

**Evaluation of the Salt Lake County Adult Felony Drug Court
Final Report**

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Executive Summary

The general effectiveness of drug courts on reducing recidivism has been consistently established (Belenko, 2001). The Government Accountability Office's (GAO) review of adult drug court evaluations (2005) found that most studies have shown both during program and post-program (up to one year) reductions in recidivism. The evaluation of the Salt Lake County Drug Court is consistent with that overall finding.

In the 12 months following drug court exit, 19.7% of graduates had a new arrest, compared to 29.8% of the probationer comparison group and 46.5% of terminated clients. Drug court graduates had more pre-intervention arrests on average than the probationer comparison group and pre-intervention arrests were the most consistent predictor of post-intervention recidivism; however, a smaller proportion of drug court graduates than probationers recidivated during the follow-up period, suggesting that drug court may have lessened the detrimental effects of prior criminal history for this group of graduates.

Terminated clients are three times more likely than graduates to recidivate in the first year after exiting drug court. However, even terminated clients had a significant decrease in offending from one year prior to drug court to one year following drug court (3.63 offenses on average in year prior to drug court; 0.81 on average in the year following drug court exit).

Program compliance was significantly related to post-program recidivism, with those who recidivated in the 12-months after exiting drug court having about 31.8% of their urinalysis tests (UAs) positive or missed on average, compared to 19.5% for those who did not. Those who re-offended after exiting drug court had significantly fewer treatment sessions on average (26.6) than those who did not (59.5). Time in drug court also varied significantly for those who recidivated (200 days in drug court on average) and those who did not (356).

The cost-benefit return for the drug court based on the Utah cost-benefit model (Fowles, et al., 2005) is approximately \$4.29 return on every dollar invested in the program. This benefit takes into account both the explicit reduced costs to the taxpayer due to lowered recidivism and also the implicit reduced costs to potential victims due to lowered recidivism.

Client satisfaction with the drug court staff and professionals was overwhelmingly positive. Most clients felt that the judges, case managers, treatment staff, and other professionals both respected them and helped them to remain drug free. Even terminated clients had mostly positive reviews of the drug court components and the program overall.

Key informant interviews with those professionals conducting drug court included judges, prosecutors, therapists and case managers. While overwhelmingly supportive of drug court, concerns were expressed regarding the need to retain program fidelity if the court is to continue to experience the success indicated in this and other evaluations. Specifically, respondents recognized the role of the judge in drug court success and the concern that the judicial role would be compromised if the court becomes too large. Secondly respondents brought up the

compatibility of the legal team, therapists, and case managers, as their roles have potential for conflict.

Methodological limitations of the recidivism analyses, such as sample size, follow-up length, and probation end-date calculations, may impact the results of these tests. Additional analysis of the three recidivism studies included in this report should be conducted after the follow-up period for both participants and the probation group have been extended to 24 months (the length of time required to capture 75-80% of adult recidivism events; Barnoski, 1997), to see if the differences among the groups are durable across a longer period of time. Larger samples of graduates and terminated clients should be included in the recidivism analyses, as the follow-up period allows.

Introduction and Background

The Salt Lake County Adult Felony Drug Court received a three year grant from the Substance Abuse and Mental Health Services Administration (SAMHSA) to expand and enhance the drug court. Funding began in January 2003. The primary purposes of the grant were to increase the number of clients served, increase treatment slots, and enhance services provided in-house at Criminal Justice Services (CJS, the lead drug court agency). To accomplish this, funding was used to hire and/or retain case managers, therapists, and clerical support. In addition, with the SAMHSA funding CJS was able to reserve residential treatment slots at Salt Lake County Substance Abuse Services licensed providers and develop an in-house intensive outpatient (IOT) treatment program. The grant also included funds specifically set aside for evaluation of the enhancement and expansion and the overall effectiveness of the drug court.

The objectives of this final evaluation report are to examine both process and outcome measures. Three interim reports were conducted during the grant period (March 2004, September 2004, and March 2005) that covered only process measures. This final report includes an update and expansion of the process evaluation covering the following: enhancement client characteristics at intake, treatment services received, judicial supervision, compliance, participation and retention, client satisfaction, during-program improvements in clients' lives (such as living situation, employment, and health), and drug court professionals' perspectives of the program. The outcome evaluation examines drug court's impact on post-program recidivism, substance use, and quality of life, as well as the cost-benefit of the program.

Drug Court Description

The Salt Lake County Adult Felony Drug Court was implemented in 1996. It is a post-plea drug court consisting of four phases. The program requires 52 weeks post-plea for completion. Eligibility requirements include a current second or third degree felony drug plea and one of the following: a prior felony drug conviction, two prior felony drug arrests, or a significant addiction problem as determined by CJS at the time of screening. Clients with a history of sex offenses or violent offenses or who are not legal residents of the United States may not participate. Participants are required to attend court and treatment regularly as outlined by the phases and their individualized treatment plans. They are required to submit to random drug testing throughout the program. Current policy at the time of this report states that participants who have two pre-plea or three post-plea bench warrants (BWs, failures to appear in court, generally resulting from absconding from the program) will result in recommendation for dismissal from program and/or termination. Appendix A contains further information about drug court policies and procedures, including: referral process, eligibility requirements, length of program policy, client rights and responsibilities, treatment orientation, treatment agreement, drug testing procedure, bench warrant, noncompliance, sanctions and restitution policies.

Methods

Data Sources and Collection Procedures

Criminal Justice Services (CJS). As the primary drug court agency, CJS has the responsibility of tracking drug court participants and their drug court experiences. Three

databases were provided to the researchers from CJS for this evaluation: a Microsoft Access™ database containing client characteristics and program participation (hereafter referred to as Access), a “Status” Excel™ database recording additional client characteristics and bench warrant and community service information (hereafter referred to as Status), and a database containing results from the computerized administration of the Addiction Severity Index (ASI). CJS provided copies of these datasets to the research team on a regular basis. As a condition of their SAMHSA grant, CJS also administered the Government Performance Results Act (GPRA) survey to clients at intake (near the plea date), 6 months after program entry, and 12 months after program entry (later changed to at exit). This survey covers client substance use, criminal justice involvement, living situation, physical and mental health, and services utilized. A copy can be found in Appendix B. Responses from this survey were entered into an online database by CJS staff. Results were then queried by the research team.

Bureau of Criminal Identification (BCI). For the outcome evaluation component of this research, BCI provided Utah criminal histories for a select group of drug court participants (graduated and terminated clients) and a comparison group (see *Sample Selection* section of this report for further explanation). The CJJC research team provided a list of State ID numbers (SID) to BCI for a query of those individuals’ criminal histories. The query from BCI provided the following information: arrest date, charge code and description, and disposition date and outcome.

Administrative Office of the Courts (AOC). The AOC provided research staff with a query of all offenses occurring between January 1998 and December 2004 that were referred to Third District Court in Salt Lake County. This dataset was used to create the non-drug court comparison group.

Criminal and Juvenile Justice Consortium (CJJC). Several data elements included in this report were compiled by research staff. Research staff created two datasets to track client bench warrants and jail stays, respectively. Although the Status database provided by CJS tracks the start date for clients’ bench warrants, it does not accurately track the date of their return to drug court and reason for their return (such as new arrest, client turned themselves in, etc.). CJJC staff used information from both Status and Access databases provided by CJS as well as the Salt Lake County Jail bookings from the Salt Lake County Sheriff’s public webpage to more accurately and descriptively record drug court clients’ bench warrants. CJJC staff also tracked client jail bookings and length of incarceration by regularly visiting the sheriff’s webpage and searching the jail roster and in/out dockets for active drug court clients. Information from these sources was used to create a database with jail booking and release dates for drug court clients.

CJJC also created two surveys to administer to drug court clients: a client satisfaction survey administered to clients by CJJC research staff at 6 and 12 months after program entry (CJS also administered these surveys to clients at graduation) and a follow-up survey sent to graduated and terminated clients through the mail (or administered in the Salt Lake County jail by CJJC staff) from 6 to 12 months after program exit. Copies of the surveys can be found in Appendix B. Both surveys were approved by the Institutional Review Board (IRB, committee that approves research with human subjects) at the University of Utah. Clients (and former clients) were required to sign informed consent statements indicating the risks and benefits of participation before completing a survey. An incentive of two free movie passes was provided for completed follow-up surveys returned to CJJC. Research staff completed client satisfaction surveys primarily at the Matheson Courthouse while clients were waiting for their regular appearances before the drug court judges; however, if needed, research staff made arrangements

to meet clients at CJS to complete the surveys. Some client satisfaction surveys were completed in the Salt Lake County Jail if clients were incarcerated at the time their surveys were due. Follow-up surveys were mailed to graduated and terminated clients at their last known address provided to CJS prior to program exit. If a former client was incarcerated at the Salt Lake County jail research staff conducted the survey through the professional no-contact visitation area due to the added complications of mailing correspondence to jail inmates.

Lastly, CJJC conducted key informant interviews with drug court professionals (judges, treatment staff, case managers, administration, attorneys, etc.) to gather information about the operation of drug court, its strengths and weaknesses. An outline of the interview items can be found in Appendix B. These confidential interviews were conducted in the professionals' offices at their convenience and tape recorded and transcribed for accuracy.

Data entry and cleaning

CJS data. Data provided from CJS was imported into Statistical Package for the Social Sciences™ (SPSS, a computerized database with statistical software) and linked to the report samples (selection criteria described in *Sample Selection*) using the various identifiers found in CJS datasets, such as sheriff's number (ID provided by Salt Lake County Sheriff's Office upon jail bookings) and State ID (SID, number used by BCI for statewide criminal history repository). Data cleaning involved recoding free-entry text variables into categorical variables, such as sanction types, and calculating new variables from existing ones, such as age at first court appearance from date of birth and date of first court appearance. Data provided by CJS with several rows of information per client, such as treatment tables, were aggregated (for example, summing clients' treatment information by intensity and modality).

Individual item responses from the ASI database were cleaned, identifying missing data values and improbable responses. Composite scores were calculated using the procedures outlined by McGahan and colleagues (n.d.), including equal weighing of all items in a composite and normalizing distributions.

GPRA survey results downloaded from the online database were cleaned to identify missing values and improbable responses and sorted by client. Additional variables, such as income categories, were created from existing items.

BCI data. Utah criminal history data from BCI was linked to the follow-up samples (graduated, terminated, and probationer groups) by SID and arrests were coded by type (drug, person, property, etc.) and categorized by temporal order (pre, during, post drug court/probation) and within timeframes (during 18 months pre-intervention, during 12 months post-intervention). Criminal histories were aggregated by person and arrests were summed by type and time period.

AOC data. Data from AOC was assigned a unique person-based ID number using every unique combination of last name and date of birth. This step was necessary due to the percentage of missing identifiers and use of aliases by offenders in the dataset. Data was sorted by the new study ID and clients were flagged as violent offenders if they had an arrest for a violent offense in the database. Sentencing information was used to flag drug offenses that resulted in probation placement. The new flagging variables and organization of the file were used in identifying the comparison group for the outcome evaluation (see *Sample Selection* section of this report).

CJJC data. The bench warrant database created by CJJC was linked to the report sample and new variables, such as time to first bench warrant, time away from drug court on bench warrant, and time between bench warrants, were calculated. The jail database created by CJJC

was aggregated by client, summing total jail bookings during drug court participation. Time from program entry to first booking, time in jail per booking, time between bookings, and time spent in jail during the first year of drug court participation were also calculated.

Quantitative items from the client satisfaction and follow-up surveys were entered by CJJC research staff into SPSS and variables and response categories were coded and labeled. Qualitative items from the client satisfaction and follow-up surveys, as well as transcripts from the key informant interviews, were entered into Atlas-ti™ 5.0, a qualitative computer software program using a Grounded Theory approach, for analysis.

Sample Selection

Enhancement Sample. The enhancement sample was selected by identifying the date of each person's first court appearance in the drug court database. Clients whose first drug court appearance was on or after January 1, 2003 were included in the enhancement sample. Nine-hundred ninety-three (993) new clients entered drug court during this SAMHSA-funded enhancement and expansion period (from January 1, 2003 through September 30, 2005). Thirty-six (36) clients who entered drug court shortly prior to this time period, but who were administered the GPRA survey as a requirement of the SAMHSA grant were also included in the enhancement sample, for a total of 1,029 clients.

Pre-Enhancement Comparison Sample. For this report, the pre-enhancement drug court comparison group was identified by selecting drug court clients whose last court appearance recorded in the drug court database occurred prior to January 1, 2003. There are 728 pre-enhancement clients included in this group.

Probationer Comparison Sample. To find a group of similar offenders who did not participate in drug court, Administrative Office of the Courts (AOC) data from 1998 through 2004 were queried for cases referred to the Third District Court in Salt Lake County. Felony drug offenses were flagged and further narrowed by sentence, selecting only those cases that resulted in a probation sentence within 30 days of the drug offense. All court referrals for that group of offenders were queried from the AOC data and offenders without a previous drug offense or having a violent offense were removed from the potential comparison pool. These selection criteria resulted in 198 unique offenders who were placed on probation. Of that group 75 offenders did not have an SID, removing them from the potential comparison pool. The final list of 123 probationers was submitted to the BCI for a criminal history query and inclusion in the outcome comparison analyses.

Data Analyses

Quantitative. Statistical analyses were chosen based on the level and characteristics of the data. The use of the appropriate test based on the characteristics of the data and the assumptions of the test increase the "power," the ability to correctly identify group differences (Pett, 1997). Many of the comparisons made in this report involve either nominal-level data (such as pre-enhancement vs. enhancement on employment status or bench warrant status) or non-normally distributed data (such as percent of positive or missed drug tests, which were both positively skewed as most clients had few), warranting the use of nonparametric statistics. Chi-square tests were used to compare groups on nominal-level items. The Wilcoxon-Mann-Whitney *U* test was used to compare groups on non-normally distributed interval-level variables (i.e. age at intake for

enhancement vs. pre-enhancement). Median tests were used instead when the assumptions of the M-W *U* test were not met. The Friedman test was used to examine within client changes in salary over three time periods, with the Wilcoxon Signed Ranks test used as a post hoc comparison to identify when the changes occurred. The critical alpha (the mark set to identify statistical significance) was adjusted in follow-up tests using Bonferroni's inequality adjustment. This decreased the likelihood of a Type I error in a multiple testing situation (saying there is a difference between groups when one does not exist) (Pett, 1997).

For the outcome evaluation, multivariate regression analyses were used to examine the relationship between multiple covariates and a dependent variable. Because the outcome was dichotomous (recidivism in the year following intervention exit, yes or no), logistic rather than linear regression was used. Logistic regression can include both categorical (gender, intervention type) and interval (prior arrests, age at intervention start) covariates and provides information on how much of the outcome can be explained by the total model and which predictors are significantly related to the outcome (Giles, 2002). Power was above .80¹ for all of the regression analyses. Prior to a covariates' inclusion in the regression models, significance was tested in univariate tests: t-tests and chi-square. Only significant covariates were included in the regression models with the independent variable. The Wilcoxon Signed Ranks test was also used to compare individuals' changes in pre to post-intervention arrests.

The cost-benefit analysis was conducted using (1) the average per-person cost of drug court provided by the drug court administration, (2) the effect size (the standardized measurement of differences between groups (Cohen, 1988)) from the primary outcome analysis comparing drug court graduates to a probationer comparison group, and (3) the Utah cost-benefit model (Fowles, Byrnes, & Hickert, 2005). The Utah model focuses on marginal benefits and costs (at a per-person level). This model used a survey of Utah law enforcement and justice agencies to estimate tax-payer costs and national estimates for victim costs (Fowles, et al.). With the use of this model it is possible to calculate the victim and taxpayer effects (dollars saved/expended) and the benefit-cost ratio (for effective programs this is the dollar return on a dollar invested) from a program's effect size and per-person cost. The per-person drug court cost and recidivism analysis effect size were plugged into the model to find the effects and benefit-cost ratio.

Qualitative. Qualitative analyses conducted on client satisfaction and follow-up survey results and key informant interview responses were based on the Grounded Theory approach. This type of analysis is conducted by classifying qualitative responses into themes that comprehensively represent all responses to every question; those themes are then organized into families that are related in terms of topic (Strauss & Corbin, 1998). The first step of analysis was open coding. All responses were read and given an initial code. The codes were then analyzed in terms of their relation to other codes and organized into analytic and thematic categories. In the last step, selective coding, categories and codes were integrated and polished to form an overarching theoretical scheme.

¹ Power of .80 is considered satisfactory in most social sciences

Results

Process Evaluation

Drug Court Enhancement Clients

Since the Substance Abuse and Mental Health Services Administration (SAMHSA) funded expansion and enhancement of the Salt Lake County Adult Felony Drug Court began in January of 2003, nearly one thousand new clients have participated in drug court for varying lengths of time. The majority of process measures covered in this report will focus on the new clients who began drug court on or after January 1, 2003 and 36 clients who began drug court just prior to that period who were administered the Government Performance Results Act (GPRA) survey as part of the SAMHSA grant requirements. **The total sample for the process evaluation is 1,029 clients.**

Client screening data was not recorded prior to 2003 and was not recorded consistently until 2004. Drug court records show 1,103 individuals were screened in 2004 and 843 in 2005 (through August). Of those, approximately 38% were initially rejected due to failure to meet eligibility requirements, such as having a prior violent offenses or outstanding cases in other courts. About 27% were initially flagged as eligible, with the remaining individuals marked for further discussion with the prosecution and defense teams.

Although screening records were not available to compare pre- and post-enhancement acceptance and admission rates, drug court attendance records show that the rate at which new clients began attending drug court has been substantially higher since 2003. Figure 1 on the following page shows the number of new clients participating in drug court by year of their first court date. The 2005 admissions were estimated by calculating the average rate of new persons attending drug court in the first eight months of the year and multiplying that figure by twelve. This figure includes all individuals with a drug court attendance date in drug court records, regardless of length of participation.

Of the 1,029 enhancement clients, 610 (59.3%) were in Judge Fuchs' court, while 419 (40.7%) were in Judge Henriod's court. Table 1 on the following page shows the distribution of clients by case manager assignment. Most (112 of 137, 81.8%) of the clients without a case manager indicated in the drug court records were clients who were eventually terminated from the program. As described in the *Terminated Clients* section of this report, several clients were terminated due to ineligibility or opting out of the program; these clients often leave the program before a case manager can be assigned. Case manager Leake was transferred to treatment for a period of time; the majority of his clients were assigned new case managers during that time. Case manager Valdez began her responsibilities as the case manager for the perinatal program within drug court in December of 2004; the majority of her clients were assigned to other case managers and she began case management for the pregnant women in drug court.

Figure 1 New Drug Court Clients by Year of First Court Date

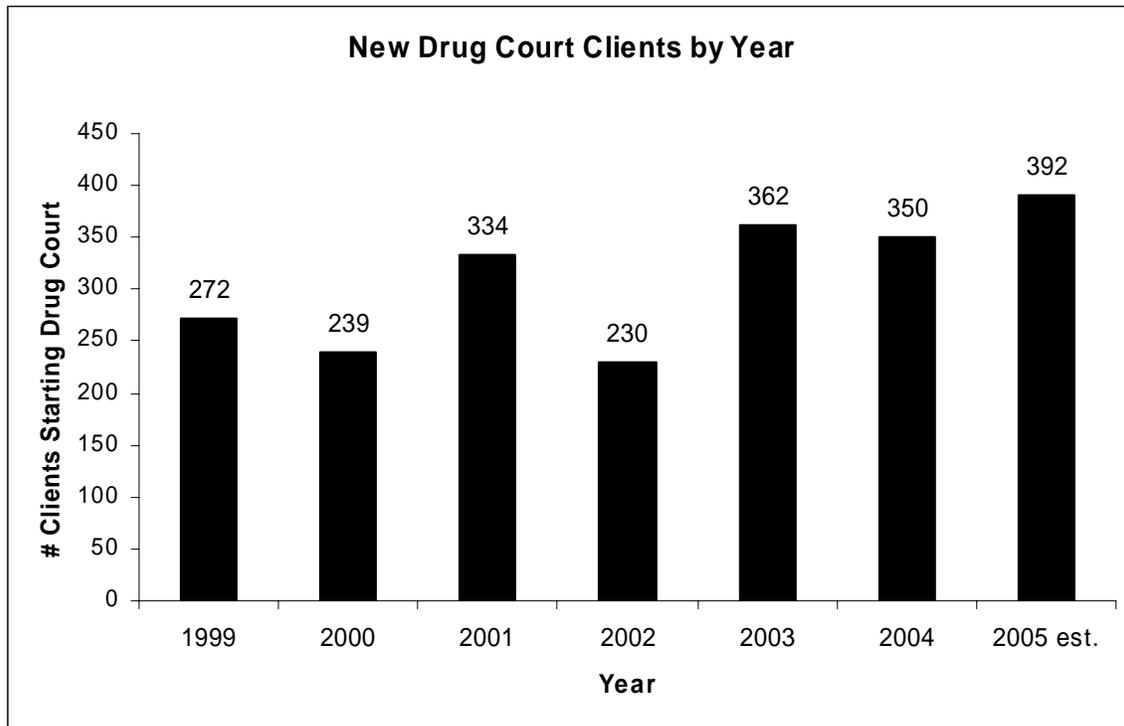


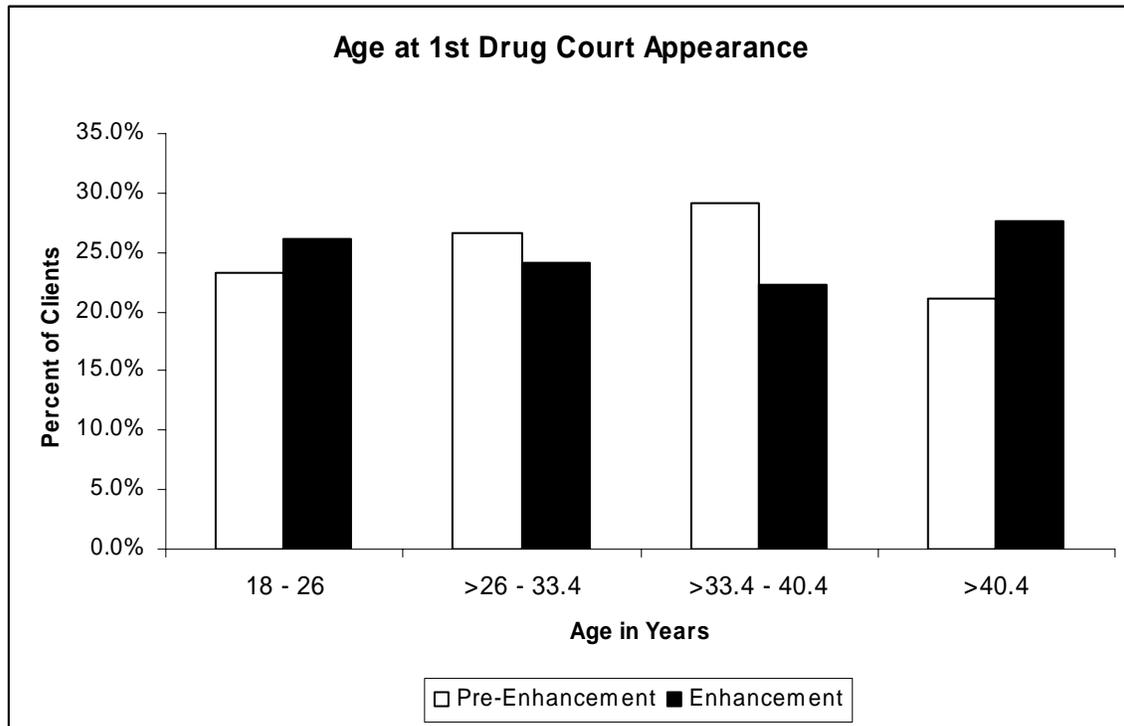
Table 1 Enhancement Clients by Case Manager

Case Manager	Clients	
	N	%
Brent (Bubba) Leake	19	1.8
Dan Felsen	119	11.6
E.J. Barlocker	149	14.5
Jenny Kulland	130	12.6
Kayle Hardy	126	12.2
Karlette Jackson	124	12.1
Lucy Valdez	76	7.4
Ryan Phillips	149	14.5
Case Manager not indicated	137	13.3

Demographics. Drug court enhancement participants are nearly evenly split between males (54.9%) and females (45.1%). The majority (76.0%) are white, with 8.3% identified as Hispanic, 3.0% African American, 1.2% Native American, 0.4% Pacific Islander, and 0.1% (one person) each identified as Asian and multiracial. Racial information was missing for 11.0% of clients. At the time of their first drug court appearance, enhancement clients ranged in age from 18.16 years old to 64.64 years old, with the median age being 33.36 years old. Although there is some variation between pre-enhancement and enhancement clients on age distribution (see Figure 2), this difference was not statistically significant².

² $z = -.610, p = .542$

Figure 2 Client Age at First Drug Court Appearance



Fifteen clients (1.5%) were identified as veterans. The majority of clients during the enhancement period were single (51.6%), with approximately equal numbers identified as divorced (13.8%) or married (15.8%). Eighteen clients (1.7%) were widowed. Marital status information was missing for 17% of clients. Approximately one-quarter (26.2%) have no children. The median number of children is one child, with 75% of clients having 3 or fewer children. Enhancement clients' reported education level at intake ranged from grade school through post-graduate education. About an equal number of clients had less than high school completion (36.4%) or completed high school/GED (37.4%). The remainder (18.7%) had more than 12 years education. Approximately one-quarter (26.9%) were identified as employed at the time of drug court entry.

Most clients resided in Salt Lake City proper at the time of intake; however, a considerable percentage of clients lived in the south end of the valley. Table 2 on the following page shows clients' addresses at the time of intake.

Criminal History. At the time of intake into drug court, clients' prior arrests from the Salt Lake County Jail Database (JEMS) are recorded by drug court staff. As shown in Figure 3 on the following page, enhancement clients have significantly³ fewer prior arrests than the pre-enhancement group.

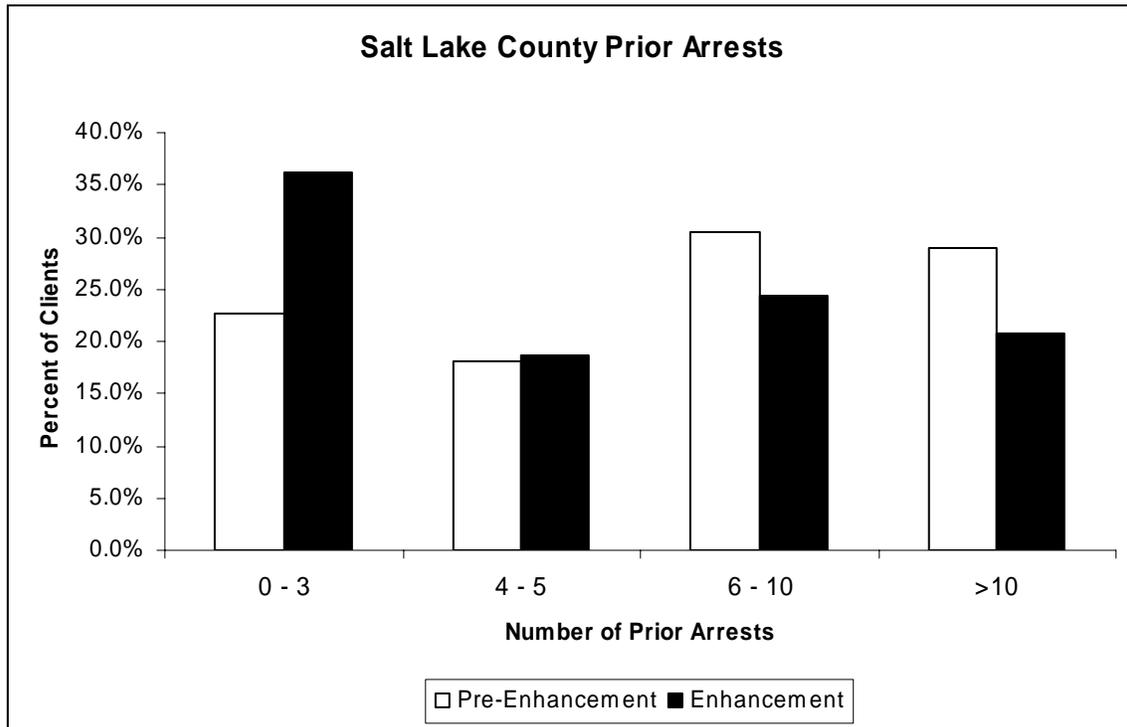
³ median test $\chi^2 = 23.579, p < .001$

Table 2 Enhancement Clients Address at Intake

Client Location	Clients	
	N	%
<i>Salt Lake County</i>		
Salt Lake City	558	58.5%
West Valley City	73	7.7%
Magna	19	2.0%
Holladay/Murray City	51	5.3%
Midvale	25	2.6%
West Jordan/South Jordan	55	5.8%
Sandy	44	4.6%
Kearns	18	1.9%
Taylorsville	21	2.2%
Cottonwood Heights	1	0.1%
Copperton	1	0.1%
South Valley	14	1.5%
<i>Outside Salt Lake County</i>		
Davis County	27	2.8%
Summit County	2	0.2%
Tooele County	10	1.0%
Utah County	21	2.2%
Other	14	1.5%

*Address information was available for 93% of clients (954 of 1029)

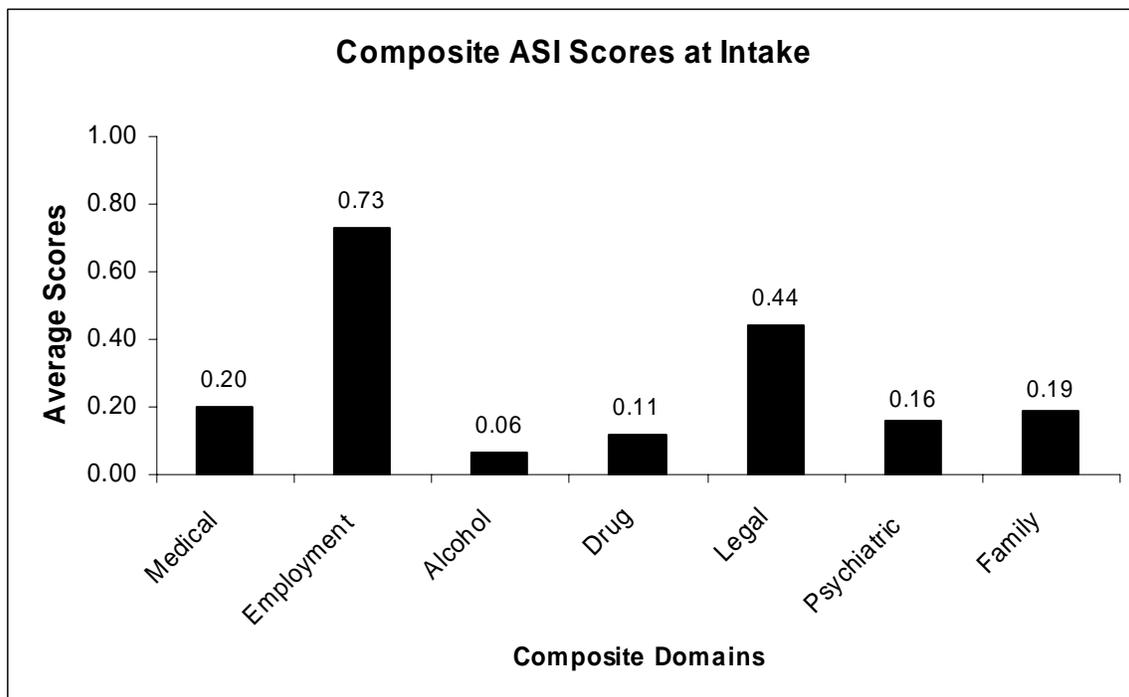
Figure 3 Prior Arrests from JEMS



Presenting Problems at Intake

Addiction Severity Index (ASI). At the time of intake into the program, clients complete a computerized, self-administered ASI. Developed over twenty years ago, the ASI is the most widely used substance abuse measure in the field (Appleby, Dyson, Altman, & Luchins., 1997; Makela, 2004). The ASI covers seven areas: medical, employment, legal, family and social relationships, psychiatric symptoms, drug use, and alcohol use. The ASI provides composite scores revealing the severity of clients' problems in each area. Figure 4 presents the average composite scores for the 614 (59.7% of 1,029) enhancement clients who completed the ASI at intake. The composite scores only contain items that are subject to change (Makela); therefore, the composite scores largely reflect client behaviors in the 30 days preceding the assessment. Because many of the clients either were incarcerated (52.5% spent at least one night in jail in the 30-days prior to taking the ASI, with 26.9% of ASI respondents spending all 30 nights in jail) or began treatment in the month prior to taking the ASI, drug and alcohol use were already suppressed.

Figure 4 Average ASI Composite Scores at Intake



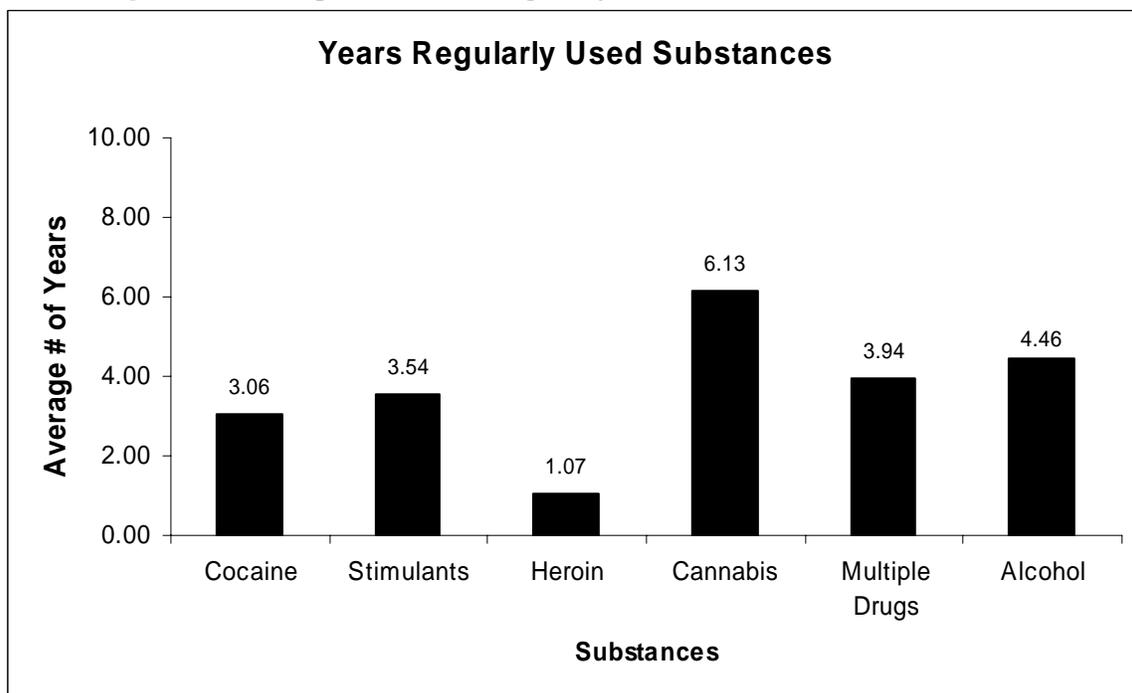
The two problem areas that remained high during the period immediately preceding the assessment were employment and legal. The items comprising the employment domain ask clients about their employment in the last month and access to transportation. Few clients reported having a valid driver's license (38.8%) or car (27.0%), and most did not work at all (66.3%) in the previous month. Furthermore, when asked about their employment situation over the past three years, only one-third (34.5%) said they had primarily full-time work in the past three years. Of those who had some kind of occupation in the past three years, the most frequently identified occupations were skilled manual (21.8%) and semi-skilled manual labor

(18.1%). However, one-quarter said they were primarily unemployed over the past three years (14.3% unemployed but looking for work, 10.3% not looking). Almost one-half of all respondents (42.2%) said they did not have a marketable skill, trade, or profession.

Individual item responses from legal domain items reveal additional challenges for clients. Over half (56.5%) said they were awaiting charges, trial, or sentencing. This is not surprising since drug court clients have yet to enter a plea at the time of completing the intake ASI and will have the plea held in abeyance until the completion of the program. Additionally, the majority of clients feel their legal problems are “extremely serious” (51.1%), with an additional 25.4% indicating that their legal problems are “considerably serious.” Most (54.6%) also think that counseling and assistance for their legal problems are “extremely important.”

Although alcohol and drug use in the 30 days prior to the assessment were suppressed, several individual item responses indicate the severity of clients’ problems with substance use. When asked which substances are causing problems, the three most commonly indicated were stimulants (this category includes methamphetamine) (37.9%), cocaine/crack (18.6%), and hallucinogens (14.3%). The majority (55.0%) feel that treatment for their drug problems is “extremely important,” with another 19.7% indicating that it is “considerably important.” Approximately one-quarter (25.1%) of clients reported experiencing serious withdrawal sickness in the past and on average, clients reported 2.5 Delirium Tremens (DT’s) from alcohol withdrawal in their lifetime. The ASI defines Delirium Tremens as shaking, severe disorientation, fever, and/or hallucinations that occur 24-48 hours after last drink, or a significant decrease in alcohol intake, usually requiring medical attention. Additionally, 49.4% have previously entered treatment for drug problems, with 15.5% having previously entered treatment three or more times. Figure 5 presents the average number of years clients reported regular use of various substances. Multiple drug use is defined on the ASI as using more than one type of drug on the same day, or regularly using alcohol and drugs on the same day.

