Process Evaluation of the Rock County Drug Court Program
Janesville, WI
October 2008
BY
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Kristin Ross
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EXECUTIVE SUMMARY

The Rock County Drug Court Program (RCDCP) has been in operation since May 2007. RCDCP not only operates according to the key components laid out by the National Association of Drug Court Professionals (1997), but also is achieving many of its own proposed goals and objectives. More specifically,

- RCDCP has served 122 clients (24 graduates, 36 unsuccessful terminations, and 62 of whom were active participants during the current reporting period (July 16, 2008).
- RCDCP is satisfying the expectations and needs of the drug court team.
- RCDCP Staff reports good communication between team members.

Despite these successes, there are areas for improvement: (1) Program policies and procedures need to be consolidated in a manual to reflect a clearer and transparent program to both staff and participants; (2) RCDCP needs to develop an electronic database system to store program data for program management and future analysis and evaluation; (3) Program needs to work with an independent evaluator to create an evaluation plan, including a comparison group.
INTRODUCTION

The following serves as process evaluation of the Rock County Drug Court Program (RCDCP) located in Janesville, Wisconsin. This evaluation was completed by Dr. Paul D. Gregory and Kristin Ross at the request of the Rock County Court Administration and covers all data made available from May 2007 on July 16, 2008.

EVALUATIVE DESIGN

The process evaluation consists of data gathered from program staff interviews, review of court documents, and observations of court hearings. Themes stemming from the staff interviews will be implemented into the overall process evaluation. The process of the RCDCP will then be compared with the Ten Key Components of Drug Courts as identified by the Drug Court Standards Committee of the National Association of Drug Court Professionals (1997). The extent to which each of the 10 key components is being addressed by RCDCP will be designated as: (1) the component was addressed, (2) the component was partially addressed, or (3) the component was not addressed. An explanation will follow each designation.
PROCESS EVALUATION

Program Description

The following program description results from staff interviews, a review of court documents and observations of court hearings.

Background

The RCDCP began in May 2007 in an effort to provide an alternative to the problem of jail and prison overcrowding. The mission of the court is to give offenders an “opportunity to participate in a program that will provide treatment and interventions to assist them with their substance abuse problems.” (Rock County Drug Court Treatment Program Brochure) The three pillars of success for the drug court are “abstinence, honesty to self and others, and responsibility for yourself and your drug-free life”. The program goals include the following:

- To break the cycle of drugs and crime
- To reduce criminal justice costs by reducing drug addiction and street crime
- To reduce incarceration for participants who present a low risk to public safety
- To provide a fully integrated and comprehensive treatment program
- To enhance personal, academic, and employment abilities among program participants

The court has admitted one hundred twenty-two (122) participants into the program since its inception. As of July 16, 2008, 62 were active, 36 have been discharged, and 24 have graduated from the program.

Eligibility Criteria

The RCDCP is offered to adult individuals who are: (1) residents of Rock County, Wisconsin, (2) under indictment for a criminal offense in Rock County, Wisconsin, (3) determined to be chemically dependent, and (4) motivated to fully-participating in a program designed to halt substance use.

Overall, the RCDCP accepts a wide range of participants of varying ages and with varying degrees of criminal histories and addiction levels. The RCDCP normally declines eligibility to individuals who display a pattern of violent behavior (to include the presence of a weapon), have substantial drug delivery histories/charges or come before the court with sexual offenses. Generally, the Rock County District Attorney’s Office has the authority to veto any potential participant deemed unfit for the program.

Referral, Assessment & Enrollment

Figure A displays a flow chart of the program referral process. Currently, all drug court referrals stem from defense attorney referrals. Potential entry into the drug court program begins at the calendar call meeting between the defense attorneys and prosecutors. The calendar call meeting is
a venue for defense attorneys and prosecutors to negotiate plea bargains for their respective cases (Individual cases not negotiated at this point in the process are set for criminal trial).

