

Process Evaluation of the North St. Louis County Drug Court

by

Robert R. Weidner, Ph.D.
(Principle Investigator)

&

Kathryn M. Zafft, B.A.

University of Minnesota Duluth
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EXECUTIVE SUMMARY WITH RECOMMENDATIONS

This executive summary offers a synopsis of the major findings from a process evaluation of the North St. Louis County Drug Court for the first 16 months of its operation. Most of the findings are based on analyses of all 43 individuals who made at least one appearance in the drug court during the 16-month period from its inception in December 2006, through March 2008. This report addresses fundamental issues pertaining to the Court's caseload and operation, including:

- A profile of drug court participants – in terms of their substance problems, charge that led to their drug court referral, criminal history and risk;
- The court's efficacy in linking participants with treatment and its level of supervision of participants;
- Whether participants are screened into the court in a timely fashion, and progress through the three phases of the program in accordance with the drug court's protocol; and
- Drug court participants' attitudes toward the court, based on findings from a survey.

At the outset of this report, it is important to emphasize that the North St. Louis County Drug Court is too new to address outcome-related questions (e.g., Are drug court graduates continuing to abstain from substance use and avoiding contact with the criminal justice system?). While passage of time is necessary to determine whether the court has lasting effects on its participants, the findings presented herein could serve as the foundation for an eventual outcome evaluation in the future.

We now turn to a discussion of the major findings from this research. We present the findings by posing and answering key research questions. Where applicable, we make recommendations that are informed by the research findings.

What are the characteristics of drug court participants, in terms of demographic factors, their criminal history and risk, and their instant charge and substance-related issues?

- The typical drug court participant was a 31-year-old white male with a poor work history, although females comprised a substantial proportion (42%) of the court's caseload. While only 14% of participants were racial minorities, the sample of drug court participants was more racially diverse than an historical comparison group of potentially drug court-eligible cases, which was 89% white.

- Almost half of the sample (46%) did not have a valid driver's license, and 18 of these 20 individuals were from outside of Virginia, as far as 52 miles away. **We recommend that the drug court team consider ways to mitigate long-distance participants' transportation issues.**
- Regarding criminal history, participants averaged 2.5 prior adult convictions, and 46% of the sample had been incarcerated in the past. The typical participant was classified as a moderate risk, based on his LSI-R score (mean = 27). These statistics are comparable to those of the historical comparison group, indicating that low-risk or otherwise "easy" cases were not being selectively targeted for drug court.
- Regarding substance use issues, most participants (93%) were classified as substance dependent, while the balance were classified as abusing. The majority of participants (53%) were charged with an offense involving methamphetamine; marijuana and prescription drugs were the next largest drug categories (14% each). Meth was also the substance that was most likely mentioned (44%) as one's "problem" drug in the LSI-R; marijuana (26%) was second. These statistics are similar to those of the historical comparison group.

What type of treatment do drug court participants receive?

- The vast majority of participants (93%) received residential treatment, outpatient treatment, or both. Most successfully completed the treatment program in which they were enrolled. While the median number of days in outpatient drug treatment was 110.5, the median time in residential treatment was only 28 days. We recognize that the relatively short duration of inpatient treatment might be the product of fiscal necessity (i.e., insurance may cover only a month's worth of treatment). However, in light of research indicating that at least 90 days of treatment is more likely to be effective: **We recommend that the duration of residential treatment be increased to at least 90 days, if possible.**

What level of supervision (i.e., drug tests, court appearances and probation contacts) do drug court participants receive?

- Except during Phase 1, the number of drug tests recorded in the data exceeded the drug court's protocols. There is the distinct possibility that this lower number observed for Phase 1 is the product of an undercount of drug tests that participants received while in treatment (which always occurred in Phase 1).
- Participants were attending court reviews at rates consistent with the protocol (e.g., weekly during Phase 1). However, observed probation contacts in Phases 1 and 2 were slightly lower than prescribed in the protocol. **We recommend that steps be taken to increase slightly the frequency of probation contacts in the earlier phases of the court. Alternatively, if there is consensus among the drug court team that the observed frequencies of probation officer contacts are adequate, then the court's protocol should be revised accordingly.**

Are participants progressing through the drug court according to court protocol?

- All indications are that participants are completing each of the court's three phases, and graduating, in a manner that is consistent with the court's protocol.

What proportion of the caseload is active, graduated, terminated?

- As of the end of this research's observation period (March 2008), 67% (29) of the sample was active (currently in one of the court's three phases), three had graduated, and 26% (11) had been terminated. While there was no apparent relationship between the severity of a participant's substance problem and the likelihood of program success or failure, analyses revealed a markedly lower rate of termination among those receiving a stay of adjudication compared to those receiving a different type of suspended sentence. In light of the apparent relationship between stay type and likelihood of termination: **We recommend that individuals referred to the drug court receive stays of adjudication (which offer the greatest incentive to participants) whenever possible.**

What are drug court participants' attitudes toward the court and its key actors, including judges and probation officers?

- Overall, respondents had positive perceptions of the drug court and its actors, including judges and probation officers. Moreover, there is a positive relationship between phase and positive reactions to the court, suggesting that drug court participants tend to "buy in" to the program over time. For example, respondents in successive phases tended to more strongly agree with the statement "I have been personally helped through drug court."
- There were some key differences between the sexes in perceptions of the court. Males were much more likely than females to report that home visits were helpful (55% versus 25%), office visits were helpful (55% versus 0%), incentives were helpful (55% versus 25%) and that treatment was helpful (64% versus 13%). **We recommend that the drug court team explore what might be explaining these gender differences in attitudes toward the court.**

INTRODUCTION

This report presents findings from a process evaluation of the North St. Louis County Drug Court for the first 16 months of its operation, from December 2006, through March 2008. It is based on data gathered by researchers at the University of Minnesota Duluth, with the assistance of drug court staff. It addresses whether the court is operating as intended. The presentation and discussion of findings are divided into four sections, each of which addresses fundamental questions pertaining to the Court's operation. The first section offers a profile of drug court participants – in terms of their substance problems, charge that led to their drug court referral, criminal history and risk – and addresses the degree to which participants' characteristics fit the target-population criteria set forth by the court's planners. The second section answers questions pertaining to participants' experience with the court, including: its efficacy in linking participants with treatment, observed level of supervision (i.e., probation contacts, court appearances and drug tests), and the court's use of rewards and sanctions. The third section addresses whether participants are screened into the court in a timely fashion, and progress through the three phases of the program in accordance with the drug court's protocol. This section includes a brief profile of the three individuals who graduated from the program during this study's observation period. Finally, the fourth section of this report presents findings from a survey administered to drug court participants to learn their attitudes toward the court.

The North St. Louis County Drug Court

The North St. Louis County Drug Court is a post-conviction adult drug court located in Virginia, Minnesota. Its geographic catchment area is Northern St. Louis County, including the service areas of the Hibbing and Virginia court operations. It is a collaborative effort of Minnesota's Sixth Judicial District, the offices of the St. Louis County Attorney and St. Louis County Public Defender, Arrowhead Regional Corrections, local treatment professionals and area law enforcement agencies.

As of this writing, the North St. Louis County Drug Court is one of four operational specialty courts in St. Louis County. Planning for the court began in 2004, and the first court proceeding was held in December 2006. The stated mission of the North St. Louis County Drug Court program, according to a court planning document, is "to create a safer community by reducing repeat offenders and drug-related activities." Like all drug courts – including the South St.

Louis County Drug Court in Duluth – the primary goal of the North St. Louis County Drug Court is to divert from the traditional criminal justice system offenders who are chemically dependent or abusing drugs into treatment, so that they stop committing crimes and can live sober and productive lives. This treatment, whether residential or outpatient, is provided by private vendors.

Each participant in the drug court is monitored by the drug court team, which consists of a judge, probation officers, prosecuting and defense attorneys, treatment staff and law enforcement officers. The drug court team meets every Thursday before that week’s court session to review cases in order to make recommendations to the judge. Drug Court protocols stipulate that the North St. Louis County Drug Court program be mandatory for fourth- and fifth-degree controlled substance crimes charged on or after October 1, 2006, for participants who meet the eligibility criteria.¹ Initial screening for acceptance into the program is conducted by probation officers. Factors that disqualify one from participation in the program include being a non-resident, having a serious and persistent mental illness, and having a prior conviction for a violent offense.² Individuals who pass this initial screening are then interviewed by the designated Rule 25³ Assessor, a member of the drug court team who is employed by the St. Louis County Public Health and Human Services Department. Those who the assessor determines meets the criteria for “chemical dependency” or “chemical abuse” are eligible to be admitted into the North St. Louis County Drug Court program.

The North St. Louis County Drug Court employs a post-conviction model. That is, participants are required to plead guilty to the felony charge that led to their referral to drug court, and their sentence is suspended in lieu of their participation in the drug court program. There are three means of suspending sentences, each with very different ramifications for those participants who successfully complete the drug court program. Successful completion of all conditions of a *stay of adjudication* will result in dismissal of the felony charge at the end of the stay period, without conviction. Individuals who successfully complete the drug court program would have no conviction of any kind as a

¹ Third-degree controlled substance cases are to be referred to the drug court team and reviewed for acceptance on a case by case basis, with the County Attorney’s office having final veto power on acceptance.

² For a more detailed description of the drug court program, including a complete list of disqualifying factors, refer to *the Drug Court Planning Initiative Policies and Procedures Manual*.