Figure 5 Self-Reported Years Regularly Used Substances from Intake ASI



Government Performance Results Act (GPR). The intake GPR was completed by 301 (29.3%) of the 1,029 enhancement clients. Respondents were evenly split between male (52.3%) and female (47.7%) clients. The majority were white (87.0%), with slightly fewer minorities participating in the GPR surveys than comprise the overall drug court population. The age of GPR participants reflected that of the overall drug court population ($Md = 33$). A slightly higher percentage (65.0%) of GPR respondents than total drug court population had at least completed high school at the time of intake.

At the time of the intake GPR, clients indicated problems with housing, employment, and arrests/incarceration. Although the majority of clients were housed (80.1%), of those 34.3% lived in someone else's apartment or house, while 41.0% lived in their own apartment or house. Eleven clients (3.7%) were in residential treatment, 2.3% in a shelter, and one client was homeless. Over half (60.5%) were unemployed, 20.6% were employed full-time, and 17.6% were employed part-time. Two-thirds (66.9%) reported no income from wages, 9.7% received public assistance, 3.0% received disability payments, and 15.8% received money from family and/or friends. In the 30 days prior to completing the intake GPR, 13.3% of clients had a new arrest (9.0% for drug-related offense). Over one-third (34.6%) had spent at least one night in jail, with 10.3% having spent every night in jail. Changes in clients' GPR reports of housing, employment, and arrests from intake to 6 months and 12 months/exit are presented in the *During Program Impact* section of this report.

As demonstrated on the intake ASI, drug and alcohol use in the 30 days prior to completing the intake GPR was also suppressed. Most clients had not used any alcohol (84.7%) or drugs (71.7%) in the month prior to completing the intake GPR. Of those who had used drugs, days of use ranged from one to thirty, with 5.0% using fifteen or more days in the previous month. Of those clients who admitted drug and alcohol use, few (14.6%) indicated feeling "considerably" or "extremely" stressed by their use. One-quarter (26.6%) indicated that their substance use had caused them at least some emotional problems; 20.6% said their use had caused them to give up or reduce important activities to some degree.

At the time of completing the intake GPR, many clients had already begun treatment. About half (42.5%) received outpatient treatment for alcohol or substance abuse, with the number of times reported for the previous month ranging from one to thirty. On average clients were in outpatient treatment 14 times per month. Only 6.7% indicated receiving inpatient treatment for alcohol or substance abuse; however, over half (55.6%) of those were in inpatient treatment for the entire previous 30 days.

Most clients rated their overall health positively at intake (34.2% "good," 35.2% "very good," and 15.9% "excellent"). However, over one-third (35.1%) experienced at least one day of anxiety or tension and about a quarter (22.7%) experienced at least one day of depression. Figure 24 in the *During Program Impact* section of this report compares clients' reported emotional problems from the intake, 6 month, and 12 month/exit GPR surveys. Of those who reported experiencing at least one emotional problem in the 30 days prior to taking the intake GPR, 31.1% were "slightly" bothered, 26.1% "moderately" bothered, 19.3% "considerably" bothered, and 6.7% "extremely" bothered by these problems.

Services Received

Treatment. Treatment data recorded by the drug court was coded and categorized by intensity (Outpatient, Intensive Outpatient (IOT)⁴, Residential) and modality (group, individual, both). Treatment data was available for 85.4% of enhancement clients and for 87.6% of the pre-enhancement sample. Table 3 presents the treatment intensity and modality of all sessions during the pre-enhancement and enhancement period. As shown in Table 3, the most frequent treatment intensity during both time periods was outpatient. The group modality was the most common during both time periods.

Table 3 Treatment Intensity and Modality by Time Period⁵

	<i>Group</i>	
	Pre-Enhancement	Enhancement
<i>Treatment Intensity</i>		
Outpatient	62.4%	72.1%
Intensive Outpatient	1.8%	24.6%
Residential	0.4%	1.9%
<i>Treatment Modality</i>		
Group	87.4%	82.5%
Individual	1.4%	0.3%
Individual and Group	0.4%	2.2%

On an individual client level, nearly every (99.2%) enhancement period client received some of his/her treatment at the outpatient level. In fact, nearly one-half (48.8%) received only outpatient therapy during their time in drug court. About half (45.2%) received some intensive outpatient treatment as well. Only 14.3% of enhancement clients received any residential treatment. Of those who received residential treatment, the majority (96.2%) received no more than one-quarter (25%) of their treatment sessions at the residential level.

Nearly every (99.4%) enhancement client received part of his/her treatment in the group modality. About one-quarter (22.1%) of clients received all of their treatment sessions in the group modality. Nineteen percent (19.5%) received some of their treatment in sessions identified as “individual and group” by the drug court. Only 13.8% received any individual treatment sessions. No clients received more than one-quarter (25%) of their treatment sessions in the individual modality.

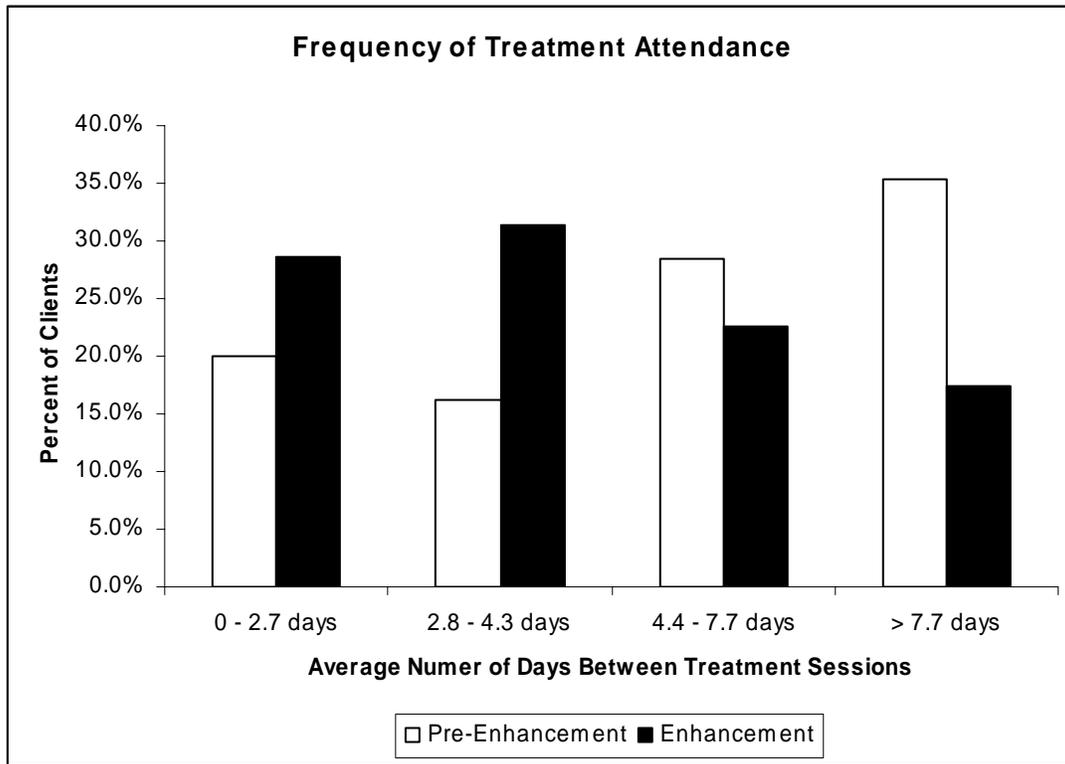
On average, enhancement clients attended a treatment session twice a week ($Md = 3.72$ days). As shown in Figure 6, enhancement clients attended treatment sessions significantly⁶ more frequently than their pre-enhancement counterparts. Over one-third (35.4%) of the pre-enhancement group had a week or more on average between attending treatment. Very few (17.4%) of the enhancement clients went more than a week on average between treatment sessions.

⁴ SAMHSA defines IOT as treatment that lasts at least two or more hours per day for three or more days per week

⁵ Percentages do not sum to 100% due to treatment data missing information needed to identify intensity and/or modality.

⁶ median test $\chi^2 = 84.193, p < .001$

Figure 6 Frequency of Treatment Attendance



Three goals of the enhancement grant were to increase dedicated residential and intensive outpatient (IOT) slots with Salt Lake County Division of Substance Abuse providers and to create an in-house IOT program at Criminal Justice Services (CJS). A significantly⁷ larger proportion of enhancement clients (14.7%) than pre-enhancement clients (3.0%) had at least some residential treatment through the drug court program. The percentage of clients receiving outside provider IOT more than doubled from pre-enhancement (26.0%) to enhancement (59.0%)⁸. Nearly one-third (32.5%) of enhancement clients participated in the new IOT at CJS. A considerable group of enhancement clients benefited from the increased residential and IOT opportunities provided by the grant.

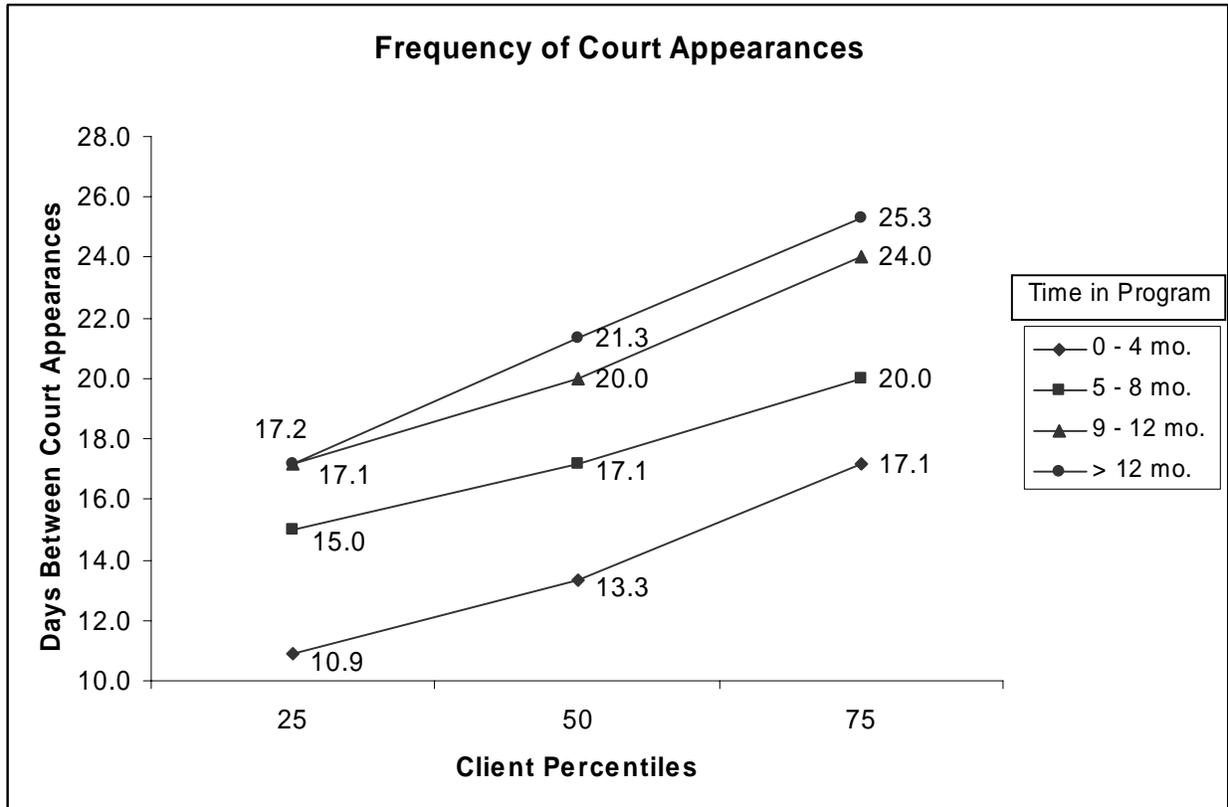
Judicial Supervision. Drug court policy sets the length of participation by phases (1-4) and clients appear before the judge at his discretion. Although clients' court attendance can vary widely based on both time in the program and current success and compliance, it is common for court appearances to decrease steadily throughout phase progression. Since dates of clients' phase change are not routinely recorded in the electronic database, frequency of court appearances could not be examined by phase. The following figure (Figure 7) presents clients' frequency of court appearances by length of time in the program. Phase one and two are approximately four months in length together. Phases three and four are each four months long. Figure 7 shows that during the first four months in the program, the median time between court appearances for enhancement clients was 13.3 days (approximately every other week). During

⁷ $\chi^2 = 57.456, p < .001$

⁸ $\chi^2 = 78.862, p < .001$

each subsequent four-month time period, frequency of court appearances decreases slightly. After one year in the program, clients remaining in drug court appear before the judge every 21.3 days on average. An important component of the drug court model is judicial supervision. As shown in Figure 7, judicial supervision decreases as length in program increases

Figure 7 Frequency of Court Appearances by Length of time in Program



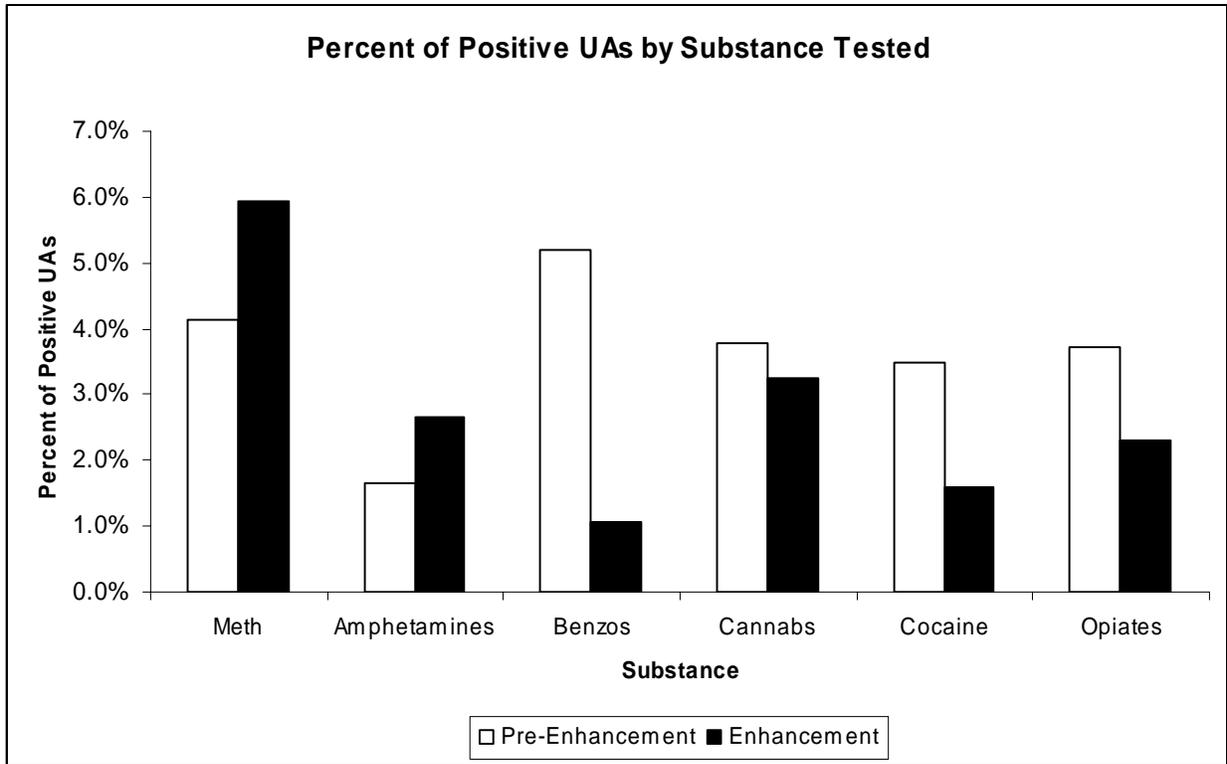
An examination of drug court calendars from 10 random days yielded information about the average number of drug court clients who appear per session. On average 56 clients appear before Judge Fuchs per session (two sessions a day), while 39 on average appear before Judge Henriod per session (two sessions a day). On October 31, 2005 (the most recent date of this data collection), Judge Fuchs had 234 drug court clients on his caseload, with an additional 102 out on bench warrant. Judge Henriod had 158 drug court clients on his caseload, with an additional 60 out on bench warrant. These figures suggest that when drug court clients do appear before the judge (about every two to three weeks according to drug court data) their time is limited.

Participants' Compliance and Program Retention

Drug Testing. During the enhancement period, there were 80,918 urinalysis tests (UAs) conducted that were recorded by specific substance tested for: methamphetamine, amphetamine, benzos, cannabs, cocaine, and opiates. Across all tests conducted for a specific substance, 2.8% were positive (high). During the pre-enhancement period, 69,195 UAs were conducted for the same six substances, with 3.7% flagged as positive. The following figure (Figure 8) presents the percent of positive UAs by specific substance tested for during each time period.

Methamphetamine was the substance with the highest percentage of positives during the enhancement period.

Figure 8 Percent of Positive Tests by Substance



Individual-level urinalysis testing information was available for 92.6% of the pre-enhancement sample and 87.3% of the enhancement sample. During the enhancement period, clients were tested every two and half days on average. Pre-enhancement clients were administered UAs significantly⁹ less often than their enhancement sample counterparts. Figure 9 compares the frequency of UAs by enhancement group. Approximately 17.4% of enhancement clients' UAs were for their first self-identified drug of choice; approximately 11.4% were for their second drug of choice. Figure 10 presents enhancement clients' first identified drug of choice. The majority (83.9%) of enhancement clients indicated three or more drugs of choice.

⁹ median test $\chi^2 = 50.285, p < .001$

Figure 9 Frequency of UAs

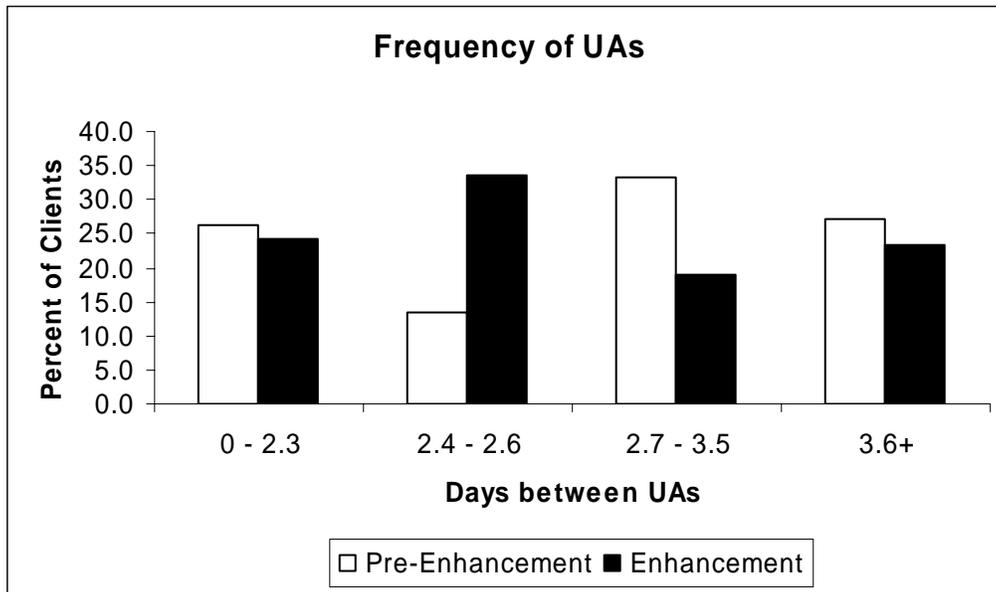
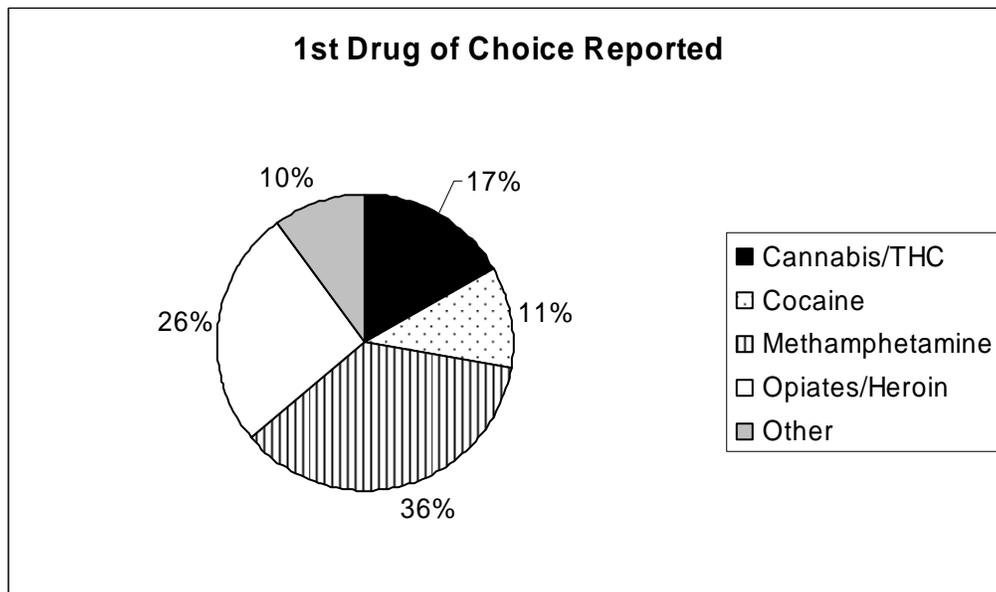


Figure 10 Self-Reported First Drug of Choice for Enhancement Clients



The median percentage of high UAs for enhancement clients was 1.7% of all tests, although 36.6% of enhancement clients had no positive UAs. The median percentage of high UAs for pre-enhancement clients was 2.6%. As shown in Figure 11, a significantly¹⁰ greater percentage of pre-enhancement clients had 2% or greater of their UAs flagged as positive. However, it should be noted that positive UAs were very low for both groups.

Missed UAs, on the other hand, were significantly¹¹ higher for the enhancement group than the pre-enhancement group. Figure 12 shows the distribution of missed UAs by

¹⁰ median test $\chi^2 = 7.987, p = .005$

¹¹ median test $\chi^2 = 107.907, p < .001$

enhancement group. As the frequency of UA testing increased from the pre-enhancement to enhancement time periods, the opportunity for missed UAs also increased. The larger proportion of enhancement clients missing UAs reflects this change.

Figure 11 Positive UAs by Enhancement Group

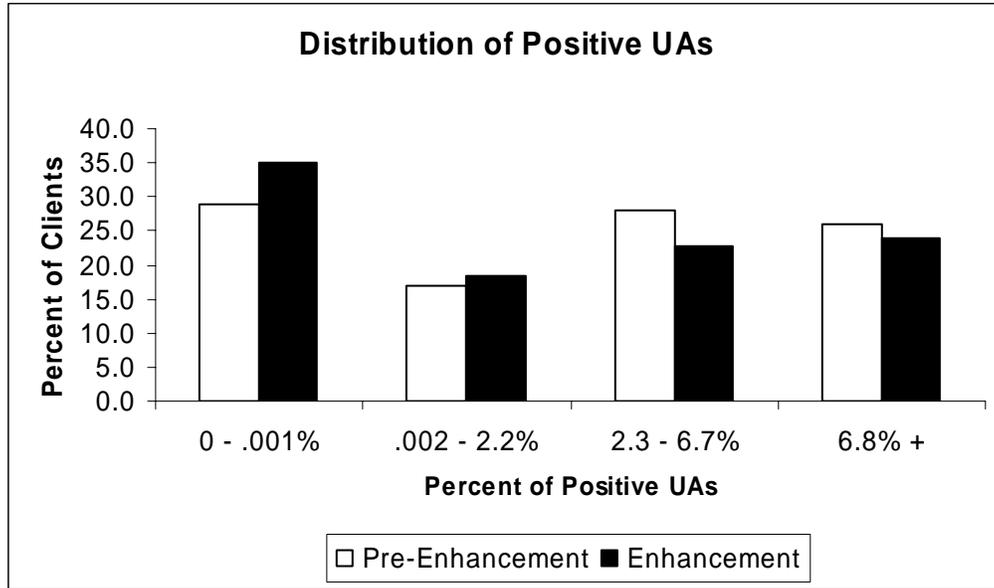
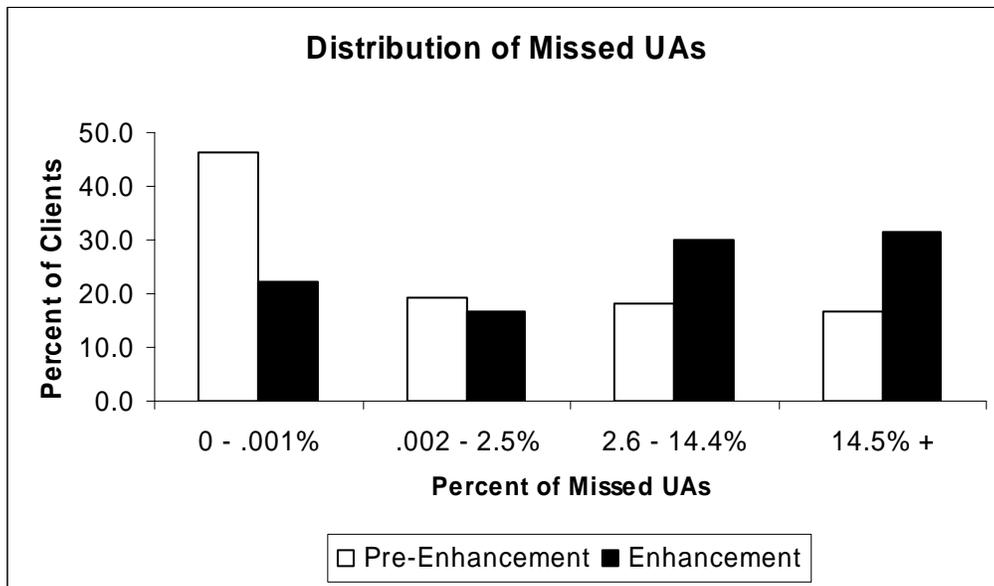


Figure 12 Missed UAs by Enhancement Group

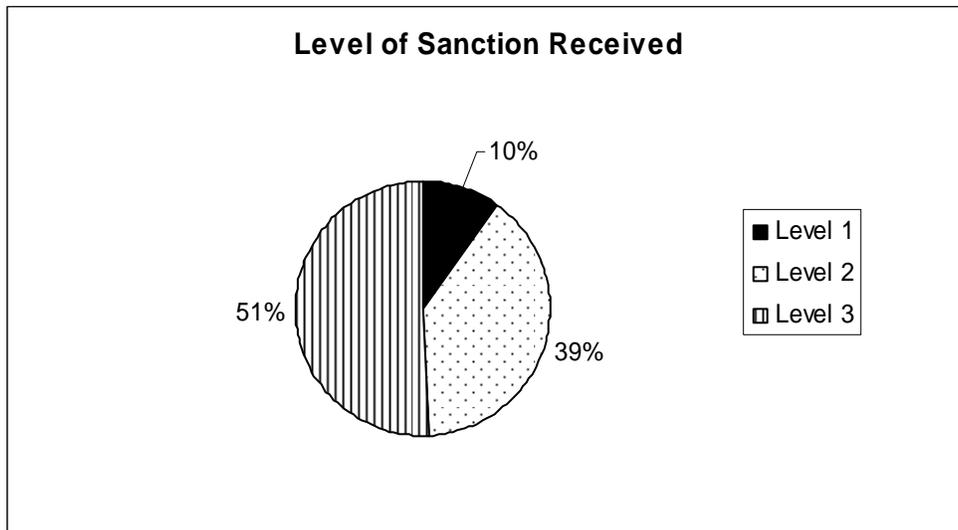


Community Service. Drug court clients are required to complete 40 hours of community service with additional community service hours sometimes assigned as a sanction for noncompliance (see the *Sanctions* section of this report). Additionally, clients can earn \$7/hour toward drug court treatment fees for any community service they complete in addition to the required and sanction hours. Most clients do not complete their community service hours until

near the time of program exit. For this reason, over two-thirds (69.0%) of the enhancement clients had 40 or more community service hours left to complete at the time data was queried for this report (October 31, 2005). Additional community service sanction hours assigned to clients ranged from zero to 133 hours, with most (66.7%) clients having no additional community service hours assigned as a sanction. Hours worked by clients ranged from zero to 263. Several (14.0%) enhancement clients worked extra community service hours beyond the 40 mandatory and any additional sanction hours.

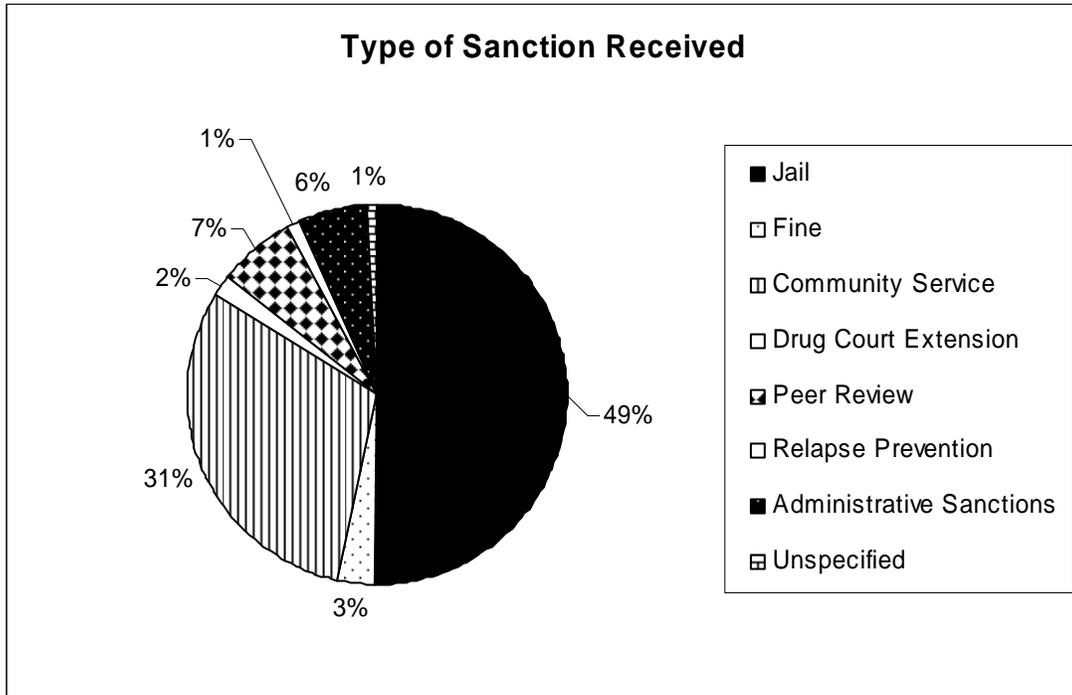
Sanctions. During the enhancement period, 1,925 sanctions were given. Of these sanctions, the most common level was three and the most common type was jail. Figures 13 and 14 display the distribution of enhancement period sanctions by level and type, respectively. Level one is the least severe sanction level. Typically clients receive administrative sanctions (developed and issued by case managers, not further specified in drug court policy¹²) for level one; homework, fines, or community service for level two; and jail for level three. However, among the enhancement clients all sanctions were given to some degree at all levels.

Figure 13 Enhancement Period Sanctions by Level



¹² See Appendix A for drug court policies regarding sanctions

Figure 14 Enhancement Period Sanctions by Type

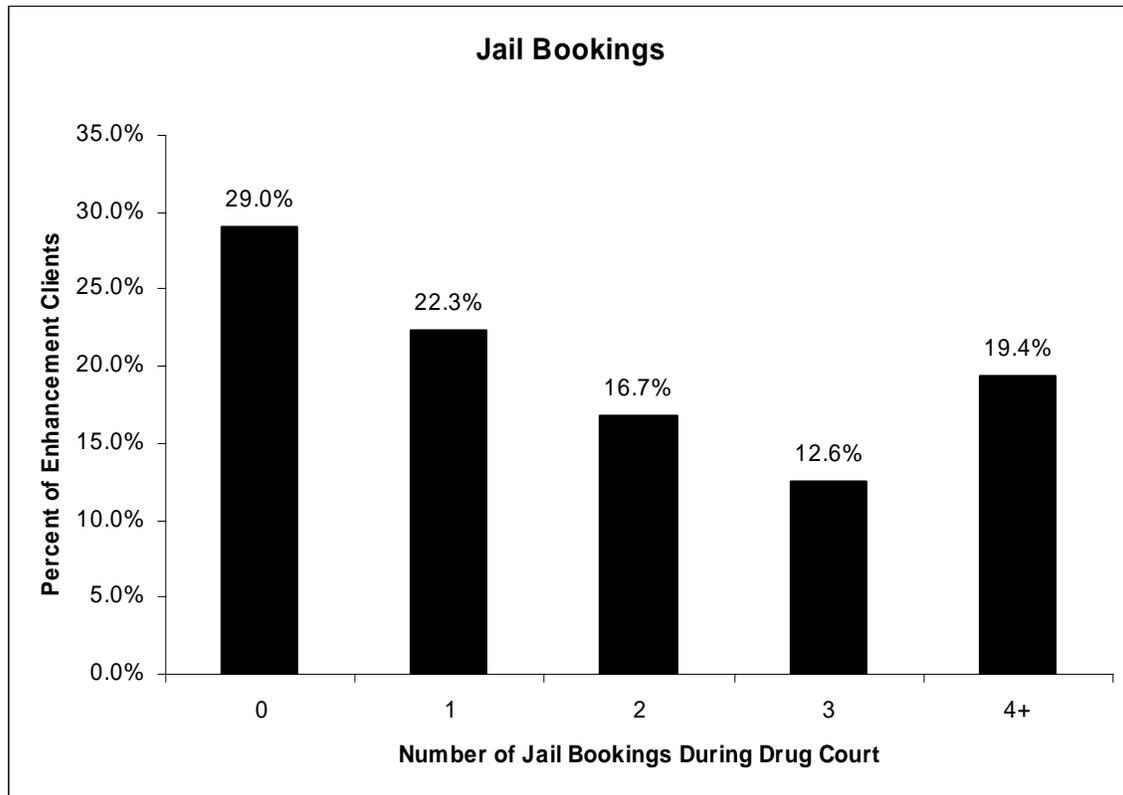


At an individual client level, 43.0% of the enhancement clients had no sanctions. For those with sanctions, number of sanctions ranged from one to 23, with three-fourths of those with sanctions having four or fewer. The median time to first sanctions was 63 days from the first court appearance. For those clients with two or more sanctions (391), the median time between sanctions was 43.4 days.

Jail. Although drug court is considered an alternative to incarceration, jail time is a necessary component of drug court. As indicated in the *Sanctions* section above, jail time is the most frequently assigned sanction, with 43.7% of enhancement clients having at least some jail time assigned as a sanction. Furthermore, drug court clients can also return to jail after being picked up from bench warrant (failing to appear in court and absconding from the program) or on new charges accrued during drug court participation. If clients are assigned to CATS (the Correctional Addiction Treatment System, an in-jail therapeutic community) as part of drug court, they will spend 6 months in that program while in jail as part of their drug court requirements.

The majority (71.0%) of enhancement clients had at least one jail booking in the Salt Lake County jail while they were in drug court. Figure 15 displays the total jail bookings per client. As shown in Figure 15, 19.4% of enhancement clients had four or more jail bookings while they were in drug court.