**Entry**

Entry into the RCDCP is contingent on potential participants being deemed legally and treatment eligible. Legal eligibility is determined by Rock County Prosecutors at the calendar call via the use of The Consolidated Court Automation Programs (C.C.A.P.). Interested individuals who are found legally eligible at the calendar call meeting sign a drug court contract (see Appendix A) to enter the drug court program. The drug contract also specifies a specific return date for clients to be legally ordered into the drug court program (if found treatment eligible). Individuals are then scheduled for a treatment screening conducted by local licensed and accredited treatment provider in Rock County. Screening results are sent back to the sentencing judge.

**Calendar Call**

Drug court referrals result from a collaborative effort between the prosecution and defense attorneys during a meeting known as the “calendar call”. The “calendar call” is a meeting between prosecution and defense teams where plea bargains may be worked out. (Cases not plea bargained at this point are placed on the trial calendar). If the defense attorney and/or assigned prosecutor view drug court as a satisfactory option, they will recommend that the client go to drug court as a part of the plea agreement. The two parties sign a drug court contract that lays out program requirements as well as an agreement of how the charges will be disposed of if the program is successfully completed. Copies of the drug court contract, criminal history, and criminal complaint are given to ATTIC Services. The defendant is scheduled for a screening appointment at the ATTIC clinic for the following Tuesday. At this time, the client also receives a court date to be formally ordered into the drug court program.

**Screening Appointment (1-7 days from “Calendar Call”)**

The initial screening interview is conducted by drug court staff and has 3 functions: (1) Program information dissemination; (2) Data collection; and (3) Determination of treatment eligibility. First, a thorough explanation of the drug court program (Program rules, expectations, and time limits) is given to each potential client to ensure that he/she has a clear understanding of program expectations prior to program entry. Of significance is the client’s level of motivation and willingness to admit she/he has a substance abuse problem. Next, a substantial part of this meeting involves the collection of client information such as demographic information, history of substance abuse, and criminal history. In this way, both drug court staff and potential clients gain a better understanding of each other. All data collected are placed into a database system. Last, potential clients receive a substance abuse screening, which assists drug court staff in determining whether or not the client has a substance abuse issue that warrants the drug court program. The Uniform Placement Criteria (UPC) is the screening instrument used to determine treatment eligibility into the RCDCP.
**FIGURE A**

**ROCK COUNTY DRUG COURT PROGRAM**

**CASE FLOW CHART**

- **Arrest**
  - DTC referrals normally result from an agreement between defense attorney and prosecutors at the “calendar call”

- **“Calendar Call”**
  - DTC screening occurs on the next Tuesday after plea agreement signed (normally not more than 1 week).
  - Drug Court Contract signed as part of plea agreement between prosecutor and defense attorney at “calendar call”.
  - Potential client scheduled for drug court screening
  - Potential client given return court date for sentencing (to include drug court).

- **Screening Appt.**
  - Legal eligibility and substance abuse screening conducted here.
  - Drug Court Program rules and expectations explained here.
  - Substance assessment screening tool (UPC) administered.
  - Results sent back to court within 2 days.

- **Sentencing Hearing**
  - Client enters guilty plea to agreed charges.
  - Sentencing judge accepts this plea, but withholds a finding of guilt.
  - Following forms sent to drug court: criminal complaint, drug court contract, and criminal history.

- **Clinical Assessment**
  - ATTIC Services counselor administers Additions Severity Index (A.S.I.) assessment at first appointment.
  - Eligible clients begin “check-ins” at this time.

(Revised 10/9/08)
Screening Appointment (Continued)

This instrument assists drug court staff in objectively determining each client’s need for treatment. Screening results are returned to the court within 1 to 2 days. Clients found eligible for the drug court program receive a date to return his/her initial intake. ATTIC Program staff also fax the sentencing criminal court a document specifying whether the defendant is accepted into the program.

Sentencing (normally within 14 days of referral)

After the initial screening, the client returns to her/his assigned sentencing criminal court. On this date, he/she pleads guilty to the charges against them as agreed to in the plea agreement. The sentencing judge accepts this guilty plea, but withholds a finding of guilt until the individual completes the drug court program. A copy of the criminal complaint, drug court contract, and criminal history are sent to the drug court judge and the drug court participant is referred to drug court (normally the following Thursday).