³ In Minnesota, offenders are eligible for public funding for substance abuse if they meet the criteria, established by an assessor, for “chemical dependency” or “chemical abuse.” Rule 25 refers to the legislation that authorizes this funding.

result of the felony charge that led to their referral to drug court. By comparison, “if a *stay of imposition* is granted, the imposition ... of a prison sentence is delayed to some future date, provided that until that date the offender comply with conditions established by the court. If the offender does comply with those conditions until that date, the case is discharged, and for civil purposes (employment applications, etc.) the offender has a record of a misdemeanor rather than a felony conviction.... If a *stay of execution* is granted, a prison sentence is pronounced, but the execution... is delayed to some future date, provided that until that date the offender comply with conditions established by the court. If the offender does comply with those conditions, the case is discharged, but the offender continues to have a record of a felony conviction.”⁴ In the North St. Louis County Drug Court for this study’s observation period, 24 (55.8%) participants received stays of adjudication, while five (11.6%) received stays of imposition and 14 (32.6%) received stays of execution.

The drug court program consists of three phases, where restrictions, judicial reviews, and drug testing become less frequent from Phase 1 to Phase 3. For example, whereas in Phase 1 participants are required to appear in court to be reviewed every week, in Phase 2 the reviews are biweekly, and in Phase 3 they are monthly. The drug court program requires a minimum of 12 months of documented sobriety in order for a participant to graduate. Thus, the bare minimum duration in the program is one year, or 365 days. Court planners anticipated that the typical duration for graduates would be 400 days. Upon successful completion of Phase 3 (graduation from the program), participants remain on probation.

This Research

Most of the findings presented herein were based on analyses of all 43 individuals who made at least one appearance in the drug court during the 16-month period from its inception in December 2006, through March 2008. Twenty-three of the 43 cases in this sample were first docketed in Virginia’s courthouse, while the 20 first appeared at the Hibbing courthouse (28 miles from Virginia).

This research uses several sources of data, including information from the Court Services Tracking System (CSTS) database, vendor records of drug tests, weekly drug

⁴ Information pertaining to this discussion was retrieved March 20, 2009, from the Web site of the Minnesota Sentencing Guidelines Commission: <http://www.msgc.state.mn.us/msgc5/faqs.htm>

court team meeting agendas, Level of Supervision Inventory-Revised (LSI-R, an interview-based risk assessment instrument) scores, and findings from a survey of active drug court participants. Also, where applicable, it utilizes data from an historical comparison group.

At the outset of this report, it is important to emphasize that the North St. Louis County Drug Court is too new to address outcome-related questions (e.g., Are drug court graduates continuing to abstain from substance use and avoiding contact with the criminal justice system?). While passage of time is necessary to determine whether the court has lasting effects on its participants, the findings presented herein could serve as the foundation for an eventual outcome evaluation in the future.

DRUG COURT PARTICIPANT CHARACTERISTICS

This report first addresses whether drug court participants fit the target-population criteria set forth by the court's planners, in terms of participants' demographic characteristics, their criminal history and risk, and their instant charge and substance-related issues.⁵

Demographic Characteristics

In regard to demographic characteristics of the court's caseload, according to the North St. Louis County *Drug Court Planning Initiative Policies and Procedures Manual (PPM)*, the court's planning team anticipated that the typical drug court participant would be an adult male from North St. Louis County (the Hibbing/Virginia courts service area) who was unemployed, poorly educated (i.e., had not graduated high school), without a driver's license, with financial problems and with possible mental health issues.

Research on adult drug courts indicates that drug court participants are typically male, unmarried, in their late 20s – early 30s, have a long history of drug use, prior treatment, and previous arrests, low educational level and poor work history, and have a need for additional physical and mental health services. Table 1 shows that the court's caseload was, in some ways, more diverse than court planners anticipated.

The typical drug court participant was male (58.1% of cases), white (86.0% of cases), in his early 30's. That said, females comprised a significant portion of the court's caseload – more than two of every five participants. Participants in general also were better educated than was expected: although 14% did not have a high school diploma, 51.2% did have a high school or GED degree, and 34.9% were educated beyond high school. Consistent with planners' expectations, participants had poor work histories: 55.8% of the sample were currently and frequently unemployed, and about one third (30.2%) had never been employed for a full year. More than half of participants had some form of mental health issue, and almost half (20 of 43) lacked a valid driver's license.

⁵ Refer to the appendix for a discussion of how the drug court's caseload compares – in terms of key demographic, criminal history and risk, charge, and substance variables – to an historical comparison group comprised of cases originating from Hibbing and Virginia that could have been drug court-eligible had the court been in existence.

Table 1. Demographic Characteristics of Participants

<u>Variable</u>	<u>Category</u>	<u>N</u>	<u>% or Mean</u>
Age		43	30.9
Sex	Female	18	41.9%
	Male	25	58.1%
Race	White	37	86.0%
	Native American	4	9.3%
	African American	2	4.7%
Education	No high school diploma	6	14.0%
	H.S. diploma / GED	22	51.2%
	Post high school	15	34.9%
Employment	Currently unemployed	24	55.8%
	Frequently unemployed	24	55.8%
	Never employed for full year	13	30.2%
Rely on public social assistance		17	39.5%
Mental health issue		22	51.2%
Valid Driver's License		20	46.5%
City of Residence	Virginia	9	20.9%
	Hibbing	12	27.9%
	Eveleth	7	16.3%
	Chisholm	6	14.0%
	Other	9	20.9%

Eighteen of the 20 participants without a valid driver's license were from outside of Virginia, from as far away as Babbitt (45 miles away) and Ely (52 miles). All participants met the criterion of being residents of Northern St. Louis County; that said, given the limited transportation options in the rural towns that the court serves, and the fact that court participants are required to make weekly appearances in the court when in their first phase, transportation issues pose a potential impediment to successful participation in the program. Aside from the issue of a valid driver's license, an out-of-town participant needs access to a reliable automobile, and to be capable of paying for travel-related expenses,

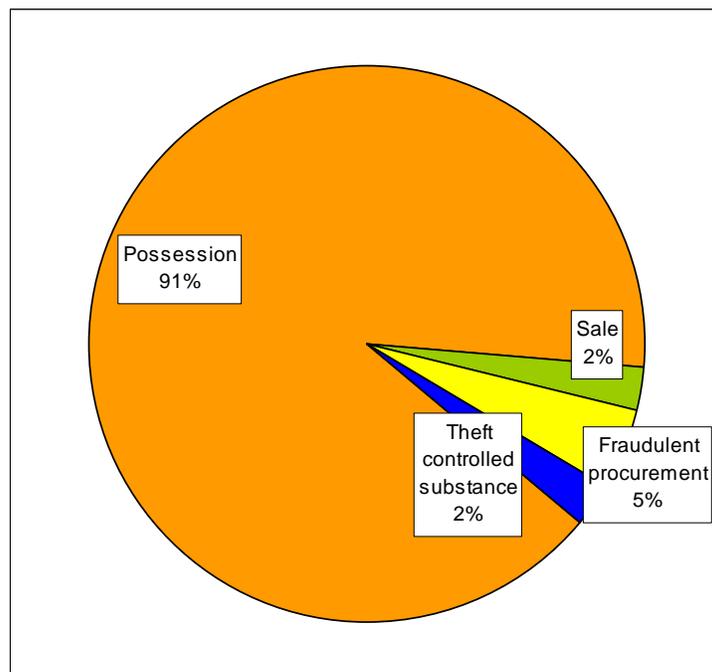
both monetary (i.e., for gasoline) and in terms of time. In response to a survey question soliciting participants' views on what they liked least about the drug court, one participant wrote: "Paying for gas – lost my license and trying to get here. Trying to work around this insane schedule." The wide geographic distribution of participants also makes their supervision challenging for their probation officers. We recommend that the drug court team consider ways to mitigate long-distance participants' transportation issues.

Instant Charge, Criminal History & Risk

The *PPM* prescribes that drug court participants be charged with a non-violent third-⁶, fourth-, or fifth-degree offense that does not entail sale for profit; those charged with gross misdemeanors and weapons offenses are ineligible, as are those with a prior felony conviction for a crime of violence.

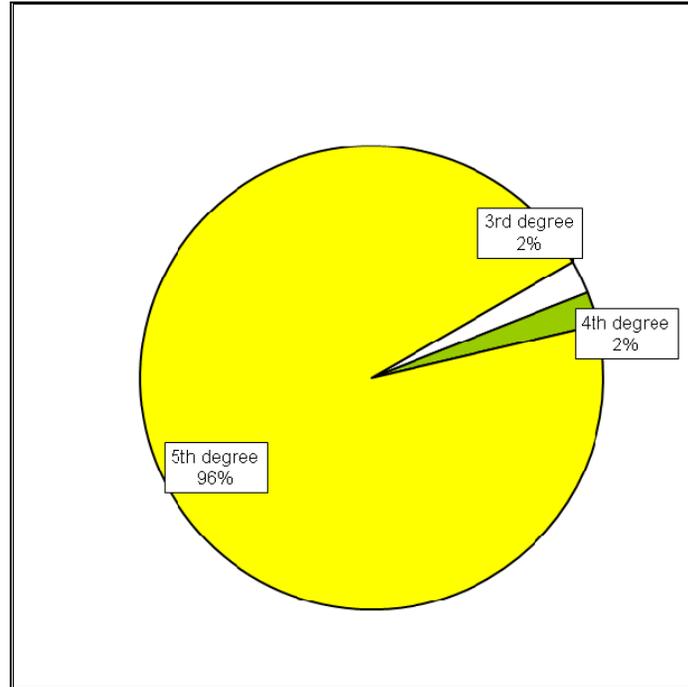
Figures 1 and 2 illustrate that the vast majority of drug court participants were charged with fifth degree felony possession. While the court's protocol does not preclude third- and fourth-degree drug offenders from the program, in practice only two of the 43 participants (4%) in the sample were charged with something more severe than a fifth-degree offense.

Figure 1. Type of Drug Offense



⁶ On a case-by-case basis, subject to the approval of the County Attorney.