Figure 15 During Drug Court Jail Bookings for Enhancement Clients



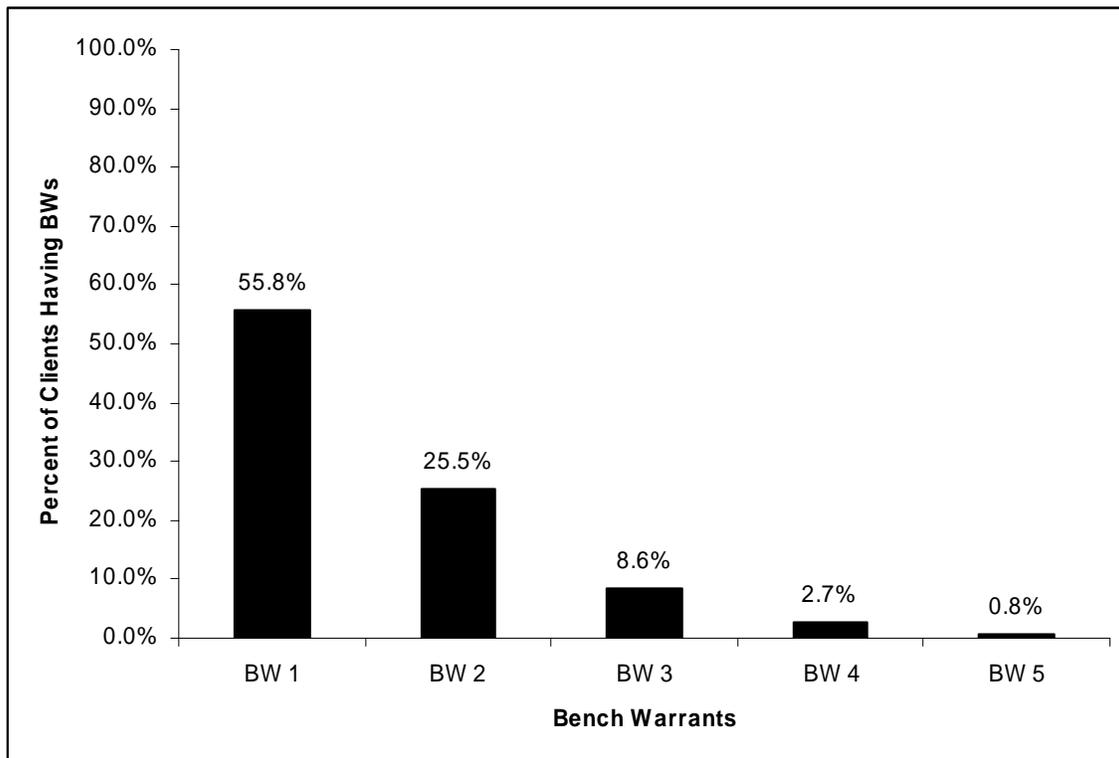
For those clients with at least one jail booking, the time from first drug court appearance to first jail booking ranged from four to 968 days. A quarter of enhancement clients had their first jail booking within 35 days of entering drug court. The median time from first court appearance to first jail booking was 83 days, with 75% of those with a jail booking having their first one within 186 days of beginning drug court. Time spent in jail per booking could range from less than one day (usually book and release) to over one year. The median time spent in jail on clients' first bookings after starting drug court was 15 days; median time in jail for the second booking was 8 days and 7 days for the third booking. For those clients with at least two jail bookings during drug court, the median time between release from the first booking and the second booking was 58 days. For those with at least 3 bookings, median time between second jail release and third booking was 49 days. These data indicate that clients with multiple jail bookings while participating in drug court spend less than two months, on average, out of jail and active in the program between jail bookings. The number of days spent in jail during each client's first year in drug court was calculated. Number of days in jail during the first year ranged from zero to 330, with 44 days being the median number of days spent in jail during the first year. Twenty-five percent (25%) of enhancement clients spent 14 or fewer days in jail during the first year of drug court; 75% spent 87 or fewer days in jail during the first year of drug court.

Bench Warrants. Bench warrants (BWs) are issued to drug court clients for “failure to appear [in court] or failure to comply with the Court’s order.”¹³ They are most often issued when

¹³ see drug court bench warrant policies in Appendix A

a client misses a scheduled court appearance and absconds from the program for some time. According to drug court policy, clients will be terminated from the program after two pre-plea BWs (or any pre-plea BW lasting 3 months or longer) or three post-plea BWs (or any post-plea BW lasting 6 months or longer). Figure 16 shows the percent of enhancement clients with bench warrants. As shown in Figure 16, one-quarter (25.5%) of enhancement clients have at least two bench warrants. Out of the 728 pre-enhancement clients, 30.8% had at least one BW, 18.5% had at least two BWs, and 7.1% had at least three. The percent of pre-enhancement clients having a first and second BW was significant¹⁴ less than the percent of enhancement clients having a first and second. However, it should be noted that this difference may be due to better recording of bench warrant information during the enhancement period.

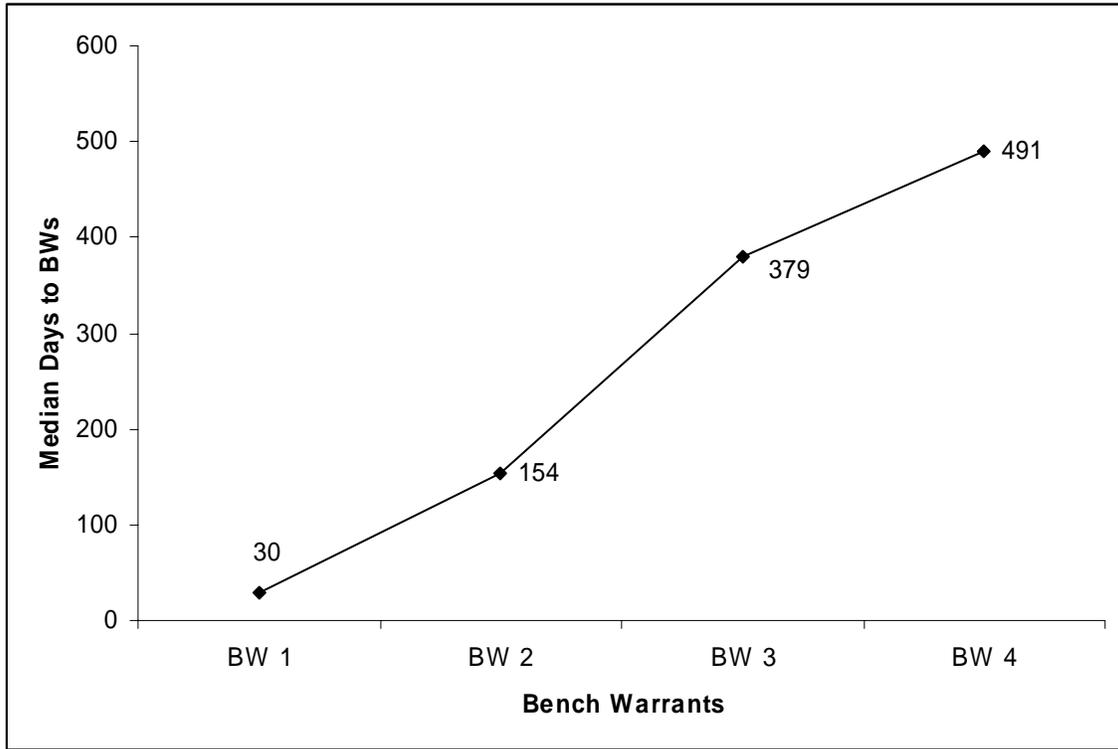
Figure 16 Enhancement Client Bench Warrants



The next figure (Figure 17) displays the median time from first court date to the beginning date of each bench warrant. The median time from first court appearance to first bench warrant is 30 days; the median time to the fourth bench warrant is over a year. The median time spent away from drug court on bench warrant is around 3 weeks to a month for each of the first four bench warrants: BW 1, *Md* = 22 days; BW 2, *Md* = 21 days; BW 3, *Md* = 30 days; and BW 4, *Md* = 21.5 days. For those enhancement clients with at least two BWs, the median time between returning to court from the first BW and going out on the second one was 56 days, although one-quarter of the clients with at least 2 BWs went out on their second one within 30 days of returning from the first.

¹⁴ 1st bench warrant, $\chi^2 = 104.376, p < .001$; 2nd bench warrant, $\chi^2 = 11.059, p = .001$

Figure 17 Median Days from First Drug Court Appearance to Bench Warrants



Clients most often return to drug court from a bench warrant due to arrest (either for their failure to appear or being picked up on a new charge), although a fair number turn themselves into the court. Table 4 displays the reasons why bench warrants were ended. Those indicated as terminated in Table 4 are clients who were terminated while still out on bench warrant due to the length of time they had been absent from the program. The time spent out on bench warrant also varies by whether the clients turned themselves back into drug court or were returned by arrest. The median time out on first BW for those who turned themselves in is 7 days, compared to 35 days for those who were returned by arrest. For the second BW, the median time out on BW for those who turned themselves in was again 7 days; however, those who were returned to drug court by arrest were out an average of 24 days on their second BW.

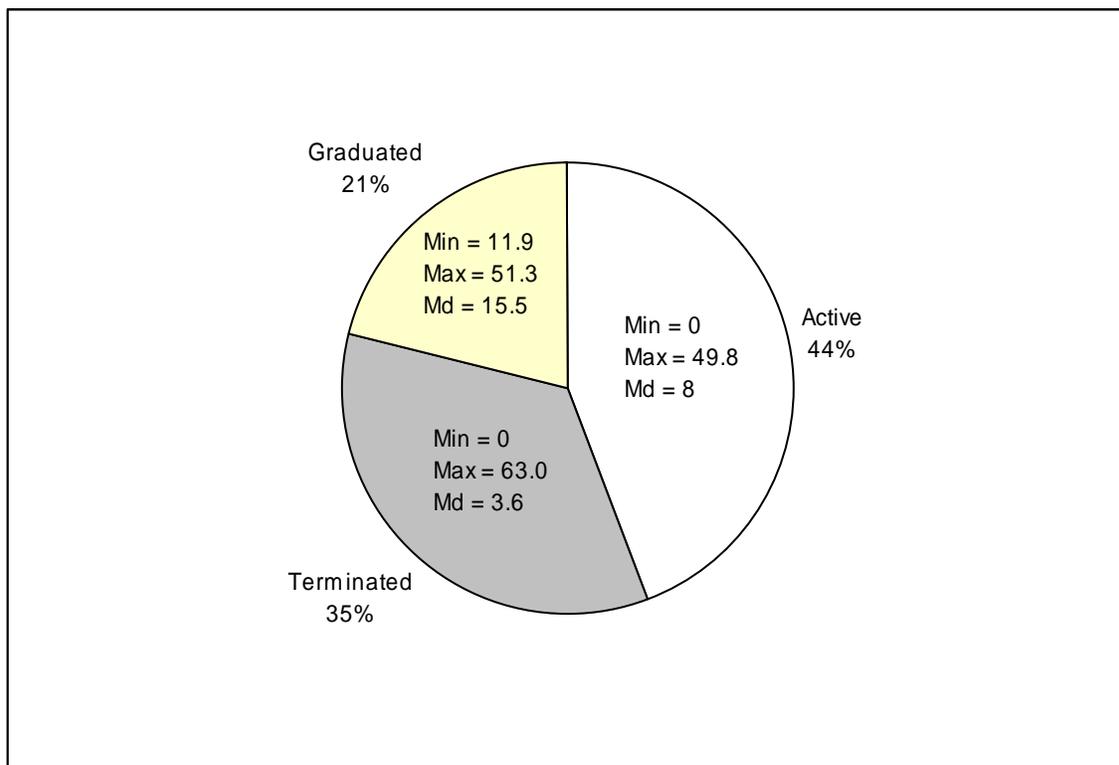
Table 4 Reasons for Bench Warrants Ending

Reasons for BWs Ending	Bench Warrants			
	BW 1	BW 2	BW 3	BW 4
Client Arrested	65.6%	83.3%	78.1%	73.1%
Client Turned Self In	28.7%	14.5%	19.2%	23.1%
Client Terminated	4.8%	2.2%	1.4%	0.0%
Client Deceased	1.0%	0.0%	1.4%	3.8%

Active Clients. At the time data was queried for the final report (late October/early November 2005), there were 454 active enhancement clients. This group includes clients who may be in jail or out on bench warrant. “Active” simply refers to those clients who were not flagged as terminated or graduated at that time. Clients who were out on bench warrant are

included in the active group because bench warrant status is temporary. The following figure (Figure 18) displays the percent of enhancement clients who were active, graduated, or terminated at the time of the final data query and the minimum, maximum, and median time in drug court in months for those three groups. Length in Program was calculated by taking the difference between first and last court appearances. Active clients have been in the program for a median of eight months. The majority (81.1%) of active clients have pleaded (entered a plea in abeyance on their drug court charges, signed the drug court agreement, and “officially” entered the program). According to drug court policy (see Appendix A), program length is 52 weeks and begins on the plea date. For those active clients who have not yet entered a plea (18.9%), median time in the program is 72 days, although it ranges from zero to 700. Seventy-five percent (75%) of active clients who have not entered a plea have been in the program for 154 days or less.

Figure 18 Length in Program¹⁵ in Months by Status



Terminated Clients. There were 357 terminated clients at the end of the enhancement period, with a median time in drug court of 3.6 months. Terminated clients with zero months in the program had only one court date. Some of the terminated clients with only one court date were terminated while out on bench warrant. Although those clients may have had only one court date, they remained active on drug court rosters for some time prior to their official termination. Table 5, for example, shows that over one-third of terminated clients were terminated from the program due to either pre- or post-plea bench warrants (BWs), which includes being terminated due to being absent from the program for more than 6 months. Those who were terminated due

¹⁵ Length in program was calculated from the difference between first and last court dates in drug court records. Clients with zero time in program have only one court appearance.

to BWs could have also had new charges. Nearly 40% of terminated clients, however, did exit drug court soon after their first appearance due to either the client opting out of the program or drug court deeming the client ineligible after the initial court appearances and screenings. Because of this, it is not surprising that the majority (72.3%) of terminated clients never entered a plea. For those who had entered a plea, median time to plea date was 56 days, indicating that those who did enter a plea took longer than the group of clients who are currently active. For those who didn't enter a plea, median time in drug court was 63 days, a slightly shorter period than the time in drug court for the terminated group overall.

Most clients, upon termination, are sent back to the regular court calendar for case processing outside of drug court. Table 6 shows client status following drug court termination. Clients who were sentenced to jail (4.5%) or prison (11.2%) by drug court judge at the time of termination often also had probation time included at the time of sentencing.

Table 5 Reason for Client Termination from Drug Court

<i>Reason for Termination</i>	Terminated Clients	
	N	%
Pre-Plea BWs	92	25.8%
Post-Plea BWs	33	9.2%
Deceased	8	2.2%
New Charges	25	7.0%
Non-Compliance	17	4.8%
Not Appropriate for Program	20	5.6%
Not Eligible	70	19.6%
Opt-Out	66	18.5%
Sentenced in Another Court	12	3.4%
Transferred to Another Court	14	3.9%

Table 6 Client Status Following Drug Court Termination

<i>Status Following Drug Court</i>	Terminated Clients	
	N	%
Unknown	61	17.1%
Returned to Regular Calendar	185	51.8%
Sentenced to Jail	16	4.5%
Sentenced to Prison	40	11.2%
Sentenced to Probation Only	7	2.0%
Transferred to Another Court	33	9.2%
Other	15	4.2%

At the time of intake, terminated clients had a median age of 34.6 years, which is similar to the enhancement sample as a whole. Table 7 on the following page presents both terminated and graduated clients' characteristics at intake. A slightly smaller percentage of terminated clients were White (64.7%) compared with 76.0% of enhancement clients overall.

Table 7 Terminated and Graduated Client Characteristics at Intake

Characteristics	Group	
	Graduated (N = 218)	Terminated (N = 357)
Age at Intake (<i>Md</i>)	33.0	34.6
Priors (<i>Md</i>)	4.0	6.0
<i>Gender</i>		
Male	54.1%	58.8%
Female	45.9%	40.6%
<i>Race/Ethnicity*</i>		
White	90.8%	64.7%
Hispanic	6.0%	6.7%
African American	0.0%	4.2%
Native American	0.5%	1.4%
Asian/Pacific Islander	0.5%	0.6%

*Percentages don't sum to 100 due to missing data

Terminated clients did not appear in court as frequently as the enhancement sample as a whole. For example, during the first four months in the program, terminated clients had a median of 20 days between court appearances, compared to 13.3 days for the entire enhancement group. The median number of treatment sessions for the terminated group was eight, with a quarter of the terminated clients receiving three or fewer treatment session. Most terminated clients received no residential treatment (90.7%), CJS-provided intensive outpatient (IOT) (74.9%), or outside provider IOT (88.5%). Although terminated clients had few drug tests (*Md* = 18), they had more positive tests (5.0%) compared to the entire enhancement sample (1.7% for the entire sample). Terminated clients also had a high percentage of missed urinalysis tests (UAs) as shown in Table 8, which presents descriptions of terminated and graduated clients' drug testing.

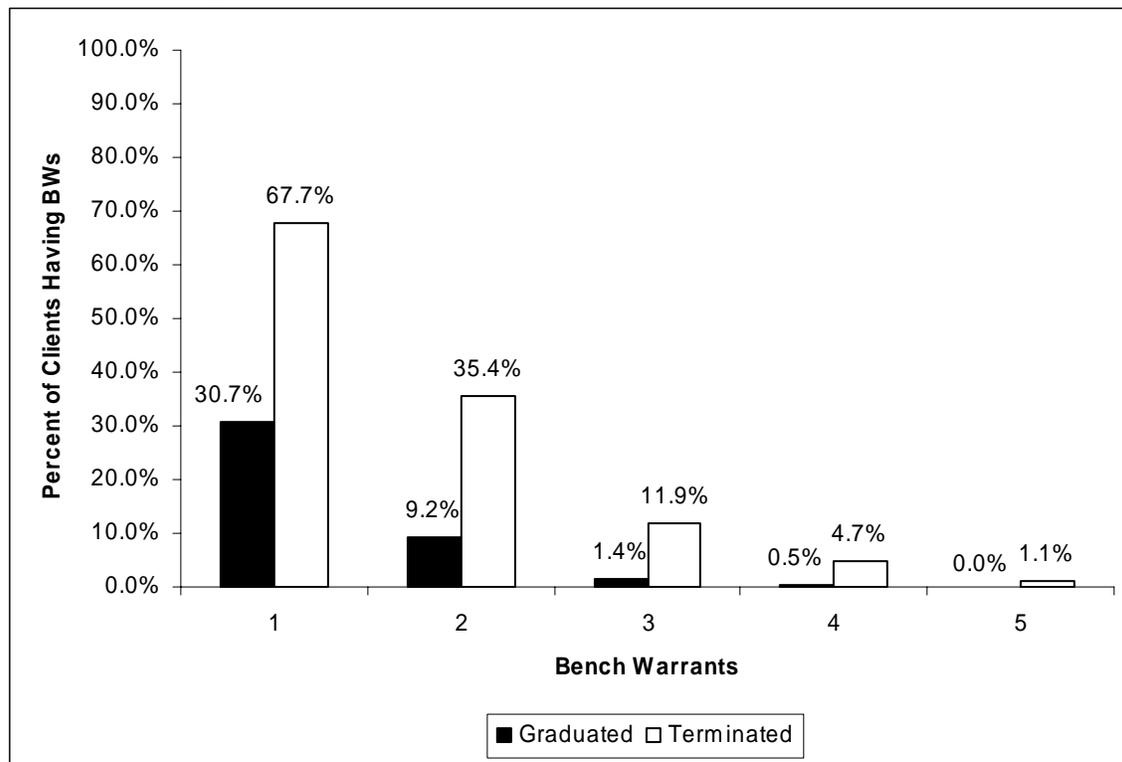
Table 8 Description of Terminated and Graduated Client Drug Tests (UAs)

Drug Tests (UAs)	Group	
	Graduated (N = 218)	Terminated (N = 357)
Percent Positive UAs (<i>Md</i>)	0.6%	5.0%
Percent Missed UAs (<i>Md</i>)	1.0%	22.2%
Days Between UAs (<i>Md</i>)	2.57	2.03
Total Number of UAs (<i>Md</i>)	173.50	18.00

The vast majority (88.4%) of the 357 terminated clients with community service information had not completed any community service at the time of their termination. Surprisingly, few (14.4%) had earned sanction community service hours while in the program. This is most likely due to these clients being on bench warrant and not active in the program during the period prior to their termination. Similarly, most (82.1%) terminated clients did not have any sanctions recorded in the drug court database. Of those with a sanction, the number of sanctions ranged from one to 13 with two being the median. The median time to first sanction for terminated clients was 56 days following the first court appearance. For those terminated clients with two or more sanctions, the median time between sanctions was 34 days.

Terminated clients are more likely than the overall enhancement sample to have bench warrants (BW). As shown in Figure 19, two-thirds of terminated clients have at least one BW, while one-third have at least two. The median time spent away from drug court on bench warrant for terminated clients is from just over 3 weeks to around a month for each of the first four bench warrants: BW 1, *Md* = 27 days; BW 2, *Md* = 23 days; BW 3, *Md* = 33 days; and BW 4, *Md* = 42 days. These are all slightly higher than the figures for the enhancement sample overall.

Figure 19 Graduated and Terminated Client Bench Warrants



Graduated Clients. There were 218 enhancement clients who graduated during the enhancement period. Their average time in the program was 15.5 months. Median time from first court date to plea date was 28 days, with 75% of graduates entering a plea before 50 days had passed from their first court appearance. Graduates entered a plea more quickly than either terminated clients who entered a plea or the group of currently active clients who had entered a plea. As shown in Table 7, very few graduates were minorities. Graduates were similar to the larger enhancement sample and terminated group on median age at intake; however, graduates had fewer prior arrests recorded in the Salt Lake County Jail database than terminated clients (see Table 7). Graduates appeared before the judge more often than terminated clients. During the first four months in drug court, graduates appeared before the judge every 12 days (median), compared to every 20 days (median) for the terminated group. Graduates received a median of 111.50 treatment sessions, with a quarter of graduates receiving 90.75 sessions or fewer and 75% of graduates receiving 148 sessions or fewer. The median number of days between graduates' treatment sessions was 4.3, indicating that graduates received treatment about twice a week over the course of program participation (although it varies by time in program). Similar to the larger enhancement sample, most graduates had not received residential treatment (87.2%), CJS-

provided intensive outpatient (IOT) (72.0%), or outside provider IOT (87.5%). As shown in Table 8, graduates had very few positive or missed UAs while they were active in the program, despite having frequent testing (every 2.6 days, *Md*) and many tests (173.50, *Md*) while in the program.

When examining the 218 enhancement period graduates, nearly half (45.9%) worked additional community service hours beyond the 40 mandatory and any additional sanction hours assigned. Nearly half (46.3%), however, did have sanction hours. Drug court records indicate that 18.8% of graduated clients had at least some community service hours remaining at the time of graduation, although this is most likely a data entry oversight. Half (49.1%) of the enhancement sample graduates had at least one sanction. The median number of sanctions for those graduates with a sanction was three, with one-quarter of graduates having only one and 75% of graduates having five or fewer. The median time from first court date to first sanction for graduates was 78 days. For those graduated clients with two or more sanctions, the median time between sanctions was 52.5 days. Lastly, as shown in Figure 19, few graduates had any bench warrants (BWs) while in the program. The percentage of graduates with BWs was considerably less than the enhancement sample overall and dramatically less than the terminated group.

During Program Impact on Client Substance Abuse, Criminal Behavior, and Health

Results from the 6 and 12 month/exit¹⁶ GPRA surveys administered to 180 and 120 enhancement clients, respectively, while active in the program indicate that more clients are living in their own apartment or house, employed, and attending school at the time of these surveys than at the time of entering drug court. The following figure (Figure 20 on the following page) presents clients' living situation at intake and 6 and 12 months after entering the program. The percent of clients living in their own home or apartment increased significantly¹⁷ from intake to 6-months; however, the difference between 6 and 12 months was not statistically significant. Figure 21, also on the following page, compares the percent of clients employed at the time of each GPRA survey. Fewer than half of drug court participants were employed at intake; however, over half were employed at both the 6 and 12 month mark. The difference between the proportion of clients employed at intake and 6 months was significant¹⁸; the difference between 6 and 12 months was not. Only 5.3% of clients were enrolled part-time or full-time in school or a job training program at intake into drug court; however, significantly¹⁹ more (15.3%) were enrolled at the time of the 6 month survey. An equal number (15.1%) were enrolled at the time of the 12 month survey.

¹⁶ For most of the grant period, the drug court was required to administer the GPRA survey at intake and 6 months and 12 months after the client began the program. During the last 6 months of the grant period, GPRA requirements changed to surveying clients at intake, 6 months after entry, and at exit from the program. In this report 12 month surveys refer to surveys completed 12 months after a client entered the program and exit surveys.

¹⁷ $\chi^2 = 7.466, p < .05$

¹⁸ $\chi^2 = 29.246, p < .05$

¹⁹ $\chi^2 = 13.468, p < .001$

Figure 20 Living Situation as Reported on the GPR Survey

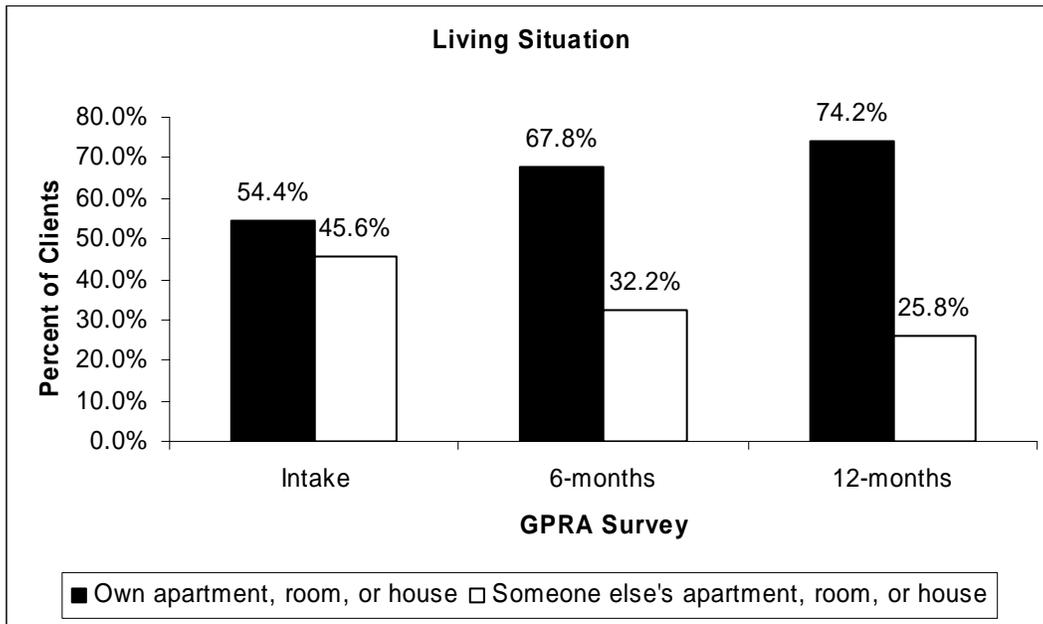
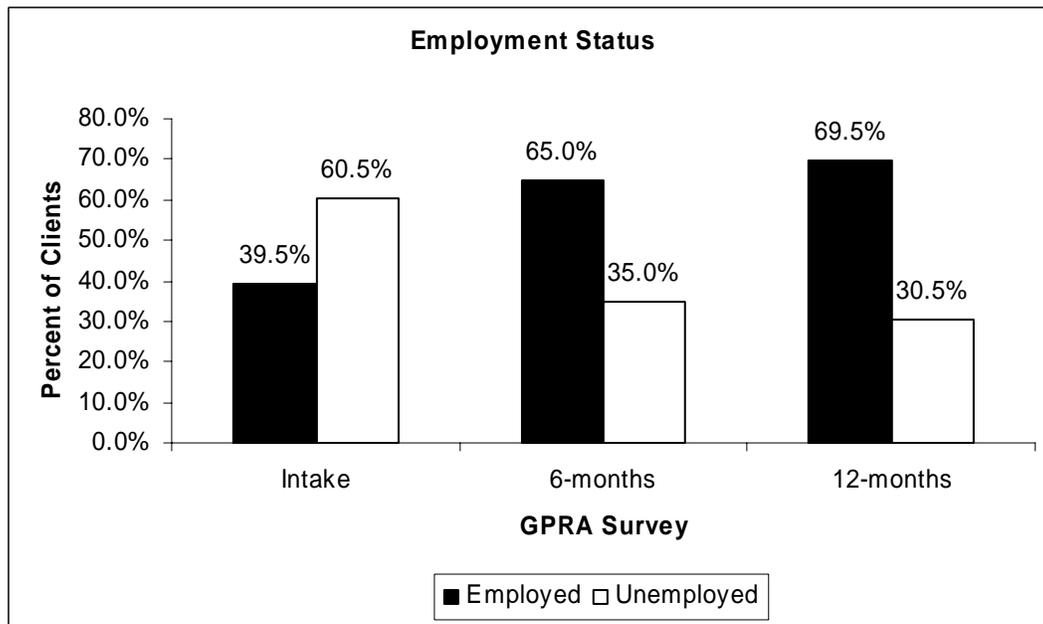


Figure 21 Employment Status as Reported on the GPR Survey



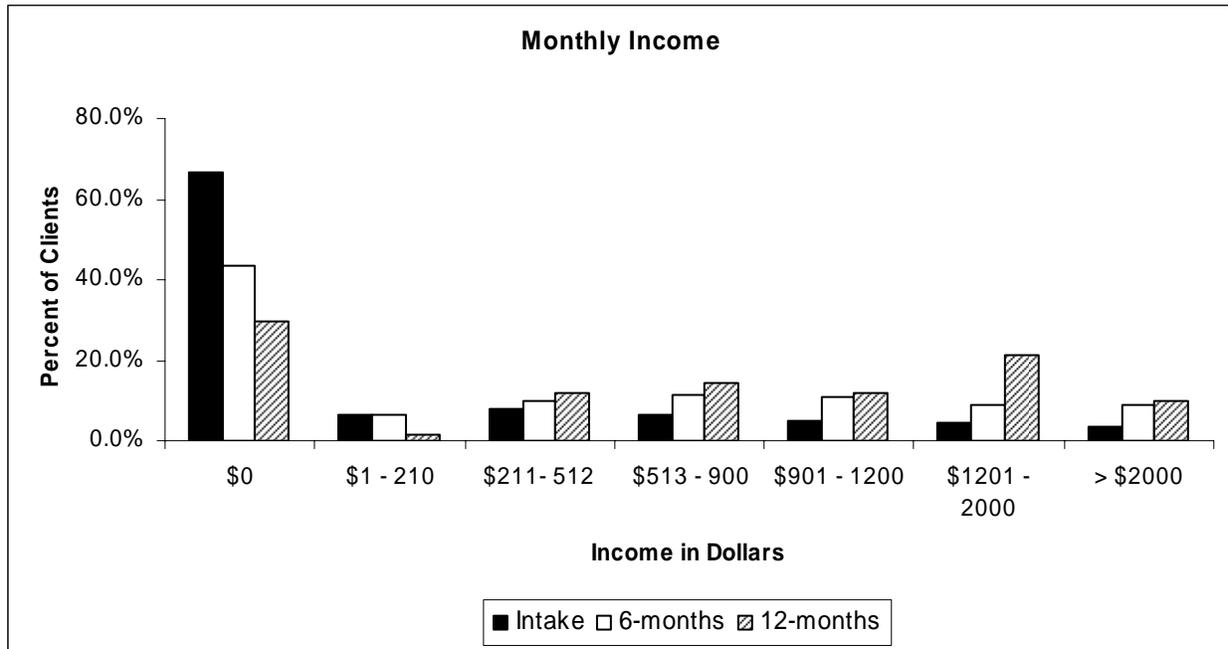
Similar to the increase in employment that occurred from intake to 6 months into the program, clients' self-reported salaries also increased significantly²⁰ over the course of drug court participation, specifically²¹ during the first six months. Clients' salaries also increased from

²⁰ Friedman $\chi^2 = 35.415, p < .001$

²¹ Wilcoxon Signed Ranks Test $p < .001$

6 to 12 months after program entry; however, this difference was not significant.²² Figure 22 displays clients' salaries at intake and 6 and 12 months after entering drug court. For those who were employed, median salary went from \$700 at intake to around \$1000 at 6 and 12 months after entry.

Figure 22 Income from Wages as Reported on the GPRA Survey



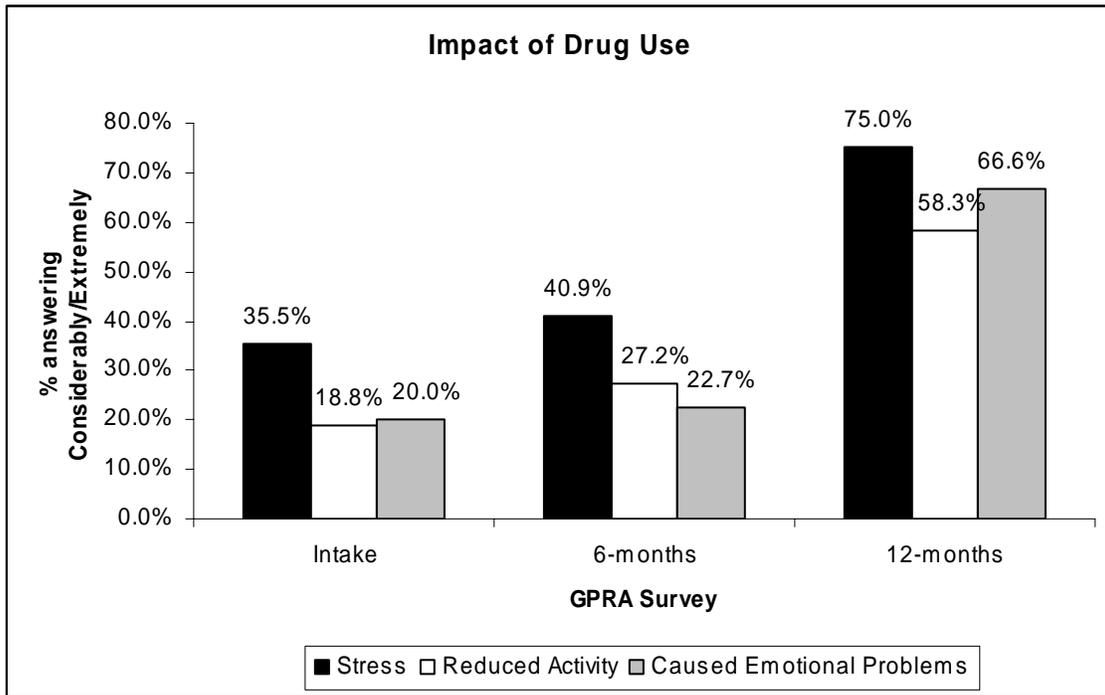
Legal problems continued for a small percentage of clients even after 6 and 12 months of participation in drug court. At the time of the 6 month GPRA survey, 16.2% of clients reported being arrested in the previous 30 days, over two-thirds (68.8%) of those were drug-related. Furthermore, 17.2% reported spending at least some time in jail in the previous month. At the time of the 12 month survey, 9.6% of clients had been arrested in the previous month (64.3% of those were drug related), while 14.4% reported spending some time in jail in the previous month.

Drug use also continued for a small portion of active drug court clients, although the percentage of clients admitting drug use in the 30 days prior to taking the survey decreased significantly²³ from intake (28.3% admitted use) to 6 months after intake (11.1%). Even after a year in the program, 8.2% of active clients indicated use. However, for those who continued use the negative impact of drug use increased dramatically. As shown in Figure 23, around three-quarters of those who indicated drug use in the 30 days prior to completing the 12 month GPRA survey said things have been considerably or extremely stressful due to their drug use. Most clients who used at 12 months after program entry also answered “considerably” or “extremely” when asked if their drug use caused them to give up important activities or caused them emotional problems.

²² At the Bonferroni's inequality adjustment of alpha: $p = .017$ ($p = .05/3$) to decrease the likelihood of Type I error (incorrectly rejecting the Null hypothesis)

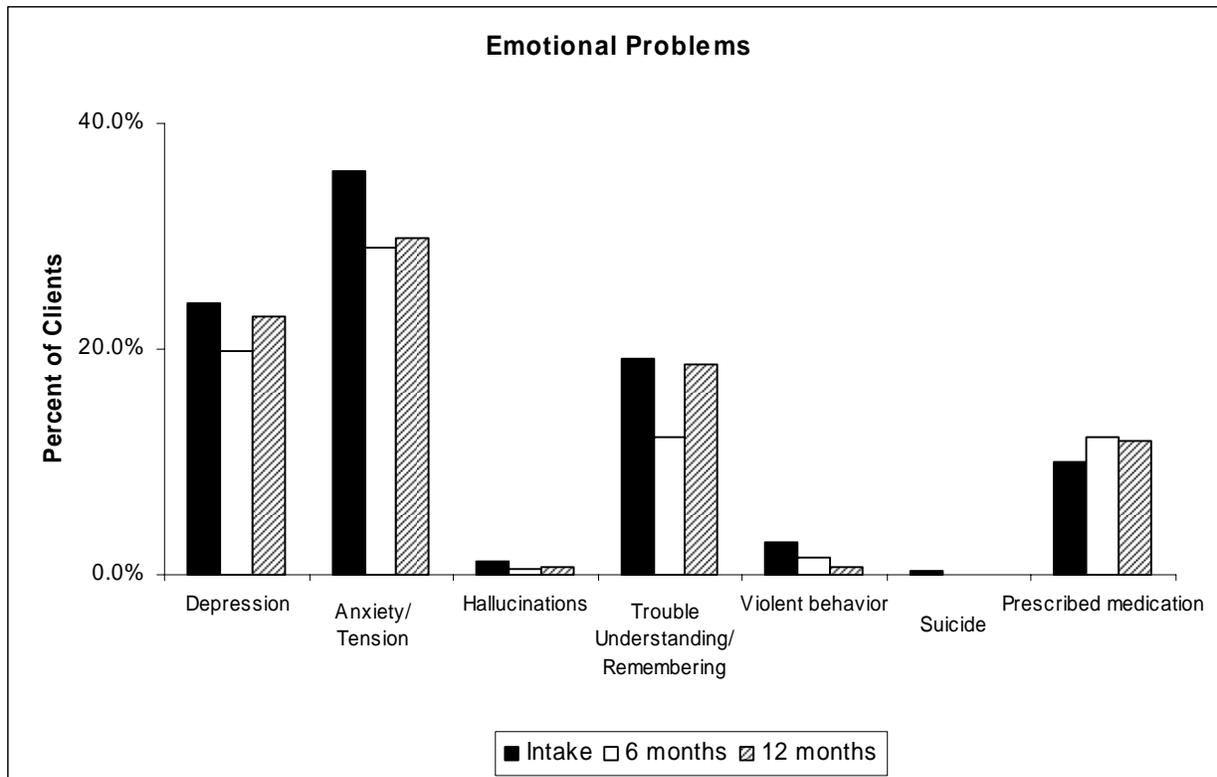
²³ $\chi^2 = 20.972, p < .001$

Figure 23 Impact of Drug Use on Client Stress, Activities, and Emotions



Clients self-reported physical and mental health remained stable from the time of intake to 6 and 12 months after intake. The majority of clients rated their physical health as either excellent or very good at intake (51.1%), 6 months (55.5%), and 12 months (54.6%). About one out of five clients at each time period was experiencing depression. Around 30% of clients intake, 6 months, and 12 months indicated experiencing anxiety and tension. Figure 24 on the following page displays clients' self-reported emotional problems. Although there are some slight decreases, clients continue to experience depression and anxiety and have trouble concentrating, understanding, and remembering after 6 and 12 months of participation in drug court.

