

NW HIDTA / DASA Washington State
Drug Court Evaluation Project

Final Report

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NW HIDTA/DASA Washington State Drug Court Evaluation

Alcohol and Drug Abuse Institute
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EXECUTIVE SUMMARY

Since the mid-1980s, state and local criminal justice systems have been inundated with felony drug cases. The saturation of state court and prison systems with drug cases and offenders convicted of drug related crimes has been at the expense of court and prison resources to manage more serious, violent felony offenders. Concurrent with these events, research consistently showed that: (1) incarceration for drug offenses does little to break the cycle of use and related crime; (2) the recidivism rate for drug related crimes is very high and (3) treatment is effective in reducing addiction and drug related crime if individuals remain in treatment for an adequate period of time.

In response to this situation, state and local courts in several states started, in the early 90s, to create special drug courts, also known as treatment drug courts. These courts were designed to administer cases referred for judicially supervised drug treatment and rehabilitation. In exchange for the possibility of dismissed or reduced sentences, offenders who met clearly defined criteria, and who agreed to participate, were diverted to drug court programs whose main purpose was to use the authority of the court to reduce crime by changing drug related behavior (GAO, 1997).

Key Elements of Drug Court Programs

Early in the development of Drug Court programs, the Drug Court Program Office identified a set of key elements considered crucial to the program success. These elements include:

- A unified court system with a single judge providing leadership and system-wide focus;
- Intervention by the drug court judge and DC team members with the offender as soon as possible after arrest;
- Access to comprehensive treatment based on the needs of the offender;
- Verification of compliance with treatment and supervision through drug testing and supervision contacts;
- Frequent and personal contact with the drug court judge at status hearings to assure compliance with treatment and supervision goals;
- Immediate and consistent responses to violations through graduated sanctions and incentives; and
- Integration of alcohol and other drug treatment services with justice system case processing (Drug Court Program Office, 1997).

Drug Court Evaluation

Over the decade a number of drug court evaluations have been done. Most have focused on two outcomes: rates of retention and completion, and criminal recidivism. An Office of Justice Programs (1998) report of over 200 programs found retention rates ranging from 31-100% with an average rate of more than 70%, compared to significantly lower retention rates among criminal defendants in traditional treatment programs. Completion rates ranged from 8-95% with an average completion rate of 48%. Substantial reduc-

tions in recidivism rates, ranging from 2 to 20%, were found among programs that reported recidivism. The average recidivism rate for drug related offenses in the US is approximately 45% over a two year post-release period.

Belenko (1998), in a review of Drug Court evaluations, found wide variations in the scope, methodology and quality of the studies, and made a number of recommendation to improve the quality of drug court evaluations. He recommended that future studies document the structural and operational characteristics of the programs and examine how program characteristics contribute to participant outcomes, and that more longitudinal studies be done.

Washington State Drug Courts:

Between 1994 and 1999 six counties in Washington started adult Drug Court programs: King and Pierce in 1994; Spokane in 1996; Skagit in 1997; Thurston in 1998; and Kitsap in 1999 (in addition, there are now programs in Clallam, Clark, Snohomish, Whatcom, and Yakima Counties, as well as four Tribal Drug Courts.) Although the programs vary in a number of organizational and operational details, all reflect the key program elements, and share a common goal of reducing drug related criminal activity by judicial oversight and supervision of mandated chemical dependency treatment. Federal funding has been essential to the development and operation of drug courts in Washington. However, Federal funding was designed to be time limited with the expectation that the effective programs would be continued with State, County, and perhaps municipal funding. As Washington faces the multiple policy decisions related to continuing Drug Court programs, objective information about the organizational structure and operation of the programs and their effectiveness is essential.

In 1999, the Northwest HIDTA (Northwest High Intensity Drug Trafficking Area), working through the Division of Alcohol and Substance Abuse (DASA), contracted with the Alcohol and Drug Abuse Institute at the University of Washington to conduct a three to four year, statewide evaluation of the six adult Drug Court programs. (A program profile was also completed for the Snohomish County DC in 2001). In the course of the evaluation Federal Bryne grant monies, a supplement grant from National Institute of Justice, and support from DASA were added to the Federal HIDTA funding. The evaluation was designed to (1) describe and compare the organizational structure and operational characteristics of the six programs, and (2) examine the impact of the programs on re-arrest, conviction and incarceration rates, earned income among participants, and utilization of public resources including medical, mental health, substance abuse treatment, and vocational services.

The report is in two parts: first, a summary of the organizational and operational characteristics of the six programs, second, a summary of the impact of the programs on selected outcomes.

ORGANIZATIONAL AND OPERATIONAL CHARACTERISTICS OF THE COURTS

Data Generation: Between March 1999 and June 2000 on-site interviews were conducted with key staff members in the six programs, including judges, prosecuting attorneys, public defenders, drug court coordinators, and treatment program staff members. Key informants in Snohomish County were interviewed between March and April 2001. Interview topics included program goals, developmental and implementation processes, target population, inclusion-exclusion criteria, offender movement through the program, monitoring substance use, frequency of treatment and court contacts, treatment programs, and other support services. Program documents were also reviewed. These data were analyzed to develop descriptive profiles of the structure and operational characteristics of each program.

The program profiles and a table comparing the programs on a number of characteristics, are included in the Appendices. It is important to recognize that the profiles describe each program for a specific period in time. As the programs continue to evolve and change in response to local and national needs and demands, changes may have been introduced that are not reflected in the profiles. Some important areas of commonality and difference among the programs are discussed, and a number of key issues facing the programs are identified.

Commonalties Among Drug Court Programs: While there are differences among the programs in

the specifics of implementation, all have strongly incorporated most of the Drug Court Program Office key elements into the ongoing operation of their programs.

Judicial Leadership and the Drug Court Team: All have one judge assigned to the DC who is responsible for the overall leadership of the program and the DC team. The degree to which the DC judges carry a full-time judicial caseload in addition to DC varies among programs, as does the consistent assignment of additional court personnel such as a Court Clerk and docket manager. All of the programs have developed a team approach to managing the legal process. Under the leadership of the DC Judge, prosecutors, defense attorneys, and a representative(s) from the treatment system jointly review each case and develop a recommended approach. Team members in all of the programs cite the team approach as a major strength of the program.

Access to Comprehensive Treatment Based on the Needs of the Offender: All the courts have attempted to put into place a comprehensive treatment system, and ensure access for offenders in the program. By their very nature DC programs have expanded the demand for treatment in a State system that is not characterized by excess capacity. Thus, timely access to comprehensive treatment services has been a common challenge among the programs.

All of the programs use one or more treatment providers to provide a carefully outlined phased approach to treatment. Minimum frequency of treatment modalities required in each phase are specified in the DC contract, as are the criteria for successful completion and movement to the next phase. The number and length of phases vary among programs but all have very specific treatment participation requirements that are clearly defined for treatment providers and participating offenders. Intensive outpatient treatment is the primary treatment modality in all programs. The use of residential treatment, a scarcer and more expensive modality, varies among the programs but all use it when deemed appropriate. All treatment programs are expected to keep the court informed about offender compliance on a regular basis to enable the court to enforce treatment requirements and to integrate treatment services with justice system case processing, another key element of DC programs.

Monitoring: A carefully specified system of random urine and breath monitoring is a common feature of all the programs. While the frequency of monitoring and specific reporting procedures vary among the programs, all require strict adherence to the monitoring program. In addition, all have developed effective communication procedures between the Court and the monitoring agency to ensure the timely exchange of information necessary to allow the Court to act swiftly in cases of continued drug use.

Frequent and Personal Contact with the Drug Court Judge: All of the programs are characterized by frequent status hearings in which the DC Judge, in direct interaction with the offender, reviews his/her participation in the program. If the offender successfully moves through the program, status hearings become less frequent, but in all of the programs the offender is seen by the Judge at least once a month to review his/her progress in the program.

Differences Among Drug Court Programs: Although the programs are similar in many important ways, there are several areas of significant differences.

Eligibility Criteria: While eligibility criteria in all the programs reflect broad Drug Court Program Office guidelines, they are also shaped by local politics and community attitudes. The two major areas of difference are definitions of previous violent offenses, and the range of other drug related offenses that are considered eligible for DC. Federal guidelines prohibit the inclusion of individuals with a history of violent offenses, but individual programs have some discretion in identifying such offenses. A number of the programs accept individuals with previous history of **misdemeanor** domestic violence on a case-by-case basis, while others exclude individuals with any history of violence. Some consider only adult violent offenses while others consider juvenile offenses that included violence. Similarly, some programs consider a broad range of property crime offenses in which substance abuse played a significant role as eligible for participation in DC while other programs define eligible crimes more narrowly.

Response to Violations: One of the key elements of DC programs is immediate and consistent response to violations through the use of graduated sanction and incentives. The programs in the study vary widely in both timing and consistency of responses to violations. Several factors seem to contribute to these variations

including: (1) how clearly the Drug Court team has considered their approach to sanctions and developed a clearly articulated set of graduated sanctions and violations to which the sanctions will apply; (2) the timeliness with which violations are reported to the DC and the Judge; and (3) the organization of the program that either facilitates or inhibits the enforcement of a range of sanctions. The programs that have a clearly articulated set of graduated sanctions and strong working relationships with law-enforcement are better able to use sanctions than those who do not.

Relationships with Law Enforcement: The programs vary widely in the relationships they have with law enforcement agencies. In several of the programs, law enforcement agencies, including local representatives from the Department of Corrections (DOC), were involved in program planning and are an integral part of the program. In others, there has been very little law enforcement involvement. All of the programs need the support of law enforcement in a number of ways, the most obvious of which in the bench warrant process that is invoked when an offender fails to appear for DC status hearings. Developing relationships with law enforcement is a goal of several of the programs.

Data Systems: The programs vary widely in the data systems they use to document and track the program. While a standardized data system for all of the programs has been a goal for the last three years, the system is not in place and the programs use a broad array of local systems in an attempt to meet their data needs.

COMMON ISSUES FACING THE DRUG COURT PROGRAMS

Developing a Stable and Adequate Funding Base: At the present time the Drug Court programs are funded by multiple sources. Most continue to rely heavily on Federal funding provided by planning and implementation grants from the Department of Justice/Drug Court Program Office (DOJ/DCPO) which are designed to be time limited. Other important funding sources include Federal monies from Northwest HIDTA and Byrne grants, State and County funding. County funding in most programs has been largely in the form of providing the Court personnel including the Drug Court Judge, and, in some programs, the County has provided monies for urine and breath testing. The use of Byrne grant funds is now restricted to treatment costs. As programs reach the time limits of DOJ/DCPO funding, they are increasingly dependent on State and County monies. While the State Legislature has approved some funding for specific programs in the last two years, neither the State nor the counties have yet institutionalized funding for Drug Court program. Thus, the programs exist in an uncertain financial environment. At the same time, public demands are growing for the kinds of alternatives Drug Court programs provide to deal with drug related crime.

Developing and Supporting Adequate Data Systems: Given the multi-system nature of Drug Court programs, the cross-system communication that is key to successful program functioning, and the importance of demonstrating program effectiveness, data systems that support system integration and program evaluation are essential. At the present time, most of the programs do not have the resources to support adequate data system development, and there is little to no standardization of data system across the programs. While several efforts have been made to address data system development, it remains a problem area for most of the programs.

ANALYSES OF ADMINISTRATIVE DATA SETS

The eleven data sets analyzed are:

- Arrests, from the Washington State Patrol.
- Superior Court filings, from the Office of the Administrator for the Courts.
- Time incarcerated in prisons, from the Department of Corrections.
- Earned income, from the Department of Employment Security.
- Length of time in drug courts, from the respective drug court programs.
- Chemical dependency treatment, from the Division of Alcohol and Substance Abuse.
- Vocational training services, from the Division of Vocational Rehabilitation.
- Mental health services, from the Division of Mental Health.
- Washington State death records, from the Department of Health.
- Medicaid claims, from the Medical Assistance Administration.
- Superior Court convictions, from the Office of the Administrator for the Courts.

In addition, the two integrative analyses were performed:

- Analyses to determine whether there was a relationship between the amount of chemical dependence treatment received and outcomes.
- Analyses to examine whether graduation from the drug court program in less than a year was related to outcomes (this analysis used data only from King County).

All quantitative analyses have used participant identifying data from the courts, and archival data from state administrative data sets. No data have been collected directly from subjects. All procedures have been reviewed and approved by the DSHS Human Research Review Board. The study design has been to use the naturally occurring groups formed by program and self selection. This introduces almost certain bias in the composition of the groups. The effect of the bias is to make it difficult to determine whether group differences result from the bias or from the effects of the drug court programs. Results must be interpreted with these design limitations in mind.

METHODOLOGY

Identifying Subjects: The subjects used in most of these analyses were those identified in August-September, 2000. Where identifiers were available (which included the three oldest, largest courts), we obtained data for all offenders who had been referred to the drug court, even if they had not entered the court.

Comparing Results Across Counties: County drug court programs, and the contexts in which they operate, differ from one another in many ways, including criteria for admission, types and backgrounds of offenders admitted, retention policies, types and amounts of treatment and other interventions offered, policies and practices in dealing with violations, graduation criteria, and county arrest and conviction rates, among many others. Further, a single court can vary on the same factors across time. The effect of all the differences is to render any cross-county comparisons of sizes of results inappropriate. We *report* these differences as part of the descriptions of results, but we explicitly do not intend to suggest that observed differences have any implications about program merit. We do look at *patterns* of outcomes across counties, either relative sizes of outcomes across groups within counties, and/or patterns of changes across time for groups in each county. Given the many differences among the counties, we feel that when we find common patterns across counties, the likelihood of the pattern being a reliable result is increased.

Strengths And Weaknesses:

Strengths. Relative to most other research on drug courts, this study has three major strengths:

First, it is a multi-site study. There are at least three counties with analyzable data (sometimes six counties), which allows comparisons of patterns of results across counties. If similar patterns of results occur across sites, it lends greater confidence to the results, and suggests it is reasonable to expect to see this result in additional drug courts.

Second, using data from administrative data sets, we are able to examine a substantial number of outcome measures, many of them of central interest to drug court evaluation. These include several indices of criminal justice involvement, earned income, several measures of social services received, and several measures of health and/or medical treatment system involvement. This gives us a singularly rich and multifaceted view of drug court outcome.

Finally, we have unusually long baseline and follow-up periods for most subjects (that is, data for a long period of time prior to and following referral to the courts). Further, because the data are from archival sources, they are relatively "objective," at least compared to the usual self-report data.

Weaknesses. In common with the majority of other drug court evaluations, this study also has a major weakness in comparison to generally accepted research standards: we do not have an adequate control or comparison group. When subjects are selected or self-selected into groups (rather than being randomly assigned), there is a likelihood that the groups will differ on characteristics such as motivation, intelligence, work history or skills, social support, or any of a multitude of other factors that could influence their outcomes. This makes it extremely difficult to determine whether the program or the pre-existing differences are what are leading to differences in outcomes.

While attractive for some reasons, administrative data sets also have the weakness of being limited to

the data available, both in terms of the types of information available, and its accuracy and completeness. In addition, data sets may not be current with the time the analyses are being done.

Definition Of Drug Court Outcome Groups: Subjects were divided into these naturally occurring outcome groups:

- **Ineligibles** are persons who passed an initial legal screen and were referred to the court, but on closer examination were found to be ineligible on either legal or clinical grounds.
- **Opt Outs** are persons who met all criteria, and were offered entry to the court, but who personally declined to participate.
- **Did Not Finish (DNF)** are individuals who were admitted to a drug court program but either failed or dropped out.
- **Graduates** are individuals who graduated from a drug court.
- **Active** cases are those still involved with the drug court program. Active groups are used in some analyses, but not in others.

Outcome Vs. Process Variables: Some of the data sets that follow may be thought of as reflecting drug court **outcomes**, in particular, arrests, court filings, incarceration, earned income, and possibly mortality. Others give a view of the **process** involved in the court programs, these being the time in drug court, utilization of Chemical Dependency services, time to admission to service modalities, use of vocational rehabilitation services, and use of medical and mental health services. Vocational rehabilitation, Medicaid utilization, and possibly mental health could become outcomes if programs had goals or objectives concerning their use, but at this point seem to be mostly descriptive.

SUMMARY OF FINDINGS

Arrests

- Graduates have fewer re-arrests than any of the other outcome groups (significantly less than the Opt Outs).

Court Filings

- Only Pierce shows any statistically significant differences among outcome groups on new court filings: there Graduates, Actives and Did Not Finishes are similar, and different from Opt Outs and Ineligibles. Across counties the Graduates have the lowest post court filing rate. However, all groups show declines in filings following court contact (except Spokane, due to dating practices).

Convictions

- Offenders who graduate from drug court are less likely than offenders in any other group to be re-convicted in the three years following referral to drug court.

Prison Time

- Graduates have zero rates of imprisonment in the post drug court referral period in all counties except King. The post drug court referral imprisonment rates for Graduates in King and Pierce counties are significantly lower than the Ineligible, Opt Out and Did Not Finish group rates.

Earned Income

- Graduate groups show systematic and substantial increases in incomes, with some tail-off in the third year. Graduates are the only group to show this improvement.

Mortality

- There are no differences in mortality rates between counties or compared to general population.

Time Spent in Drug Courts.

- In general the counties have similar lengths of stay for the groups. However, King County begins graduating participants in as little as 6 months, and graduates over 20% by one year. Other courts begin graduating at one year.

Chemical Dependency Treatment Service Utilization

- Not all Graduates have a TARGET record of Outpatient treatment.

- Counties vary in mean levels of Outpatient treatment offered to Graduates during drug court: means range from 67 to 114.
- Counties vary in the use of services for outcome groups both during and after drug court.

Chemical Dependency Treatment and Outcomes

- The service data included in TARGET appear to be incomplete
- Overall, based on the available data, the amount of group and individual treatment being received by drug court participants appears to be adequate.
- There is mixed evidence for a relationship between higher amounts of group and individual treatment and lower risk of *re-arrest*. This relationship holds for Graduates, but for DNFs the effect is reversed (more therapy is associated with *higher* risk for re-arrest), and there is no relationship for Opt Outs or Ineligibles.
- For Graduates but not for DNFs, there is support for a relationship between higher amounts of group and individual therapy being related to lower risk of *re-conviction*.
- For Graduates and DNFs there is no relationship between higher amounts of treatment and increased *income*.

Drug Court Length of Stay and Outcomes (King County)

- There are drug court participants who can be graduated with less than a year, even substantially less than a year, in the court program, with every reason to anticipate that their long-term outcomes will be among the best expected from the program. Whatever criteria King County is using to identify such participants seem to be effective.

Vocational Rehabilitation

- Overall rates for applications for the use of DVR services are very low, about 2% in King and Pierce counties, and 4% in Spokane County, and are similar for all groups pre court referral.
- Application rates for Graduates in King, and Graduates and Did Not Finishes in Spokane, roughly double, into the 8% to 11% range (toward the high values in Spokane).

Mental Health

- Use rates for Inpatient services are generally very low, one half percent or less., and do not differ significantly across the three counties or between outcome groups.
- Outpatient use is generally between 2% and 5%, occasionally 8% to 12%. There is little change between pre and post court referral (except in King, where there is a general upward trend).
- Outpatient use varies across counties, but not much within counties across outcome groups.

Medicaid

- In the two areas of greatest use of Medicaid services, Chemical Dependency and Medical Outpatient services, the Graduates tend to have the highest level of use, with the DNF group generally second.
- DNFs are the highest utilizers of Emergency and Medical Inpatient services.
- In the post period, the utilization percentages for Medical Outpatient are considerably higher than for Chemical Dependency services, suggesting that there is a potential additional resource for supporting drug court Chemical Dependency treatment for a sizable group, up to as many as 20%, of court participants.
- Pre-referral to drug court the quarterly percentages of utilization of Medicaid reimbursements tend to be between 0% and 2% for most categories. Use rates for Chemical Dependency and Emergency services are generally higher, up to 4%, and rates for Medical Outpatient higher yet, ranging between about 10% and 19%.
- Post drug court referral quarterly percentages show little change from pre rates, except Graduates and DNFs show increased percentages of Chemical Dependency service reimbursements (3% - 6% in King and Pierce, and 6% - 10% in Spokane) and Medical Outpatient reimbursement percentages (between 15% and 26%).
- Mean quarterly reimbursements vary widely across counties and especially across Medicaid categories.
- Pre-referral mean quarterly Chemical Dependency reimbursements range between \$0 to \$20, post-referral \$15 - \$30 in King and Pierce, and \$30 - \$90 in Spokane.
- Reimbursement for Emergency and Medical Inpatient services are highly variable in all three counties,

tending to range between \$0 and \$100, with some higher values, in all three counties, pre and post-referral.

- Medical Outpatient pre-referral reimbursement group means are largely between \$40 and \$100, while post-referral levels are between \$50 - \$150.

CONCLUSIONS AND RECOMMENDATIONS

- The overall pattern of results across all four outcome variables (arrests, court filings, incarceration time, and earned income, excluding mortality) and for the three drug courts with sufficient follow-up for interpretation (King, Pierce and Spokane courts) is that participants who graduate have better outcomes than those in any other group. These differences are not always statistically significant, and when they are, the Graduates are generally not significantly better than all other groups. Where statistically significant differences were found and effect sizes were calculated, these were generally small.
- In general, the gains made by the Graduates after referral to drug court were retained over a three year post-referral period, although on some measures there were weakening patterns in the third year post-referral.
- Among the other groups (DNF, Opt Out, and Ineligible) there were no consistent orderings on relative outcomes. There is some tendency for the DNFs to show the worst results, but this is not reliable across counties or outcome variables.
- The patterns of results vary in several ways across the counties. No single court shows overall superiority.
- Although Graduates as a group have significantly superior outcomes compared to the other outcome groups, membership in the graduated group is the result of a process that will automatically select a subgroup of participants with better outcomes. Thus the extent to which the drug courts are themselves producing or contributing to these improved outcomes, as opposed to them resulting from offender characteristics, is difficult to determine.
- Medicaid is underutilized as a source of funding for Chemical Dependency treatment in the drug courts.
- Appropriately chosen participants can be graduated substantially earlier than one year with no reduction in favorable outcomes. Outcomes for participants who stay longer than about 15 months, and especially longer than 26 months, become increasingly less favorable, hinting that there may be a length of stay beyond which improvement is minimal.
- Drug court participants appear to be receiving, on average, as much treatment as is useful. There does not appear to be a strong relationship between amount of treatment received and outcomes: Graduates sometimes show the expected patterns, but other groups do not. It is clear that other factors are as important for outcomes as amount of treatment, and in this context it is likely that there is a level beyond which more treatment does not improve results. That level may be lower than mean levels being provided now (although there may be other reasons for continuing treatment).
- We were not able to check on the relationships among violations, sanctions, and outcomes. The general thinking is that quick and standardized responses to violations is the most effective policy. Courts varied in practices on this matter. In those courts lacking it, a more standardized approach might be considered. A study of this issue would be desirable, but would hinge on the availability of data.
- Non-Chemical Dependency services that might be desirable for drug court participants, e.g., mental health counseling and vocational training, are not frequently used. A more aggressive approach to providing these ancillary services might improve retention and graduation rates, and subsequent outcomes. A closer examination of the relationships between these services and outcomes might be beneficial.

NW HIDTA/DASA Washington State Drug Court Evaluation¹

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INTRODUCTION

Since the mid-1980s, state and local criminal justice systems have been inundated with felony drug cases. The saturation of state court and prison systems with drug cases and offenders convicted of drug related crimes has been at the expense of court and prison resources to manage more serious, violent felony offenders. Concurrent with these events, research consistently showed that: (1) incarceration for drug offenses does little to break the cycle of use and related crime; (2) the recidivism rate for drug related crime is very high and (3) treatment is effective in reducing addiction and drug related crime if individuals remain in treatment for an adequate period of time (Department of Justice, 1998).

In response to this situation, state and local courts in several states started, in the early 90s, to create special drug courts, also known as treatment drug courts. These courts were designed to administer cases referred for judicially supervised drug treatment and rehabilitation. In exchange for the possibility of dismissed or reduced sentences, offenders who met clearly defined criteria, and who agreed to participate, were diverted to drug court programs whose main purpose was to use the authority of the court to reduce crime by changing drug related behavior (GAO, 1997).

Key Elements of Drug Court Programs

Early in the development of Drug Court programs, the Drug Court Program Office identified a set of key elements considered crucial to the program success. These elements include:

- A unified court system with a single judge providing leadership and system-wide focus;
- Intervention by the drug court judge and DC team members with the offender as soon as possible after arrest;
- Access to comprehensive treatment based on the needs of the offender.
- Verification of compliance with treatment and supervision through drug testing and supervision contacts;
- Frequent and personal contact with the drug court judge at status hearings to assure compliance with treatment and supervision goals;
- Immediate and consistent responses to violations through graduated sanctions and incentives; and
- Integration of alcohol and other drug treatment services with justice system case processing (Drug Court Program Office, 1997).

Drug Court Evaluation

Over the decade a number of drug court evaluations have been done. Most have focused on two outcomes: rates of retention and completion, and criminal recidivism. An Office of Justice Programs (1998) report of over 200 programs found retention rates ranging from 31-100% with an average rate of more than 70%, compared to significantly lower retention rates among criminal defendants in traditional treatment programs. Completion rates ranged from 8-95% with an average completion rate of 48%. Substantial reductions in recidivism rates, ranging from 2 to 20%, were found among programs that reported recidivism. The average recidivism rate for drug related offenses in the US is approximately 45% over a two year post-release period.

Belenko (1998), in a review of Drug Court evaluations, found wide variations in the scope, methodology and quality of the studies, and made a number of recommendation to improve the quality of drug court evaluations. He recommended that future studies document the structural and operational characteristics of

¹ This study has received funding from the North West High Intensity Drug Trafficking Area, the State of Washington Division of Alcohol and Substance Abuse, and the National Institute of Justice.

the programs and examine how program characteristics contribute to participant outcomes, and that more longitudinal studies be done.

Washington State Drug Courts

Between 1994 and 1999 six counties in Washington started adult Drug Court programs: King and Pierce in 1994; Spokane in 1996; Skagit in 1997; Thurston in 1998; and Kitsap in 1999. (There are now programs in Clallam, Clark, Snohomish, Whatcom, and Yakima Counties, as well as four Tribal Drug Courts.) Although the programs vary in a number of organizational and operational details, all reflect the key program elements, and share a common goal of reducing drug related criminal activity by judicial oversight and supervision of mandated chemical dependency treatment. Federal funding has been essential to the development and operation of drug courts in Washington. However, Federal funding was designed to be time limited with the expectation that the effective programs would be continued with State, County, and perhaps municipal funding. As Washington faces the multiple policy decisions related to continuing Drug Court programs, objective information about the organizational structure and operation of the programs and their effectiveness is essential.

In 1999, the Northwest HIDTA (Northwest High Intensity Drug Trafficking Area), working through the Division of Alcohol and Substance Abuse (DASA), contracted with the Alcohol and Drug Abuse Institute at the University of Washington to conduct a three to four year, statewide evaluation of the six adult Drug Court programs. (In January 2001 the Snohomish County DC program was added to the evaluation). In the course of the evaluation, Federal Byrne grant monies, a supplement grant from National Institute of Justice, and from DASA were added to the Federal HIDTA funding. The evaluation was designed to (1) describe and compare the organizational structure and operational characteristics of the six programs, and (2) examine the impact of the programs on re-arrest, conviction and incarceration rates, earned income among participants, and utilization of public resources including medical, mental health, substance abuse treatment, and vocational services.

The following report is a two-part summary of the findings of the evaluation. The first part summarizes the organizational and operational characteristics of the six programs, while the second part summarizes the impact of the programs in the areas listed above.

A COMPARATIVE DESCRIPTION OF THE COURTS

ORGANIZATIONAL STRUCTURE AND OPERATIONAL CHARACTERISTICS

Data Generation: Between March 1999 and June 2000 on-site interviews were conducted with key staff members in the six programs, including judges, prosecuting attorneys, public defenders, drug court coordinators, and treatment program staff members. Key informants in Snohomish County were interviewed between March and April 2001. Interview topics included program goals, developmental and implementation processes, target population, inclusion-exclusion criteria, offender movement through the program, monitoring substance use, frequency of treatment and court contacts, treatment programs, and other support services. Program documents were also reviewed. These data were analyzed to develop descriptive profiles of the structure and operational characteristics of each program.