Figure 2. Felony Level of Instant Offense



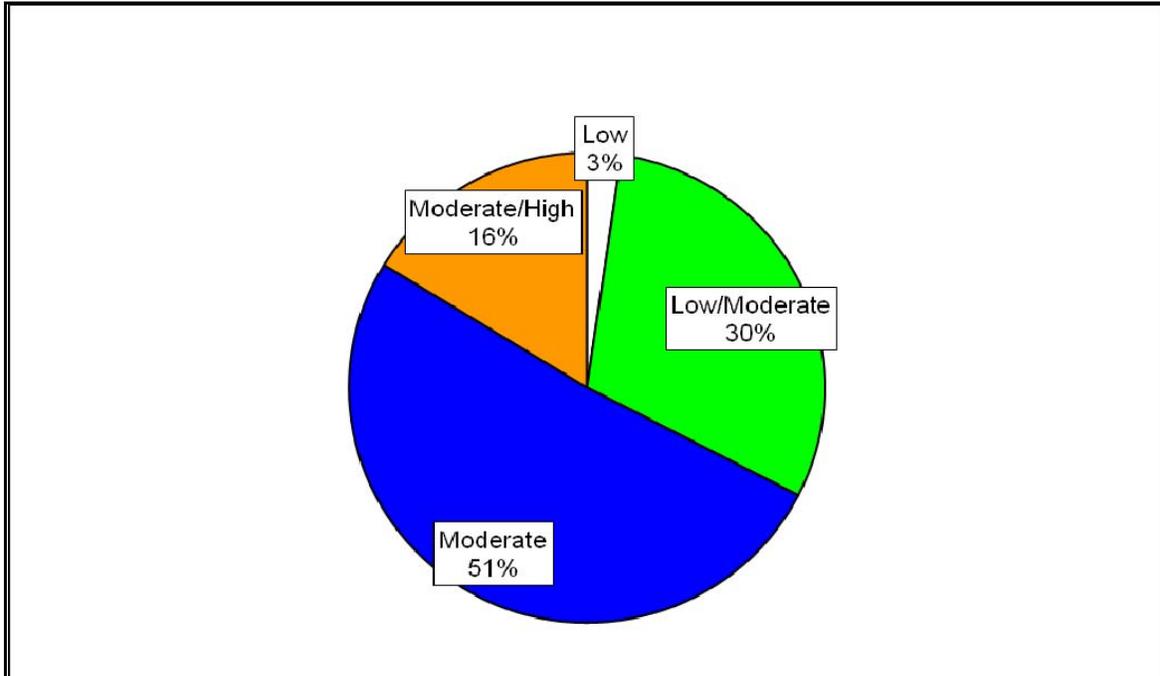
Regarding criminal history, Table 2 shows that participants averaged 2.5 prior adult convictions, with individuals ranging from zero to eight prior convictions. Almost half (46.3%) of the sample had been incarcerated in the past.

Table 2. Criminal History & Risk of Participants

<u>Variable</u>	<u>N</u>	<u>% or Mean (Median)</u>
LSI-R total score	41	26.6 (28.0)
Number prior adult convictions	43	2.5 (2.0)
Prior incarceration	19	46.3%

In regard to risk, Figure 3 shows the distribution of participants' risk classification, based on Level of Service Inventory-Revised (LSI-R) risk classification tool. One can see that two-thirds of participants (67%) fell into the Moderate or Moderate/High risk

Figure 3. LSI-R Risk Classification of Drug Court Participants



category, while the other third (33%) were categorized as Low/Moderate or Low risk. The mean LSI-R total score for this sample was 26.6, with scores ranging from 7 to 40.⁷

Substance Problems

To determine the nature of participants' drug involvement, we used several indicators, including information from participants' LSI-R, their chemical health assessments before admission, and the type of drug involved in the felony charge that led to their admittance to drug court. A criterion for entry into the program is a determination of substance dependence or abuse, based on the "Rule 25" chemical health assessment. As Table 3 shows, the vast majority of participants (93%) were assessed as being substance dependent, and the balance were assessed as abusing. The sample's mean score for the LSI-R instrument's nine-point substance problem score was 6.2, with a range of 3-9.

⁷ Another factor disqualifying one from drug court participation is the presence of serious/persistent mental illness. According to their LSI-R results, none of the sample had "severe interference, active psychosis."

Table 3. Substance Problems of Participants

<u>Variable</u>	<u>Category</u>	<u>N</u>	<u>% or Mean</u>
Chemical assessment classification	Abusing	3	7.0%
	Dependent	40	93.0%
Substance use in past year ^a	Cocaine / crack	11	25.6%
	Methamphetamine	32	74.4%
	Marijuana	36	83.7%
	Unauthorized prescription	10	23.3%
Number of the above 4 categories used			2.1
LSI-R substance score		41	6.2
"Problem" drug (LSI-R)	Cocaine / crack	2	4.7%
	Marijuana	11	25.6%
	Methamphetamine	19	44.2%
	Other synthetic narcotic	2	4.7%
	Other	4	9.4%
	Missing	5	11.6%
Type of drug involved in charge leading to drug court	Cocaine / crack	3	7.0%
	Marijuana	6	14.0%
	Methamphetamine	23	53.5%
	Prescription ^b	6	14.0%
	Missing	5	11.6%

^a Based on participants' chemical health assessments. No participants reported using heroin, inhalants or over-the-counter drugs.

^b Including Aderall, Ambien and Lortab.

While in general there is no clear drug of choice for drug court clients across jurisdictions nationally, in the North St. Louis County Drug Court planning materials, methamphetamine was highlighted as a substance that was prevalent, and meth-involved individuals were expected to make up a significant part of the North St. Louis County Drug Court's caseload. This expectation proved to be accurate. For more than half the sample (53.5%), methamphetamine was the substance that was involved in the charge resulting in referral to drug court. Meth was also the most commonly identified "problem" drug in the LSI-R (44.2% of participants), and 74.4% of participants in their chemical health assessments reported using meth in the year prior to their admittance to court, second only to marijuana (83.7%).

DRUG COURT PROCESS: TREATMENT, SUPERVISION, REWARDS & SANCTIONS

Treatment – Substance Abuse & Cognitive Skills

Drug courts’ function of linking substance abusing and substance dependent offenders to treatment in lieu of incarceration is at the core of their mission. Through successful treatment, an individual’s criminal behavior can be reduced to the extent that her criminal acts are motivated or otherwise influenced by her substance problems. Analyses show that the North St. Louis County Drug Court Does the drug court – via its community partners, including private treatment providers – has largely succeeded in providing ready access to a continuum of substance abuse treatment and other related treatment and rehabilitation services.

Table 4. Drug Court Treatment Information

<u>Type of Treatment</u>		<u>N</u>	<u>Percent</u>	<u>Mean</u>	<u>Median</u>	<u>Std.Dev.</u>	<u>Range</u>
Residential drug treatment	Attended ^a	23	53.5%				
Treatment progress	Successful completion	22	95.7%				
	Termination	1	4.3%				
	In progress	0	0%				
Days in treatment (successes)				38.2	28.0	20.8	26-90
Outpatient drug treatment	Attended	19	44.2%				
Treatment progress	Successful completion	16	84.2%				
	Termination	1	4.7%				
	In progress	2	10.5%				
Days in treatment (successes)				111.7	110.5	50.4	35-191
Any residential or outpatient drug treatment	Neither	4	9.3%				
	One, but not the other	36	83.7%				
	Both	3	7.0%				
Cognitive skills	Attended	35	81.4%				
Treatment progress	Successful completion	25	71.4%				
	Termination	5	14.3%				
	In progress	5	14.3%				
Attended aftercare		19	44.2%				

^aSeven individuals were admitted to inpatient treatment a second time; one was admitted a third time.

Table 4 shows that 23 of the 43 participants in the sample (53.5%) received residential drug treatment soon after their admittance into the program (i.e., in Phase 1). Of those receiving residential treatment, 95.7% successfully completed it, with a median treatment duration of 28 days. With one exception, outpatient treatment always began in Phase 1. In ten cases, it began and ended in Phase 1; in eight cases, it began in Phase 1 and continued into Phase 2; and in one case it began in Phase 2 and continued into Phase 3. Of the 19 participants placed into outpatient treatment during this study's observation period, 16 (84.2%) completed it successfully, two were still in treatment at the end of the observation period, and only one (4.7%) was terminated. Table 5 shows that the median time in outpatient treatment for those who successfully completed it was 110.5 days. Most of those receiving outpatient treatment received it from Arrowhead Health Center (13) or Range Mental Health Center in Hibbing (4).

Table 4 also shows that the vast majority of drug court participants received residential treatment, outpatient treatment, or both; only 9.3% of the sample received neither. Finally, Table 4 reveals that more than four out of five (81.4%) participants received cognitive skills training (which occurs in Phase 2). Of the 35 who attended 25 (71.4%) successfully completed, five were terminated and another five were still in cognitive skills at the end of this study's observation period. All told, only one of 43 participants did not get any form of treatment (residential, outpatient or cognitive skills).

While it is encouraging that most drug court participants are successfully linked to treatment via the drug court program, time spent in residential treatment (about a month, on average) might be too brief. We recognize that the relatively short duration of inpatient treatment might be the product of fiscal necessity (i.e., insurance may cover only a month's worth of residential treatment). However, in light of research indicating that at least 90 days of treatment is more likely to be effective,⁸ we recommend that participants' duration of residential treatment be increased to at least 90 days.

Level of Supervision: Probation Contacts, Court Appearances & Drug Tests

The degree to which drug court personnel, including probation officers and judges, maintain an active role in monitoring participants is addressed by examining information from the Court Services Tracking System (CSTS) database. In addition, to determine

⁸ See Simpson, D, Joe, G. & Brown, B. (1997). "Treatment Retention and Follow-Up Outcomes in the Drug Abuse Treatment Outcome Study." *Psychology of Addictive Behaviors*, 11(4), 294-307.

frequency of drug testing (e.g., urinalysis), we relied on information from both CSTS and the primary drug testing private vendor, Arrowhead Health Center.