Figure 24 Self-Reported Emotional Problems and Prescribed Medication for Emotional Problems from GPRA Surveys



Client Satisfaction and Ancillary Services Utilized

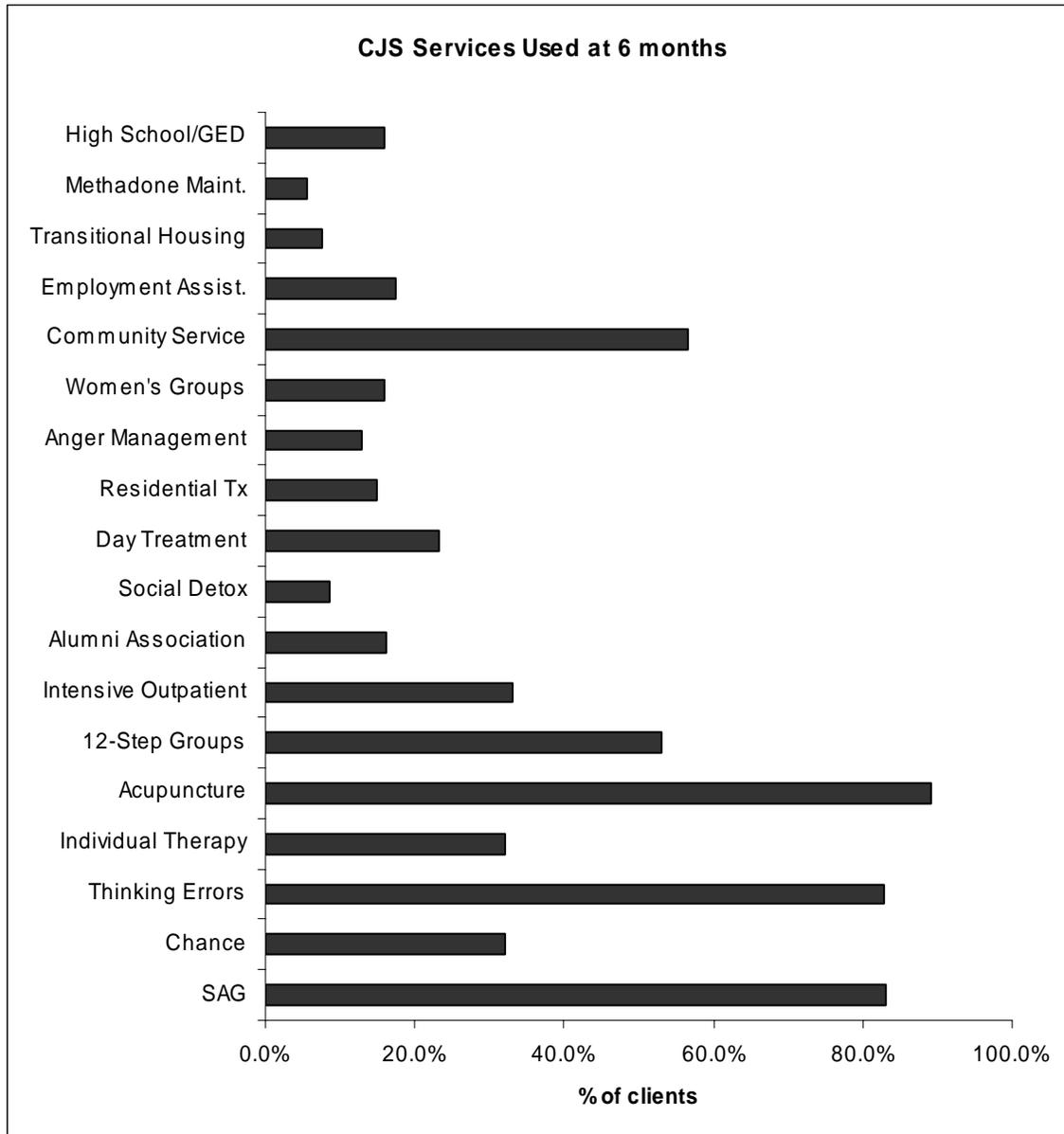
Quantitative Results. Client satisfaction with and self-reported participation in drug court services and program activities comes from client satisfaction surveys administered to active clients by CJJC staff at 6 and 12 months after program entry. Drug court staff also administers these surveys at the time of client graduation. Six month client satisfaction surveys were completed with 302 enhancement clients. Twelve month surveys were completed with 94 clients, with an additional 208 completing graduation²⁴ surveys. If a client completed both a 12 month and graduation survey, only the most recent survey was selected for analyses. For the remainder of this results section graduation surveys refer to both 12 month and graduation survey results combined. Surveys were not completed when clients were on bench warrant, terminated, or refused participation.

At six months into the program, most drug court clients had participated in acupuncture, Thinking Errors, and SAG (Substance Abuse Group) classes. Figure 25 presents the percentage of clients who utilized services provided or managed by Criminal Justice Services (CJS, the lead drug court agency) at 6 months after program entry. Few clients had received methadone maintenance, Social Detox, or transitional housing services. Just over half participated in

²⁴ Not all clients who completed a graduation survey actually graduated from the program due to the drug court administering these surveys prior to official exit from the program.

community service and 12-step groups. At the time of the graduation surveys only four CJS-provided program activities had at least a 10% increase in the percent of clients who indicated participation: individual therapy (47.4% of clients indicated participation on the graduation survey), 12-step groups (75.2%), community service (82.1%), and alumni association (55.6%).

Figure 25 Participation in CJS-Provided Programs at 6 months after Drug Court Entry

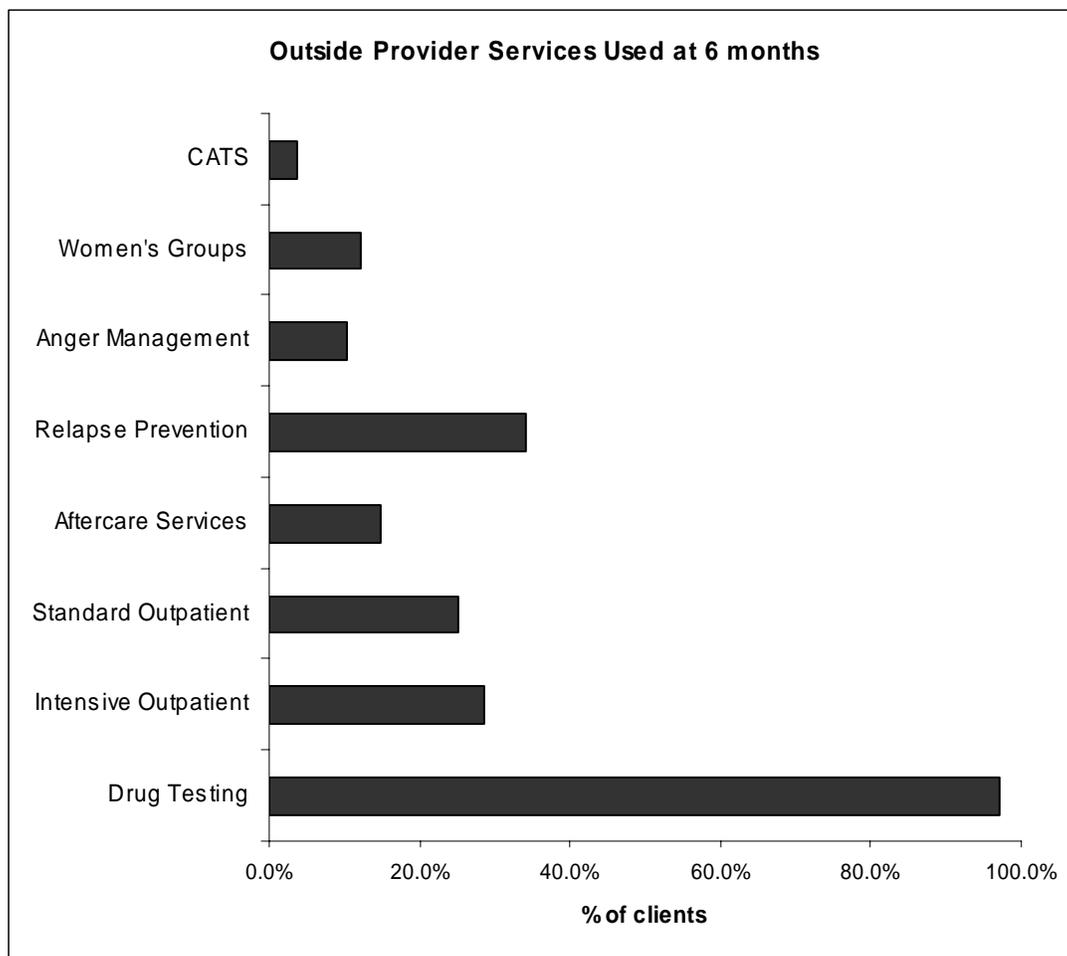


Most CJS programs were rated “very helpful” on the 6 month and graduation survey by the majority (over 50%) of clients who accessed them. However, a few programs did not receive this positive feedback and, furthermore, were rated “not helpful” by 10% or more of the clients who used them. Those programs were transitional housing (34.8% rated “not helpful” on 6 month, 29.2% on graduation), employment assistance (34.0%, 31.4%), methadone maintenance

(29.4%, 22.2%), acupuncture (25.3%, 30.0), community service (29.2%, 24.2%), and 12-step groups (18.1%, 19.4%).

Client usage of outside provider programs and services at 6 months after entry is presented in Figure 26. As expected, nearly every client reported participating in drug testing. Only two outside provider services had an increase of at least 10% in clients who participated from 6 months to graduation. Participation in aftercare services increased from 14.9% at 6 months to 37.7% at graduation. Relapse prevention participation increased from 34.1% to 48.7%. All outside provider services, including drug testing, were rated as “very helpful” by a majority (over 50%) of clients who used them at both 6 months and graduation. The highest rated outside provider program was Intensive Outpatient (IOT) treatment, with 89.5% clients rating it as “very helpful” on the 6 month survey and 79.4% on the graduation survey. The CJS-provided IOT had similarly high levels of satisfaction (79.0% at 6 months, 84.4% at graduation).

Figure 26 Participation in Outside Provider Programs at 6 months after Drug Court Entry



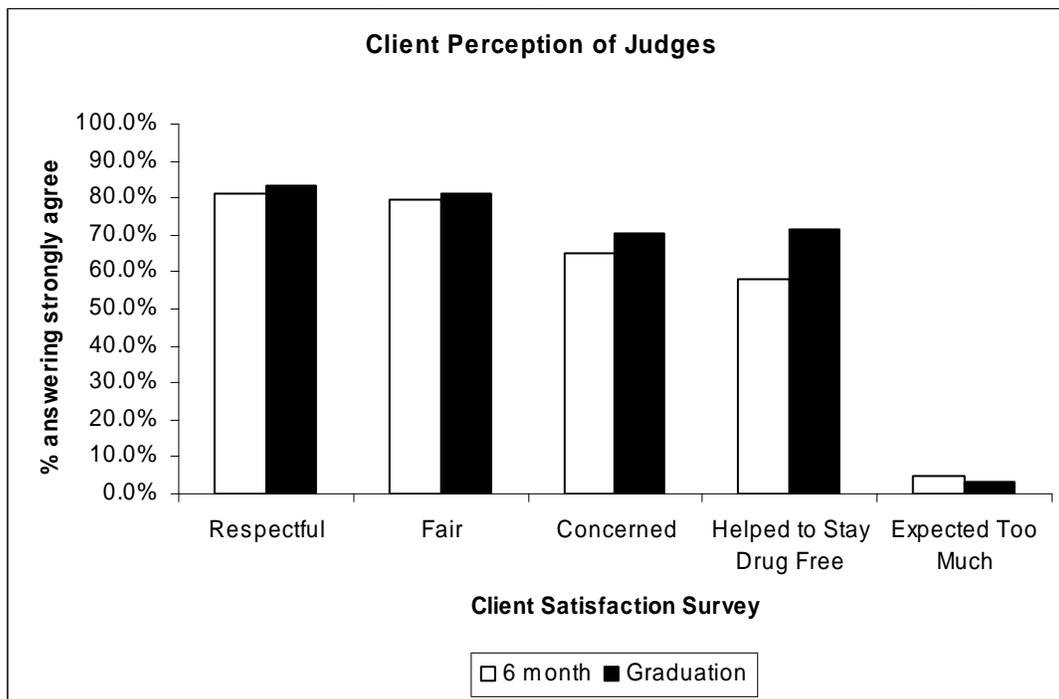
In addition to their high ratings of individual programs provided by CJS and outside providers, clients also felt that treatment services and group activities provided by the drug court and the support staff were very helpful to their recovery. Over two-thirds of respondents said the support staff was “very helpful” to their recovery on the 6 month (68.8%) and graduation (76.0%) client satisfaction surveys. The majority (over 50%) also felt that treatment services and

group activities provided by the drug court were “very helpful” to recovery. Family and peer support were also identified as “very important” to recovery by over half of the respondents at both 6 months and graduation. With slightly more participants finding family support rather than peer support “very helpful” (at 6 months, 82.1% rated family support as “very helpful,” 59.9% for peer support; at graduation, 81.9% family support, 64.8% peer support).

Although there were slight variations in responses from the 6 month to graduation client satisfaction surveys, the majority (over 50%) of enhancement clients on both surveys felt that case manager responses to questions and phone calls were “very helpful,” “strongly agreed” that the case managers respected them, and “disagreed” that the case managers expected too much of them. On the 6 month client satisfaction survey, nearly half (46.8%) of respondents “strongly agreed” that case managers helped them to remain drug free; by graduation, 61.5% “strongly agreed” that the case managers helped them to remain drug free.

Clients’ perceptions of the drug court judges were also overwhelmingly positive at both surveying periods. As shown in Figure 27, nearly every client “strongly” agreed that the judge respected them and treated them fairly. Most also felt “strongly” that the judge was concerned about them and helped them to remain drug free. An additional 10-30% also “somewhat” agreed with these positive statements about the judges. Only 5% of clients at the time of the 6 month survey felt “strongly” that the judge expected too much of them, with an additional 13% saying they “somewhat” felt he expected too much of them. Even fewer clients (11.7% total) felt the judge expected too much of them at the time of graduation.

Figure 27 Client Perception of Judges from Client Satisfaction Surveys



Around three-fourths of respondents at 6 months and graduation also “strongly agreed” that treatment (77.3% at 6 months, 83.8% at graduation), drug testing (79.7%, 80.9%), and support staff (72.3%, 80.4%) treated them with respect. Over half “strongly agreed” that the treatment staff helped them to remain drug free (55.8%, 69.2%). Most 6 month and graduation

survey respondents also “strongly agreed” that it helped them to appear in court regularly (56.9% at 6 months, 66.1% at graduation), report to their case manager regularly (50.5%, 65.0%), and attend treatment regularly (69.8%, 76.4%). The majority (over 50%) of clients at both survey periods also felt that the amount of time they spent with drug court judges, case managers, therapists, group leaders, and attorneys was either “sufficient” or “very sufficient.” Clients were most satisfied with the amount of time they spent with the judges, with over 90% of respondents on both surveys indicating that the amount of time was “sufficient” or “very sufficient.” It should be noted that clients were not asked to quantify how much time they spend with each of these personnel, but only asked to give their satisfaction with the amount of time.

Drug court clients responded positively to the broad satisfaction items on both the 6 month and graduation client satisfaction surveys. Around 80% of clients at 6 months and graduation said they “strongly agreed” that drug court would help them avoid drug use in the future and over 90% at both 6 months and graduation said they were very motivated to succeed in the program. Furthermore, around three-quarters “strongly agreed” that drug court was easier than jail or prison at 6 months (74.4%) and graduation (72.5%) and nearly half “strongly agreed” that it was easier than probation (41.9% at 6 months, 43.4% at graduation).

Client responses to the quantitative items on the client satisfaction surveys mostly revealed satisfaction with and positive feelings about drug court and its components; however, a few quantitative items suggest that there are areas that drug court clients are dissatisfied with, such as treatment and drug testing costs and housing and employment services. Around one-quarter of respondents at 6 months “disagree” that the cost of treatment and drug testing fees are appropriate. An additional 30.1% and 26.3%, respectively, “somewhat disagree” that the cost of treatment and drug testing fees are appropriate. At graduation the percentage of respondents who feel that treatment and drug testing fees are too high slightly decreases, but 37.2% still “disagree” or “somewhat disagree” that treatment costs are appropriate, while 36.7% “disagree” or “somewhat disagree” with the cost of drug testing. As indicated previously, some of the services that clients were least satisfied with were transitional housing, employment assistance, methadone maintenance, acupuncture, and community service.

Qualitative. Qualitative results were analyzed to identify the most positive aspects of the drug court program, according to active clients, as well as any suggestions and recurring issues that were viewed as challenges or concerns to enhancement clients. Client satisfaction qualitative results were analyzed for client surveys completed at all three levels; six months, twelve months and graduation.

Drug Testing and Treatment Fees. Throughout the course of this evaluation the issue most often voiced by clients at all levels in the program has centered around the cost of drug court. Over two hundred (206) comments regarding the high cost to clients participating in drug court were made on the surveys. Nearly a hundred (99) of these complaints referred to the cost of drug testing specifically with another 41 aimed at treatment fees. A significant number of clients commented that they were having a hard time paying for their drug tests and treatment fees because they are currently unemployed. Many of these clients claim their ability to find and keep a job has been made more difficult by the demanding schedule and rules restricting employment while in the treatment programs, such as IOT. “I am unemployed. I am struggling to pay for U.A.s. I don't think fail[ing] because you're broke is right.” It should be noted that a few clients were aware of the possibility of fee waivers through drug court; however, those individuals did not think that those waivers were sufficient. Furthermore, a few clients noted that they were able

to pay for fees through community service hours, although a larger number of clients were unaware of this possibility and suggested that the drug court allow clients to pay for fees through community service even though this is currently an option.

Some clients also cautioned that the combination of paying drug court fees and unemployment has led them back to criminal behavior in order to pay these fees. "If all I've ever known is selling drugs, then I can't be expected not to deal drugs when I'm not allowed to work but still gotta pay fees." Another client told the CJJC research assistant that she has found drug testing to be very helpful but "I don't like paying." However, the client noted that she understands the justification for making clients pay for their own treatment and U.A.s. "If you consider how much you spend on drugs, it makes sense that we should be able to pay the fees." However, the client admitted that she has been making money to pay her drug court fees through prostitution. One client summed it up, "If people have a job that provided for them then they wouldn't sell drugs."

A few clients also complained that having to pay fees has caused them stress and has made it difficult to focus on their treatment. This client stated that he would find "not having to pay for treatment" to be very helpful. "I have stressed so much on how I am going to pay for my fees that I couldn't focus on my treatment." Clients also suggested that fees be waived or more flexible when client first start the program as well as immediately following their release from custody. "A little time in the beginning to get working and established before being required to have to start paying your UAs, etc. It's very overwhelming in the very beginning when you first get out and have no money." The same suggestion was made by a graduate, "Assistance w/ costs of urine testing and fees. It is very stressful for someone being released from jail w/o any resources to come up w/ urine test money. Can precipitate criminal behavior you are trying to prevent."

Job Placement and Housing Assistance. Many of the same clients who complained about the cost of drug court also asked that drug court provide more job placement and/or housing assistance for clients. However; "if you are going to help, help all the way, not just at the beginning. Most of these people have no jobs, place to live, no money." Housing is viewed by many clients as particularly important for those clients recently released from jail. One client, in jail at the time he completed his survey noted that clients "need to have [their] residence established, especially when just been released from jail. Jail makes you want to get high more. [The] first week is the most vital." While the drug court does offer employment assistance and transitional housing services, a relatively small percentage of clients reported receiving these services at the time of survey completion (employment assistance, around 23%; transitional housing, around 9%).

Case managers. While case managers were one of the most commonly mentioned positive aspects of drug court (see Table 11 at the end of this section), clients did have a few suggestions for changes that would make their drug court experience more helpful. The most common suggestion was that more case managers be hired in order to decrease caseloads and increase their availability to allow them to spend more time with each client. A few clients expressed concern that they have had a hard time getting a hold of their case manager, especially over the phone. Those clients expressing dissatisfaction with their case manager listed such reasons as a lack of communication, honesty, and respect. In reference to a lack of communication with his case manager, one client stated "He doesn't tell me anything. I have to guess or ask. [There's a] lack of communication. [The program is] hard to figure out. He doesn't even care if I come in. He never calls. I go in to tell him I'm alive. There was a time when I didn't

see him for two months.” Another client stated that it would be helpful to have “more one on one counseling. Phone calls to see if you are having problems or need someone to talk to.” It is probable that the lack of communication with case managers that clients are referring to is directly related to the case managers’ large caseloads. Some results from the key informant interviews confirm this concern. Of the professionals who discussed caseloads, the consensus was that case managers should meet with each client at least once a month; however, some noted that this is even difficult.

A few clients also complained that they felt their case manager didn’t believe in them or their ability to change. One graduate highlighted this stating that he would have found it more helpful “if the case managers were more concerned with the client as a person not just another addict who is expected to mess up.” However, the majority of clients praised the case managers for treating them with respect. “Case managers treated me w/ respect as a human being. Often times a person will be treated w/ disgust or disrespect because he or she has a drug problem.” Clients also praised their case managers for helping to get them into the treatment they needed, despite any initial resistance by the clients themselves. “My case manager was tough and when she sent me to inpatient treatment I almost hated her, but looking back, I know that’s exactly what I needed and it was the only way I had a chance at succeeding in staying drug free.”

Treatment. The desire for more individual therapy was also mentioned by a number of clients. This issue is consistent with the information presented in the *Services Received* section of this report, which shows only 13.8% of enhancement clients received any treatment sessions in the individual modality. “Therapy groups are good but it would have been more helpful for me to have some one on one with a therapist to deal with some of the issues that lead to my drug use.” “The underlying issues are important (i.e.: family problems, chronic illness, depression, marital issues, etc.). Drugs and alcohol are not the problem, it’s the underlying issues.” Some clients urged that individual treatment sessions with the therapists are especially important when clients first start drug court. It would be helpful to have “mandatory individual initial sessions with therapists instead of all group sessions.” Clients not only asked for more individual sessions with therapists, but also for more informal one-on-one sessions or interactions with their case managers. “More therapists and case managers so they can spend more time with each client.” In addition, many clients requested more individualized treatment plans tailored to the specific needs of each client.

Client 1: “The program would be better if it could be individualized more. No two people are the same or need the same treatment.”

Client 2: “Treat us more as individuals and not all alike.”

Client 3: “I think they should handle each case differently-every person needs different degrees on help.”

Client 4: “If the treatment was done on a case by case basis. Those having difficulties could then receive more individual time.”

Client 5: “Less mandatory times on phases. People progress at different rates. Our case managers should be spending enough time with us to know if we are ready to move phase.”

In addition to more individual therapy, the most common suggestions for improvement included the following: more treatment staff, more time with treatment staff in general as well as while in jail, increased availability of treatment staff, smaller caseloads, and more compassion

and open-mindedness by treatment staff. The vast majority of comments regarding treatment in general as well as the treatment staff were complimentary. “Treatment, it’s been absolutely necessary for my recovery. A great help.” “I was impressed by the quality and dedication of some of the treatment staff in IOT especially.” When asked how important regular treatment is, one client stated, “If we didn't have all that it'd be easier to slip away and do drugs. Even when they [the treatment staff] are in a grumpy mood you can't tell cause they're so nice.”

Intensive Outpatient Treatment (IOT) was also specifically mentioned by a large number of clients as being the most positive aspect of drug court. “In the end IOT helped me out more than the actual Drug Court classes. [The] only problem is it was everyday, all day [you] couldn’t have a job to pay rent, child support, eat, or pay treatment and drug testing fees.” “Going to IOT. I used to look forward to it. I didn’t have any trouble getting up. I just really enjoyed it.” Four clients suggested that all clients start off with IOT when they first enter drug court instead of waiting until they have messed up. “Put people in IOT right when they start drug court, stead [sic] of just the basic classes.”

Classes and groups. Classes and groups were the fourth most commonly mentioned positive aspects of drug court reported by clients. While many clients just referred to classes and groups in general, some clients commented on specific groups. Of all the classes and groups mentioned specifically by name, the Substance Abuse Group (SAG) was by far the most commonly mentioned (44 out of 72; 61%). “SAG was the most positive experience in Drug Court.” Classes such as Thinking Errors, women’s groups, Relapse Prevention, and Chance were also mentioned by clients. “Going to classes and learning to be a better person in myself and family” was listed as the most positive aspect of drug court for one client. Suggestions for improvements to classes and groups can be found in Table 9.

Common themes include the request for fewer clients in classes which would allow for more client participation and interaction, additional classes such as classes on developing strong support systems and teaching life and job skills, and holding classes/groups at later times. Clients explained that offering classes/groups at later times, especially during the late afternoon and evening, would allow clients to work during the day. “A more lenient time schedule so I can attain employment or in other words something I can work around. 9-5 Monday thru Friday work, classes after that.” In addition to offering groups at later hours, some clients suggested that fewer groups be required of clients who are doing well in the program and have other obligations, such as school or work. “People that are doing well & have jobs & school should not be required to attend all groups.”

Table 9 Client Suggestions for Improving Classes and Groups

<i>Suggestions</i>	N
Smaller classes/groups	15
Offer additional classes/groups	11
Offer classes/groups at later times (late afternoon and evening)	11
Restore confidentiality in classes/groups	10
Offer classes/groups at earlier times	7
Require fewer classes/groups	7
Match groups to client needs (such as drug of choice)	3
Let clients in if late to class, even if they don't receive credit	2
Require more SAG for clients when they first start court	2
Schedule classes/groups at times that are closer together	1

One theme that came up during the twelve month and graduate surveys, but was never mentioned in any of the six month surveys was the necessity to restore confidentiality in the classes and groups. Although this suggestion was not the most frequently mentioned, the comments surrounding this issue were undoubtedly the most emotionally charged. The following comments were made when survey respondents were asked what would make drug court more helpful. All three comments were made by graduates.

Client 1: “This experience could remain helpful and beneficial if the SAG program went back to a confidential forum, otherwise it’s a useless waste of time. Confidentiality in SAG [is] very important. Without the confidentiality the SAG are useless.”

Client 2: “Confidentiality needs to put back into group we need to trust you guys. Confidentiality needs to change, SAG doesn’t work if [clients] can’t trust that they can work on issues.”

Client 3: “Put confidentiality back in SAG groups so that newcomers really feel safe and assured that you care to help them and are not looking for an excuse to throw them back in jail.”

A few clients asked that groups be matched to client needs or drug of choice. “Having your classes that we take organized into a certain drug class, example- Meth class, Pot class, cocaine class” would be more helpful. Two clients asked for a change to the late policy for groups and classes. “When you arrive to a SAG group seven minutes late they should let you in even if they don’t get credit for it.” “If [you are] ten minutes late to class they won’t let you in and if you miss a class then you get thrown in jail.” The client told the research assistant that he feels this is overly harsh and that group facilitators should be more understanding because, “public transportation’s not always reliable.” Another client requested that clients play a more active role in groups by leading discussions and serving as mentors to clients in lower phases. It would be helpful if “opportunities [were] given to clients to lead discussions or lessons with a pre-approved outline or curriculum.” The same client continued, suggesting “more responsibility to be involved in helping others. Involve Phase III or IV more in helping Phase I or II clients.” Two clients suggested that some sort of system be in place to notify clients ahead of time of any class/group cancellations. There needs to be “more organization. I had several SAG groups cancelled because the therapist wasn’t there, nobody notified us.” All comments surrounding classes/groups were either complimentary or suggestions for areas of further improvement. No negative comments were made regarding classes/groups on the surveys from any of the clients. Overall clients appear to have found their classes/groups as well as the group leaders to be very helpful. “The groups helped me think of other choices to have fun instead of drugs.” It has been helpful to have “insightful teachers, [who] talk to you like you are a human instead of criminals.” “My SAG group is the best. I will continue to go after I graduate, if that’s ok.”

CATS. Although only fourteen comments were made regarding CATS (the Correctional Addiction Treatment System), a therapeutic community housed in the Salt Lake County Jail, nearly three-quarters (70%) of these comments were positive in nature. “At first I never let it [Drug Court] help me but after doing the CATS program I have let it help me to stay drug free.” Additional client comments included complaints about the waiting period to get into CATS and one client expressed concern that the participants are abusing their powers. This client, in CATS at the time of survey completion, told the research assistant that “[the] community can vote you

out. They say they don't judge you or take out personal vengeance on you but they do. If one person doesn't like you they can push everyone to vote you out." A few clients, who admitted they have never participated in CATS, told the research assistant that the waiting list to get into the program is two to three months. This long wait in addition to the time in the program results in a lengthy stay in jail for clients sentenced to complete CATS. "If they sentenced me to CATS I'd opt-out and take the year." Another client who was in CATS when he completed the survey recommended that drug court "Figure out some way to make less time incarcerated while waiting to get into an inpatient or CATS program."

Outside Providers. The long waiting period to get into either CATS or one of the inpatient treatment programs run by outside providers was mentioned by many clients, many of whom were in jail at the time of their survey. Drug court needs to "have more program availability. When the judge sentences you to a program you have to wait, usually in jail, for a bed. Contract with more programs." All comments regarding outside providers were complimentary, except for two comments made about Odyssey House. "Odyssey House won't allow you to work, make decisions, [or] change your life. It's pretty much like jail. [Odyssey House] won't let [my] daughter's mother visit." The mother of the client's child is not allowed to visit him at Odyssey House because the two of them used drugs together in the past. However, positive comments were made by two different clients on the same program. "I think the whole program in itself is a good program." Additional outside providers were favorably mentioned including; Volunteers of America (13 times), First Step House (3), Cornerstone (2), The Haven (2), House of Hope (1), Cottonwood (1), and Catholic Community Services (1).

Court Appearances. The majority of the comments made by clients regarding both judges and the importance of appearing before them were very positive. "The judge is a good judge. He likes to see us succeed. He's been fair enough that I'm not afraid to be honest. He's been fair enough that I know I can be honest. I think he's a man of his word. That's really important." Only a few clients had anything negative to say about the judges. These clients complained that their judges do not listen to them, need to be more understanding of life circumstances, and treat all clients equally. It would be helpful "if the judge would listen to you more. If they would hear you out instead of telling you what to do." Another client suggested that his judge "be replaced by someone who does not single out people and give ones he does not like more severe sentences." A few clients also requested more consistency between the judges and more time with the judges. "It's important to see the Judge once a week. Without the authority it wouldn't scare people."

The majority of clients viewed court appearances before the drug court judge to be beneficial to their sobriety and continued compliance. "The judge was very inspiring to me, he motivated me to be where I am today. He made me feel like he really cares about all of us." "If you didn't see him [the Drug Court Judge] the chances of you going out and using would be higher." The judges and the close interaction with them were listed as the most positive aspect of drug court for many clients, including this client, "The fact that the judge treats me with respect and I respect him as well. He doesn't have an easy job, but he does care 110%." While most clients found court appearances to be valuable, some clients stated that court appearances often conflict with their work schedule and for this reason it would be helpful to have fewer. "Less good list appearances. It seems to me that if you are doing the right things that should be sufficient. A lot of us work and have families and all that is required of us takes too much of our time. Some is necessary, all of it is not. I realize some clients need more but for some of us it is too much." Court appearance should be "punishment for only those who need it. There is no

reason to have to go to court every two or three weeks if you are doing what you are supposed to.” The most frequently mentioned complaint about appearing in court was that court never starts on time and clients end up waiting for long periods of time, often over an hour, before court even starts.

Client 1: “Please: Judges! Why do we have to come to court at 9:00 am if you don’t come out until 10:30? We are supposed to be there soo [*sic*] early and it costs \$ to park. \$4 for 2 hours, which can be a lot (as silly as that sounds) when you have no money!”

Client 2: “[We] waste a whole day to wait in court or in custody to meet with the judge for two minutes. [We] don’t need to meet [with the judge] every 2 weeks. Once a month is sufficient.”

Client 3: “For court to start on time or it should be changed to a different time.”

Drug Testing Facility. Throughout the course of this evaluation, clients have continually requested at least one additional drug testing facility. Many clients argue that an additional drug testing facility would prove especially helpful for those who rely on public transportation and do not live in downtown Salt Lake City or the surrounding area. It would be helpful if there were “more UA testing facilities. Some of us don’t have the transportation to get into town for all our UAs. I rely on public transportation.” The same client continued that it would be beneficial “if they [would] put it [a new drug testing facility] between downtown and Sandy.” The majority of these clients recommended that the second location be located at the south end of the valley. This is not surprising considering that a little more than half (58.4%) of the drug court clients with address information reported living in Salt Lake City, with a large portion of the remaining population living at the south end of the valley (as shown in Table 1). With the recent expansion of drug court, an additional drug testing facility may not only be more convenient for clients, but may also be necessary in order to cope with the increasing number of clients.

Program requirements and policy changes. A significant number of clients expressed frustration that they did not feel informed of drug court policies and requirements. “I don’t know anything about the program, the rules, or what is going to happen to me.” These clients complained that more of an orientation process is needed to ensure that new clients are well-informed of the program rules and policies. “It takes a couple of months to completely understand exactly what is required of you. More thorough orientation would help.” Another client echoed this sentiment stating that he would have found “a better explanation of what is expected” to be helpful. “I learned a lot from others in the program things that I should have been told upfront.” Other clients noted a lack of client notification regarding policy changes made during the course of their treatment. “When new rules are made you don’t hear about them in time.” Another client commented that he would find it helpful “to receive any new information that the rules have changed or any information on anything that has changed while in the program as it happens.” The same client noted that “updates, if any, [should be] on paper, to keep filed.” Another client suggested that case managers “spend more time with clients to talk about how the program works and explain better what happens if you use or skip classes and don’t show up to court.”

Not only were complaints made about the lack of notification of policy changes, but a few clients also expressed dissatisfaction with some current drug court policies. The largest number of clients criticized a policy that gives clients automatic jail time for any missed drug tests. However, this policy leaves the sanction for dirty drug tests up to the judge’s discretion.

“Re-evaluate a missed UA. People are human. Miss a U.A. got to go to jail/dirty it’s ok.” “If people mess up or miss something people shouldn’t have to go to jail for that. Everybody’s schedule is different. They need to be more flexible to work with everyone’s schedules. Something that works for everybody. More flexible hours for classes, evening classes. Instead of jail as a sanction they should give community service.” Many clients argue that the negative consequences of jail time make this punishment too harsh for many situations especially for clients who are otherwise doing well. “Less jail sanctions for missed UA’s, maybe community service so you don’t lose your job.” “All that jail does is make you a better criminal.” Another client suggested that the eligibility requirement limiting drug court admission to individuals with a prior drug conviction or two prior drug related arrests be changed. “Let people in before they get arrested/charges. If people know they have a problem, let them seek help through drug court.” It should be noted that current drug court policy does allow clients into the program without two prior drug arrests or one prior conviction if they have “a significant addiction problem as determined by Criminal Justice Services’ Treatment program.”

Length of the program. Clients were also asked whether they thought the time it takes to complete drug court is appropriate, too long or too short and why. Results from the client satisfaction surveys show that the majority of clients (78.6%) believe that the time it takes to complete drug court is appropriate with another 21.0% rating it as too long (see Table 10).

Table 10 Clients Opinion on Length of Drug Court

<i>Length of Program</i>	6 months	12 months	Graduates
Too Short	0.0%	0.0%	1.2%
Appropriate	75.4%	71.6%	88.9%
Too Long	24.6%	28.4%	9.9%

Clients who had been in the program for at least one year made the following comments about the length of drug court.

