

A Process and Site-Specific Outcome Evaluation of Maine's Adult Drug Treatment Court Programs

August 1, 2006

Prepared for:

Kimberly Johnson, Director
Office of Substance Abuse
Department of Health and Human Services
State House Station 11
Augusta, ME 04333

Prepared by:

Andrew Ferguson
Birch McCole
Jody Raio
Department of Sociology
University of Southern Maine

This report was made possible through a grant received by Maine's Office of Substance Abuse from the U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Assistance State-wide Enhancement Grant Program. Its contents are the sole responsibility of the authors and do not necessarily represent the opinions of the funding agency.

EXECUTIVE SUMMARY

The high correlation between crime and the abuse of drugs and alcohol is well documented. Individuals with substance abuse problems are significantly more likely to commit crimes, to commit a wider range of crimes and to be convicted of more violent and serious offenses. Drug courts were developed as a means to respond to problems posed by substance abusing offenders involved in the revolving door of the criminal justice system. As such, they represent a nexus between criminal justice and substance abuse treatment systems that is intended to *reduce prison populations by reducing crimes of drug involved offenders by changing their drug using habits.*

Through comprehensive supervision, drug testing, integrated substance abuse treatment services and frequent court appearances before a designated program judge, drug courts attempt to motivate offenders to engage and participate in a program of behavioral change. Across the United States, there are more than 1,600 drug courts in operation and it is estimated that over 400,000 drug-using offenders have participated in these programs.

The vast body of research literature on drug courts indicates positive outcomes – that drug courts are helping to improve the lives of difficult to reach populations. According to the United States Government Accountability Office (2005), drug court programs have demonstrated the ability to reduce recidivism and generate other positive outcomes.

Maine’s Adult Drug Treatment Court was created by statute in August 2000 and currently operates in five of Maine’s sixteen counties. As of November 30, 2005, there were a total of 1,365 offenders referred to these programs and 540 offenders were admitted. Maine’s drug courts are intensive and challenging programs to successfully complete. The overall completion rate in Maine (60%) exceeds completion rates across drug court programs nationally (48%).

The current study contributes to ongoing discussions about the effectiveness of drug court programs. Consistent with the national literature, this study shows that Maine’s Adult Drug Court program is not only effective in reducing crime but cost effective as well.

Comparison of One Year Post Program Recidivism Outcomes for Maine’s Adult Drug Treatment Court Programs

% Rearrested / (N)	<i>Adult Drug Treatment Court Sites</i>					Overall
	York County	Cumberland County	Androscoggin County	Penobscot County	Washington County	
Comparison Group (Traditional Adjudication)	31.1% (45)	32.1% (56)	29.0% (69)	25.7% (35)	43.8% (64)	33.1% (269)
Experimental Group (Drug Court)	17.8% (45)	17.9% (56)	13.0% (69)	28.6% (35)	15.6% (64)	17.5% (269)
Drug Court Graduates	12.9% (31)	16.7% (30)	19.0% (42)	20.0% (25)	13.9% (36)	16.5% (164)
Drug Court Graduates National Estimate						17.5%

Summary of key findings:

- ❑ The number of referrals and new admissions to the five adult drug courts has declined during the most recent reporting period – a 27 percent decline in referrals and a 24 percent decline in the number of new admissions.
- ❑ Overall graduation rates for Maine’s adult drug courts (60%) compare very favorably with graduation rates of adult drug courts nationally (48%).
- ❑ The average length of time from initial referral to admission still remains high – 85 days and remains relatively unchanged from the previous year.
- ❑ There is greater consistency in the sanctioning of participants with similar infractions across sites with jail sanctions decreasing in severity – The majority of sanctions for a first positive test (87%) are 7 days or less.
- ❑ The majority of drug court participants (57%) have been able to access an array of ancillary services (e.g.: academic assistance, crisis intervention services, health care, mental health counseling, employment, etc.).
- ❑ Findings from the observational study reveal that there is no consistency among the five drug courts in how they interact with participants in the courtroom.
- ❑ Fewer drug court participants (17.5%) recidivated during a 12 month post-program follow-up than a comparison group of adult offenders traditionally adjudicated (33.1%).
- ❑ Adult drug court participants were less likely than the comparison group to be rearrested on felony charges and less likely to commit violent crimes.
- ❑ Overall, results of the analysis on DSAT clinical pre/post treatment measures reveals many significant improvements in the attitudes, coping behaviors and confidence of participants in their ability to refrain from drug and alcohol use.
- ❑ The adult drug court program has generated a net correctional savings of **\$11,345,726**. These savings are largely derived from the incarceration costs that would have been incurred had drug court graduates been adjudicated through traditional criminal case processing.
- ❑ For every dollar spent on processing these offenders through drug court, there was an overall net correctional savings of \$3.30.

Table of Contents

Introduction	1
What do we know about drug courts?	1
Maine’s Adult Drug Court Programs	2
Methodology and Research Design	3
Productivity: Enrolling Participants	3
Participant Characteristics and Drug Use Histories	6
Drug Testing Protocols	8
Testing Positive for Drug Use.....	9
Sanctions and Incentives – the Key to a Program of Behavioral Management	10
Substance Abuse Treatment and Ancillary Services.....	13
Ancillary Services	17
Pre-Court Meetings	18
Status Hearings.....	20
Graduation Outcomes.....	22
Factors Associated with Graduation Outcomes	24
Post-Program Recidivism	26
Estimating Program Costs and Crime Reduction Benefits	28
Conclusion.....	31

Tables and Figures

Table 1: Comparison of the Productivity of Maine’s Adult Drug Treatment Court	4
Table 2: Time between Initial Referral and Admission (days)	5
Table 3: Characteristics of the Participants in Maine’s Adult Drug Court	7
Table 4: Cross-site Comparisons of Drug Testing Practices	8
Table 5: Cross-site Comparisons of Drug Testing Results	9
Table 6: Cross-site Comparisons of the Frequency of Home Visits	10
Table 7: Cross-site Comparisons of Participants Sanctioned for Drug Tests	12
Table 8: Cross-site Comparisons of Severity of Jail Sanctions for 1 st Positive Drug Test	13
Table 9: Results of the Alcohol and Drug Refusal Self-Efficacy Questionnaire	15
Table 10: Results of the Drug Avoidance Self-Efficacy Scales Questionnaire.....	16
Table 11: Results of the Coping Behaviors Inventory Questionnaire	17
Table 12: Overall Distribution of the Types of Ancillary Services	18
Table 13: Structure and Composition of Maine’s Adult Drug Court Pre-Court Sessions	19
Table 14: Comparison of Topic Areas for Maine’s Adult Drug Court Pre-Court Meetings	20
Table 15: Structure and Composition of Maine’s Adult Drug Court Status Hearings	21
Table 16: Comparison of Topic Areas for Maine’s Adult Drug Court Status Hearings.....	22
Table 17: Comparison of the Productivity of Maine’s Adult Drug Treatment Court	23
Table 18: Regression of Successful Program Completion Outcomes	25
Table 19: One Year Post Program Recidivism Outcomes	27
Table 20: Costs Associated with a Criminal Act ^a	30
Table 21: Cost-Savings Estimate for Maine’s Adult Drug Treatment Court Program	30
Figure 1: Time Series Distribution of Referrals and Admissions	3
Figure 2. Length of Time between Initial Referral and Admission (days)	5
Figure 3. Time Series of Weekly Drug Testing Practices by Site	8
Figure 4. Types of Sanctions -Time Series Distribution	11
Figure 5: Types of Rewards -Time Series Distribution	11
Figure 6: Types of Sanctions Imposed for Non-Compliance (Dec 04 – Nov 05)	12
Figure 7. Rate of Successful Program Completion	23
Figure 8: One Year Post Program Recidivism Outcomes	27
Figure 9. Comparison of One Year Post Program Recidivism Offense Types	28

Part I – Process Evaluation

Introduction

Maine is one of many pioneer states to have successfully implemented a statewide adult drug court program. In 2000, Maine’s 119th Legislature passed “An Act to Provide for the Establishment of Alcohol and Drug Treatment Programs in Maine Courts” (4 M.R.S.A. Sections 421 to 423)¹. The law went into effect in August 2000 and the first participant was admitted in April, 2001. Under a contract from Maine’s Office of Substance Abuse², this report summarizes evaluation activities for the fifth fiscal year since Maine’s adult drug courts became operational.

This section of the report (Part I) provides a processual and intermediate outcome assessment for Maine’s five adult drug court programs in which we utilize, as measurements, the performance benchmarks outlined in *The Ten Key Components*³. These performance measures are designed to promote best practices in the design, operation and evaluation of drug court programs nationally. This section of the report provides longitudinal, cross-site information relating to a variety of process measures including: an assessment of the program’s target population, admissions related procedures, drug testing practices, use of sanctions and incentives, substance abuse treatment participation and ancillary service utilization. We also report results from a series of structured observations that were conducted to document the overall organization and content of court operations at each of the five sites. The second section of the report (Part II) examines the overall impact of these programs on reducing recidivism and provides a correctional cost-savings estimate relating to those outcomes.

What do we know about drug courts?

Drug courts represent the coordinated efforts of judges, lawyers, treatment professionals and a variety of local, private and public sector agencies to address the complex problems associated with substance abuse among offenders in the criminal justice system. Through comprehensive supervision, drug testing, integrated substance abuse treatment services and weekly court appearances before a designated program judge, the drug court attempts to motivate offenders to engage and participate in a program of behavioral change. Across the United States, there are more than 1,600 drug courts in operation and it is estimated that over 400,000 drug-using offenders have participated in these programs⁴.

¹ Maine also supports: six juvenile drug courts located in Biddeford, Lewiston, Portland, West Bath, Augusta and Bangor; three family drug courts located in Lewiston, Augusta and Belfast; one drug court serving offenders with co-occurring disorders in Augusta; and one differed sentencing project located in Hancock County.

² Maine’s Office of Substance Abuse in consultation with Maine’s Judicial Department, contracted researchers from the College of Arts and Sciences at the University of Southern Maine to evaluate the program. Andrew S. Ferguson served as the principal investigator for the project working in collaboration with research staff Jody Raio and Birch McCole. Kimberly Johnson and Linda Frazier from Maine’s Office of Substance Abuse as well as Justice Roland A. Cole and Hartwell Dowling from Maine’s Judicial Department have served as the primary representatives involved in the evaluation.

³ Defining Drug Courts: The Key Components. NADCP, 1997. www.ndci.org

⁴ American University Drug Court Clearinghouse. <http://spa.american.edu/justice/drugcourts.php>

A growing body of research literature suggests positive outcomes for drug courts – that drug courts are helping to improve the lives of difficult to reach populations (Roman, 2004; NIJ, 2006). The literature consistently indicates that drug court graduates have lower recidivism rates than comparison groups during the same follow-up periods (Truitt, 2001; Gottfredson, 2002). And, in a comprehensive review of 27 drug courts evaluations, the United States Government Accountability Office (2005) concluded that drug court programs can reduce recidivism compared to other criminal justice alternatives, such as probation. In sum, researchers at the National Center on Addiction and Substance Abuse at Columbia University conclude the following about drug courts:

- Drug courts provide more comprehensive and closer supervision of the drug-using offender than other forms of community supervision;
- Drug use and criminal behavior are substantially reduced while clients are participating in drug court;
- Criminal behavior is lower after program participation, especially for graduates;
- Drug courts generate cost savings from reduced jail/prison use, reduced criminality and lower criminal justice system costs;
- Drug courts have been successful in bridging the gap between the court and the treatment/public health systems and spurring greater cooperation among the various agencies and personnel within the criminal justice system, as well as between the criminal justice system and the community.

Maine's Adult Drug Court Programs

Typically designed to take approximately 12 months to successfully complete, Maine's adult drug courts are court-supervised, *post-plea* (but pre-final disposition) deferred sentencing programs requiring frequent and routine court appearances before a designated program judge. Adult drug court programs have been implemented in five of Maine's sixteen counties that serve a combined population of nearly 735,000 people, or approximately 62% of Maine's population.