Probation Officer Contacts. First, we compare the number of probation officer contacts that are prescribed in the court’s protocol to the number of observed contacts – including office, field, and (successful) phone contacts – for each phase. Table 5 illustrates that for Phase 1 the drug court protocol is at least three probation officer contacts per week. Based on the best available information, the observed average number of contacts (1.58) is about half of what was prescribed. That said, it is important to note that almost all participants are placed in treatment in Phase 1; contacts might be lower for this reason, especially for those participants who receive residential treatment. For Phase 2 the prescribed number of contacts per week is a minimum of two; Table 5 shows that the average number of observed contacts per week was 0.8. Regarding Phase 3, the court’s protocol specifies only that there will be “random” contacts. The data indicate that the average observed for this phase was 0.60, or approximately one every other week.

Table 5. Prescribed & Observed Number of Weekly Probation Contacts, by Phase

Phase 1			
<u>Protocol</u>	<u>Office</u>	<u>Observed (N=43)</u>	
Contact with a probation officer a minimum of 3 times/week at the office, in the field (home, at work, in the community or at treatment) or by phone.	Range: ^a 0-2 Mean: 0.23	<u>Field</u>	<u>Phone</u>
		Range: 0-4 Mean: 0.93	Range: 0-7 Mean: 0.51
		Overall average: 1.58	
Phase 2			
<u>Protocol</u>	<u>Office</u>	<u>Observed (N=31)</u>	
Contact with a drug court team member a minimum of 2 times/week at the office, in the field (home, at work, in the community or at treatment) or by phone.	Range: 0-2 Mean: 0.11	<u>Field</u>	<u>Phone</u>
		Range: 0-4 Mean: 0.44	Range: 0-4 Mean: 0.25
		Overall average: 0.80	
Phase 3			
<u>Protocol</u>	<u>Office</u>	<u>Observed (N=15)</u>	
Random home and work checks by probation officer.	Range: 0-1 Mean: 0.06	<u>Field</u>	<u>Phone</u>
		Range: 0-3 Mean: 0.33	Range: 0-3 Mean: 0.21
		Overall average: 0.60	

^a All ranges are across weeks and individuals.

Court Appearances. It is worthy of mention that monitoring by the judge (i.e., via data on the frequency appearances before the judge in court) occurred exactly according to protocol: Participants in Phase 1 appeared weekly, those in Phase 2 appeared biweekly, and those in Phase 3 appeared every month. Of course, probation officers also attend the weekly court sessions. Were court appearances counted as probation officer contacts, the average number of contacts for Phases 1-3 would be, respectively, 2.58, 1.30 and 0.85. We recommend that steps be taken to increase slightly the frequency of probation contacts in Phases 1 and 2. Alternatively, if there is consensus among the drug court team that the observed frequencies of probation officer contacts are adequate (because treatment precludes contacts and/or because in-court judicial reviews could also be seen as probation officer contacts), then the court’s protocol should be revised accordingly.

Drug Tests. Data to address whether participants were monitored for abstinence according to established protocols are from both the CSTS and the court’s primary vendor, the Arrowhead Health Center’s Wintox database. Reliable information on drug test results from this latter source proved to be unavailable for the first half of the observation period (December 2006 through July 2007); therefore, we focused our analyses of drug test information only on the months for which this information was available (August 2007 – March 2008).⁹

Table 6. Prescribed & Observed Frequency of Drug Testing, by Phase

Phase 1	
Protocol	Observed (N=30)
A minimum of 3 random urinalysis tests (UA’s) weekly	Mean: 2.43 ^a
Phase 2	
Protocol	Observed (N=29)
A minimum of 2 random UA’s weekly	Mean: 2.33 ^b
Phase 3	
Protocol	Observed (N=15)
A minimum of 1 random UA weekly	Mean: 1.63 ^c

^a Range is 1-6. UA’s account for 97.5% of all drug tests; breath analyses (BA’s) and saliva tests account for the other 2.5%.

^b Range is 0-5. UA’s account for 94.4% of all drug tests; BA’s and saliva tests account for the other 5.6%.

^c Range is 0-4. UA’s account for 93.9% of all drug tests; BA’s and saliva tests account for the other 6.1%.

⁹ As a result, there was no drug test information for 13 of the 43 participants in Phase 1 and two of 31 participants who advanced into Phase 2. By comparison, there was complete drug testing information for all 15 participants who were in Phase 3 during the observation period.

Table 6 shows that, except during Phase 1, the number of drug tests recorded in the data exceeded the drug court's protocols. For Phase 1, the observed mean number of drug tests per week (2.43) was below the protocol of three or more. There is the distinct possibility that this lower number is the product of an undercount of drug tests that participants received while in treatment (which always occurred in Phase 1).

Rewards & Sanctions

Incentives and sanctions are an integral part of the drug court process. The operation of drug courts is based on the reality that for most, the path to long-term sobriety is not without its setbacks. Intermittent progress, interrupted by relapse, is the norm. The drug court's sanctioning and rewards scheme is designed to offer immediately reward good behavior and sanction the participant for bad behavior. Regarding the latter, under the drug court model, rather than dismiss a participant who has a positive drug test or other violation of court protocol, lesser sanctions are meted out instead. Detrimental behaviors such as evidence of drug use (based on a positive UA), failure to report to a probation officer, or a curfew violation could result in graduated sanctions such as admonishment by the drug court judge, jail time, community service, or extending the participant's stay in one phase of the court, or having her return to an earlier phase, where monitoring is more intense and freedoms are more restricted (e.g., getting "bumped" from Phase 3 back to Phase 2).

By contrast, good behavior is rewarded with incentives such as the judge's praise during the court session, applause from court session attendees, gift cards to local retailers, and forgiveness of court fines. Rewards for phase advancement include a certificate of completion; rewards for graduation include, in addition to court recognition, a diploma, cake, a picture with the Drug Court Judge, and the opportunity to address drug court participants.

Table 7a illustrates the type of consequences imposed by the drug court including the frequency with which they were used. Typically, the judge specified a time frame for completion of the punishment; however, such time frames were only recorded in the Sanctions Log for community service, jail time, and treatment. About two-thirds (68%) of the sanction consequences consisted of time in the county jail or community service. The number of days in jail ranged from one to 45 days, with an average stay of ten days. Community service consequences averaged two days, ranging from one to eight days.

Table 7a. Distribution of Types of Sanctions

Type of Sanction	N ^a	Percent	Duration in Days	
			Mean	Range
County Jail	47	39%	10	1-45
STS (community service)	35	29%	2	1-8
Treatment or halfway house	12	10%	50	8-90
Phase penalty (restart current phase or begin again at Phase 1)	8	6%		
Restart sobriety date	6	5%		
Attend extra aftercare or cognitive skills	3	2%		
Termination from drug court	3	2%		
Attend extra drug court	2	2%		
Attend AA or equivalent meetings	1	1%		
Electronic monitoring	1	1%		
Increase drug testing	1	1%		
Restricted curfew	1	1%		
Verbal reprimand in court	1	1%		
Total	121	100%		

^a Mean number of sanctions for full group: 2.6; mean number of sanctions for graduates: 1.3.

The types of behaviors that prompted drug court sanctions are presented in Table 7b. The most frequent (28%) reason for sanctioning was evidence of drug use (positive UA, admitted use, or other evidence of use). Combined, missing a UA call or missing other drug court programming (e.g., cognitive skills, a court appearance, a treatment session) comprised 31% of behaviors that caused sanctioning. Other reasons for sanctions included new crimes (13%), curfew violations (11%), and termination from treatment or other programming (5%). Three percent of participants were sanctioned for driving without a license.

Table 7b. Types of Sanctioned Behavior

Reason for Sanction	N	Percent
Positive UA or other evidence of use	34	28%
Missed UA call or refusal	21	17%
Missed court review, cog. skills, staff appointment, or treatment programming	17	14%
New crime	16	13%
Curfew violation or overnight/extra night without permission	13	11%
Terminated from treatment or other programming	6	5%
Absconded	5	4%
Contact with felon	3	3%
Driving without valid license	3	3%
Disrespectful to drug court or treatment staff	1	1%
Lack of progress in drug court	1	1%
Total	120	100%

Another way to consider the sanctions data is to discuss how often drug court participants are sanctioned. Drug court participants receive an average of 2.6 sanctions as they progress through the program. This is compared to an average of 1.3 sanctions for drug court graduates (N = 3). This comparison follows expectations that graduates would typically do better, but comes with the caveat that a low number of individuals have graduated from the North St. Louis County Drug Court thus far.

PARTICIPANTS' PROGRESS THROUGH THE PROGRAM & COURT CASELOAD VOLUME

This section begins by addressing whether participants are screened into the drug court in a timely fashion. It then offers a “snapshot” profile of drug court participants’ status as of the last full week of this study’s observation period. It also reports the average length of time in each phase of the court, and compares observed duration in the program to times set forth in the court’s protocol. This section concludes with brief discussions of the relationship between stay type and the likelihood of termination from the program, and of the progress made by the three individuals who graduated from the program during the observation period of this research.