Client 1: “I think a year is a good amount of time while participating in treatment in a “forced” environment to get your mind right and start living normally. I think a longer mandatory time would be more discouraging and a lot of people would run.”

Client 2: “One year provides enough clean time to apply strength gained, to acquaint oneself with the fundamentals of living and to adjust behaviors to stay drug free. If it takes longer than one year - then that time is needed.”

Client 3: “A year is a great length of time, especially requiring 6 months of clean time. It is a good base for a long success. A year is a good period to live normal and have a chance to get the help you need and for some people it isn’t long enough and getting extensions for not complying helps out a lot.”

Client 4: “It takes time to get in the trouble I am in, and it will take time to admit and learn to live with my addiction and to be strong enough to overcome it.”

Of those clients who believe that it takes too long to complete drug court, the most common reason given was that the length of the program is being extended for many clients, not because they messed up, but because graduations are only held every three months. “I think 1 year is fine, but most people take longer since graduation is done quarterly. For those that work hard and stay clean the entire time it leaves a bitter taste.” Additional reasons given were that the

program is too time consuming and they need to get on with their life, it gets expensive, extensions due to non-compliance often add an additional 6 months, and the length of program should be determined on an individual basis.

Client 1: “For some people it is too long and some is too short. The program would be better if it could be individualized more. No two people are the same or need the same treatment.”

Client 2: “I feel that people who do not have any problems should be cut loose sooner to make more room for those that need more intense supervision. It is a waste of money to supervise someone who is committed to doing well.”

Positive aspects. In addition to asking clients what would make drug court more helpful, clients were also asked to identify what they found most positive about their drug court experience. Some of the most frequently mentioned responses included: becoming and staying drug free, the drug court staff, being in a program that works, the classes/groups, the case managers and the judges. Table 11 shows the ten most frequently mentioned positive aspects of drug court according to clients and the number of times each was mentioned.

Table 11 Top 10 Positive Aspects of Drug Court

Rating	Aspects of Drug Court	N
1	Becoming and staying drug free	149
2	The drug court staff	112
3	Being in a program that works	102
4	The drug court classes/groups	100
5	My case manager	83
6	The drug court judges	82
7	Fellow drug court clients	70
8	The drug court treatment staff	48
9	Improved life	46
10	Intensive Outpatient Treatment (IOT)	30

The following client quotes were taken from the surveys of numerous clients to provide a glimpse into the client appreciation and praise expressed in this section.

Client 1: “The most positive aspect of my D.C. [Drug Court] experience is the fact that I could make mistakes and still have a fair opportunity to succeed.”

Client 2: “I think it’s a lot better for drug addicts because being institutionalized doesn't give you a chance to change your life.”

Client 3: “I hope the government keeps funding it. Even if they just help one person it's worth it. Personally I think even the people who didn't graduate, it still help[ed] them.”

Client 4: “I feel if it wasn’t for their support I’d be in prison or dead. I owe my new life to them.”

Client 5: “The most positive experience in drug court for me has been the people I have met, the staff and councilors [*sic*] have been great!”

Client 6: “I found the judge, case manager and treatment staff (everyone really) to be respectful. People struggling with addiction need this since most people are judgmental towards us.”

Client 7: “Everything. I have my life back and I’m happy, truly happy, for the first time in like 6 years. I am so thankful for Drug Court, the judges, case managers and the participants. [My] case manager [was] excellent.”

Synergy: Drug Court Team and Program Coordination

In an attempt to identify the strengths and perceived issues of the Salt Lake County Adult Felony Drug Court, key informant interviews were conducted with individuals identified by the CJC research staff as key players or participants in this particular drug court. Interviews were conducted with eight (8) Criminal Justice Services (CJS) case managers, CJS staff/administration (3), drug court judges (2), drug court therapists (3), representatives from outside treatment providers (6), the Legal Defender’s Office (3), and the District Attorney’s Office (1). Outside treatment providers included in the key informant interviews include the following; CATS, Cornerstone Counseling Center, First Step House, the Haven, Valley Mental Health, Volunteers of America. The interviews were conducted during the summer of 2005. Due to the small sample size and the need to protect respondents’ confidentiality, respondents will be identified by one of three groups: CJS (includes case managers, staff/administration, therapists), Outside Provider (includes all representatives from outside treatment providers), or Legal (includes judges and representatives from the District Attorney and Legal Defender’s Office).

Issues. A few recurring concerns surfaced during the interviews with drug court professionals. They noted the need for some additional resources (both financial and programmatic), the importance of following policies, and the conflicts between various drug court roles and objectives.

Need for Client Financial Support. Several professionals expressed the difficulties that clients have complying with drug court requirements, such as paying for treatment and drug tests, when their financial resources are limited and they may not even have a place to live.

CJS: “These people don’t have money, most of ‘em. The ones that do, pay for their own, but they struggle, struggle, struggle, and the problem with that is, we’re... sometimes it makes you wonder, you know, we’re making these people commit crimes in order to pass their drug tests, you know, not to... I mean, to pay for their drug test.”

Outside Provider: “When people get out, they don’t have jobs, so because we are a private, non-profit organization, they have to pay, and so a lot of ‘em just can’t, you know, pay; so if we had funding to fund an aftercare program, then people don’t have to worry so much about, ‘How am I gonna get the money? If I can’t get the money cause I can’t get a job, how am I gonna go to treatment? If I don’t go to treatment, then I’m gonna go back to jail.”

Outside Provider: “A lot of people that are... that are homeless, or couch-surfing – bouncing place to place, and takes a long time to get ‘em into any housing programs, and a lot of housing assistance, it’s a very time-consuming process, so that sometimes is a hindrance when they’re more concerned about, ‘Well, do I have to sleep on the street

tonight when it's snowing, or do I go to treatment?' you know, you can kind of figure which one's gonna take precedence. They're gonna try to figure out where they're gonna live first, so...that can be...that's a hindrance a lot of times, and that comes back to funding."

Outside Provider: "The housing is a huge problem, because everybody spends a lot of time in helping this person get back on their feet emotionally, and psychologically, and stable, and then no place...and really no place to go."

Need for Incentives. Respondents from the legal group noted that drug court has not been consistently using incentives to encourage client compliance. There needs to be increased use of incentives to balance the regular use of sanctions.

Legal: "It's a carrot and a stick kind of a program, and the carrot's every bit as important, or more important than the stick, and almost all of our good resources are on the stick side. We try to tell people how good they are, we praise 'em – we...ah...the reason that they don't have to come back every week, when they're doing well, is a kind of reward. But we could use more options, and more options require two things: one is creative thinking, and the other's money, and we're always short on both."

Legal: "I am very frustrated, right now, that there doesn't seem to be someone who is...incentives do not seem to be a priority – punishment's a priority, and I believe someone needs to be designated to go out and hustle up certificates, hustle up donations. I don't like that we no longer do that in Court. That's all you see in Court now is the punishments. They get the clap, but they don't see the other, and I think that's a real problem that I don't think incentives are focused on and that...and someone needs to be dedicated to that... Other smaller Courts, other less financially secure Court have more extensive incentive programs."

Need for increased law enforcement involvement. Respondents from the legal group also noted the high number of clients who have absconded from the program, suggesting that increasing law enforcement involvement in the program could all but solve this challenge.

Legal: "We would only need three or four full-time people. If we had three or four full-time cops, whether they were from West Valley City, Salt Lake City, the Sheriff's Office, we would be able to chase down, I would think, 90 percent of our people who are out on warrants, and get 'em right back, and I think our success rate would be better if we could do that. So, I think that's a really [emphasis in original] big issue."

Legal: "I think, there's a large number of bench warrants and other issues, cause we don't have that Law Enforcement presence as much as could be."

Treatment Needs. One challenge of the drug court program is getting clients into the needed treatment placement in a timely fashion. Another difficulty is finding the appropriate treatment setting for clients, especially those with dual diagnoses. As with most of the "needs" mentioned by drug court professionals, financial and time resources are a primary consideration when discussing treatment needs.

CJS: “If you’re waiting for a regular County bed, you’re waiting three months sometimes, and, you know, when somebody’s really in crisis and using on a daily basis, that can mean death.” “Right now, we have a great benefit in that the “H” Code can get somebody into treatment almost immediately. When that’s gone, I don’t know what we’re gonna do.”

Legal: “Now either we need to require more treatment, or more treatment that is out there, has to be allocated to us, and then you have a conflict. If the treatment is allocated to the Criminal Justice System, then those who want to seek treatment privately, or walk in and do it their own way, there’s no space for them. So, it’s a constant balance between what the community needs for their own treatment beds, and then what the Court needs for it’s treatment slots.”

Legal: “There’s lots of times we’d like to do something for somebody – put them in a certain treatment program and say, “You just have to wait, sometimes, in jail for months,” because the money isn’t there.”

CJS: “This whole State is just really in...in a bad shape as far as mental health, cause the jail’s where you house the mentally ill, unfortunately. There’s just nothing. There’s no resources for the mentally ill, so I think we have a really hard time, when we have clients who need medication, that are substance abusing on top of it, oftentimes, they’re using substances because they can’t afford the legal drugs that will do the same thing that the illegal drugs will do, so...that’s a huge deficit, but I don’t know how you’ll fix that.”

Need for sentencing in drug court. Several drug court professionals said that clients who are terminated from the program should be sentenced during drug court sessions instead of referred back to the regular court calendar. The following quote exemplifies this belief that conducting sentencing during the drug court sessions would benefit active clients.

CJS: “Whenever a client is to the point, in Drug Court, where they’re gonna be sentenced out, or sanctioned partially, it always seems that that’s rarely done in a Drug Court setting with other clients there. They usually switch it to another day. I don’t know why they’ve done that, but if all of the Drug Court clients could see what happens when you fail to comply with Drug Court – that you be sentenced out – some people go to prison – some people just go to Probation. But I think that should be something that happens in open Drug Court, and not scheduled for other days, which it seems it happens.”

Adherence to Policies and Procedures. Several CJS respondents expressed frustration at the lack of adherence to official drug court policies and the effect it was having on clients’ compliance. The drug court was most likely to deviate from bench warrant and new charge policies. Respondents also felt that the lack of consistency may be confusing participants and affecting the success of the program.

CJS: “The policies aren’t always followed, the eligibility criteria is always bent, you know, they...um...if they...They’re told upfront that if they tamper, or if they have three bench warrants they’re out, and yet, they’ll have three bench warrants and not do anything, and...or else if they have two pre-plea bench warrants, they’re out, and the Legal Defenders will get up there and just wear...the Legal Defenders will get up there

and wear the Judge down and say, 'Well, we'd like one stricken cause they've done so well,' and you know, it's like we don't feel like we can ever get these clients out of here, and we're putting a lot of energy into this...into this finding what's best for this client, and then they're not following through, they're non-compliant, and we're...it seems like we're stuck with them forever. I've got some clients that I've had for five years!"

CJS: "I think that clients would be better served if we, as a...as a program whole – as Drug Court followed the...ah...I guess, the Policies and Procedures of Drug Court, as they're spelled out in our Policies and Procedures. We don't, I think, as a program, tend to do that well, and I think with this clientele, very clear, you know, boundaries with them and very clear instructions and, I guess, policy are very...It's easier for them to understand if things are concrete, and it's not. [emphasis in original] We...We don't follow policies and procedures very well, and I think that makes it more difficult for the clients."

CJS: "When people are in Drug Court and they commit another crime, they just let charges in, and so clients think, 'Well, I can go out and commit another crime and that's okay, cause they'll just let it into Drug Court.' That needs to change. More involvement from prosecutor."

CJS: "Probably having the District Attorney's Office stand up and speak for us in Court, and to follow the policies that are in place. We have so many clients that are on bench warrant, and they get to keep coming back, and that's an issue. That way we have clients who should not be here, but they've had enough chance and we've utilized so much effort and resources on them that it's time to let them move on."

Balancing conflicting drug court roles. A coordinated strategy among drug court professionals and a non-adversarial approach are key components of the drug court model (National Association of Drug Court Professionals (NADCP), 1997). However, drug court partners can have vastly differing roles, and, therefore, objectives. The following quotes express respondents' frustrations with the conflicts between the various roles. Although several professionals noted these kinds of conflicts, one of the most often mentioned strengths of the drug court were the team members and their collaborative work.

CJS: "I mean, there's a real problem with the Legal...the Legal Defenders running interference and trying to...ah...develop therapeutic plans for them, when their role is specifically just to take care of their legal needs, and we've got a real problem there that we just can't seem to get solved. You know, they second guess us, they...they allow the clients to triangulate against us, they don't agree with our recommendations, and of course, their job is to present what the client's needs...desires are, but sometimes, what they're presenting isn't going to be beneficial to the client therapeutically."

CJS: "They make decisions that are treatment-based, when they're a Legal Team. I think that if everyone knew their roles, and would adhere to them a little more and communicate within each realm, the Court System and Treatment – we communicate very well. But I think a lot of work needs to be done as far as Treatment and Legal Defenders talking, and making sure that they know what their role is, and we know what our role is, and that would make it so much easier."

CJS: “Ultimately, I think, it’s up to the Judges to resolve these problems. I think that the Legal Defender’s Office, in general, has too big of a voice in what happens in Drug Court, and I think that’s not the Drug Court philosophy, so I think the philosophy is we all need to be on the same page, and present a more united front in Court.”

Legal: “I do not think that Treatment understands that it is a Court, first and foremost, that the staffing occurs prior to Court with the Legal Team and the Treatment Team; that the staffing they do on Mondays and Wednesdays, is merely a tool for them to collect their information... That is not the time when decisions are to be made – final decisions; and some people, over in Treatment, feel that... that they get the final say.”

Legal: “You have a lot of strong-willed people that just kind of push their ideas through, instead of listening to each other, and being more connected with the client, and what is best for them, you know. And so I think it would be really helpful for people to kind of remember that this isn’t about “me being right all the time,” or someone else being the expert, you know, because the thing that’s great about Drug Court is that even though I’m not necessarily medically trained, I still have... I can still, you know, I can still say, “Well, I know enough about my client to know that this might work better.”

Balancing conflicting drug court objectives. One specific conflict that was raised by several respondents was the issue of confidentiality. Treatment and legal parties, specifically, view this issue from opposite sides. Key components of the drug court are abstinence monitoring and responding to clients’ noncompliance swiftly and consistently (NADCP, 1997). Salt Lake County drug court has a specific policy that clients sign agreeing to information sharing among the various partners. However, most treatment models view confidentiality as imperative to treatment success and consider breaches of confidentiality as ethical dilemmas. The following quotes suggest that this topic will continue to be a source of discord for drug court professionals.

CJS: “You have to report to... to the Judges, and to other people a lot of times, and there’s not true confidentiality; and I, personally, don’t think you can really do treatment by case managing clients by reporting on what they’re doing. It kind of hinders the therapeutic process if one feels... if someone comes into group and discloses something, and you have to go tell somebody about the disclosure, because that has been our policy.”

Legal: “We’ve had a problem with therapists, who occasionally haven’t bought into the basic premise of the program, that they need to report what’s going on with their clients, whether they’ve relapsed, what they’re talking about in therapy. Some of them have taken a traditional therapist’s perspective that everything that’s said between them is confidential, and that the client needs to self-report things like that. That’s contrary to the rules of Drug Court, and it’s contrary to the Agreement that all of the defendants sign when they enter a Plea, and so that’s been a problem. We’ve addressed it a few times. We’ll probably have to continue to address it, but it’s getting better.”

Outside Provider: “There’s kind of an on-going tension about what’s confidential within our treatment agency, and what Drug Court wants to know about everything the client... I know that’s been an issue for them recently, that there’s sort of a “No Confidentiality” Policy. We don’t... We don’t sign onto that. We don’t agree with that. You can’t have treatment – You can’t really have therapy unless there is some degree of confidentiality.

Otherwise, it's just all policing, and why would we expect clients to be honest in that situation? So, there's some tension with that."

Strengths. Key informant interviews elicited as many positive comments about the drug court and its strengths as it did ideas for improvements. Most respondents noted that the people involved in the program and their working relationships were strengths of the program, contrasting some of the comments about the conflicts between groups. Respondents specifically mentioned the judges as one of the most important aspects of the program. Drug court professionals also had praise for the use of immediate sanctions in helping clients adhere to the program and for the drug court's balance between treatment and the criminal justice system.

The drug court team.

CJS: "We have wonderful [emphasis in original] case managers and therapists that, you know, want to see everyone succeed. I think that everyone, that's a part of the Drug Court Team, genuinely cares and wouldn't be here if they didn't, and I think that that's a real strength that everyone...um...you know, we all have the same goal; we may have different ideas on how to reach those goals, but as a whole, I think that we... we're a pretty good treatment team...well, a whole Drug Court Team, and have a lot...a great program to offer clients."

CJS: "I would say, the collaboration between LDA, and DA, and the Judicial staff are our agency, um...minus some of those minor things, I think, overall, we have a really good collaboration."

CJS: "I think, overall, everyone here – from case managers, to therapists, to the LDA, people working in the DA's Office, to the Judges, are all interested, because they would like to see people succeed."

Legal: It's a collaborative effort. It's not one person that's determining what should be done with an individual. It's a collaborative effort between, again, Public Defenders Office, District Attorneys Office, Treatment, and the Courts

The Judges.

CJS: "I think just the idea that we have Judges who are so open-minded and understand so much about addiction, and who are so willing to let us, sometimes, when somebody probably really deserves to go to jail, to let us step in and say, 'Let's put 'em in treatment, or let's, you know, try this other thing,' you know, so the Judges themselves really help."

CJS: "Just to have a Judge that really cares about the clients, and wants people to succeed, and he's willing to, you know, just extend himself."

Legal: "Our Judges, both of them, are completely committed to this. It is their priority. They are committed to the clients, and aware of the clients, and so I think the people that administer this program are the greatest strengths."

Outside Provider: "I think that the Judges, who do the Felony Drug Courts...are pretty well invested in helping people not only stop breaking the law – make sure that the public feel safe – the public safety issues, but also is interested in the fact that these people have an acute problem that needs to be resolved, and that they will have a better life if they can

get past – or understand – or be able to manage substance abuse issues, so I believe the Judges are excellent.”

Immediate sanctions.

Legal: “I think the fact that you have that Judge out there, who can impose whatever he wants on you, really makes a difference in how the clients perceive the treatment program, and the fact that it...whatever punishment’s gonna happen, happens right away. It really keeps their attention, and I think that’s a real benefit over just regular kind of probation.”

Legal: “If they don’t stay in treatment, they can be sanctioned. If they miss it long enough, they can be...still be sent to prison – to jail...you have the stick – you have the idea of the Courts hanging over their heads where they can be punished if they don’t do what they’re supposed to do.”

CJS: “The biggest strength of Drug Court, in my view is that, along with treatment, there can be immediate Court-sanctioned interventions immediately. Meaning, if somebody...that somebody will get a consequence immediately if they relapse, or if they don’t comply with the program, rather than having to wait weeks or months in the normal Court setting.”

Outside Provider: “Combining the...sort of the Judicial oversight with therapy keeps clients in treatment during rough times when probably they wouldn’t stay, so it kind of insists that they stay and address their issues and learn some skills.”

Balance between treatment and criminal justice system.

CJS: “Drug Court is a new modern way of dealing with people that have addiction problems, and it’s been needed for many, many years. When I worked at Pre-Trial, I would see people getting arrested for drug charges and addiction problems, which is a disease, and they would go out to the prison and stay high, they’d come back out, they’d still have their problem, they would get re-arrested again, and the cycle never ended.”

CJS: “If you incarcerate people that have substance abuse issues, without treating them, well after the incarceration’s over, they still have those substance abuse issues.”

Legal: “There’s a lot of things I like about Drug Court. I like it’s focus being, ‘Let’s get these people better. Let’s get them clean and sober. Let’s work on treatment.’ I like that better than just the punishment aspect of regular prosecution.”

Outside Provider: “I’ve found that the Drug Court staff does a really good job with that...of maintaining some compassion and realizing these people need treatment – they need help, even if they are involved in the Legal System.”

The future of drug courts. When asked about the future of the drug court, the vast majority of respondents said they see the drug court continuing to grow. As summarized in the following quotes, some respondents viewed this as positive, while others were concerned that a larger program would not be as beneficial to clients. While these respondents believe that there is a definite need for increased drug courts, they expressed the hope that the number of programs, not just the number of clients in each program will grow. When asked about their daily activities and how decisions were made regarding client treatment, incentives, sanctions, etc., most

professionals described a lengthy process of communication (with the client and various drug court partners), discussion, and compromise that eventually led to action. Respondents stressed the importance of this process in serving clients. Clients and professionals both value the individualization within the program. A continually growing program without commensurate resources threatens this aspect of the program. Similarly, a few respondents were concerned about the future of the drug court due to the lack of stable funding.

CJS: “I think, we are trying to facilitate as many clients as we can, which is a good thing. The only problem is, we’re getting a whole lot of clients that...I mean, that are coming and leaving, and we got a lot of bench warrants. I think we’ve gone ‘quantity’ instead of ‘quality’ in this program right now, and I think what would...that would help us if we had more control on the numbers coming in, and who’s coming in, as far as screening our clients.”

Legal: “I think that we’ve grown so large that we...we’re preparing things systematically, and we don’t have a lot of individual time with people. I think a lot of folks – and I’ve heard this expressed by many clients – that they just don’t have enough time to talk to people when their problems arise.

CJS: “I think it’s good to expand, but at the same time, that could be one of the deficits. I mean, if you get too large, and then it becomes more like a probationary-type thing, and you’re not really seeing clients as often and frequently as you need to; and I’m hoping it doesn’t get to that point where that it’s so large that we...um...really don’t get to know the clients, and we’re just kind of taking ‘em in and letting ‘em go. So...I think, in the future, hopefully, I would hope to think that we continually try to improve our policies and our services – our service delivery, and the quality of services that we do. But I see...I mean, because Drug Court is fairly popular, I see it expanding in the future.”

Outside Provider: “I think there’s large support, in general, from the communities, from citizens, and from the Legislature. I see it expanding. Hopefully, not one Court will grow...that’s my belief, that not one Court will grow anymore than where they’re at right now. They’re too big already.”

CJS: “I hope to see Drug Court continue to grow, because we’re making a difference in the lives of everybody – in the life of all of us -taxpayers, and society, and people in the Criminal Justice System, you know, and their families. I mean, it goes on and on. You know, it’s the ripple effect, and I just...I would like to see the agency continue to grow and just keep doing what they’re doing.”

Outcome Evaluation

Impact of Drug Court on Re-arrest

Drug court graduates, a comparison pool of probationers,²⁵ and drug court clients terminated from the program that had at least 12-months post-program (drug court or probation) follow-up were compared on recidivism to assess the effectiveness of the drug court in reducing criminal activity. Recidivism was defined as any new arrest in the year following drug court or probation exit. Multivariate statistics were used to identify the unique contribution of several

²⁵ See *Methods* section for probationer comparison group selection criteria

predictors to recidivism. Based on available data and their demonstrated relationship with recidivism in past studies, the following variables were identified for possible inclusion in the regression analyses: criminal history (Goldkamp, 1994; Spohn, Piper, Martin, & Frenzel, 2001; Wolfe, Guydish, & Termondt, 2002), defined as arrests occurring in 18-months prior to probation or drug court placement; drug-related arrests in 18-months prior to intervention; age at start of intervention (Goldkamp, 1994; Peters, Haas, & Murrin, 1999; Spohn et al., 2001; Wolfe, et al., 2002); gender (Spohn et al., 2001; Wolfe, et al., 2002); and minority status (Truitt, et al., 2003; Wright & Clymer, 2000). The following table (Table 12) presents descriptive information on those five covariates for the three groups.

Table 12 Description of Drug Court Graduates, Terminated Clients, & Probationers

Variable	Group		
	Drug Court Graduates (N = 71)	Drug Court Terminated Clients (N = 157)	Probationers (N = 114)
<i>Ethnicity</i>			
White	96.3%	84.7%	87.4%
Minority	3.7%	15.3%	12.6%
<i>Gender</i>			
Female	46.3%	39.5%	26.9%
Male	53.7%	60.5%	73.1%
18-months pre-intervention arrests (mean)	5.15	6.79	4.16
18-months pre-intervention drug arrests (mean)	2.13	3.38	2.19
Age at intervention start (mean)	33.43	34.90	31.96

Drug Court Graduates vs. Probationers. Prior to inclusion in the regression analyses, covariates were tested for statistical significance in predicting recidivism in univariate analyses. Out of the five possible covariates, 18-months pre-intervention arrests and age at intervention start were significantly²⁶ related to post-intervention arrests in the drug court graduates and probationers sample, and, therefore, were included in the logistic regression comparing those two groups on recidivism.

In the logistic regression comparing drug court graduates and probationers on likelihood of post-program recidivism (any arrest in 12-months following drug court or probation exit), two covariates (18-months pre-intervention arrests and age at intervention start) and one predictor (intervention type: drug court or probation) were included. During the follow-up period 29.8% of probationers recidivated while 19.7% of graduates had a new arrest.²⁷ Table 13 compares drug court graduates and probationers (and drug court terminated clients) on recidivism. Although a smaller percentage of drug court graduates were re-arrested during the follow-up period,

²⁶ 18-months pre-intervention arrests $t = -2.329, p < .05$; age at intervention start $t = 2.094, p < .05$

²⁷ Statistical tables for the regression analyses can be found in Appendix C.

intervention type (drug court or probation) was not a significant predictor of recidivism when the other two covariates were taken into account. The only significant²⁸ predictor of re-arrest following program exit was the number of arrests in the 18-months pre-intervention. Each additional arrest in the 18-month period prior to drug court or probation increased the likelihood of recidivating post-exit by 14%. The entire regression model²⁹ only accounted for approximately 9% of variance in recidivism, indicating that other predictors, not included in the model, considerably influence the likelihood of re-offense. Drug court graduates had more pre-intervention arrests on average than the probationer comparison group and pre-intervention arrests were the only significant predictor of post-intervention recidivism; however, a smaller proportion of drug court graduates than probationers recidivated during the 12-month follow-up period, suggesting that drug court may have lessened the detrimental effects of prior criminal history for this group of graduates.

There are some methodological and practical considerations to keep in mind when interpreting the comparison between drug court graduates and the probationer sample. Methodological considerations include the length of the follow-up period, the size of the graduation and probationer groups, and the method used to calculate probation end dates. Due to the time constraints of the SAMHSA grant period, the follow-up time period and number of graduates included in the analyses were both limited. Additional regression analyses including a larger number of graduates and a larger comparison pool tracked for a longer follow-up period would be preferable. Probation end date was calculated by adding the days of the original probation sentence for the drug offense to the sentence date. This use of existing court data from the time of original sentencing to infer the probation end date doesn't take into account the myriad possibilities that can influence actual length of probation (such as decreased probation time due to good behavior, increased probation time due to technical violations, and decreased probation time resulting in incarceration due to technical violations or new offenses). Similarly, another consideration that may influence the comparison of drug court graduates and probationers (as well as terminated clients) is time spent out-of-state or incarcerated during the follow-up time period. The data used for the regression analyses in this report do not take into account whether individuals spent a portion or all of their follow-up period time incarcerated or out-of-state, and, thus, not given the opportunity to accrue Utah criminal history offenses. Lastly, it is possible that the probationer group was involved in some form of substance abuse treatment, especially as the criminal justice system moves toward addressing the addictions of this population. A more complete review of the limitations and considerations to take into account when interpreting the regression analyses, as well as comparisons to other drug court evaluations, can be found in the discussion section of this report.

Drug Court Graduates vs. Terminated Clients. In the 12 months following drug court exit, 19.7% of graduates had a new arrest, compared to 46.5% of terminated clients. Table 13 on the following page shows recidivism for the three groups analyzed in the regressions.

²⁸ Wald's $\chi^2 = 5.271$, $p < .05$

²⁹ All regression models included in this report exceed power of .80, increasing the probability of correctly rejecting a false null hypothesis, thus yielding conclusive results.

Table 13 Post-Intervention Recidivism by Group

	Group		
	Drug Court Graduates (N = 71)	Drug Court Terminated Clients (N = 157)	Probationers (N = 114)
	N, %	N, %	N, %
Rearrested for any offense in 12-months post-exit	14, 19.7%	73, 46.5%	34, 29.8%
Rearrested for drug-related offense in 12-months post-exit	9, 12.7%	49, 31.2%	22, 19.3%

The only covariate significantly³⁰ related to recidivism in the drug court graduate and terminated client population in the univariate analyses and, therefore, included in the regression model was arrests in the 18-months prior to starting drug court. As shown in Table 14, both 18-month pre-drug court arrests and terminated status were significant³¹ predictors of post-drug court recidivism in the 12-months following exit (graduation or termination). The odd's ratios indicate that terminated clients, after statistically controlling for differences in pre-drug court arrests, are three times more likely than graduates to recidivate in the first year after exiting drug court. After statistically controlling for exit status (terminated or graduated), each additional arrest in the 18 months prior to drug court entry increases the likelihood of post-program recidivism by 8.6%. However, the entire model only accounts for 12.3% of the variance in post-program recidivism, indicating that other factors not taken into account are influencing the likelihood of post-program arrests.

Table 14 Logistic Regression Model Predicting Recidivism
Among Drug Court Graduates and Terminated Clients

Variable	B	S.E.	Wald's χ^2	Sig.	Odd's Ratio
18-months pre-intervention arrests	0.082	0.034	5.847	0.016	1.086
Terminated Status	1.106	0.345	10.273	0.001	3.023

Similar to the comparison between drug court graduates and probationers, there are several limitations to consider when interpreting the results of this regression. The follow-up period and size of the samples are both limited. Additionally, post-program incarceration is not taken into account for either group. Since a portion of terminated clients are sentenced to jail or prison at the time of termination, the terminated sample may not have had an equal opportunity to re-offend following drug court exit.

A final logistic regression was conducted to look at the relative contribution of during program variables, percent of positive/missed UAs (as a measure of during-program compliance), total treatment sessions attended, and total days in drug court, to post-program recidivism for drug court graduates and terminated clients. In the univariate analyses conducted to determine which predictors should be included in the regression, percent of positive/missed UAs was significantly³² related to post-program recidivism, with those who recidivate in the 12-months after exiting drug court having about 31.8% of their UAs positive or missed on average,

³⁰ $t = -3.279, p < .01$

³¹ 18-month pre-drug court arrests Wald's $\chi^2 = 5.847, p < .05$; terminated status Wald's $\chi^2 = 10.273, p < .01$

³² $t = -2.867, p < .01$

compared to 19.5% for those who do not re-offend during the follow-up period. In the univariate analysis comparing total treatment attended, those who re-offended after exiting drug court had significantly³³ fewer treatment sessions on average (26.6) than those who did not have a new arrest after exiting drug court (59.5 treatment sessions on average). Time in drug court also varied significantly³⁴ in the univariate analysis for those who recidivated (200 days in drug court on average) and those who did not (356 days on average). The final logistic regression including these three predictors and the 18-months pre-drug court arrests covariate accounted for 14% of variance in recidivism; however, none of these individual predictors were significantly related to post-program recidivism when the others were taken into account. As shown in the *Participants' Compliance and Program Retention* section of this report, length of time in program and exposure to treatment are greater for drug court graduates than terminated clients. Because of the relationship between these variables, exit status (graduated or terminated), and pre-drug court characteristics (criminal history), it is not surprising that this regression had no individual significant predictors of recidivism when the effects of the other three on recidivism were partitioned out. The univariate analyses showing that those who recidivate have more positive or missed UAs, fewer treatment sessions, and shorter length of time in drug court support the results of the second regression showing that terminated clients are more likely to re-offend than graduated clients after leaving drug court.

To examine the change in offending pre- to post-program within each of the three groups, Wilcoxon signed ranks tests were conducted. These tests were used to compare each groups' arrests in the year leading up to probation or drug court placement with their own arrests for the year following drug court or probation exit. This test not only takes into account whether an offender increased or decreased offending from pre- to post-program, but also the size of the increase or decrease (Pett, 1997). As shown in Table 15, all groups had significantly decreased offending after the interventions. Although terminated clients are three times more likely than graduates to re-offend (see logistic regression results in Table 14), their offending does decrease dramatically from pre- to post-drug court. However, as with the regression analyses, it should be kept in mind that data used in these tests do not control for opportunity for re-offending, which may vary by group based on re-incarceration rates in the year following program exit.

Table 15 Differences in Arrest Rates Pre- to Post-Program by Group

	N	Mean	Median	S.D.	p*
<i>Drug Court Graduates</i>					
1-year pre-program arrests	71	4.03	3.00	2.70	<.01
1-year post-program arrests	71	0.76	0.00	2.67	
<i>Terminated Clients</i>					
1-year pre-program arrests	157	5.74	5.00	4.10	<.01
1-year post-program arrests	157	1.43	0.00	2.28	
<i>Probationers</i>					
1-year pre-probation arrests	114	3.63	3.00	2.48	<.01
1-year post-probation arrests	114	0.81	0.00	1.88	

*the calculated one-tailed *p*-value is for the Wilcoxon Signed Ranks Test

³³ *t* = 3.653, *p* < .01

³⁴ *t* = 3.822, *p* < .01

For those graduates, terminated clients, and probationers who did have a new offense following exit from drug court or probation, the most common types of offenses were drug and property offenses. Table 16 shows post-exit arrests by type and group. Graduates did not have any arrests for weapon offenses, prostitution, or DUIs in the 12 months following program exit. The greatest percentage of post-program arrests for graduates was for property crimes, compared to drug offenses for both terminated clients and probationers.

Table 16 Post-Exit Arrests by Type and Group

Offense Type	Group					
	Drug Court Graduates (N = 71)		Drug Court Terminated Clients (N = 157)		Probationers (N = 114)	
	N	%	N	%	N	%
Drug	22	40.7%	99	44.4%	43	46.7%
Person	2	3.7%	7	3.1%	7	7.6%
Property	27	50.0%	98	43.9%	33	35.9%
Other	3	5.6%	11	4.9%	6	6.5%
Weapon	0	0.0%	2	0.9%	2	2.2%
Prostitution	0	0.0%	3	1.3%	1	1.1%
DUI	0	0.0%	3	1.3%	0	0.0%

Post Program Impact on Client Substance Abuse, Criminal Behavior, and Health

Quantitative. Follow-up surveys were returned by 23 graduates (21 by mail and 2 in jail) and 29 terminated clients (5 mail, 24 jail). The following table (Table 17) shows the follow-up survey response rate. The *Collection Procedures* section of this report describes the follow-up survey procedures. Undeliverable surveys were returned due to incorrect addresses. Other reasons for surveys not being completed include: client refusal (N = 1), incarceration in Utah State Prison (22), client deceased (1), and clients in jail indicating that they were terminated from the program prior to receiving any drug court services (11). Response rate for terminated clients is most likely higher than graduated clients due to the large number of terminated surveys completed in the jail.

Table 17 Follow-up Survey Response Rate

<i>Survey Type</i>	Attempts	Undeliverable	Completed	Response Rate
Graduated	170	40	23	17.7%
Terminated	132	36	29	30.2%

The time between drug court exit and follow-up survey varied; however, the follow-up periods were comparable for the graduate (7.43 to 14.43 months, *Md* = 7.83 months) and terminated (1.53 to 24.87 months from official drug court exit date³⁵, *Md* = 8.87 months) groups. Drug court graduates who completed the follow-up survey had a median of 14 months active participation in drug court. There were no differences between graduates' self-reported length of participation and official drug court records. In contrast, official drug court records showed length of participation to be longer than self-reported participation for about half of the

³⁵ Terminated clients were surveyed at least 6 months after active participation ended, regardless of official exit date.

terminated clients. This is due to official drug court intake and exit dates not taking into account whether a terminated client was on bench warrant for a portion or majority of the time they were officially enrolled in the program. Terminated clients' self-reported length of participation was three months (median).