Program Structure

The RCDCP is designed to last no less than 9 months. Client progress is assessed on a case-by-case basis by the drug court team with relapses being understood as part of the overall recovery process. In general, the program can be characterized as intensive in the beginning becoming more relaxed toward the end. There is a program fee, which consists of $100.00 upon entry and $10.00 per week (approximately $460.00 for 36 weeks). Although payment of these fees are important, the team understands that some people are in situations where paying is not always feasible. In such situations, the drug court team encourages them to make payments as much as possible. Failure to pay is not necessarily grounds for termination, but individuals who have the financial means who are not paying may receive sanctions. Payment in full is normally expected prior to program graduation.

The drug court program consists of 3 phases, most commonly known as maximum, medium, and minimum. Drug testing (including breathalyzer tests), “check-ins” at the clinic, case manager meetings, and court appearances take place through all phases, but these tasks taper off in frequency as the individual progresses through the phases. Case and treatment plans are created and continually re-assessed on an individual level and the flow through the phases are tailored to each individual.

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1 A “check-in” is a form of reporting whereby drug court participants enter the ATTIC Services office and sign a specified report sheet. “Check-in” reports normally do not result in face-to-face meetings with case managers; however, ATTIC staff is available if needed.
Program Structure (continued)

The phases of the drug court are as follows:

**Phase I**

- Referred to as “Maximum”
- Approximately 3 months in length
- “Check-ins” at ATTIC 5 times per week
- Alcohol & Other Drugs Awareness (AODA) classes 2 times per week
- CGIP class if available
- Case manager meeting 1 time a week
- Weekly court appearances
- Maximum drug testing color (at least 2 times a week).

* Client must have 1 month of sobriety before moving to Phase II

**Phase II**

- Referred to as “Medium”
- Approximately 3 months in length
- “Check-ins” at ATTIC 3 to 4 times per week
- Continue attendance at AODA and/or CGIP classes if needed
- Case manager meeting 1 time per week
- Court appearances bi-weekly or every third week (depending on individual progress)
- Medium drug testing color (1-2 times a week)

* Client must have 1 month sobriety before moving to Phase III

**Phase III**

- Referred to as “Minimum”
- Approximately 3 months in length
- Check-in at ATTIC 2-3 times per week
- Case manager meeting every other week
- Court appearances once per month
- Minimum drug testing color (approximately once per week)
- Finish up all classes as necessary
- Payment drug court fee in full

Positive and negative sanctions have been established by the drug court team to assist participants in progressing through the program phases. The drug court team works as a group in tailoring positive and negative sanctions for individuals. Positive sanctions include verbal praise from the judge, gift cards, phase promotion, and reduced drug testing and/or reporting times. The drug court team also understands that acts of non-compliance will occur. As a result, they have established a graduated list of negative sanctions, including letter writing, assigned papers, community service,
phase demotion, increased treatment, and jail time. All team members seemed to understand and agree that drug court programs are designed to use jail as a last resort.

Termination from the drug court program is considered on a case-by-case basis by the drug court team. Conviction of a new criminal offense does not necessarily result in termination, but from a pattern of long-term non-compliance. The drug court team understands that the substance abuse recovery is a process and individuals are likely to slip up; therefore, the team is dedicated to working on a long-term basis with clients to achieve success. Automatic termination does occur, however, as a result of tampering with drug tests and document forgery.

The drug court team works together in determining when an individual is eligible for graduation. Cases are deemed appropriate for graduation on a case-by-case basis and there are only 3 mandatory requirements: (1) The participant must have spent a minimum of nine months in the program; (2) The participant must have demonstrated 3 months sobriety before graduation; and (3) The participant must have paid her/his drug court fee in full. Other considerations for graduation are dependent on specific goals the individual has set for themselves. Graduation ceremonies take place at the courthouse with graduates receiving different gifts and a certificate of completion.