Screening Participants into the Court

To address whether participants were screened into the drug court program in a timely fashion, we utilized five pertinent dates: date of arrest, date of referral to the court, date of acceptance into the court, date of first court services and first court appearance date.¹⁰

The time between date of arrest and date of first court services would be the logical period on which to focus, were the North St. Louis County Drug Court a pre-adjudicatory court, in which cases are diverted into the program after arrest and in lieu of conviction. This drug court model has an advantage over traditional criminal justice sanctions in terms of case processing speed; to the extent that arrest is a moment of crisis in an individual’s life, the drug court offender might be more amenable to change if she is quickly placed in the drug court program. However, given that it is a post-conviction or post-adjudicatory court – that is, it does not accept cases before a case has resulted in conviction – the span between arrest date and receipt of first drug court services is less relevant.¹¹

Thus, for purposes of this study, the initial date of focus is the date that a case is referred to the court by the court administrator’s office and/or the probation department; the next step in the process is the drug court team’s decision to accept a case into the program.

¹⁰ We also had access to sentence date, but this information was essentially moot, as all but one drug court participant was formally sentenced after their acceptance into the drug court program. Refer to the appendix for a discussion of the court’s case processing speed relative to the historical comparison group’s.

¹¹ That said, the median time between arrest and first drug court appearance was 94 days, or about 13 weeks, with a wide range of 42-230 days.

Table 8. Average Length of Time to Screen Participants into Drug Court

<u>Lag in Days between...</u>	<u>N</u>	<u>Mean</u>	<u>Median</u>	<u>Std. Dev.</u>	<u>Range</u>
Referral to drug court & acceptance in drug court	42	28.6	20.5	28.4	1-133
Acceptance into drug court & first drug court services	42	15.4	14.0	8.5	3-47
First drug court services & first appearance in drug court	42	10.1	5.5	15.6	1-73

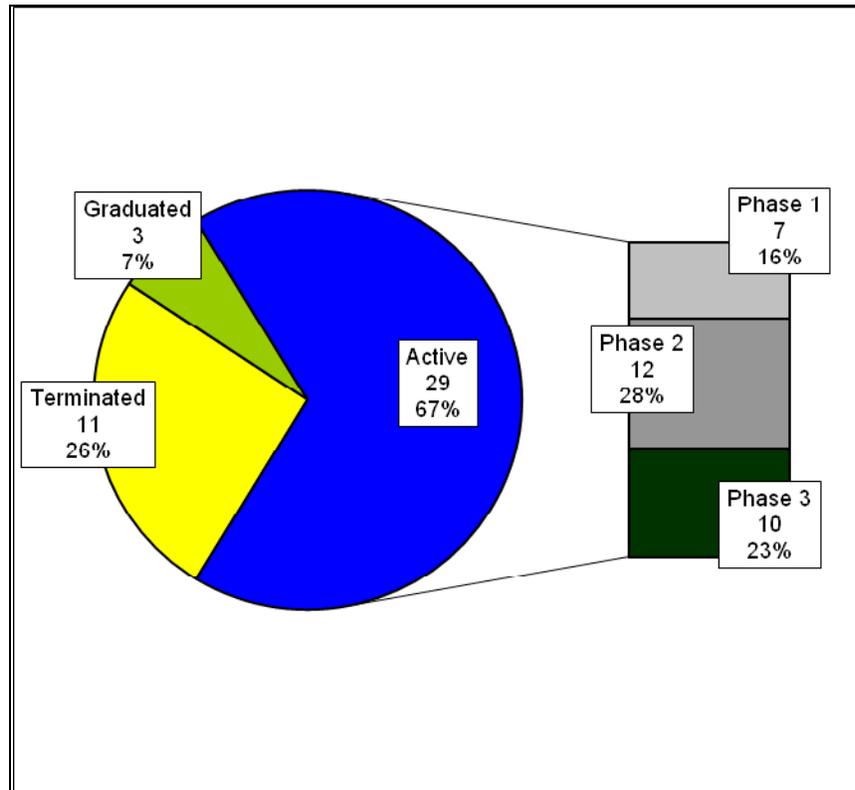
Analyses reveal that, typically, there was a three-week lag (median = 20.5 days) between referral to drug court and acceptance in drug court (Table 8). On average, treatment services under the auspices of the drug court were administered two weeks later (median = 14 days). Finally, on average, participants had their initial drug court appearance less than a week after receiving services (median = 5.5 days). In sum then, the typical drug court participant received drug court services within five weeks of being referred to court, and made her first appearance within six weeks of referral.¹²

Court Caseload Volume

Court planners originally anticipated that roughly 50 would be accepted into the program annually. Approximately one year into the court's operation, there was consensus among drug court team members that a caseload of about 40 was more feasible, due in part to the large geographic area that the court serves. For the first 12 months in which the court was in session (December 2006 – November 2007), 42 participants began the drug court program. Over the whole observation period (16 months), 43 individuals entered the program. This averages to about 2.7 court first appearances per month; as many as seven individuals started in a given month, while in four other months, no one made an initial appearance. As of the last full week of this study's observation period – the week of March 20, 2008 – 29 participants' status was active, while three had graduated and 11 others had been terminated from the program. Among the 29 participants with an active status, six were in Phase 1, 12 were in Phase 2 and 11 were in Phase 3 (Figure 4).

¹² Referral to the drug court was slightly more likely to happen before conviction (46.5% of the sample) than after conviction (41.9%). Five participants (11.6%) were referred to drug court on the same day that they were convicted. The median value for the number of days between these two dates was zero, with about two-thirds of referrals happening within one month before or after date of conviction. Given this variation in the relationship between referral and conviction (i.e., one date did not consistently precede another) we focused on referral date in lieu of conviction date, based on the rationale that referral is more integral to the drug court screening process.

Figure 4. Status of Drug Court Participants as of March 2008



Participants' Progress through the Court

The North St. Louis County Drug Court program requires a minimum of 12 months of documented sobriety in order for a participant to graduate from the program. Thus, the bare minimum duration in the program (i.e., a tenure with no positive drug tests) is one year, or 365 days. Court planners anticipated that the typical duration for graduates would be 400 days, broken down by phase as follows: Phase 1, a *minimum* of three months (recall this is the phase in which participants are to complete primary treatment; the participant graduates from this phase after 90 days of documented sobriety); Phase 2, anticipated to last three months; and Phase 3, anticipated to last six months. In light of these benchmarks, Table 9 reports the summary statistics for length of time in each phase.

As Table 9 shows, the median time in Phase 1, anticipated to last at least three months, was about four months (126 days); the mean duration (154.7) is higher as the result of some high outlying values, for example the 294-day duration at the top of the range. Regarding length of time in Phase 2, one can see that the observed average duration

Table 9. Average Number of Days in Each Phase of Drug Court

<u>Number of Days to ...^a</u>	<u>N</u>	<u>Mean</u>	<u>Median</u>	<u>Std. Dev.</u>	<u>Range</u>
Complete Phase 1	31	154.7	126.0	61.3	84-294
Complete Phase 2	15	91.9	98.0	16.7	56-126
Complete Phase 3	3	184.3	182.0	4.0	182-189
Graduate (from date of first appearance)	3	401.7	399.0	38.1	365-441
Be terminated (from date of first appearance)	11	201.6	189.0	96.5	63-399

^aParticipants who did not complete a given phase by the end of the study observation period are excluded from these calculations.

(e.g., mean = 91.9 days) is very close to the protocol’s three months. The same is true for Phase 3. Although only three individuals graduated from the program during this study’s observation period (and thereby completed Phase 3), one can see that the average time in Phase 3 (182-189 days) for these three participants was consistent with the prescribed six-month duration for this phase. Likewise, the overall time in the program for the three graduates was, on average, essentially exactly according to protocol (400 days).

Finally, Table 9 also shows the average number of days in the program for those 11 participants who were ultimately terminated. As the wide range of values indicates, some of the terminated participants made it beyond Phase 1 – three were in Phase 2 and two made it to Phase 3.¹³ There are several characteristics of the terminated participant group that are worth noting. Approximately one-quarter of the terminated participants requested their sentence to be executed rather than complying with an imposed sanction. In most cases, the imposed sanction would have been some form of drug treatment. At the time of termination (whether requested or imposed), 73% of the participants were in Phase 1 of drug court programming. Termination was most often due to non-compliance with drug court rules (91% of terminated cases). In almost all cases, the reason for non-compliance was persistent evidence of new drug or alcohol use, manifested as a failure to either comply with or go to drug treatment. For example, several participants were terminated

¹³ At least one individual who was facing a stay of execution (i.e., her felony drug conviction would appear in her criminal record even if she successfully completed drug court) requested that her prison sentence be executed in lieu of their drug court participation. Since she took this step before ever appearing in drug court, this case was not included in the analyses herein.

from drug court because they had either absconded from or were terminated by halfway houses and treatment facilities. Only one participant was terminated from the drug court due to a new drug charge.¹⁴

Relationship between Stay Type & Likelihood of Termination

Under the post-conviction model that the North St. Louis County Drug Court employs, the prospect of prison time if terminated from the drug court program provides the court with significant leverage; all participants face the “stick” of prison time if they were to be terminated. By contrast, the “carrots” awarded for successful completion of the program vary greatly according to stay type – from an expunged record (stay of adjudication) to a misdemeanor conviction instead of a felony conviction (stay of imposition), to no carrot at all (just avoidance of prison) for a stay of execution. Given that stays of adjudication offer the greatest reward for program completion, perhaps it is not surprising that those receiving stays of adjudication were less likely to be terminated than those receiving other stay types. While overall 25.6% of participants were terminated from the program, termination was lower among those receiving a stay of adjudication (4 of 24, or 16.7%) than among those receiving a stay of execution (4 of 14, or 28.6%) or imposition (3 of 5, or 60%).¹⁵ (Two of the three graduates received stays of adjudication, while one received a stay of execution.)