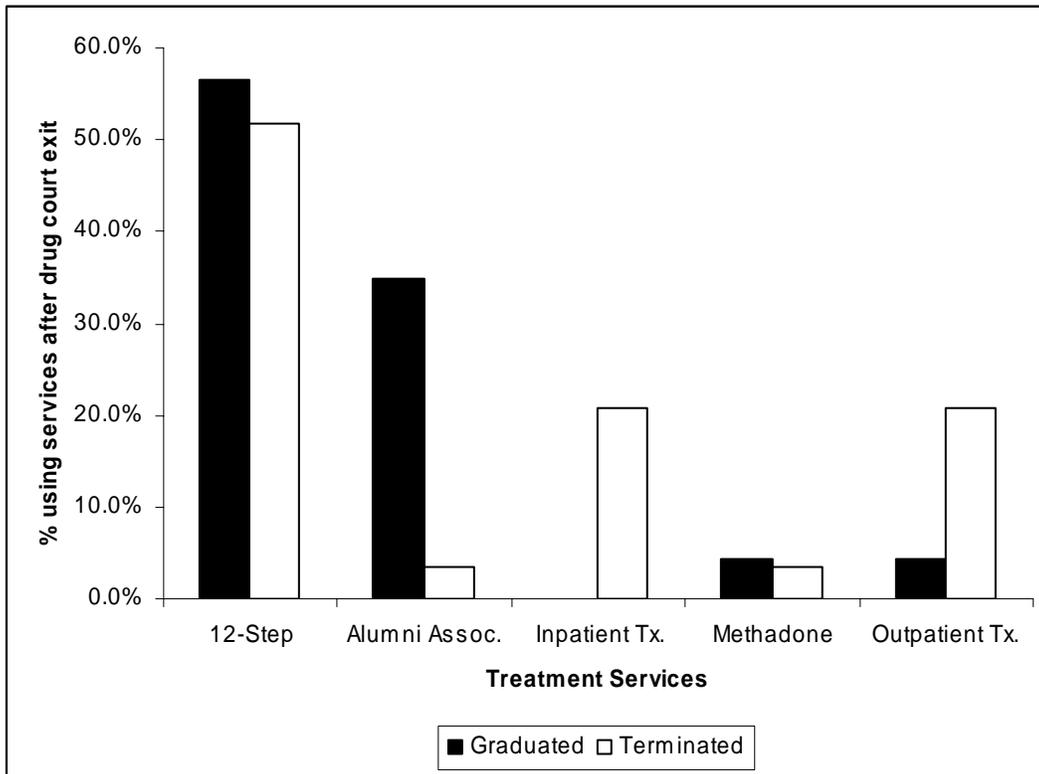
Both drug court graduates and terminated clients self-reported drug use in the time following drug court exit. About one in five graduates (21.8%) had used drugs since leaving the program, among this group amphetamines, marijuana, and methamphetamines were indicated as "regularly" used. Regular use was defined on the survey as more than once a week for a total period of one month or more. Two (8.9% of all graduates surveyed) of those who indicated substance use also self-reported alcohol use. In addition, 21.8% of graduates indicated using alcohol only (no additional drugs). A larger percentage (37.9%) of terminated clients self-reported drug use since exiting the program, with marijuana, cocaine, heroin, and methamphetamines identified as "regularly" used. Five (17.2% of all terminated clients surveyed) used both alcohol and drugs, with an additional 10.3% of terminated clients using only alcohol since exiting drug court.

Involvement in the criminal justice system continued for a small group of the graduates surveyed and a larger proportion of the terminated clients. Thirteen percent (13.0%) of the graduates had a new arrest following program exit, compared to 65.5% of terminated clients. Furthermore, 31.0% of terminated clients were serving jail sentences for new arrests that occurred just prior to drug court exit. All of the graduates who were arrested were arrested for at least one drug-related offense; half of the terminated clients who were arrested did not have any drug-related arrests in the period following drug court. Nights in jail for the arrested graduates ranged from five to 30. In addition to the graduates with new arrests, there were two clients who were on probation following drug court (one of the graduates with a new arrest was also on probation). Nights in jail for terminated clients ranged from five to 325, over half (51.7%) of the terminated clients surveyed indicated living primarily in jail since leaving drug court. Two-thirds (69.0%) of terminated clients were on probation, all had either a new arrest since beginning drug court or since leaving.

Around half of both graduates and terminated clients reported participation in 12-step groups since exiting drug court with fewer indicating using other treatment services. Figure 28 on the following page presents treatment services utilized since drug court exit.

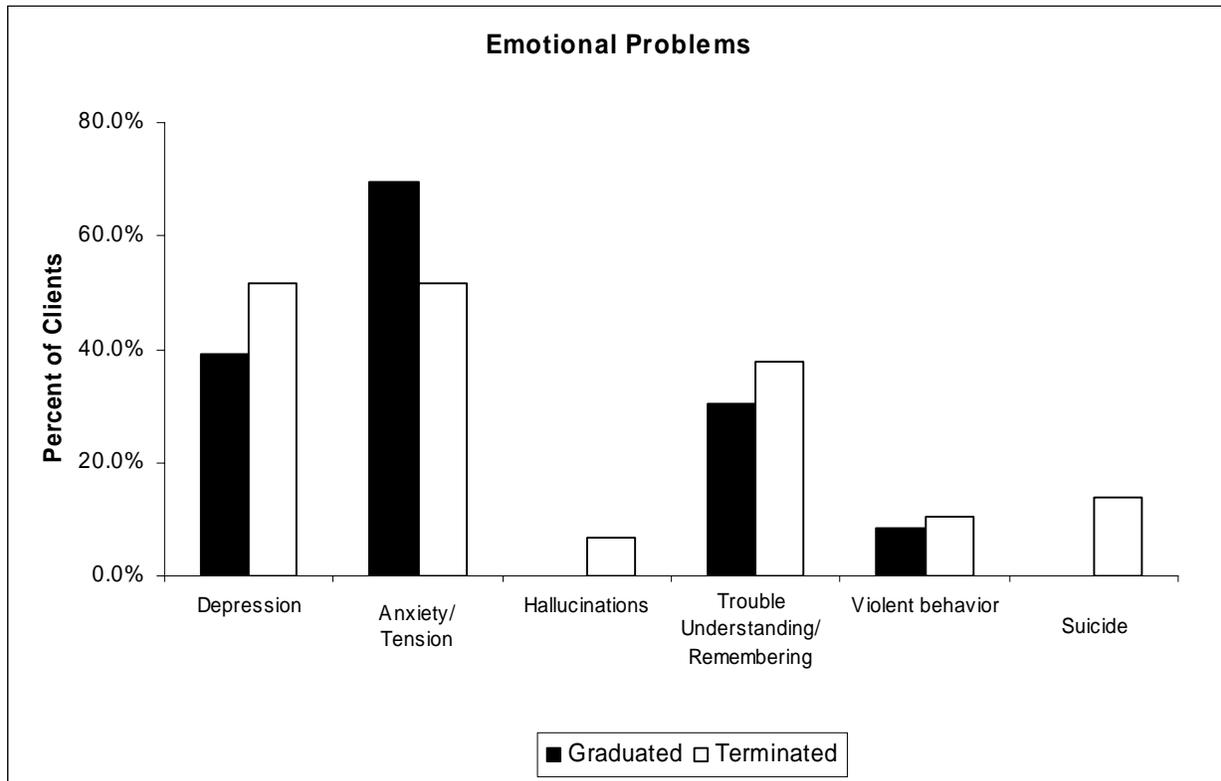
Graduated survey respondents were more likely than terminated respondents to be living in their own home (82.6% vs. 27.6%) and employed (69.6% vs. 42.9% for those terminated clients who did not indicate living primarily in jail) following drug court exit. However, graduates and terminated clients who were not living primarily in jail were equally likely to be enrolled in school or job training programs (18.1% of graduates; 21.4% terminated clients). Most (81.3%) of the employed graduates had full-time jobs, compared to 33.3% of employed terminated clients. Around one-fifth (21.4%) of unemployed terminated clients who did not live primarily in jail were looking for work.

Figure 28 Self-Reported Treatment Services Utilized Since Drug Court Exit



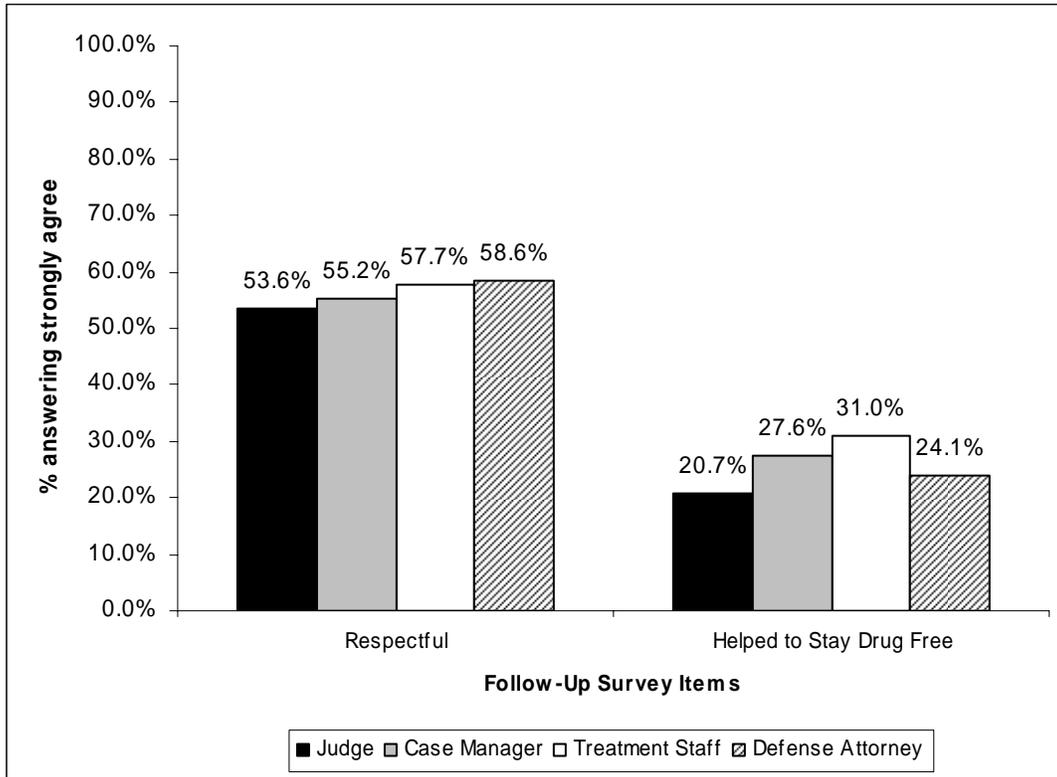
Physical health was rated positively by most graduates and terminated clients, although both groups reported suffering from mental health problems. The majority of both graduates (57.1%) and terminated clients (58.6%) rated their overall health as “excellent” or “very good.” These figures are comparable to the overall health ratings provided by active clients on the intake, 6 month, and 12 month GPRA surveys. However, about half of both graduates (47.8%) and terminated clients (41.4%) indicated having chronic medical problems. Slightly more graduates were on medications for physical problems (30.4%) than for psychological/emotional problems (13.0%). An equal percentage (17.2%) of terminated clients were on medications for physical and psychological/emotional problems, although only one respondent (3.4%) was on both. The following figure (Figure 29 on the following page) shows the percent of graduates and terminated clients who indicated emotional problems since exiting drug court. The percentage of both graduates and terminated clients experiencing depression and/or anxiety/tension since exiting the program is higher than the percentage of active clients who indicated experiencing those while in the program (see *During Program Impact* section of this report).

Figure 29 Emotional Problems Reported at Follow-Up



Terminated clients were also asked about their satisfaction with certain drug court elements on the follow-up survey since they were less likely to be active in the program long enough to have completed a during program client satisfaction survey. Surprisingly, most terminated clients had a positive opinion about the drug court. Figure 30 shows that the majority of terminated follow-up respondents “strongly agreed” that all of the drug court professionals treated them with respect, with an additional 20-30% (not shown) who said they “somewhat agreed” that those individuals treated them with respect. About half of the terminated respondents did not feel that any of these groups helped them to remain drug free. About half did not agree that treatment costs (45.8%) or drug testing costs (53.8%) were appropriate. Most did not believe that drug court was easier than either jail/prison (51.9%) or probation (64.0%). Most, however, did think the program was at least somewhat helpful (20.7% “somewhat,” 20.7% “quite a bit,” and 24.1% “a lot”). The majority were somewhat (37.9%) or very (20.7%) happy with drug court services, even though most terminated clients did not participate for that long. Surprisingly, most terminated clients felt that they were somewhat (27.6%) or very (37.9%) motivated to succeed while in drug court.

Figure 30 Terminated Client Perceptions of Drug Court Professionals



Qualitative. Qualitative results were analyzed to identify the most positive aspects of the drug court program as well as any suggestions and recurring issues that were viewed as challenges or concerns by former clients. Results were analyzed for terminated and graduated client surveys that were completed at least 6 months after exiting drug court. Although far fewer follow-up surveys were completed when compared to client satisfaction surveys, some of the same issues surfaced, including: complaints regarding the high cost of drug testing and treatment fees, the importance of being able to work while in the program, and the need for more housing assistance and individual therapy.

Drug Testing and Treatment Fees. The high cost of drug testing and treatment fees was the most frequently mentioned complaint by survey respondents. It should be noted, however, that all of these complaints were made by terminated clients. Suggestions included, reducing the fees and not requiring participants to pay in order to advance to the next treatment phase. “Don’t make them pay for UAs. If people can’t pay they should still be able to advance in phases.” Many of these former clients also blamed their failure in the program on their inability to pay drug court fees. None of the graduates who returned completed surveys commented, either positively or negatively on drug court fees.

Job Placement and Housing Assistance. Similar to comments made on the client satisfaction surveys, some terminated clients also urged drug court to make it easier for clients to work while in the program. “If they made it a little bit easier on you, I think it would be a good program. Being able to go to work and go to the program” would have been helpful. A few former clients also argued that requiring clients to pay drug court fees may lead some clients to turn to illegal means in order to pay their fees. “People just getting off drugs don’t have money to start out with. It makes it hard and even the case workers say I don’t care how you get it, just

get it. What are they saying?" Another reason given for helping clients get and keep jobs was "to help people staying busy when they get out. If somebody doesn't have anything when they get out, they will continue doing what they did before." Three terminated clients also suggested that more housing assistance be provided to clients, especially immediately following release from jail.

Additional Suggestions. Four former clients, three terminated and one graduate, commented that they could have used more communication with their case manager. Another graduate suggested that case managers should work closer with clients to get to the root of their drug problem. "Once you get to the root of the problem you can get to a way and time to live without drugs and/or alcohol. It's worked for me. But then I also wanted to quit!" One graduate commented that a better understanding of the program and what was expected of clients would have been helpful. During "1st phase color blue- sit them down and explain in detail how the program works let them know its ok and that they will get threw [sic] it so they're not so scared and lost. Fear and being lost. Not knowing what was going to happen was my biggest problem." Another graduate suggested that drug court teach clients more coping mechanisms. "They need to teach people how to deal with serious incidents in their lives (i.e: death)."

Two former clients, both terminated, stated that it is extremely important to have accurate drug tests and to test clients for the right drugs. "I was charged with heroin and I was UA[ed] for different drugs, but when I was put on my Clonazepan the only drug [they] tested me for [was] this drug. I could have been using heroin at this time. I cared but if I did not I could of used heroin and they would not know!" Additional suggestions from terminated clients included: hiring more recovered addicts, more individual therapy, more treatment and less time sitting in jail, more jail visits from staff, hire different staff, and shorten the required sobriety length for graduation.

Two graduates and one terminated client stated that they would have found more aftercare to be helpful. Two graduates also requested that drug court provide a thorough list of resources for former clients. "Just make sure they have a list of places they can go to get help, housing, therapy, etc." One graduate noted that she has found it helpful to continue attending her drug court SAG group. "Life is very good right now. If I do have any problems I turn to my Sag group for help. Life is always got something happening so I deal with it instead of running away from it. Thanks to Judge Fuchs and the tools he showed me how to use my life is good and there's no need for drugs." It was also suggested that drug court send out earlier notices for upcoming Alumni Association meetings. "If you really want alumni to attend the 'alumni' stepping stones meeting, you should send out the postcard reminders earlier than you do; I've got a couple in the mail after the actual day of the 'alumni' stepping stones meeting."

One graduate and a terminated client each stated that drug court does not work. The graduate argued that drug addiction is a medical issue and has no place in the judicial system. This individual also claimed in his follow-up survey that he has never used illegal drugs. "Clearly, drug abuse eats at the human soul and treatment should be available. Since, however, addiction is clearly a medical disorder, it should be treated within the context of the medical care system, not the judicial system. To do so makes no more sense than to conduct broken leg court or heart attack court." The terminated client commented, "I'm happy now that I'm on probation. Drug Court is a waste of time and money." Three terminated clients stated that drug court did not work for them because no program will work unless the person receiving the treatment is ready to change. "People really have to want to stop using. No one can make them do it."

Four terminated clients expressed disappointment that drug court did not give them more chances and gave up on them too quickly. “Focus on helping people a little more strongly before kicking them out, because people have an illness, substance abuse.” One of these individuals also voiced regret for not trying harder while in drug court and two stated that they wish they could get back in. “I was on b.w. the whole time. I wish I had tried harder. I know it’d have been better then [sic] jail.” “I wish I was back in Drug Court.” Both graduated and terminated clients commented that strong support systems play an important role in treatment and a client’s continued sobriety. One of these graduate also suggested that clients make sure to get “involved with other things/new things while in Drug Court so after graduation you have built a support and have that to fall back on instead of going around old places and back to old habits.”

Five graduates and one terminated client commented on how difficult life has been since leaving drug court. In order to better prepare clients for life after drug court, one graduate suggested that they “help train people so when they get out they can get a job and not have to go sell drugs.” As was reported in the follow-up quantitative results, both terminated (37.9%) and graduated (21.8%) survey respondents reported drug-use following drug court exit. None of the terminated clients provided qualitative feedback regarding their drug-use on the follow-up surveys, but quotes taken from the surveys of four graduates are located below.

Graduate 1: “My drug was crack and I have 20 months today since I had a hit of crack. All through Drug Court I had dope dreams and they got worse after I graduated. So I started smoking weed (I know bad excuse!) and it helped I never had another dream.”

Graduate 2: “I graduated Drug Court 4/28/05. I was active in my addiction 4/29/05. I didn’t get into trouble but found myself headed for it. I put [my]self in detox on 11/6/05 and have been clean almost 1 month.”

Graduate 3: “Sometimes I wish I was still in Drug Court. It was easy to stay clean when there was so much over my head. There is now also, but having to answer to authority figures who had a huge part of control in my life kept me from using. Now no one is controlling my life but me and I don’t clearly always do the right thing or make good choices. I wish I did, but I don’t. I truly was convinced that I could stay sober and use things I learned to help me, but when it came down to the moment I became so weak and gave in. So I guess maybe emphasize more on how easy it is to slip. I believe[d] I was prepared until it happened. Now I feel lost. Maybe do more on thinking errors. That needs to be ingrained in all of us addicts.”

Positive aspects. In addition to asking clients what would make drug court more helpful, clients were also asked to identify what they found most positive about their drug court experience. Responses to this question included: being in a program that works, becoming and staying drug free, getting charges dropped or reduced, drug court saved my life, getting my high school diploma, and improving my life. The following client quotes were taken from the surveys of numerous clients to provide a glimpse into some of the client appreciation and praise expressed in this section.

Graduate 1: “I think drug court is a wonderful program. It DID save my life.”

Graduate 2: “Drug Court’s a very good program. I’d recommend it to anyone who wants to stay off drugs.”

Graduate 3: “Drug Court is the best program by far. You guys are there to help people fix their lives. You sure helped me out and I’m thankful for all of you. Life still is hard but it’s hard for everyone.”

Graduate 4: “Life is good. I have found peace within myself.”

Graduate 5: “I have been doing pretty good. Have my priorities where they should be. I have a good relationship with my kids and family.”

Graduate 6: “Drug Court was great! It’s what we choose to do when we leave, nobody else! Drug Court saved my life and gave me a second chance to live a healthy life. Thank you Drug Court, I love you!!!”

Terminated 1: “It was a good program for me. I’m upset that I messed it up.”

Financial Impact of Drug Court

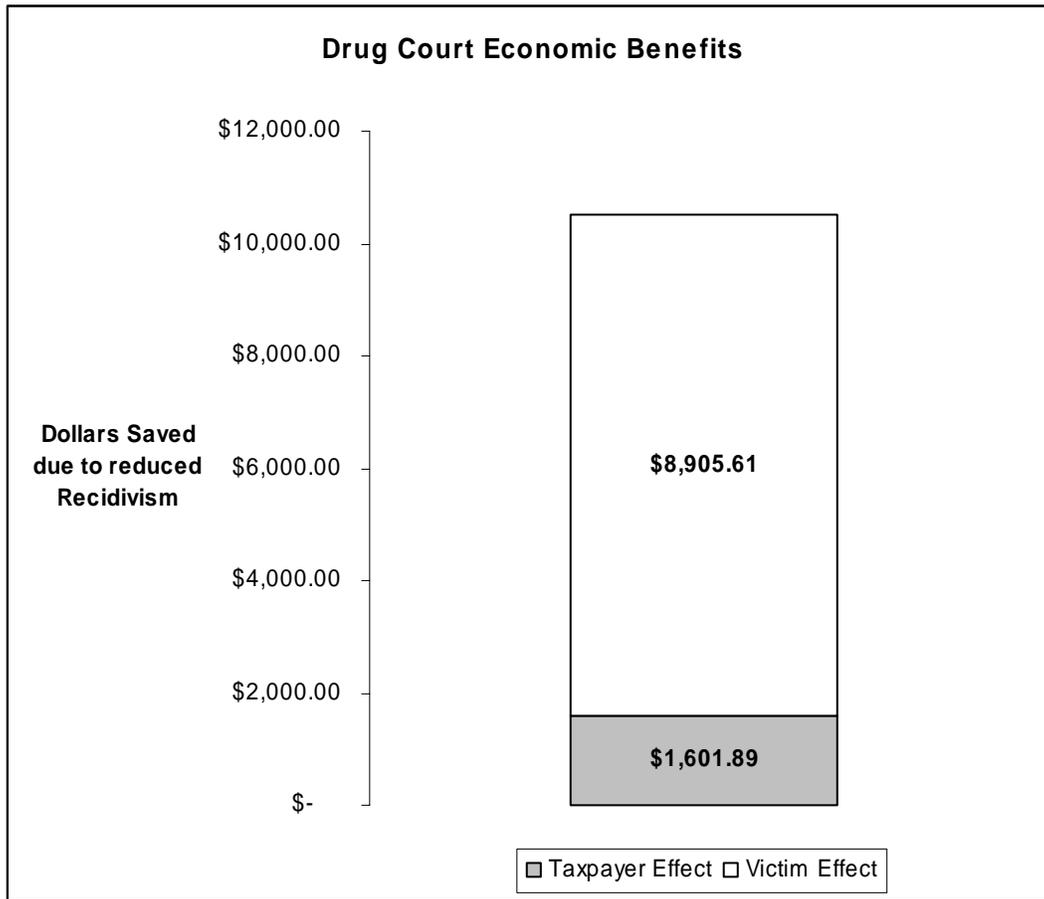
The financial impact of drug court was calculated using the Utah cost-benefit model (Fowles, et al., 2005). The average per-person cost of drug court was provided by CJS administration. The per-person estimate of \$3,200 includes both the costs to CJS and the participant; however, it does not include ancillary costs, such as court or attorneys’ fees. The other required element for calculating cost-benefit from the Utah model is the program’s effect size. The effect size for drug court based on the outcome evaluation in this report comparing drug court graduates’ recidivism (19.7%) to a probationer comparison groups’ recidivism (29.8%) is -0.2257^{36} .

Based on the Utah model calculations, the reduction in recidivism due to drug court participation leads to a taxpayer effect of \$1,601.89 and a victim effect of \$8,905.61, meaning taxpayers and victims are saved that much money, respectively, from the reduction in future criminal justice and victim expenses that would have occurred had drug court had no effect on recidivism. Success rates vary by individual clients; however, based on the average reduction in recidivism due to drug court graduation, for every graduate the explicit reduction in taxpayer costs is approximately \$1600 and implicit reductions in costs associated with victimization of \$8900. Figure 31 on the following page presents these figures visually, showing that the total per graduate effect of reduced crime due to drug court is \$10,507.50.

The benefit-cost ratio for the drug court is 4.29, indicating that for every dollar spent there is an approximately \$4.29 return on investment. The drug court research studies included in the Cost of Crime report had an average effect size of -0.188 (max = $.2277$ (indicating worse outcomes for drug court group than comparison group), min = -0.5247) (Fowles, et al.). The Salt Lake County Adult Felony Drug Court benefit-cost ratio of 4.29 is slightly better than the benefit-cost ratio of 3.29 reported in Cost of Crime report for all drug courts in general (Fowles, et al.).

³⁶ effect size = $\text{SQRT}((4 * \chi^2) / (N - \chi^2))$

Figure 31 Taxpayer and Victim Cost Savings Due to Drug Court



Discussion and Conclusion

Process Evaluation

Over one thousand new clients entered drug court during the three year enhancement and expansion period. The rate of new clients entering the drug court per year has been substantially higher since 2003 than pre-2003. Compared to pre-enhancement clients at intake, enhancement clients have significantly fewer prior arrests. According to intake instruments (ASI and GPRA), clients have considerable legal and employment problems at intake. Almost half do not have a marketable skill, trade, or profession. Although percentages vary slightly among the larger enhancement group and the subgroups that were administered these tests, the vast majority of clients were unemployed at intake and one-third to one-half had spent at least one night in jail in the previous month. However, alcohol and drug use were suppressed in the 30 days prior to completing these surveys, due to both the large percentage clients who were incarcerated during that time period and to many clients already beginning treatment. ASI results from 1996-2000 covered in the Harrison and Parsons (2000) evaluation of the Salt Lake County drug court are nearly identical. The top problem areas at that time were also employment (.73 composite score)

and legal (.33), with drug use being suppressed in the 30 days prior to ASI completion (drug composite = .12). Harrison and Parsons noted that the drug court clients had higher employment and legal composite scores than a comparison group of Division of Substance Abuse (DSA) clients, indicating that drug court clients are especially in need of employment and legal services. Similar to the results of all three GPRA surveys covered in this report (intake, 6 months, and 12 months/exit), Harrison and Parsons' ASI summary showed that one quarter of drug court clients suffered from depression at intake, while nearly half suffered from anxiety and one-third had trouble concentrating.

While participating in drug court, most enhancement clients received primarily outpatient treatment at the group level. However, the percentage of clients receiving either residential or outside provider Intensive Outpatient (IOT) increased significantly from the pre-enhancement period. Nearly one-third of enhancement clients also attended the new CJS IOT. Enhancement clients attended treatment significantly more frequently than pre-enhancement clients. Enhancement clients appeared before the judges every two to three weeks on average, depending upon length of time in the program. The two drug court judges' calendars were full throughout the enhancement period, with Judge Fuchs seeing approximately 50 clients per session and Judge Henriod seeing approximately 40 clients per session. Enhancement clients were administered drug tests more often than their pre-enhancement counterparts, resulting in significantly more missed tests. However, pre-enhancement clients had significantly more positive (high) drug tests than the enhancement group. Of all tests during the enhancement period, 2.8% were high. In the pre-enhancement comparison group 3.7% were high. Harrison and Parsons (2000) found that 5.5% of UAs conducted during their evaluation period were high. Over half of the clients during the enhancement period had at least one sanction, with jail time being the most frequently sanctioned. Not surprisingly, most clients had at least one during-program jail booking. Over half of the clients also had at least one bench warrant.

Clients experienced many changes during drug court participation. More were living in their own home, enrolled in school, and employed after 6 months of drug court participation. Salaries for those who were employed also increased significantly. However, client changes between 6 and 12 months of participation were fewer, indicating that those clients who were not able to make a positive change during the first six months of participation were not likely to do so during the next six months either. Fewer clients self-reported drug use after 6 months of participation, but self-reported use did not decrease significantly from 6 to 12 months. However, those clients still using drugs were more likely to recognize the negative impact drugs were having on their lives. Most clients rated their physical health positively throughout the program, although about 20% and 30% of clients suffered from depression and anxiety, respectively, for the duration.

Most clients reported participation in SAG (substance abuse groups), Thinking Errors classes, acupuncture, and drug testing. Few reported methadone maintenance, transitional housing, social detox, or employment assistance. Although overall client satisfaction with drug court programming was extremely high, clients indicated the following as the least helpful programs: transitional housing, employment assistance, and methadone maintenance. It is discouraging to see that few clients accessed transitional housing and employment services and that those who did were dissatisfied with the help they did receive. Since employment and housing are two areas where clients have the most problems when entering drug court, these are two services that may be vital to drug court clients' eventual success. Furthermore, since clients who are unable to find their own residence or become employed during the first six months are

unlikely to do so after even a year in the program, it is especially important to provide these services to that group of clients who are struggling. Drug court literature has indicated the importance of employment and providing employment services to overall drug court success (Guerin & Pitts, 2002). Clients also expressed dissatisfaction with the cost of drug testing and treatment fees, which has led some clients to engage in criminal behavior to pay for these services, while other clients indicated that it interfered with their ability to focus on the treatment. Obviously, client dissatisfaction with drug court fees is related to their ongoing difficulties with employment and disappointment with employment assistance services. Other barriers to employment and successful reintegration to a productive life that clients often mentioned were the lack of flexibility in the program, such as in court appearances and class schedules, and the use of automatic jail time as a sanction for certain transgressions. Several clients suggested that more flexibility in both the program requirements and the treatment services (individualized per client needs) would make clients more successful.

Client satisfaction with the drug court staff and professionals was overwhelmingly positive. Most clients felt that the judges, case managers, treatment staff, and other professionals both respected them and helped them to remain drug free. A few suggestions were noted, however, including more time with the case managers (perhaps with more case managers and smaller caseloads facilitating this) and more individualized treatment plans and time with treatment staff. Although clients had only praise for the treatment staff's dedication and the importance of treatment in remaining drug-free, several, including graduates, noted that the lack of confidentiality in treatment sessions deterred from their recoveries.

Overall clients were satisfied with the drug court experience and said that the most positive aspect of the program was "becoming and staying drug free." However, it should be noted that client satisfaction surveys were only completed by active clients who were not on bench warrant or terminated from the program at the time their 6 or 12 month surveys were due. This biased sample could have inflated the positive review that drug court received. However, the results of the follow-up survey completed with terminated clients indicate that even they had mostly positive reviews of the drug court components and the program overall, even after leaving the program unsuccessfully.

At the end of the evaluation period, 44% of enhancement clients were still active in the program (including those on bench warrant), 35% were terminated, and 21% were graduated. Terminated clients had more prior arrests and bench warrants than graduated clients, attended court less frequently, had fewer treatment sessions and drug tests, yet had more positive and missed UAs. However, terminated clients had few sanctions, most likely due to their lack of active participation (and, thus, opportunity to accrue sanctions) while on the drug court rosters. Half of the graduates had at least one sanction, indicating that receiving sanctions is not necessarily a sign that a client will be unsuccessful in drug court. Graduated clients had the shortest time from intake to plea date (compared to the active group and terminated clients) and nearly half worked additional community service hours (beyond what is required by drug court or assigned as a sanction).

Results from the key informant interviews indicate that drug court professionals are in-tune with the issues raised by clients, such as the difficulty of succeeding in the program if one has extreme financial hardships, the importance of individualized treatment and one-on-one time with clients, the growing size of drug court impeding the client-centered process, and the confusion that can result from inconsistent application of policies. Results from the key informant interviews also highlighted some key issues surrounding program "synergy: the

cooperative action, common goals, and willing collaboration...among drug court practitioners” (Tauber & Snaveley, 1999). Unlike traditional courts, drug courts are supposed to be a non-adversarial environment where personnel cooperatively work toward the shared goal of offender rehabilitation (Tauber & Snaveley). The non-adversarial approach and coordinated strategy are considered two of the ten key components of the drug court model (NADCP, 1997). However, conflicts will result when professionals from different backgrounds with different objectives collaborate on projects of importance, such as drug courts. The concerns raised during the key informant interviews about client confidentiality during treatment sessions exemplify this. Ongoing sources of conflict should be continually addressed to ensure that varying roles and objectives of different drug court professionals do not disrupt the synergy of the drug court and the services delivered to the clients.

The strengths of the drug court most often mentioned by those interviewed for this evaluation (dedication and collaboration among professionals and agencies involved in the drug court, the judges, the use of immediate sanctions, and the use of treatment within the criminal justice setting) were the same ones that surfaced during an earlier evaluation of the Salt Lake County Adult Felony Drug Court (Harrison & Parsons, 2000). Similar to the key informant findings noted in this report, interviewees in Harrison and Parsons study indicated that they saw the drug court continuing to grow in the future, yet they were concerned about a stable source of funding. At the time of the Harrison and Parsons study it was suggested that the program contract with additional drug testing facilities to accommodate clients who live and work some distance away from the single testing site. This issue also came up from clients’ responses on client satisfaction and follow-up surveys.

Outcome Evaluation

Regression results summary. The regression analyses comparing drug court graduates with a comparison probation group and terminated drug court clients showed that pre-program (drug court or probation) arrests are a consistent predictor of post-program arrests. Although drug court status (vs. probation status) was not a significant predictor of recidivism, a smaller proportion of drug court graduates than probationers recidivated in the year following program exit, despite having more arrests in the year prior to drug court, suggesting that drug court had a mitigating effect on the pre-program differences between these two groups. Terminated clients had the highest re-arrest rate of the three groups and were more than three times as likely as graduates to re-offend. Nevertheless, univariate analysis comparing terminated clients’ pre- to post-drug court offending showed a significant decrease in arrests. However, none of the analyses accounted for the possibility that certain offenders and groups of offenders may have less opportunity to re-offend during the follow-up period due to incarceration. Univariate analyses also showed a relationship between post-program recidivism and program compliance (as measured through frequency of positive/missed UAs), treatment received, and total time in the program. However, in the regression, none of these predictors remained significant when the effects of the others were taken into account.

Limitations. Several limitations of the recidivism analyses briefly addressed in the results section warrant further discussion. Several methodological limitations, such as sample size, follow-up length, and probation end-date calculations, may impact the results of the analyses. Due to the length of the SAMHSA grant and the priority to examine the recidivism rate for graduates served during that time period, both the number of graduates and the time period since

their graduation are limited. Drug court outcome evaluation methodologies vary widely, with follow-up time periods ranging from one year (Craddock, 2002; Wright & Clymer, 2000) to four (Rempel, et al., 2003). Some evaluations even have a variable follow-up period (Listwan & Latessa, 2003). Furthermore, follow-up periods sometimes begin at the program start date (Listwan & Latessa, 2003) and other times don't begin until program exit (Wright & Clymer, 2000). It is also common for the definition of the follow-up period to not be clearly defined at all (Belenko, 2001). Both length of follow-up period and how that period is defined (wholly post-program or including during drug court impact, for example), as well as who is selected as the "comparison group," can significantly impact the findings. Researchers note the importance of carefully selecting the appropriate comparison group and follow-up period when conducting drug court outcome evaluations (Wright & Clymer, 2000). Despite the varying methodologies in drug court research, it has been suggested that a minimum of 24 months follow-up beginning on the date the offender is released into the community is required to capture 75-80% of adult recidivism events (Barnoski, 1997). Both a longer follow-up period and larger sample of graduates would increase the likelihood that study results accurately represent the drug court's effectiveness. Another methodological limitation is the use of original probation sentencing data from the AOC court database to calculate the date of probation end. Several factors, including probationer compliance, can influence the actual length of time on probation and whether it ends with the offender being released from supervision or incarcerated.

Another consideration to keep in mind when interpreting the recidivism analyses is the opportunity for post-program re-offending among the individuals and groups analyzed. The analyses did control for varying lengths of time following program exit by only including those drug court clients and probationers who had at least one year of follow-up time and only including those offenses that occurred during that time period. Time spent in jail or prison during that time period, thus limiting the opportunity for new offenses, was not considered. The Bernalillo County drug court evaluation (Guerin & Pitts, 2002) is one of the few evaluations that specifies time spent incarcerated during the follow-up period as a limitation to consider when examining recidivism. Likelihood of incarceration during the post-program time period is expected to be higher among terminated clients than graduated clients. For example, drug court records indicate that a portion of terminated clients are sentenced by the drug court judge to jail or prison (around 15% according to Access database) immediately upon termination from the program. Many of the terminated clients who were referred back to the regular court calendar for case processing may have also received jail or prison sentences. Unfortunately this information was not available to the researchers. Opportunity to accrue arrests recorded in the Utah criminal history database would also be limited for individuals who lived or accrued new charges out of state during some or all of the follow-up period.

The use of existing datasets and identifiers also restricts the quality and quantity of variables examined in the outcome analyses. As previously mentioned, the outcome variable of greatest interest, recidivism defined as any new arrest, is limited to arrests occurring in the state of Utah. Additional outcome measures, such as abstinence from substance use, employment, and reliance on public services (housing, Medicaid/Medicare, food stamps), that may be equally important in assessing the effectiveness of drug court could not be included. The limitations of using existing administrative datasets for evaluations are often cited in the drug court literature (Wolfe, Guydish, & Termondt, 2002; Craddock, 2002). The use of different offender ID numbers (and sometimes none at all) by various drug court and criminal justice databases further complicated the querying and linking of various data elements required for the process and

outcome analyses. Harrison and Parsons (2000) also noted this difficulty in their evaluation of the Salt Lake County Adult Felony Drug Court. Not only do the various criminal justice datasets in the state use unique and different IDs, some do not use a consistent unique person-based ID at all. Furthermore, the criminal justice population is notorious for their use of aliases, multiple birthdates, and multiple social security numbers, which hinder researcher ability to confirm the identities of offenders in the data they receive from outside agencies or ensure that all records for each offender are included.

