

PIEDMONT SPECIALTY COURTS

BARROW COUNTY DRUG COURT - PROCESS AND OUTCOME EVALUATION

Introduction

The Piedmont Specialty Courts/Barrow County Drug Court was implemented in June 2010. An Implementation and Fidelity Evaluation report was submitted in October 2010 and an Outcome Evaluation report of the first cohort was submitted in February 2011. This report provides an update since the last Implementation and Outcome Evaluation and includes outcomes for all enrolled participants from June 2010 to December 2011.

Fidelity Monitoring

This part of the report provides an update on the status of program implementation and a status of the fidelity of implementation, of the Drug Court Model for the Barrow County Drug Court. The standards being used to measure the fidelity of implementation are the Ten Key Components of Effective Drug Courts. A brief status on the continued fidelity to the model will be described below.

- a. *Integrated alcohol and drug treatment with justice system case processing.*
The Drug Court continues to integrate alcohol and drug treatment with justice system case processing. All systems for Specialty Courts are still active in the process. During the second year of implementation, the Sherriff/Probation Department was absent from the process for a short period of time, yet is now actively engaged.
- b. *Using a non-adversarial approach, prosecution and defense counsel promote public safety while protecting participants' due process rights.*
A non-adversarial approach is still emphasized while promoting public safety and protecting participants' rights.
- c. *Eligible participants are identified and placed in the program as soon as possible.*
By the end of the first 20 months, the process from referral to enrollment remains timely and efficient, approximately a one week process.
- d. *Provide access to a continuum of alcohol, drug and other related treatment and rehabilitation services.*
Clients receive a continuum of alcohol, drug and other related treatment and rehabilitation services, including RSAT, residential treatment, and ITT, among other services as needed.
- e. *Abstinence is monitored by frequent drug and alcohol testing.*
Since the beginning of the program, abstinence was monitored frequently and randomly using a full service Siemens Lab located at the Light Homeless Shelter and Drug Counseling Center. Concerns regarding drug testing procedures and outcomes were reported in the last two evaluations (October 2010, February 2011). During the

recent Mental Health Court Evaluation (February 2012) concerns were communicated, by program administrators to the Evaluator, regarding handling and procedures. The outcome data also appeared suspect at that time. Since then, drug testing was removed from that facility. Administration is in the process of revising policy, procedures and quality control measures. A new collaborator/sub-contractor has been hired and is in the process of transition as the new drug-testing facility and substance abuse treatment facilitator. Drug testing will continue to be monitored for improved quality control and fidelity.

- f. *A coordinated strategy governs responses to participant's compliance.*
The team continues to govern the program and clients using a coordinated services strategy.
- g. *Ongoing judicial interaction with each participant is essential.*
Participants meet with the Judge according to the regulations for their Phase. Phase I meets once a week, Phase II meets twice a month, and Phase III/IV participants meet once a month. Each participant is before the Judge approximately 5 minutes.
- h. *Monitoring and evaluation measure the achievement of program goals and effectiveness.*
The program is continually monitored. The program submits a monthly performance measurement report to the funder. The evaluator observes case processing and court sessions quarterly, and collects evaluation data from the Connexis System and submits annual evaluation reports.
- i. *Continuing interdisciplinary education promotes effective drug court planning, implementation, and operations.*
Continuing interdisciplinary education remains on-going.
- j. *Forging partnerships among drug courts, public agencies and community-based organizations generates support and increases effectiveness.*
Collaboration and partnership is on-going.

Noted Changes to Program or Model

1. The Drug Court has a new Coordinator, Taylor Jones, 12/21/11
2. The Drug Court has a new Treatment Provider, Project Adam, hired 2/14/12. The Siemens Lab will also be located at this new facility.

Process and Outcome Evaluation

The process and outcome evaluation will track the progress of the program. This report will describe participant characteristics and preliminary outcomes for the program. This level of evaluation will provide an indication of success in achieving program outcomes. From June 2010

to December 2011, a total of 67 participants have been enrolled in the Drug Court Program. Their demographic characteristics and outcomes will be described in this report.

Demographics of participants enrolled in the program:

Program participants were largely Caucasian males approximately 33 years of age. There are significantly more males enrolled in the program than females; and who are predominantly Caucasian. Consistent with the Drug Court Model, participants who are “in-compliance” with treatment and justice system requirements graduate to each successive Phase of treatment after a designated time period. Of the current enrollees, 15% of participants were in Phase I, 26% of participants were in Phase II, 6% of participants were in Phase III, and 8% had graduated to Phase IV. Not included in the Phases count: 2 participants were AWOL, 2 were in jail, 6 were in Residential Treatment and 1 participant was on Medical Leave. By the end of December 2011, the program had not yet graduated any participants.