The program profiles and a table comparing the programs on a number of characteristics are included in the Appendices. It is important to recognize that the profiles describe each program at a specific period in time. The programs, as they have since their inception, continue to evolve and change in response to local needs and conditions, funding, and changes in State and Federal requirements. Thus, each program may have introduced changes not reflected in the profiles. The materials in the Appendices provide a richly detailed look at each program. In the following discussion, some important areas of commonality and difference among the programs are discussed and a number of key issues facing the programs are identified.

Commonalties Among Drug Court Programs

Importance of Key Elements: While there are differences among the programs in the specifics of implemen-

tation, all have strongly incorporated most of the Drug Court Program Office key elements into the ongoing operation of their programs.

Judicial Leadership and the Drug Court Team: All have one judge assigned to the DC who is responsible for the overall leadership of the program and the DC team. The degree to which the DC judges carry a full-time judicial caseload in addition to DC varies among programs, as does the consistent assignment of additional court personnel such as a Court Clerk and docket manager.

All of the programs also demonstrate a commitment to reexamine the traditional adversarial judicial process and have developed a team approach to managing the legal process. Under the leadership of the DC Judge, prosecutors, defense attorneys, and a representative(s) from the treatment system jointly review each case and develop a recommended approach. While the stage of team development varies among the programs, team members in all of the programs cite the team approach as a major strength of the program.

Access to Comprehensive Treatment Based on the Needs of the Offender: Although the details of implementation are different among the programs, all have attempted to put into place a **comprehensive treatment system and ensure access** for offenders in the program. To achieve this goal the programs are dependent, at least in part, on the capacity of the State treatment system. The comprehensiveness of the treatment program and consistent, timely access to treatment varies among the programs and over time depending on the level of demand and the capacity of components of the treatment system both locally and at the State level. By their very nature, DC programs have expanded the demand for treatment in a State system that is not characterized by excess capacity. Thus, timely access to comprehensive treatment services has been a common challenge among the programs.

All of the programs use one or more treatment providers to provide a carefully outlined phased approach to treatment. Minimum frequency and treatment modality (i. e. group, individual, etc.) required in each phase are specified in the DC contract, as are the criteria for successful completion and movement to the next phase. The number and length of phases vary among programs but all have very specific treatment participation requirements that are clearly defined for treatment providers and participating offenders. Intensive outpatient treatment is the primary treatment modality in all programs. The use of residential treatment, a scarcer and more expensive modality, varies among the programs but all use it when deemed appropriate. All treatment programs are expected to keep the court informed about offender compliance on a regular basis to enable the court to enforce treatment requirements and to **integrate treatment services with justice system case processing**, another key element of DC programs.

In addition, all of the programs require offenders to attend a specified number of community-based sober support groups such as Narcotics or Alcoholics Anonymous. Participants must provide the Court with proof of attendance and are held accountable if this requirement is not met.

Monitoring: A carefully specified system of random urine and breath monitoring is a common feature of all the programs. While the frequency of monitoring and specific reporting procedures vary among the programs, all require strict adherence to the monitoring program. In addition, all have developed effective communication procedures between the Court and the monitoring agency to ensure the timely exchange of information necessary to allow the Court to act swiftly in cases of continued drug use.

Frequent and Personal Contact with the Drug Court Judge: All of the programs are characterized by frequent status hearings in which the DC Judge, in direct interaction with the offender, reviews his/her participation in the program. If the offender successfully moves through the program status hearings become less frequent, but in all of the programs the offender is seen by the Judge at least once a month to review his/her progress in the program.

Differences Among Drug Court Programs

Although the programs are similar in many important ways, there are several areas of significant differences.

Eligibility Criteria: While eligibility criteria in all the programs reflect broad Drug Court Program Office

guidelines, they are also shaped by local politics and community attitudes. (See the Appendices for specific eligibility criteria) The two major areas of difference are definitions of previous violent offenses, and the range of other drug related offenses that are considered eligible for DC. Federal guidelines prohibit the inclusion of individuals with a history of violent offenses, but individual programs have some discretion in identifying such offenses. A number of the programs accept individuals with previous history of misdemeanor domestic violence on a case-by-case basis, while others exclude individuals with any history of violence. Some consider only adult violent offenses while others consider juvenile offenses that included violence. Similarly, some programs consider a broad range of property crime offenses in which substance abuse played a significant role as eligible for participation in DC while other programs define eligible crimes more narrowly.

Response to Violations: One of the key elements of DC programs is immediate and consistent response to violations through the use of graduated sanction and incentives. The programs in the study vary widely in both timing and consistency of responses to violations. Several factors seem to contribute to these variations including: (1) how clearly the Drug Court team has considered their approach to sanctions and developed a clearly articulated set of graduated sanctions and violations to which the sanctions will apply; (2) the timeliness with which violations are reported to the DC and the Judge; and (3) the organization of the program that either facilitates or inhibits the enforcement of a range of sanctions. The programs that have a clearly articulated set of graduated sanctions and strong working relationships with law-enforcement are better able to use sanctions than those who do not.

Relationships with Law Enforcement: The programs vary widely in the relationships they have with law enforcement agencies. In several of the programs, law enforcement agencies, including local representatives from the Department of Corrections (DOC), were involved in program planning and are an integral part of the program. In others, there has been very little law enforcement involvement. All of the programs need the support of law enforcement in a number of ways the most obvious of which in the bench warrant process that is invoked when an offender fails to appear for DC status hearings. Developing relationships with law enforcement is a goal of several of the programs.

Data Systems: The programs vary widely in the data systems they use to document and track the program. While a standardized data system for all of the programs has been a goal for the last three years, the system is not in place and the programs use a broad array of local systems in an attempt to meet their data needs. At the present time, some of the programs rely primarily on paper records that make efficient sharing of data among DC team members difficult, and cross program evaluation inefficient and difficult. Only one of the programs has an integrated automated data system that links all components of the program.

Common Issues Facing the Drug Court Programs

Developing a Stable and Adequate Funding Base: At the present time the Drug Court programs are funded by multiple sources. Most continue to rely heavily on Federal funding provided by planning and implementation grants from the Department of Justice/Drug Court Program Office (DOJ/DCPO), which are designed to be time-limited. Other important funding sources include Federal monies from Northwest HIDTA and Byrne grants, State, and County funding. County funding in most programs has been largely in the form of providing the Court personnel including the Drug Court Judge, and, in some programs, the county has provided monies for urine and breath testing. The use of Byrne grant funds is now restricted to treatment costs. As programs reach the time limits of DOJ/DCPO funding, they are increasingly dependent on State and county monies. While the State Legislature has approved some funding for specific programs in the last two years, neither the State nor the counties have yet institutionalized funding for Drug Court program. Thus, the programs exist in an uncertain financial environment. At the same time, public demands are growing for the kinds of alternatives Drug Court programs provide to deal with drug-related crime.

Developing and Supporting Adequate Data Systems: Given the multi-system nature of Drug Court programs, the cross-system communication that is key to successful program functioning, and the importance of demonstrating program effectiveness, data systems that support system integration and program evaluation are essential. At the present time, most of the programs do not have the resources to support adequate data system development, and there is little to no standardization of data system across the programs. While several efforts have been made to address data system development, it remains a problem area for most of the programs.

ANALYSES OF ADMINISTRATIVE DATA SETS

The first quantitative reports on the King, Pierce and Spokane courts were produced beginning in January 2000, and the first reports covering Thurston, Skagit and Kitsap courts in July, 2000. In at least four cases data sets have been updated and second versions of the analyses have been reported (there have been four reports on earned income data). In all cases there are brief reports (generally with two to four pages of text plus supporting graphs and/or tables) and also fact sheets (usually one to 1.5 pages of text, often with a representative graph or table). By the end of year 2000, reports (and fact sheets) on at least nine data sets had been completed (four of these were further updated in January and February, 2000). Two additional data sets have been analyzed in 2001, and additional integrative statistical analyses have also been performed.

The nine data sets analyzed by the end of 2000 were:

- Arrests, from the Washington State Patrol.
- Superior Court filings, from the Office of the Administrator for the Courts.
- Time incarcerated in prisons, from the Department of Corrections.
- Earned income, from the Department of Employment Security.
- Length of time in drug courts, from the respective drug court programs.
- Chemical dependency treatment, from the Division of Alcohol and Substance Abuse.
- Vocational training services, from the Division of Vocational Rehabilitation.
- Mental health services, from the Division of Mental Health.
- Washington State death records, from the Department of Health.

The two data sets analyzed in 2001 are:

- Medicaid claims, from the Medical Assistance Administration.
- Superior Court convictions, from the Office of the Administrator for the Courts.

In addition, the two integrative analyses performed in 2001 were:

- Analyses to determine whether there was a relationship between the amount of chemical dependence treatment received and outcomes.
- Analyses to examine whether graduation from the drug court program in less than a year was related to outcomes (this analysis used data only from King County).

All quantitative analyses have used participant identifying data from the courts, and archival data from state administrative data sets. No data have been collected directly from subjects. The study design has been to use the naturally occurring groups formed by program and self selection. This introduces almost certain bias in the composition of the groups. Original hopes that there would be enough eligible offenders to allow the possibility of random assignment to the courts, which could lead to much stronger results, have not been realized. Nor are we optimistic about the possibility of acquiring enough data to allow statistical control for the bias resulting from the selection process. The effect of the bias is to make it difficult to determine whether group differences result from the bias or from the effects of the drug court programs. Results must be interpreted with these design limitations in mind.

METHODOLOGY

Identifying Subjects

Subjects were identified in three waves. First, in August through October, 1999, for King, Pierce and Spokane counties only, second in January, 2000, for Thurston, Skagit and Kitsap counties only, and third, in August-September, 2000 for all six counties. Where possible we obtained identifying information for all offenders who had been referred to the drug court, even if they had not entered the court. In general, courts maintained information for persons who passed some preliminary legal screen performed by the Prosecutor's office. Some early analyses used identifiers from only the first wave, or the first and second wave, but where possible we used the full subject set from the third wave.

Data Sets

Data were collected from multiple sources, and sometimes multiple times from a single source. The sections below give information on data sources for each data set. For various reasons and to varying degrees the data we received were usually not completely up to date, partly because there is always some lag in data collection for these administrative data sets, and partly because we sometimes were using secondary sources, which introduced additional delays. In each section we give the span of data involved in that analysis.

Human Subjects Review And Approval

All the procedures, data acquisition processes, access to data, and other research protocols, have been reviewed and approved by the Human Research Review Committee of DSHS.

Comparing Results Across Counties

It is not advisable make comparative judgments about the different drug court programs based on the relative magnitudes of their outcomes, for two reasons.

First, the counties do vary in results, but not in consistent directions across outcomes. One county will do better than the others on one outcome, and not as well on others.

Second, and more basic, the counties differ from each other extensively in multiple ways, many of which could effect outcomes. They vary on criteria for admission, types and backgrounds of offenders admitted, retention policies, types and amounts of treatment and other interventions offered, policies and practices in dealing with violations, graduation criteria, and county arrest and conviction rates, among many factors. Further, a single court can vary on the same factors across time. The effect of all the differences is to render any cross-county comparisons of sizes of results questionable at best. We do identify differences among counties, but this is solely for descriptive purposes, intended to define contexts, and has no implications for program merit.

We primarily compare the counties on *patterns* of outcomes, either relative sizes of outcomes across groups within counties, or patterns of changes across time for groups in each county. Given the many differences among the counties, we feel that when we find common patterns across counties, the likelihood of the pattern being a reliable result is increased.

Strengths And Weaknesses

Strengths. Relative to most other research on drug courts, this study has four major strengths:

First, it is a multi-site study. There are at least three counties with analyzable data (sometimes six counties), which allows comparisons of patterns of results across counties. If similar patterns of results occur across sites, it lends greater confidence to the results, and suggests it is reasonable to expect to see this result in additional drug courts. If results are not consistent, we can surmise that the finding is not stable across sites, and would not necessarily appear in other courts.

Second, using data from administrative data sets, we are able to examine a substantial number of outcome measures, many of them of central interest to drug court evaluation. These include several indices of criminal justice involvement, earned income, several measures of social services received, and several measures of health and/or medical treatment system involvement. This gives us a singularly rich and multifaceted view of drug court outcome. Administrative data sets have the further advantage of being relatively inexpensive sources of data.

Third, we have large samples, at least in the three older courts. Even after breaking subjects into outcome subgroups, we typically have hundreds in each group.

Finally, we have an unusually long baseline period for most subjects (that is, data for a long period of time prior to referral to the courts), and usually a substantial follow-up period after referral to the courts (three

years for many subjects in the older courts). Further, because the data are from archival sources, they are relatively “objective,” at least compared to the usual self-report data, and acquisition of data is not dependent on follow-up contacts.

Weaknesses. The study also has several weaknesses:

First, in common with the vast majority of other drug court evaluations, this study also has a major weakness in comparison to generally accepted research standards: we do not have an adequate control or comparison group. Without dwelling on complicated implementation details, ideally offenders would be randomly assigned to drug court or to a control group that would get standard court processing, and these two groups would be compared on their outcomes. This would allow confidence that the groups were initially comparable, that is, that they did not differ in factors like motivation, intelligence, work history or skills, social support, or any of a multitude of other factors that could influence their outcomes, and that any differences in outcomes were indeed attributable to the drug court program.

When, as is the case in our study and most other drug court studies of which we are aware, subjects are selected or self-selected into groups that are then compared, there is a *likelihood* that they will differ on some important characteristics such as those mentioned above. If drug court graduates are selected or self select because they have stronger motivation, do not re-offend during drug court, have better work skills or experience, are less compromised psychologically or medically, and if the graduates do better on outcome measures than those who fail to complete the program or are not allowed to enter it, is the superior outcome due to the drug court experience or to these pre-existing group differences?

Random assignment is the best way to control for such differences (again, glossing over implementation and many other elements required for high quality research). The complications involved in implementing a randomized study of drug courts are daunting. Of the studies on drug court outcomes, we are aware of only a handful using randomization, and these are usually focussed on smaller and/or more manageable questions than overall outcomes.

Second, while the use of archival, administrative data sets has major strengths and advantages (such as low cost, short acquisition time, and relatively complete coverage across subjects) it also has the weakness of being limited to the data available, both in terms of the types of information available, and its accuracy and completeness.

For example, because we are limited to the data elements in the archival sets, we do not expect to find data that would allow us to adequately model group selection, as described above. It also leaves us with no broad assessment of treatment need, no index of individual motivation or readiness to change, no measure of subsequent substance use, no sense of what it is about drug courts that participants might find especially useful or undesirable, or any other measure that might be obtained in a self-report context. These shortcomings limit the kinds of questions that can be examined with the data sets.

In addition, data sets may not be current with the time the analyses are being done. Some delays are built into the archival data systems acquisition process: archival data collection generally lags 3 to 9 months, and sometimes continues even years after the events occurred. The process of obtaining the subject identifiers and then the data leads to additional delays, especially when data route through third party sources, or when access to the sources are limited for administrative reasons (purge or archiving cycles in the data systems; upgrades in computers or data management systems, etc.).

Third, we have not controlled for “opportunity.” Persons spending time in jail or prison, or in any other institutional setting, have correspondingly less time on the street and fewer opportunities for committing crimes, being arrested, earning income, etc. In these analysis we have not controlled for exposure to the risk of arrest, the opportunity to earn money, etc., by subtracting out of the follow-up period the amount of time spent in prison (we did not have the data to do this at the time most of the analyses were run). The effect of controlling for opportunity time would be to *increase* the duration of follow-up data required (thus increasing subject loss to follow-up), and probably *increase* the values for the data elements examined (i.e., more arrests, more earned income).

Other Issues

Intent to Treat: From a research perspective it is virtually always best to analyze data with an “intent to treat” design, that is, the “treatment” or “experimental” group would include all persons who were expected to receive the intervention, whether or not they finished or even entered the intervention program. In our case the drug court group would become all persons who were offered entry to the drug court program: the Graduates plus the Did Not Finishers (DNFs) plus the Opt Outs. A less desirable version of this would be to combine the Graduates plus the DNFs

This strategy is probably always best in research, but if anything it is even more important when, as in our case, there are strong selection factors working. *We recommend that intent to treat approach be used as standard in future analyses.* In our case the analysis would take one of these forms:

1. Graduates plus DNFs plus Opt Outs vs. Ineligibles..
2. Graduates plus DNFs vs. Ineligibles.

Depending on the nature of the comparison group, either alternative might be defensible, but the former is likely to be the preferred method.

Effect Size and Statistical Significance; Finding a statistically significant difference between groups depends on several factors, including the size of the “true” differences between the groups, the variability in the data, the level of significance desired, and the sizes of the groups. Other things being equal, the larger the sample sizes, the smaller the difference that will be found to be significant. If groups become large, as is the case in King especially, but also in Pierce and Spokane, rather small differences between groups will be found to be statistically significant.

In an effort to create an index of the size of group differences that does not change as sample sizes increase, the concept of “effect size” was defined². Sample size has only an indirect and not very potent effect on estimating effect size. Effect size may be thought of as a rough index of practical significance or real world usefulness of a difference, and is much more useful for this purpose than statistical significance. Because of the relationship between sample size and the likelihood of statistical significance, it is entirely possible for an observed difference to be statistically significant but to have a very small effect size if the samples are large, or, conversely, to have a statistically non-significant result but a large effect size if the samples are small. Effect sizes should be routinely calculated in evaluation projects.

Definition Of Drug Court Outcome Groups

Subjects were grouped as follows:

- **Ineligibles** are persons who passed an initial legal screen and were referred to the court, but on closer examination were found to be ineligible on either legal or clinical grounds.
- **Opt Outs** are persons who met all criteria, and were offered entry to the court, but who personally declined to participate.
- **Did Not Finish (DNF)** are individuals who were admitted to a drug court program but either failed or dropped out.
- **Graduates** are individuals who graduated from a drug court.
- **Active** cases are those still involved with the drug court program. Active groups are used in some analyses, but not in others.

Outcome Vs. Process Variables

Some of the data sets that follow may be thought of as reflecting drug court *outcomes*, in particular, arrests, court filings, incarceration, earned income, and possibly mortality. Others give a view of the *process* involved in the court programs, these being the time in drug court, utilization of CD services, time to admission to service modalities, use of vocational rehabilitation services, and use of medical and mental health services. Vocational rehabilitation, Medicaid utilization, and possibly mental health could become outcomes if programs had goals or objectives concerning their use, but at this point seem to be mostly descriptive.

² In terms of a t-test, the effect size is the difference between the two group means divided by the standard deviation of the control group. Thus it is a measure of the number of standard deviations the means of the two groups are apart. The calculation varies for other statistical procedures, but the concept is consistent.

ARRESTS³

Issue

Reduced criminal justice involvement is generally one of the two major outcomes of interest for drug courts (the other being reduced substance use), and number and type of arrests is certainly one major index of criminal activity. Accordingly, the results below are among the most central indicators of drug court success.

Methods

Subjects and Data: Subject identifiers for this report were collected from King, Pierce and Spokane counties in the summer and fall of 1999, and from Thurston, Skagit and Kitsap counties in January and February, 2000. State Patrol data were obtained from Research and Data Analysis in DSHS in February, 2000. Data are for the period of January 1, 1993 through March, 1999. Subjects are included in as many of the follow-up periods as their data permit. Subjects are grouped by the rules described above in the section "Definition of Outcome Groups."

Removing the Incident Offense; Because we wanted to focus on that aspect of the criminal history that identified differences among subjects, we wanted to remove the incident arrest from these analyses. Our data set did not allow us to unambiguously link drug court referral to a particular arrest, so we approximated this step (based on some analyses of the data) by ignoring all arrests that occur in the six weeks prior to drug court, and shifting the pre drug court referral period 6 weeks earlier.

Analyses: For each county the analyses included (1) a graph of the mean number of arrests annually for each group of participants, (2) a graph of the percent of subjects with at least one arrest in each group, and (3) a table of the numbers of participants in each group at each time point (these numbers vary across time because of the differing referral dates and therefore different lengths of follow-up for study participants). We also performed statistical tests (analysis of variance) to see whether there were statistically significant differences among the groups in the post-referral period, controlling for the pre-court arrest history.

Results: The following discussion focuses on King, Pierce and Spokane counties. The follow-up periods for Thurston, Skagit and Kitsap counties were too short and the number of subjects too small for their results to be very reliable, although we will comment on them briefly below.

1. Overall, mean arrests are higher for all groups in King County than in either Pierce or Spokane counties.
2. In all three counties the Graduate group had the lowest mean number of arrests in both the pre- and the post-court periods. The Graduate means were lower in the first post year than in the first pre year in all three counties, and lower overall in the post referral period than pre referral.
3. In King County the means for the Graduate group continue to decline from the first year post through the third year post. For this same time period, Graduate means remained about the same in Pierce and Spokane, although in Pierce the Graduate mean increased slightly in post year three.
4. In Spokane County, all groups except Graduates had *higher* mean numbers of arrests in the first year post than in the first year pre. Similarly, in King County all groups (except Graduates) had *higher or equivalent* means in the first year post than in the first year pre. In contrast, in Pierce County, *all* groups had *lower* means in the first year post, compared to the first year pre.
5. In King County, all groups show a substantial decline in mean arrests over the period from the first year post through the third year post. The non-Graduate groups in Spokane County also show a decline, although not so pronounced. In Pierce, the Opt Outs, DNFs and Ineligibles show somewhat smaller reductions, and the Actives show an increase.

Thurston, Skagit and Kitsap Counties: Interpretation of the results from these counties is severely limited by the short follow-ups and small sample sizes. However, the pre-court referrals group sizes from

³This section is based on the report "Analysis of Washington State Patrol Arrest Data," dated August 11, 2000. Copies of this report can be obtained from the Division of Alcohol and Substance Abuse, DSHS.

Thurston County are respectable, and they show a pattern of mean number of arrests across the groups that is different from the three older courts, namely very little difference among groups, a decline in mean arrests for some groups from pre year two to pre year one, and the Graduate group not being noticeably lower than the other groups. Also in Thurston, in the first year post there do not appear to be differences among groups, and the Graduate group does not have the lowest mean (although n's are very small). In Skagit County the patterns in the pre-court years are similar to the older courts, but the one year post data (small n's!) show slightly larger declines for the Did Not Finish group than for the Graduate group. Kitsap County has so little data that no comments are possible.

To summarize, in all three larger counties the Graduate group has a more favorable pattern of arrests (including fewer arrests) post drug court referral than pre, and a more favorable pattern than any of the other comparison groups. However, because they also have lower rates of arrests *before* drug court than the other groups, the question of whether the low arrest rate after is explained by the low rate before, rather than by the effect of drug court participation, must be addressed.

Statistical tests for group differences, controlling for pre-court differences: To assess whether low pre-court arrest rates account for low post court rates in the Graduate group, we performed an analysis of variance that allowed us to determine whether the groups were statistically different from each other when only the *changes* in scores from pre- to post-court were considered.

In the first of these analyses, all the groups are compared directly with all the other groups, separately for each county. The results of these analyses were:

- The Graduate group had the most favorable change score in King and Spokane counties. This means that in King and Spokane counties, the Graduates showed a larger decline in mean number of arrests than any other group, even though they had the lowest arrest rate to begin with. Graduates had the second best change score in Pierce County (the Actives were better).
- The Graduates were statistically significantly better than the Opt-Outs in all three counties.
- The Graduates were significantly better than the Did Not Finish group in King and Spokane counties, but not in Pierce.
- The Graduates were significantly better than the Ineligibles in Pierce, but not in King or Spokane.
- The Graduates were significantly better than the Actives in King, but not in Pierce or Spokane.

In the second set of statistical analyses we performed planned tests comparing the Graduate group with the Did Not Finish, Opt Out and Ineligible groups individually, and with them combined. Each county was analyzed separately.

On these tests, in all three counties the Graduates were highly significantly different from the combined group of Opt Outs, Did Not Finish and Ineligible, and in all three counties the Graduates were significantly different from the Opt Outs. In two counties (King and Spokane) the Graduates were different from the Did Not Finish, and in two counties (Pierce and Spokane) the Graduates were different from the Ineligibles. This pattern is very similar to that reported just above: The Graduates are most different from the Opt Outs, and less consistently from the Did Not Finish and Ineligible groups.

Conclusions

In our data the Graduate groups have larger reductions in arrests than any of the other groups. However, only the Opt-Outs have statistically significantly worse outcomes than the Graduates across all three counties, with a mixed pattern for the Did Not Finish group, and an even less clear result for the Ineligibles. Based on these results the conclusion is that the Opt-Out groups are at increased risk for re-arrest relative to the Graduates. The Did Not Finish group may be at similar risk. There is also evidence for Ineligibles having a statistically significantly poorer outcome than Graduates, but the case is less clear.

COURT FILINGS⁴

Issue

Court filings are significant points in the justice system process, indicating that a Prosecutor feels that sufficient evidence of a crime exists to justify prosecution. As such, a filing is a step more serious than an

⁴This section is based on the report "Analysis of Court Filings for Drug Court for Subgroups," dated December 29, 2000. Copies of this report can be obtained from the Division of Alcohol and Substance Abuse, DSHS.

arrest, and is another indicator of involvement with criminal justice. Filings therefore are a type of event that should be reduced by a successful drug court intervention, and are another indicator of the effectiveness of the court.

Methods

Subjects and Data: Subjects for these analyses are those identified by the courts in the summer of 2000. Data for these analyses come originally from the Office of the Administrator for the Courts (OAC), by way of the Washington State Institute for Public Policy (WSIPP). Data are the records of all filings for felonies and misdemeanors in Superior Courts statewide between January 1, 1992 and December 31, 1999.

Analyses: The analysis consisted of (1) graphs showing the mean number of filings per offender in each outcome group for each of two years prior to referral to drug court and three years after referral to drug court, and (2) statistical analyses of the differences in mean numbers of arrests for the outcome groups. For most Graduates the first year and some part of the second year post referral is spent in the drug court program.

Results:

- The Graduate groups have low pre-referral filing rates, sometimes the lowest among the groups (e.g., in King and Pierce), and low or the lowest (King, Pierce and Spokane) rates after referral. The post-referral rates are lower than the pre-referral rates.
- Except in Spokane, nearly all groups in all counties show a decline in filings in the first year post-referral relative to the first year pre-referral. In Spokane all groups show an increase in the first year post. This is probably because in Spokane the filings that led to the drug court referral routinely appear to be dated after the referral, so they appear to occur in the first year post referral rather than the first year pre.
- The Active group tends to follow the Graduate curve, except with a little higher rate of filing in the post-referral period. There is variation across counties in this.
- The Ineligible, Opt Out and DNF groups are not uniformly highest in the pre-referral period, but generally have the highest filing rate in the post-referral period. Which of these group has the highest filing rate varies across counties.
- Only Pierce County shows an overall statistically significant difference among mean number of filings for the drug court outcome groups. In none of the other counties do the groups show statistically significant differences.
- In Pierce County, the outcome groups cluster into two sets. The Graduate, Active and DNF groups are not significantly different from each other, are significantly different from the Opt Out and Ineligible groups (which in turn are not different from each other), and show more decline in filings (more improvement) than the Opt Out/Ineligible set.

CONVICTIONS⁵

Issue

Convictions are another component of involvement with the criminal justice system. Jointly with arrests and filings they give a detailed picture of the patterns and seriousness of offenses for the various drug court participant outcome groups.

Methods

Data for these analyses were obtained from the Office of the Administrator for the Courts, by way of the Washington State Institute for Public Policy, for the period of January 1992 through September 1999.

These data were analyzed to determine the per cent of each subgroup committing crimes for which they were convicted within the following 12-month period, in each month in the three years prior to and three years following the offenders' referrals to the drug courts. This technique conforms to the definition of recidivism used by the Washington State Institute for Public Policy.