Comparability to other drug court outcome evaluations. Two previous evaluations of the Salt Lake County Adult Felony Drug Court included recidivism analyses (Utah Commission on Criminal and Juvenile Justice (CCJJ), 2001; Harrison & Parsons, 2000). Both of these studies showed less recidivism among the drug court graduates group (CCJJ: 39.2% recidivated, Harrison & Parsons: 20.2%) than the comparison group (CCJJ: 78.0%, Harrison & Parsons: 60.0%), although follow-up length and definition of comparison group varied. For example, in the CCJJ study, the follow-up period was 18-months post-graduation for the graduate group and 18-months post-initial arrest that flagged them for inclusion for the comparison group. The comparison group was selected from offenders with drug charges in 1997 (time period prior to full implementation of Salt Lake County Drug Court) and a criminal history that would have made them eligible for drug court. The CCJJ study made “no effort...to determine what, if any, programming the control group did receive,” which could have ranged from jail to probation to fines. The Harrison and Parsons study followed the graduate and comparison groups for varying lengths of time, ranging from under 90 days to more than 365 for graduates and at least 365 days for all comparison individuals. The follow-up time period for graduates began at exit from program. The follow-up time period for the comparison group began at the time of screening for drug court. The comparison group was comprised of individuals who were screened for drug court and deemed eligible, but did not participate. It was not indicated what criminal justice sanctions or substance abuse services they received. Neither study accounted for decreased opportunity for recidivism during the follow-up period due to incarceration.

The differing methodologies between the two prior outcome evaluations of the Salt Lake County Drug Court and this study most likely contributed to the slight dissimilarity in results. Despite these variations, the three studies consistently show lower recidivism for drug court graduates than non-drug court comparison groups and lower recidivism for drug court graduates than non-successful clients (defined slightly differently by study, generally terminated clients). These robust findings across time periods and methodological differences indicate that there are beneficial effects of participation and graduation in the Salt Lake County Drug Court.

The general effectiveness of drug courts on reducing recidivism has been consistently established in studies from across the country (Belenko, 2001). The Government Accountability Office’s (GAO) review of adult drug court evaluations (2005) found that most studies have shown both during program and post-program (up to one year) reductions in recidivism. However, individual program success rates vary by type of clients the drug courts serve. Drug courts vary widely in the kind of clients they accept (misdemeanor vs. felony charges for initial inclusion) and the extent of their criminal history (GAO, 2005). For example, the Bernalillo County drug court has very low recidivism rates among graduates (5.4%); however, the program accepts primarily DWI and misdemeanor drug offenders (Guerin & Pitts, 2002). On the other hand, the Baltimore City drug treatment court had 48% of clients re-offend within 12 months of being assigned to the program; it served primarily African American male heroin addicts (Gottfredson & Exum, 2002).

Similarly, several drug court studies, including this one, show a strong relationship between criminal history and likelihood of re-offending (Truitt, et al., 2003; Wolfe, Guydish, & Termondt, 2002; Spohn, et al., 2001). Although the drug court intervention can, and usually does, impact drug addicted offenders' criminal trajectories; as a rule, more severe and chronic offenders have worse outcomes. The success rate of drug courts is inextricably tied to the characteristics (especially criminal histories) of the clients they serve (Roman, Townsend, & Bhati, 2003).

Although there is a movement in the drug court field to move from "do they work" to "for whom do they work" (Cissner & Rempel, 2005), drug court administrators should always be mindful of the population they want to serve. This group is not necessarily the group that is most likely to show the lowest recidivism rate. The drug court target population should be one that will benefit most from participation and have the largest impact on the community (largest reductions in crime overall and social services utilized). Although ethnicity was not a significant predictor of recidivism in the regressions, a smaller percentage of graduates from the Salt Lake County Adult Felony Drug Court are minorities compared to the larger group of clients at intake. The group of terminated clients has more minorities than the general group of participants at intake. These preliminary findings of a possible relationship between ethnicity and drug court success should precipitate further research to determine how the program can be more effective for minority participants, not used to change admission practices to include only individuals who might be more successful based on current knowledge of the program.

During program variables can also be significant predictors of successful outcomes (graduates vs. terminated, no recidivism, etc.). Although none were significant in the multivariate analysis, univariate analyses showed that time in the program, total treatment sessions, and client compliance (as measured through percentage of high or missed UAs) were all related to post-drug court recidivism for Salt Lake County Drug Court graduates and terminated clients. Guerin and Pitts (2002) found that fewer dirty UAs, fewer BWs, participation in acupuncture, and participation in individual counseling were all related to graduation. Gottfredson and Exum (2002) found a positive relationship between treatment and graduation. Rempel and colleagues (2003) found a negative relationship between early BWs (within first 30 days of program participation) and program success. Descriptive results from the process evaluation of this report show that graduates entered a plea in fewer days, on average, than both terminated and active clients. Future research examining additional during program variables' impact on drug court success (graduation and recidivism) should be conducted.

Follow-up Survey summary. Although few follow-up surveys were completed, graduates and terminated clients were nearly equally represented. Furthermore, since surveys were completed in both jail and through the mail, incarcerated clients were included in the sample. Both graduates and terminated clients indicated drug use relapse and criminal recidivism. Around half of both groups indicated attending 12-step groups since exiting the program, with smaller percentages of each group indicating post-program involvement in other treatment services. Unfortunately, a very high percentage of both graduates (about 40%) and terminated clients (about 50%) have experienced severe depression since leaving the program. Both groups also indicated suffering from anxiety and tension (approx. 50% terminated; 70% graduated). The percentage of these groups suffering from these mental health problems is higher than the percentage of clients who indicate these problems at either intake or during (6 and 12 month) program participation. Similarly, in the qualitative section of this survey, several clients noted

the difficulty they were having adjusting to life after the program and suggested that drug court work to better prepare clients for this transition. Specific suggestions included increased aftercare services and better notification of alumni groups.

Terminated clients were asked some additional questions about satisfaction with the drug court program. Surprisingly most had a very positive opinion of the program and even half felt that they were motivated to succeed while in the program. Similar to the larger group of drug court participants surveyed on the during program client satisfaction surveys, about half of terminated clients did not think that drug test and treatment fees were appropriate. However, no graduates who completed follow-up surveys mentioned fees as a problem in the qualitative response section. Not surprisingly, terminated clients differed from active clients (as indicated on the client satisfaction survey) on their opinion of the ease of drug court. About 60% of terminated clients thought that both incarceration (jail/prison) and probation were easier than drug court. About three-quarters of those on the client satisfaction survey “strongly agreed” drug court was easier than incarceration, while about 40% “strongly agreed” it was easier than probation.

Cost-Benefit summary. The cost-benefit analysis of this drug court shows a return of about \$4.29 on every dollar invested in the program. The total financial impact of drug court when considering the reduction in recidivism compared to a probationer group is \$10, 507.50 per drug court graduate, this includes reduced criminal justice costs and reduced costs to potential victims of crime. The cost-benefit analysis in this report is based upon the Utah model developed by Fowles and colleagues (2005) and is subject to its limitations. For example, the taxpayer costs in the model were limited to the following: “apprehension, investigation, prosecution, incarceration” (Fowles, et al., 2005). This methodology may underestimate the true return on investment when one considers that reliance on public services (such as housing assistance, unemployment, Medicaid/Medicare, food stamps, etc.) should also decrease as clients decrease criminal offending and assimilate into productive society. Lastly, another limitation is that this model is based on the assumption that the program “effect is uniform over all crime categories” (Fowles, et al., 2005). Drug court most likely has a different impact on drug-related crime re-offending than it does on other types of re-offending; however, the cost-benefit model does not examine the impact of reduced recidivism on specific types of re-offending.

Recommendations

Results from the process and outcome evaluation, especially from drug court clients’ and professionals’ input, suggest a few areas that need to be considered for modifications. For example, both clients and drug court professionals noted the need to continually balance the number of clients served with the quality of services they are receiving, including time with the case managers and individualization of treatment. Quantitative results also indicate that clients’ time with drug court judges could also be limited due to the ever increasing size of the program. The role of the judge in drug court clients’ success has been seen as significant (Tauber & Snavely, 1999) and is considered one of the 10 key components of the drug court model (NADCP, 1997). Not only time, but also resources are limited in the drug court and the need for a few crucial services surfaced again and again. Clients and professionals alike noted the need for better and more housing and employment services for clients. The inherent conflicts among drug court factions (treatment, legal, etc.) must also be addressed on a regular basis. Each group

has a different, yet important, role in the functioning of the program; however, drug courts' successes "may rest on cooperative action" (Tauber & Snavely, 1999) and this coordinated strategy is yet another one of the key components of the successful drug court model (NADCP, 1997). As the size of the drug court grows, it will be ever important to continue with regular staffings and communication between the various groups to preserve the successful elements of the program.

Challenges or limitations that surfaced during the evaluation also suggest some areas for improvement within the drug court. Primarily there were a few data elements that were not readily available (especially in electronic database format) that could greatly improve the descriptive and outcome analyses, as well as improve comparability to other drug court evaluations. These data elements include the following: (1) intake assessment measures related to addiction and criminality (LSI (Level of Severity Index), DSM-IV (Diagnostic and Statistical Manual) diagnoses, GAF (Global Assessment of Functioning) ratings, and ASAM (American Society of Addiction Medicine) placement criteria); (2) client status as probation or post-plea participant; (3) dates of phase changes; (4) fee payments; and (5) electronic exit ASI surveys (and increased completion of exit ASIs). Additional issues with missing data could be resolved with the use of categorical or pull-down menu items to reduce the likelihood of human error or variations in variables such as treatment type and modality, substances tested for during UAs, and sanction types.

Lastly, several issues for further consideration were raised during the course of this evaluation. The descriptive information regarding the frequency of court appearances, the clients' opinions about the judges' role in their recovery, and the noted importance of client-judge interactions in the literature (NADCP, 1997; Tauber & Snavely, 1999), suggest that additional research looking at the relationship between court appearances and outcome (graduation/recidivism) be conducted. Descriptive profiles of graduated and terminated clients also suggest additional measures, such as time to plea, bench warrants, jail bookings, and sanctions, may be related to client success. An outcome analysis linking these variables to a larger sample of graduates and terminated clients with sufficient follow-up could illuminate their relative influence on post-program recidivism. Additional collection of other post-program variables of interest, such as substance use, incarceration, and employment, would also help to describe the drug court's full impact on clients after leaving the program. Finally, follow-ups to the three regression analyses included in this report should be conducted after the follow-up period for both participants and the probation group have been extended to 24 months (the length of time required to capture 75-80% of adult recidivism events; Barnoski, 1997), to see if the differences among the groups are durable across a longer period of time. Including larger samples of graduates and terminated clients in the regression analyses, as the follow-up period allows, would also be recommended.

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Appendix A: Drug Court Policies and Procedures

1. Drug Court Referral Process
2. Eligibility Requirements
3. Treatment Orientation
4. Additional Guidelines
5. Client Rights and Responsibilities
6. Treatment Agreement
7. Drug Testing Policy
8. Drug Testing Procedure
9. Policy for Excusing Drug Tests
10. Length of Program
11. Program Extension Policy
12. Bench Warrant Policy
13. Sanctions
14. Non-compliance and Relapse Sanctions
15. New Charges or Re-arrest Policy
16. Restitution Policy

DRUG COURT REFERRAL PROCESS

All clients being referred to Drug Court whether for: plea in abeyance, conditions of probation from a judge or AP&P or out of county transfer cases must meet the eligibility requirements.

1. Send email referrals to drugcourtrefferal@slco.org only.

Referral must include:

Defendants Name

Date of Birth

Case Number(s) being referred

DAO Number

Defense attorney assigned to the case(s)

Prosecutor assigned to the case(s)

Referrals without all the proper information will be sent back with a request for missing information.

2. A complete screening will take place including; a check of the Utah “rap” sheet, FBI “rap” sheet if applicable, bookings at the Adult Detention Center, court dockets and police reports.
3. Those clients not eligible, do to no prior drug arrests only, will be assessed by CJS to determine drug addiction. Clients in jail will be referred to a CJS therapist, clients out to Pre-Trial Services will be set up for an assessment through their case worker if an ASI has not already been completed. Clients not in jail or out to PTS will be set up for an assessment through their attorney after the request for an assessment has been made by CJS. To set up an ASI attorney’s will need to make an appointment by calling 799-8466.
4. CJS or the prosecutor’s office may request a risk assessment be done on those clients with a history of violence but no convictions. The risk assessment will be completed by CJS.
5. Criminal Justice Services will then forward the referral(s) to the prosecutor’s office to obtain information on the case and receive the proper approval as required. The prosecutor’s office will send case information and approval or denial back to CJS.

6. A response to the original referral will be sent with an approval or denial from Drug Court. All denials will include an explanation. A copy of the response will also go to the prosecutor's offices and the Drug Court Clerk.
7. The screening process will require at least two weeks and possibly longer.
8. All questions/concerns from family members and significant others of defendants regarding eligibility to Drug Court should be fielded by the defense attorney and not referred to Criminal Justice Services.
9. Any cases put on the Drug Court calendar before completing the screening process will not be acted upon until the above steps are completed.

POLICY #4
FELONY DRUG COURT ELIGIBILITY REQUIREMENTS

Purpose:

Eligibility requirements are necessary to assist clients and drug court professionals in identifying qualified candidates for Drug Court Services.

Procedures:

- I. Defendants must meet the following requirements:
 - A. The defendant must be a resident of Salt Lake County or have charges pending in Salt Lake County. Out of state and out of county residents may be accepted in limited circumstances.
 - B. The defendant must have a prior drug conviction (misdemeanor or felony) or two prior drug related arrests prior to the date of the alleged offense or a significant addiction problem as determined by Criminal Justice Services' Treatment program.
 - C. The defendant must have a second or third degree felony drug plea. (Examples of acceptable charges would be: forged prescriptions, felony possession of a controlled substance, and possession with intent to distribute.)
 - D. Probationers may be accepted into Drug Court and are subject to review by the Drug Court Working Committee even if they otherwise meet all Drug Court eligibility requirements. The District Attorney's Office will determine the status of "plea in abeyance vs. "reduction in charges" for probationers.
 - E. The defendant must be discharged from parole prior to committing new felony offenses.
 - F. The Drug Court staff may recommend clients for inclusion in the program.

page two, cont.

Drug Court Eligibility Requirements

- G. A minimal two-week pre-plea orientation of Drug Court and Treatment Services will be held prior to acceptance of the plea, as to determine client readiness for the program.
 - H. The District Attorney has final approval for inclusion.
- II. Defendants will be excluded from Drug Court for the following:
- A. A client must be a legal resident of the United States of America.
 - B. Any felony or serious sex offenses.
 - C. A conviction for a misdemeanor crime of violence within the past 5 years, a conviction for a felony crime of violence within the past 10 years or a pending crime of violence. Also clients with prior firearm or weapon convictions.
 - D. Clients with an extensive arrest record or history of violence may be considered for inclusion in Drug Court if they receive a “risk assessment” from Criminal Justice Services’ Treatment program as requested by the District Attorney’s Office.
 - E. Pending distribution charges or a pending clandestine lab charge or a conviction for operating a clandestine lab.
 - F. A client must have the capacity to manage the structure of the Drug Court. Those with serious mental illness, disruptive behavior, or not in need of drug treatment may be excluded from the program.
 - G. Clients unwilling or unable to terminate use of lawfully prescribed controlled substances, prescriptions and over the counter medications that affect the integrity and accuracy of drug screening will be excluded.
 - H. Clients having previously graduated, whether on probation or not, may not be readmitted on new charges.

page three, cont.

Drug Court Eligibility Requirements

- I. Clients having only alcohol dependencies or marijuana offenses will be excluded.
- J. Clients having been sentenced post-plea or terminated pre-plea from Drug Court will not be readmitted.
- K. The Drug Court Treatment staff may recommend clients for exclusion from the program.

Appeal:

Applicants, or their representatives, may request a review of the eligibility decision rendered by the Drug Court staff. Such request will be made in writing to the Executive Committee.

Approved: Date: _____

Dennis M. Fuchs, Judge
Third District Court

Stephen L. Henriod, Judge
Third District Court

Jerry Campbell, Chief D. A.
SLCo. District Attorney's Office

Deborah Kreeck-Mendez
Legal Defenders Assoc.

Gary K. Dalton, Director
SLCo. Criminal Justice Services

Attachment: Program Completion Requirements Check Off List

DRUG COURT TREATMENT ORIENTATION

PHASE ONE (Pre-plea): Begins at legal orientation (usually first Drug Court appearance) and should require 2 weeks to complete. This phase is used to determine acceptance into Drug Court, clients must demonstrate some commitment to the program by substantially completing the following requirements:

Legal

- 1) In court, attend legal orientation provided by Legal Defenders.
- 2) Meet with attorney to review facts and legal issues.
- 3) Enter a guilty plea.

Treatment

- 1) Complete Drug Court intake with a case manager at Drug Court treatment located at 145 E 1300 S Ste. 501, Phone 799-8466.
- 2) Schedule and complete an Addiction Severity Index (ASI) assessment and develop an initial treatment plan.
- 3) Attend the Treatment Orientation Group held at Drug Court treatment on Wednesdays from 11:00 a.m.-12:00 p.m.
- 4) Attend the Drug Education Class held at Drug Court treatment on Thursdays at 3:30 p.m.
- 5) Attend the AIDS/HIV Awareness Class held at Drug Court treatment on Mondays at 11:30 a.m.
- 6) Attend 40 minute acupuncture treatments 2 times per week on Monday and Wednesday evenings any time between 5:00-7:00 p.m., and Friday any time between 7:30-8:45 a.m., with a total of 5 sessions attended before moving to Phase 2.
- 7) Attend all six Chance classes. See monthly class schedule.
- 8) Do drug tests as required.
- 9) Verify address with Drug Court officer.

Once the tasks above have been completed, and there are 5 consecutive clean UAs (4 UAs if they have all been clean), the client is ready to enter a plea.

PHASE TWO (Treatment): Minimum of 4 months (16 weeks) to complete. This sixteen-week phase incorporates substance abuse therapy and psycho-educational classes (Phase Two), based on the treatment plan developed in Phase One. Treatment may occur in treatment programs other than Drug Court treatment. Outside treatment must be coordinated with Drug Court treatment with written progress reports provided prior to each court hearing. Attend community group, consisting of any 12-step, rational recovery or Stepping Stones Alumni group, once a week every weekend (Saturday or Sunday). If there is a high risk of relapse, difficulty maintaining abstinence, serious withdrawal complications, medical or emotional complications, or resistance to treatment, the client may be referred to a more intensive level of treatment, such as detoxification, day treatment, intensive outpatient or inpatient treatment. Completion of day-treatment, intensive outpatient, inpatient, or other approved treatment programs will meet at least some, if not all, Phase Two requirements.

Standard Drug Court Phase Two requirements include:

- 1) ***Attend one substance abuse therapy group (SAG) per week (may be referred to outside provider).***
- 2) Attend weekly Phase Two Group and complete assigned homework.

- 3) Attend community group twice a week, one during the week (Monday through Friday) and one on the weekend (Saturday or Sunday). Community groups are any 12-step, Rational Recovery or Stepping Stones Alumni groups.
- 4) Attend 40 minute acupuncture treatments 1 time per week on Monday and Wednesday evenings any time between 5:00-7:00 pm, and Friday any time between 7:30-8:45 am, with a total of 10 sessions attended before moving to Phase 3.
- 5) Do drug tests as required.
- 6) Pay for all drug tests.
- 7) Must pay at least \$240.00 toward treatment fees before moving to Phase 3.

PHASE THREE (Personal Enhancement): Approximately four months to complete. Phase Three requirements may be adapted to fit treatment already received through different agencies. During this phase, participants complete an elective activity while continuing substance abuse treatment.

Drug Court Phase Three requirements include:

- 1) Attend weekly SAG.
- 2) Attend one community groups a week, one during the week or one on the weekend. Clients participating in 12-step groups should begin working on obtaining a sponsor.
- 3) Select and begin your “elective” activity, group, or project, i.e.: Parenting Group, GED or high school diploma, Poet’s Path, Desire to Stop, 12- Step meetings, community activity, etc.
- 4) Begin community service hours. (Total of 40 hours required for program completion).
- 5) Attend 40 minute acupuncture treatments as needed on Monday and Wednesday evenings any time between 5:00-7:00 pm, and Friday any time between 7:30-8:45 am.
- 6) Do drug tests as required.
- 7) Pay for all drug tests.
- 8) Must have paid at least \$600.00 toward treatment fees before moving to Phase 4.

PHASE FOUR (Aftercare and Community Reentry): Approximately four months to complete. During this final phase, participants prepare to reenter the community as productive citizens.

Drug Court Phase Four requirements include:

- 1) Attend weekly SAG.
- 2) Attend one community groups a week, one during the week or one on the weekend. Clients participating in 12-step groups should have a sponsor.
- 3) Attend at least two Alumni Association meetings a month. Attending at least six meetings prior to graduation.
- 4) Develop an aftercare plan with case manager to include AA, NA, CA, RR.
- 5) Do drug tests as required - In Phase Four, a missed drug test results in a six-month extension of completion date.
- 6) **Six months consecutive clean drug tests are required to complete Drug Court.**
- 7) **Pay for all drug tests.**
- 8) Schedule and complete an exit interview.
- 9) Complete community service hours.
- 10) Finish paying treatment fees.

ADDITIONAL GUIDELINES

- Every missed UA shall be considered dirty and sanctions will apply unless excused by therapeutic staff with the concurrence of the Director.

Drug court staff procedures on missed UA:

- a. Client must contact in person his/her Case Manager the following day to make arrangements for sanctions. Case Manager will decide whether to test or not. Sanctions include being issued a different color to test more often until the next court date, additional classes, community service.
 - b. If the client does not contact Drug Court the following day, additional sanctions will apply including time added to completion date-up to 6 months.
 - c. If a client misses a UA in Phase IV, six months will be added to completion date.
- Anyone who is taking a prescription for a controlled substance shall remain active in the program but will be suspended for purposes of completion. Prescriptions must be registered with Case Manager and may only be used with permission of Case Manager.
 - Anyone caught tampering with UA will be removed from the program and sentenced accordingly. Participant will remain in jail until sentenced.
 - Anyone convicted of distribution of controlled substance, possession with intent to distribute, operating a clandestine lab, or any crime of violence while in the program will be removed from the program and sentenced accordingly.
 - Anyone arrested for possession with intent or distribution of controlled substance while in the program shall have the new charges reviewed and a committee decision will be made as to whether an order to show cause should be held, or whether they shall be removed from the program and sentenced, continued with the time suspended from the program pending the outcome of the new charges, or allowed to remain and participate in the program

**Criminal Justice Services Division
Drug Court
Rights and Responsibilities**

- I agree to receive services from Criminal Justice Services Division (CJS), Drug Court as outlined in my treatment plan. I understand that I must get the approval of my case manager before initiating treatment in order to satisfy Drug Court requirements.
- I agree to follow these rules:
 - a. All information I give will be accurate and complete.
 - b. I will keep all information about other clients confidential.
 - c. I will notify my case manager if any of the information that I have given changes, such as my address and telephone number.
 - d. I will contact my case manager immediately if I am arrested for any new charges. I understand that I may violate Drug Court conditions if I am arrested for certain offenses.
 - e. I will contact my case manager in advance if I cannot keep an appointment.
 - f. I understand that if I do not follow my treatment plan, this could be reported to my case manager and to the Court.
 - g. I will follow the guidelines for participation in group therapy.
 - h. I will treat staff and other clients with respect. I understand that I may be prevented from participating in Drug Court services if my behavior is violent or disrespectful.
 - i. I agree to allow regular home visits from the Drug Court Officer during the period of time that I am in Drug Court.
 - j. I will abstain from all drug and alcohol use and association with people, places or things related to drug or alcohol use.
- I agree to pay my Drug Court fee in full. I understand that if I do not pay my fee in full, I will not graduate successfully from Drug Court.
- I have the right to freedom from discrimination based on color, age, sexual orientation, or religion and I have the right to be treated with dignity.
- I have the right, as a smoker or non-smoker, to be treated in compliance with the Utah Clean Air Act and Salt Lake County Policy.
- I have the right to file a grievance in writing if I believe that I have been treated unfairly by CJS staff. I may give written grievance to my case manager, or if the grievance involves my case manager, I may give it to the Drug Court Manager. If my grievance involves the Drug Court Manager, I may give it to the Director of Criminal Justices Services at 145 E 1300 S Ste. 501, Salt Lake City, UT 84115.
- I have the right to confidentiality. Drug Court adheres to GRAMA, and 42 CFR Part 2, Federal Confidentiality Regulations for Substance Abusers which requires my written consent for the release of any information in my file. I will sign a release today allowing the Drug Court Treatment team to release information to the Courts. Regulations allow exceptions to confidentiality under certain circumstances without my consent. The circumstances include suspicion of abuse of a child or dependent adult or imminent danger to self or others.

I have read and understand the Client Rights and Responsibilities above and have received a copy of them. I have asked for clarification of any item that I do not understand, and my counselor has answered it to my satisfaction. I agree to abide by the Rights and Responsibilities as outline above.

Client Signature _____

Date _____

**Drug Court Treatment Program
Participant Treatment Agreement**

_____, S.O. # _____ has been accepted into Drug Court Program. Case No. _____ Successful completion and graduation will occur when a person:

- has completed fifty-two weeks in program
- has completed _____ hours of community services, as agreed at Court.
- Has paid all required fees.
- Has participated and completed Drug Court program plan at Pre-Trial Services.

In addition/In alternative to program plan, Court and participant have agreed to the following:

- has complied with any other conditions, as agreed in Court during program participation

Next court date is _____

Speak with counselor after every court appearance

Report IMMEDIATELY any changes in address, phone number, employment/school/training, court dates.

May leave Utah ONLY with prior permission of Pre-Trial Services.

Consumption of alcohol is not permitted during treatment. Prescription drugs must be listed with Pre-Trial Services counselor and may be used only with permission of the counselor.

I have read/or had read to me the above requirements for Drug Court participation. I have received and read/or had read to me the Pre-Trial Services treatment program. I also know I will be terminated from Drug Court if the Court finds:

- arrest on new violent criminal charges
- any other new serious criminal charge, as determined by the Court
- three Bench Warrants issued
- tampering or attempting to tamper with urinalysis.
- Agreement at Court.

I know if I am terminated from Drug Court, my case will be referred to appropriate court for further proceedings.

I understand the privileges and responsibilities I will have as a Drug Court participant. I agree to these terms and conditions.

Signed _____

Participant

Date _____

Counselor

Date _____

POLICY #6 DRUG TESTING SERVICES

Purpose:

The purpose of this policy is to clarify for clients and professionals the standards in the Drug Court Program as it relates to Drug Testing.

Procedures:

A. Client Expectations:

1. Clients are to be tested, without fail, unless proof of medical emergency is provided to the Case Manager as soon as possible.
2. Clients are to be tested only through the identified vendor of drug testing services unless another vendor is authorized by the presiding Judge.

B. Random Assignments of Drug Testing:

There will be a random assignment of clients for drug testing (PassPoint/UA's). These assignments will be made by program staff. Randomness is based upon the current phase of the program and the progress within the program.

Clients must be tested according to the following schedule:

Phase 1	Blue=	at least 3 times per week.
Phase 2	Red=	at least 2 times per week.
Phase 3	Purple=	at least 2 times per week.
Phase 4	Yellow=	at least 2 times per week.
Sanctions	Green=	at least 4 times per week.

Multi-panel screens are randomized as well, and consist of one or more screenings for each client, in each phase, in each month.

C. Drug Testing Fees and Associated Costs:

Drug Court Clients are responsible to pay for all drug testing fees and associated costs; i.e., re-tests, challenges, etc.

page 2, cont.

Drug Testing Services

D. Missed Tests, Tampering and Dilutions:

1. Missed tests, for any reason including the inability to provide an eye test or urine sample, will be treated as a "positive test" and will be subject to sanctions.

2. Drug tests may be “excused” and therefore not counted as a missed test with prior written approval of the Case Manager.
3. All drug tests will be reported to the Case Manager by the vendor through established protocols.
4. Tampering with or the adulteration of drug tests will result in an Order to Show Cause and possible termination from Drug Court.

Appeal:

Any member of the Drug Court Working Committee may appeal a decision of this policy to the Executive Committee who will make a final determination. An order of the Court may supercede the Executive Committee’s decision.

Approved: Date: _____

Dennis M. Fuchs, Judge
Third District Court

Stephen L. Henriod, Judge
Third District Court

Jerry Campbell, Chief D. A.
SLCo. District Attorney’s Office

Deborah Kreeck-Mendez
Legal Defenders Assoc.

Gary K. Dalton, Director
SLCo. Criminal Justice Services

**SALT LAKE COUNTY DRUG COURT
PARTICIPANT DRUG TESTING PROCEDURE**

TESTING PHONE NUMBER: 799-8492

Drug Court uses a tape recorded message to instruct you when to submit to drug testing according to your phase and/or progress in the program:

Minimum of 4 times per week:	green
Minimum of 3 times per week:	blue
Minimum of 2 times per week:	red
Minimum of 2 times per week:	purple
Minimum of 2 times per week:	yellow

You must call 799-8492 **EVERY DAY EXCEPT SUNDAY BETWEEN 6:00 A.M. AND 1:00 P.M.** A recorded message will say when each color group must submit to testing. It is your responsibility to call. **YOU MUST CALL EVERYDAY EVEN IF YOU HAVE ALREADY TESTED THE MINIMUM NUMBER OF TIMES REQUIRED FOR THE WEEK.** Failure to submit to testing because of not calling the recorded message is not a valid excuse and you will be subject to sanctions by the Drug Court judge. The judge or Drug Court staff may order a test at any time.

You will be expected to pay for each test unless a waiver is approved by your Case Manager. You must make special payment arrangements with your Case Manager. The cost of each drug test is \$10.00 for a single, \$12.00 for a two panel, \$14.00 for a three panel, \$14.50 for a four panel test.

Testing is done at Global Drug Testing Services, 1482 Major St, Salt Lake City, UT 84115. Testing is done between 9:00 a.m. and 7:00 p.m. Monday through Friday and between 8:00 a.m and 12:00 p.m. Saturday and holidays. You must have picture I.D. with you for testing unless you have made special arrangements with your Case Manager.

If you have any questions please contact your Case Manager.

Case Manager

Date

Participant

Date

**SALT LAKE COUNTY FELONY DRUG COURT
STANDARD OPERATING PROCEDURE (SOP)
FOR EXCUSING DRUG TESTS**

Purpose:

This policy is designed to establish guidelines and limits for excusing drug tests for clients while in the Felony Drug Court program.

Procedure:

Clients are required to take all drug tests while in the Felony Drug Court program. Some exceptions are listed below. Clients taking prescription or over-the-counter medication for medical or mental health issues must continue taking drug tests and need to receive prior approval from their case manager before taking any medication. A copy of the prescription should be given to the case manager. If clients are required to leave town for work, they must have prior approval from their case manager and can only leave if they will not miss a drug test; otherwise, clients must find employment that will not interfere with their testing.

Guidelines for excusing drug tests:

Drug tests can be excused *only* under the following circumstances:

I. Emergency Situations

- A. Hospitalization:** Hospitalization is defined as a client being required to remain in the hospital for more than a day due to illness, physical injuries, or mental health emergencies. If a client requires hospitalization, they must provide documentation to their case manager verifying the reason for the hospitalization, the amount of time spent in the hospital, medication that may have been given by the hospital and other important information regarding the illness.
- B. Death of an immediate family member:** Immediate family members include the mother, father, child, grandfather, grandmother, mother-in-law and father-in-law. Clients are only allowed to be excused from a drug tests if they are required to leave the state for a funeral. Documentation regarding the time, place and location of the funeral must be provided to the case manager in order for the drug test to be excused. If the funeral is held within the state (Utah), clients are still required to take their drug test.
- C. Terminally ill family member:** If an emergency occurs with an immediate family member who is ill or dying, the client may be excused from their drug test to be with that family member. Documentation must be provided to the case manager regarding this type of emergency.

II. Vacation Leave

Clients may be able to take a vacation twice while in treatment for a period not to exceed three working days with no more than three excused drug tests beginning in Phase III. If clients have demonstrated “good” performance in Phase III for a period of three consecutive months, they may be considered for a vacation leave. “Good” performance consists of the following requirements:

- No missed drug tests
- No missed groups
- No missed court dates
- Good progress with treatment goals
- Positive attitude in treatment

If a client is eligible for vacation leave, they must make an appointment with their case manager for prior approval and to make arrangements for the vacation.

Approved: Date: _____

Gary Dalton
Division Director

Candace Nenow
Program Manager

Revised May 22, 2003

POLICY #5

LENGTH OF PROGRAM

Purpose:

Clients will understand that the Drug Court has a minimum length of time for service to complete the program.

Procedure:

1. Drug Court is 52 weeks in duration.
2. The 52 weeks begins at the time of plea or when the Drug Court agreement is signed for probationers.
3. Time in jail, on bench warrant, taking lawfully prescribed controlled substances, or when a client is unable to participate in treatment are not counted in the 52 weeks.
4. Clients who have physical or mental health problems that last a duration of two weeks or more will be responsible for proving their medical/mental health status. They may be required to submit to a medical or mental health review at their own cost. Such medical or mental health review documentation will be subject to review by the Court.

Appeal:

Any member of the Drug Court Working Committee may appeal a decision of this policy and the Executive Committee will make a determination. An order of the court may supercede the Executive Committee's decision.

Approved: Date: _____

Dennis M. Fuchs, Judge
Third District Court

Stephen L. Henriod, Judge
Third District Court

Jerry Campbell, Chief D. A.
SLCo. District Attorney's Office

Deborah Kreeck-Mendez
Legal Defenders Assoc.

Gary K. Dalton, Director
SLCo. Criminal Justice Services

POLICY #1

EXTENSION OF PROGRAM SERVICES

Purpose:

Clients in the Drug Court program find themselves unable to graduate for a number of reasons. This policy allows Drug Court Staff to recommend extensions of services.

Procedure:

The Court, upon recommendation of any member of the Drug Court Working Committee, may accept Phase Four extensions of six (6) months duration, not to exceed three episodes (or a total of 18 months). After the third extension the client will be issued an Order to Show Cause with recommendation for dismissal from the program.

Each extension of service will require a “program re-instatement fee” which will be:

1st Extension = \$ 50

2nd Extension= \$100

3rd Extension= \$200

Appeal:

Any member of the Drug Court Working Committee may appeal a decision of this policy to the Executive Committee who will make a final determination. An order of the Court may supercede the Executive Committee’s decision.

Approved: Date: _____

Dennis M. Fuchs, Judge
Third District Court

Stephen L. Henriod, Judge
Third District Court

Jerry Campbell, Chief D. A.
SLCo. District Attorney’s Office

Deborah Kreeck-Mendez
Legal Defenders Assoc.

Gary K. Dalton, Director
SLCo. Criminal Justice Services

POLICY #2

BENCH WARRANTS

Purpose:

Bench Warrants may be issued to clients while in the program. The warrant will signify failure to appear or failure to comply with the Court's order.

Procedures:

Pre-plea:

1. Two pre-plea bench warrants will be issued. At the issuance of the second warrant the client will be terminated from the program and referred back to the Drug Roll Call calendar.
2. Pre-plea bench warrants will not exceed three (3) months on a first issuance.

Post-plea:

3. The client(s) will be allowed up to three (3) post-plea bench warrants.
4. Upon the receipt of the third warrant the client will be issued an Order to Show Cause with recommendation for dismissal from the program and referred for sentencing.
5. Any bench warrant outstanding over six (6) months will result in an Order to Show Cause with recommendation for dismissal from the program.
6. Upon return to the program after an absence for the first or second bench warrant, the client will be reassessed for program level and be responsible for a \$50 reinstatement fee.
7. One bench warrant can be stricken if there is a period of six (6) consecutive months of complete program compliance.

page two, cont.
Bench Warrant Policy

Appeal:

Any member of the Drug Court Working Committee may appeal a decision of this policy and the Executive Committee will make a determination. An order of the court may supercede the Executive Committee's decision.

Approved: Date: _____

Dennis M. Fuchs, Judge
Third District Court

Stephen L. Henriod, Judge
Third District Court

Jerry Campbell, Chief D. A.
SLCo. District Attorneys Office

Deborah Kreeck-Mendez
Legal Defenders Assoc.

Gary K. Dalton, Director
SLCo. Criminal Justice Services

SANCTIONS

Therapeutic Interventions

Attend additional AA/NA/CMA/CA/RR meetings

Increase drug testing frequency

Attend additional groups or classes

Homework or practical exercises:

Written assignments, i.e. Dear John letter to drug of choice, Chance homework

Workbook exercises

Keep a journal

Books

Articles

View videos such as “Clean and Sober”, “Bill Moyers: Closer to Home”,
treatment videos, “Trainspotting”, “Leaving Las Vegas”, “When a Man
Loves a Woman”, “American Me”.

Write paper on what was learned from viewing the video.

Obtain a sponsor/mentor

Complete GED

Develop and follow a physical fitness program

Attend specialty groups:

Parenting Group

Anger Management

Relapse Prevention

Women’s Group

Drug Education Group

Other classes, lectures or workshops as assigned

Sanctions

Complete additional community service

Monetary sanctions

Peer Review

Jail

Weekend Warriors

Administrative sanction

Reports as assigned by judge

SALT LAKE COUNTY
NON-COMPLIANCE & RELAPSE SANCTIONS

LEVEL ONE:

- administrative sanctions given by Case Manager

LEVEL TWO:

- attend another judge's sentencing (Frederick)
- attend an entire day or days at Drug Court office
- fine
- homework
- community service
- prepare talk to give in court
- hold in cells outside court
- hold in cells downstairs (day jail)
- jail to detox (if recommended)

LEVEL THREE:

- minimum of two and up to six days in jail

LEVEL FOUR:

- thirty days straight in jail
- thirty days in jail suspended under appropriate relapse sanctions (jail to detox)
- contract

LEVEL FIVE:

- order to show cause

EXCUSES = PARTICIPANT RESPONSIBILITY

Court should consider repeating sanction placement upon recommendation of treatment:

1. Maintenance of same level of sanctions.
2. Progression to next level of sanctions
3. Initial placement of sanction level depends on previous performance.