Treatment Services

The RCDCP contracts with ATTIC Correctional Services, Incorporated for its substance abuse treatment services. ATTIC, under this contract, provides 4 case managers and maintains a 15:1 client to case manager ratio. Individual and group counseling are available to clients. Progress reports are sent to the drug court on a weekly basis and a representative from ATTIC attends all drug court team meetings and court sessions.

After entering the drug court program, each client receives a drug/alcohol addiction assessment. The instrument used for this assessment is the Addiction Survey Index (A.S.I.), which is a computer-driven tool that asks numerous questions in determining the addiction diagnosis according to DSM4 criteria. Each client also completes a Risk Management Survey (RMS) to help determine the exact treatment plan that the individual needs. Last, Anger Management and Cognitive Group Intervention Programs are available to program clients who display needs in these areas.

Case Management/Coordinating Procedures

Case management services are conducted by ATTIC Correctional Services, Incorporated. All relevant information pertaining to case management is recorded into case files. ATTIC case managers conduct drug testing, as well as monitor treatment progress. The case managers interviewed seemed to understand well the importance of accurate, up-to-date case files, in that the case file provides the drug court with an exhaustive account of each client’s current status and history. Case managers, as much as possible, attend drug court team meetings and court reviews.
Currently, RCDCP does not provide ‘round the clock surveillance (including drug testing) checks on program participants. RCDCP does partner with the Rock County Sheriff’s Office, as one of its officers participates on the drug court team. RCDCP does work with area law enforcement to assist with bench warrants, lodge and transport incarcerated drug court clients.

Case management is also part and parcel of any judge’s duties in a drug court. After all, when court is in session, the drug court judge essentially functions as a case manager, reading case files, talking with clients, and recording any and all activity that occurs. The RCDCP Judge does a commendable job in drug court. He seems knowledgeable not only of the overall drug court process, but also displays knowledge of the substance abuse field. In the observed court sessions, the drug court judge interacted well with clients, asking them about their personal feelings with substance abuse and recovery. Moreover, drug court participants seemed at ease when conversing with the drug court judge. Last, drug court staff reported (via interviews) their admiration and appreciation of the drug court judge’s demeanor in court as well as his dedication to the entire process.

Monitoring and Evaluation

The RCDCP does not have an independent evaluator on its drug court team. Currently, a member of the drug court staff collects a limited amount of data as a requirement for the Treatment Alternatives and Diversion (TAD) Grant from the State of Wisconsin (As stated earlier, the RCDCP is receiving monies from a TAD Grant, which expires at the end of 2009). Nearly all members of the drug court team interviewed identified the need for an evaluation plan as a priority for program sustainability.

Education/Partnerships/Local Support

The drug court program currently partners with outside community agencies including Blackhawk Technical College, Rock Valley Community Corrections, E.C.H.O., Janesville Psychiatric, Crossroads, Mercy Options, Health-net, the Salvation Army, and United Way.

The RCDCP Staff has attended only a handful of drug court training conferences. Several team members who were interviewed believed additional formal drug court training would be beneficial to the overall health of the program. While maintaining their existing relationships with agencies such as local companies, nonprofits, law enforcement, and county and state agencies, the team also continually strives to reach out to new agencies in an effort to form new partnerships.
Staff Concerns

The following concerns emerged from program staff interviews: (1) Future funding was a concern by the drug court staff. As stated earlier, the program currently receives funding from a WI Treatment Alternatives and Diversion Grant that is due to expire at the end of 2009. Several drug court staffers acknowledged the need (and benefit) of conducting and applying for additional grants; however, there was simply insufficient time for such an endeavor. Most of the individuals interviewed stated that ultimately the program’s survival depended on financial support from County. Additionally, all members who were interviewed stated the need for an improved written set of policies and procedures for the program as well as an evaluation plan.
The extent to which this court is in compliance with the key components of drug courts as identified by the Drug Court Standards Committee of the National Association of Drug Court Professionals (1997) will now be reviewed. The NADCP has identified the following as the ten key components of drug courts:

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

Key Component #2: Using a no adversarial approach, prosecution and defense counsel promote public safety while protecting participant’s due process rights.