Moreover, there were geographic patterns in the type of stays used: stays of execution were more likely for cases originating at the Hibbing court (eight of 20 cases, or 40%) than at Virginia’s court (6 of 23 cases, or 26%). Conversely, stays of adjudication were more likely to originate in Virginia (61% of cases) than Hibbing (50% of cases). Depending on an individual’s criminal history and/or the severity of his instant charge, Minnesota Sentencing Guidelines may stipulate that the judge employ a stay of execution or a stay of imposition. Yet it is also the case that deviation from sentencing guidelines occurs regularly, and the likelihood of deviating can vary across judges and, in turn, courts. Especially in light of the apparent relationship between stay type and likelihood of

¹⁴ The data indicate that there was no apparent relationship between the severity of a participant’s substance problem and his likelihood of program success or failure. Two examples underscore this point. First, scores on LSI-R’s subscale for drugs were higher among active participants (mean = 6.25) than those terminated from the program (6.1). Second, regarding the relationship between use of methamphetamine (recognized to be an especially addictive and detrimental substance, relative to other drugs such as marijuana) and program outcome: All three graduates reported using meth in the year before their entry into the court; by comparison, only 63.6% of those terminated from the program reported meth use in the year before court entry.

¹⁵ Given the relatively small sample size, none of these relationships is statistically significant.

termination, we recommend that individuals referred to the drug court receive stays of adjudication (the biggest “carrot”, offering the greatest incentive to participants) whenever possible.

Intermediate Outcomes – Examination of Drug Court Graduates

It is worthwhile to consider the intermediate outcomes of those who have graduated from the North St. Louis County Drug Court. Due to the infancy of the drug court itself, these findings are tempered by a very small sample size. Nonetheless, this analysis can offer a preliminary glimpse at whether the drug court indeed reduces the risk of recidivism for successful participants (i.e. graduates).

A major objective of the drug court is to reduce or eliminate the use of illicit substances among participants. Protocol states that drug court participants must have clean UA’s for at least one year. All drug court graduates exceeded the required 365 days of sobriety; two of the three graduates did not have a single positive drug test.

Another way to gauge success amongst the drug court graduates is to measure changes in LSI-R scores. Given the nature of the LSI-R, we can assess whether the graduates obtained a reduction not only in their total LSI-R score, but also assess reductions in several subscales (i.e., drug and alcohol scale, attitudes and orientations scale, employment scale).

Table 10. Mean LSI-R Scores for Drug Court Graduates (N = 3)

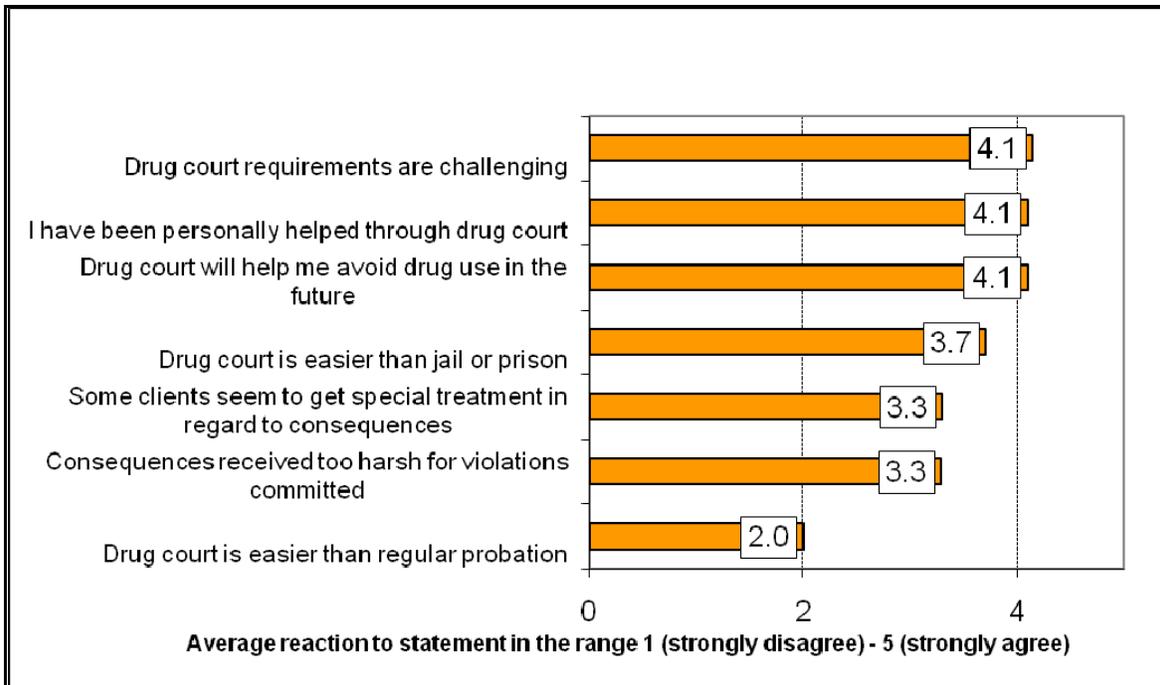
	<u>Total Score</u>	<u>Drug Score</u>	<u>Attitude Score</u>	<u>Employment Score</u>
Drug Court Entry	27.0	6.0	2.7	5.0
At Drug Court Exit	9.3	1.3	0	3.7
Difference in Mean Scores	17.7	4.7	2.7	1.3

Table 10 illustrates that, as expected, the average total LSI-R score and LSI-R drug score were markedly lower at graduation than when assessed upon entry. Further, the subscale that assesses participants’ attitudes toward crime and criminal justice supervision also shows a marked improvement upon graduation. The employment subscale (i.e. employment stability and education) also shows a reduction, indicating greater stability and educational achievement upon graduation than at entry.

DRUG COURT PARTICIPANTS’ ATTITUDES TOWARD THE COURT

To learn drug court participants’ perceptions about various features of the North St. Louis County Drug Court program and its key actors, including judges and probation officers, a written survey was administered at two separate court sessions in June 2008 – June 5, and June 12.¹⁶ Overall, respondents had positive perceptions of the drug court. For example, the open-ended survey item, “Is there anything else you would like to say about your experience [with the drug court]?” elicited responses such as: “I appreciate all the efforts provided and the consistency of the program. My experience has been well worth the hard work. So much so that I am enlightened to a better life.” As Figure 5 shows, analyses of responses to Likert-type items (with answers ranging from 1 [strongly disagree] to 5 [strongly agree]) revealed average scores of 4.1 in response to the statements “I have been personally helped through drug court” and “Drug court will help me avoid drug use in the future.” On the other end of the spectrum, on average, survey respondents disagreed (average = 2.0) with the statement “Drug court is easier than regular probation.”

Figure 5. Respondents’ Overall Perceptions of Drug Court



¹⁶ The response rate to this survey was excellent: 21 out of 25 (84%) participants whom were administered the survey completed at least part of it. Of these 21, 38.1% were females and 52.4 % were males. Eighty-one percent were white, and the median age for the sample was 32 years. Among the participants who completed the survey, eight were in Phase 1 of the drug court, five were in Phase 2, and eight were in Phase 3. The mean number of months of drug court involvement of those surveyed was 7.7.

Figure 6. Respondents' Overall Perceptions of Drug Court, by Phase

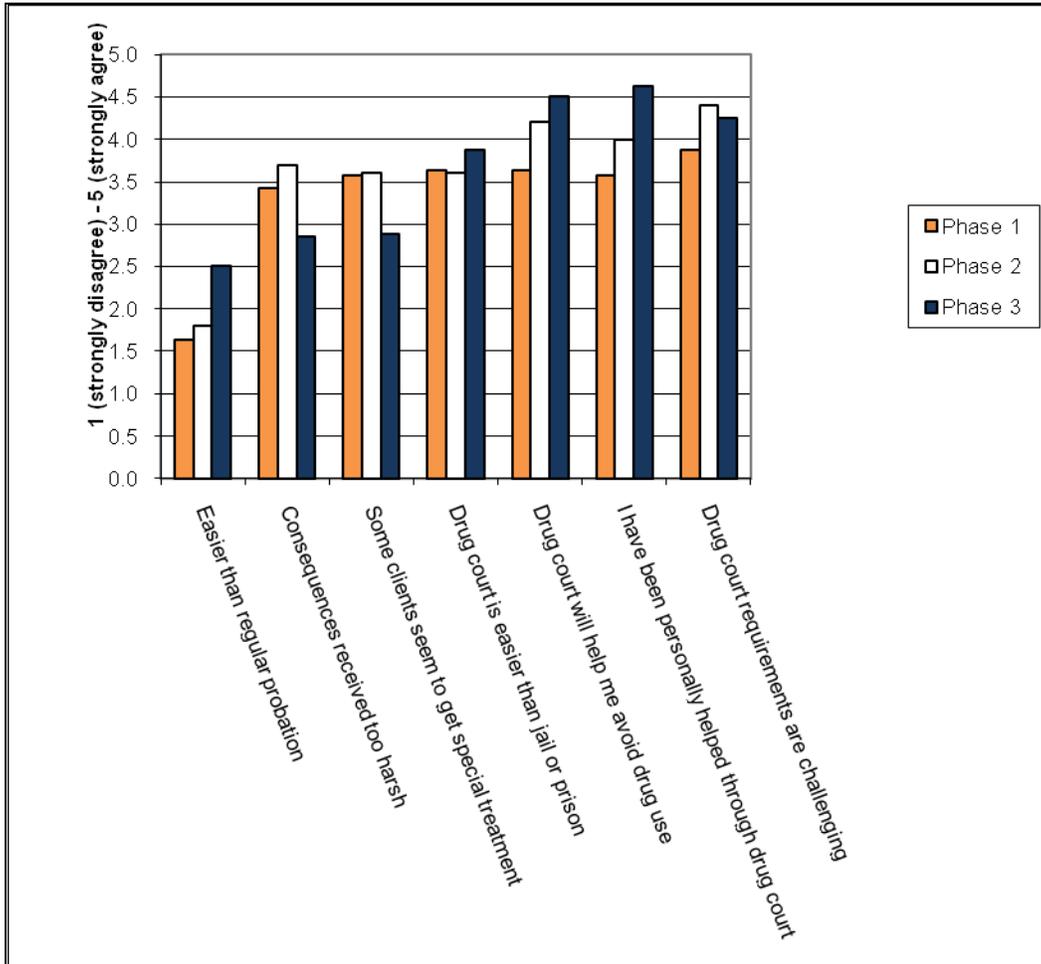


Figure 6 breaks down reactions to these statements by respondents' phase in the court. Across survey items, there is a positive relationship between phase and positive reactions to the court, suggesting that drug court participants tend to “buy in” to the program over time. For example, respondents in successive phases tended to more strongly agree with the statement “I have been personally helped through drug court,” as they advanced through the program; whereas the average for this item among Phase 1 respondents was 3.6, among Phase 2 respondents it was 4.0, and among Phase 3 respondents it was 4.6 (i.e., between “agree” and “strongly agree”). The statement “Drug court will help me avoid drug use in the future,” elicited a similar pattern, with the average among Phase 1 respondents being 3.6, compared to an average of 4.5 among respondents in Phase 3. Given that restrictions, reviews and drug testing become less frequent from Phase 1 to Phase 3, it is understandable that agreement with the statement “Drug court is