POLICY #3

NEW CHARGES OR RE-ARREST POLICY

Purpose:

This policy clarifies procedures followed when handling Drug Court cases when any new offense(s) occur.

Procedures:

Misdemeanor Charges will be handled in the court of original jurisdiction. Clients are expected to report to their case managers any new arrests/charges within 48 hours of the incident.

Case Managers are expected, upon knowledge of the incidents, to report the new charges to the Drug Court. After a treatment staffing, the Case Manager will make recommendations to the Drug Court (Judge) for additional sanctions or program extensions. Any misdemeanor conviction may result in a six-month program extension.

Any three additional misdemeanor criminal episodes may result in an Order to Show Cause and possible termination from Drug Court.

Felony Charges will be handled in the court of original jurisdiction. Clients are expected to report to their case managers any new arrests/charges within 48 hours of the incident.

New felonies that are drug-related may be allowed into Drug Court with the current Drug Court plea if approved by the District Attorney's office. Recommendations, from Legal Defenders to the District Attorney, may include:

1. That the new charges stand alone with the court of original jurisdiction and the client terminated from the Drug Court Program. If the client is retained, an automatic six (6) month extension is required.

Page two, cont.

New Charges or Re-arrest Policy

2. That the new charges may be allowed into Drug Court, as a condition of probation or plea in abeyance, if the Drug Court staff and District Attorney recommends and the client is making progress and attempting to complete the requirements with the current case. The client may receive additional sanctions, and an automatic six (6) month program extension is required.
3. That any new charges of “distribution of controlled substances” or the “operation of a clandestine drug lab,” or “crime of violence” are reasons for an Order to Show Cause with recommendation for termination from the program.
4. That any new third, felony criminal episode conviction will result in an Order to Show Cause with recommends for termination from the program.
5. Any client who is convicted or unable to continue the Drug Court program will be recommended for termination.

Appeal:

Any member of the Drug Court Working Committee may appeal a decision of this policy and the Executive Committee will make a determination. An order of the court may supercede the Executive Committee’s decision.

Approved: Date: _____

Dennis M. Fuchs, Judge
Third District Court

Stephen L. Henriod, Judge
Third District Court

Jerry Campbell, Chief D. A.
SLCo. District Attorneys Office

Deborah Kreeck-Mendez
Legal Defenders Assoc.

Gary K. Dalton, Director
SLCo. Criminal Justice Services

POLICY #7
RESTITUTION

Purpose:

A formal declaration of restitution prior to entering a plea in Drug Court will facilitate the courts collection of the restitution. Drug Court staff will be able to help clients in managing the repayment of restitution during the course of treatment and prior to graduation.

Procedure:

Restitution will be determined by counsel and the client prior to entering a plea in Drug Court. The total amount of restitution and to whom the restitution is owed will be noted in the Drug Court agreement. No restitution hearings will be held in Drug Court.

As a general policy, clients owing in excess of \$2,500 will not be allowed to bring charges attached to that sum of restitution into Drug Court. Exceptions to the \$2,500 limit may be considered and agreed to by the prosecutor, defense counsel, and the Judge. Restitution will be set and ordered by the Court.

The Court will supervise collection of the restitution, taking into consideration the victim, client, and the court (i.e. court collection or Adult Parole and Probation).

Case Managers will recommend, monitor and encourage payment as set by the Court. The expectation will be that payment will begin on entering Phase 2. Clients are expected to be current on fees and restitution prior to moving to the next phase. The Case Manager and client will reassess the payment schedule for increase in payments periodically and as the client moves from phase to phase.

Restitution must be paid in full before graduation from Drug Court.

Approved: Date: _____

Dennis M. Fuchs, Judge
Third District Court

Stephen L. Henriod, Judge
Third District Court

Jerry Campbell, Chief D.A.
SLCo. District Attorney's Office

Deborah Kreeck-Mendez
Legal Defenders Association

Gary K. Dalton, Director
SLCo. Criminal Justice Service

Appendix B: Client Surveys and Key Informant Interview Outline

17. Government Performance Results Act (GPRA) Survey
18. Client Satisfaction Survey
19. Graduated Follow-up Survey
20. Terminated Follow-up Survey
21. Outline for Key Informant Interview

**CSAT GPRA Client Outcome
Measures for Discretionary Programs**

Public reporting burden for this collection of information is estimated to average 20 minutes per response if all items are asked of a client/participant; to the extent that providers already obtain much of this information as part of their ongoing client/participant intake or followup, less time will be required. Send comments regarding this burden estimate or any other aspect of this collection of information to SAMHSA Reports Clearance Officer, Room 16-105, 5600 Fishers Lane, Rockville, MD 20857. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The control number for this project is 0930-0208.

B. DRUG AND ALCOHOL USE

- | | |
|---|--|
| <p>1. During the past 30 days how many days have you used the following:</p> <p>a. Any alcohol</p> <p>b1. Alcohol to intoxication (5+ drinks in one sitting)</p> <p>b2. Alcohol to intoxication (4 or fewer drinks in one sitting and felt high)</p> <p>c. Illegal drugs</p> | <p>Number of Days</p> <p>□ □ □</p> <p>□ □ □</p> <p>□ □ □</p> <p>□ □ □</p> |
| <p>2. During the past 30 days, how many days have you used any of the following:</p> <p>a. Cocaine/Crack</p> <p>b. Marijuana/Hashish [Pot, Joints, Blunts, Chronic, Weed, Mary Jane]</p> <p>c. Heroin [Smack, H, Junk, Skag], or other opiates:</p> <p style="padding-left: 20px;">1. Heroin [Smack, H, Junk, Skag]</p> <p style="padding-left: 20px;">2. Morphine</p> <p style="padding-left: 20px;">3. Diluadid</p> <p style="padding-left: 20px;">4. Demerol</p> <p style="padding-left: 20px;">5. Percocet</p> <p style="padding-left: 20px;">6. Darvon</p> <p style="padding-left: 20px;">7. Codeine</p> <p style="padding-left: 20px;">8. Tylenol 2,3,4</p> <p>d. Non-prescription methadone</p> <p>e. Hallucinogens/psychedelics, PCP [Angel Dust, Ozone, Wack, Rocket Fuel] MDMA [Ecstasy, XTC, X, Adam], LSD [Acid, Boomers, Yellow Sunshine], Mushrooms or Mescaline</p> <p>a. Methamphetamine or amphetamines [Meth, Uppers, Speed, Ice, Chalk, Crystal, Glass, Fire, Crank]</p> <p>g. 1. Benzodiazepines: Diazepam (Valium); Alpeazolam (Xanax); Triazolam (Halcion); and Estazolam (Prosom and Rohypnol—also known as roofies, roche, and cope)</p> <p style="padding-left: 20px;">2. Barbiturates: Mephobarbital (Mebacut); and pentobarbital sodium (Nembutal)</p> <p style="padding-left: 20px;">3. Non-prescription GHB (known as Grievous Bodily Harm; Liquid Ecstasy, and Georgia Home Boy)</p> <p style="padding-left: 20px;">4. Ketamine (known as Special K or Vitamin K)</p> <p style="padding-left: 20px;">5. Other tranquilizers, downers, sedatives or hypnotics</p> <p>h. Inhalants [poppers, snappers, rush, whippets]</p> <p>i. Other illegal drugs (specify) _____</p> | <p>Number of Days</p> <p>□ □ □</p> |
| <p>3. In the past 30 days have you injected drugs? <input type="radio"/> Yes <input type="radio"/> No</p> <p>If no, go to Section C.</p> | |

4. In the past 30 days, how often did you use a syringe/needle, cooker, cotton or water that someone else used?

- Always
- More than half the time
- Half the time
- Less than half the time
- Never

C. FAMILY AND LIVING CONDITIONS

1. In the past 30 days, where have you been living most of the time?

- Shelter (safe havens, TLC, low demand facilities, reception centers, other temporary day or evening facility)
- Street/outdoors (sidewalk, doorway, park, public or abandoned building)
- Institution (hospital, nursing home, jail/prison)
- Housed:
 - Own/rent apartment, room, or house
 - Someone else's apartment, room or house
 - Halfway house
 - Residential treatment
 - Other housed (specify) _____

2. During the past 30 days, how stressful have things been for you because of your use of alcohol or other drugs?

- Not at all
- Somewhat
- Considerably
- Extremely
- Not applicable

3. During the past 30 days, has your use of alcohol or other drugs caused you to reduce or give up important activities?

- Not at all
- Somewhat
- Considerably
- Extremely
- Not applicable

4. During the past 30 days, has your use of alcohol or other drugs caused you to have emotional problems?

- Not at all
- Somewhat
- Considerably
- Extremely
- Not applicable

D. EDUCATION, EMPLOYMENT, AND INCOME

1. Are you currently enrolled in school or a job training program? (IF ENROLLED: Is that full time or part time?)

- Not enrolled
- Enrolled, full time
- Enrolled, part time
- Other (specify) _____

2. What is the highest level of education you have finished, whether or not you received a degree? (01=1st grade, 12=12th grade, 13=college freshman, 16=college completion)

|_|_| level in years

2a. If less than 12 years of education, do you have a GED (General Equivalency Diploma)?

- Yes
- No

3. Are you currently employed? (Clarify by focusing on status during most of the previous week, determining whether client worked at all or had a regular job but was off work)

- Employed full time (35+ hours per week, or would have been)
- Employed part time
- Unemployed, looking for work
- Unemployed, disabled
- Unemployed, volunteer work
- Unemployed, retired
- Unemployed, not looking for work
- Other (specify) _____

4. Approximately, how much money did YOU receive (pre-tax individual income) in the past 30 days from...

	INCOME									
a. Wages	\$,					.00
b. Public assistance	\$,					.00
c. Retirement	\$,					.00
d. Disability	\$,					.00
e. Non-legal income	\$,					.00
f. Other (specify) _____	\$,					.00

E. CRIME AND CRIMINAL JUSTICE STATUS

1. In the past 30 days, how many times have you been arrested? |_|_| times
If no arrests, go to item E3.
2. In the past 30 days, how many times have you been arrested for drug-related offenses? |_|_| times
3. In the past 30 days, how many nights have you spent in jail/prison? |_|_| nights

F. MENTAL AND PHYSICAL HEALTH PROBLEMS AND TREATMENT

1. How would you rate your overall health right now?
 - Excellent
 - Very good
 - Good
 - Fair
 - Poor

2. During the past 30 days, did you receive:

a. Inpatient Treatment for:

	No	Yes ⇒	If yes, altogether for how many nights (DK=98)
i. Physical complaint	<input type="radio"/>	<input type="radio"/>	_____
ii. Mental or emotional difficulties	<input type="radio"/>	<input type="radio"/>	_____
iii. Alcohol or substance abuse	<input type="radio"/>	<input type="radio"/>	_____

b. Outpatient Treatment for:

	No	Yes ⇒	If yes, altogether for how many times (DK=98)
i. Physical complaint	<input type="radio"/>	<input type="radio"/>	_____
ii. Mental or emotional difficulties	<input type="radio"/>	<input type="radio"/>	_____
iii. Alcohol or substance abuse	<input type="radio"/>	<input type="radio"/>	_____

c. Emergency Room Treatment for:

	No	Yes ⇒	If yes, altogether for how many times (DK=98)
i. Physical complaint	<input type="radio"/>	<input type="radio"/>	_____
ii. Mental or emotional difficulties	<input type="radio"/>	<input type="radio"/>	_____
iii. Alcohol or substance abuse	<input type="radio"/>	<input type="radio"/>	_____

3. During the past 30 days, did you engage in sexual activity?

- Not permitted to ask Yes No

	If yes, altogether how many (DK=98)
a. Sexual contacts (vaginal, oral, or anal) did you have?	□ □ □ □
b. Unprotected sexual contacts did you have? If none, go to item F4.	□ □ □ □
c. Unprotected sexual contacts were with an individual who is or was:	
i. HIV positive or has AIDS	□ □ □ □
ii. An injection drug user	□ □ □ □
iii. High on some substance	□ □ □ □

- 4. In the past 30 days (not due to your use of alcohol or drugs) how many days have you:**
- | | Number of days |
|---|----------------|
| a. Experienced serious depression | _ _ |
| b. Experienced serious anxiety or tension | _ _ |
| c. Experienced hallucinations | _ _ |
| d. Experienced trouble understanding, concentrating, or remembering | _ _ |
| e. Experienced trouble controlling violent behavior | _ _ |
| f. Attempted suicide | _ _ |
| g. Been prescribed medication for psychological/emotional problem | _ _ |

- 4a. If you reported one or more days in question 4, how much have you been bothered by these psychological or emotional problems in the past 30 days? (If you did not report any days to the items in question 4, skip to the next question.)**
- Not at all
 - Slightly
 - Moderately
 - Considerably
 - Extremely

H. DEMOGRAPHICS (ASKED ONLY AT BASELINE)

- 1. Gender**
- Male
 - Female
 - Transgender
 - Other (specify) _____
- 2. Are you Hispanic or Latino?**
- Yes No
- If yes, what ethnic group do you consider yourself?**
- Central American
 - Cuban
 - Dominican
 - Mexican
 - Puerto Rican
 - South American
 - Other (specify) _____
- 3. What is your race? (Select one or more.)**
- Black or African American
 - Asian
 - American Indian
 - Native Hawaiian or other Pacific Islander
 - Alaska Native
 - White
 - Other (specify) _____

4. What is your date of birth? / /
Month / Day / Year

I. FOLLOW-UP STATUS (REPORTED BY PROGRAM STAFF ABOUT CLIENT ONLY AT FOLLOW-UP)

1. What is the follow-up status of the client?
- 01 = Deceased at time of due date
 - 11 = Completed within specified window
 - 21 = Located, but refused, unspecified
 - 22 = Located, but unable to gain institutional access
 - 23 = Located, but otherwise unable to gain access
 - 24 = Located, but withdrawn from project
 - 31 = Unable to locate, moved
 - 32 = Unable to locate, other

J. DISCHARGE STATUS (REPORTED BY PROGRAM STAFF ABOUT CLIENT ONLY AT FOLLOW-UP)

1. On what date was the client discharged? / /
Month / Day / Year

2. What is the client's discharge status?
- 01 = Completion/Graduate
 - 02 = Termination
- If the client was terminated, what was the reason for termination? (Select one response.)
- 01 = Left on own against staff advice with satisfactory progress
 - 02 = Left on own against staff advice without satisfactory progress
 - 03 = Involuntarily discharged due to nonparticipation
 - 04 = Involuntarily discharged due to violation of rules
 - 05 = Referred to another program or other services with satisfactory progress
 - 06 = Referred to another program or other services with unsatisfactory progress
 - 07 = Incarcerated due to offense committed while in treatment with satisfactory progress
 - 08 = Incarcerated due to offense committed while in treatment with unsatisfactory progress
 - 09 = Incarcerated due to old warrant or charged from before entering treatment with satisfactory progress
 - 10 = Incarcerated due to old warrant or charged from before entering treatment with unsatisfactory progress
 - 11 = Transferred to another facility for health reasons
 - 12 = Death
 - 13 = Other _____

3. During the course of treatment in your project, what types of services did the client receive?
(Check all that apply and tell how many weeks the client spent in each service.)

- _____ 1. Case Management _____ weeks
- _____ 2. Day Treatment _____ weeks
- _____ 3. Inpatient _____ weeks
- _____ 4. Outpatient _____ weeks
- _____ 5. Outreach _____ weeks
- _____ 6. Intensive Outpatient _____ weeks
- _____ 7. Methadone _____ weeks
- _____ 8. Residential _____ weeks
- _____ 9. Other _____ weeks
- _____ 10. Other _____ weeks
- _____ 11. Other _____ weeks

**Salt Lake County
Adult Felony Drug Court
Criminal Justice Services
Court and Treatment Services Evaluation**

This evaluation form is an opportunity for you to give CJS feedback on your experience with Court and Treatment Services. Your answers will be kept confidential and will not influence the outcome of your case in any way. Thank you for helping us improve our treatment programs.

Your Name (optional): _____

Today's Date: _____

How helpful has each of these groups/services been to your recovery?

	Very Helpful	Somewhat Helpful	Somewhat Not Helpful	Not Helpful	Did Not Participate
Services provided at CJS:					
SAG	<input type="checkbox"/>				
Chance	<input type="checkbox"/>				
Thinking Errors	<input type="checkbox"/>				
Individual Therapy	<input type="checkbox"/>				
Acupuncture	<input type="checkbox"/>				
12-Step Groups	<input type="checkbox"/>				
Intensive Outpatient	<input type="checkbox"/>				
Alumni Association	<input type="checkbox"/>				
Social Detoxification	<input type="checkbox"/>				
Day Treatment	<input type="checkbox"/>				
Residential Treatment	<input type="checkbox"/>				
Anger Management	<input type="checkbox"/>				
Women's Groups	<input type="checkbox"/>				
Community Service	<input type="checkbox"/>				
Employment Assistance	<input type="checkbox"/>				
Transitional Housing	<input type="checkbox"/>				
Methadone Maintenance	<input type="checkbox"/>				
High School - GED	<input type="checkbox"/>				
Other:	<input type="checkbox"/>				
Please Explain: _____					

How helpful has each of these groups/services been to your recovery?

	Very Helpful	Somewhat Helpful	Somewhat Not Helpful	Not Helpful	Did Not Participate
Outside Provider Services:					
Drug Testing	<input type="checkbox"/>				
Intensive Outpatient	<input type="checkbox"/>				
Standard Outpatient	<input type="checkbox"/>				
Aftercare services	<input type="checkbox"/>				
Relapse Prevention	<input type="checkbox"/>				
Anger Management	<input type="checkbox"/>				
Women's Groups	<input type="checkbox"/>				
CATS	<input type="checkbox"/>				
Other:	<input type="checkbox"/>				
Please Explain: _____					

How helpful has each of these been to your recovery?

	Very Helpful	Somewhat Helpful	Somewhat Not Helpful	Not Helpful
Support Staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Group Activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Homework	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Peer Support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family Support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Response by case manager to questions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Response by case manager to phone calls.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Treatment services available.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Please Explain: _____				

How strongly do you agree or disagree with the following statements?

	Strongly Agree	Somewhat Agree	Somewhat Disagree	Disagree
The judge treated me with respect.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The judge was fair.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Strongly Agree	Somewhat Agree	Somewhat Disagree	Disagree
The judge was concerned about me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Visits with the judge helped me stay drug free.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The judge expected too much of me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My case manager treated me with respect.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My case manager helped me stay drug free.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My case manager expected too much of me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The treatment staff treated me with respect.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The treatment staff helped me to stay drug free.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The treatment staff expected too much of me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The urinalysis testing staff treated me with respect.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The support staff was helpful and treated me with respect.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The cost of treatment fees that I am responsible for is appropriate.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The cost of drug testing fees that I am responsible for is appropriate.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It helped me to appear in court on a regular basis.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It helped me to report to my case manager on a regular basis.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It helped me to attend treatment on a regular basis.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drug Court was easier than jail or prison.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drug Court was easier than regular probation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It is important that program policies and rules are applied consistently throughout the program.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I think that my participation in Drug Court will help me avoid drug use in the future.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I was personally helped through my participation in Drug Court.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How important are the following reasons for remaining in the drug court program?

	Very Important	Somewhat Important	Slightly Important	Not Important
Entering the program shortly after arrest.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The opportunity to talk over progress and problems with the judge.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The focus and content of counseling sessions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The frequency of urinalysis testing.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sanctions due to program non-compliance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Job placement opportunities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Please Explain: _____				

	Yes	No	No Opinion
If the program provided drug testing and court status hearings but no treatment would you remain in the program?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If you appeared before a judge less frequently would you remain in the program?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If you appeared before different judges rather than the same judge would you remain in the program?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If you did not appear before any judge would you remain in the program?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How sufficient is the amount of time and/or number of contacts you have with the following individuals?

	Very Sufficient	Sufficient	Insufficient	Very Insufficient
Drug Court Judge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Case Manager	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Therapist(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Group Leaders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Defense Attorney	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prosecuting Attorney	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Overall, how helpful do you think this program has been?

- 1 - A Lot 3 – Some 5 – Not at All
 2 - Quite a Bit 4 – Very Little

Overall, how happy are you with the services that you have received so far?

- 1 - Very happy 3 - Somewhat unhappy 5 – Not Sure
 2 - Somewhat happy 4 - Very unhappy

How motivated are you to succeed in this program?

- 1 - Very motivated 3 – Not very motivated
 2 - Somewhat motivated 4 – Not at all motivated

What would make this experience more helpful? What would need to be different?

What could be done to make this agency a better place to receive services?

What did you find most positive about your experiences in the Drug Court program?

ASK AT EXIT ONLY

Is the time that it takes to complete the drug court program. . .

- Appropriate Too Long Too short

Why? _____

Thank you for your participation

**Salt Lake County
Adult Felony Drug Court Evaluation
Follow-up Survey for
Drug Court Graduates**

When did you exit drug court? Month _____ Year _____

How long were you active in the program? _____

Are you currently abstaining from drug use? Yes No

If YES:

How long have you been drug-free? _____

If NO:

When did your last period of voluntary abstinence end?

How long was your last period of voluntary abstinence?

How often have you used the following substances since exiting drug court?

	NOT AT ALL	ONCE	A FEW TIMES (less than once a week, not to exceed 3 times a month)	REGULARLY (more than once a week for a total period of one month or more)
Amphetamines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Barbiturates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cannabis/Marijuana	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cocaine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hallucinogens/Psychedelics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heroin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inhalants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Methadone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Methamphetamine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Opiates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sedatives/Hypnotics/Tranquilizers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Please Specify:	_____			

Have you consumed any alcohol since exiting drug court? Yes No

If YES:

How many times have you used alcohol in the last 30 days?

How many times have you used alcohol to intoxication in the last 30 days?

Have you used any of the following services since exiting drug court?

Services/Groups:	Yes	No
12-Step programs (AA/NA/CA)	<input type="checkbox"/>	<input type="checkbox"/>
Alumni Association	<input type="checkbox"/>	<input type="checkbox"/>
Inpatient Treatment	<input type="checkbox"/>	<input type="checkbox"/>
Methadone Maintenance	<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Treatment	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>
Please Specify:		

Have you been arrested since exiting drug court? Yes No

If YES:

How many times have you been arrested? _____

How many nights did you spend in jail (if any)? _____

How many of these arrests were for drug-related charges? _____

Are you currently on probation? Yes No

Are you currently on parole? Yes No

Where have you lived most of the time since exiting drug court? **(Check only one)**

Location:	
Your apartment, room, or house	<input type="checkbox"/>
Someone else's apartment, room, or house	<input type="checkbox"/>
Halfway House	<input type="checkbox"/>
Residential Treatment	<input type="checkbox"/>
Shelter or Safe Haven	<input type="checkbox"/>
Jail or Prison	<input type="checkbox"/>
Homeless	<input type="checkbox"/>
Other:	<input type="checkbox"/>
Please specify:	

Are you currently enrolled in school or job training?

- Not enrolled
- Enrolled, full-time
- Enrolled, part-time

Are you currently employed? Yes No

If YES:

Are you:

- Employed full-time (35+ hours per week)
- Employed part-time

How long have you been at your current job? _____

If NO:

Are you:

- Unemployed, looking for work
- Unemployed, not looking for work
- Disabled
- Retired
- Enrolled in school or job training
- Homemaker
- Other (please specify):

How would you rate your overall health right now?

- Excellent
- Very Good
- Good
- Fair
- Poor

Do you have any chronic medical problems that continue to interfere with your life?

Yes No

If YES:

Please specify which chronic medical problems you suffer from. **(optional)**

How many days have you experienced medical problems in the past 30 days?

How many times in the last 30 days have you been hospitalized for medical problems?

Are you currently taking any prescribed medication on a regular basis for a physical problem? Do NOT include psychiatric medications. Yes No

If YES:

Please specify the medications you are currently taking for a physical problem. **(optional)**

Since exiting drug court have you been prescribed medication for any psychological or emotional problems?

Yes No

If YES:

Please specify the medications you are currently taking for an emotional or psychological problem. **(optional)**

Since exiting drug court have you experienced any of the following problems?

	No	Yes, once or twice	Yes, a few times (less than once a week, not to exceed 3 times a month)	Yes, regularly (more than once a week for a total period of one month or more)
Serious depression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Serious anxiety or tension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hallucinations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trouble understanding, concentrating or remembering	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trouble controlling violent behavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Serious thoughts of suicide	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How troubled or bothered have you been by these problems in the past 30 days?

- Not at all
- Slightly
- Moderately
- Considerably
- Extremely

Is there anything else you would like to share about life since exiting drug court?

Do you have any suggestions on how drug court can better prepare graduates?

Thank you for your participation.

**Salt Lake County
Adult Felony Drug Court Evaluation
Follow-up Survey for
Terminated Clients**

When did you exit drug court? Month _____ Year _____

How long were you active in the program? _____

What was the reason for your termination? _____

Are you currently abstaining from drug use? Yes No

If YES:

How long have you been drug-free? _____

If NO:

When did your last period of voluntary abstinence end?

How long was your last period of voluntary abstinence?

How often have you used the following substances since exiting drug court?

	NOT AT ALL	ONCE	A FEW TIMES (less than once a week, not to exceed 3 times a month)	REGULARLY (more than once a week for a total period of one month or more)
Amphetamines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Barbiturates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cannabis/Marijuana	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cocaine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hallucinogens/Psychedelics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heroin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inhalants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Methadone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Methamphetamine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Opiates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sedatives/Hypnotics/Tranquilizers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Please Specify:	_____			

Have you consumed any alcohol since exiting drug court? Yes No

If YES:

How many times have you used alcohol in the last 30 days?

How many times have you used alcohol to intoxication in the last 30 days?

Have you used any of the following services since exiting drug court?

Services/Groups:	Yes	No
12-Step programs (AA/NA/CA)	<input type="checkbox"/>	<input type="checkbox"/>
Alumni Association	<input type="checkbox"/>	<input type="checkbox"/>
Inpatient Treatment	<input type="checkbox"/>	<input type="checkbox"/>
Methadone Maintenance	<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Treatment	<input type="checkbox"/>	<input type="checkbox"/>
Other:		
Please Specify:		

Have you been arrested since exiting drug court? Yes No

If YES:

How many times have you been arrested? _____

How many nights did you spend in jail (if any)? _____

How many of these arrests were for drug-related charges? _____

Are you currently on probation? Yes No

Are you currently on parole? Yes No

Where have you lived most of the time since exiting drug court? **(Check only one)**

Location:	
Your apartment, room, or house	<input type="checkbox"/>
Someone else's apartment, room, or house	<input type="checkbox"/>
Halfway House	<input type="checkbox"/>
Residential Treatment	<input type="checkbox"/>
Shelter or Safe Haven	<input type="checkbox"/>
Jail or Prison	<input type="checkbox"/>
Homeless	<input type="checkbox"/>
Other:	<input type="checkbox"/>
Please specify:	

Are you currently enrolled in school or job training?

- Not enrolled
- Enrolled, full-time
- Enrolled, part-time

Are you currently employed? Yes No

If YES:

Are you:

Employed full-time (35+ hours per week)

Employed part-time

How long have you been at your current job? _____

If NO:

Are you:

Unemployed, looking for work

Unemployed, not looking for work

Disabled

Retired

Enrolled in school or job training

Homemaker

Other (please specify): _____

How would you rate your overall health right now?

Excellent

Very Good

Good

Fair

Poor

Do you have any chronic medical problems that continue to interfere with your life?

Yes No

If YES:

Please specify which chronic medical problems you suffer from. **(optional)**

Are you currently taking any prescribed medication on a regular basis for a physical problem? Do NOT include psychiatric medications. Yes No

If YES:

Please specify the medications you are currently taking for a physical problem. **(optional)**

How many days have you experienced medical problems in the past 30 days?

How many times in the last 30 days have you been hospitalized for medical problems?

Since exiting drug court have you been prescribed medication for any psychological or emotional problems?

Yes No

If YES:

Please specify the medications you are currently taking for an emotional or psychological problem. **(optional)**

Since exiting drug court have you experienced any of the following problems?

	No	Yes, once or twice	Yes, a few times (less than once a week, not to exceed 3 times a month)	Yes, regularly (more than once a week for a total period of one month or more)
Serious depression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Serious anxiety or tension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hallucinations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trouble understanding, concentrating or remembering	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trouble controlling violent behavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Serious thoughts of suicide	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How troubled or bothered have you been by these medical problems in the past 30 days?

- Not at all
- Slightly
- Moderately
- Considerably
- Extremely

How strongly do you agree or disagree with the following statements?

	Strongly Agree	Somewhat Agree	Somewhat Disagree	Strongly Disagree
The judge treated me with respect.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The judge was fair.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The judge helped me to stay drug free.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My case manager treated me with respect.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My case manager helped me to stay drug free.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Serious thoughts of suicide	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The treatment staff treated me with respect.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The treatment staff helped me to stay drug free.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My defense attorney treated me with respect.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My defense attorney helped me to stay drug free.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The cost of treatment fees that I was responsible for was appropriate.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The cost of drug testing fees that I was responsible for was appropriate.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drug Court was easier than jail or prison.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drug Court was easier than regular probation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Overall, how helpful did you find this program?

- 1 - A Lot 3 – Some 5 – Not at All
 2 - Quite a Bit 4 – Very Little

Overall, how happy were you with the services that you received through Drug Court?

- 1 - Very happy 3 - Somewhat unhappy 5 – Not Sure
 2 - Somewhat happy 4 - Very unhappy

How motivated were you to succeed in this program?

- 1 - Very motivated 3 – Not very motivated
 2 - Somewhat motivated 4 – Not at all motivated

Is there anything else you would like to share about life since exiting drug court?

Do you have any suggestions on how drug court can better serve clients?

Thank you for your participation.

Key Informant Interview Outline

Job responsibilities

1. Please state your name, job title, and the name of the agency you work for.
2. What is your role in the drug court program? What are your job responsibilities in regards to drug court?
3. How often do you meet with clients and who initiates the contact? Face-to-face (on average)? Other contacts? How often do you feel would be most beneficial to clients?
4. [*ask tx staff and case managers only*] How are treatment settings, interventions, and services matched to each individual's problems and needs?
5. [*ask tx staff and case managers only*] How do you help the drug court clients solve their problems? What techniques do you use when interacting with clients? (If respondent mentions a model (theory or approach) – ask them to describe their actions as opposed to naming the model.)
6. [*ask tx staff and case managers only*] How often is the treatment/service plan reviewed and/or revised? What factors are considered in making this decision? Who makes this decision?
7. [*ask tx staff and case managers only*] Who is responsible for working with clients to develop their aftercare plans? What is the client's role in developing the plan?
8. How do you exchange information concerning clients with other members of the drug court team? Are there any barriers to communication that interfere with your ability to serve clients? What things are currently in place to facilitate information sharing?
9. [*Ask to drug court team members*] How does the drug court team make decisions about incentives and/or sanctions? What is the usual process? Are there ever any exceptions, and how are those dealt with?
[*Ask to outside providers*] Is your agency involved in making decisions about incentives and/or sanctions for drug court clients? What is the usual process? Are there ever any exceptions, and how are those dealt with?
10. What would make your job easier or help you to better serve clients?

Challenges

11. You already told me about some of the challenges you face... What are some other daily/ongoing challenges or obstacles faced by the drug court? How are

these challenges being addressed now? How can these challenges be addressed in the future?

12. How does the drug court team address internal conflicts?
13. What criminal justice processes promote or hinder the delivery of treatment services?
14. Are enough resources available for treatment and other services?

Strengths

15. What do you view as the strengths of the drug court program?
16. Where do you see drug court in the future? What changes do you anticipate happening, if any?

Appendix C: Statistical Tables for Regression Analyses

1. Recidivism in 1-year following Intervention Exit: Drug Court Graduates vs. Probationers

group_dcgrad_prob * Dichotomized Recidivism in 1st 12 months following exit Crosstabulation

			Dichotomized Recidivism in 1st 12 months following exit		Total
			.00	1.00	
group_dcgrad_prob	probation sample	Count	80	34	114
		% within group_dcgrad_prob	70.2%	29.8%	100.0%
	graduated client	Count	57	14	71
		% within group_dcgrad_prob	80.3%	19.7%	100.0%
Total		Count	137	48	185
		% within group_dcgrad_prob	74.1%	25.9%	100.0%

Omnibus Tests of Model Coefficients

		Chi-square	df	Sig.
Step 1	Step	11.457	3	.009
	Block	11.457	3	.009
	Model	11.457	3	.009

Model Summary

Step	-2 Log likelihood	Cox & Snell R Square	Nagelkerke R Square
1	200.364 ^a	.060	.088

a. Estimation terminated at iteration number 4 because parameter estimates changed by less than .001.

Classification Table^a

			Predicted		Percentage Correct
			Dichotomized Recidivism in 1st 12 months following exit		
Observed			.00	1.00	
Step 1	Dichotomized Recidivism in 1st 12 months following exit	.00	134	3	97.8
		1.00	45	3	6.3
	Overall Percentage				74.1

a. The cut value is .500

Variables in the Equation

		B	S.E.	Wald	df	Sig.	Exp(B)
Step 1 ^a	age_at_start	-.033	.020	2.887	1	.089	.967
	pre18mo_total	.131	.057	5.271	1	.022	1.140
	group_dcgrad_prob	-.593	.378	2.466	1	.116	.553
	Constant	-.397	.695	.326	1	.568	.673

a. Variable(s) entered on step 1: age_at_start, pre18mo_total, group_dcgrad_prob.

2. Recidivism in 1-year following Drug Court Exit: Drug Court Graduates vs.Terminated

**recode_dcgrad_dcterm * Dichotomized Recidivism in 1st 12 months following exit
Crosstabulation**

		Dichotomized Recidivism in 1st 12 months following exit		Total	
		.00	1.00		
recode_dcgrad_dcterm	.00	Count	57	14	71
		% within recode_ dcgrad_dcterm	80.3%	19.7%	100.0%
	1.00	Count	84	73	157
		% within recode_ dcgrad_dcterm	53.5%	46.5%	100.0%
Total		Count	141	87	228
		% within recode_ dcgrad_dcterm	61.8%	38.2%	100.0%

Omnibus Tests of Model Coefficients

		Chi-square	df	Sig.
Step 1	Step	21.570	2	.000
	Block	21.570	2	.000
	Model	21.570	2	.000

Model Summary

Step	-2 Log likelihood	Cox & Snell R Square	Nagelkerke R Square
1	279.659 ^a	.091	.123

a. Estimation terminated at iteration number 4 because parameter estimates changed by less than .001.

Classification Table^a

Observed			Predicted		
			Dichotomized Recidivism in 1st 12 months following exit		Percentage Correct
			.00	1.00	
Step 1	Dichotomized Recidivism in 1st 12 months following exit	.00 1.00	124 63	17 23	87.9 26.7
Overall Percentage					64.8

a. The cut value is .500

Variables in the Equation

		B	S.E.	Wald	df	Sig.	Exp(B)
Step 1	pre18mo_total	.082	.034	5.847	1	.016	1.086
	recode_dcgrad_dcterm	1.106	.345	10.273	1	.001	3.023
	Constant	-1.818	.349	27.072	1	.000	.162

a. Variable(s) entered on step 1: pre18mo_total, recode_dcgrad_dcterm.

3. Recidivism in 1-year following Drug Court Exit: Impact of Program Variables

Omnibus Tests of Model Coefficients

		Chi-square	df	Sig.
Step 1	Step	17.130	4	.002
	Block	17.130	4	.002
	Model	17.130	4	.002

Model Summary

Step	-2 Log likelihood	Cox & Snell R Square	Nagelkerke R Square
1	187.687 ^a	.100	.140

a. Estimation terminated at iteration number 4 because parameter estimates changed by less than .001.

Classification Table^a

Observed			Predicted		
			Dichotomized Recidivism in 1st 12 months following exit		Percentage Correct
			.00	1.00	
Step 1	Dichotomized Recidivism in 1st 12 months following exit	.00 1.00	97 41	12 12	89.0 22.6
Overall Percentage					67.3

a. The cut value is .500

Variables in the Equation

		B	S.E.	Wald	df	Sig.	Exp(B)
Step 1 ^a	pre18mo_total	.078	.040	3.748	1	.053	1.081
	perc_pom_total	1.019	.832	1.502	1	.220	2.772
	tot_tx_sessions	-.003	.005	.445	1	.505	.997
	days_in_program	-.001	.001	.849	1	.357	.999
	Constant	-1.028	.496	4.298	1	.038	.358

a. Variable(s) entered on step 1: pre18mo_total, perc_pom_total, tot_tx_sessions, days_in_program.