These results are primarily for King, Pierce and Spokane counties. Thurston, Skagit and Kitsap

⁵ This section is based on the report "Convictions for Drug Court Participants," dated February 20, 2001. Copies of this report can be obtained from the Division of Alcohol and Substance Abuse, DSHS.

counties do not have enough subjects with a year or more of post drug court referral data to make their results reliable. Analyses consisted of graphical representation of the data and statistical analyses of the numbers of convictions before and after referral to drug court.

Results

- Generally, but with some exceptions, the per-month rates of offenses leading to convictions are in the range of about 3% to 10%.
- The Graduates have the lowest rates of convictions across the 6-year period, and lower in the post than in the pre period.
- All other groups except Graduates had higher rates of convictions post referral than pre, with the lone exception of the Ineligibles in Pierce.

Cumulative conviction graphs:

- In all cases the curve for the Graduate group is lowest (indicating the lowest rate of recidivism).
- By the end of the three-year follow-up period, Graduate group cumulative conviction rates are around 20% (highest in King, lowest in Spokane), DNF and Ineligible rates around 60%, and Opt Out rates around 45%.

The statistical analysis looked at the amount of *change* in conviction rate between the pre- and post-referral periods:

- When the Graduates are compared with the other groups one at a time on the amount of change in conviction rates, the Graduates show a statistically significantly better change score than each of the other groups in all three counties. The Graduates also do better than the other groups when data are merged across the three counties.

Conclusions

Offenders who graduate from drug court are less likely than offenders in any other group to be re-convicted in the three years following referral to drug court.

PRISON INCARCERATION TIME⁶

Issue

Time spent in Washington State Prisons by subgroups of drug court offenders is another indicator of criminal justice system involvement, and an important component of cost offset analyses. Thus prison time served can be seen as a useful indicator of drug court effectiveness.

Method

Subjects and Data: Subjects for these analyses were those identified by the courts as of the summer of 2000. Data were obtained from the Department of Corrections, and consisted of admission and discharge dates for prison incarcerations for the period January 1, 1993, to July 31, 2000.

Analyses: The analysis consisted of graphical plots of the percent of each outcome group that had any days of prison incarceration in each month for three years pre and three years post date of contact with the county's drug court. Note that for Graduates the first year (or longer) post referral is spent in the drug court program, and that many DNFs also spend substantial portions of this first year post in drug court. The percentages are based on the number of offenders who have data for each month, so the sample sizes vary per group and month. Tables of these numbers were also attached.

In addition, for each offender, the total number of days of prison incarceration in the two years before the drug court referral and the two years after, were determined. Only subjects with a full two years pre and post were included. The change in total number of days incarcerated was calculated by subtracting the total number of incarcerated days pre from the total number post. Statistical analyses were performed on this change score.

⁶ This section is based on the report "Update: Prison Time Served by Drug Court Participants," dated February 20, 2001. Copies of this report can be obtained from the Division of Alcohol and Substance Abuse, DSHS.

Results:

- The Graduate groups have very favorable outcomes. They have low incarceration rates pre drug court, but even lower rates, in most cases zero, post drug court entry.
- The Ineligible groups did not fare well in the larger counties. They had the highest rate of incarceration both pre and post drug court in King and Spokane counties, with the post rate considerably higher than the pre rate. In Pierce County, this group had the second highest post drug court rate.
- The Did Not Finish also did poorly. They had the highest post drug court incarceration rate in Pierce, and second highest in King and Spokane. Their rates are higher in the post period than in the pre.
- The Opt Out groups generally have a low or the lowest incarceration rate before drug court, and maintain a low rate after, but in all cases (except Skagit and Kitsap) the after rates are higher than the before rates, so across several counties the groups are showing a pattern of worsening performance.
- The statistical analysis showed that in King and Pierce counties, controlling for pre drug court levels, the Graduate groups on average showed a significantly larger reduction in days incarcerated than any of the comparison groups (Ineligibles, Opt Outs and DNFs), and also a significantly larger reduction when compared to all the other groups combined. In Spokane County, the Graduates had a statistically significantly larger reduction than the other groups combined, and significantly larger than the Ineligible group, but not significantly larger than the Opt Outs or DNFs.
- In King and Pierce Counties, the overall statistical test showed an effect size in the medium range, in Spokane the effect size was in the small range. "Effect size" is an index of the magnitude of the effectiveness of treatment independent of sample size. Medium effect sizes are generally about the best to be found in most social service programs.

Selection in drug courts and evaluation responses: The low Graduate incarceration rates in conjunction with the rising rates for the Did Not Finish groups emphasizes the role of selection in the court programs. That is, drug court participants who subsequently spend time in prison may become program failures in part or even solely because of their re-incarceration. Those who graduate become by definition those who are not re-incarcerated.

EARNED INCOME⁷

Issue

Earned income can be regarded as one index of the degree to which an offender has been reintegrated into a productive, mainstream lifestyle. Without some form of steady legitimate income, it seems reasonable to expect that the likelihood of re-offense would be increased. In addition, earned income is an important (and favorable) component in an analysis of cost effectiveness or cost offset. Other legitimate sources of income would include entitlement or disability income, but these do not imply the return to productivity that earned income does, and they represent costs to society rather than returns.

Caveat: Because economic conditions vary across counties, and across time within a single county, it is not valid to compare the different counties on the magnitudes their earned income results (the amount of earned income). We are making pre and post drug court referral comparisons of income *within* counties, even though economic conditions vary over time, on the grounds that pre and post drug court quarters vary for different subjects depending on when they entered the court, and that therefore within county variations in economic conditions will average out. We are also comparing *patterns* of income across counties, but we could not make comparisons of *amounts of income* across counties without adjusting for factors that create county variations in economic conditions.

Methods

Subjects and Data: Data for this analysis are reports of *quarterly* income from Employment Security Department records for all drug court participants for whom we had Social Security Numbers (SSNs) as of about January 2000. Data are for the period from the second quarter of 1993 through the second quarter of 1999. SSNs were obtained from TARGET and from local court data sets. Somewhat over 70% of all subjects had SSNs for this analysis.

Analyses: For each subject, quarterly income is analyzed for two years prior to their referral to drug court, and for three years after this referral, if data are available. Note that this is years post *referral*, not post

⁷ This section is based on the report "Earned Income Analysis: Combined Second Report," dated December 11, 2000. Copies of this report can be obtained from the Division of Alcohol and Substance Abuse, DSHS.

drug court. For program graduates and for some long term participants who for some reason do not finish, the first 12 to 18 months post referral are spent in the drug court. Subjects were divided into the outcome groups defined earlier.

In the full report, two graphs of income and one table of group sizes were presented for each county, one graph for median incomes (the middle value for the set of incomes) for each quarter, the other for arithmetic means of quarterly income for all subjects in the relevant group;. Means give the better sense of total group income, whereas medians better represent "typical" individual income, and have the advantage that they are not effected by infrequent large values. Sample sizes vary across time because subjects contacted the courts at different times, and so had different durations of pre and post income. Sample sizes for each court and each time period were given in a table for each county.

Although we received SSNs for participants from all six courts, Thurston, Skagit and Kitsap counties tend toward small sample sizes and/or short follow-up periods. Small samples lead to unreliable results since anomalies in incomes are not evened out. Short follow-ups hinder interpretation because in a short time frame it cannot be determined whether a change in level represents part of a real trend over time, or is a minor variation contrary to the longer term trend. For this reason, results for these three counties are viewed as preliminary and interpretations should be guarded.

Results

Focusing attention on the three counties with older programs (King, Pierce, and Spokane counties), the major finding is that while graduated participants tend to have somewhat higher earned income than other groups before referral to drug court (except in Spokane), their income increases, becoming substantially higher than the other groups, in the post-referral time period.

Considering first the medians, which again are generally regarded as the more appropriate index of typical individual income, in the pre-drug court period for *King* and *Pierce* counties all the groups have medians of zero for each quarter (except for a few values for the graduated groups and in *Pierce* a single quarter for the drop-outs). This means that at least half of the subjects in each group have incomes of zero in the majority of the quarters. For these same counties, in the post referral period, all the groups continue with medians of zero *except* the graduated group (and in *Pierce*, a single quarter for the drop-outs), whose medians climb well above zero. Graduates in both counties show declines in medians in the third year following drug court entry, suggesting that "typical" incomes are declining.

The pattern of medians in *Spokane* is similar in the post-referral period, but different prior to court referral. In the pre-court period median incomes for the graduates are above zero, with the drop-out group also above zero about half the time, and the failed group slightly above zero for 3 quarters. After court entry the medians for the graduated group increase for about a two-year period, and then return, with large fluctuations, to the pre court levels. No other group has any post-entry medians above zero, except for the opt-outs for one quarter. By this measure, both the drop-out and failed groups lost income after drug court referral, graduates gained, and the others remained the same.

In the graphs for means (which, again, give some indication of total group income, but can be unduly influenced by isolated high incomes), for *King* and *Pierce* counties the graduate groups do have the highest incomes in the pre-intervention period. In both counties the graduates are the only groups to show substantial, systematic increases in income for the two years after court entry (followed in both cases by slight declines in the third year). In *King* County, all the other groups maintain a constant, and lower, level of income across the entire pre- and post-referral time period reported. In *Pierce* County the other groups are steady or show slight declines across the time period, except for the active group which shows modest but erratic improvement.

Spokane County again shows a different pattern overall. The graduate group means are still higher than the other groups during the post referral period, but in the period before drug court the active group has a mean income roughly equivalent to the graduate group. The graduate, active, and drop-out groups all increase immediately after drug court entry, but the subsequent patterns are different. The graduate group increases over a two and a half year period, then declines precipitously the final two quarters to the level of the other groups. The active group peaks the first quarter after entry, and declines for three more quarters to pre-

court levels, then the group becomes too small to follow. The drop-out group increases in the 3 quarters following drug court contact, but then declines to pre-court levels, and becomes too small to continue to follow.

Among the newer, smaller drug courts, Thurston County has the largest number of participants and a respectable five quarters of follow-up income data, although small N's are a problem. Given these constraints, the results are generally similar to those just discussed for Spokane County: Pre drug court the graduate and active groups have roughly similar incomes. Post drug court referral, mean incomes increase for graduates, but remain the same or decline for the other groups. The median values show a great deal of post-entry variability, which could be partly due to small N's.

Skagit County has small N's through three or four quarters post court referral, and a smattering of subjects through seven quarters. Keeping in mind the small N's (very small by the sixth quarter), the pattern of results is very much like King, Pierce and Spokane: for both medians and means, the graduate group and only the graduate group shows a consistent pattern of increases in income.

Kitsap County simply had not had enough time to accumulate participants and follow-up for the analysis to be useful.

Conclusions

- There is a tendency for the graduate group participants to have higher incomes prior to drug court than those in the other groups.
- In the three larger counties (King, Pierce and Spokane) and in the two newer counties that have data (Thurston and Skagit), the graduate group shows an increase in income beginning with entry into drug court.
- In the three larger counties where there is sufficient data, the increase continues or holds for two years following entry, with either a slight or major decline in the third year (depending on the county and whether one looks at means or medians).
- No other group in the three larger counties shows a pattern of increased income following contact with the drug court except for slight, inconsistent or short-lived changes in the active cases in Pierce and Spokane and the drop-outs in Spokane.

TIME SPENT IN DRUG COURT⁸

Issue

This analysis looks at the amount of time offenders in different subgroups spend in the drug court program, where time in program is defined as the lapsed time between referral to and discharge from the program. Some differences between subgroups should be as expected: Graduates longest, Ineligibles and Opt-Outs shortest. Differences among courts could reflect different policies or practices.

Method

Subjects and Data: The subject group was that identified by the courts in the summer of 2000. Data on referral and exit dates were supplied by the courts. Subjects were sorted into the standard groups (excluding Actives).

Analyses: For each drug court episode (i.e., referral to drug court and related action), the length of time between referral/entry and exit was calculated, and the lengths of episodes in weeks tallied and presented in a graph that showed the cumulative percent of each group that remained in the program for each number or weeks or less.

Results: A graph was provided for each county, but the group sizes are so small in Thurston, Skagit and Kitsap counties, that their results are not discussed.

- In general the distributions of lengths of time between referral and closure are similar across counties, but King County shows two major differences in comparison with Pierce and Spokane counties.

⁸ This section is based on the report "Time Spent in Drug Court for Subgroups," dated January 17, 2001. Copies of this report can be obtained from the Division of Alcohol and Substance Abuse, DSHS.

- King County begins graduating participants after as little as six months of participation. By one year of drug court, King has graduated over 20% of their graduates. Pierce and Spokane, by contrast, graduate very few participants prior to 12 months, and then only shortly before. Subsequent portions of the curves are similar, i.e., all three counties graduate 80% of their cases by 18 months, and 95% to 96% by two years.
- King County curves show that Opt Out and Ineligible offenders remain in drug court for longer times than the other counties. Possible reasons for this include a longer retention in the program for those on bench warrants, or a different set of practices for dating program entries and exits.

CHEMICAL DEPENDENCY TREATMENT SERVICES UTILIZATION⁹

Issue

The analysis reported here addresses the question of the extent to which treatment modalities are used differently by the courts, in terms of the proportion of participants in the different outcome groups who receive each service, and/or in the mean amount of service these participants receive. Among other factors, differences among courts could be due to differences in policies, services available in the communities, or funding for the court.

Methods

Subjects and Data: Subjects were those identified by the courts in July and August, 2000. Chemical dependency treatment data were acquired from TARGET, DASA's statewide chemical dependency treatment data system, for the period of January 1, 1992, to September 30, 1999. Participants in King, Pierce and Spokane drug courts were divided into the outcome sub-groups for these analyses.

Analyses: Data were examined to determine (1) the percent of participants in each sub-group who received each type of treatment, and (2), for those receiving each type of service, the mean number of units of service (contacts for OP, days for residential) received.

These analyses are performed for two periods of time, first for the time between entry (or referral) to the court and exit from the court (the "During" analyses), and second for the 12-month period after the date of last contact with the court (the "After" analyses). Cases without a full 12 months follow-up are not included. The "During" period could be quite brief for most of offenders in the Ineligible and Opt Out groups.

Results

The tables in the report include a great deal of information but few striking results. Two items do stand out:

- Not all offenders who graduate have any record in TARGET of having received any outpatient services during drug court. In the three counties with larger groups, the percentages of offenders who show a record of any OutPatient (OP) services during drug court range from 79% to 86%. This is anomalous because OP treatment is a condition of drug court participation, but services could occur but not appear in TARGET if they were received from non-state funded sources or if not all services were being reported.
- The counties vary in the mean number of OP contacts provided to graduates during drug court, ranging from 67 to 114 in the bigger counties, and 51 and 100 in the two smaller counties with graduates.

In addition, several differences can be seen in the tables, which, while not statistically significant, may be of some interest.

- In King County, the DNF groups enter OP at about the same rate of do the Graduates. This is not true for either Pierce or Spokane counties.
- In Pierce County, the Opt Out group has the same OP use rate as the DNF, much higher than either King or Spokane. The OP use rate for this group remains relatively high in the After period.
- During drug court, King County makes more use of Detoxification and Extended Care than do Pierce or Spokane counties.

⁹ This section is based on the report "Analysis of TARGET Chemical Dependency Treatment Service Data," dated December 22, 2000. Copies of this report can be obtained from the Division of Alcohol and Substance Abuse, DSHS.

- During drug court, Pierce County makes more use of Intensive Inpatient and Recovery House than do King or Spokane counties.
- After drug court, the Did Not Finish group makes more use of services, especially Outpatient, than does the Graduate group.
- After drug court, use rates for several modalities for the Ineligible group are higher than during (although, again, “During” for them is probably a short period of time).

TIME TO ADMISSION TO TREATMENT MODALITIES¹⁰

Issue

This analysis allows a comparison within and between courts of the time lag that occurs between referral to drug court and beginning of treatment, for several different modalities of treatment. These findings indicate something about the sequence of service modalities, and differences in how the courts configure and utilize services for their participants.

Method

Subjects and Data: Subjects for these analyses were all persons reported to us by the drug courts as having been referred to the courts as of the summer of 2000. Data were derived from TARGET, and cover January 1, 1992, to September 30, 1999. Services provided under other payment systems besides those covered in TARGET are not included.

Analyses: Drug courts vary in the treatment modalities they use. For this analysis we compared Outpatient, Detoxification, Methadone Maintenance, and Residential modalities (where Residential is the sum of Intensive Inpatient, Extended Care, Long Term Care and Recovery House services), looking at the time between entry into drug court and entry into each service modality. There were two graphs for each county (except one for Kitsap because of insufficient data). For each county there was one graph for offenders who entered drug court but did not complete, and one for Graduates. Each graph plotted each modality used in that county. Each graph plotted the cumulative percent of participants referred to the treatment modality who had entered the modality by each time point. In addition to the graphs, there was a table derived from the graphs, showing the number of weeks required for certain percentages of the offenders receiving that treatment to be entered. The percentages selected are 25%, 50%, 75%, and 95%. This table made it easier to compare the counties. Percentages based on groups smaller than about 20 are not likely to be stable. Sample sizes for all groups were included in the graphs and tables.

These analyses compliment those in the Service Utilization report. That report shows the percent of *all members* of each outcome group that received each treatment modality. The results in this report are for *participants who received* each modality, and, for these participants who did receive each modality, how long it took for them to enter treatment.

Results

Because the graphs for Thurston, Skagit and Kitsap counties are based on such small samples, we will not discuss their results, except to note that in Thurston, where the samples sizes for Out Patient (OP) are better, entry into OP is accomplished more quickly than in the other counties. Looking at results for King, Pierce and Spokane counties:

- None of the results show striking differences among the counties or offender groups.
- For Outpatient services, all three counties are prompt at getting the first 75% of cases into treatment. The next 20% takes considerably longer, and roughly the same amount of time in each county. This is true for both the Did Not Finish and Graduate groups.
- For Detox services, only King has enough cases for the results to be stable. For all three counties the data indicate that the Detox admissions occurred earlier than the residential admissions. Spokane is quicker at getting Graduates into Detox (although the number of cases involved is very small), the other curves are fairly comparable.
- For Residential services, King appears to be a little faster getting the first 25% of Graduates admitted, and possibly the first 50%. Other than that the times are similar.

¹⁰ This section is based on the report “Weeks to Admissions to Treatment Modalities,” dated December 22, 2000. Copies of this report can be obtained from the Division of Alcohol and Substance Abuse, DSHS.

CHEMICAL DEPENDENCY TREATMENT AND OUTCOMES¹¹

Issue

The nature of the relationship between treatment and outcome is of major interest in any intervention program. Drug courts are unusual in terms of the duration of the program, the intensity of the intervention, and the leverage on the participants to encourage their prolonged involvement. An important evaluation question is whether these relatively large amounts of treatment are associated with improved outcomes.

Methods

Subjects: Subjects are offenders referred to the drug courts in King, Pierce, Spokane, and Skagit counties, who had data as described below. (No subjects from Thurston or Kitsap counties had sufficient data to be included.)

Data: Three types of data are involved: *Outcomes* are the first *re-arrest* and first *re-conviction* (if any occurred) in the post drug court referral period, based on as many months as the individual subject had data (convictions are counted only for offenses that occurred after referral to the court), and *income*, the mean quarterly income for the 13th through 24th months post court referral.

Predictors are the number of units (sessions for outpatient, days for residential) of chemical dependency treatment per month in each of the first 12 months following referral in each of the following categories: individual, group, methadone maintenance (only in King County), and residential (combining intensive inpatient, long term care, extended care and recovery house).

Two *control* variables are the *annualized number of arrests* (excluding the arrest that led to the drug court referral) pre drug court referral, beginning with January, 1993 (the total number of arrests in the pre referral period – less the incident arrest - divided by the number of years the data covered), and the *pre referral annual income* for the 12 months prior to referral.

Analyses: The “risks” of re-arrest and re-conviction are based on a survival analysis of the length of time to first arrest or conviction (if one occurred) or the end of data, and the analysis is performed using a special type of regression which allows the use of time varying predictors, such as amount of treatment per month, as well as more typical predictors, such as number of arrests or the amount of income previous to referral. This analysis examines the risk of (for example) re-arrest across the time being studied, and the extent to which the predictors increase or decrease the risk of the event occurring. There is no simple statement about how much risk there is (because risk is treated as a curve or graph across time), rather the focus is on how much change there is in risk due to the predictor variables.

Standard regression techniques are used for the analyses of the income data.

Analyses were run both with and without the pre-referral covariates (arrests and income before referral), but the results *with* the covariates are preferred and are reported here.

Subjects were grouped three different ways for the analyses: (1) all subjects combined across all counties (one analysis with all subjects), (2) subjects combined within counties (three analyses, one each for King, Pierce and Spokane counties), and (3) subjects combined within outcome subgroups across counties (four analyses, for Graduates, DNFs, Opt Outs, and Ineligibles). The last analysis, by outcomes subgroups, is preferred, and is emphasized here.

For each group and grouping, we will analyze individual, group, and residential treatment separately. Detox is too rare to be used. We have also run analyses with group and individual treatment added together. In no case did we find that the sum produced a significant effect when the two components did not. Generally results from the sum were roughly the average of the two individual results.

Opiate substitution treatment was used in King County. We performed separate analyses on methadone maintenance in King, and within the Graduate and DNF groups in King, and we performed analyses

¹¹ This section is based on the report “Relationships Between Types and Amounts of Chemical Dependency Treatment and Drug Court Outcomes,” dated June 22, 2001. Copies of this report can be obtained from the Division of Alcohol and Substance Abuse, DSHS.

using the sum of individual+group+methadone. Neither methadone nor the sum were predictors of outcomes.

Results

Amount of Treatment Received:

- Graduate groups in the counties should have full participation in group therapy, and very high participation in individual therapy. Observed percentages for Graduates range between 77% and 82% for individual, and 76% and 84% for group. *The lack of 100% participation in group or individual therapy for Graduates suggests that the TARGET data base does not contain a complete record of treatment events, which might compromise the following analyses.*

As expected, Graduates have the highest percentages receiving service and the highest means, with did-not-finish (DNF) subjects second, but generally substantially lower, except in Skagit County, where the two groups are comparable. For *Graduates*, the percent receiving **individual** therapy range between 77% and 82% (Table 2a), between 76% and 84% for **group** (Table 2b), and between 7% and 21% for **residential** (Table 2c). For *DNFs*, the same figures are 46% - 63% for **individual** (81% in Skagit), 50% - 71% for **group** (88% in Skagit), and 14% - 25% for **residential**.

- For members of the subgroups who have actually received some service in the category being considered, for *Graduates* in King, Pierce and Spokane counties, the mean number of **individual** treatment sessions ranges between 9 to 14 (Skagit with 22), of **group** sessions between 46 and 88, and **residential** treatment between 26 and 78. For *DNFs*, the figures for **individual** are 6 - 9 (16 in Skagit), 22 - 50 for **group**, and 40 - 49 for **residential**.

Summary: In a sense, these tables look at the “adequacy” of the amounts of treatment offered, where a judgment of adequacy is primarily based on the percent of persons in a group who receive a type of treatment, and of those who receive treatment, the number of units of service they receive.

It seems almost certain that service data are underreported for the Graduates, and presumably proportionately for the DNFs and possibly the other groups as well, so the percentages receiving service for both groups are likely too low. Further, for subjects for whom data are reported, at least some Graduates have fewer sessions than seems possible, e.g., at least one Graduate with services has only one unit of group therapy. Even given this problem with the data, *the mean numbers of services delivered for group and individual therapy seem adequate to expect a therapeutic effect, but this is true for the DNF subjects as well as the Graduates.*

Statistical Results

Arrests

Controlling for the annualized number of arrests before drug court referral:

- In all analyses, arrests before drug court is a very strong predictor of increased risk for re-arrest. The remaining analyses here control for this effect.
- For all subjects combined, only group treatment shows a significant relationship with reduced risk of re-arrest.
- By counties, in King no treatment type shows a significant relationship between amount of therapy and re-arrest. Both Pierce and Spokane show a borderline significant relationship between amount of group treatment and reduced risk of rearrest, and Spokane shows a borderline effect for individual treatment as well.
- By outcome groups (in our judgement the most appropriate analyses), Graduates show a significant relationship between amount of group treatment and reduced risk of re-arrest. DNFs show a significant relationship between amount of both individual and group treatment and *increased* risk of re-arrest. Neither Opt Outs nor Ineligibles show any relationships between treatment and re-arrest.

Summary: There is not a strong relationship between amount of treatment and reduced risk of rearrest. Among Graduates, there is support for an association between larger amounts of group treatment received and reduced risk, but the relationship is generally either not present in other groups or is of only

borderline significance. Only in Spokane County are larger amounts of treatment associated with reduced risk, and then only when pre court arrest levels are not controlled. Residential treatment is consistently not related to rearrest. In King County, methadone maintenance is not related to rearrest. In the DNFs, higher levels of both individual and group treatment are associated with *increased* risk of re-arrest. There are no relationships among opt-outs or ineligible.

Convictions

Controlling for the annualized number of arrests before drug court referral:

- In every analysis, number of arrests before referral to drug court is very strongly linked to increased risks of re-conviction. The remaining analyses here control for this effect.
- For all subjects combined, individual, group and residential therapies all show significant reductions in the risk of re-conviction.
- By counties, both individual and group treatment produce significant reductions in risk of conviction in all three counties. In Pierce County, residential treatment is also significantly associated with reduced risk.
- By outcome subgroups (in our judgement the most important analyses), for Graduates both individual and group therapy are associated with reduced risk of new convictions, but residential is not. No therapy is significant for any of the other groups.

Summary: Both group and individual therapy show significant and substantial patterns of reduced risk of new convictions following referral to drug court. This pattern is present for all subjects combined, for each county, and for the Graduate participants, but not for the DNFs (who also had substantial amounts of treatment) or other outcome groups. Residential treatment is associated with reduced risk only for all subjects combined and in Pierce County.

Earned Income

Looking at the same analyses, with amount of income in the year before drug court referral as a covariate:

- Income in the year before drug court referral is an extremely strong predictor of income in the year post referral, in all analyses. The remaining analyses here control for this effect.
- For all subjects combined, both group and individual treatment are strongly related to increased income post referral. Residential treatment is not related to income.
- In all three counties, group therapy is related to increased income. In King and Pierce counties, individual therapy is also significantly related to income, but this relationship is only borderline significant in Spokane.
- Among outcome subgroups (in our judgement the most important analyses), the only significant relationship is between residential treatment days and an increased level of income for Ineligible offenders.

Summary: Whether or not the analyses control for pre-referral income, *when outcome subgroups are combined*, either across or within counties, increased group therapy is associated with increased income. Generally increased individual therapy is also associated with increased income. This finding is mitigated by the fact that *no real relationships are found between treatment and income among the outcome subgroups*, which implies that for Graduates and DNFs the amount of treatment received is not a major factor in determining post referral income. It may also suggest that factors related to income before drug court referral figure in selection into drug court.

Conclusions

- The service data included in TARGET appear to be incomplete
- Overall, based on the available data, the amount of group and individual treatment being received by drug court participants appears to be adequate.
- There is only very weak evidence for a relationship between higher amounts of group and individual treatment being related to lower risk of re-arrest. This finding does apply to Graduates, but for DNFs

the effect is reversed: more therapy is associated with *higher* risk for re-arrest.

- Support for a relationship between higher amounts of group and individual therapy being related to lower risk of re-conviction is stronger. This pattern is found in Graduate but not DNF groups.
- When outcome subgroups are combined, there is a relationship between higher amounts of both group and individual treatment and higher post-referral income. This is not true within subgroups of Graduates or DNFs.
- Residential treatment has no systematic relationships with these outcome variables.

These results suggest a complex relationship between treatment and outcomes. There is some relationship between treatment and re-arrests for Graduates (although it is significant and reversed for DNFs). For re-convictions only Graduates show effects, and for income neither Graduates nor DNFs show significance. Generally when all subjects are combined, there are significant relationships between group and (less strongly) individual treatment and outcomes, but when outcome subgroups are combined within counties, the results are less robust. Usually the effect sizes are modest.