easier than regular probation,” trended upwards by phase (from an average of 1.6, to 1.8, to 2.5, for Phases 1, 2 and 3, respectively). By contrast, agreement with the “negative” statement “Some clients seem to get special treatment in regard to consequences,” was weaker among respondents in Phase 3 (2.88) than among those in Phase 1 (3.57).

Regarding respondents’ perceptions of specific court actors, Figure 7 illustrates that both probation officers and judges received their highest scores from respondents in the realms of treating participants with respect (averages of 4.1 and 4.6, respectively) and engendering feelings among participants that they are supported (4.3 average for probation officers, 4.5 average for judges). In regard to perceptions about both probation officers and judges, there was the least agreement among respondents with the statement “_____ does not expect too much from me” (3.8 average in regard to probation officers, 3.5 average in regard to judges).

Figure 7. Respondents' Perceptions of Drug Court Judges & Probation Officers

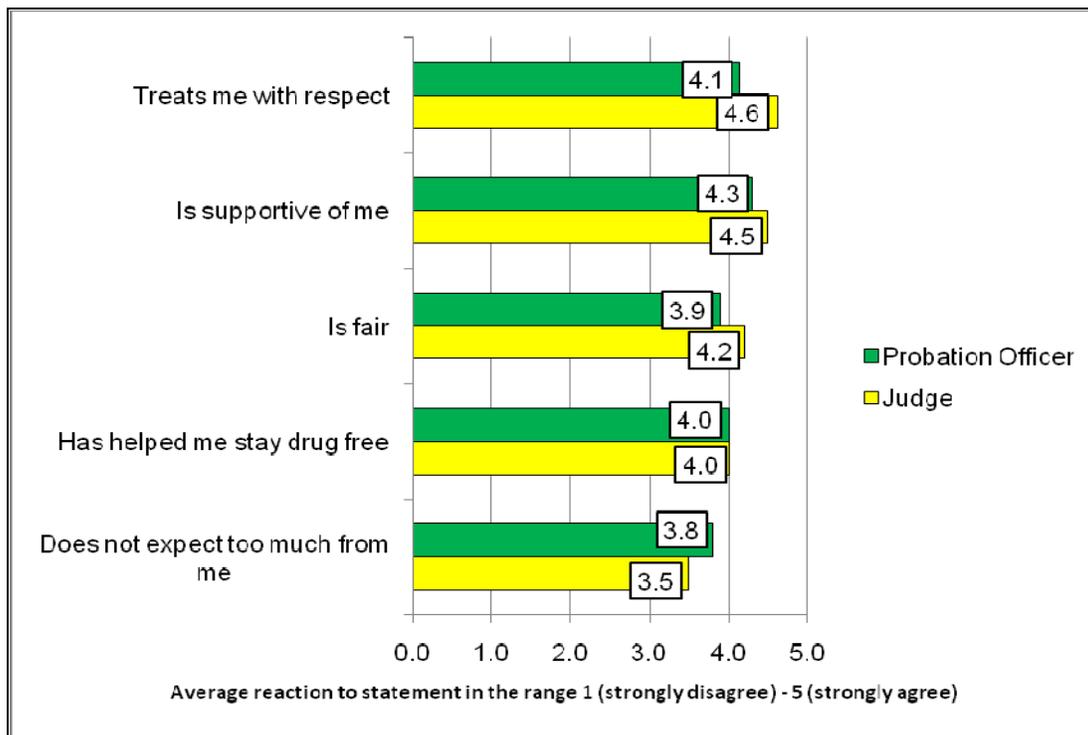


Figure 8. Percentage of Respondents Indicating a Feature of the Court was Helpful

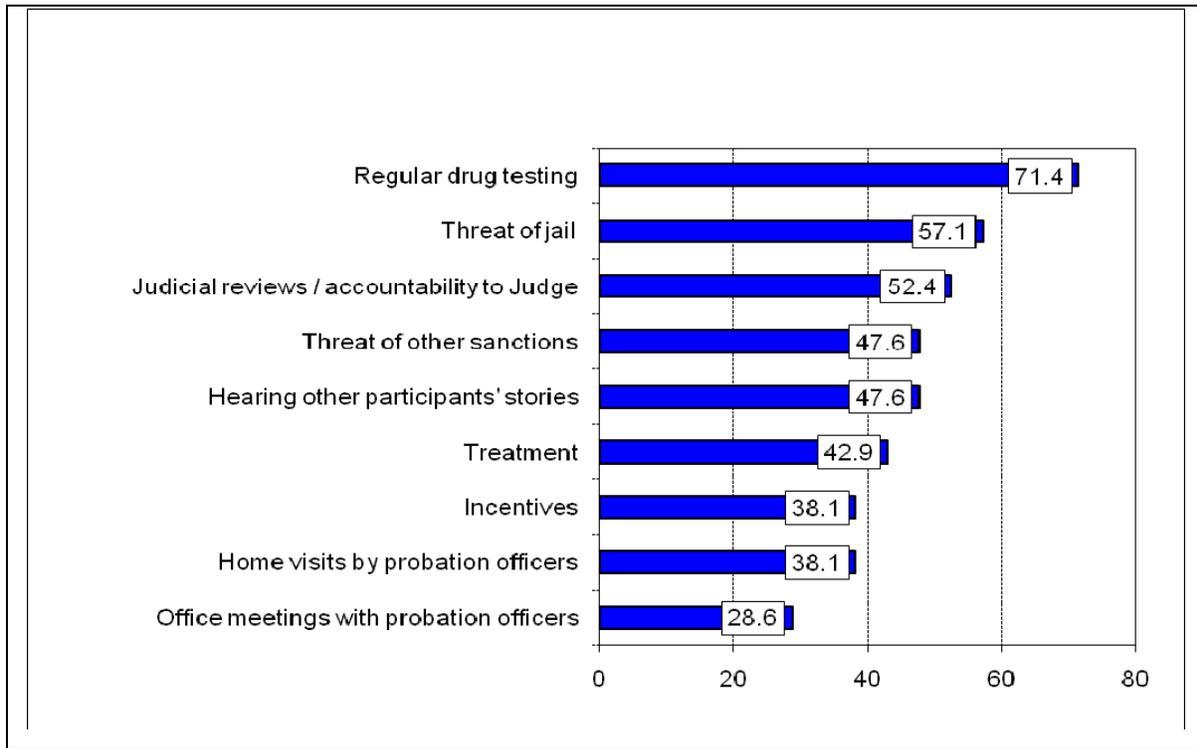


Figure 8 shows that, in regard to the helpfulness of various features of the court, more respondents (71.4%) reported that regular drug testing was helpful to them than any other listed feature. By comparison 57.1% of respondents reported “threat of jail” being helpful, and 52.4% reported that “judicial reviews/accountability to judge” was helpful. At the other end of the spectrum, less than 40% of respondents reported court incentives or meetings with probation officers as being helpful. The interesting finding that the “accountability” features of the court (e.g., the prospect of going to jail, regular drug testing) were valued more than its “helping” aspects (e.g., incentives) was consistent with one response to the open-ended survey item, What do you like most about drug court?: “Being hold accountable, frequent UA’s.”