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

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

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

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

Key Component #7: Ongoing judicial interaction with each drug court participant is essential

Key Component #8: Monitoring and evaluation measure the achievement of program goals and gauge effectiveness.

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

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

For each of these key components, the NADCP offers benchmarks that “serve as a practical, yet flexible framework for developing effective drug courts in vastly different jurisdictions and to provide a structure for conducting research and evaluation for program accountability.” (1997, p. 3). These benchmarks will be utilized in this assessment as general guidelines. After applying the benchmarks for each component to the Rock County Drug Court Program, 1 of 3 determinations will be made: (1) the component was addressed, (2) the component was partially addressed, or (3) the component was not addressed. It is important to keep in mind that the NADCP has acknowledged, “that local resources, political, and operational issues will not permit every local drug court to adopt all aspects of the guidelines (1997, p. 3).
Key Component #1: Drug courts integrate alcohol and other drug treatment services with the justice system case processing.

**We found Key Component #1 was addressed.** The court has integrated alcohol and other drug treatment services into justice system case processing. ATTIC Services does an excellent job in offering an array of treatment services to program clients. The drug court partners with various agencies to meet the clients’ needs. Members of the drug court team seem genuinely interested in, cognizant of and dedicated to substance abuse treatment and the judicial processes.

Communication between team members was characterized as “good”. The drug court team meets weekly and staff is in constant contact with one another regarding client progress in the program. The court staff interacts well with one another and seem dedicated to its success.

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

**We found Key Component #2 was partially addressed.** Although the RCDCP does embrace an overall non-adversarial approach to the drug court process, we believe the drug court contract includes language that is not only contradictory to this approach, but also threatens to weaken participants’ commitment level to the treatment process. More specifically,

Conditions 8 and 9 of the Circuit Court Drug Court Contract stipulate the following:

8. “That information relevant to my progress and participation in treatment may be discussed in open court and that statements I make in court or to treatment providers are for treatment and not for any other purpose including the use in any other criminal proceeding or investigation in which I am either a potential witness or suspect, and that in all other respects my treatment records will be kept confidential;”

9. “That if I am terminated from the Community RECAP Program, such records or statements may, however, be used at sentencing on this case;”

One of the most important tenets of the drug court process is the agreement between prosecutor and defense counsel to shed their traditional judicial roles in order to assist each client in being successful in treatment. Vital to this concept is the promise that admissions made in treatment and/or drug court will not be used against participants at a later time. **The evaluators are well aware that not all admissions enjoy the promise of confidentiality, as more serious criminal conduct often warrants action.** We should not forget, however, that honesty is not only one of the most important aspects of substance abuse treatment, but also one of the three pillars of the RCDCP (“abstinence, honesty to self and others, and responsibility for yourself and your drug-free life”). As a result, we propose that the drug court team work together to draft new language that will encourage honesty and commitment to the treatment process.
Key Component #3: Eligible participants are identified early and promptly placed in the drug court program.

**We found Key Component #3 was addressed.** The time that elapses between referral and drug court entry should be minimal, as it is well documented that “The period immediately after an arrest, or after apprehension for a probation violation, provides a critical window of opportunity for intervening and introducing the value of AOD treatment” (NADCP, p.13). Currently, the average time between referral and drug court entry is approximately 18 days.

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

**We found Key Component #4 was addressed.** RCDCP continues to provide access to a continuum of alcohol, drug, and other related treatment and rehabilitation services. ATTIC Services does an excellent job in offering an array of treatment services to program clients, including outpatient substance abuse treatment (with links to residential), Anger Management, Cognitive Behavioral Therapy, and links to educational and vocational services.

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

**We found Key Component #5 was addressed.** Clients are randomly drug tested throughout this program via a color system whereby clients call in daily to determine if they will be required to submit to testing. In Phase I, clients submit to drug testing approximately 3 times per week. Drug testing is reduced to approximately twice per week in Phase II and once per week in Phase III.