It is easy to find an explanation for the negative direction of results for the DNFs on arrests: troubled participants are given more attention. It is also easy to see that the findings of relationships between treatment and outcomes that occur when the outcome groups are combined are due to the fact that Graduates and DNFs receive more treatment, and they also have better outcomes. It may be that the general lack of clear and strong relationships between amount of treatment and outcomes within the Graduate subgroup is because, in general, they are all getting “enough” treatment, so the outcomes result from the effects of other factors. From a programmatic viewpoint, however, these results suggest that current average levels of treatment are adequate for most participants, and that in general more treatment would not improve outcomes, and less might very well be equally adequate. Higher levels may be indicated for some participants, but this will not assure successful retention or outcomes. Amount of treatment is not a major determinant of outcomes for this data set.

LENGTH OF STAY AND OUTCOMES¹²

Issue

In King County over 22% of successful drug court cases graduate in 50 weeks or less, compared to essentially no such cases in other courts. This raises the question of whether it is appropriate to graduate participants so early. This set of analyses was performed to determine how these early releases compared with other Graduates on the three major outcomes we have used: rearrest, reconviction (for a crime committed after entry into drug court) and earned income.

A secondary question was whether outcomes for the Did Not Finish subgroup varied depending on how long they remained in the drug court program.

Methods

Subjects: Subjects are all Graduates and DNFs from the King County drug court.

Data: Three outcomes are examined: rearrest following entry into drug court, conviction for an offense that occurred after entry into drug court, and earned income in the second and third years (separately) following entry into drug court.

Based on length of stay (LOS), Graduates were divided into 10 groups, each containing approximately 10% of the cases. DNFs were then categorized using the same LOS cutoff points. The Table below shows the LOS cutoff points, and the numbers and percentages of Graduates and DNFs in each category.

¹² This section is based on the report “Relationships Between Length of Stay and Outcomes in the King County Drug Court,” dated June 27, 2001. Copies of this report can be obtained from the Division of Alcohol and Substance Abuse, DSHS.

**Numbers and Percents of Participants in Each Length of Stay Category
For Graduate and Did Not Finish Subgroups**

Length of Stay Category, in Months	Graduated		Did Not Finish	
	Number	Percent	Number	Percent
< 9.5	30	10	344	44
9.5-11	26	9	58	7
11-12	30	10	28	4
12-13	39	13	27	3
13-14	29	10	35	4
14-15	19	6	21	3
15-17	36	12	45	6
17-20	30	10	54	7
20-26	29	10	59	8
26+	29	10	117	15
TOTAL	297		788	

Analyses: Analyses consisted of breaking the members of each of these two outcome groups into the categories defined, and comparing the rates of rearrest and conviction, and the amounts of income in the second and third years post drug court referral, across the categories. Analyses of variance were also performed on the data.

Note that the issue of selection that we have had in most analyses persists in this case, but that it is not problematic here. In the present case the question is whether there are *some* drug court participants who can be graduated early without there being an adverse impact on outcomes. We would not expect to show that *all* participants could be released early, so some selection process would be necessary to select early graduates. We are evaluating outcomes for one such (undefined) set of selection criteria.

Results

- When the percentages of participants *rearrested* in each of the categories are graphed, the results are quite striking. There is almost a straight line increase in percent arrested across the LOS categories for Graduates, beginning with about 13% rearrested in the group with the shortest stays, and increasing to about 90% (the only Graduate category to have a worse outcome than a DNF subgroup) for those with the longest LOSs. There is a sharp increase in the arrest rate for the 15-17 month LOS group, and again for the 26+ month group. Clearly in King County, the longer Graduates take to complete drug court, the more likely they are to be rearrested.
- Interestingly, although the arrest rate is much higher for DNFs, there is some of the same pattern of increasing rates of rearrest the longer the offender is in court.
- Results for *convictions* for offenses that occur after admission to drug court are similar to those for arrests. There are differences among subjects in the categories, and for Graduates there is a strong linear effect, with the rate of conviction rising as the LOS becomes longer. The statistical results are similar also, but not as strong. DNFs also show a pattern like that for arrests.
- Similarly, mean quarterly income for each LOS category, for the period from the 13th month through the 24th month post drug court entry, shows a statistically significant association between drug court LOS and income, with an almost linear relationship between longer LOS and *lower* income. DNFs have much lower incomes than Graduates, and show no relationship between income and LOS. There is no overlap between Graduate and DNF curves: All Graduate categories do better than any DNF category.
- Income for the third year post-referral, months 25 through 36, are similar. Those who graduate in less than a year show no drop-off in income, at a time that they are a year and more removed from the program. There may be some decline in income for those who graduated with LOSs between 12 and 17 months but there is an increase in income for those with the longer LOSs, up to about the level of the 12-17 month group. DNFs remain at about the same level of income as the second year post referral, and there are no apparent patterns across categories or between years.

Conclusions: There is a very clear-cut answer to the question that led to this analysis: at least in King County, there are drug court participants who can be graduated with less than a year in the court program with every reason to anticipate that their long-term outcomes will be among the best expected from the program.

This does not mean that all cases should be graduated in 12 months or less. It does mean that, at least in King County, there are cases that can be graduated in periods shorter than a year, and that for these cases there is no drop-off in the outcomes we are observing. It also seems to mean that the King County Drug Court is doing a good job of identifying such cases.

The importance of this finding is that it leads to a more cost effective drug court program. These short stay participants are being retained only so long as there appears to be a need. By graduating them earlier than is typical, the court opens up program slots for additional participants, and the court makes better use of scarce resources.

VOCATIONAL REHABILITATION¹³

Issue

If employment is a valued outcome for drug courts, and given that the offender groups entering drug courts do not have strong work histories or much evidence of work skills, then it would seem natural that any resource that might increase the likelihood of steady employment would be a desirable adjunct to treatment. One such resource would be the rehabilitation services offered by the Division of Vocational Rehabilitation. This analysis examined the courts' utilization of DVR services.

Method

Subjects and Data: All persons with a record of referral to drug courts as of the summer of 2000 were included in these analyses. Using information supplied by our study, DVR staff identified drug court participants who had applied for DVR service since January 1, 1993 through September 30, 2000. They then provided a record of each application and the history of the program based on that application. Because the start date for this data set is later than for some other sources, some of the early court referrals do not have a full two years of pre drug court data. Subjects were divided into the standard outcome groups for these analyses

Analyses: The DVR event history records were analyzed for each individual. Tables were constructed for the unduplicated numbers of individuals who applied to DVR, who were found eligible, who had agreed to a rehabilitation plan, and who had been rehabilitated, in each time period. The two time periods are the two years before referral to drug court and the two years after referral. Only the three older drug courts (King, Pierce, and Spokane Counties) have subjects with enough data for this analysis.

Results: Looking at the three older drug courts combined, there are no significant group differences in rates of application before referral to the drug court, with around two to two and a half percent applying. After referral to Drug Court, there are significant differences among the groups: the Graduates and DNFs both apply for DVR services at a higher rate, around four to six percent, than those who did not enroll in drug court (the Ineligible and the Opt Outs), who continue to apply at around two to two and half percent. The difference in rate between the Graduates and the DNFs verges on statistical significance.

Separating the counties, results for King County show the same overall pattern. Again, there are no statistically significant pre-referral group differences, but there are significant group differences after referral. The two groups that enrolled in the drug court program, the DNFs and the Graduates, show substantially higher application rates than do the Ineligibles and the Opt Outs. The application rate for the Graduates is also significantly higher than that of the DNFs.

Spokane County presents a slightly different pattern. First, the application rate is higher than for King or Pierce Counties. Again, there are no significant differences between groups before referral, and there are significant differences after referral. In Spokane, however, there is no significant post referral difference between the Graduates and the DNFs, both of whom apply for DVR service at about a ten percent rate, substantially higher than in King.

In Pierce County, drug court makes no difference in the rate at which participants apply for DVR

¹³ This section is based on the report "Analysis of Division of Vocational Rehabilitation Data," dated December 11, 2000. Copies of this report can be obtained from the Division of Alcohol and Substance Abuse, DSHS.

services. There are no significant differences before drug court, nor are there any after referral to drug court, nor is there an increase in the rate from pre to post referral.

Intent to Treat Analysis: An “intent to treat” analysis compares all those who entered drug court, and were therefore supposed to receive the full intervention (in this case the combined Graduates and DNFs), with those who did not enter (the combination of Ineligibles and Opt Outs). Across all three counties we find that in the two years before referral to drug court there is no difference in the rate at which individuals from these two groups apply for DVR services. On the other hand, in the two years after referral to drug court, the rate of DVR applications essentially doubles, from about 2.5% to about 5.0%, for those who enroll in a Drug Court program. This difference is statistically very significant.

Rehabilitation: Looking at rehabilitation, among those who apply to DVR there are no group differences in the rate at which applicants are ultimately rehabilitated, either before or after drug court referral. Among those who enrolled in a Drug Court program, 16% of those *applying* for DVR services are rehabilitated. For those not enrolled in drug court, the rate is 15%. So for those who apply to DVR, the *rate* of successful rehabilitation is the same for drug court enrollees as it is for those referred to drug court but who do not enter. However, because the rate of those who apply to DVR is higher for drug court entrants (in two counties, at least), the total *number* of persons being rehabilitated is higher for drug court enrollees.

MENTAL HEALTH SERVICES¹⁴

Issue

In seriously dysfunctional groups there can be relatively high rates of co-occurrence of substance abuse and mental illness. When it occurs, this combination is likely to represent special treatment problems. The drug courts attempt to screen out offenders with mental illness severe enough that it would interfere with chemical dependency treatment. Analysis of Mental Health treatment data will give an estimate of the minimum level of relatively serious mental illness in the drug court subgroups, and some indication of the degree to which mental illness may be complicating drug court treatment programs. This is not an evaluation of the *need* for mental health services, but rather of the observed *use* of services.

Methods

Subjects and Data: Subjects were all persons referred to the courts by the summer of 2000. Subjects were divided into the standard outcome groups for the analyses. Data were provided by the Division of Mental Health, DSHS. Data covered the period from January 1, 1993 through December 31, 1999, and were in the form of total days of Inpatient (IP) services provided per quarter in each of state institutions, community hospitals, and Evaluation and Treatment programs (ET), and total hours of services provided in Outpatient (OP) community programs per quarter. Institutional and Community Hospital IP days were summed for each quarter, to obtain three types of MH service data: IP days per quarter, ET days per quarter (only offenders in King County were reported to have such services), and OP hours per quarter.

Analyses: In the report, results were presented in (a) three graphs per county, one for each of the modalities (IP, ET, and OP), giving the percent of each outcome group receiving that modality in each quarter for three years pre- and three years post-referral, and (b) a table giving the group sizes at each time period.

Results:

Inpatient (IP) utilization:

- Inpatient utilization rates are very low across all counties, generally between 0 and .5%.
- There is little change over time in IP rates, and no clear patterns of differences among drug court outcome groups, except that in two counties (King and Pierce) the Ineligible offenders are on the upper edge of the set of rates.

Outpatient (OP) Utilization:

- OP use rates are higher than IP, ranging between 0 and about 12%, but with most values in the large counties falling in the 2 to 5% range. These are not high rates, but they are high enough to indicate

¹⁴ This section is based on the report “Analysis of Mental Health Services Data,” dated December 22, 2000. Copies of this report can be obtained from the Division of Alcohol and Substance Abuse, DSHS.

that mental illness could be a factor in treatment even in the drug court population.

- Rates vary across counties.
- There are no pronounced patterns across time except in King County, where there is a trend toward higher rates for all groups over time.
- There are no clear patterns for higher or lower rates among the different drug court offender groups. This in itself is interesting, since it suggests (a) that the selection process is not removing all persons with mental illness, and (b) that mental illness is not a major factor in determining successful completion, i.e., that persons with serious mental illness can successfully complete drug court programs.

MEDICAID¹⁵

Issue

Medicaid claim data provide a wealth of information about health care utilization patterns and the use of public resources to pay health care costs. Many social programs share an implicit, if not explicit, goal of helping individuals they serve manage their health care to achieve appropriate and cost effective use of public resources. Changes in patterns of Medicaid use have become a common variable in studies of a broad range of intervention programs. While changes in health care utilization are not a stated goal of drug court programs, the examination of utilization patterns is another way to examine the potential broad impacts of participation in DC programs.

Claim data may be considered as process variables that help describe programs, or as outcome variables if changes in utilization patterns are considered program goals. The choice between process or outcome use of the data is somewhat arbitrary. In this drug court evaluation we might assume that increasing claims for chemical dependency treatment services is a desirable outcome indicating that more people are seeking appropriate treatment, and that Medicaid claims are being used to supplement and therefore extend state and local funding for treatment. Likewise, we might assume that a reduction in claims for emergency room and medical in-patient services is desirable since they are expensive and, in many cases, avoidable, and that there should be a concomitant increase in the regular use of less expensive medical out-patient services. Thus, decreases in ER and Inpatient services and increases in Outpatient services might be seen as desirable outcomes of DC programs.

Methods

Data: Data were provided by the State Medical Aid Administration (MAA), for the period of January, 1993 to November, 2000. We provided MAA with subject names, dates of birth and social security numbers, and the matches were made by MAA. If no match was identified, we assumed this meant that person had not made Medicaid claims, and those subjects were assigned zeros as data for the duration of their time in the study. Thus all subjects were included for the full time they were in the study.

The reimbursement requests were broken into categories of service, plus total reimbursement (the sum of all eight categories). The service categories are:

- Chemical Dependency
- Emergency/Crisis
- Medical In Patient
- Medical Out Patient
- Detoxification
- Mental Health
- Nursing home/Congregate care
- Psychiatric In Patient

For each category and for the total, we derived two scores, one a yes/no for whether a subject made claims in each quarter in which they were in the study, the other a dollar amount of reimbursements made in each quarter. Graphs were developed showing the percent of each group that received that category of reimbursement in each quarter, and the mean amount of reimbursement per group member (all group members included) for each category for each quarter. The percentage of subjects in each group that made at least one claim in *any* of the quarters during the pre-referral period and during the post-referral period were

¹⁵ This section is based on the report "This section is based on the report titled "Report on Medicaid Data Analyses," dated April 25, 2001. Copies of this report can be obtained from the Division of Alcohol and Substance Abuse, DSHS.

also reported.

For the statistical analyses the value used for each subject was the proportion of quarters in which a claim was made (the number of quarters in which a claim was made divided by the number of quarters for which the subject had data) calculated separately for the pre and post-referral periods. Similarly, for each person the mean reimbursement per quarter was determined separately for pre and post-referral periods.

The last four Medicaid categories had claims so infrequently that their analyses were not performed. The three most recent programs, Thurston, Skagit and Kitsap counties, all had relatively small sample sizes, low Medicaid usage percentages, and/or such short post-referral follow-up periods that their data are not analyzable statistically. Data from these counties are included in those analyses that combine all subjects across the six counties.

Results

Descriptive Results

- Chemical Dependency Services. The quarterly percents of offenders receiving Medicaid reimbursement for CD services is generally between 0% - 4% before drug court referral. Post-referral percentages for Graduates and DNFs rise in King to 3% -6%, \pm 4% in Pierce (only Graduates increase), and 6% - 10% in Spokane. Pierce and Spokane percentages drop after several quarters to previous levels.
- Mean quarterly reimbursements for CD service pre-referral are between \$0 - \$18. Post-referral the means for Graduates and DNFs (Graduates only in Pierce) increase substantially in King (up to \$15 - \$30) and Spokane (\$30 - \$90) counties, and somewhat less in Pierce (\$10-25). In Pierce and Spokane these amounts decline over time more than in King.
- Emergency/Crisis Services. Initial quarterly utilization percentages for Emergency services are similar for groups and counties, mostly 0% - 4% (4% -8% for DNFs in King), with few major changes pre to post.
- Quarterly mean costs for Emergency services are highly erratic, ranging between \$0 - \$100 (highest in King, lower and similar in Pierce and Spokane) with occasional higher spikes, and not much difference pre vs. post-referral.
- Medical In Patient Services. Quarterly use percentages for Medical IP are low pre and post: 0% - 3% in King and 0% - 2% in Pierce and Spokane. These costs are also erratic, mostly ranging between \$0 and \$100, and similar pre and post-referral and across counties, although somewhat lower in Pierce.
- Medical Out Patient Services. These have the highest utilization percentages of the Medicaid categories. Quarterly percentages across counties are largely in the 10% to 19% range pre court referral. Post quarterly referral percentages for Graduates and DNFs (Graduates only in Pierce) increase in all three counties, rising to the 15% to 26% range. In Pierce County these percentages taper off over time.
- Costs for medical OP are also the highest of any category, ranging between about \$40 to \$100 per person per quarter pre-referral. Post-referral there is a tendency for quarterly means for one or more groups per county to increase. In King, Graduates, DNFs and Opt Outs all increase into the \$80 - \$120 range; in Pierce Graduates increase to \$100 - \$160, and in Spokane Graduates, DNFs and Opt Outs are increase to approximately \$75 to \$175.

Summary

- In the two areas of greatest use of Medicaid services, CD and Medical OP services, the Graduates tend to be the highest utilizers, with the DNF group generally second.
- DNFs are the highest utilizers of Emergency and Medical IP services.
- In the post period, the utilization percentages for Medical OP are considerably higher than for CD services, suggesting that there is a potential additional resource for supporting drug court CD treatment for a sizable group, up to as many as 20%, of court participants.

Statistical Results: In these analyses all eight categories of Medicaid reimbursement and the totals were analyzed separately for each of the six counties and for all subjects combined. For the reasons outlined above, only results for King, Pierce and Spokane counties and all subjects combined (from all six counties),

and for four categories of Medicaid and total Medicaid, are discussed. For each category of Medicaid, we analyzed two scores for each person for the pre-referral and post-referral periods, first, the percent of quarters in which the person received Medicaid benefits, and second, the mean amount of reimbursements made.

Note that these analyses were performed on *change scores*, that is, the amount of increase or decrease between pre and post-referral.

- Overall, there are statistically significant differences among the four outcome sub-groups on outcomes.
- The groups are clearly different on changes in CD and Medical OP services. Not surprisingly, total expenditures are also significant in two counties and also overall. There are few significant results for Emergency and Medical IP treatment.
- Percentages are more likely to show group differences than are amounts of reimbursement.
- There are three patterns of significant differences among groups.
- First, Graduates show significantly larger increases in percent reimbursed for CD services in King, Pierce and Spokane counties and for all subjects combined. In Spokane County DNFs also show more increase than the other groups for both the percentage with reimbursements and the mean reimbursement. When all subjects are combined, the Graduates also have a larger increase than the other groups on mean reimbursement.
- Second, in Emergency services the only significant difference among groups is that there is a greater increase in the percent of DNFs receiving reimbursement when all subjects are combined. Similarly in Spokane for Medical IP, the DNFs have significantly higher increase in the percentage receiving reimbursement than the Graduates. While not expected, these findings are consistent with the idea that DNFs experience some difficulties possibly related to their leaving the drug court programs.
- Third, for Medical OP services, the Graduates have a pattern of larger increases in percentages and/or amounts of reimbursement than some of the other groups. In King County and for all subjects combined, the increase in percentage is significantly larger than for any other group, and in Spokane it is higher than the Opt Out group. The increase in mean amount of reimbursement is higher for Graduates than for DNFs and Opt Outs in Pierce County and higher than Opt Outs and Ineligibles for all subjects combined.
- The findings by counties for total Medicaid reimbursement parallel those above: In percentages with reimbursement, but not in amounts, the Graduates increase more than the other groups in King County and for all subjects combined. In both these cases the DNFs also have significantly larger increases than the Ineligibles. In Spokane County the Graduates are significantly higher than the Opt Outs.

Overall, in the two areas of greatest use of Medicaid services, the Graduates tend to be the highest utilizers, with the DNFs generally second.

Conclusions

- The two categories of Medicaid claims that show the highest levels of use are Chemical Dependency Outpatient and general Medical Outpatient treatment.
- Percentages with claims and reimbursement amounts are highest for Medical OP services. *Percentages* are next highest for CD services, but mean *amounts* of reimbursement are second highest for Emergency services.
- Use percentages for Medical OP are substantially higher than for CD, suggesting an underused source of drug court treatment dollars.
- Pre-referral to drug court the quarterly percentages of utilization of Medicaid reimbursements tend to be between 0% and 2% for most categories. Use rates for CD and Emergency services are generally higher, up to 4%, and rates for Medical OP higher yet, ranging between about 10% and 19%.
- Post drug court referral quarterly percentages show little change from pre rates, except Graduates and DNFs show increased percentages of CD service reimbursements (3% - 6% in King and Pierce, and 6% - 10% in Spokane) and Medical OP reimbursement percentages (between 15% and 26%).
- Mean quarterly reimbursements vary widely across counties and especially across Medicaid categories.
- Pre-referral CD reimbursements range between \$0 to \$20, post-referral \$15 - \$30 in King and Pierce, and \$30 - \$90 in Spokane.
- Reimbursement for Emergency and Medical IP services are highly variable in all three counties, tending to range between \$0 and \$100, with some higher values, in all three counties, pre and post-

referral.

- Medical OP pre-referral reimbursement group means are largely between \$40 and \$100, while post-referral levels are between \$50 - \$150.
- Graduates generally show the largest increases in CD and Medical OP utilization. DNFs tend to be highest post-referral on Emergency and Medical IP.
- With reference to the speculations in the Issues section about the desirable pattern of changes in Medicaid reimbursements, we do see increases in CD OP and Medical OP, but not reductions in Emergency/Crisis or Medical IP.

MORTALITY¹⁶

Issue

In some prior studies we have found elevated mortality rates for persons receiving chemical dependency treatment, particularly in cases where histories of use were long and levels of use high. Since mortality data can reveal important information about the general health status of groups of clients, we wished to examine death rates in these drug court populations.

Methods

Subjects and Data: Subjects were persons identified as court referrals as of November, 2000, for King, Pierce and Spokane counties. Offenders were categorized by year of referral or entry into each of these three courts, and the data collected by matching against the mortality data collected annually by the Department of Health. We used the data set released in the fall of 1999, which includes relatively complete data through 1998. Sample sizes were not large enough to analyze the outcome subgroups separately.

Results: Results are reported as the number of deaths per 1000 persons per year. Because the numbers of deaths are low, and the sample sizes small (for this type of analysis), the yearly rates fluctuate. Mortality rates for these drug court participants are below those for the general population (which are roughly in range of 8.9 to 9.1), but the drug court participants are younger than the general population (which should mean a lower mortality rate), and we did not adjust for age. Overall the death rates are comparable for King and Pierce counties, and possibly lower for Spokane. King and Spokane counties show much lower numbers of deaths in 1998 than for the other years, and we might guess that their data for that year are incomplete (which might partially explain Spokane's lower rate).

The conclusion from these analyses is that the counties do not differ greatly in death rates, either from each other or from the general population.

SUMMARY OF FINDINGS

OUTCOME VARIABLES:

Arrests

- Graduates have fewer re-arrests than any of the other outcome groups (significantly fewer than the Opt Outs).
- The Opt Out group is most at risk for re-arrest, with some evidence that the Did Not Finish and Ineligible groups are also higher.

Court Filings

- Only Pierce shows any statistically significant differences among outcome groups: there Graduates, Actives and Did Not Finishes are similar, and different from Opt Outs and Ineligibles.
- Across counties the Graduates have the lowest post court filing rate. However, all groups show declines in filings following court contact (except Spokane, due to dating practices).
- Ineligibles, Opt Outs, and Did Not Finish have the highest post referral filing rates.

Convictions

- Offenders who graduate from drug court are less likely than offenders in any other group to be re-

¹⁶ This section is based on the report "Mortality Analyses," dated March 8, 2000. Copies of this report can be obtained from the Division of Alcohol and Substance Abuse, DSHS.

convicted in the three years following referral to drug court.

- The Graduates have the lowest rates of convictions across the 6 year period, and lower in the post than in the pre period.
- When the Graduates are compared with the other groups one at a time on the amount of *change* in conviction rates, the Graduates show a statistically significantly better score than each of the other groups in all three counties. The Graduates also do better than the other groups when data are merged across the three counties.

Prison Time

- Graduates have zero rates of imprisonment in the post drug court referral period in all counties except King. The post drug court referral imprisonment rates for Graduates in King and Pierce counties are significantly lower than the Ineligible, Opt Out and Did Not Finish group rates.
- This suggests that prison incarceration post drug court is grounds for dismissal from the programs in all counties except King.
- Ineligibles and Did Not Finishes have the worst rates of re-imprisonment post drug court referral
- Opt Outs have a higher rate of imprisonment post drug court than pre

Earned Income

- Graduate groups show systematic and substantial increases in incomes, with some tail-off in the third year.
- Graduates are the only groups to show this improvement.
- Even for persons with income, the amounts are generally not large.

Mortality

- There are no differences in mortality rates between counties or compared to general population.

PROCESS VARIABLES:

Time Spent in Drug Courts

- In general the counties have similar lengths of stay for the groups.
- King County differs in two ways:
- King begins graduating participants in as little as 6 months, and graduates over 20% by one year. Other courts begin graduating at one year.
- King shows Opt Out and Ineligible offenders having longer episode lengths than the other counties. This may be an artifact of King's tolerance for bench warrant status.

Chemical Dependency Treatment Service Utilization

- Not all Graduates have a record in TARGET of OP treatment.
- Counties vary in mean levels of OP treatment offered to Graduates during drug court: means range from 67 to 114.
- Counties vary in the use of services for outcome groups both during and after drug court.

Time to Admission to Treatment Modalities

- There are few differences of note across counties in the time it takes to get participants into residential treatment programs.

Chemical Dependency Treatment and Outcomes

- The service data included in TARGET appear to be incomplete
- Overall, based on the available data, the amount of group and individual treatment being received by drug court participants appears to be adequate.
- There is mixed evidence for a relationship between higher amounts of group and individual treatment being related to lower risk of re-arrest. This relationship is true for Graduates, but for DNFs the effect is reversed: more therapy is associated with higher risk for re-arrest. There is no relationship for Opt Outs or Ineligibles.
- For Graduates but not for DNFs, there is support for a relationship between higher amounts of group and individual therapy being related to lower risk of re-conviction.
- For Graduates and DNFs there is no relationship between higher amounts of treatment and increased

income. When outcome subgroups are combined, there is a relationship between higher amounts of both group and individual treatment and higher post-referral income.

- Neither residential nor opiate replacement treatment has any systematic relationship with these outcome variables.
- The implications for policy/practice are (1) that treatment levels are adequate, and may be more than necessary for some participants, and (2) other factors are at least as important as amount of treatment in influencing outcomes.

Drug Court Length of Stay and Outcomes (King County)

- The very clear result from this analysis is that there are drug court participants who can be graduated with less than a year in the court program with every reason to anticipate that their long-term outcomes will be among the best expected from the program. Whatever criteria King County is using to identify such participants seem to be effective.
- This finding can lead to a more cost effective drug court program by retaining participants only so long as there appears to be a need. By graduating them earlier than is typical, the court opens up program slots for additional participants, and the court makes better use of scarce resources.

Vocational Rehabilitation

- Overall rates for applications for the use of DVR services are very low, about 2% in King and Pierce counties, and 4% in Spokane County, and are similar for all groups pre court referral.
- Application rates for Graduates in King, and Graduates and Did Not Finishes in Spokane, roughly double, into the 8% to 11% range (toward the high values in Spokane).
- The rate of rehabilitation, i.e., successful completion of a program for those who enter, is about 16% for all groups both before and after drug court referral.

Mental Health

- Use rates for IP are generally very low, one half percent or less.
- No major differences in IP use across three counties or between outcome groups.
- OP use generally between 2% and 5%, occasionally 8% to 12%. Little change between pre and post court referral (except in King, where there is a general upward trend).
- OP use varies across counties, but not much within counties across outcome groups.

Conclude:

- MH use rates may be high enough to impact drug court treatment programs.
- Not all offenders with MH problems are being screened out.
- The MH problems left in the drug court participants are not a major factor in determining outcomes.