Figure 9. Percentage of Respondents Indicating a Feature of the Court was Helpful, by Phase

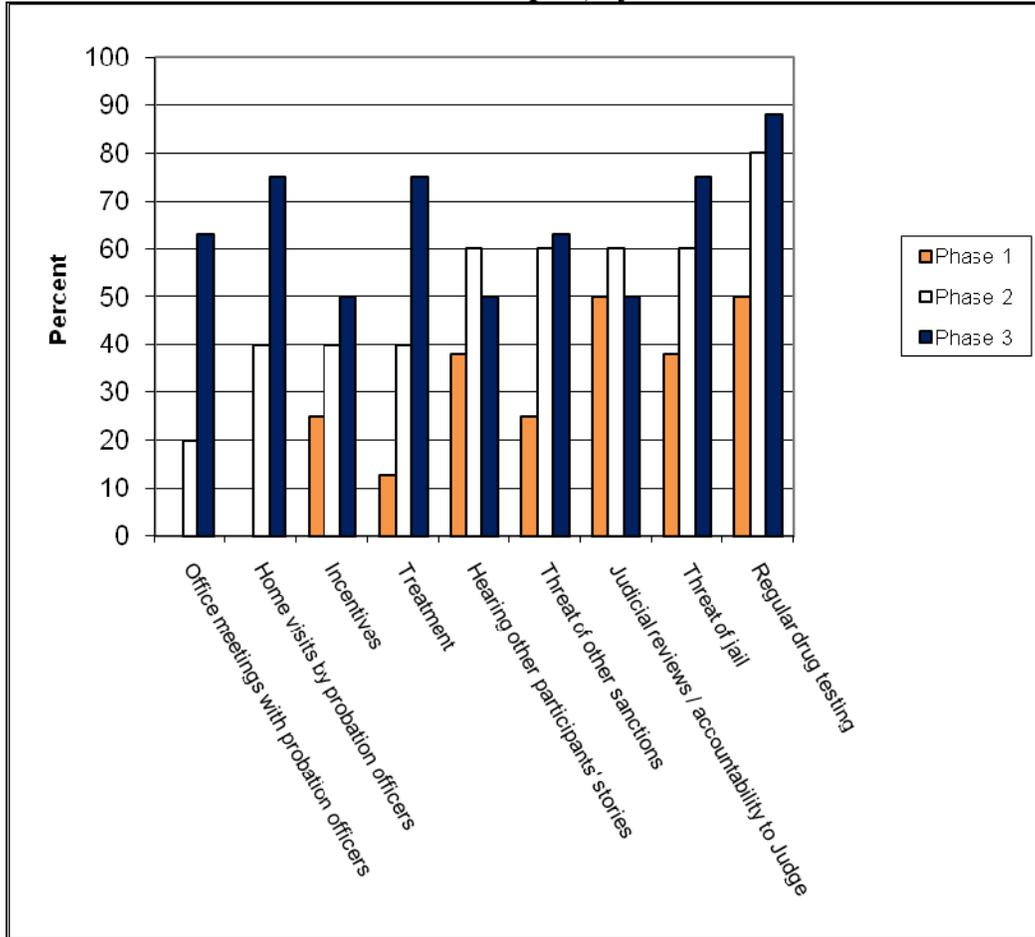


Figure 9 provides further evidence that respondents’ perceptions of the drug court tended to improve by phase. For example, regarding regular drug testing, while only 50% of respondents in Phase 1 considered drug testing to be helpful, 80% of those in Phase 2, and 88% of those in Phase 3, found it helpful. Similar patterns can be seen for the items “Threat of jail” and “Treatment,” both of which 75% of respondents in Phase 3 reported as being helpful. Although in general, visits with probation officers were ranked lowest in terms of their helpfulness (see Figure 8), the likelihood that respondents would deem them helpful increased with successive phases. For example, whereas none of the respondents reported home visits by probation officers to be helpful, 40% of respondents in Phase 2 considered them to be helpful, as did 75% of those in Phase 3.

Differences between the Sexes

Finally, there were some noteworthy findings in regard to differences between the sexes in perceptions of the court. Males were much more likely than females to report that home visits were helpful (55% versus 25%), office visits were helpful (55% versus 0%), incentives were helpful (55% versus 25%) and that treatment was helpful (64% versus 13%). By comparison, there were essentially no gender differences regarding the perceived helpfulness of threat of jail (64% of males and 63% of females reported it to be helpful) and regular drug testing (75% and 73%, respectively). Although the number of surveyed individuals (21) is relatively small, some of these gender differences in regard to perceptions of the court are stark. We recommend that the drug court team consider what might be explaining these gender differences (e.g., in regard to perceptions of treatment).

**APPENDIX: DRUG COURT PARTICIPANTS RELATIVE TO
AN HISTORICAL COMPARISON GROUP**

This appendix examines the drug court’s caseload characteristics and case processing speed relative to an historical comparison group comprised of third-, fourth- and fifth-degree drug cases originating in Virginia and Hibbing for the two years prior to the date at which the court was to begin accepting cases. Eligible drug cases with offenses occurring from October 1, 2004, through September 30, 2006, were included in this comparison group.¹⁷ Comparisons of these two groups reveal a lot of similarities between the two groups, in terms of their demographic characteristics, criminal history and risk, and substance use issues. These similarities, in turn, suggest that the drug court accepted typical non-sale-for-profit cases that originated in North St. Louis County; it did not “cherry-pick” low-risk or otherwise “easy” cases for inclusion in the program.

**Table A1. Selected Demographic Characteristics:
Drug Court Participants vs. Historical Comparison Group**

<u>Variable</u>	<u>Category</u>	<u>Drug Court</u>		<u>Comparison Group</u>	
		<u>N</u>	<u>% or mean</u>	<u>N</u>	<u>% or mean</u>
Age		43	30.9	243	33.5
Sex	Female	18	41.9%	73	30.0%
	Male	25	58.1%	170	70.0%
Race	White	37	86.0%	219	89.4%
	Native American	4	9.3%	12	4.9%
	African American	2	4.7%	7	2.9%
	Missing			7	2.9%

Table A1 shows that, in terms of demographic characteristics, the drug court sample and comparison group are remarkably similar. Members of the comparison group

¹⁷ To match court eligibility criteria as closely as possible, cases in which sale (or intent to sell) was indicated in the charge description were excluded from this comparison group. Also excluded were cases in which a drug charge was accompanied by a charge of violence or a weapons-related offense. We also deleted duplicate cases in this time span involving the same individual. For the 14 times this occurred, we opted for the charge that happened earlier in the two-year period, excluding the latter case. The resultant sample contained 245 cases; LSI-R information was available for 181 (73.9%) of these. Note that, even with these multiple selection criteria, this data set does not offer a strict “apples-to-apples” comparison. Most importantly, these data do not contain information on whether an individual was assessed as substance abusing or dependent (a requirement for drug court admission). These data also lack detailed information on whether an individual had a violent criminal record (a factor that would disqualify one from consideration for drug court).

were, on average, slightly older (33.5 versus 30.9 years), somewhat more likely to be male (70.0% versus 58.1%) and slightly more likely to be white (89.4% versus 86.0%). Based on this information, it is apparent that females and racial minorities were not underrepresented in the North St. Louis County Drug Court program.

Table A2 shows that the two groups are comparable in terms of criminal history and risk. Whereas the drug court sample's average LSI-R total score were a few points higher than the comparison group's, the comparison group's median number of prior adult convictions (3) was higher than the drug court's (2), and those in the comparison group were slightly more likely to have been incarcerated before (49.7% versus 46.3%).

**Table A2. Criminal History & Risk:
Drug Court Participants vs. Historical Comparison Group**

<u>Variable</u>	Drug Court		Comparison Group	
	N	% or mean (median)	N	% or mean (median)
LSI-R total score	41	26.6 (28.0)	181	23.9 (24.0)
Number prior adult convictions	43	2.5 (2.0)	169	6.4 (3.0)
Prior incarceration	19	46.3%	181	49.7%

The sample of drug court participants is also very similar to the historical comparison group in terms of both degree of felony charge and substance abuse issues. Table A3 shows that the percentage of defendants with a fifth degree felony charge was 95.3% for the drug court sample compared with 95.1% for the comparison group. For both groups, methamphetamine was most likely identified in LSI-Rs as individuals' "problem" drug (44.2% for the drug court sample, compared to 44.6% for the comparison group); marijuana had the second highest percentage for both groups (25.6% for the drug court sample, compared to 23.2% for the comparison group). Meth was the drug that was most frequently involved in individuals' drug charges (53.5% for the drug court sample, compared to 60.5% for the comparison group), followed (again) by marijuana for both groups. In terms of scores on the LSI-R drug subscale (possible range: 0-9), drug court participants' average (6.1) was somewhat higher than the comparison group's (5.0).

**Table A3. Substance Abuse & Charge Information:
Drug Court Participants vs. Historical Comparison Group**

<u>Variable</u>	<u>Category</u>	<u>Drug Court</u>		<u>Comparison Group</u>	
		<u>N</u>	<u>% or mean (median)</u>	<u>N</u>	<u>% or mean (median)</u>
Degree of felony charge	5 th degree	41	95.3%	231	95.1%
	4 th degree	1	2.3%	1	0.4%
	3 rd degree	1	2.3%	11	4.5%
"Problem" drug (LSI-R)	Cocaine / crack	2	4.7%	4	2.2%
	Marijuana	11	25.6%	42	23.2%
	Methamphetamine	19	44.2%	81	44.6%
	Other synthetic narcotic	2	4.7%	20	11.0%
	Other	4	9.4%	10	5.5%
	Missing	5	11.6%	24	13.3%
Type of drug involved in charge	Cocaine / crack	3	7.0%	7	2.9%
	Marijuana	6	14.0%	26	10.7%
	Methamphetamine	23	53.5%	147	60.5%
	Prescription	6	14.0%	28	11.5%
	Other	0	0%	8	3.2%
	Missing	5	11.6%	29	11.8%
LSI-R drug score		41	6.1 (6.0)	181	5.0 (5.0)

Case Processing Speed

Since the North St. Louis County Drug Court is a post-conviction court, there is not a strong reason to believe that case processing time – defined here as days between arrest and conviction¹⁸ – would be faster in the drug court. Yet the median time between arrest date and conviction date was five weeks shorter (57 days) than that of the historical comparison group (92 days).¹⁹ That said, for drug court participants, there was on average a lag of approximately five weeks between date of conviction and first appearance in drug court. Thus, net case processing time between the two groups seemingly is, not surprisingly, essentially equivalent.

¹⁸ This is the most apt comparison that can be made, given the fact that there is no referral date for the comparison group. Recall that drug court participants’ referral to the court was about as likely to occur before as after their conviction date (refer to the discussion following Table 8 in the body of this report).

¹⁹ We are unsure what might account for this disparity, apart from proffering the hypothesis that the existence of the North St. Louis County Drug Court served as sort of an “express lane” that served to speed the processing of one particular type of case (i.e., primarily fifth-degree drug cases).