Adult drug courts became operational in April, 2001 when the first participant was admitted to the Cumberland County (pop. 265,612) drug court with Superior Court Justice Crowley and District Court Judge Horton presiding. Superior Court Justice Brennan presides over the York County (pop.186,742) drug court and District Court Judge Romei presides over drug court sessions in Machias and Calais in Washington County (pop. 33,941). Superior Court Justice Mead and District Court Judge Murray preside over the Penobscot County (pop.144,919) drug court in Bangor. Superior Court Justice Gorman presides over the Androscoggin County (pop.103,793) drug court in Auburn.⁵

⁵ The Oxford County drug court stopped accepting new referrals in January 2003 and ceased operations in May, 2004. Today, five adult drug courts are operational in Maine.

Methodology and Research Design

This section of the report examines the core components of the drug court model including, for example, client supervision, drug testing, and sanctions. More specifically, the report examines how effectively sanctions and incentives, case management supervision, drug testing and the delivery of ancillary services are integrated into program operations. The study is based on offender level information including demographic characteristics, outcomes of drug and alcohol testing, treatment attendance and utilization of ancillary services. Offender-level data was obtained for 1,365 persons referred to the drug court over the fifty-six month period beginning April 1, 2001 and ending November 30, 2005.

The quantitative portion of the processual assessment consists of an overview of program activities for 195 adult drug court participants over two time frames: eighty-four (84) adult offenders who were admitted to the drug court between December 1, 2004 and November 30, 2005 and 111 adult offenders who were admitted between December 1, 2003 and November 30, 2004. The qualitative portion of the assessment consists of a series of structured observations of each of the five adult drug court programs occurring between May and December, 2005.

Productivity: Enrolling Participants

One Key Component of the drug court model requires that eligible participants are promptly identified, screened and admitted to the drug court program. In this section of the report, we examine the relationship between referrals and admissions to determine the extent that Maine's drug court program comports with this Key Component.

Figure 1: Time Series Distribution of Referrals and Admissions

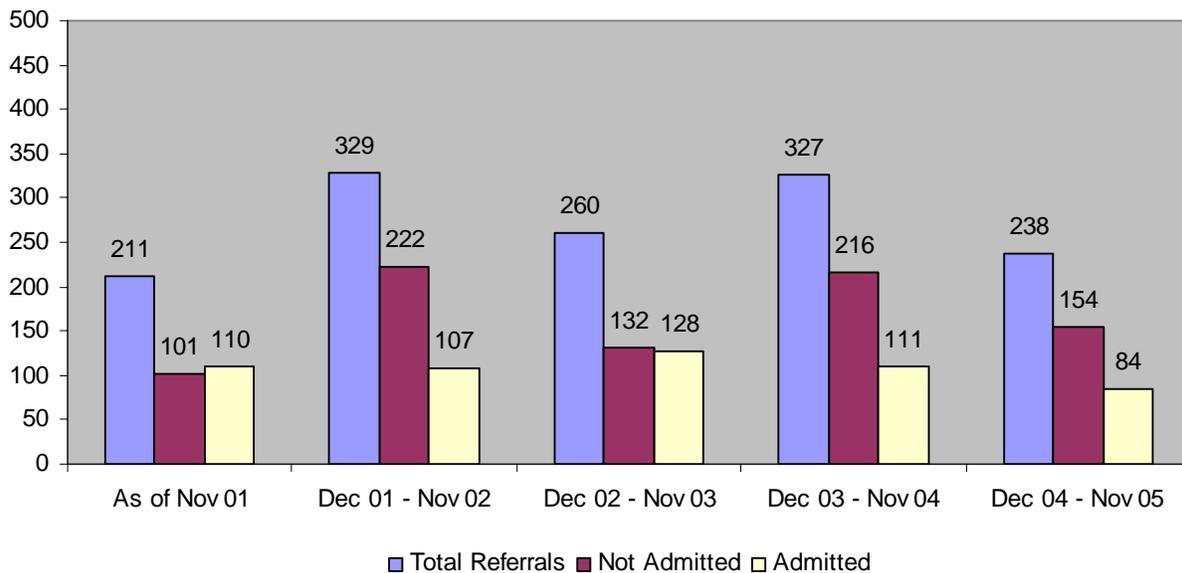


Figure 1 (above) examines the number of referrals and admissions to the statewide drug court program over the last five years. It shows that the number of referrals to the drug court program has recently declined and there has been a marked decrease in the number of new admissions. During the most recent reporting period beginning December 1, 2004 and ending November 30, 2005, the program received a total of 238 new referrals - a 27% decrease from the previous year. Of these 238 referrals, only 84 new clients (35%) were accepted into the program. Historically, the number of new admissions to the drug court has consistently exceeded 100 in each of the previous years.

Table 1 compares the productivity of each drug court and findings indicate that Cumberland County is the most productive drug court processing the largest number of referrals. The total number of referrals each court processed range from a low of 217 in Washington County to a high of 318 in Cumberland County⁶. Cumberland County does not, however, admit the largest number of clients as there is variation both in the number of admissions and the rate of admissions across sites. The number of admissions range from a high of 117 in Androscoggin County to a low of 92 in Washington County. Only 1 out of every 5 referrals is admitted in Cumberland County compared to 1 out of every 2 referrals in Washington County.

Table 1: Comparison of the Productivity of Maine's Adult Drug Treatment Court

	<i>Adult Drug Treatment Court Sites</i>						
	<i>York County</i>	<i>Cumberland County</i>	<i>Androscoggin County</i>	<i>Oxford County</i>	<i>Penobscot County</i>	<i>Washington County</i>	<i>Total</i>
Total Referred	286	318	272	44	228	217	1365
Not Admitted	193	218	155	20	123	103	812
Total Enrollments	93	100	117	24	92	114	540
2005 Admissions as of Nov. 30 th	20	10	15		16	23	84
2004 Admissions	23	15	27	-1	24	23	111
2003 Admissions	18	23	29	9	16	33	128
2002 Admissions	17	29	13	11	22	15	107
2001 Admissions	15	23	33	5	14	20	110
Admissions Rate Over Time							
2005	54%	20%	26%	-	36%	50%	39%
2004	30%	23%	48%	-	36%	38%	34%
2003	32%	43%	41%	90%	59%	77%	49%
2002	21%	35%	30%	44%	32%	48%	33%
2001	41%	35%	75%	71%	64%	56%	52%
Discharged-Expelled	30	36	42	10	30	47	195
Discharged-Graduated	52	53	70	14	47	56	292
Currently Active	24	26	18	-	24	22	114
Graduation Rate National Estimate	63%	60%	63%	58%	61%	54%	60% 48%

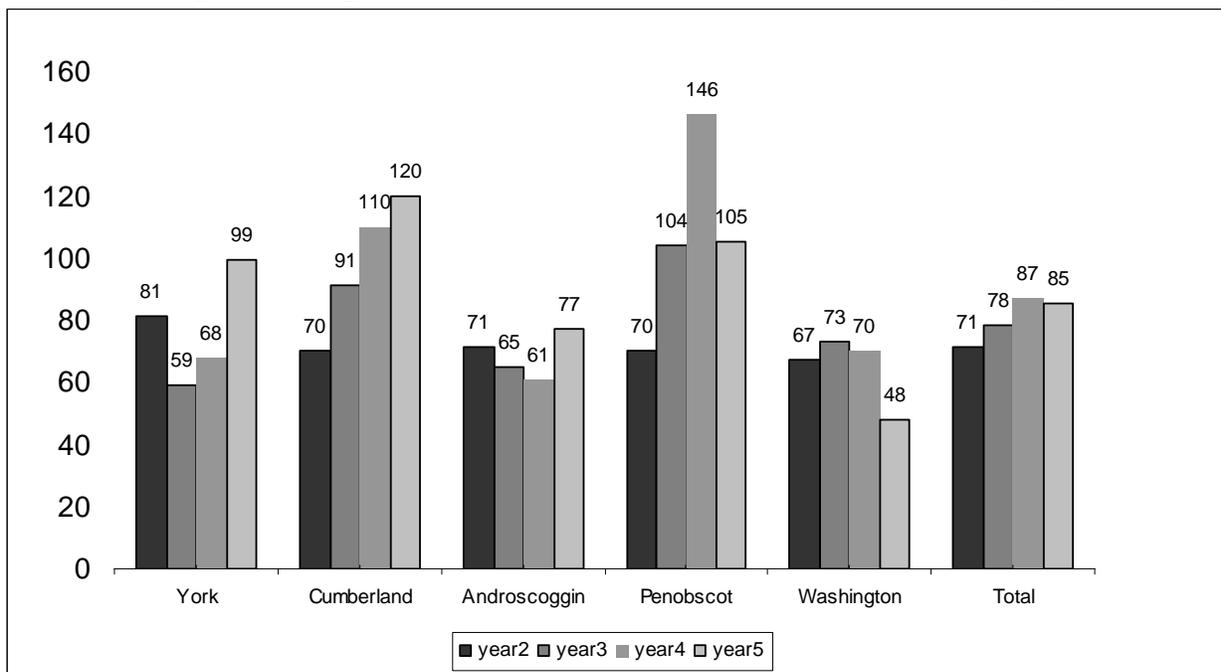
⁴ Oxford County ceased operations on May 25, 2004. One participant from Oxford County transferred to another drug court jurisdiction and subsequently completed that program on June 28, 2004.

In previous reports, we identified significant delays in the length of time it takes for an offender to be admitted to the adult drug court program. In the 2004 report, we found that the amount of time between initial referral and final admission was approximately 87 days. Not only does this time-frame exceed the amount of time recommended by existing policies, it also fails to comport with the key component of drug court programs requiring early identification and prompt placement of participants. Referring to Table 2 and Figure 2, findings for 2005 indicate that the average length of time between referral and final admission has decreased, slightly, by an average of two days in the state-wide aggregate from the previous year. Currently, it takes an average of 85 days to be admitted to the drug court program. It should be noted, however, that two sites (Penobscot and Washington Counties) have made significant reductions in the length of time it takes to be admitted to the drug court reducing the average length by approximately 28% and 31% respectively (Not shown).

Table 2: Time between Initial Referral and Admission (days)

Length of Time from Referral to Admission (days)	Adult Drug Treatment Court Sites					
	York County	Cumberland County	Androscoggin County	Penobscot County	Washington County	Total
Year 1	45	49	68	39	55	55
Year 2	81	70	71	70	67	71
Year 3	59	91	65	104	73	78
Year 4	68	110	61	146	70	87
Year 5	99	120	77	105	48	85

Figure 2. Length of Time between Initial Referral and Admission (days)



Participant Characteristics and Drug Use Histories

Maine's drug court program enrolls criminal offenders with serious drug abuse problems. Table 3 (next page) presents information about the drug use and demographic characteristics of the 84 participants who were admitted to the program after November 30, 2004. Prior to entering the drug court program, more than three-quarters (79%) of participants had received prior treatment for alcohol or drug use. As shown in Table 3, the percent who received prior treatment services range from a low of 74% at Washington County to a high of 85% at Androscoggin County.

Indeed, most offenders enrolled in the drug court program have very serious substance abuse problems. The Computerized Screening Assessment is a battery of screening instruments used to provide an initial assessment of addiction severity. As shown in Table 3, approximately 81% received substance abuse scores in the moderate to severe range. Ranging from 56% to 100%, there are variations among the courts in the percent of clients who received substantial and severe scores on the computerized screening assessment (CSA). And, nearly two-thirds of the participants (65%) reported daily use of alcohol or drugs.

The primary drug of choice among drug court participants is either opiates (40%) or alcohol (30%). However, participants in York County (74%) tend to use alcohol over use of other drugs whereas in Washington County, the predominant drug of choice is clearly opiates (74%). There is also little variation in the age at which these participant's first became involved with the criminal justice system - the average age is 21 and ranges from age 11 to age 44. Participants also report a substantial volume of criminal activity obtaining, on average, \$890.00 per week in illegal funds to support their drug using habits. The amount of money participants spent varies significantly and it is likely related to their drug of choice. For example, where opiates and cocaine are the primary drugs of choice (Cumberland and Androscoggin Counties), we find participants reporting the highest weekly expenditures on drugs (\$980.00-\$2100.00).