Males to Females: 83% male to 17% female

Average age and range of participant: 33 years of age with a range of 18-51 years of age

Ethnicity: 88% White; 12% Black

Phase of Treatment: Phase I (15%); Phase II (26%); Phase III (6%); Phase IV (8%)

Other: AWOL – 2; In jail – 2; Residential – 6; Medical Leave - 1

Retention Rate:

Retention rate is often a measure of early success. It is also an indication that an evidence-based program is being implemented with fidelity. Generally, programs with a sustained retention rate over 80% throughout the life of the program have a higher likelihood of achieving the goals and objectives of the program. Since the inception of the Drug Court, the court has maintained over an 80% Retention Rate until this reporting period. The Retention Rate at the last evaluation December 2010 was 81% and that Retention Rate was maintained until October/November 2011. During the month of December, 5 participants were terminated for either new charges or program non-compliance. Therefore, by the end of December 2011 the Retention Rate dropped to 75%. A total of 17 participants have been terminated from the program since the program was implemented. No participant as of yet has voluntarily dropped out of the program. Reasons for terminations included: program non-compliance, possession, burglary, driving with a suspended license, domestic violence, possession of firearm and possession of drug paraphernalia. For evaluation purposes, the sustained, long-term Retention Rate may be a more accurate indicator of retention than a parameter examined at one point in time, for the month of December.

Recidivism Rate:

Recidivism Rate is a measure of long-term program effectiveness. One of the main goals for The Piedmont Specialty Courts Drug Court is to reduce the number of individuals in the criminal justice system arrested for a substance-related issue, which depletes justice system resources needed for true criminal justice issues. Another goal of the program is to provide quality and effective treatment so substance abusers and addicts avoid the criminal justice system and remain sober and in recovery. The rate of recidivism is a measure that captures both of the above goals. Recidivism is the rate by which program participants are re-arrested in the community, and is a strong measure or indication that the program is succeeding. The rate is low when treatment is effective. A low rate also documents the lack of justice system resources allocated for substance-related arrests, jail and prison time.

By the end of December 2011, the general Recidivism Rate for the program was 25%, or 17 out of 67 participants; and may be as low as 15% since 7 of the 17 charges are still pending. This evaluation defines Recidivism as new charges from crimes/arrests in the community that result in a guilty outcome. Therefore, this statistic should only include community arrests/crime that has been substantiated.

Sobriety:

By December 2011, the Piedmont Circuit Specialty Courts program, still did not have an accurate measure of sobriety, which is a concern. Participants were being randomly tested as fidelity to the Specialty Courts Model dictates. However, program administrative staff communicated concerns to the Evaluator regarding the monitoring of specimen collection and entering results accurately into the Wintox system. There has been progress related to data systems, including storage and management of drug test data once entered into the system. The Wintox system does communicate with Connexis now; however, the results observed in Connexis are suspect. Additionally, Drug Court drug tests were not separated from Treatment Court drug tests (Barrow and Jackson) or other participants' drug tests at the facility not enrolled in either court.

Over the course of the program and the evaluation, sobriety will be measured a variety of ways. For this evaluation report, sobriety will be defined as the percent of clean test results compared to the percent of dirty test results. The measurement of sobriety will be expanded once there is more confidence in this data set. The current results report by Connexis at the facility across all programs show that a total of 94 donors or participants were tested with a 43% positive rate, or 40 out of 94 participants tested positive on a drug test. For those 94 participants, 2355 specimens were collected and only 75 specimens out of the 2355 were positive, for a positive rate of 3% for all specimen collected. This is consistent with the Sobriety Rate in the last evaluation conducted December 2010 of a 4% fail rate (or positive specimen). Barrow County Drug Court participant drug tests are included in those results, however we cannot tell

through Connexis or Wintox how these participants fared. Program administration is currently working to fix this problem so that we can gain more information about Piedmont Court participants' sobriety.

Drug of Choice

Drug of choice at entry is a new demographic measured in this evaluation. This provides important information to the program about the types of substances and addictions experienced by the participants in the program. Meth is clearly the preferred "drug of choice" reported by participants at entry into the program, as 36% of participants identify as using "Meth Only". "Opiates Only" (18%) was the second highest drug of choice reported by participants, followed closely by the third drug of choice, "Cocaine Only" (16%). "Marijuana & alcohol" (9%) and "Meth & Opiates" (4%) were the next largest choices by participants. The following single drugs or drug combinations fell at 1-2% of the participant population drug of choice: Marijuana/Xanax, Heroin/Opiates, Cocaine/Marijuana, Meth/Cocaine, Heroin, and Marijuana.

Utilization of Services (Treatment Hours)

Utilization of services will also now be included in all evaluation reports. This report will detail the average number of services hours for case-management, AA/NA, group and individual substance abuse counseling. This reporting period, the average number of hours attended will be reported including a discussion of the implications for treatment and program outcomes. Future evaluation reports will look at the strength of the relationship between average number of hours of service utilization and program outcomes such as retention, recidivism, sobriety, and graduation.