Medicaid

- In the two areas of greatest use of Medicaid services, CD and Medical OP services, the Graduates tend to be the highest level of use, with the DNF group generally second.
- DNFs are the highest utilizers of Emergency and Medical IP services.
- In the post period, the utilization percentages for Medical OP are considerably higher than for CD services, suggesting that there is a potential additional resource for supporting drug court CD treatment for a sizable group, up to as many as 20%, of court participants.
- Percentages with claims and reimbursement amounts are highest for Medical OP services. *Percentages* are next highest for CD services, but mean *amounts* of reimbursement are second highest for Emergency services.
- Pre-referral to drug court the quarterly percentages of utilization of Medicaid reimbursements tend to be between 0% and 2% for most categories. Use rates for CD and Emergency services are generally higher, up to 4%, and rates for Medical OP higher yet, ranging between about 10% and 19%.
- Post drug court referral quarterly percentages show little change from pre rates, except Graduates and DNFs show increased percentages of CD service reimbursements (3% - 6% in King and Pierce, and 6% - 10% in Spokane) and Medical OP reimbursement percentages (between 15% and 26%).
- Mean quarterly reimbursements vary widely across counties and especially across Medicaid categories.
- Pre-referral CD reimbursements range between \$0 to \$20, post-referral \$15 - \$30 in King and Pierce, and \$30 - \$90 in Spokane.

- Reimbursement for Emergency and Medical IP services are highly variable in all three counties, tending to range between \$0 and \$100, with some higher values, in all three counties, pre and post-referral.
- Medical OP pre-referral reimbursement group means are largely between \$40 and \$100, while post-referral levels are between \$50 - \$150.
- The increases in CD OP and Medical OP can be viewed as positive outcomes, but the equally desirable reductions in Emergency/Crisis and Medical IP were not observed.

CONCLUSIONS AND RECOMMENDATIONS

- The overall pattern of results across all four outcome variables (arrests, court filings, incarceration time, and earned income, excluding mortality) and for the three drug courts with sufficient follow-up for interpretation (King, Pierce and Spokane courts) is that participants who graduate have better outcomes than those in any other group.
- In general, the gains made by the Graduates after referral to drug court were retained over a three year post-referral period, although on some measures there were weakening patterns in the third year post-referral.
- Among the other groups (DNF, Opt Out, and Ineligible) there were no consistent orderings on relative outcomes. There is some tendency for the DNFs to show the worst results, but this is not reliable across counties or outcome variables.
- Where statistical analyses were performed, statistically significant differences were not always found. When they were, Graduates were rarely different from all other groups. Where differences were significant and effect sizes were calculated, these were generally small.
- The patterns of results vary in several ways across the counties. No single court shows overall superiority.
- Although Graduates as a group have significantly superior outcomes compared to the other outcome groups, membership in the graduated group is the result of a process that will produce a subgroup of participants with better outcomes. It is not clear that the drug courts are themselves producing these improved outcomes. As a partial control for this uncertainty, we recommend an “intent to treat” approach to future drug court evaluations.
- Medicaid is underutilized as a source of funding for CD treatment in the drug courts.
- Appropriately chosen participants can be graduated substantially earlier than one year with no reduction in favorable outcomes. Outcomes for participants who stay longer than about 15 months, and especially longer than 26 months, become increasingly less favorable, hinting that there may be a length of stay beyond which increments of improvement are minimal.
- Drug court participants appear to be receiving, on average, as much treatment as is useful. There does not appear to be a strong relationship between amount of treatment received and outcomes. It is clear that other factors are as important for outcomes as amount of treatment, and in this context it is likely that there is a level beyond which more treatment does not improve results. That level may be lower than mean levels being provided now (although there may be other reasons for continuing treatment).
- We were not able to examine the relationships among violations, sanctions, and outcomes. The general thinking is that quick and standardized response to violations is the most effective policy. Courts varied in practices on this matter. In those courts lacking it, a more standardized approach might be considered. A study of this issue would be desirable, but would hinge on the availability of data.
- Non-CD services that might be desirable for drug court participants, e.g., mental health counseling and vocational training, are not frequently used. A more aggressive approach to providing these ancillary services might improve retention and graduation rates, and subsequent outcomes. We did not have time to examine for relationships between these kinds of services and outcomes, but this would be a desirable analysis. We also did not have access to evaluations of needs for services for court entrants, but an assessment of the scope of these evaluations and a comparison of these judgements with services received and outcomes would be useful.

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APPENDIX A

**TABLE COMPARING DRUG COURT
CHARACTERISTICS¹**

**Comparison Table
Characteristics of Washington State Drug Court Programs**

Comparison Table Characteristics of Washington State Drug Court Programs

	King	Kitsap	Pierce
Court Operation <i>Implementation Date</i>	August 1994	January 1999	October 1994
<i>Frequency of Hearings</i>	Daily (mornings)	Weekly (1/2 day)	3 times per week (all day)
<i>Is there a pre-court meeting to discuss cases?</i>	Yes (all team members (TASC represents Tx)	Yes, between Judge and treatment	No
Admission Criteria <i>Must defendant be chemically dependent?</i>	Yes	Yes	Yes
<i>Legal admission criteria</i>	See Appendix C1	See Appendix C6	See Appendix C2
<i>Can defendants participate more than once?</i>	Yes, on a case-by case basis	No	No
Opt-out period <i>Length</i>	2 weeks	2 weeks	2 weeks
Judges <i>Frequency of rotation</i>	No set rotation	2 years	1 year
<i># of judges to date</i>	3	1	2
Tracking systems <i>Is CADI installed?</i>	No	No	Yes, at a Tx center only
<i>Is Drug Court client data entered in TARGET?</i>	Yes, if client is publicly funded	Yes, by the County Drug/Alcohol Coordinator	Yes

	Skagit	Spokane	Thurston
Court Operation <i>Implementation Date</i>	September 1997	January 1996	May 1998
<i>Frequency of Hearings</i>	Every other week (1/2 day)	Weekly	Twice per week (1/2 day)
<i>Is there a pre-court meeting to discuss cases?</i>	Yes, all team members	Yes, all team members	Yes, all team members
Admission Criteria <i>Must defendant be chemically dependent?</i>	Yes	Yes	Yes
<i>Legal admission criteria</i>	See Appendix C5	See Appendix C3	See Appendix C4
<i>Can defendants participate more than once?</i>	No	Yes, on a case-by case basis	
Opt-out period <i>Length</i>	2-4 weeks	2 weeks	1-2 weeks
Judges <i>Frequency of rotation</i>	1 1/2 years	No set rotation	
<i># of judges to date</i>	2	2	1
Tracking systems <i>Is CADi installed?</i>	No	Yes, at court, TASC & DOC/CC Office	Partially
<i>Is Drug Court client data entered in TARGET?</i>	Yes	Yes, if client is publicly funded	Yes, starting July 2000

	King	Kitsap	Pierce
Treatment <i>Number of providers</i>	7	1 (Kitsap Recovery Center) (Referred out for special services)	1 (Pierce County Alliance) (Referred out for residential special services)
<i>Are Drug Court clients treated separately?</i>	Varies by agency	Outpatient -- yes Inpatient -- no	Yes
<i>Number of Phases</i>	3	3	3
<i>Phase 1 - Length</i>	1-2 months	4 months	4 1/2 months
<i>Phase 1 - Requirements</i>			
Group	3-4/ week (Grp or Ind)	3/ week	2/ week
Individual	3-4/ week (Grp or Ind)	1/ week	1/ month
Self-help	3-5/ week	3/ week	2/ week
UAs	8/ month	8-12/ month	5/ month
Court	2-4/ month	1/ week	2/ month
Other		1/mo (meet Drug Court Coordinator)	
<i>Phase 2 - Length</i>	2-3 months	6 months	4 1/2 months
<i>Phase 2 - Requirements</i>			
Group	2-3/ week (Grp or Ind)	2/ week	1/ week
Individual	2-3/ week (Grp or Ind)	1/wk or as needed	1/ month
Self-help	2/ week	3/ week	3/ week
UAs	4-8/ month	4-8/ month	5/ month
Court	1-2/ month	1-4/ week	1-2/ month
Other		1/mo (meet D Ct. Coord. Get AA/NA Sponsor)	
<i>Phase 3 - Length</i>	7-9 months	2-8 months	4 months
<i>Phase 3 - Requirements</i>			
Group	1/ week (Grp or Ind)	1/ week	None
Individual	1/ week (Grp or Ind)	1/mo or as needed	1/ month
Self-help		3/ week	3/ week
UAs	1/ month	4-8/ month	5-6/ month
Court	1 every 4-6 weeks	1/ month	1-2/ month
Other		1/mo (meet D Ct. Coord.)	

	Skagit	Spokane	Thurston
Treatment <i>Number of providers</i>	1 (Skagit Recovery Center) (Referred out for residential or special services.)	1 (Spokane Addiction Recovery Center) (Referred out for residential or special services.)	1 (St. Peter Chemical Dependency Center) (Referred out for residential or special services.)
<i>Are Drug Court clients treated separately?</i>	No (but one drug court-specific group per week)	Yes	Yes
<i>Number of Phases</i>	3	5	3
<i>Phase 1 - Length</i>	3 months	1 month	1-2 months
<i>Phase 1 - Requirements</i>			
Group	4/ week	3/ week	1/ week
Individual	2/ month	1/ week	1/ week
Self-help	2/ week	2/ week	4/ week
UAs	12-14/ month	8/ month	3/ week
Court	2/ month	1/ week	1/ week
Other			1/ wk (Subst Abuse Educ) 1/wk (MRT)
<i>Phase 2 - Length</i>	6 months	2 months	4-6 months
<i>Phase 2 - Requirements</i>			
Group	1-2/ week	3/ week	1/ week
Individual	2/ month	2/ month	2/ month
Self-help	2/ week	2/ week	4/ week
UAs	4-8/ month	8/ month	2/ week
Court	1-2/ month	1-4/ month	2-4/ month
Other		2/ month (CCO) 2/ month (TASC Case Mgr)	2/month (Subst Abuse Educ) 1/ wk (MRT)
<i>Phase 3 - Length</i>	3 months	2 months	4-6 months
<i>Phase 3 - Requirements</i>			
Group	1/ week	2/ week	2/ month
Individual	1/ month	1-2/ month	1/ month
Self-help	2/ week	3/ week	4/ week
UAs	2-6/ month	4/ month	1/ week
Court	1/ month	1-4/ month	1-4/ month
Other		2/ month (CCO) 2/ month (TASC Case Mgr)	1/ wk (Relapse Prev Grp) MRT (included in Grp &

	King	Kitsap	Pierce
Treatment (cont.)			
<i>Phase 4 - Length</i>			
<i>Phase 4 - Requirements</i>			
Group			
Individual			
Self-help			
UAs			
Court			
Other			
<i>Phase 5 - Length</i>			
<i>Phase 5 - Requirements</i>			
Group			
Individual			
Self-help			
UAs			
Court			
Other			
Graduation			
<i>Frequency of ceremonies</i>	Approximately monthly	As needed	Approximately monthly
<i>Requirements</i>	“Stable” recovery (e.g. job school or voc training)	4 months of sobriety	6 months of sobriety 60 days of “full compliance”

	Skagit	Spokane	Thurston
Treatment (cont.)			
<i>Phase 4 - Length</i>		3 months	
<i>Phase 4 - Requirements</i>			
Group		2/ week	
Individual		1-2/ month	
Self-help		3/ week	
UAs		4/ month	
Court		1-4/ month	
Other		2/ month (CCO) 2/ month (TASC Case Mgr)	
<i>Phase 5 - Length</i>		4 months	
<i>Phase 5 - Requirements</i>			
Group		1/ week	
Individual		1/ month	
Self-help		2/ week	
UAs		2/ month	
Court		1-4/ month	
Other		2/ month (CCO) 2/ month (TASC Case Mgr)	
Graduation			
<i>Frequency of ceremonies</i>	As needed (usually every couple of months)	As needed	As needed
<i>Requirements</i>	1 year of sobriety; Employed or in school	4 months of sobriety	6 months of sobriety 3 mos. employment/school or homemaker Complete GED/HS diploma

Appendix B1

County Drug Court Profiles:

**King County Drug Court
Program Profile**

KING COUNTY ADULT DRUG COURT

PROGRAM PROFILE

June 2000

BACKGROUND

The King County Drug Court program, the oldest in the State, began operation in August, 1994, under the auspices of the King County Superior Court. A Drug Court Planning Grant from the Office of Justice Programs/ Department of Justice funded the development and early implementation of the program. Judge Ricardo Martinez, the first judge of the Drug Court, was a leading member of the development and implementation team and served as Drug Court Judge until August, 1997. The program in King County is a pre-adjudication program in which defendants enter the program prior to sentencing. Individuals who choose to enter Drug Court waive their trial rights, agree to stipulated facts in the police report, and enter into a treatment contingency contract with the Court. Upon successful completion of the program, the charges are dismissed. If the defendant fails to meet program requirements, s/he is sentenced on the standing charges.

For the first three years of the program, August 1994-August 1997, Central Seattle Recovery Center (CSRS), a private non-profit treatment agency in King County, was the lead agency in a consortium of local treatment providers that formed in response to a request for proposals for a Drug Court treatment program. In addition to providing treatment for a number of Drug Court participants, CSRS served as gatekeeper to treatment services and liaison between consortium members and the Drug Court. Two program evaluations were done during the first three years of operation. The first, completed in September 1995, (Urban Policy Institute) examined the development and implementation of the Drug Court during the first year of operation. The second study (Bell, 1998) focused on participant characteristics and outcomes of drug court participation as well as the costs and cost offsets of the program.

In August 1997, a number of significant program changes occurred. Judge Martinez, a major influence in shaping the initial program, left the Drug Court and was replaced by Judge Nicole MacInnes who was replaced by Judge Michael Trickey in February 2000. CSRC was replaced by King County Treatment Alternatives to Street Crime (TASC) as the manager or "gatekeeper" of the treatment program, which remained a consortium of the seven original treatment agencies. This program description will focus on the Drug Court program as it has evolved since the changes implemented in August 1997. The earlier evaluations are a rich source of information about the development, implementation, participant characteristics, and outcomes of the first three years of the King County Drug Court Program.

DRUG COURT PROGRAM CHARACTERISTICS

Funding Source(s)

The Office of Justice Programs/Department of Justice funds provided the major resources for the initiation and early operation of the King County Drug Court. While these funds are still important to Drug Court operation they are time limited and are decreasing. As DOJ funds have decreased the major funding sources have become the BRYNE grant (a Federal program administered by the State Community Trade and Economic Development Commission), City of Seattle and King County funds, and the High Intensity Drug Trafficking Area (HIDTA). This funding mix is adequate to support the current program through 2000. Any growth in the program would require additional funding. Without continuation of Department of Justice funding beyond 2000 adequate funding is less certain. The Drug Court Team is currently working diligently to secure additional funding from the State, County, and City, as well as continued support for treatment services from BRYNE grant funds, to replace Department of Justice funding.

Planning Process

Who were the players?

Initial planning for the Court was initiated by the Prosecutor's Office and continued for a year before the

program was implemented. Funding was provided by a DOJ Drug Court Planning grant. Although initiated by a small group of interested individuals, program planning was an inclusive process and eventually involved almost 60 individuals. Among the key players were representatives of the Prosecutor's Office, the Office of the Public Defender, Judge Martinez, city and county law enforcement agencies, the County Budget Office, TASC, the City and County Council and various treatment agencies. In addition, a number of interested community members were a part of the planning group.

Program goals and objectives

The goals of the initial program were to centralize court management of certain drug offenses and offer court supervised treatment rather than incarceration in the expectation that these interventions would increase treatment compliance and decrease the defendants' substance usage and criminal activity. These goals remain fundamental to the current program.

Target Population

Individuals who meet the following criteria are considered as potential participants in the King County Drug Court.

- 18 or older;
- Charged in Superior Court with possession of Schedule I or II controlled substances; or a forged prescription, with no evidence of intent to sell;
- No other pending felony charges at arrest, other than drug possession;
- No prior adult conviction for sex or serious violent offenses.

Implementation Process

What facilitated implementation?

Implementation of the program was facilitated by a number of factors. A key factor was the inclusive nature of the planning process that, in turn, was facilitated by the Department of Justice Planning grant. The funded planning process provided an opportunity for key players as a team to attend a national training session where they examined various approaches to drug court programs and were coached on team and program development. The planning process encouraged participants to identify potential areas of disagreement and conflict, and to design a program that they could all support. The relationships and mutual understandings that developed during the planning process fostered a sense of identify as a drug court team and provided a context and framework for solving the inevitable problems associated with program implementation. Several individuals involved with the program describe a drug court team that works largely by consensus which they consider rare in a legal setting.

Other important implementation factors included the commitment of the Drug Court Judge to the program, and the consistent leadership he provided. Judge Martinez supported the development of the program from the beginning and provided leadership for the first 3 years of the program.

Degree of Implementation

The King County Drug Court is a fully implemented program having been in operation since August 1994. Bell (1998) reported the following patterns of participation in the first three years of the program. From August 1994 to August 1997, 2554 individuals were arraigned in King County Drug Court. Seventy-eight percent (1986) were referred to the clinical agency for assessment. Those (22%) who were not referred either failed to appear for arraignment or opted out immediately. Approximately 62% (1228) of the referrals were assessed while the remaining 38% failed to appear for assessment. Fifty-seven percent (705) of those assessed decided to participate and were accepted by the Drug Court. The remaining 43% (429) either opted out (35%) or were refused by the Drug Court (8%). Only 542 (77%) of the 705 individuals actually entered treatment. The other 23% either dropped out, failed to show, or had a warrant issued. By August 1997, 20% (109) of those entering treatment had graduated from Drug Court. Another 44% remained active while the remaining 35% had either dropped out (13%), failed (17%), or had warrants issued (5%). Using a careful definition of retention and completion rates, Bell (1998) reported a retention rate of 64% and a completion rate of 36% for participants entering the King County program between August, 1997

and 30 June, 1997. The national averages for retention and completion are 71% and 48% respectively.

A comparable study of outcomes of individuals in the Drug Court program between September 1997 and January 2000 is currently being conducted by a team of researchers at the Alcohol and Drug Abuse Institute at the University of Washington. The findings of this study should be available in December 2000. Discussions with the Drug Court Coordinator and other Drug Court team members indicate that there have been no major changes in the number of drug court referrals or patterns of Drug Court participation.

Program Modifications

The major change in the Drug Court program has been in the management of the treatment program. In August 1997, the Drug Court team decided to replace Central Seattle Recovery Center as the lead agency among a consortium of seven treatment providers. The King County Treatment Alternatives to Street Crime (TASC) was selected as the manager of and "gatekeeper" to treatment services. TASC is responsible for the initial assessments and referral to a treatment agency and acts as liaison between the treatment agencies and the Court. In July 2000 three additional treatment providers joined the consortium. The new providers were agencies that offer mental health as well as chemical dependency treatment thus strengthening the ability of the Drug Court program to provide appropriate services to participants with co-occurring chemical dependency and mental illness.

A number of staff changes have occurred since the program started. Judge Martinez left the Court in August 1997 and was replaced by Judge Nicole MacInnes who served until February, 2000 when she was replaced by Judge Michael Trickey. A new Drug Court Coordinator was appointed in May 1998 and there have also been changes in the Defense Counsel. While changes in key staff have an impact, these changes have all occurred after the program was well established and quite stable and have occasioned no substantive changes in the Drug Court program operation.

Organization

Frequency of Court

The Drug Court meets daily from 9:00-12:00. The Drug Court Team meets before Court is convened to review the cases that will be heard. Participants describe the team meeting as a time of information sharing, case discussion and decision making, and as a forum where differences of opinion are identified and resolved before the public court session.

Team Members/Key Players

The Drug Court team members include the Judge, a Deputy Prosecutor and an attorney from the Public Defenders Office both of whom are assigned to the Program for a minimum of 12 months, the Drug Court Coordinator, and two permanently assigned TASC staff members, a Drug Court Liaison and a Drug Court Case Manager. The Liaison is responsible for providing the Team with relevant information from the treatment agencies and for keeping the treatment agencies informed of court actions. The case manager conducts initial, on-site screenings of potential participants immediately after their arraignment and, at that time, also makes an appointment for the participant at a treatment agency where a more in-depth assessment is done.

Who are the treatment providers?

All referrals of drug court participants to specific treatment agencies are managed by TASC. Referral decisions are based on participant characteristics including place of residence, nature of the addiction, and available openings in the treatment program. The ten referral agencies include Central Seattle Recovery Center, Center for Human Services, Community Psychiatric Clinic, Downtown Emergency Services Center, Eastside Recovery Center, Evergreen Treatment Services, Harborview Medical Center Addictions Center, Therapeutic Health Services, Seadrunar, and South King County Drug/Alcohol Recovery Center. Participants can also be referred to Cedar Hill Treatment Center and Seadrunar for intensive inpatient treatment. Salvation Army and the Veterans Administration Hospital Chemical Dependency Treatment Program are used as alternative treatment agencies in some cases.

Participant Movement Through Drug Court Program

Criteria for Drug Court Admission

The first level criteria for drug court admission include arrest for possession of Schedule I or II drugs, or a forged prescription, with no evidence of intent to sell. Other criteria include no other pending felony charges, and no prior adult conviction for sex or violent offenses. The King County Drug Court program has developed the flexibility to accept some individuals with a history of misdemeanor domestic violence. These decisions are made on a case-by-case basis at the discretion of the Judge.

While the Prosecutor is the first and primary gatekeeper of drug court admissions, information from the clinical assessment done by the treatment agencies can also influence entry. While it is uncommon, treatment agencies can recommend against drug court entry, usually on the basis of a history of non-compliance with treatment. When this occurs, the Drug Court Judge makes the final decision about the defendant's participation in the program.

How/When is the decision made to offer Drug Court option?

Potential participants are identified and referred to drug court in several ways. The majority of cases are identified as potential participants at the time of arrest. Many of these cases are "rush filed" which brings them to the immediate attention of the Prosecutor's Office where they are screened for legal eligibility for Drug Court by the Drug Court Prosecutor who makes an immediate decision about referral based on the available information. Individuals who are not referred to Drug Court go through regular court processing.

This fast track or "rush filing" process depends on the ability of the police department to complete on-site analysis of substances along with their ability to complete all the necessary reports. The major advantage of rapid processing and early referral to drug court is that only days elapse between arrest and arraignment and the option to enter a treatment program. In jurisdictions unable to provide analysis at the time of arrest, processing time is much slower and while defendants may eventually be referred to drug court, several months may elapse between arrest and referral during which the individual either remains in custody or is released pending laboratory analysis. Finally, defendants may self-refer to drug court or attorneys may request drug court referral.

What information about Drug Court is the defendant provided?

The Prosecutor's initial decision to refer the defendant to Drug Court for arraignment is made with minimal defendant involvement. During arraignment the defendant is given both verbal and written information about the program by the Judge, Public Defender, and TASC case manager. Individuals are informed of the charges and the sentence range associated with the offense. They are also told of the conditions, duration, and expectations of treatment, as well as the consequences of failure. At the time of arraignment defendants are also provided an opportunity to consult with the Public Defender. Individuals who enter the Drug Court program are given a Participant Handbook that provides detailed information about the expectations and requirements of participation. The Handbook also includes a copy of the Drug Court Contract

Evaluation for treatment

The first screening is done by the TASC Drug Court Case Manager immediately after arraignment. The screening includes: a brief social history, a brief medical and mental health history, substance use and treatment history, and legal history. The individual is then referred to a treatment agency for a more complete intake and assessment. While there is some variation among the treatment agencies in these procedures, all of the agencies use the King County Division of Alcohol and Substance Abuse Services (KCDASAS) assessment instruments which include ASAM (American Society of Addictive Medicine) criteria for assessing the appropriate level of treatment. Although it is rare, treatment agencies may recommend against drug court entry. This is usually done on the basis of the defendant's failure to comply with treatment requirements during the time between treatment referral and the first status hearing.

When does the defendant actually become a Drug Court participant?

Defendants do not formally enter Drug Court until the status hearing. At that time those who elect Drug Court sign a Drug Court Waiver in which they agree to treatment requirements, stipulate to the facts contained in the police report, waive rights to a speedy trial, and acknowledge an understanding of the probable sentence that will be imposed if they fail to complete the program. Individuals who decide against Drug Court at the status hearing are considered program opt-outs and return to regular Superior Court processing.

Several options are available to the defendant at arraignment. S/he may decide not to participate (opt out) and return to regular superior court processing, or to plead guilty in Drug Court. If the defendant makes an initial decision to enter the program, s/he is seen immediately after the arraignment by the TASC case manager who does a brief assessment, and makes an immediate (within 3 days) appointment with a treatment agency for intake and further assessment. These defendants remain out of custody conditioned upon their compliance with all treatment conditions. A status hearing is scheduled for about two weeks at which time the individual is expected to make a final decision about entering the Drug Court program. If the defendant decides not to enter the program s/he returns to regular court processing.

Failure to appear may occur at any stage of the drug court process. Bell (1998) in her study of the first three years of the King County program, found that there were more than 300 outstanding warrants for individuals who had failed to appear for the first status hearing. The Drug Court program is currently making an effort to act more consistently and quickly in relation to warrants. The outcomes of these efforts will be evaluated in the outcome component of the evaluation.

Consequences of non-completion.

The decision to terminate a defendant from the Drug Court program is made by the Judge and usually is based on repeated failure to meet the program requirements. On occasion a defendant may request to be terminated from program. Regardless of the reason (s) for termination, the consequences of non completion are that the defendant is sentenced by the Drug Court Judge to serve the sentence appropriate to the charges. Although the treatment agencies provide input about the participant's compliance with treatment requirements and may recommend program termination, the final decision about program retention remains with the Drug Court Judge.

Court/Participant Interaction

With whom? How often?

Upon entry into the Drug Court program the participant's primary interaction with the Court is with the Judge. Most of the other participant/drug court program interactions are with treatment staff. In King County, unlike some of the other programs, the Drug Court Liaison is an employee of TASC, the treatment management agency, rather than an employee of the Court. Participant interaction with the Judge occurs during court sessions with the frequency determined by the participant's program level and treatment compliance of which the Judge is informed by the Drug Court Liaison. Levels of participation are more fully described in a later section.

During Level 1 the participant usually returns to court every four weeks, although if s/he is not doing well court appearances may be more frequent. In these court sessions the Judge asks the participant about treatment participation, and an explanation of any lapses in participation. The Judge actively reinforces expectations, and may impose other requirements or sanctions to encourage better compliance. The Judge takes a very active role with the participant during this period. In Level 2, a period of stabilization that typically lasts 90-120 days, court appearances are extended to six weeks intervals. While the Judge remains active in monitoring the participant's participation and progress, the court-participant interaction is less immediate unless problems develop. The Judge continues to play an important role providing incentives to the participant to continue the program. The incentives include publicly acknowledging the participant's progress with changes in participation levels, and other more concrete rewards such as appearing earlier on the Court schedule. In Level 3 the focus is on maintaining a drug free life style. During this time, typically three to six months, participant-court interactions occur on an as needed basis, usually at six week intervals.

The importance of the Judge-participant interactions and the sense of relationship that develops is apparent in observing the King County Drug Court. Participants share details of their lives such as the progress of relationships with significant others, problems with children, and problems they are having meeting treatment requirements. Both Judge MacInnes and Judge Trickey seem to know the participants as individuals and provide firm limits as well as praise and encouragement.

Monitoring Participant Compliance

The Court has a primary role in monitoring compliance with all aspects of the treatment program and in responding consistently and quickly to incidents of non-compliance. Aspects of treatment that are monitored include abstinence from substance use, participation in Twelve Step programs, and court ordered treatment activities.

Urine Analysis

Court ordered urine analysis, done at the treatment agencies on a random schedule, is used to monitor substance use. Frequency of testing depends on program level assignment and may be increased regardless of program level requirements if results are positive. Participants in Level 1 start with a baseline analysis at the time of assessment and are tested twice weekly. Level 2 and Level 3 participants are tested weekly. Although these are the standard test frequencies, individual UA requirements vary based on treatment progress, drug of choice, and overall compliance.

Positive UA results are reported to the Drug Court Liaison who informs the Judge and other team members who decide what actions should be taken. Sanctions are a common response to positive urine analysis findings. Sanctions are discussed later in the report.