There was little variation in the demographic characteristics of participants across sites. Overall, the majority of participants are white (95%) males (64%) with an average age of 30. One-half of the participants (53%) have financial dependents ranging from a low of 33% in Penobscot County to a high of 70% in Washington County. With the exception of Washington County (32%), the majority of participants were employed at the time of their admission (77%). And, the percent of participants having a co-occurring Axis I diagnosis ranges from a low of 17% in Washington County to a high of 62% in Penobscot County.

Table 3: Characteristics of the Participants in Maine's Adult Drug Court

	<i>Adult Drug Treatment Court Sites</i>					
	<i>York County (N=20)</i>	<i>Cumberland County (N=10)</i>	<i>Androscoggin County (N=15)</i>	<i>Penobscot County (N=16)</i>	<i>Washington County (N=23)</i>	<i>Total (N=84)</i>
General Demographics						
% Male	75	60	67	69	52	64
% White	95	90	100	100	91	95
% Partner	40	43	47	53	32	42
% Employed at Admission	79	100	85	61	32	77
% Prior Treatment	80	80	85	75	74	79
% Graduated High School	68	90	60	87	74	75
% Daily Use	32	50	79	87	74	65
% Children	50	43	57	33	70	53
% Co-occurring	29	40	60	62	17	40
Living Situation						
% Independently	20	20	27	6	35	23
% Significant Other	30	0	20	37	9	20
% Friend/Relative	30	30	47	60	66	43
Other	20	50	6	6	0	13
Drug of Choice						
% Alcohol	74	20	27	12	13	30
% Opiates	5	20	26	57	74	40
% Other	21	60	47	31	13	30
CSA						
None	0	0	9	0	0	1
Low	0	0	0	12	0	3
Moderate	7	20	27	31	0	15
Substantial	80	40	54	37	95	66
Severe	13	40	9	19	5	15
Age						
Mean	34	35	32	25	27	30
Median	33	33	28	22	26	27
Range	20-66	24-53	22-50	19-47	19-42	19-66
Age at Use						
Mean	17	18	17	18	20	18
Median	17	16	15	17	18	17
Range	13-24	12-34	11-26	19-47	13-33	8-26
Age at First Offense						
Mean	24	21	19	21	22	21
Median	19	18	18	2	19	19
Range	14-44	15-35	11-35	15-33	11-36	11-44
Amount of Money Spent to Support Habit (weekly)						
Mean	\$144	\$444	\$1,113	\$550	\$444	\$565
Median	\$75	\$375	\$300	\$350	\$350	\$250
Range	\$18-1000	\$24-1000	\$70-5,000	\$300-1000	\$140-1000	\$18-4982
Amount of Money to Support Habit Obtained Illegally (weekly)						
Mean	\$373	\$980	\$2,100	\$600	\$539	\$890
Median	\$100	\$200	\$1,000	\$600	\$475	\$500
Range	\$18-1000	\$100-2500	\$125-5000	\$200-1000	\$75-1400	\$18-5000

Drug Testing Protocols

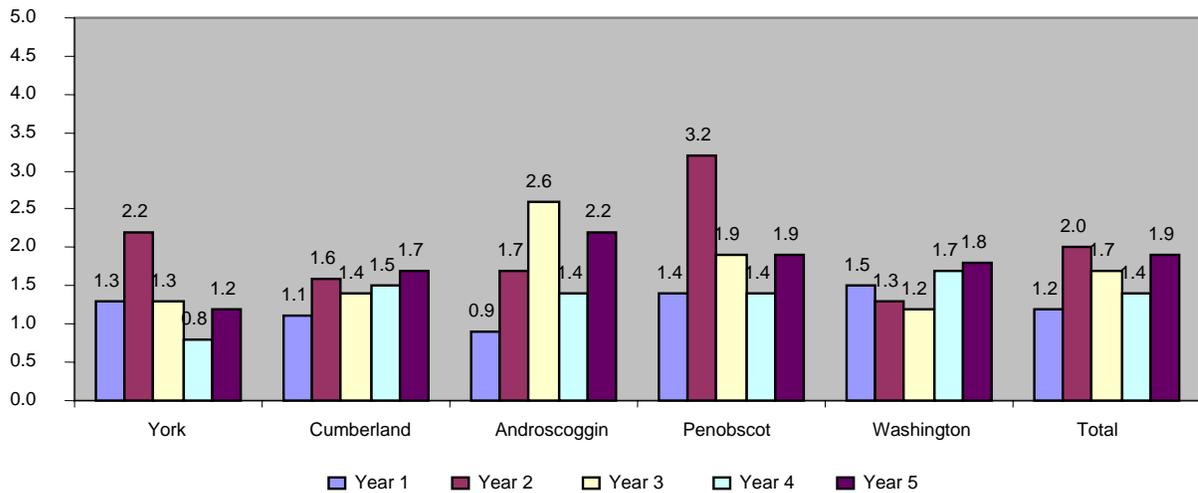
Another Key Component of drug courts is the frequent and effective use of randomized and monitored drug and alcohol testing. It is essential to the success of drug court programs because drug testing serves as a deterrent thereby providing greater assurance that clients are complying with the abstinence requirement of the program. In addition, drug testing provides treatment professionals valuable information about participant substance use and aids in the modification of individualized treatment plans.

In response to the 2001 evaluation, the Statewide Steering Committee implemented a policy requiring that the frequency of drug testing be increased to an average of two tests per person per week. In last years report, we identified that Maine’s drug courts were not in compliance with this policy averaging 1.4 tests per person per week. As shown in Table 4, we find that Maine’s drug courts are now in compliance with their drug testing protocol averaging 1.9 tests per person per week, an increase of 36% from the previous year. (Findings presented in Table 4 are also graphically displayed in Figure 3.)

Table 4: Cross-site Comparisons of Drug Testing Practices

		<i>Adult Drug Treatment Court Sites</i>					
Average Number of Weekly Drug Tests		<i>York County</i>	<i>Cumberland County</i>	<i>Androscoggin County</i>	<i>Penobscot County</i>	<i>Washington County</i>	<i>Total</i>
Year 1		1.3	1.1	0.9	1.4	1.5	1.2
Year 2		2.2	1.6	1.7	3.2	1.3	2.0
% Change year 1 to year 2		69%	45%	89%	129%	-15%	67%
Year 3		1.3	1.4	2.6	1.9	1.2	1.7
% Change year 2 to year 3		-41%	-13%	+53%	-41%	-8%	-18%
Year 4		0.8	1.5	1.4	1.4	1.7	1.4
% Change year 3 to year 4		-38%	+7%	-46%	-26%	+42%	-18%
Year 5		1.2	1.7	2.2	1.9	1.8	1.9
% Change year 4 to year 5		+50%	+13%	+57%	+36%	+6%	+36%

Figure 3. Time Series of Weekly Drug Testing Practices by Site



Testing Positive for Drug Use

An absence of positive drug tests is the major way to determine compliance with the abstinence requirement of the program. Over the past year, a total of 3,233 drug tests were administered to these 84 new drug court participants. There were a total of 320 positive drug screens and 2,913 negative drug screens. That is, 10% of all tests yielded positive results for the presence of one or more drugs (refer to Table 5). This compares favorably with rates of positive drug tests across drug court programs nationally (17%) as well as for adult offenders in other non-institutionalized programs (35%)⁷.

Table 5 also presents information about the number of offenders testing positive for drug use at each of the five drug court sites. Overall, 20% of participants did not test positive for drugs since the time they were admitted to the drug court program.

Table 5: Cross-site Comparisons of Drug Testing Results

	<i>Adult Drug Treatment Court Sites</i>					<i>Total</i>
	<i>York County</i>	<i>Cumberland County</i>	<i>Androscoggin County</i>	<i>Penobscot County</i>	<i>Washington County</i>	
Average Percent Positive Tests						
Year 5	12%	3%	12%	7%	15%	10%
Year Previous	6%	8%	10%	2%	2%	6%
Participants Testing Positive						
% None	45	50	-	25	-	20
% One	5	10	7	6	4	10
% Two or More	50	40	93	69	96	70
N	20	10	15	16	23	84

Home Visits

The daily supervision and monitoring of client progress throughout the program is an important component of the drug court model. In Maine, drug court case managers and local law enforcement officials have primary responsibility for the day to day supervision of participants. Not allowed to make home visits on their own, case managers often accompany probation officers and other local law enforcement officials in conducting unscheduled visits to participant homes⁸. These visits typically include random drug and alcohol tests.

Previous reports indicated wide variations in the frequency of home visits being conducted and the evaluation team suggested that the statewide steering committee establish a policy regarding the frequency for which home visits should occur. That policy currently requires a minimum of 2 unscheduled home visits per person per month.

Controlling for length of program participation, findings in Table 6 indicate that participants, overall, received approximately one unscheduled home visit per month – relatively

⁷ OJP Drug Court Clearinghouse and Technical Assistance Project. "Drug Court Activity Update: Summary Information on All Programs and Detailed information on Adult Drug Courts" June 20, 2001.

⁸ While case managers are employed by Maine Pre-Trial Services and serve the drug court on a full-time basis, probation officers serving the drug court are employed by Maine's Department of Corrections and serve the drug court program as part of their employment.

unchanged from the previous year and still lower than the policy recommended by the statewide steering committee. These findings vary across courts, however, ranging from a low of one home visit every two months in York County to a high of 1.6 home visits per person per month in Cumberland County.

Table 6: Cross-site Comparisons of the Frequency of Home Visits

	<i>Adult Drug Treatment Court Sites</i>					
	<i>York County</i>	<i>Cumberland County</i>	<i>Androscoggin County</i>	<i>Penobscot County</i>	<i>Washington County</i>	<i>Total</i>
Home Visits (Year 5)						
% None	35	-	-	13	9	13
% One	35	-	27	31	9	21
% Two or More	30	100	73	56	82	66
N	20	10	15	16	23	84
Visits per month						
Year 5	0.4	1.6	0.9	0.6	1.5	1.0
Year 4	0.7	1.1	0.8	0.5	2.9	1.2
Year 3	0.3	1.3	0.5	0.9	1.3	0.9

Sanctions and Incentives – the Key to a Program of Behavioral Management

Another key component of drug courts suggests the use of graduated sanctions and rewards to ensure compliance with program requirements. Theoretically, a system of sanctions and rewards has the potential to be an effective tool in a program of behavioral management (Marlowe, 2002). This section of the report provides cross-site information on the use of sanctions and rewards and compares this information with data gathered from the previous year.

Figures 4 and 5 (next page) present the overall distribution of rewards and sanctions administered over time. Referring to Figure 4, we find that incarceration is the most heavily relied upon sanction (38%) in the program. However, the use of incarceration as a sanction decreased by 30% from the previous year whereas sanctions for community service and more frequent reporting requirements increased. Referring to Figure 5, the most frequently utilized reward is phase advancement (56%) and this has remained steady over the five time periods.