That said we believe the program would benefit from offering weekend drug testing, as it is well documented that chemically dependent clients are at once aware of the lack of testing during this time period and the range of time it takes for drugs to be undetected via standard testing devices. The evaluators are familiar with other drug court programs that partner with other agencies (local law enforcement, parole/probation departments, etc.) in offering such services.

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

**We found Key Component #6 was addressed.** The drug court staff works well together in providing responses to participants’ compliance. The drug court team meeting occurs on a weekly basis one hour prior to status review hearings (It should be noted that the evaluators were not allowed to attend this meeting and we would recommend a document be created that would allow such observations). During this meeting, interviewed staff members stated that the drug court staff reviews the compliance of each client who will appear in the subsequent review hearing. One finding emerging from staff interviews was that communication within the court is characterized as “good” and all interviewed members felt important to the system.
The staff members interviewed indicated that decisions regarding drug court clients are discussed and made by the entire drug court team. Negative sanctions are based on the level of a client’s noncompliance within the program. Relapses are expected; they are dealt with accordingly and are not normally grounds for termination. Positive sanctions occur in many forms and may include small gifts, certificates, phase promotion, and verbal praise.

Key Component #7: Ongoing judicial interaction with each drug court participant is essential

We found Key Component #7 was addressed. As stated earlier, program staff characterizes Judge Werner as one of the program hallmarks. His exchanges with program clients during status reviews were casual, but firm. He also demonstrates a good working knowledge of substance abuse treatment, which aids him in effectively interacting with clients.

Key Component #8: Monitoring and evaluation measure the achievement of program goals and gauge effectiveness.

We found Key Component #8 was partially addressed. Currently, RCDCP does not use an electronic database system specifically for the drug court program (a limited amount of data is inputted into a database for the T.A.D Grant). We recommend the program create and maintain an electronic database system specifically for drug court data storage. The RCDCP should also consider creating a comparison group to make meaningful comparisons for outcome measures. Last, the RCDCP should consider partnering with an independent evaluator who could assist the program in the development of pertinent program goals, measures, as well as conduct subsequent program evaluations.

Appendix A contains a list of suggestions to assist the drug court team in developing an evaluation plan.

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

We found Key Component #9 was addressed. The team members interviewed seem dedicated to educating themselves on new and innovative ideas for the program. As previously discussed, a limited number of staff members have attended state sponsored drug court trainings, however, financial barriers have limited the number and type of trainings attended. We believe the drug court team will greatly benefit from group trainings offered by The National Association of Drug Court Professionals (NAADCP).

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

We found Key Component #10 was addressed. RCDCP continues to partner with other agencies in the greater Rock County Community. The court is in constant contact with local and state law enforcement, community corrections, and other local organizations in an ongoing effort to both learn from and contribute to the community. The court has also partners with churches, local merchants, non-profit organizations, etc.
In conclusion, it is my opinion that the RCDCP is in compliance with the Ten Key Components established by NADCP.

Data Analysis

The following section consists of a brief analysis of data provided to the researchers from the drug court program.

Participant Demographics

Age-The average age of the participant group is approximately 37.

Education-Approximately 66% of program participants report having less than a high school education (no HS Diploma or GED). High school graduates (or GED) account for 17%, while 14% have some college and 3% have associates degrees (See CHART 1).

Race-Approximately 75% of program participants report their race as Caucasian, 22% African American, and the remaining 3% are Hispanic (See CHART 2).

Marital Status-Approximately 72% of program participants report being single, 9% report being married, and the remaining 19% are divorced (See CHART 3).

Current Offense-Currently 53 (82%) of the 65 active participants entered the program as a result of a felony charge, while the remaining 12 (18%) entered the program as a result of a misdemeanor charge (See CHART 4).

Sex – Approximately 74% of the participants are male (CHART 5).

Primary Drug of Choice – Approximately 51% of drug court participants report marijuana as their primary drug of choice, 19% opiates, 17% crack/cocaine, 8% alcohol, 3% poly-drug use 2% heroin (See CHART 6).