Treatment Participation

Participants are expected to attend three (3) sober support meetings weekly while in Level 1 and 2 of the program. Two weekly meetings are required during Level 3. Each participant has an attendance record sheet that must be signed at the meeting and presented either to the treatment agency or to the Court. The Drug Court Liaison keeps the Court informed of individuals who fail this requirement and failure leads to an appearance before the Judge. Sanctions are a common response to failure to attend sober support meetings.

Participation in out-patient treatment activities, usually individual and group treatment, at graduated frequency depending on program level is monitored at the agency level, and reported to the Drug Court Liaison who keeps the Court informed. Participation is reviewed with the participant in regularly scheduled court appearances. Individuals who fail to meet treatment expectations may be scheduled for more frequent court appearances and may receive judicial sanctions. Treatment services are also reported in TARGET. Although the Court is working toward a linked electronic data system that will allow the treatment agencies, Drug Court Liaison, and Court staff including the Judge, to access immediate on-line reports, this is not yet possible. The multiple steps required to get participation information to the court can lead to delays in judicial response to non-compliant behavior.

In summary, the responsibility for monitoring participant behavior in relation to Drug Court program requirements is shared among treatment providers, the Drug Court Liaison, and the Court. While members of the Drug Court team have input into the response to non-compliant behavior, the Judge has the final responsibility for the judicial response to participants who do not meet the requirements.

Sanctions

Progressive sanctions are used in response to violation of program requirements. Sanctions are expected to emphasize the strict expectations and requirements of the program including participant accountability, and to provide more structure and support when it is needed. Although final sanction decisions are made by the Judge, the public defender, prosecuting attorney, and case management services are involved in the process. Sanctions include: 1) return to a more intensive treatment level including in-patient treatment; 2) increased urine analysis and other monitoring such as day reporting; 3) attending drug court as an observer; 4) written homework assignments; 5) jail time; and, finally, 5) dismissal from the program and sentencing for the original charge. Participants are provided

a brief description of the kinds of sanctions that may be imposed in the Participant Handbook they are given when they enter drug court. This material does not address specific sanctions related to specific behavior.

Consistent, swift imposition of sanctions, an important tenant in Drug Court programming, depends on several factors: timely information sharing between the treatment providers and the court; consistent application of sanctions by the Judge, and strong working relationships between law enforcement and the Drug Court. Without the necessary law enforcement-court relationship, warrants issued by the Drug Court Judge for individuals who do not show for either treatment or court appointments are not enforced in a consistently and timely manner. In the past all of these factors have been problematic in the King County Drug Court and sanctions have not always been consistently and swiftly imposed (Bell, 1998; interview data, 1999). The current Drug Court team is working to address these problems.

Incentives

Incentives are used to recognize and reward participation and progress. The most frequently used incentive is publicly recognizing progress during court sessions and acknowledging to the participant and the entire court the participant's hard work and accomplishments. Individuals who are doing well may also be put into an "express" group and placed early on the Court calendar thereby decreasing the time the participant must spend in Court. Other important incentives include advancing to the next level of participation, reducing the frequency of required drug court appearances, and reducing the frequency of urine analysis.

Graduation

To graduate the Participant must have successfully completed the treatment program and show evidence of a period of stable recovery including participation in some meaningful activity usually either employment, an educational program, or other vocational training endeavor. Unlike many other programs, King County Drug Court has not established a specific length of time that the participant must be abstinent before graduation. Successful completion of the program is marked by a graduation ceremony in which the participant's progress and accomplishments, as well as plans to support continued recovery are reviewed. Participants are encouraged to bring friends and family members to graduation. Charges for the offense that led to admission to Drug Court are dismissed at that time.

TREATMENT PROGRAM CHARACTERISTICS

Number of Provider Agencies

In August 1997 King County Treatment Alternatives to Street Crime (TASC) became the manager or "gatekeeper" of the treatment program with a consortium of seven treatment agencies providing treatment services for drug court participants. In July 2000 three additional agencies joined the consortium: Community Psychiatric Clinic, Downtown Emergency Treatment Services, and, Harborview Medical Center Addictions Center. These three agencies provide mental health as well as chemical dependency treatment thus strengthening the ability of the program to provide access to appropriate treatment of co-occurring mental health and substance abuse disorders. All referrals of drug court participants to treatment agencies are made by TASC after a brief assessment following arraignment.

Referrals are based on participant characteristics including place of residence and treatment needs, the nature of the addiction, and available openings in the treatment programs. The treatment agencies include Central Seattle Recovery Center, Center for Human Services, Community Psychiatric Clinic; Downtown Emergency Services Center, Eastside Recovery Center, Evergreen Treatment Services, Harborview Medical Center Addictions Center, Therapeutic Health Services, South King County Drug/Alcohol Recovery Center, and Seadrunar. Participants can also be referred to Cedar Hills Treatment Center for inpatient treatment. Salvation Army and the VA Hospital Chemical Dependency Treatment Program may also be used as alternative treatment agencies if appropriate.

TASC is also responsible for managing communication between the court and the treatment agencies. A TASC employee, the Drug Court Liaison, is a permanent member of the Drug Court team and is responsible for providing the team with all relevant information about treatment participation and urine analysis results as participants are reviewed by the Court. He also informs the treatment agencies of court decisions related to treatment and monitoring requirements. A second TASC employee, the Drug Court Case Manager, is also assigned to the Court to

do the initial screening and referral and to provide other case management services as appropriate.

Funding

Treatment services are funded in a number of ways. In addition to the funding for treatment included in the DOJ Drug Court Grant, every effort is made to fund eligible low-income/indigent participants through state contracts such as ADATSA or Title 19 programs such as TANF (Temporary Assistance for Needy Families). Veteran Administration benefits are used for participants who are eligible for VA services. Participants who have insurance or the resources for private payment are expected to pay for treatment. BRYNE, HIDTA, and City and County funds are also used for treatment services. All participants are required to contribute to the cost of treatment to the extent that they are able. In addition, participants are required to pay a \$100.00 participant fee to the court at graduation.

Overall Treatment Services

Although the core treatment approach is out-patient services, a comprehensive continuum of services is available among the agencies. Services include detoxification, in-patient treatment, a range of out-patient services including group and individual counseling, education, and relapse prevention, and a methadone program. Central Seattle Recovery Center is the primary provider of detoxification services while Cedar Hills provides the majority of in-patient treatment. Residential treatment is also available at Seadrunar. Evergreen Treatment Center is the sole provider of methadone treatment. Treatment agencies vary in the support and ancillary services such as case management, vocational and job related assistance, and assistance with housing that they provide.

Treatment Program

While there are program differences among treatment agencies, all work within a program structure specified by the Drug Court. This structure and related program requirements are based on recommendations and standards from the National Institute of Justice (NIJ), Center for Substance Abuse Treatment, US Department of Health and Human Services (1996), and the National Association of Drug Court Professionals (1997), and are common to drug court programs across the country.

Treatment is expected to last between 1 year and 18 months and is divided into three levels or phases. Unlike some other drug court programs, King County Drug Court does not have specific criteria for movement between levels or for graduation. The time the participant spends in each level is determined by the Judge based on the Drug Court team's assessment of the participant's progress.

Treatment in Level 1 is focused on developing abstinence and engagement in the treatment process. Although not common, Level 1 may include detoxification or in-patient services. Out-patient treatment expectations typically include group or individual counseling 3-4 times weekly as well as two random urine tests each week. In addition, participants are expected to attend 3 treatment-approved sober support group meetings each week. While in Level 1 the participant returns to Court on a monthly basis although frequency of Court appearances may be increased if the Judge feels more supervision and support is indicated.

Treatment in Level 2 is focused on stabilization and establishing a drug free life style. Frequency of contact with the treatment agency may be reduced to 2-3 group meetings weekly and groups such as anger management, social skills, relapse prevention, and vocational readiness may be included. Urine testing is continued on a twice weekly basis. The requirement for 3 weekly sober support group meetings is also continued. Typically, participants remain in Level 2 for 90 to 120 days. Court appearance are reduced to every 6 weeks depending on participant progress.

The focus of treatment in Level 3 is on developing the skills and abilities important to maintaining a drug free life style. Relapse prevention, vocational and other educational programs, and employment placement and support are key activities during Level 3 treatment. The frequency of individual and/or group counseling is reduced to weekly, and urine testing is done weekly. Court appearances usually occur at 6 week intervals. Upon successful completion of Level 3 the participant is eligible for graduation from Drug Court. To successfully complete Level 3 and graduate from Drug Court the participant must either be employed, be in an approved job training program, or be enrolled in school.

Length of Treatment Program

The national standard length of drug court treatment programs is approximately 1 year. However, the length of treatment varies among programs and is influenced by a number of factors including the tolerance of a specific Judge and Drug Court team to relapse, and the requirements for graduation or dismissal. For example, courts that require longer periods of abstinence for completion have longer treatment programs than those with more flexible requirements. King County Drug Court participants who successfully complete the program remain in the program for at least 1 year. It is not unusual for participants to spend 18 months in the program (King County Drug Diversion Court).

Treatment Reporting

All of the treatment agencies use TARGET, DASA's computerized information system, to report group and individual treatment services to Drug Court participants. However because TARGET data is not accessible to the Drug Court team, participant participation in treatment services must be reported to the Drug Court Liaison who makes it available to the Court. Although the Court is working toward a linked electronic data system that will allow the treatment agencies, Drug Court Liaison, and Court staff including the Judge, to access on-line reports, the system is not expected to be fully operational before late 2000.

Revised with input from KC DC staff June-July 2000.

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National Association of Drug Court Professionals, Drug Court Standards Committee. (January 1997) Defining Drug Courts: The Key Components. Drug Court Programs Office, U.S. Department of Justice.

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Appendix B2

County Drug Court Profiles:

Pierce County Drug Court Program Profile

PIERCE COUNTY ADULT DRUG COURT

PROGRAM PROFILE

March 2000

BACKGROUND

The Pierce County Drug Court Program (hereafter referred to as the “Drug Court”) is the second largest drug court in Washington State and began operations in October of 1994. Eligible defendants who choose to enter the program waive their right to a speedy trial and trial by jury, stipulate to the facts in the police report from the time of their arrest and agree to complete a rigorous program of treatment and court monitoring for approximately one year. If participants successfully complete the Drug Court program, their charges are dismissed. If participants fail to meet the program requirements, they are subject to a bench trial based solely on the stipulated facts contained in the police report from the time of their arrest. To date, there have been two judges involved with the Drug Court – Judge Bruce Cohoe and Judge D. Gary Steiner. The judges rotate approximately every 12 months.

The Drug Court utilizes a single-source treatment model. All clients are referred to the Pierce County Alliance (PCA) for both evaluation and treatment. In some cases, PCA refers Drug Court clients to other agencies for treatment services that are unavailable through PCA (e.g., inpatient services). Drug Court clients referred by PCA to inpatient treatment return to PCA for outpatient aftercare. In rare cases, clients do outpatient treatment at agencies other than PCA.

Urban Policy Research conducted an evaluation of the Pierce County Drug Court for the period of September 1996 through March of 1998 entitled “Evaluation Report. Pierce County Drug Court Program”. The current program description will focus specifically on ways in which the Drug Court may have evolved or changed since March of 1998.

This profile is based on interviews with Drug Court team members and the review of relevant documents (including the “Evaluation Report. Pierce County Drug Court Program”, Urban Policy Research, 1998).

DRUG COURT PROGRAM CHARACTERISTICS

Funding Source(s)

Initially, Pierce County provided funding for a nine-month pilot program, which began in October of 1994. The pilot program was later extended for six months with additional monies from the County while the Drug Court awaited word about a grant application submitted to the Office of Justice Programs (OJP). Pierce County agreed to provide a 25 percent match to whatever was awarded by OJP. The Pierce County Drug Court was

awarded a grant from OJP for the period of September 1996 through June of 1999. Beginning July 1, 1999 the Court will no longer receive OJP monies but will receive some monies from the State of Washington. HIDTA (High Intensity Drug Trafficking Area), the Byrne Grant and the City of Tacoma have also contributed to Pierce County Drug Court throughout the course of its operation. Drug Court treatment services are funded partially by the aforementioned sources and Drug Court clients may also access other publicly funded resources when appropriate. Clients also partially fund their own services with treatment and urinalysis fees.

Planning Process

Who were the players?

Initially, the Drug Court planning process involved the Executive Director of PCA, two judges from Pierce County Superior Court, and representatives from both the Prosecutor's Office and the Department of Assigned Counsel. Later, representatives from the Department of Corrections, the Sheriff's Office, Pierce County Jail, Superior Court Administration and the Pierce County Council also became involved. For a more detailed description of the initial planning process, please see the "Evaluation Report. Pierce County Drug Court Program" (Urban Policy Research, 1998).

Program goals and objectives

A primary goal of the Pierce County Drug Court is to reduce recidivism and the need for incarceration by offering an alternative to jail and probation through participation in assessment, education and treatment for non-violent, drug-addicted defendants. It is also the goal of the program to reduce drug/alcohol use and the related effects by monitoring treatment compliance through frequent contact with the court and intensive supervision (including mandatory drug testing).

Implementation Process

What facilitated implementation?

Pierce County Alliance (PCA) became interested in developing a drug court because the drug court model is compatible with its mission. Fortunately, at the same time PCA was considering a drug court program, the judicial system in Pierce County was likewise exploring new approaches to drug-related crime. This allowed for a drug court planning team – representing both treatment and the judicial system – to be formed.

Degree of implementation

As of December 31, 1998, there had been approximately 1163 individuals screened as legally and clinically eligible for the Pierce County Drug Court. Of those, 360 were not interested in drug court, 779 entered the trial period and 24 were pending.*

- 1163 Screened as legally and clinically eligible
- 360 Not interested

- 779 Entered trial period
- 24 Pending (as of 12/31/98)

Of the 779 who entered the trial period, the following numbers opted out, were found ineligible by PCA following enrollment, dropped out following the trial period, were discharged for non-compliance, died, graduated or currently remain active.

- 252 Still enrolled
- 251 Discharged for noncompliance
- 145 Graduated
- 77 Opted Out during trial period
- 26 Determined by PCA to be ineligible following enrollment
- 25 Dropped out (following trial period)
- 3 Died

**The figures above were derived from the Pierce County Drug Court data by the University of Washington research team (in collaboration with Pierce County Alliance staff). They are approximate figures and should not be interpreted as exact numbers of individuals in any category. More accurate and complete information about patterns of participation will be more fully explored in the next phase of this study.*

Program Modifications

The Drug Court team has modified eligibility criteria during the past 4-½ years of Drug Court operation. Any changes in eligibility criteria were decided by group consensus during monthly Drug Court Steering Committee meetings. (See “Criteria for Drug Court Admission” below for more information about Drug Court eligibility criteria).

A number of procedures have also evolved over time. One example of this is the process by which sanctions for non-compliance are recommended. Originally, the PCA Drug Court Liaison or Drug Court Supervisor was asked to make specific recommendations about client sanctions in the courtroom. PCA treatment staff members found themselves uncomfortable with this, as they believed making such recommendations could interfere with their therapeutic relationships with clients. The Drug Court team agreed that this could be a potential problem so the procedure was changed. Currently, PCA staff members make general recommendations in the courtroom but refrain from recommending specific sanctions. For example, the PCA staff member might say something like, “This client is not complying with treatment. We recommend increased sanctions.” The prosecutor and/or defense attorney then recommend specific sanction(s) and the judge serves as final decision-maker.

The Drug Court has also begun requiring that clients write a “statement of fact” describing circumstances surrounding any program violations. Previously, there were occasionally discrepancies between a client’s explanation in the courtroom of a program violation and the written progress report regarding the same event submitted by the client’s counselor. Rarely was a client’s counselor present in court so there was no way to effectively resolve these discrepancies. This made it difficult for the Judge to respond with immediate sanctions if necessary. To address this problem, clients now write a “statement of fact” in the counselor’s

presence. This is then submitted along with the client's progress report, and used by the Judge when determining the appropriate response to a client's behavior.

Organization

Frequency of court sessions

Pierce County Drug Court meets on Mondays, Tuesdays and Thursdays at 9:30 a.m. The court breaks for lunch and reconvenes in the afternoon at 1:30 p.m. Generally, court is in session until approximately 3:30 p.m. and sometimes as late as 4:30 or 5:00 p.m. Clients are enrolled into Drug Court on Thursday afternoons. Graduation ceremonies occur on the 3rd Wednesday of each month.

Team members/Key Players

Key players include two Drug Court Judges (who rotate approximately every 12 months), the Department of Assigned Counsel (which provides four defense attorneys who rotate weekly), and a Drug Court Prosecutor (one individual who serves the Drug Court full-time). The Prosecutor's Office is responsible for screening defendants and determining their legal eligibility. The Public Defender informs defendants of their legal eligibility and answers any questions they might have. Private defense counsel represents a few Drug Court clients. Whenever possible, such clients are transferred to one of the four public defenders covering the drug court.

The Judge is an active leader in the court who utilizes a number of sanctions and incentives to facilitate a defendant's successful participation in the Drug Court program. In the courtroom, the Judge often asks both the Prosecutor and Defense Attorney to make recommendations regarding sanctions or to publicly praise a client for successful progress. This practice differentiates the Pierce County Drug Court from most other drug courts in Washington. In most other drug courts in Washington, prosecutors and defense attorneys are asked to make recommendations in pre-court chambers meetings rather than in open court.

The PCA currently employs a Drug Court Supervisor, a Drug Court Liaison, a Drug Court Case Manager, a Drug Court Secretary and eight full-time Drug Court counselors. The Drug Court Supervisor and Drug Court Liaison are in close contact with the judicial Drug Court staff at all times. The Drug Court Liaison is primarily responsible for gathering treatment progress reports prepared by Drug Court Counselors and providing this information to Drug Court judicial staff. This is accomplished via both written and verbal reports. Written reports are provided prior to each Drug Court session. Verbal reports are provided in the courtroom.

The Executive Director of the PCA is also a key player in the Drug Court. She was integrally involved in the planning process and remains closely tied to ongoing Drug Court issues, operations and funding. She and the Drug Court Judge are primarily responsible for educating potential funding sources about the Drug Court program and soliciting their support if possible.

Who are the treatment providers?

Pierce County Alliance (PCA) is currently the sole Drug Court treatment provider in Pierce County. A private non-profit social service agency, PCA provides services in a variety of locations across the County. Services offered include assessment, outpatient chemical dependency treatment for adults and youth, mental health services for adults and youth, therapeutic foster care, services for homeless youth, TASC services and pregnancy outreach services. PCA serves both low income/indigent clients and private-pay clients. Although all Pierce County Drug Court clients are referred to PCA, the agency refers Drug Court clients to inpatient chemical dependency treatment if necessary. Such clients remain on the PCA caseload for the purpose of outpatient aftercare following inpatient treatment.

Members of the Pierce County Drug Court team believe there are a number of advantages to the single source treatment model for drug courts. One advantage is the provision of consistent treatment services to drug court clients. A second advantage is the likelihood of consistent recommendations to the Court concerning sanctions, treatment advancement, and graduation readiness. It is also thought that the single source treatment model enhances the “team approach”, which is a key element of successful drug courts. In addition, the Judge and other judicial staff have a single point person to contact if questions arise concerning client progress.

Client Movement through Drug Court Program

Criteria for Drug Court admission

Legal Criteria

The prosecutor’s office is responsible for screening defendants for potential Drug Court legal_eligibility. The offenses eligible for Drug Court consideration have evolved over time. Currently, eligible offenses include:

- Unlawful Possession of a Controlled Substance (UPCS) (except PCP),
- Prescription Forgery,
- Malicious Mischief 2
- Possession of Stolen Property 2 (except guns)
- Theft 2 (except guns)
- Unlawful Issuance of Checks or Drafts
- Vehicle Prowl 1
- Taking a Motor Vehicle Without Permission
- Unlawful Manufacture of Marijuana (with certain restrictions)
- Eluding (attempting to elude) police (with certain restrictions)
- Unlawful Use of A Building for Drug Purposes (this offense was added in the spring of 1999).

(Pierce County Office of Prosecuting Attorney, 1999)

In addition to the above, the following must also be true for a defendant to be eligible for Drug Court:

- There must not be a violent misdemeanor arising out of the same incident.
- Restitution at the time of entry into Drug Court shall not exceed \$1,500.
- Defendants cannot have been in possession of a firearm at the time of arrest unless they had a valid permit to carry the firearm at that time.
- There must be no evidence of drug dealing by the defendant, with an exception for those “middling” a drug deal in order to obtain drugs to support their habit.
- The defendant must have no prior adult or juvenile criminal history of violent or sex offenses.
- There must be no verifiable evidence of gang association or affiliation within one year of the arrest.
- The defendant must be a U.S. citizen.
- The defendant must relinquish all firearms and permits to carry firearms.
- The defendant must not have previously participated in the drug court program.

(Pierce County Office of Prosecuting Attorney, 1999)

Clinical Criteria

In addition to meeting legal eligibility requirements as defined above, potential Drug Court clients must be assessed by the PCA to be drug or alcohol addicted or dependent and not mentally ill to the degree that such illness would render them unamenable to treatment.

How/when is decision made to offer the Drug Court option?

Defendants are generally arraigned within 72 hours of arrest. At the time of arraignment, a pre-trial conference is scheduled (usually within 14 days). Between arraignment and the pre-trial conference, defendants are screened by the Prosecutor’s Office for Drug Court eligibility. The Prosecutor provides defendants’ defense attorneys with a screening form indicating whether or not a given defendant is eligible for Drug Court.

If a defendant is eligible for Drug Court per the Prosecutor, the Defense Attorney meets with the defendant before or during the upcoming pre-trial conference to discuss the Drug Court option. If a defendant seems interested, the Defense Attorney gives him or her some Drug Court paperwork to review while awaiting the next Drug Court screening and induction hearing. A trial date is also set at the pre-trial conference but is later dropped if the defendant opts in to drug court. Omnibus or plea dates may also be scheduled at the pre-trial conference.

Defense attorneys, public or private, may also petition the court requesting that a defendant be given the drug court option, even if the defendant was not deemed eligible by the Prosecutor’s Office. The Judge occasionally overrules the Prosecutor’s original finding of ineligibility and allows such a client into drug court.

At what point in the judicial process does a defendant enter the Drug Court program?

If a defendant decides he or she is interested in Drug Court participation, he or she is required

to attend the next induction hearing of the Drug Court (which would be the following Thursday afternoon). At the beginning of the induction hearing, a brief clinical screening is conducted by a PCA staff member with each potential client. (Incarcerated clients are screened in jail prior to the induction hearing.) The screening consists of asking clients if they are clinically addicted, how many times they have been in treatment, what their criminal record includes, whether they have any mental health issues, what their employment status is, what their medical status is, et cetera. A formal chemical dependency evaluation is conducted later at PCA once a client begins Drug Court participation (see “Treatment Program Characteristics” below for a more thorough description of treatment processes).

If deemed clinically eligible during the brief clinical screening performed by PCA, interested defendants are officially accepted into Drug Court by the judge. At this time, defendants are asked to sign the “Drug Court Petition, Waiver and Agreement” and are informed that they have 14 days in which to opt-out of the program. In some cases, the 14-day opt-out period is extended as both client and PCA explore the client’s suitability and readiness for treatment (i.e., in the case of a client with mental health issues).

Consequences of non-completion

A defendant may withdraw from the Drug Court program during the first 14 days after admission without penalty. The case would then follow the regular procedure for a trial. If a defendant is discharged from the program following the 14-day opt-out period, he or she is tried and sentenced by the Drug Court Judge based solely on the stipulated facts in the police and laboratory reports. High-end sentences are imposed for unsuccessful discharges (unless the client is a first time offender).

Court/Client Interaction

Type of interaction between court and client

Clients interact directly with the Drug Court Judge from the time they enter the Drug Court program to the time their participation ceases. Once enrolled, clients are required to appear regularly in court and may be called upon to answer pointed questions from the Judge about their treatment progress. The Judge is an active leader in the Court who monitors and addresses the issues of each client with a range of incentives and sanctions intended to keep the offender actively involved in the program. The Judge is more than a detached arbitrator but instead takes an active interest in each individual client.

The PCA Drug Court Supervisor or Drug Court Liaison is primarily responsible for transmitting treatment progress information (including Urinalysis results) – verbally and in writing – to the Drug Court judicial staff.

Frequency

Each client is expected to appear before the judge on a regularly scheduled basis. Initially, a client is expected to appear every two weeks. The frequency of such appearances decreases over time (to once per month) provided a client is compliant with program requirements.

Monitoring Client Compliance

The Court has a primary role in monitoring compliance with all aspects of the treatment program and in responding consistently and quickly to incidents of non-compliance. Aspects of treatment that are monitored include participation in Twelve Step programs, abstinence from substance use, and participation in treatment activities.

Unlike some other jurisdictions in Washington State, Pierce County Drug Court has no regularly scheduled, pre-court Team meeting to discuss client compliance. Although the Drug Court Team meets monthly to discuss procedural issues, Drug Court clients are not “staffed” at that time. Instead, Drug Court Team members communicate by telephone throughout the week as needed and rely on written progress reports. Occasionally, the Team meets in an ad hoc fashion to discuss a client’s case if there are extreme issues to resolve.

Urinalysis (UA)

In the initial phases of the program, clients are tested at least five (5) times per month on a random basis and may be asked to submit to additional tests for cause. Unlike many Drug Courts, Pierce County Drug Court increases the frequency of required UAs to a minimum of 6 per month as a client nears the end of the program (at approximately month 10). Since clients are in less frequent contact with PCA near the end of the Drug Court process, it is thought that increased UA testing may help ensure a client’s ability to maintain sobriety with fewer treatment supports.

Treatment Participation

PCA counselors, the PCA Drug Court Supervisor and the PCA Drug Court Liaison are responsible for tracking treatment participation (including UA results and Twelve Step participation). Clients are required to provide written evidence of their participation in the required Twelve Step meetings in the form of a signed attendance slip.

Sanctions

Sanctions are progressive, increasing as violations continue. The following sanctions are imposed at the discretion of the Judge: 1) more intensive treatment (including increased number of required self-help groups); 2) increased urinalysis; 3) increase in frequency of required court appearances; 4) moving to “zero tolerance” status where any violation means automatic incarceration; 5) incarceration; 6) community service hours; 7) sitting in the jury box (and writing a report about this experience), 8) preparing and presenting a treatment-related lecture to the client’s treatment group at PCA, 9) preparing a book report on a treatment-related book, and 10) dismissal from the program resulting in a stipulated bench trial, and then sentencing.

Occasionally, the Judge will impose a sanction of “suspended incarceration”. Should the participant continue in a state of noncompliance, the Judge would later impose jail time plus any previously suspended jail time as a sanction.

The Judge solicits verbal input from treatment staff, the Prosecutor and the Defense Attorney when imposing sanctions in the courtroom. He also relies on the treatment progress reports provided by PCA. Although PCA staff members refrain from recommending specific sanctions in the courtroom, they do provide such recommendations in a client's written progress report.

If a client fails to appear for a scheduled Drug Court review hearing, a bench warrant is issued. Approximately once per month, the Prosecutor sends a list of Drug Court clients (including those on bench warrant status) to the local police departments for dissemination to sergeants, patrol officers and community liaison officers. She also provides a list to outlying Sheriff's offices in the County. Occasionally, the Prosecutor also provides these groups with information that might be helpful in locating a missing client. If a client is arrested on an outstanding Drug Court warrant, he or she is held in custody without bail until a Drug Court review hearing is held.

Incentives

Incentives available to the court include reducing the frequency of required drug court appearances, advancing the client to the next level of treatment (which occurs at PCA's recommendation and requires a written request from the client explaining why he or she is ready for the next phase), verbal praise, applause for the client's efforts, and other expressions of encouragement and support. The Judge attempts to provide specific and individualized praise to each client. The Judge also asks the Defense Attorney, Prosecutor and Treatment Representative to provide verbal encouragement for each client who is doing well. Certificates are presented by PCA as a client advances from one treatment phase to another as a way of recognizing this accomplishment. PCA also strives to provide client incentives within the treatment experience when all clients in a group have managed to do well in treatment during a given time period.

The Drug Court has discussed the possibility of providing other incentives such as movie tickets, restaurant gift certificates, et cetera. To date, this has not been possible but there is considerable interest among team members in further exploring such possibilities in the future.