Figure 4. Types of Sanctions -Time Series Distribution

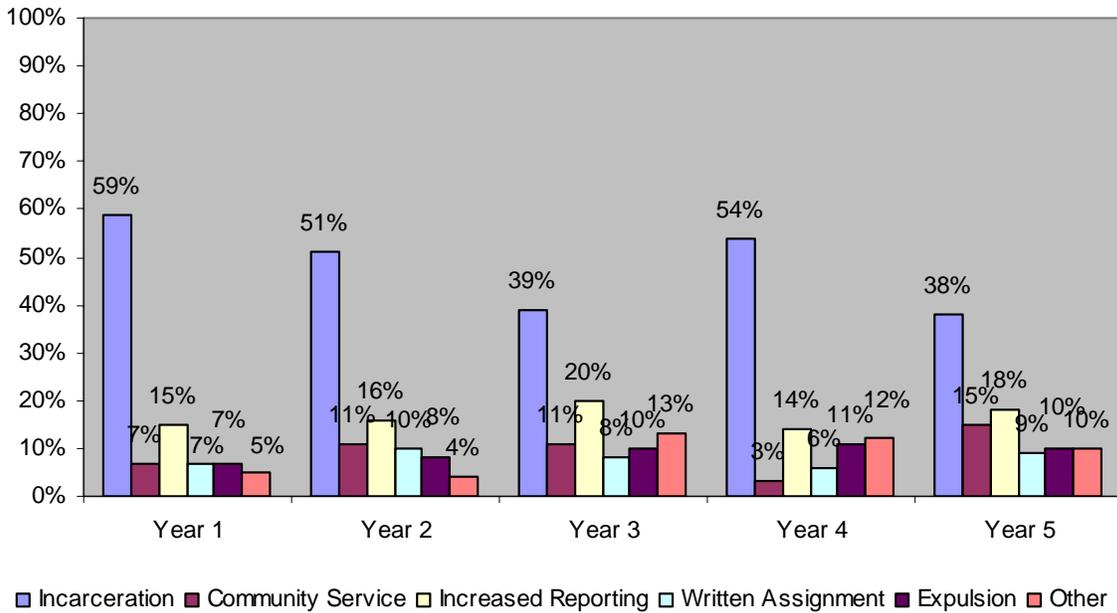
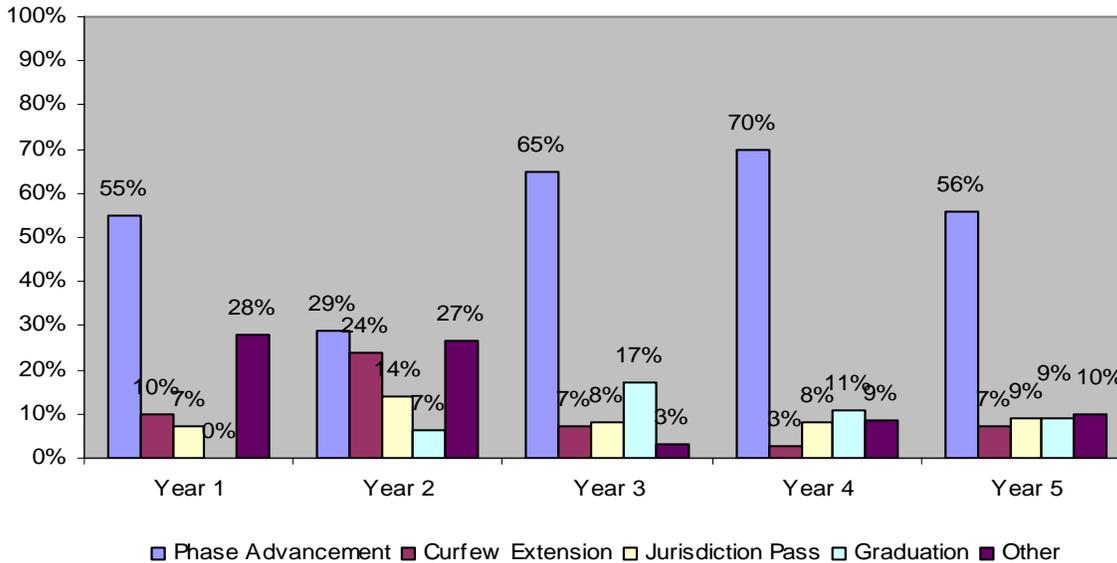


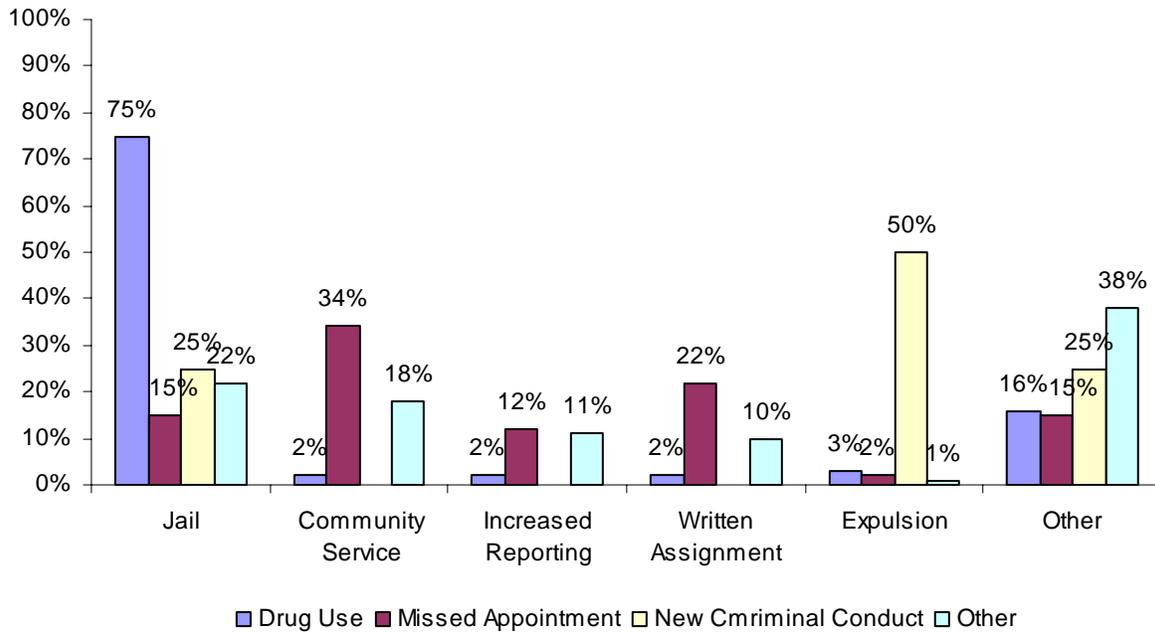
Figure 5: Types of Rewards -Time Series Distribution



While the data presented thus far illustrates the use of sanctions and rewards, they do not provide information about how sanctions and rewards operate, what infractions are sanctioned or whether sanctions are graduated. For example, do people receive similar sanctions for similar infractions? In order to examine this issue, the research team examined sanction data for various infractions of the drug court contract - positive drug screens, missing scheduled appointments and new criminal conduct. That analysis indicates that sanctions for drug use or participation in

new criminal conduct will almost certainly result in a jail sanction (75%). Whereas less serious infractions (e.g.: missing a scheduled appointment) is more likely to result in a mix of consequences such as community service (34%), written assignments (22%) or “other” sanctions such as increased attendance at AA/NA and increased drug testing.

Figure 6: Types of Sanctions Imposed for Non-Compliance (Dec 04 – Nov 05)



Sanction data was further examined to assess whether sanctions were graduated. Table 7 examines the types of sanctions imposed upon those participants who violated one of the most serious infractions of the drug court contract - positive drug use. Overall, the most frequent response to a positive drug test is incarceration (70%). Findings in Table 7 indicate variations among the five drug court sites in the use of incarceration as a response for drug use among participants. For example, the use of incarceration as a sanction ranges from a low of 57% in York County to a high of 100% in both Cumberland and Penobscot Counties.

Table 7: Cross-site Comparisons of Participants Sanctioned for Drug Tests

	York County	Cumberland County	Androscoggin County	Penobscot County	Washington County	Total
Sanctions Given for Positive Drug Tests						
% Jail	57	100	90	100	65	70
% Year Previous	73	89	83	88	50	81
% Other	43	-	10	-	35	30
% Year Previous	27	11	17	12	50	19
Total Percent	100	100	100	100	100	100
Number of Tests	40	52	15	13	126	246

Table 8 presents cross-site comparisons of the severity of jail sanctions for the first occurrence of a positive drug test. In it we find a notable shift in the severity of jail sanctions from the previous year. Across sites, the severity of jail sanctions has decreased with the majority of sanctions (87%) being 7 days or less and the overall number of jail days decreased from a total of 907 to 339.

Table 8: Cross-site Comparisons of Severity of Jail Sanctions for 1st Positive Drug Tests

	<i>York County</i>	<i>Cumberland County</i>	<i>Androscoggin County</i>	<i>Penobscot County</i>	<i>Washington County</i>	<i>Total</i>
Year 5						
% 7 days or less	78	100	86	67	100	87
% 8 days to 14 days	22	-	-	-	-	3
% Exceeding 14 days	-	-	14	33	-	10
Mean	5.0	5.0	5.0	14.7	3.5	4.8
Median	4.0	4.0	3.0	3.0	3.0	3.0
Range	2-10	4-7	1-20	2-45	1-7	1-45
Total Jail Days	55	42	70	133	39	339
Year Previous						
% 7 days or less	64	70	87	40	86	70
% 8 days to 14 days	-	23	-	20	-	11
% Exceeding 14 days	36	7	13	40	14	19
Mean	18.9	8.4	6.8	18.1	6.4	11
Median	3.0	7.0	4.0	10.0	4.0	7.0
Range	1-120	2-30	2-30	1-67	1-20	1-120
Total Jail Days	208	227	156	271	45	907

Substance Abuse Treatment and Ancillary Services

Substance abuse treatment providers servicing Maine’s Adult Drug Court use a formalized treatment curriculum consistent with components of effective treatment services (Taxman, 2005). The Differential Substance Abuse Treatment (DSAT) program was implemented in Maine’s Statewide Adult Drug Court Program in 2001. Through extensive training, monitoring and supervision, this new treatment initiative is intended to improve both the consistency and overall quality of care received by participants. Specifically designed for offender populations with substance abuse problems, the DSAT curriculum is a manualized motivational enhancement and cognitive behavioral (MET/CBT) treatment program that makes it possible to deliver a theoretically sound standard of treatment across the state. The goal of the DSAT initiative is to increase retention in treatment and increase successes in treatment outcomes among addicted offenders. An evaluation of the DSAT program was completed in 2005 by Dr. Faye Taxman⁹. Overall findings from the DSAT evaluation suggest:

“The results indicate that participation in the DSAT curriculum experienced a reduction in depression, hostility, and risk-taking behaviors, and an increase in social conformity, and therapeutic involvement.”

⁹ The DSAT evaluation was the second of three reports conducted under a cooperative agreement between Maine’s Office of Substance Abuse and the University of Southern Maine and a subcontract between the University of Southern Maine and the University of Maryland, Bureau of Government Research.

The DSAT system is based on a conceptual model of criminal behavior that reserves the most intensive treatment services for offenders with the highest levels of criminal need/risk (i.e., severity of dependence on alcohol/drugs and corresponding high recidivism levels) in order to achieve the greatest impact in reducing criminal behavior. Less intensive services are reserved for those offenders with lower levels of dependence on alcohol/drugs given the lower level of recidivism among this group. Through the course of treatment a battery of questionnaires are administered at scheduled intervals; instruments used include: the Alcohol and Drug Refusal Self-Efficacy Questionnaire, the Drug Avoidance Self-Efficacy Scales, the Coping Behaviors Inventory, and the Commitment Scales. The questionnaires consist of four standardized instruments that measure the participant's outlook toward coping with situations that are high risk for use of alcohol and drugs.

Data presented in Table 9 (next page) reveal results of the Alcohol and Drug Refusal Self-Efficacy Questionnaire, a 31 item survey that measures the likelihood of participant alcohol or drug usage when confronted with a variety of situations. Data presented in Table 10 reveal results of the Drug Avoidance Self-Efficacy Scales Questionnaire, a 16 item survey that measures the level of confidence participants have in resisting alcohol or drug use in a variety of situations. Data also presented in Table 10 reveal results of the Commitment Scales Questionnaire which is a simple two item survey that measures the participant's commitment to abstaining from or changing their use of alcohol and or drugs. Data presented in Table 11 reveal results of the Coping Behaviors Inventory Questionnaire, a 36 item survey designed to measure the alcohol/drug user's use of coping strategies in response to an urge to drink or use drugs. Overall results of the analysis on pre and post treatment measures reveal positive clinical improvement on all but one item across all items in each of the four measures. While there are positive findings across all measures demonstrating clinical improvement, the analysis that follows only presents findings of statistical significance. Paired differences tests of significance were performed on all items in each of the surveys at the beginning of DSAT and at the conclusion of treatment. The analysis differentiates results between male and female participants.