Individual Counseling (Substance Abuse) – Individual Counseling began in August 2011. From August to December, a total of 9 participants attended individual counseling for a total of 83.75 hours, ranging from one hour to 15 hours in that five month time period and averaging approximately 2 hours of individual counseling monthly.

Group Counseling (Substance Abuse) – In 2010, from June to December, 19 participants attended group counseling, for a total of 1144.5 hours, ranging from 1.5 hours to 18 hours per participant, during that time 7 month time period. Participants averaged 60 hours per person and 8 monthly hours of group counseling. In 2011, a total of 59 participants attended group counseling for a total of 4,849 hours. On average, participants received 82 hours for the year and attended 7 hours a month.

Case-Management – In 2010, from June to December, 18 participants attended a total of 65.75 hours of case-management. Over the course of 7 months, participants who utilized this service on average attended a total of 4 hours, averaging less than one hour per month. In every instance, case-management began the month the participant was enrolled, and averaged between

.5 – 1.25 hours monthly. In 2011, 57 participants attended a total of 289.76 hours of case-management, averaging 5 hours per participant for the year and, approximately .5 monthly hours.

AA/NA – In 2010, from June to December, 17 participants attended a total of 474 hours of AA type meetings, averaging 28 hours for those 7 months. On average, participants attended AA meetings 4 hours a month. In 2011, 58 participants attended a total of 3089 hours of AA type meetings, ranging from 1 hour to 218 hours per person for the year. On average, participants attended 53 hours of AA type meetings for the year and attended 4 hours of meetings per month.

Utilization of Services or the number of hours spent in treatment, counseling or support services is important to monitor as it is anticipated that service utilization will have a strong relationship with and causal effect on participant outcomes, retention, recidivism and sobriety. This evaluation only described utilization of services. And, at this point in time, service utilization appears appropriate and there are no concerns. Future evaluations will examine the strength of the relationship between the above.

Sanctions and Incentives

Since the start of the program 178 sanctions were administered with the top five sanctions including jail (101 times - 57%), a verbal reprimand (31 times - 17%), community service (24 times - 13%), increased AA (10 times - 5%), and increased treatment (5 times - 2%).

During this same time period, only 26 incentives are recorded as being administered. This includes fishbowl (17 times – 65%), Other Incentives (6 times – 23%), overnight pass (2 times – 8%), and Verbal Praise (1 time – 3%).

I suspect that all the incentives and sanctions have not been entered into Connexis yet, as I have personally witnessed more than one Verbal Praise incentive during monitoring visits. Given the data entered, incentives are only 13% of the total actions (incentives and sanctions) administered. To put it another way, sanctions were administered 7 times more often than incentives. The ratio of incentives to sanctions should approximate a 1:1 ratio to achieve the desired effect on intent and behavior, according to the model.

Conclusion and Recommendations

In general, the Piedmont Court Specialty Courts Drug Court is fully implemented and operational. According to the implementation evaluation, the Drug Court has been implemented and operates with fidelity to the evidence-based National Drug Court Model. Collaboration and partnership between integrated treatment providers and justice system providers continues to evolve and develop. A true multi-disciplinary approach is utilized in case processing and decision-making. A strong intent to remain faithful to the National Drug Court Model is evident

in administrative processes and discussions in case staffing meetings. The evaluator will continue to monitor implementation and fidelity to the model.

The focus of this evaluation was implementation, process and outcome evaluation. Preliminary results suggest that the Drug Court Program is on target to achieving its stated goals and the goals of the National Drug Court Model. Program outcomes are well within the normal range for a program in the second year of operation. Program retention remained steady, above 81% from the start of the program until October/November 2011. Retention did drop to 75% in the month of December due to a few terminations that month, yet has re-bounded by the start of 2012. Recidivism has remained low and sobriety of program participants is high, according to data entered into the Connexis system. The following recommendations are suggested for continued success and improved performance:

1. At an appropriate time, separate Drug Court Case Staffing meetings and Program Planning meetings so that sufficient time is devoted to each discussion. Eventually, the team may want to weigh the pros and cons to separating Drug Court and Mental Health Court staffing and program planning.
2. Examine drug testing policy and procedures and ensure results are accurate before the next data collection for the evaluation.
3. Monitor and evaluate past and future terminations to ensure a low termination rate, or high retention rate.
4. Examine policy and procedures for administering sanctions and incentives and attempt to have a more balanced approach to rewarding and sanctioning compliance/non-compliance
5. Upload client and program data in Connexis and Wintox in a regular, on-going and timely fashion. Ensure all data entered in Connexis and Wintox is accurate.

No other recommendations are suggested at this time, as the program appears to be progressing as planned, is meeting intermediary benchmarks, and until more data is collected. The next evaluation report will follow-up on the above measures and outcomes.