Status of participants

The status of participants [See CHART 5] allows for the calculation of participant retention rates and can be divided into three categories: (1) program graduates; (2) unsuccessful terminations, and (3) active program participants.

One hundred twenty-two (122) participants have entered the drug treatment court program sometime during this reporting period. Of these, 62 remain active, 36 have been discharged, and 24 have graduated from the program. Using these numbers, the RCDCP retention percentage is 70%.

We calculated retention rates in the RCDCP by dividing the number of participants who graduated or were still active in the program by the number of participants who had ever been in the program. The national retention rate average is 67% (DCCTAP, 2001).
Drug Testing

All RCDCP Participants submit to drug testing as part of the program requirements. The number of tests participants are required to give depends on which phase of the program they are in. These data were important because the drug tests are used to identify relapses in the drug abstinence of the participants. The decline of drug usage is one of the most significant and obvious objectives of this program.

The total number of urine screens for the current reporting period was 1,796. Of these, 20.9% (n=377) were positive. While the information above details the number of incidences of drug relapse; it is also important to ascertain how many and what percent of participants had positive drug tests, as a few participants often contribute a high proportion of positive drug screens. As a result, focusing on participants with positive drug tests only, we calculated that 73.8% of program participants had at least one positive drug test.
Appendix A

List of Charts
CHART 1
Participant Education

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<th>Education</th>
<th>Percentage</th>
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<tr>
<td>Less than HS Diploma</td>
<td>66%</td>
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<tr>
<td>HS Diploma/GED</td>
<td>17%</td>
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<tr>
<td>Some College</td>
<td>14%</td>
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<tr>
<td>Associates +</td>
<td>3%</td>
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CHART 3
Participant Marital Status

marital

Percent

Single | 72%
Married | 9%
Divorced | 19%
CHART 5
Participant Sex

<table>
<thead>
<tr>
<th>Percent</th>
<th>Female</th>
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<tr>
<td></td>
<td>26%</td>
<td>74%</td>
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Participant Sex
CHART 6
Primary Drug of Choice

Primary Drug of Choice

- Alcohol: 8%
- THC: 51%
- Cocaine/Crack: 17%
- Heroin: 2%
- Opiates: 19%
- Polydrug Abuse: 3%
Appendix B

“Effective Evaluation Plans”
Effective Evaluation Plans

The following provides a snapshot of some of the more important aspects needed for effective program evaluation. As a result, this narrative functions simply to offer suggestions and should not be considered the evaluation plan for this program (or any other program for that matter).

Effective evaluation provides answers to “whom”, “what” and “when” to evaluate. The question of “whom” to evaluate involves two important points: (1) A narrow target population for the participant group; and (2) The creation and maintenance of a comparison group. The developing of a program “target population” refers to cultivating a sense of the specific individuals that will be placed into one’s drug court program. Criminal history and treatment severity are two key factors to be considered here. Regarding criminal history, will your program recruit adults with extensive criminal histories, first-time offenders or someone in between (Note that currently RCDCP has recruited individuals both misdemeanor [less serious] and felony [more serious] charges)? The question of treatment severity asks “What type of client can your program serve?” Will the program serve individuals who need inpatient or outpatient substance abuse treatment services? What other needs do your clients have (anger issues, mental health issues, physical issues, etc.)? Ongoing planning and objective risk/needs assessment screening is crucial to this process in order to determine the type of client to be placed into the program. In the end, the drug court team will benefit from asking these questions in order to gain a narrow description of exactly what type of person fits best into the program.

Second, the creation of a comparison group is vital to attributing specific intervention effects to one’s specific drug court program. A comparison group refers to a group of individuals who share similar demographics as well as interventions to drug court participants. Individuals
placed into such a group are likely to originate from one of the following places: (1) Individuals who have been deemed eligible for RCDCP but elect not to enter the program; and (2) Individuals placed on adult probation in Rock County. Individuals placed on adult probation caseloads may serve in comparison groups as they tend to have similar demographic characteristics and receive similar interventions (drug testing, judicial monitoring, substance abuse treatment services) while on probation. Important here, however, is the maintenance of such a group. Criminal histories will need to be run annually as well as updating the status (active, probation completed, probation revoked) of these individuals. As a result, a database should also be set up to track the comparison group.