Referring to Table 9 (next page), with the exception of two items on the survey, participants indicated that they were significantly more likely to be able to refrain from using drugs across situations than they were at the beginning of the treatment process. The one situation where participants said they would have greater difficulty is if they found themselves in a situation where they could see others drinking or using drugs. The other item pertained to the likelihood of participant use after finishing a sporting event. Here, we found that while there was improvement in this area, it was not statistically significant. Overall, male participants were more likely to have improved scores across situations, whereas results among female participants were more varied and situationally specific.

Table 9: DSAT Pre-Post Battery Assessment
Result of the Alcohol and Drug Refusal Self-Efficacy Questionnaire
 (High Score = Positive outcomes for all questions)

How sure are you that you could resist drinking alcohol or using drugs?	<i>Enter Tx</i>	<i>Leave Tx</i>	<i>Mean Difference</i>	<i>Men</i>	<i>Women</i>
1. When you are out at dinner...	5.6	5.8	0.2 ^{***}	X	
2. When you are playing pool or cards...	5.3	5.7	0.4 ^{***}	X	
3. When you are watching TV...	5.6	5.8	0.2 ^{***}	X	
4. When you see others drinking or using drugs...	5.9	5.3	-0.6 ^{***}	X	
5. When you are uptight...	4.8	5.5	0.7 ^{***}	X	X
6. When you are angry...	4.8	5.5	0.7 ^{***}	X	X
7. When you are at a party...	4.6	5.2	0.6 ^{***}	X	X
8. When someone offers you a drink or drugs...	4.7	5.3	0.6 ^{***}	X	X
9. When you want to look sophisticated...	5.5	5.8	0.3 ^{***}	X	
10. When you want to feel more confident...	5.2	5.7	0.5 ^{***}	X	
11. When you are bored...	5.0	5.5	0.5 ^{***}	X	
12. When you want to look better...	5.4	5.8	0.4 ^{***}	X	
13. When you are at lunch...	5.6	5.9	0.3 ^{**}	X	
14. When you feel ashamed...	5.1	5.6	0.5 ^{***}	X	X
15. When you are waiting for somebody...	5.5	5.8	0.3 ^{***}	X	X
16. When you feel restless...	5.2	5.6	0.4 ^{***}	X	
17. When you feel frustrated...	4.9	5.5	0.6 ^{***}	X	X
18. When you want to feel more accepted by friends	5.2	5.6	0.4 ^{***}	X	X
19. When you are worried...	5.1	5.5	0.4 ^{***}	X	X
20. When you feel upset	4.9	6.1	1.2 ^{***}		X
21. When you feel down...	4.9	5.5	0.6 ^{***}	X	X
22. When you feel nervous...	5.1	5.6	0.5 ^{***}	X	X
23. When you are on the way home from work...	5.5	5.7	0.2 ^{***}	X	
24. When you feel sad...	4.9	5.5	0.6 ^{***}	X	X
Women 25. When you have trouble getting to sleep...	5.4	5.8	0.4 ^{***}	X	
Women 26. When you are thinking about abuse you experienced...	5.1	5.4	0.3 ^{***}	X	X
Women 27. When you are upset with your family...	5.1	5.6	0.5 ^{***}	X	
25. (Women 28) When your spouse or partner is drinking...	4.8	5.2	0.4 ^{***}	X	X
26. (Women 29) When you are listening to music or reading...	5.6	5.8	0.2 ^{***}	X	
27. (Women 30) When your friends are drinking or using drugs	4.8	5.2	0.4 ^{***}	X	
28. (Women 31) When you are by yourself...	5.4	5.7	0.3 ^{***}	X	
29. (Women 32) When you have just finished playing a sport...	5.7	5.8	0.1	X	
30. (Women 33) When you are at a bar or a club...	4.6	5.1	0.5 ^{***}	X	X
31. (Women 34) When you first arrive home...	5.6	5.8	0.2 ^{***}	X	
Women 35. When you are home alone...	5.6	5.8	0.2 ^{***}	X	

(**p<.001, *p<.01, ^p<.05; two-tailed tests)

Referring to Table 10 (next page), with the exception of five items on the Drug Avoidance Self-Efficacy Scales survey, participants indicated that they were significantly more confident in their ability to resist alcohol or drug use across a variety of situations. The situations where there were no significant differences pertained to situations in which participant's imagined themselves either losing a good job, being angry after a domestic argument, being bored or being with a good friend who is down. Data also presented in Table 10 also reveals that participant's were significantly more committed to changing their behaviors and refraining from use of alcohol and or drugs. Similar to the findings presented in Table 9, there were fewer significant changes among female participants than male participants.

**Table 10: DSAT Pre-Post Battery Assessment
Results of the Drug Avoidance Self-Efficacy Scales Questionnaire**

		<i>Enter Tx</i>	<i>Leave Tx</i>	<i>Mean Difference</i>	<i>Men</i>	<i>Women</i>
1. Imagine going to a party...	High = Positive Outcome	5.3	5.9	0.6 ^{***}	X	
2. Imagine losing a good job...	Low = Positive Outcome	2.8	2.4	-0.4		
3. Imagine feeling angry after a domestic argument...	High = Positive Outcome	5.9	6.2	0.3		
4. Imagine feeling good...	Low = Positive Outcome	2.5	2.0	-0.5 ^{**}		
5. Imagine cannot sleep...	High = Positive Outcome	5.7	6.4	0.7 ^{***}	X	
6. Imagine starting new job...	High = Positive Outcome	6.0	6.5	0.5 ^{**}	X	
7. Imagine feeling very angry...	Low = Positive Outcome	2.1	1.9	-0.2		
8. Imagine relationship just ended...	Low = Positive Outcome	2.8	2.1	-0.7 ^{***}	X	
9. Imagine being with friends who are celebrating...	High = Positive Outcome	5.9	6.3	0.4 [*]	X	
10. Imagine that you are at a party...	Low = Positive Outcome	2.4	2.0	-0.4 [*]	X	
11. Imagine that you promise to stay straight...	Low = Positive Outcome	4.1	3.1	-1 ^{***}	X	X
12. Imagine that you slipped...	Low = Positive Outcome	3.1	2.5	-0.6 ^{***}	X	
13. Imagine that you are depressed...	High = Positive Outcome	5.7	6.5	0.8 ^{***}	X	X
14. Imagine fight with friend...	High = Positive Outcome	6.2	6.6	0.4 ^{***}	X	
15. Imagine a good friend is down...	High = Positive Outcome	6.0	6.2	0.2		
16. Imagine that you are bored...	Low = Positive Outcome	2.7	2.4	-0.3		
Commitment Scales Questionnaire						
1. How strongly are you committed to abstaining...	High = Positive Outcome	8.5	8.8	0.3 ^{***}	X	X
2. How strongly are you committed to changing...	High = Positive Outcome	8.6	8.8	0.2 ^{***}	X	

(**^{***}p<.001, **p<.01, *p<.05; two-tailed tests)

Referring to Table 11 (next page), there were a total of 19 situations in which participants indicated that they were not significantly better able to cope if given an urge to drink or use drugs. The majority of these situations pertained to past behaviors like hanging out with old friends, thoughts about the past (i.e., “Thinking about the mess I’ve gotten myself into...”), as well as situations surrounding work and health. Unlike previous results, there were more significant differences in coping strategies among female participants than male participants. (Overall, there were no differences on survey responses for questions 13, 18, and 35.)

Table 11: DSAT Pre-Post Battery Assessment
Results of the Coping Behaviors Inventory Questionnaire
(Low Score = Positive outcome for all questions)

	<i>Enter Tx</i>	<i>Leave Tx</i>	<i>Mean Diff</i>	<i>Men</i>	<i>Women</i>
1. Thinking of how much better I am without drinking or using drugs...	0.6	0.4	-0.2***	X	X
2. Telephoning a friend...	1.8	1.1	-0.7***	X	X
3. Keeping in the company of people who don't drink or use drugs...	0.8	0.6	-0.2		
4. Thinking positively...	0.7	0.5	-0.2*	X	
5. Thinking of the mess I've got myself into through drinking and using drugs...	0.6	0.5	-0.1		
6. Stopping to examine my motives and eliminating false ones...	1.3	1.0	-0.3**		X
7. Thinking of the promises I've made to others...	1.3	1.0	-0.3		
8. Staying indoors- hiding...	2.3	2.2	-0.1		
9. Pausing and really thinking the whole drinking/ using cycle through...	1.2	0.9	-0.3**		
10. Leaving my money at home...	2.2	2.1	-0.1		
11. Recognizing that life is no bed of roses...	1.0	0.7	-0.3**	X	
12. Going to an AA or other support group meeting...	1.1	0.7	-0.4***		X
13. Knowing that by not drinking or using drugs I can show my face again...	1.1	1.1	0		
14. Cheering myself up by buying something special instead...	1.7	1.5	-0.2		
15. Facing up to my bad feelings instead of trying to drown them...	1.3	0.8	-0.5***	X	X
16. Working harder...	1.0	0.9	-0.1		
17. Realizing it's just not worth it...	0.6	0.5	-0.1		
18. Waiting it out until everything is shut...	2.1	2.1	0		
19. Remembering how I've let my friends and family down in the past...	1.0	0.8	-0.2*		X
20. Keeping away from people who drink or use drugs...	0.8	0.5	-0.3***		X
21. Going for a walk...	1.5	1.3	-0.2*		X
22. Looking on the bright side and stop making excuses for myself...	1.0	0.8	-0.2*	X	
23. Realizing it's affecting my health...	1.2	1.1	-0.1		
24. Start doing something in the house...	1.2	1.0	-0.2		
25. Considering the effect it will have on my family...	1.0	0.6	-0.4***		X
26. Reminding myself of the goof life I can have without drinking or using drugs...	0.7	0.5	-0.2***		X
27. Getting in touch with old drinking and drug using friends who are better now...	2.1	2.0	-0.1		
28. Making up my mind that I'm going to stop playing games with myself...	1.3	1.1	-0.2		
29. Eating a good meal...	1.4	1.2	-0.2*		
30. Avoiding places where I drank or used drugs...	0.8	0.6	-0.2		
31. Thinking about all the people who have helped me...	0.9	0.8	-0.1		
32. Saying I am well and wish to stay so...	1.0	0.8	-0.2*		X
33. Going to sleep...	1.4	1.3	-0.1		
34. Remembering how it has affected my family...	0.8	0.6	-0.2		
35. Forcing myself to go to work...	1.6	1.6	0		
36. Trying to face life instead of avoiding it...	0.9	0.6	-0.3***		X

(**p<.001, *p<.01, †p<.05; two-tailed tests)

Ancillary Services

The fourth *key component* of drug courts is to provide clients access to a continuum of alcohol, drug and other related treatment and rehabilitation services recognizing that substance abuse treatment alone often fails to meet the multiple needs of the offender population. A properly designed drug court provides a continuum of care that offers an array of ancillary services both during participation in drug court and after program completion.

To date, many drug court participants (57%) have been able to avail themselves of a number of ancillary services including: batterer’s intervention programs, crisis intervention, mental health, residential, health care, employment, educational, and transportation services. Table 12 provides cross-site information about the frequency of ancillary services utilization by the 84 clients who were newly admitted to the drug court program. Over the past twelve months, 57% of these 84 participants utilized at least one type of ancillary service and 38% utilized multiple types of ancillary services. There are significant cross-site variations in the percent of participants accessing ancillary services. The percent of participants accessing ancillary services range from a low of 35% in York County to a high of 83% in Washington County.