Graduation

Graduation ceremonies occur in the courtroom on the third Wednesday of each month. Clients must be drug-free for at least six months and in compliance with all treatment requirements, including payment of fees, in order to graduate. In addition, clients must present a statement to their counselor outlining how they have improved, why they are ready to move on and how they plan to maintain their sobriety following graduation. This statement is given to the Judge and may be read in the courtroom during the ceremony.

During the ceremony, the Judge, treatment staff, Prosecutor and Defense Attorney make encouraging remarks about each graduate. The Judge also presents each graduate with a copy of his or her booking photo. The purpose of this is for graduates to see some physical evidence of positive changes in their lives as a result of their drug court participation. The graduate is also given an opportunity to make a verbal statement about his or her drug court

experience. Cookies and juice are provided and each client is given a coin and shirt, along with a graduation certificate. Clients are encouraged to invite family and friends to celebrate their accomplishment. Statements from family members or friends are also encouraged and seem to have a strong, beneficial impact on Drug Court clients. Although clients may “graduate” when all treatment and sobriety requirements are met, they must pay all restitution in full before the State will dismiss their charge(s).

TREATMENT PROGRAM CHARACTERISTICS

Number of Provider Agencies

The Pierce County Alliance (PCA) is the sole treatment provider for Pierce County Adult Drug Court clients. Although all Pierce County Drug Court clients are referred to PCA, the agency refers Drug Court clients to inpatient chemical dependency treatment if necessary. Such clients remain on the PCA caseload for the purpose of outpatient aftercare following inpatient treatment and remain with PCA for the remainder of their treatment program.

Funding

Treatment services are paid for by a variety of federal and state funding sources, private insurance and client contributions. OJP and Byrne grant monies have provided for some Drug Court treatment services. In addition, contributions from Pierce County and the City of Tacoma have been used for treatment services. Clients are required to contribute to the cost of their UAs and treatment services. This contribution is based on a client’s funding source for treatment and his or her ability to pay.

Overall Services Provided by PCA

PCA is a private, non-profit social service agency and provides services in a variety of locations across the County. Services offered include assessment, outpatient chemical dependency treatment for adults and youth, mental health services for adults and youth, therapeutic foster care, services for homeless youth, TASC services and pregnancy outreach services. PCA serves both low income/indigent clients and private-pay clients.

Drug Court Treatment Program

Screening

Clients are initially screened by a PCA staff member either at the jail (if a defendant is in custody) or in the courtroom on a Thursday afternoon (prior to the hearing in which individuals are admitted into Drug Court). The screening consists of asking clients if they are clinically addicted, how many times they have been in treatment, what their criminal record includes, whether they have any mental health issues, what their employment status is, what their medical status is, et cetera. A formal chemical dependency evaluation is conducted once a client begins Drug Court participation.

Group Orientation

Drug Court clients are required to attend a two-session, group orientation. Originally, the orientation occurred in one session but it became apparent that there was too much information for this to occur in just one session. During the first session, the client is provided information on client rights, counselor disclosure information, rules, expectations of a Drug Court client, the random UA system, et cetera. Also at this time, clients are assigned a "UA" color (for the purpose of calling in to see if they are required to undergo a UA on any given day) and an evaluation appointment is scheduled. During the second orientation session, releases of confidential information are signed, rules are reiterated, the policy for "dilute" UAs is discussed and signed by the client as verification that he or she was informed of the policy, and clients are assigned to a counselor, group time, et cetera.

Evaluation

As soon as possible following entry into the Drug Court program, a PCA staff member conducts a comprehensive chemical dependency evaluation with each client. This biopsychosocial evaluation takes approximately 1 ½ to 2 hours and covers areas such as drug and alcohol use, family and social relationships, medical status, mental health status, legal history, et cetera. Whenever possible, the counselor who will be assigned to the client's case conducts this evaluation.

Treatment Philosophy

PCA views addiction as a bio-psycho-social disease. Treatment incorporates a variety of techniques, including behavioral modification, and clients are encouraged to utilize 12-step and other self-help resources.

Treatment Phases

Phase 1 (18 weeks)

Group Counseling	2/week
Individual Counseling	1/month
Twelve Step Groups	2/week
Urinalysis	5/month
Court Appearances	2/month

Phase 2 (18 weeks)

Group Counseling	1/week
Individual Counseling	1/month
Twelve Step Groups	3/week
Urinalysis	5/month
Court Appearances	1-2/month

Phase 3 (16 weeks)

Group Counseling	None
Individual Counseling	1/month
Twelve Step Groups	3/week
Urinalysis (1 st 8 weeks)	5/month
Urinalysis (2 nd 8 weeks)	6/month
Court Appearances	1-2/month

Inpatient clients generally complete 21 days of treatment. Upon discharge from inpatient treatment, these clients complete an outpatient phase similar to that described above for Drug Court Clients referred directly to outpatient treatment.

Housing Services

PCA has some funds available for short-term, clean and sober housing for Drug Court clients. This housing support may be offered at any time during a client's Drug Court participation and may extend for up to approximately three months. This resource has been available for some time but has been utilized more fully in the past 6 months. It is the opinion of PCA Drug Court staff that this resource has contributed greatly to the success of certain Drug Court clients.

Mental Health Issues

Although the PCA Drug Court program is not fully equipped to assist the dually diagnosed client, some with co-existing mental health issues may enter the program. PCA employs a certified mental health counselor who provides initial diagnosis information and referrals as necessary. Clients with co-existing conditions such as major depression, anxiety disorders or Attention-deficit Hyperactivity Disorder (ADHD) may be effectively treated in the Drug Court program. Clients with psychotic disorders such as schizophrenia are not admitted into the program.

Length of Treatment Program

Regardless of whether or not a client attends inpatient in addition to outpatient treatment, the PCA Drug Court Treatment Program lasts a minimum of one year. Most clients require 15 to 18 months to complete the program. A client progresses from one phase of treatment to the next only upon satisfactory completion of the requirements of each phase, regardless of length of time in that phase.

REFERENCES

Pierce County Office of Prosecuting Attorney. (Date not listed) Drug Court Notice to Defendants.

Pierce County Office of Prosecuting Attorney. (Date not listed) Drug Court Petition, Waiver and Agreement.

Pierce County Office of Prosecuting Attorney. (November 18, 1999). Drug Court Steering Committee Criteria for Drug Court Eligibility.

Urban Policy Institute. (1998) Evaluation Report. Pierce County Drug Court Program. Submitted to the Pierce County Drug Court, Tacoma, WA.

Appendix B3

County Drug Court Profiles:

Spokane County Drug Court Program Profile

SPOKANE COUNTY ADULT DRUG COURT

PROGRAM PROFILE

June 2000

BACKGROUND

Initial planning for the Spokane County Felony Drug Court program began in November 1993 when the Spokane City Public Defender introduced the concept to the Spokane County Law and Justice Council. Council membership included representatives from all of the law and justice agencies in Spokane County and a number of key citizens concerned with issues of law and justice and confined populations in the County. The Council Chairman appointed a committee, including representatives from the Offices of the Prosecutor and Public Defender, the District Court, law enforcement and substance abuse treatment agencies, and other key individuals in the community, to explore the feasibility of a drug court program in Spokane County Superior Court. Over the next two years the Committee, chaired by a District Court Judge, led the effort that culminated in the implementation of a Drug Court program in Spokane County Superior Court in January 1996. Under the leadership of the Law and Justice Council, a Bureau of Justice Assistance (BJA) Correctional Options Grant Program (COGP) Drug Court Planning Grant was obtained to help support the planning and early implementation of the program.

The program in Spokane County is a court-supervised, pretrial program that requires regular participation in treatment, urine testing, and court appearances before the Drug Court judge. Individuals who elect to enter Drug Court waive their rights to a speedy trial, agree to stipulated facts in the police report, and enter into a treatment contingency contract with the Court. Upon successful completion of the Drug Court program charges are dismissed. If the defendant fails to meet the program requirements, s/he is sentenced on the standing charges.

From its inception, the program had strong and consistent leadership from Judge James Murphy who volunteered to be the first Judge of the Drug Court and continued in the position until January 2000 when he was replaced by Judge Teri Eitzen. Judge Murphy's leadership, commitment to the Drug Court program, and stature in the community have been consistently identified as major factors in the success and wide-spread community support of the program.

A process evaluation of the first two years of the program (1996-1998) was done by Dr. Donna Schram of the Urban Policy Institute. A longitudinal evaluation, conducted by the Alcohol and Drug Abuse at the University of Washington, of the development, characteristics, and impact of participation on Drug Court clients is currently in progress. This program description is one component of the longitudinal study. The information upon which this report is based comes from interviews with Drug Court Team members and review of relevant program documents.

DRUG COURT PROGRAM CHARACTERISTICS

Funding Source(s)

Drug Court planning and implementation grants from the Department of Justice/ Bureau of Justice Assistance / Office of Justice Programs have provided the major resources for the development and implementation of the Spokane County Drug Court. The Drug Court also received funding from the BRYNE grant (a Federal program administered by the State Department of Community, Trade and Economic Development) to enhance and strengthen the graduated sanctions component of the program. Spokane County has contributed to the program in two ways: first, the county has provided required match funds; and, second, the services of the prosecutor, public defender, and project manager have been provided at no cost to the Drug Court program. Department of Justice funding was exhausted at the end of June 2000. The program is now supported by State and County funding. In addition, BRYNE grant funds support some of the treatment costs.

Planning Process

Who were the players?

Planning for the Spokane Drug Court started in late 1993 when Kathy Knox, then with Washington Defender's Association, introduced the concept to Spokane County Law and Justice Council, a group made up of representatives from all of the law and justice agencies in Spokane County and citizens concerned with issues of law and justice and confined populations in the County. The Council Chairman appointed a committee with representatives from the Offices of the Prosecutor and Public Defender, the District Court, law enforcement and substance abuse treatment agencies, and other key individuals in the community, to explore the feasibility of a drug court program in Spokane County. This committee, chaired by Judge Rick White, District Court Judge, led a two year planning effort that culminated in the implementation of a Drug Court program in Spokane County Superior Court in January 1996. With strong staff support from the Law and Justice Council, a BJA/COGP Drug Court Planning Grant was obtained to help support the planning and early implementation of the program.

Program goals and objectives

The overall mission of the Spokane County Drug Court program is to divert certain drug dependant offenders from confinement into a highly structured and cost effective pre-trial release program that combines treatment, education, and intensive supervision to reduce drug use and associated criminal activity. The more specific goals of the program are to:

- Reduce reliance on incarceration for select non-violent drug dependent offenders by providing a cost effective alternative to traditional criminal case processing;
- Reduce drug use and related criminal activity by motivating defendants to participate in treatment and educational programs incompatible with drug use;
- Hold drug dependant offenders accountable to the court and the community by structuring their activities and applying a continuum of rewards and sanctions;
- Integrate alcohol and drug treatment services with justice system case processing;
- Use a non-adversarial approach in which prosecution and defense counsel promote public safety while protecting participants' due process rights;
- Identify eligible participants EARLY for immediate referral to the program;
- Provide access to a continuum of treatment and rehabilitative services;
- Monitor abstinence by frequent drug testing;
- Require ongoing judicial interaction with drug court participants;
- Monitor and evaluate achievement of program goals and program effectiveness;
- Promote effective programs through interdisciplinary education of planning teams;
- Forge partnerships among drug courts, public agencies, and community-based organizations;
- Strive to ensure that drug court graduates return to society as drug-free contributing members;
- Establish and support a system of after-care for drug court graduates. (Kenny, 1999)

Target Population

Individuals 18 years old or older who have been arrested on certain drug charges or crimes related to drug use, who meet well defined, strict legal criteria for drug court participation, and who have a documented history of dependency/addiction to controlled substances are eligible to be considered for admission to Spokane Drug Court. The more specific eligibility criteria will be discussed later in the report.

Implementation Process

What facilitated implementation?

Implementation of the program was facilitated by a number of factors. A key factor was the inclusive nature of the planning process that was, in turn, facilitated by the support of the Spokane County Law and Justice Council. The Council had a history of working together on issues of law and justice and confined populations in

Spokane County. The Drug Court planning committee was constituted under the authority of the Council and the Council provided structure and staff support for the planning activities. Central to the planning process was the commitment of the planning committee to develop a Drug Court program that reflected the needs and resources of Spokane County.

The consistent leadership and strong support of the program by Judge James Murphy, the Drug Court judge until January 2000, is consistently cited as an important factor in the implementation of the program. He fostered a strong sense of team work among members of the Drug Court team and, as a well known and widely respected member of the community, has been an effective advocate for the program in Spokane County. The ongoing support of the Spokane County Law and Justice Council has also been an important factor in implementation. James Smith, a staff member of the Council, in his role as Drug Court Project Director has been a key player in obtaining the planning and implementation grants that have supported the program.

Degree of Implementation

The Spokane County Drug Court is a fully implemented program that has been in operation since January 1996. In a 1999 report to American University Justice Programs Office, the program reported an enrollment of 151 individuals since implementation. Fifty-one participants (34%) had successfully completed the program while 39 (26%) remained active in the program. Sixty-one individuals (40%) had unsuccessfully terminated. Two individuals were on bench warrant status at the time of the report. (Percents have been rounded.) Based on an assessment of community needs and the available resources, the program was designed to provide services for approximately 50 drug court participants at any one time. This number has proven to be an accurate reflection of the demand for the program. There are no plans to expand the program at this time.

The Drug Court Summary Report for 1998 shows the following patterns of participation in 1998. Of the approximately 870 individuals arrested on charges that merited initial screening by the Drug Court Prosecutor, approximately 200 individuals (23%) met the legal criteria for Drug Court entry. Of those eligible approximately 25% opted into the program while 60-65% opted out. The remaining 10-15% were either pending or, for a variety of reasons, were not contacted about the drug court option before release from custody. (These are approximate numbers and should not be interpreted as exact numbers of individuals in any category.) These patterns are consistent with the observations of the Drug Court Prosecutor and Public Defender who estimate that approximately 5% of individuals with drug related arrests finally enter the Drug Court program (communication with Mary Doran, Prosecutor, and Michael Kenny, Public Defender, 26 May 1999).

Program Modifications

With one major exception the program as initially implemented has functioned well. After the first six months of operation, the Drug Court team identified the need to reexamine the court response to client non-compliance and the use of sanctions. Although sanctions such as increasing the frequency of urine testing and returning clients to a more intensive treatment phase were a part of the program, team members were concerned about the clarity, consistency, and continuum of sanctions and their application. In response to these concerns the team worked to expand the continuum to include a wider range of services, and to develop clear guidelines about the consequences of non-compliant behaviors such as dirty or missed urines and failure to meet treatment expectations. Judge Murphy was an integral part of the team work since final decisions about sanctions are made by the Drug Court judge. The individualized yet consistent use of a "stair step" of sanctions designed to support rehabilitation and treatment participation was described by several team members as key to the success and effectiveness of the program.

Central to the program of graduated sanctions was the addition of a number of options that increased structure and supervision for non-compliant drug court s. These options included a day reporting program, the potential for electronic monitoring, a work release/work crew program, and increased access to either recovery house or inpatient resources. Byrne grant funds were obtained to cover some of the additional costs associated with these options.

Organization

Frequency of Court

The Spokane Drug Court meets weekly. The Drug Court team meets before the court session to review the cases that will be heard and to consider other issues pertinent to the program. Participants describe the team meeting as a time of information sharing, case discussion, and decision making.

Team Members/Key Players

Members of the Drug Court team include the Judge, the Prosecutor and Public Defender who are permanently assigned to the program, a Judicial Clerk who coordinates and tracks the graduated sanctions program, two Department of Corrections (DOC) Community Corrections Officers (CCOs) (1.5 FTEs), a Drug Court Case Manager from North East Washington Treatment Alternatives TASC (Treatment Alternatives to Street Crime) program, and the Drug Court Project Manager who manages the Drug Court in addition to his other Law and Justice Council responsibilities. While the judicial roles (Judge, Prosecutor and Public Defender) are similar to those in other Drug Court programs in the State, the Spokane program is unusual in the role of CCOs as integral members of the Drug Court team.

Although they are DOC employees, the CCOs report directly to the Drug Court Judge, and, under the authority of the pretrial release order and specific instructions from the Judge, provide supervision and monitoring of clients in the community. They are expected to verify client compliance with all aspects of the court ordered program as long as the individual remains in the program. In addition to supervision and monitoring activities, the CCOs can, on the order of the Judge, execute warrants, make arrests, and transport offenders to designated sanction locations. In most of the other Drug Court programs in Washington, warrants and arrests of Drug Court participants are handled by local law enforcement officials as a part of their many other duties. The integration of law enforcement in the Spokane program facilitates law enforcement input pertinent to Drug Court participants and strengthens their linkage with the Drug Court program.

Who are the treatment providers?

Although one agency, Spokane Addiction Recovery Center (SPARC), is the primary treatment provider for the intensive outpatient treatment services that are the core of the program, the Drug Court Program has access to a continuum of more intensive services. Development of the continuum was facilitated through the graduated sanctions program and the associated Byrne Grant funding. The more intensive treatment options include detoxification services at Spokane Care Services, recovery house and in-patient services through SPARC, New Horizons, and American Behavioral Health. Participants may also be referred to the Grieger Correction Center for men and the Eleanor Chase House for women. The referral process as well as more specific characteristics of the treatment program will be discussed in following sections of the report.

Participants Movement Through Drug Court Program

Criteria for Drug Court Admission

The Spokane program has the following very specific legal eligibility criteria.

An individual may qualify for the program if:

1. Charged in Superior Court with Possession of Schedule 1, 11, or 111 Controlled Substances; or Forged Prescriptions; or Conspiracy to Possess Controlled Substances; or Conspiracy to Deliver Controlled Substances. Evidence of intent to sell will be presumed if the offender is in possession of more than the following amounts:

Heroin	1 gram
Cocaine	10 grams
Crack Cocaine	2 grams
Methamphetamine	10 grams
LSD	10 dose units

Marijuana

90 grams

The prosecutor may opt the offender out of Drug Court, within 14 days, if quantities exceed the amounts stated above.

2. Arrested for Possession with Intent to Deliver, but CHARGED in Superior Court with Possession of a Controlled Substance, if offender opts in prior to setting of a trial date and/or amending the charge.

The prosecutor may opt the offender out, within 7 days, if quantities exceed the above amounts.

3. Charged with Possession of a Controlled Substance with Intent to Deliver (small amount and detective agrees) will be considered on a case-by-case basis.

4. Charged in Superior Court with Felony Theft, Possession of Stolen Property, Trafficking in Stolen Property (all in the first or second degree); Forgery; Unauthorized Issuance of a Bank Check; and Taking a Motor Vehicle without the Owner's Permission, and the offender petitions for admission into Drug Court prior to setting a trial date, if the following conditions are met:

A. The offender must have:

- A documented history of heroin, methamphetamine, cocaine or other controlled-substance addiction.
- A verified sworn statement from the offender documenting a causal connection between the addiction and the felony property offenses.

B. The offender must execute a promissory note and a Confession of Judgement for the full amount of restitution payable to all victims.

C. The total amount of restitution cannot exceed \$2500.00.

D. There must be a reasonable basis to believe the offender can successfully complete the Drug Court Program.

E. The offender must petition the court for entry into the program prior to setting a trial date by following the procedure below:

- Complete a Drug Court petition setting forth all eligibility criteria
- Provide the complete petition to the Drug Court Prosecutor who will schedule a court date before the Drug Court Judge
- Attend a Drug Court hearing, execute a waiver of speedy trial, and participate in a pre-Drug Court evaluation by a certified drug treatment provider (TASC), as directed by the Judge.
- Attend a Drug Court hearing to determine whether there is a reasonable basis to believe he/she can successfully complete the program. This determination is made by the Judge after input from the Drug Court team.

The prosecutor may opt the offender out of Drug Court, within 14 days, if the victim(s) requests the offender be excluded.

5. Have no other pending felony charges at arrest, other than drug possession, except as provided in criteria 3 above for verified heroin, methamphetamine, or cocaine addiction.

6. Have no prior adult or juvenile sex or violent offenses as defined by RCW 9.94A.030 (31) and (36), (1994).

7. Case-by-case consideration of people charged with the gang unit.

8. The Prosecutor may opt the offender out of Drug Court, within 14 days, if law enforcement requests exclusion

for public safety reasons.

9. Have no hold from another jurisdiction (Washington or another state).
10. Prior program participation candidates considered on a case-by-case basis.
11. Have demonstrable Spokane area residence (job, school, family).
12. Willingness to participate in an intensive treatment, education, and closely monitored program.
13. No felony charges for crimes against property or persons committed while an active participant in Drug Court.
14. Participation in the Felony Drug Court program will not bar prosecution for any other current offenses.
(Spokane County Prosecuting Attorney, 1999)

How/When is the decision made of offer Drug Court option?

The initial decision to offer the Drug Court option is made by the Prosecutor who reviews the daily booking reports for individuals who have been arrested for eligible offenses. The Prosecutor screens these records for non-qualifying offenses or conditions and immediately (ideally the next judicial working day) refers all eligible individuals to the Public Defender. The Public Defender (ideally the next judicial working day) sees the offender in jail to explain the Drug Court program and provide written information about the optional nature of participation and program requirements. If the individual is interested in the program, every effort is made to have the defendant appear before the Drug Court Judge on the same day for further explanation of the program and to begin the two-week assessment and decision-making process. The Drug Court team is committed to this rapid processing whenever possible to expose the potential participant to the drug court option before they are released from jail and enter the relatively slow traditional judicial processing common to many of the eligible charges. To accomplish this goal the Drug Court Judge is available to see potential participants on a daily basis.

In situations in which this expedited process does not occur and the defendant is released from jail before s/he is seen by the Public Defender, the Public Defender either contacts the offender directly or sends a letter advising the individual of the Drug Court option. If the offender does not respond to Public Defender's contacts, the case goes through regular court processing where it may later be referred to Drug Court for consideration.

What information about Drug Court is the Defendant provided?

The Public Defender is the primary source of initial information about Drug Court. Not only does he/she inform the defendant of the Drug Court option and the requirements and responsibility of drug court participation, but s/he also acts as legal council to the individual in reviewing the charges and the potential consequences of the decision to participate or not in the drug court program. Both verbal and written information about Drug Court is provided. The goal at this early stage of the Drug Court process is to provide enough information so that the offender understands the option and can make an informed decision to either remain in the regular court process or consider the drug court option.

If the individual decides to consider Drug Court, the process during the next two weeks, the opt-in period, is designed to provide more detailed information from a number of Drug Court team members including the Judge, the Drug Court Case Manager, and the treatment provider. The goal during the opt-in period is to direct experience with the program requirements including treatment and urine testing so that the offender can make an informed, competent decision about entering Drug Court.

During the opt-in period program information is provided in a variety of ways, including verbal and written descriptions of the program requirements and the consequences of non-compliance. TASC provides a detailed orientation packet as a part of the assessment process. In addition, there is an experiential component to the information process. Potential participants are required to participate in treatment activities and urine testing. They may also be required to attend Drug Court sessions where they can observe Drug Court clients and their experiences with the program. Finally, at the time of entry into Drug Court the defendant signs a Drug Court Waiver and Agreement

that clearly states the terms of participation and the consequences of unsuccessful termination and graduation from the program.

Evaluation for treatment

The first clinical intake and screening is done by the Drug Court Case Manager at North East Washington Treatment Alternatives (NEWTA). After appearing before the Judge, the individual is given a next day appointment with the Case Manager. Individuals released from jail are expected to get to the appointment, while those still in custody are sent from jail by cab. The initial intake includes an orientation to the Drug Court program, and an alcohol and drug history. If there is no evidence of alcohol/drug dependency or if the person denies substance use, an alcohol/drug screening is done to determine if s/he is appropriate for the program. If there is no evidence of chemical dependency, the individual is not considered an appropriate candidate. Individuals found to have a chemical dependency problem are given an intake appointment at a treatment agency. With the exception of those who need a detox placement most are referred to SPARC. The individual is tested (UA/BA) for substance use as a part of the intake process.

The participant is required to attend treatment including monitoring by NEWTA until the court date for a status hearing, usually two weeks after the initial appearance, when the offender and the Court reach a decision (opt in or out) about Drug Court participation. The treatment agency, SPARC, also does some evaluation in the initial two-week period. If the individual has not participated in treatment and maintained clean urines during the opt-in period but wants to participate to Drug Court, s/he cannot opt-in at that time. Depending on the circumstances and reports from members of the Drug Court team the opt-in decision time may be extended, or the drug court option may be withdrawn and the individual returned to regular court processing. If the individual opts-in to the program at the status hearing, a more complete clinical assessment is then done by the Drug Court Case Manager. Data from the extended evaluation, including an ASAM (American Society of Addiction Medicine) level of care evaluation, an assessment of recovery issues and a determination of social needs, provides the basis for further work with the participant by the Drug Court Case Manager and other members of the Drug Court team.

When does the defendant actually become a Drug Court Client?

Individuals do not formally enter Drug Court until after the status hearing when the decision is made by the individual and the Judge to enter the program. At that time, those who elect Drug Court sign a Drug Court Waiver in which they agree to treatment requirements, stipulate to the facts contained in the police report, waive rights to a speedy trial, and acknowledge their understanding of the conditions and consequences of participation. Individuals who decide against Drug Court participation at the status hearing are considered program opt-outs and return to regular Superior Court processing.

Consequences of non-completion

Termination from the program is the most severe response to client non-compliance, and usually occurs only after other interventions have been exhausted. The decision to terminate is made by the judge although the participant may ask to leave the program or may drop out. If participants fail to appear or abscond they are placed on bench warrant status. In any case, the consequence of non-completion is being sentenced by the Drug Court Judge to serve the sentence appropriate to the original charge(s). Although all members of the Drug Court team provide input about the individual's compliance with the program and can recommend program termination, the final decision about program retention and completion remains with the Drug Court Judge.

Court/Participant Interaction

With whom? How often?

Upon entry into the Drug Court program the participant's primary interaction with the Court is with the Judge. Most of the other participant/program interactions are with the Drug Court Case Manager, one of the CCOs, or treatment agency staff. Interaction with the Judge occurs during court sessions with the frequency determined by the treatment phase, compliance with program requirements, and general progress in meeting the goals of the Drug Court program

During Phase 1, usually about 1 month long, the defendant appears before the Judge every week. In these court sessions the Judge asks about treatment participation, and an explanation of any lapses in participation. The Judge actively reinforces expectations, and may impose other requirements or sanctions to encourage better compliance. The Judge takes a very active role with the defendant during this period. In the other 4 phases of the program individuals appear before the Judge as scheduled depending on progress in treatment and compliance with other requirements. Appearances are scheduled based on information supplied by Drug Court team members at the weekly team reviews of client progress. During all phases of the program the Judge continues to play an important role in making expectations clear, and encouraging compliance through the use of both sanctions and incentives.

The importance of the Judge-client interactions and the sense of relationship that develops is apparent in observing the Spokane County Drug Court. Participants share details of their lives such as the progress of relationships with significant others, problems with children, and problems they are having meeting treatment requirements, and controlling their substance use. Judge Murphy and Judge Eitzen appear to know the defendants as individuals and provides firm limits as well as praise and encouragement.

Monitoring Participant Compliance

The Court has a primary role in monitoring compliance with all aspects of the treatment program and in responding consistently and quickly to incidents of non-compliance. Aspects of treatment that are monitored include abstinence from substance use, participation in Twelve Step programs, and court-ordered treatment activities. In the Spokane program the CCOs also have a very strong role in monitoring compliance in the community. They are described by all team members as “the eyes and ears” of the Judge.

Substance Use

Court ordered urine analysis, done by TASC, is used to monitor substance use. Frequency of testing depends on program phase and may be increased regardless of phase requirements if results are positive. Individuals in Phase 1 and 2, usually about 3 months, are tested twice weekly. In Phases 3 and 4, usually about 5 months, weekly testing is done. In Phase 5, typically 4 months, testing occurs every other week. Although these are the standard test frequencies, individual UA requirements can vary based on treatment progress, drug of choice, and overall compliance.

