the total number of days they spent confined should be subtracted from the total number of days they were eligible to recidivate. This would provide a true at-risk time frame, as adults who spend time confined do not have the same opportunities to commit offenses as those who are not confined. However, due to reliability concerns with the data, the evaluation team does not believe it can properly control for the time-at-risk for recidivism. Therefore, all recidivism data is examined in time frames that do not account for true at-risk time. This will tend to bias short-term follow-up comparisons of criminal activity against successful discharges.
APPENDIX C: ASSESSMENT OF PROGRAM OUTCOMES

1. To reduce drug and alcohol use of Drug Treatment Court Program participants.
   A. 100% of enrolled participants will be required to submit to random urinalysis testing/preliminary breath tests, and/or saliva tests.

      The VBCUDTCP has achieved this outcome. 100% of program participants submitted to at least one urine screen during Year 3.

   B. 100% of participants will be drug tested on random weekends and/or holidays.

      The VBCUDTCP has achieved this outcome for Year 3, as 100% of program participants enrolled were drug tested on holidays and weekends. It should be noted that in Years 1-2 participants were not randomly tested on weekends and holidays.

   C. 80% of participants will not miss a urine screen in each phase of the program

      The VBCUDTCP has achieved this outcome for Phases II, III, and IV in Year 3. More specifically, the percentage of participants not missing a urine screen by phase is as follows: Phase I – 74.7%; Phase II – 86.5%; Phase III – 91.4%; an 86.4%.

   D. 75% of participants’ urine screens will test negative for drug use.

      The VBCUDTCP has not achieved this outcome, as 46.3% (n=62) of Year 3 participants tested negative for drug use during the term of their enrollment in the program.

2. To reduce drug related-crime committed by Drug Treatment Court Program participants.
   A. 70% of program participants will not be convicted of another offense while enrolled in the program.

      The VBCUDTCP has met this objective for Year 3, as 88.1% (n=118) of program participants have not been convicted of another offense while enrolled in the program.

   B. 60% of program participants will not be convicted of a drug-related crime while enrolled in the program.

      The VBCUDTCP has met this objective, as 98.7% (n=1) of program participants have not been convicted of another drug-related crime while enrolled in the program.
3. To alleviate court crowding in Van Buren County.
   A. 30% of participants will enter the VBCUDTCP through the diversion track.

   The VBCUDTCP has met this objective, as 54.8% (n=80) of program participants entered the program on the diversion track in Years 1-3.

   B. 60% of the enrolled participants will remain in the program for at least one year.

   The VBCUDTCP has met this objective for Year 3, 66.7% (n=54 of 81) of eligible participants have been in the program for more than twelve months. It should be noted that those participants not enrolled in the program for at least twelve months were excluded from this analysis.

4. To alleviate incarceration in local jails.
   A. 60% of participants who enter the program, via the diversion track, will successfully complete the program and have their guilty pleas dismissed.

   The VBCUDTCP has not met this objective, as 41.7% (n=5) of Year 3 program graduates were diversion participants and thus had their guilty pleas dismissed.

   B. 30% of the program participants will be straddle cell or above or have a PRV greater than or equal to 35.

   The VBCUDTCP has met this objective, as 36.3% (n=46) of Year 3 program participants were straddle cell or above. Moreover, 37.1% (n=53) of participants in Years 1-3 were straddle cell or above.

5. Other
   A. 100% of program participants who enter the program will receive substance abuse services.

   The VBCUDTCP has met this goal, as 100% of program participants were assessed by substance abuse treatment providers and individualized treatment plans were established.

   B. 70% of program participants will be employed on a regular part-time basis or maintain an equivalent academic course load within the first six months of enrollment in the VBCUDTCP.

   The VBCUDTCP has not met this objective, as 43.3% (n=58 of 134) of participants were employed (either part-time or full-time) at the time of program entry.

   C. 70% of all fees owed by program participants will be paid prior to graduation from the VBCUDTCP.
Do we have this information?
REFERENCES