Table 12: Overall Distribution of the Types of Ancillary Services

	<i>Maine Adult Drug Treatment Court Sites</i>					
	<i>York County</i>	<i>Cumberland County</i>	<i>Androscoggin County</i>	<i>Penobscot County</i>	<i>Washington County</i>	<i>Total</i>
% Utilize Ancillary Services	35	60	53	50	83	57
Year Previous	64	67	41	89	40	61
% Multiple Ancillary Services	20	50	40	31	52	38
Year Previous	54	48	31	83	22	48
N	20	10	15	16	23	84

Pre-Court Meetings

The first *key component* of drug courts is to integrate alcohol and other drug treatment services with justice system case processing. In this way, drug courts try to promote treatment goals through a coordinated response to offenders with substance abuse issues. A pre-court meeting is held at each site immediately prior to the drug court status hearing. This meeting provides an opportunity for the judge to meet with probation officers, treatment providers, defense attorneys, prosecutors, the drug court case manager and other members of the “drug court team” so as to discuss the progress of each participant and determine what kinds of responses will be asserted for compliant and non-compliant behavior during the drug court status hearing.

Referring to Table 13, while the average pre-court meeting lasts just over an hour in duration, there is significant variation across drug court programs. For example, in York County the average pre-court meeting lasts 57 minutes in contrast to the Washington County where the pre-court meetings can last as long as 155 minutes in duration. It was observed across programs that the majority of pre-court session time is dedicated to “challenging” cases or cases in which the imposition of a sanction was likely. Referring to Table 13, it was observed that the discussion surrounding one “challenging” case can take as long as 32 minutes of the total time of the pre-court session. Overall, there is fairly consistent attendance among various key actors involved in these programs with most sites having at least seven officials present during the pre-court meetings. The exception is Androscoggin County where prosecutors and defense counsel typically do not participate in the pre-court meeting.

Table 13: Structure and Composition of Maine’s Adult Drug Court Pre-Court Sessions

	<i>Adult Drug Treatment Court Sites</i>				
	<i>York County</i>	<i>Cumberland County</i>	<i>Androscoggin County</i>	<i>Penobscot County</i>	<i>Washington County</i>
Location of Pre-Court Session	Library	Jury Room	Chambers	Courtroom	Chambers
Duration of Pre-Court (avg. min)	65	80	62	57	122
Duration of Pre-Court (range min.)	60-71	71-90	60-64	35-85	95-150
Number of Cases Discussed (avg.)	18	13	15	16	16
Maximum Length of Discussion for One Participant	16	26	12	17	32
Number of Key Actors (avg.)	8	8	4	9	9
Number of Key Actors (range)	7-9	7-9	4-5	7-11	9-10
Treatment Present	Y	Y	Y	Y	Y
Prosecutor Present	Y	Y	N	Y	Y
Defense Counsel Present	Rarely	Y	N	Rarely	Y
Probation officer(s) Present	Y	Y	Usually	Y	Y

With regard to the pre-court meetings, the research team, using a structured observation tool, documented the discussion content of these sessions to better understand the underlying philosophy of these programs in terms of their overall approach towards a program of behavioral management and change. The observational tool consisted of 71 discussion topics, covering a wide variety of subject matters that were found likely to occur during the course of a typical pre-court meeting. The instrument measured the amount of time spent on these various topic areas by recording, in 30 second increments, the amount of time dedicated to each item of discussion. These 71 items were then collapsed into 28 broader categories that are presented in Table 14 for each of the five drug court programs.

Referring to Table 14 (next page), the first row for each item represents the percent of total court time each topic was discussed. Figures marked in bold reflect items in which the court spent a minimum of 10% total time discussing. Items will not sum to 100% because they are not mutually exclusive.

Overall, findings indicate, across sites, a broad range of topic areas discussed during pre-court meetings with the most frequent items (equal to or greater than 10%) concerning participant attitudes/behaviors, sanctions, drug use and relationships. Treatment related topics (e.g.: individual, group, residential, etc.), when combined, also occurred with greater frequency. Other items of interest, such as discussion of continuing care, occurred more frequently in York and Cumberland Counties whereas discussion of new referrals and scheduling matters occupied more pre-court time in Androscoggin County than the other five sites respectively. With the exception of York County, key actors spent two or three times more time discussing sanctions than rewards which is consistent with the observation mentioned above wherein it was observed that the majority of pre-court time was dedicated to “challenging” cases.

Table 14: Comparison of Topic Areas for Maine’s Adult Drug Court Pre-Court Meetings

Items %Time / Range	Adult Drug Treatment Court Sites				
	York County	Cumberland County	Androscoggin County	Penobscot County	Washington County
Education	4	1	2	1	5
Employment	6	7	10	3	10
Financial	2	3	7	7	7
Living Situation	8	11	4	2	2
Drug Use	9	7	8	2	3
Legal Issues	3	2	6	6	6
Rewards	11	7	6	9	9
Sanctions	12	13	18	26	21
Scheduling/Referrals	5	2	10	5	8
AA/NA	1	12	5	3	7
Medical	-	5	-	2	1
Mental Health	4	13	2	8	5
Screening/Assessment	4	6	12	8	6
Individual	3	3	5	3	2
Group	4	5	13	8	11
Family	-	-	2	-	5
Residential	6	5	3	8	9
Shelter/Halfway House	7	2	2	2	9
Continuing Care	11	12	6	3	5
Ancillary Services	17	7	3	6	10
In-home Support	4	-	1	-	3
Attitude/Behaviors	26	19	12	16	16
Motivation	2	5	2	3	5
Peer Relationships	2	16	11	6	4
Other Relationships	11	12	14	19	14
Domestic Violence	3	8	5	1	2
Extracurricular	4	3	4	2	5

Status Hearings

The status hearing provides the judge an opportunity to assess the progress of each drug court participant with others participating in the program. Hearings are typically held on a weekly or bi-weekly basis but participants may be scheduled to appear less frequently depending on the phase or program. Frequent status hearings are deemed important because for many participants, the judge is the only real constant that can provide both the structure and support that would otherwise be absent in their lives. According to a recent National Institute of Justice Monograph entitled “*Drug Courts: The Second Decade*”,

Offenders report that interactions with the judge are one of the most important influences on the experience they have while in the program. They respond to the judge’s interpersonal skills and ability to resolve legal problems expeditiously and provide ready access to services. Offenders who interact with a single drug court judge, rather than multiple judges, may be more likely to comply with program demands.

During the status hearing, the judge typically engages in a brief review of the participant’s progress since the last drug court session. Here, the judge will usually discuss the participant’s overall attitude, drug test results, progress in treatment, school or work, home environment, etc. During the hearing, the judge draws attention to accomplishments or poor

performance, administers sanctions where appropriate and offers encouragement as well as incentives - all in an atmosphere typically referred to as “Drug Court Theater”.

In addition to observing pre-court meetings at each court, the research team also observed the status hearing at each drug court. Findings indicate that while each drug court program is unique, has its own style and differs in its approach, there are some underlying elements common to most. Structural similarities and differences among the five drug courts are reviewed in Table 15.

Overall, status hearings averaged 43 minutes in duration and ranged between 35 and 49 minutes in length depending on the drug court location. Representatives from treatment, probation, prosecution and defense were consistently present in all drug courts with the exception of Androscoggin County. In two courts (Cumberland and Washington), physical contact between the judge and participant was observed in the form of a handshake and at all courts, participants were required to remain throughout the entire session. None of the courts utilized a graduated sanctions protocol and only at one site (Washington County) were support persons engaged.

Table 15: Structure and Composition of Maine’s Adult Drug Court Status Hearings

	<i>Adult Drug Treatment Court Sites</i>				
	<i>York County</i>	<i>Cumberland County</i>	<i>Androscoggin County</i>	<i>Penobscot County</i>	<i>Washington County</i>
Frequency	Weekly	Bi-weekly	Bi-weekly	Weekly	Weekly
Duration of Drug Court (avg. min)	45	46	35	49	40
Number of Cases Discussed (avg.)	NA+	16	17	15	22
Discussion Length (avg. min)	-	3	2	3	2
Number of Key Actors (avg.)	9	8	4	7	7
Number of Support Persons (avg.)	6	NA*	3	12	NA*
Treatment Present	Y	Y	Y	Y	Y
Prosecutor Present	Y	Y	Rarely	Y	Y
Defense Counsel Present	Y	Y	Sometimes	Y	Y
Probation Officer Present	Y	Y	Y	Y	Y
Physical Contact (e.g.: handshake)	N	Y	N	N	Y
Remain Throughout Session	Y	Y	Y	Y	Y
Comments from Team	Y	Y	N	Sometimes	Sometimes
Comments from Support Persons	N	N	N	N	Y
Fixed Sanction Algorithm	N	N	N	N	N

*Could not calculate given that support persons and participants were seated together

+This status hearing is structured in a group format

Using the same structured observation tool mentioned above, the research team also documented the discussion content of status hearings for each of the five adult drug court programs (see Table 16, next page). Unlike the broad range of discussion topics observed during pre-court meetings, findings indicate that discussion topics among drug court status hearings are more narrowly defined, with greater variation across sites. For example, there is no single item that is equal to or greater than 10% of the total court time across all sites. There was little

discussion surrounding treatment related items (e.g.: individual, group, residential, etc.) with participants except for Penobscot County where discussion of residential treatment occurred with greater frequency. Discussion of sanctions and drug use were also common among most sites, although occurring less frequently in Penobscot County. Discussion of rewards and participation in AA/NA was emphasized more in Washington County than any other site. Employment status was commonly discussed in Androscoggin and Penobscot whereas extracurricular activities were more frequently discussed in York and Washington. With no real consistency across programs, these findings suggest that these drug courts do differ in their approach emphasizing certain areas over others.

Table 16: Comparison of Topic Areas for Maine’s Adult Drug Court Status Hearings

Items %Time / Range	Adult Drug Treatment Court Sites				
	York County	Cumberland County	Androscoggin County	Penobscot County	Washington County
Education	5	-	7	4	14
Employment	10	4	31	18	8
Financial	-	2	-	7	6
Living Situation	5	14	10	5	11
Drug Use	59	18	14	4	7
Legal Issues	4	1	7	4	4
Rewards	9	9	7	7	12
Sanctions	52	10	29	8	54
Scheduling/Referrals	7	-	7	5	1
AA/NA	-	5	2	5	19
Screening/Assessment	8	1	2	5	4
Individual	2	2	-	1	-
Group	3	3	4	1	7
Family	-	-	-	-	-
Residential	1	-	-	34	-
Shelter/Halfway House	4	1	-	12	3
Continuing Care	13	10	3	1	3
Ancillary Services	6	4	5	5	-
In-home Support	2	5	-	-	1
Attitude/Behaviors	7	10	5	3	11
Motivation	6	2	-	2	9
Peer Relationships	10	4	5	7	4
Other Relationships	7	12	10	13	11
Extracurricular	10	3	4	2	15

Graduation Outcomes

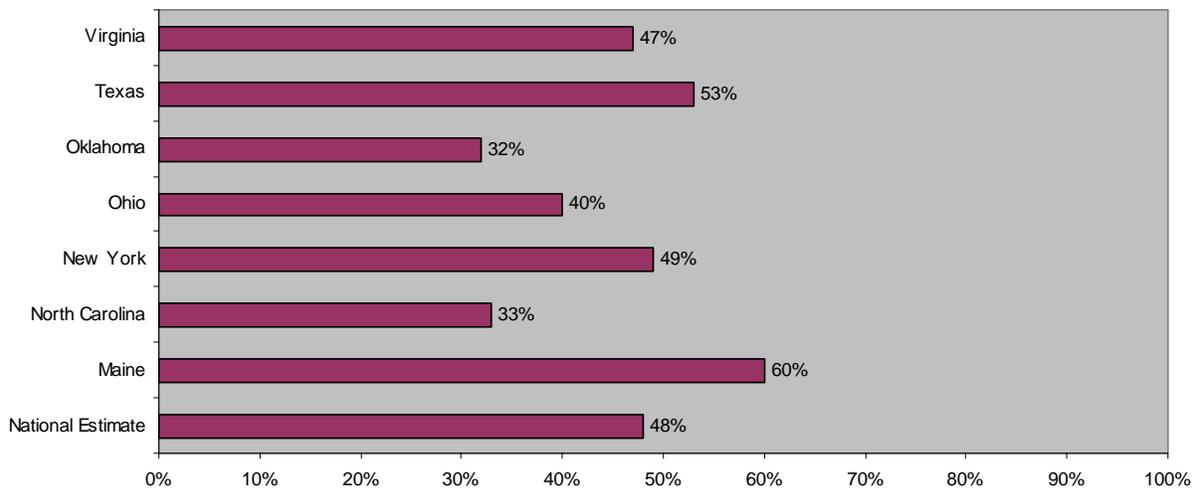
The major ceremony in drug court happens on the day an individual successfully completes the program and graduates. It is often a widely publicized event and attendees can include local officials, legislators as well as families and friends of the participants. When participants graduate from drug court, they have successfully completed an intensive and challenging program. For approximately fifty-two weeks, they have complied with the performance expectations of the drug court including no new criminal conduct, abstaining from alcohol and drug use, attending sessions of substance abuse treatment and appearing at routine status hearings before a designated program judge.