Arrest and adjudication information for outcome evaluation (between treatment and comparison groups) are normally obtained from one of two agencies: The Rock County Sheriff’s Department and/or Rock County District Attorney’s Office. These agencies normally have access to local, county-level, state, and federal law enforcement records. It should be noted that the drug court program should decide how they will measure criminal recidivism (arrests or convictions). Outcome evaluations can also utilize cost-benefit analyses, which document the net benefit to the use of drug courts, compared to alternative forms of criminal justice management such as incarceration.

Effective evaluations assess changes in key indicators for specific programs. For our purposes, the minimum key indicators of success for most drug court programs are criminal recidivism and abstinence from chemical substances (alcohol and illicit drugs). As a result, the central measures should include criminal activity and substance use. In order to effectively isolate intervention effects between groups, the collection of data should be made pre-program, in-program and post-program.
We propose earlier that the program obtain a database system that can store all available data from the program. Such a system will allow not only program staff, but also the independent evaluator access to numerous options for data collection and analysis. All drug court staff, treatment personnel, as well as the independent evaluator may be given access to this information. Release of confidentiality statements (which give program staff and evaluators access to sensitive data) should be signed by all participants upon entry to the drug court program. Both type of information being released, as well as whom it will be released to, should be contained in this document.

It is paramount that the drug court team develops specific program measures, which are directly related to the program objectives and goals. All data related to the various program measures should be entered into the electronic data base by court staff. The following is a suggested minimum dataset to be used by the RCDCP. *It is important to note that these are merely suggestions* that could jumpstart a dialogue between program staff.

1. **The number of defendants screened for program eligibility and the outcome of those initial screenings.**

2. **The number of persons admitted to the drug court program;**

3. **Characteristics of program participants, such as age, sex, race/ethnicity, family status, employment status, and educational and income level, current charges; criminal justice history; AOD treatment or mental health treatment history; medical needs (including detoxification); and nature and severity of alcohol or other drug problems.**

4. **Number and characteristics of clients (e.g., duration of treatment involvement, reason for discharge from the program).**

5. **Number of active cases.**
6. **Number and characteristics of persons who graduate or complete treatment successfully.**

7. **Number and characteristics of persons who do not graduate or complete the program.**

The above measures convey an excellent picture of exactly who is receiving services from the drug court. In other words, are we capturing our target population? These characteristics will also be compared with the proposed program target population to assess the extent to which we are “capturing” the same population.

8. **Number of clients who fail to appear at drug court hearings and number of bench warrants issued for clients.**

9. **Drug and alcohol tests**

10. **Number and outcome of assessments conducted on program participants prior to and during treatment.**

11. **Number of days which elapse between client arrest and drug court entry.**

Measures 10 and 11 measure the courts screening and assessment process. An evaluation of these measures will enable the court to ascertain how well this part of the court is functioning. One of the key measures here is #11, which records the amount of time that elapses between a client’s arrest and drug court entry. Measure #9 focuses on drug testing, which is a vital part of the drug court program. Monitoring drug testing enables the court to continually evaluate patterns of continued use of and/or abstinence from drugs during the program.

12. **Number of staff meetings.**

Measure #12 evaluates how many times the drug court team meets together. This measure may be used to determine the level of communication between team members, which is vital to the overall success of any drug court.

13. **Number of times clients fail to report to their case manager as directed.**
14. *Number of convictions (misdemeanor and felony) prior to, during, and after treatment (treatment and comparison group).*

15. *Number and type of sanctions given to each participant while in RCDCP.*

16. *Number of clients employed by phase.*

Measures 13-16 evaluate the overall court structure functions. Evaluating #14 will enable the court to measure criminal activity among drug court clients before, during, and after treatment. This information can then be used to measure criminal recidivism. Measure #15 evaluates the use of both positive and negative sanctions used in the drug court, which is vital in the overall process of treatment.
REFERENCES