By the end of 2005, Maine’s drug court programs had enrolled 540 offenders. Of the 487 participants who have been discharged, 60% (292) successfully completed the program and graduated. As shown in Table 17, graduation rates do not significantly vary from site to site ranging from a low of 54% in Washington County to a high of 63% in York and Androscoggin Counties. The overall graduation rate for Maine (60%) is higher than most statewide drug court programs nationally (48%) and exceeds those recently reported by the Government Accountability Office (46%).

Table 17: Comparison of the Productivity of Maine’s Adult Drug Treatment Court

	<i>Adult Drug Treatment Court Sites</i>						
	<i>York County</i>	<i>Cumberland County</i>	<i>Androscoggin County</i>	<i>Oxford County¹⁰</i>	<i>Penobscot County</i>	<i>Washington County</i>	<i>Total</i>
Discharged- Expelled	30	36	42	10	30	47	195
Discharged- Graduated	52	53	70	14	47	56	292
Currently Active	24	26	18	-	24	22	114
Graduation Rate	63%	60%	63%	58%	61%	54%	60%
National Estimate							48%

Figure 7. Rate of Successful Program Completion for Maine’s State-wide Adult Drug Court Program as Compared to other State Jurisdictions



¹⁰ Oxford County ceased operations on May 25, 2004. One participant from Oxford County transferred to another drug court jurisdiction and subsequently completed that program on June 28, 2004.

Factors Associated with Graduation Outcomes

In order to identify the most salient factors differentiating those who successfully completed the drug court program from those who were expelled requires the use of a particular statistical technique. To “predict” the overall odds of successful program completion while simultaneously controlling for a number of “independent” or explanatory variables, we utilized step-wise logistic regression techniques. This technique allows the research to test for the combined effects of variations in participant characteristics, drug testing results, attendance at treatment, sanctions and incentives, and participation in ancillary services on the overall odds of successful program completion.

Referring to Table 18, there is one participant characteristic and one program compliance measure significant in predicting the likelihood of successful program completion in York County. The first characteristic concerns the educational level of program participants. Here, participants who had an educational level equivalent to a minimum of a high school diploma or GED are 5 times more likely to graduate than those who had less than a high school education. The other variable concerns whether or not a participant received a jail sanction during their participation in the program. In York County, participants who received a jail sanction are 6.5 times less likely to graduate (inverse of .155) than those who did not receive a jail sanction.

Turning to an examination of Cumberland County, we find only one variable significant in predicting the likelihood of graduation. Here, testing positive for drugs or alcohol is a negative predictor. As expected, the more frequently a participant tests positive the less likely he/she will graduate from the drug court program. In contrast, however, there are several significant predictors of successful program completion for Androscoggin County. Here, we find that older participants (age > 27) are three times more likely to graduate than younger participants. First time offenders are significantly more likely to graduate than participants with prior criminal histories. Receiving rewards is also a significant predictor in Androscoggin County. Here, participants who received rewards are nearly ten times more likely to graduate than those who did not. Similar to findings from York County, participants who received a jail sanction are nearly four times less likely to graduate (inverse of .258) than those who did not receive a jail sanction. Lastly, frequency of drug testing is also a significant predictor. Here, the more frequently a participant is tested, the more he/she is likely to graduate from drug court in Androscoggin County.

An examination of predictors on graduation outcomes for Penobscot County reveals four variables of significance. The first variable is an interaction term relating to females with less than a high school education. Here, we find that female participants with less than a high school education are nearly ten times less likely to graduate than females with a high school diploma. Participants who prefer to use opiates are also significantly less likely to graduate than those who prefer other substances. Lastly, participants on probation are nearly five times more likely to graduate from drug court in Penobscot County than participants who were not on probation. Turning to an examination of Washington County, we find only one variable significant in predicting the likelihood of graduation outcomes. Similar to findings for Cumberland County, we find that testing positive for drugs or alcohol is a negative predictor. As expected, the more frequently a participant tests positive the less likely he/she will graduate from the drug court program.

Table 18: Odds Ratios from the Stepwise Logistic Regression of Successful Program Completion on Participant Characteristics and Program Compliance Measures^a

Items	Adult Drug Treatment Court Sites				
	York	Cumberland	Androscoggin	Penobscot	Washington
Demographics					
Gender (Female = 0)	NS	NS	NS	-	-
Age (Under 27 = 0)	NS	NS	3.360*	NS	NS
Employed (No=0)	NS	NS	NS	NS	-
High School Graduate (No=0)	5.185*	NS	NS	NS	NS
Dual Diagnosis (No=0)	NS	NS	.184*	-	-
Lives Alone/Independently (No=0)	-	NS	NS	-	-
Interaction Terms					
Gender x Hs Graduate	-	NS	-	.104***	NS
Criminal History					
Prior Arrests (No=0)	-	-	22.8**	-	-
Obtained Money Illegally (No=0)	NS	-	-	-	-
Current Felony Charges (No= 0)	-	-	-	NS	NS
Prior Drug Arrest (No= 0)	-	-	-	-	-
Sentence More than Two Years (No= 0)	NS	NS	NS	NS	NS
Substance Abuse History					
Prior Tx (No=0)	NS	NS	NS	NS	NS
Age at First Use (Less than 14 = 0)	NS	NS	NS	NS	NS
Drug of Choice Opiates (No=0)	-	NS	-	.035***	NS
Drug of Choice Alcohol (No=0)	NS	NS	NS	NS	NS
Drug of Choice Other (No=0)	NS	NS	NS	NS	NS
CSA 5 (No=0)	NS	NS	NS	-	-
CSA 4 (No=0)	NS	NS	NS	-	-
Spent More Than \$300 a Week on Habit (Less than \$300=0)	NS	NS	NS	-	-
Programmatic Variables					
Received Rewards (No=0)	-	-	9.79***	-	-
Sentenced to Jail as a Sanction (No=0)	.155**	NS	.258*	-	-
Received More than Three Sanctions (No= 0)	NS	NS	NS	NS	NS
Utilized Ancillary Services	NS	NS	NS	-	-
Utilized Multiple Ancillary Services (No=0)	NS	NS	-	-	-
On Probation (No=0)	-	-	NS	4.76*	NS
Frequency of Weekly Testing	NS	NS	2.72**	NS	NS
Percent Positive UA's	NS	.623***	NS	NS	.256***
Cox & Snell R ²	.371	.229	.322	.383	.366

***p<.001, **p<.01, *p<.05; two-tailed tests
^a Unstandardized coefficients and standard errors available from the author upon request. Only the main effect and significant interaction terms tested in the models are presented, insignificant interaction terms are omitted to conserve space.
⁻ Variables not tested in model due to low cell counts.
NS = Not Significant

Part II – Outcome Evaluation

This section of the report examines the overall effectiveness of Maine’s adult drug court programs on reducing recidivism. Using a comparison group of substance abusing offenders who did not participate in the drug court, the report examines the overall impact of the program on reducing recidivism and examines the correctional cost/savings associated with those outcomes. In short, this section of the report addresses two basic questions: Are Maine’s adult drug court programs effective in reducing crime? Are Maine’s adult drug court programs cost effective?

Nationally, there is growing evidence that adult drug court programs are both effective in reducing crime and cost effective in managing offenders who are in the revolving door of the criminal justice system because of substance abuse. For example, a recent review of 27 program evaluations conducted by the United States Government Accountability Office (GAO) suggests that adult drug court programs can reduce recidivism for certain offender populations compared to other criminal justice alternatives, such as probation¹¹.

The analysis that follows is based on a comparison of rearrest rates for 269 adult drug court participants who either successfully completed the program and graduated, or were expelled, with rearrest rates for 269 adult offenders who were not admitted to the drug court program and adjudicated through traditional criminal case processing. Twelve-month post-program recidivism information is presented in Table 19 and Figure 8 for each of the five drug courts - including the comparison group, the experimental group (drug court graduates and expelled combined) as well as separate results for graduates and expelled participants.

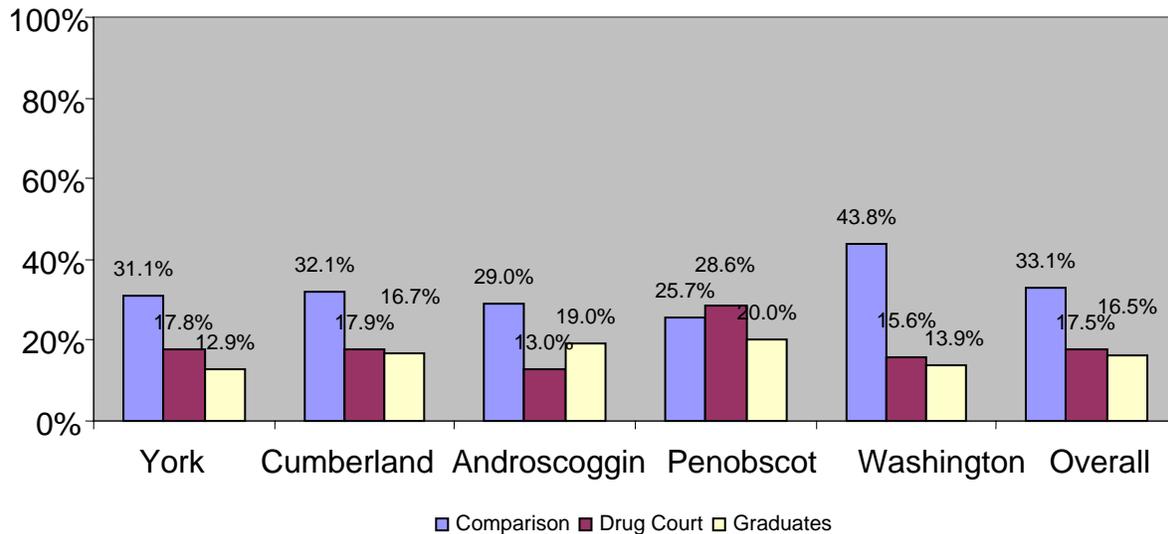
Referring to Table 19 and Figure 8, most drug court participants did not commit crimes during the twelve-month follow-up. Overall, 17.5% of the participants were rearrested within one-year of graduating from the program or one year of being released from custody for those participants who were expelled. The recidivism rate for the comparison group, in contrast, is nearly double the rate for the drug court (33.1%). These findings suggest positive program effects with fewer adult drug court participants being re-arrested than a comparison group with program graduates (16.5%) being the least likely to re-offend overall. These findings are consistent across sites with the exception of Penobscot County where we find the twelve month post-program recidivism rate (28.6%) to be significantly higher than the other four courts and slightly higher than the comparison group of offenders traditionally adjudicated (25.7%). Washington County demonstrates the greatest impact on reducing recidivism with a differential rearrest rate of 28.2% (43.8% comparison versus 15.6% drug court participants). Overall Androscoggin County had the lowest recidivism rate (13%) of all the drug court programs.

¹¹ United States Government Accountability Office. Report to Congressional Committees. “Adult Drug Courts: Evidence Indicates Recidivism Reductions and Mixed Results for Other Outcomes.” February, 2005.

Table 19: Comparison of One Year Post Program Recidivism Outcomes for Maine’s Adult Drug Treatment Court Programs

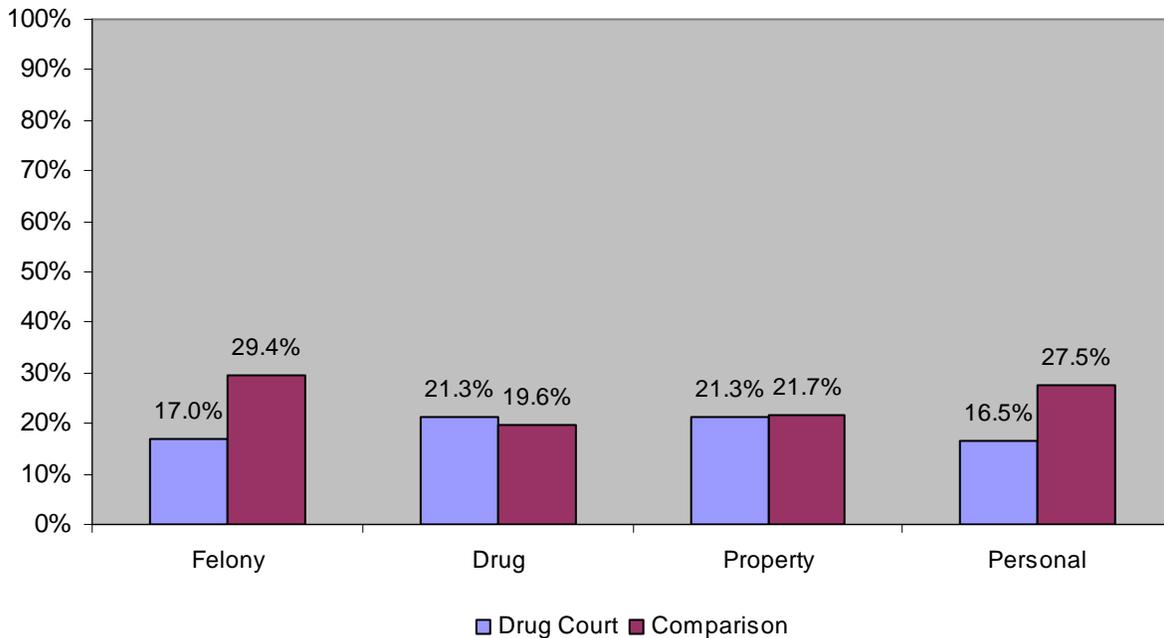
% Rearrested / (N)	Adult Drug Treatment Court Sites					Overall
	York County	Cumberland County	Androscoggin County	Penobscot County	Washington County	
Comparison Group (Traditional Adjudication)	31.1% (45)	32.1% (56)	29.0% (69)	25.7% (35)	43.8% (64)	33.1% (269)
Experimental Group (Drug Court)	17.8% (45)	17.9% (56)	13.0% (69)	28.6% (35)	15.6% (64)	17.5% (269)
Drug Court Graduates	12.9% (31)	16.7% (30)	19.0% (42)	20.0% (25)	13.9% (36)	16.5% (164)
Drug Court Expelled	28.6% (14)	19.2% (26)	3.7% (27)	50.0% (10)	17.9% (28)	19.0% (105)
Overall	24.4% (90)	25.0% (112)	21.0% (138)	27.1% (70)	29.7% (128)	25.3% (538)

Figure 8: Comparison of One Year Post Program Recidivism Outcomes for Maine’s Adult Drug Treatment Court Programs



Referring to Figure 9, findings also indicate that adult drug court participants were less likely than the comparison group to be rearrested on felony charges (17.0% versus 29.4%) and less likely to violent crimes (16.5% versus 27.5%). Findings indicate little difference between the drug court and comparison group in new property or drug related offense charges. Information presented in Figure 9 is aggregated because there were not enough cases among those who did recidivate to present any meaningful site-specific data. This also prohibits the ability to conduct site-specific multivariate tests on factors predictive of recidivism outcomes.

Figure 9. Comparison of One Year Post Program Recidivism Offense Types



Estimating Program Costs and Crime Reduction Benefits

The total economic cost of substance abuse in the United States exceeds \$275 billion per year of which nearly half is attributable to alcohol and drug related crimes. Such costs occur because of lost earnings, losses in productivity, direct salary costs and indirect costs of organizations that deal with the repercussions of substance abuse including the criminal justice system, mental health organizations, hospitals and social service agencies, to name a few. As a result, the creation of numerous drug treatment and prevention programs has spawned a great deal of interest among policy makers. And with respect to drug courts, researchers have been pressed to identify the costs and benefits associated with these programs. With limited state resources, policy makers are interested in how diversion programs reduce costs. Are Maine’s drug courts cost-effective? Here, we assess the correctional costs/savings for drug court programs in Maine.

Overall, the total annualized operational costs for processing 269 adult drug court participants over the costs of processing a comparison group of adult offenders traditionally adjudicated is estimated to have saved a net total of **\$11,345,726** in criminal justice related expenditures. In short, findings indicate the drug court program is cost-effective. In comparison

with the traditional adjudication and supervision of adult offenders, this drug court program not only benefits participants but saves money as well.

Nationally, cost-savings from drug court programs have been widely reported in the literature. A number of different approaches have been used to determine whether or not drug court programs are cost effective. The methodology employed here is modeled after Harrell, Cavanagh and Roman (1998) who developed a method for calculating the costs and benefits of the Washington D.C. Superior Court Drug Intervention Program.

The cost estimates for this study are based on differences in use of resources between the participants in the adult drug court program and adult offenders adjudicated through traditional criminal case processing¹². The costs of operating the adult drug court program for the 269 participants in the recidivism study covers the first 54 months of the programs operation. Per Diem costs of the drug court program for each participant was \$16.34. This was calculated by taking the total number of client days (210,313) and dividing this into the total costs for operating the drug court program (\$3,437,500). Total operating costs are based on the average daily cost times the numbers of days participants were enrolled in the drug court. The total annualized cost of the drug court's operations for the 269 discharged participants in this study (\$462,494) was calculated in the following manner:

Calculating Cost of Operations

Total Program Cost **\$3,437,500**

Total Operating Costs **\$3,437,500** / Total Client Days 210,313 = \$16.34/day

Less Cost of Active Days \$16.34 * 22,706 days = **\$371,016**

Less Cost of Excluded Cases \$16.34 * 95,678 days = **\$1,563,379**

Total Operating Costs **\$3,437,500 - \$371,016 - \$1,563,379 = \$1,503,105**

Annualized Cost (39 Months) \$1,503,105 * 12 / 39 = **\$462,494**

The analysis that follows is based on actual costs that are accrued by the public including: costs incurred by crime victims (e.g.: medical care, mental health care expenditure, lost productivity); costs that accrue to the public (e.g.: victim's services and compensation); and criminal justice costs including the costs of incarceration. Estimating the costs incurred by crime victims and the costs accrued to the general public are calculated by multiplying the number of crimes (incidents) times the cost associated with each criminal event. Estimates for incidence cost are derived from Miller, Cohen and Wierseman (2001) and French (1996). Table 20 provides their estimates for the average cost per victimization and figures are adjusted for inflation through 2004¹³.

¹² Given the availability of information for calculating program and criminal justice related costs and the lack of data available for measuring many social and familial related benefits, it should be noted that the cost-benefit analysis presented here is conservatively estimated.

¹³ It should be noted that these are national estimates using data derived from the National Crime Victim Survey and the Federal Bureau of Investigation. Any bias that may result in the application of these estimates in Maine cannot, unfortunately, be estimated.

Table 20: Costs Associated with a Criminal Act^a

<i>Offense</i>	<i>Cost of Incidence</i>	<i>Offense</i>	<i>Cost of Incidence</i>
Robbery	\$47,878	Forgery	\$448
Assault	\$2,578	Larceny/Theft	\$1,384
Burglary	\$4,093	Motor Vehicle Theft	\$8,577
Criminal Threatening	\$2,578	Criminal Mischief	\$462
Gross Sexual Assault	\$206,038	Receiving Stolen Property	\$507
Operating Under the Influence	\$3,480	Disorderly Conduct	\$432
Fraud	\$432	Aggravated Assault	\$115,155

^a Adapted from Harrell, Cavanagh and Roman (1998)
Original estimates from Miller, Cohen and Wierseman (1993) were adjusted for inflation.

Incarceration costs were estimated at \$122 per day for adult prison facilities and incarceration costs for adult jail facilities was estimated by taking the average from seven county jails (Cumberland, York, Androscoggin, Penobscot, Washington, Oxford and Franklin) which amounted to \$105 per day per offender. Information pertaining to crimes committed as adults and related sentencing data was obtained from Maine's Department of Public Safety.

Table 21 provides the annualized cost comparisons between 269 adult offenders placed in the adult drug court program against the comparison group of 269 adult offenders who were traditionally adjudicated. Findings indicate that the program produced a net savings of \$11,345,726. These savings are largely a function of the incarceration costs that would have been incurred had the drug court graduates been adjudicated through traditional criminal case processing.

Table 21: Cost-Savings Estimate for Maine's Adult Drug Treatment Court Program

	<i>Comparison Group</i>	<i>Drug Court</i>	<i>Total</i>
Total Operational Costs (Drug Court)	0	\$462,494	(\$462,494)
Cost of New Criminal Activity	\$583,172	\$138,573	\$444,599
Incarceration Costs (New Crim. Conduct)	\$925,665	\$656,152	\$269,513
Jail Sanctions	0	\$138,540	(\$138,540)
Subtotal	\$1,508,837	\$1,395,759	\$113,078
Differed Incarceration Costs (Graduates)	0	\$11,232,648	\$11,232,648
Total Savings			\$11,345,726

Conclusion

The current study contributes to ongoing discussions about the effectiveness of drug court programs. First, we examined the core components of the drug court model including drug testing, sanctions and incentives, treatment attendance, case management supervision, and ancillary service utilization, both in terms of an assessment of current practices as well as how these practices have changed over time. The study also provided for an assessment of outcomes by comparing twelve month post-program recidivism rates for 269 drug court participants with a comparison group of 269 drug involved adult offenders who did not participate in the drug court program. Consistent with the national literature, this study shows that Maine's Adult Drug Court program is not only effective in reducing crime but cost effective as well. The following presents a summary of the major findings presented in this report:

- ❑ The number of referrals and new admissions to the five adult drug courts has declined during the most recent reporting period – a 27 percent decline in referrals and a 24 percent decline in the number of new admissions.
- ❑ Overall graduation rates for Maine's adult drug courts (60%) compare very favorably with graduation rates of adult drug courts nationally (48%).
- ❑ The average length of time from initial referral to admission still remains high – 85 days and remains relatively unchanged from the previous year.
- ❑ There is greater consistency in the sanctioning of participants with similar infractions across sites with jail sanctions decreasing in severity – The majority of sanctions for a first positive test (87%) are 7 days or less.
- ❑ The majority of drug court participants (57%) have been able to access an array of ancillary services (e.g.: academic assistance, crisis intervention services, health care, mental health counseling, employment, etc.).
- ❑ Findings from the observational study reveal that there is no consistency among the five drug courts in how they interact with participants in the courtroom.
- ❑ Fewer drug court participants (17.5%) recidivated during a 12 month post-program follow-up than a comparison group of adult offenders traditionally adjudicated (33.1%).
- ❑ Adult drug court participants were less likely than the comparison group to be rearrested on felony charges and less likely to commit violent crimes.
- ❑ Overall, results of the analysis on DSAT clinical pre/post treatment measures reveals many significant improvements in the attitudes, coping behaviors and confidence of participants in their ability to refrain from drug and alcohol use.
- ❑ The adult drug court programs have generated a net correctional savings of **\$11,345,726**. These savings are largely derived from the incarceration costs that would have been incurred had drug court graduates been adjudicated through traditional criminal case processing.
- ❑ For every dollar spent on processing these offenders through drug court, there was an overall net correctional savings of \$3.30.