In addition to urine analysis, the CCOs supervision and monitoring function are an important component of monitoring substance use. In their home visits and other community-based work the CCOs pick up important information about the extent to which the individual is moving toward a drug-free life-style, and share this information with other members of the Drug Court team.

Positive UA results are reported to the Judge and Drug Court team members by the Drug Court Case Manager. Although team members are involved in recommendations about what actions should be taken in response to dirty UAs, the final decision rests with the Drug Court Judge. Sanctions are a common response to positive urine analysis findings. Sanctions are discussed later in the report.

Treatment Participation

Participants are expected to attend community based support group meetings (NA/AA) at specified frequencies depending on program phase. In Phases 1, 2 and 5 two meeting a week are required. The requirement is increased to 3 meetings weekly in Phases 3 and 4. An attendance record sheet that must be signed at each meeting and presented to the Drug Court Case Manager who keeps team members informed about individuals who fail this requirement. Continued failure leads to an appearance before the Judge and may lead to the imposition of sanctions. Sanctions are a common response to failure to attend support group meetings.

Participation in outpatient treatment activities, including group and individual treatment, at specified frequencies depending on program phase is monitored at the agency level, and reported to the Drug Court Case Manager who keeps the Court informed. (Treatment services are also reported in TARGET.) Participation is

reviewed with the defendant by the Case Manager and the Judge if there are problems with compliance. Individuals who fail to meet treatment expectations may be scheduled for more frequent court appearances and may receive a range of sanctions. The specified frequencies are as follows: In Phases 1 and 2 participants are required to attend three 2-hour groups a week and one individual session weekly. In Phases 3 and 4 two 2-hour group sessions weekly and an individual session every 3 weeks is required. In Phase 5 the requirement is reduced to 1 2-hour group weekly and a monthly individual session.

The Spokane program also specifies the number of contacts participants are required to have with the Drug Court Case Manager and the CCOs in each phase of the program. This participation is also monitored as an indication of program compliance. In all phases of the program participants are required to see both the Case Manager and a CCO twice monthly.

In summary, the responsibility for monitoring participant behavior in relation to Drug Court program requirements is shared among treatment providers, the Drug Court Case Manager, the CCOs, and the Judge. While members of the Drug Court team have input into the response to non-compliant behavior, the Judge has the final responsibility for the judicial response to participants who do not meet the requirements.

Sanctions

Progressive sanctions are used in response to violation of program requirements. Sanctions are expected to emphasize client accountability to meet the strict expectations and requirements of the program, and to provide more structure and support when it is needed. Although final sanction decisions are made by the Judge, the public defender, prosecuting attorney, and Drug Court Case Manager, and CCOs are involved in the process. Sanctions include but are not limited to:

- Increased support group (NA/AA) attendance;
- Increased case management contacts;
- Day reporting;
- Work release/work crew program;
- Electronic monitoring;
- Community service hours;
- Jail time.

Consistent, swift imposition of sanctions, an important tenant in Drug Court programming, depends on several factors: timely information sharing between the treatment providers and the court; consistent application of sanctions by the Judge, and a structure that supports the ability of the Drug Court to implement the sanctions. The integral role of the CCOs and their power of arrest gives the Spokane program a strong internal structure to carry out sanctions in a swift and consistent manner.

Incentives

Incentives are used to recognize and reward participation and progress. The most frequently used incentive is public recognition of progress during court sessions and acknowledging to the participant and the entire court the participant's hard work and accomplishments. Other incentives used by the Spokane Court include sobriety medallions, peer group support and praise, and, of course, dismissal of charges at graduation.

Graduation

To graduate the participant must successfully complete the Drug Court program and demonstrate stable recovery through a four month period of clean urine testing. Graduation is subject to approval by the Drug Court Judge. Successful completion of the program is marked by a graduation ceremony in which the progress and accomplishments, as well as plans to support continued recovery are reviewed. Participants are encouraged to bring friends and family members to graduation. Charges for the offense that led to admission to Drug Court are dismissed at that time.

TREATMENT PROGRAM CHARACTERISTICS

Number of Provider Agencies

As discussed earlier the Spokane Drug Court uses one primary agency, Spokane Addiction Recovery Center (SPARC), as the outpatient treatment provider with access to a continuum of more intensive services as they are needed. Development of the service continuum was facilitated through the graduated sanctions program and the associated Byrne Grant funding. Detoxification services are provided by Spokane Care Services. The other more intensive treatment options include recovery house and inpatient services through SPARC, New Horizons, and American Behavioral Health. Participants may also be referred to the Grieger Correction Center for men and the Eleanor Chase House for women. These facilities provide supervised living, work release/work crew programs, electronic monitoring, and support for participation in outpatient treatment.

Funding

Treatment services are funded in a number of ways. In addition to treatment funding for from the DOJ Grant, Byrne Grant funds are used for some of the more intensive treatment options. Every effort is made to fund eligible low-income/indigent clients through state contracts such as ADATSA or Title 19 programs such as TANF and Work First. Spokane County funds are used for some of the matching funds required to access State and Federal treatment dollars. Individuals who have insurance or the resources for private payment are expected to pay for treatment. There are no participant fees in the first two phases of the program. However participants can be, but are not necessarily, charged up to \$30.00 monthly during phases 3-5. Although rarely imposed, as a part of the Drug Court Waiver Agreement individuals may be required to pay a participant fee of up to \$300.00 based on ability to pay.

Overall Treatment Services

Although the core treatment approach is intensive outpatient services, a comprehensive continuum of services is available. Services include detoxification, inpatient treatment, and a range of outpatient services including group and individual counseling, education, and relapse prevention. In addition, participants who need a more structured living environment may be placed in the Grieger Corrections Center for men and the Eleanor Chase House for women. These facilities provide supervised living, access to work release programs, electronic monitoring, and support for continued outpatient treatment.

Spokane County TASC provides case management services for Drug Court participants in addition to the other program functions it provides. Case management services include coordinating all aspects of treatment and ancillary support services and keeping the Drug Court team informed of these services and participant progress. In addition, the Case Manager meets with each participant a minimum of two times monthly to focus on recovery issues and developing a life style that supports recovery. Specific case management activities include helping the individual connect with NA/AA groups; referral to and support for engagement in community-based work, education, and job training activities; and assistance with housing.

Treatment Program

The treatment program was designed within the program structure specified by the Drug Court. This structure and related program requirements are based on recommendations and standards from the Center for Substance Abuse Treatment, US Department of Health and Human Services (1996), and the National Association of Drug Court Professionals (1997), and are common to drug court programs across the country.

Treatment is expected to last a minimum of 1 year and is divided into five phases. The treatment activities and completion criteria for each phase are clearly defined. Although an expected time period for each phase is specified, the time an individual remains in each phase is determined by the Judge with input from the drug court team. The purpose of Phase 1, INTERVENTION, is to provide an orientation to treatment and to assist with detoxification. A formal evaluation is done and the treatment plan developed. Participants in Phase 1 are required to attend Drug Court weekly, attend two verified NA/AA meetings weekly, and be drug tested twice weekly. Outpatient treatment requirements include 3 2-hour groups and one individual session each week. Although not common, Phase 1 may include detoxification or inpatient services.

The purpose of Phase 2, RESTRUCTURING, is to get the participant involved in treatment and to begin developing a life style that internalizes and demonstrates the principles of drug-free living. Requirements include twice weekly drug tests, two verified NA/AA meetings each week, drug court appearances as scheduled and continued participation in 3 2-hour treatment groups and a bi-weekly individual session. In addition, the participant must meet with the Drug Court Case Manager and a CCO twice monthly. Completion of Phase 2 typically requires about 2 months.

Phase 3, STABILIZATION, is designed to assist participants to apply what has been learned to a daily life characterized by recovery. Requirements include weekly drug testing, court appearances as scheduled, 3 verified NA/AA meetings weekly, 2 2-hour treatment groups with an individual session every third week, and continued twice monthly meetings with the Case Manager and a CCO. More emphasis is placed on the use of community resources in Phase 3. Among these resources are a skill development program, legal assistance, medical help, and employment and educational services. Typically Phase 3 lasts about 2 months.

Phase 4, RELAPSE PREVENTION, is designed to reinforce progress and support maintenance of a drug-free life. Requirements include weekly urine testing, Drug Court appearances as scheduled, 3 verified NA/AA meetings weekly, 2 2-hour treatment groups with an individual session every third week, and continued twice monthly meetings with the Case Manager and a CCO. Typically participants spend about 3 months in Phase 4.

The goal of Phase 5, APPLICATION, typically a 4 month period, is to provide support while the participant demonstrates a stable and drug-free life-style. Two verified NA/AA groups weekly are required; urine testing is done twice monthly; and the participant continues to appear before the Judge as scheduled. Treatment requirements are reduced to 1 2-hour treatment group weekly with a monthly individual session. Participants are still expected to meet with the Case Manager and CCO twice a month and to develop a detailed Recovery Plan. Graduation is considered when the participant has been able to meet all of the Phase 5 requirements consistently for approximately 4 months.

Acupuncture is available, on a voluntary basis, during all phases of the treatment program. It is offered as an adjunct treatment modality and is considered by members of the Drug Court team to aid individuals in dealing with symptoms of withdrawal and with the stresses of developing a drug-free life-style.

Length of Treatment Program

The standard length of drug court programs is approximately 1 year. However, the time required to complete the program varies among programs and is influenced by a number of factors including the tolerance of a specific Judge and Drug Court team to relapse, and the requirements for graduation or dismissal. The Spokane Drug Court program is designed as a 1 year program although individual participants may require more time to complete the program. The average length of time various groups of participants spend in the Drug Court program will be examined later in the ADAI study.

Treatment Reporting

The Spokane Drug Court program has implemented a computer network that links all members of the Drug Court team that is somewhat unique among Drug Court programs in Washington. Led by the Drug Court Program Manager and using the CADI software package, all team members, with the exception of the treatment providers, have access to electronic participant records. The team has developed a system of reporting and specific data entry responsibilities among team members that ensures that relevant information from each aspect of the program is available to all team members. While the system is not without problems, including slow data entry due to modem use, and concerns about the time required for data entry, it is a definite strength of the Spokane Drug Court program. Treatment providers are not a part of the network. The primary treatment provider, SPARC, provides information about treatment to the Case Manager who is responsible for reporting treatment participation to the Drug Court team. Treatment services provided by SPARC and other treatment agencies that are funded with state funds are reported on TARGET, DASA's computerized information system.

Characteristics of Individual Treatment Program

In this section the treatment program at SPARC, the primary treatment agency, will be described. SPARC is a 12-Steps based program that provides a range of services primarily to low-income and indigent clients. Drug Court participants are referred to SPARC by the Case Manager, where they are seen the day following referral. The Drug Court program is separate from the other SPARC treatment programs; however, when appropriate, Drug Court participant can also participate in regular program activities at SPARC.

A single SPARC staff member is assigned to the Drug Court program. This person is responsible for evaluation, development of the treatment plan, and group and individual treatment for Drug Court participants. Depending on the Phase assignment, group work is focused on education, relapse prevention, anger management, and parenting. The frequency of group and individual treatment is determined by the court assigned program phase. The SPARC staff member describes the Drug Court treatment program as quite similar to other SPARC programs with more emphasis placed on education. Another difference between the Drug Court treatment program and other SPARC programs is that SPARC provides no case management services for Drug Court participants. The case management functions this group are provided by the Drug Court Case Manager, through the TASC program. The SPARC staff member works closely with the Case Manager to keep him informed of participants' progress and needs.

Revised June/July 2000 with input from DC Program Manager

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Appendix B4

County Drug Court Profiles:

Thurston County Drug Court Program Profile

THURSTON COUNTY ADULT DRUG COURT

PROGRAM PROFILE

June 2000

BACKGROUND

Initial planning for a Drug Court Program in Thurston County began in mid-1996 when, in response to growing evidence of the positive impact of drug courts on reducing criminal recidivism and other costs associated with handling drug cases, then Prosecuting Attorney Bernardean Broadous initiated a process to explore and evaluate the potential of a Drug Court Program. Under the leadership of Ms. Broadous Thurston County applied for a Department of Justice/Drug Court Program Office (DOJ/DCPO) planning grant to fund the exploration. Funding was awarded in March 1997 and the development process began.

A Drug Court Planning Committee was immediately formed and began meeting in late March 1997. Members of the committee were chosen to represent the varied interests in the County criminal justice system and to provide a wide range of knowledge and experience related to chemical dependency and criminal justice. The committee received technical assistance from DASA staff, the Northwest High Intensity Drug Trafficking Area (HIDTA) Prevention/Treatment Manager, and a Program Administrator from the State Board of Community and Technical Colleges.

The work of the committee over the next year was facilitated by the majority of members attending several drug court training conferences sponsored by the National Association of Drug Court Professionals and the Drug Courts Program Office. Committee members also examined existing Drug Court Programs in Washington and visited programs in other states. The committee work culminated in a detailed proposal and implementation plan for a Thurston County Drug Court Program and an application to OJP Drug Court Program Office for an implementation grant to support the proposed program. The application was successful and the program was implemented with federal funding in May 1998.

The Thurston County program is a court-supervised, pretrial diversion program that requires regular participation in intensive outpatient treatment, urine testing, and court appearances before the Drug Court Judge. Individuals who elect to enter Drug Court waive their rights to a speedy trial, agree to stipulated facts in the police report and enter a detailed contingency contract with the Court. Upon successful completion of the twelve to eighteen month program the pending charge(s) are dismissed with prejudice. If the individual fails to meet the program requirements, s/he is sentenced on the standing charges.

The concept of accountability is central to the Thurston County Drug Court Program. The expectation and enforcement of participant accountability is reflected in every component of the program from the terms of the contingency contract between the defendant and the Drug

Court to treatment contracts that are developed between the defendants and treatment agency staff members.

There has been no formal evaluation of the first year of the program operation. However, the Thurston County Drug Court is included in a statewide Drug Court Program evaluation, conducted by the Alcohol and Drug Abuse Institute at the University of Washington, that is currently in progress. The study is focused on the development and characteristics of the programs in Washington, and the impact these programs have on individuals who participate. This program description is one component of the evaluation study. The information upon which this report is based comes from interviews with Drug Court Team members and treatment providers and review of relevant documents.

DRUG COURT PROGRAM CHARACTERISTICS

Funding Source(s)

The major funding sources for the Thurston County Drug Court include planning and implementation grants from the Department of Justice/Drug Courts Program Office, and funding from the Northwest HIDTA for the Drug Court Administrator and Administrative Assistant positions. In addition, a one time Law Enforcement Block Grant was used to purchase both the software (CADI) and computers for a Drug Court management information system. Although Thurston County does not yet contribute directly to Drug Court funding, County in-kind contributions supported program planning and implementation. The County continues to provide the part-time services of the Drug Court Judge, Deputy Prosecutor, and Defense Attorney, Court Clerk, Court Reporter, and Correctional Officer at no cost to the program. While the current funding is adequate to support the program at the present size through the end of 2000, there is shared concern among Drug Court Team members about stable and adequate funding at that time. Both State and County funding will be needed to continue the program as it currently exists.

Planning Process

Who were the players?

Planning for the Thurston County Drug Court began in mid-1996 when Bernardean Broadous, then Prosecuting Attorney, initiated a process to evaluate the potential of a drug court in the County. Under her leadership Department of Justice/Drug Court Program Office funding for planning was obtained in March 1997. The Thurston County Drug Court Planning Committee was immediately formed. Committee members were chosen to represent the varied interests in the County criminal justice system and to provide a wide range of knowledge and experience related to chemical dependency and criminal justice. Among the members were Superior Court Judge Richard Strophy, the Prosecuting Attorney and the Chief Deputy Prosecuting Attorney, the Thurston County Clerk, the Director of the Office of Assigned Counsel, the County Chemical Dependency Coordinator, the Superior Court Deputy Administrator, the Director of District Court Probation and Pre-Trial Services, the Chief Deputy Sheriff, the Chief Deputy and the Associate Administrator of Correction, a Thurston County Drug Task Force Lieutenant, and an attorney from the community. Jim Powers, the Chief Deputy Prosecuting

Attorney, chaired the committee.

Several of the committee members had been active in the initial planning that culminated in the award of the planning grant. Thus, the formal planning process started with strong working relationships and a shared commitment to the idea of a drug court in Thurston County among the members. DASA staff, the Northwest High Intensity Drug Trafficking Area (HIDTA) Prevention/Treatment Manager, and a Program Administrator provided technical assistance to the committee from the State Board of Community and Technical Colleges.

Program goals and objectives

The overall mission of the Thurston County Drug Court is to provide effective drug treatment to eligible non-violent offenders, thereby reducing crime and improving the quality of life in the community. The purpose of the program is to break the revolving door cycle of drugs and crime by means of an effective drug treatment program that is strictly enforced by the court.

The more specific program goals are to:

- Reduce criminal recidivism by providing assessment, education, and treatment to drug-addicted adult felony offenders;
 - Monitor treatment compliance through frequent court contact and supervision, and random urine/breath monitoring;
 - Require strict accountability from program participants and impose immediate and certain sanctions for unacceptable behavior;
 - Reallocate resources to provide an effective alternative to traditional prosecution and incarceration of non-violent felony offenders;
 - Reduce costs within the county and state criminal justice system;
 - Ease overcrowding in the Thurston County Jail;
 - Concentrate available criminal justice resources on more violent offenders.
- (Thurston County Implementation Plan)

Target Population

The priority target population is adults charged solely with felony possession of a controlled substance, possession of a counterfeit controlled substance, or forged prescription who meet the following conditions: no use of a firearm or other deadly weapon at the time of the offense; no history of serious violent or adult sex offenses; and no history of delivery or intent to deliver or manufacture a controlled substance. In September 1998, the target population was broadened to include individuals charged with a non-violent, non-drug felony offense (property offenses) in which the offense was motivated by a significant substance abuse problem and who also meet the other criteria specified above. Individuals in this group are considered for drug court if space is available after the priority population is served. More specific eligibility criteria will be discussed later in the report.

Implementation Process

What facilitated implementation?

The thorough nature of the planning process and the detailed implementation plan developed

by the Planning Committee provided a clear blueprint for the program that has been useful in implementation. Judge Strophy's membership on the Planning Committee and his assumption of the Drug Court judgeship provided some continuity between the planning efforts and implementation. Although the careful work of the Planning Committee and Judge Strophy's continuous involvement were facilitating factors, none of the other members of the current Drug Court team were involved in the planning effort and the associated training activities. This meant that the team members started without a shared understanding of the program and the experiences of working together that other strong Drug Court Programs have found essential to the development of a Drug Court team. A number of important decisions, including selection and contract development with a treatment provider, were made by the original Planning Committee with no involvement of the team members who have been responsible for actual implementation. In addition, Bernardean Broadous, a key player in the development of the Drug Court Program, was not returned to office in 1999.

There is a widely shared perception among team members that, in this non-traditional program that has the potential to blend the treatment and criminal justice systems and redefine traditional roles and relationships among the key players, they need more opportunity and time to consider their individual and shared expectations of the program, its operation, their roles, and the ways they work together. The present work loads, structure, and funding provide little opportunity for team development and shared consideration of the developmental issues facing the program.

Degree of Implementation

The program in Thurston County, begun in May 1998, is a fully implemented program in that the Court is serving the projected case load of participants. Information from the Drug Court Program Administrator shows the following patterns of participation between May 1998 through June 1999. Of the approximately 448 cases screened by the Drug Court Prosecutor, 393 (81%) met the legal criteria for Drug Court entry. Approximately 44% of those eligible (174 individuals) expressed an interest in the program while 56% choose to remain in the regular court. Those interested were referred to the Program Administrator for screening to determine program suitability, i. e. chemical dependency status, amenability to treatment, psychiatric illness that would interfere chemical dependency treatment. Eighty-five percent (148 individuals) of those referred were found suitable and 129 of the 148 suitable individuals (87%) entered the program. Thus, approximately 33% of all legally eligible individuals have entered the Drug Court program. At the end of June 1999 approximately 78 individuals were enrolled in the program. Thirty-five percent (45) of the 129 individuals who entered had been terminated and 3 had graduated. (These are approximate numbers and should not be interpreted as exact numbers of individuals in any category.) More accurate and complete information about patterns of participation will be more fully explored in the next phase of this study.

From the inception of the program in May 1998 through May 2000 two hundred (200) individuals have been admitted to the program. Forty-nine per-cent (98 individuals) of those admitted have been terminated for various reasons, 12.5% (25 individuals) have graduated, and 38.5% (77 individuals) are still active participants. Thus, the Program has established a 51% retention rate during the first two years of operation.

Program Modifications and Enhancements

For the most part the program has been implemented in accord with the original implementation plan. Early in the implementation process (1 September 1998), the target population was expanded to include individuals charged with a non-violent, non-drug felony offense (property offenses) in which the offense was motivated by a significant substance abuse problem. However, individuals with drug offenses remain the priority population. (The non-drug offense group had been identified in the original implementation plan but consideration of the group was not formalized by the Prosecutor's Office until September 1998.)

A major change occurred in January 1999 when a new treatment provider was selected. A number of contract compliance problems developed with the original treatment agency, Behavioral Health Resources (BHR), and the contract was not renewed in December, 1998. A new RFI for treatment services was issued and Providence St. Peter Chemical Dependency Center (SPCDC) was selected from several applicants. SPCDC began providing treatment services on 1 January 1999 with approximately 45 active participants who were transferred from the original contractor. Although the overall structure and participation requirements did not change, several aspects did change that made the transition difficult for some participants. Procedures related to urine testing became more stringent and were consistently enforced. SPCDC had staff dedicated to the Drug Court Program, which provided a different level of staff-participant interaction and different expectations for treatment engagement and participation. Finally, all aspects of treatment participation were monitored more closely and problems were reported immediately to the Court. Thus, the overall effect of the change was that participation expectations and requirements were tightened, and surveillance and communication with the Court increased.

These cumulative changes have surfaced as an issue that is now facing the Drug Court team: the consistent and timely use of sanctions and, ultimately, the criteria for termination from Drug Court. This is a developmental issue faced at some point by most Drug Court Programs and, as in other Courts, there are a number of different opinions about these issues among Thurston County team members. If/As the team works to develop a shared understanding and common approach to the question of sanctions and termination there may be further modifications in the program. The use of sanctions will be more fully discussed later in the report.

In the summer of 1999 the Program was modified to include 6 beds for Drug Court participants in an existing Thurston County jail based chemical dependency program run by SPCDC. The program offers a 70-day treatment program consistent with the Drug Court intensive outpatient treatment in the jail setting. Thus, drug court participants who are sanctioned to the jail treatment program remain in treatment while serving the sanction. This modification makes it easier for Drug Court participants to access jail-based treatment and provides another option to the Drug Court to facilitate program completion. The jail program is also used as a residential treatment program and provides an alternative to ADATSA funded inpatient treatment for participants who need residential treatment under ASAM placement criteria.

In the Spring of 2000 the number of participants wishing to enter the Drug Court Program began to exceed the number that could be supported by the program resources. As a result a waiting list for entry began to develop. To address this situation the Program developed a

Drug Court Waiting List Contract in which the Court and the defendant enter the following agreement. The defendant agrees to: 1) enter an existing diversion program and to meet all of the requirements of that program; 2) random, monitored urinalysis at least weekly; 3) attend a minimum of three NA/AA meeting weekly and submit proof of attendance; 4) report to the diversion program and pay the required monitoring fees; 5) commit no additional criminal law violations; and 6) accept the first available opening into the Drug Court Program. If any of these conditions are violated the individual is terminated from the diversion program and removed from the Drug Court waiting list.

(Thurston County DOJ Categorical Assistance Progress Report, June 2000)

The expansion of linkages between law enforcement agencies and the Drug Court Program is another program modification/enhancement undertaken by the Thurston County. In late 1999 the Drug Court began working closely with the Thurston County Sheriff's Office to involve a law enforcement officer as a liaison to the Program. DC participants who live within the County jurisdiction are assigned to the Liaison Officer, a Deputy Sheriff, who makes a monthly home visit on a random basis and submits a brief report to the Court on the visit. Both the Drug Court and the Sheriff's Office found this a useful addition to the Drug Court.

In the first six months of 2000 linkages between the Program and the Olympia Police Department has been a focus of attention. The Police Chief and the Drug Court Judge attended a Drug Court training conference on creating DC/Law Enforcement linkages that led to a two-day training session for all Olympia Police Officers to introduce them to the Drug Court Program and ways they might be involved. The Program and the Police Department are in the process of implementing the monthly home visit and Court reporting program that the Program has with the Thurston County Sheriff's Office.

(Thurston County DOJ Categorical Assistance Progress Report, June 2000)

Organization

Frequency of Court

The Drug Court meets twice weekly for one-half day. The Drug Court team meets before the court session to review the cases that will be heard. In addition to the written reports provided by SPCDC, the counselors from SPCDC attend the team meetings and Court sessions and provide clinical input and recommendations.

Team Members/Key Players

Members of the Drug Court team include the Judge, a Deputy Prosecutor, an attorney from the Office of Assigned Council (OAC) who are permanently assigned to the Drug Court on a part-time basis, a Deputy Clerk permanently assigned for 10 hours weekly, a full time Program Administrator who is employed by the Court, and a Drug Court Program assistant. These roles are similar to those in other Drug Court Programs in the State and will be discussed only briefly.

The Judge is seen as the ultimate manager and supervisor of all aspects of the program. While other team members have important input and shared decision making is a goal, final

authority for Drug Court admission rests with the Judge and he is responsible for determining successful completion, imposing sanctions, and termination decisions. Judge Strophy, the current judge has served for the first two years and may be replaced by a Judge who now serves as back-up replacing him during necessary absences. After the second year, the back-up Judge may replace Judge Strophy who would then act as back-up for two years. A Deputy Clerk who manages the Court schedule and provides support services assists the Judge. The Judge carries a full judicial caseload in addition to his Drug Court responsibilities.

The Deputy Prosecuting Attorney is the gatekeeper to the Drug Court. In this role he screens all drug possession and forged prescription cases for eligibility and refers eligible individuals to Drug Court. In addition, when non-violent, non-drug offenders whose crime was addiction driven are recommended to Drug Court by the Office of Assigned Council, the Drug Court Prosecuting Attorney screens the cases for eligibility before they are referred to Drug Court. As a member of the Drug Court team, he attends court sessions and provides input on the use of sanctions and termination decisions. Finally, the Prosecuting Attorney is expected to work with law enforcement to expedite the execution of bench warrants on Drug Court participants. In addition to the Drug Court responsibilities, he carries a full felony caseload in the Prosecutors Office.

The attorney from OAC, known in most Courts as the Public Defender, plays a major role in informing all potential participants of the Drug Court option and providing initial information about the program. Non-drug offenders who may be eligible rely on OAC attorney for referral to the Drug Court Prosecutor who will determine eligibility and make the referral to Drug Court. Should a potential Drug Court defendant have a private attorney, the OCA attorney is the liaison between the private attorney and the Drug Court Program. He, like other members of the Drug Court team, attends all Drug Court sessions and provides input about sanctions and other decisions that impact the progress of individuals through the Drug Court. Like the Drug Court Prosecutor, he also carries a non-drug court caseload.

The Program Administrator, a full time position, is responsible for the overall administration and coordination, and day-to-day management of the program. Her administrative responsibilities include: the management of the program data systems; community education and liaison activities; linkages with law enforcement agencies, other court jurisdictions, and the treatment agency; and budget management and grant writing. In addition, she plays an active role with program participants. Unlike other programs in the State, the Program Administrator is responsible for an initial screening of all legally eligible individuals who, after the first Drug Court appearance, are willing to consider the program. In an initial interview, a needs assessment and a SASSI-3 (Substance Abuse Subtle Screen Inventory) are done to assess the individuals suitability to enter the program. Individuals who do not have a serious dependency problem, those who are not amenable to treatment, and those who have mental health needs that exceed the resources of the program are not considered suitable.

Early in 2000 the Program received funding for a full-time Drug Court Program assistant. This new staff member provides support to the Program Administrator, coordinates linkages with law enforcement officers in the local agencies, coordinates community services programs, and does the judicial case management of program participants. In addition, the program assistant works with the treatment agency to assist participants with access to ancillary community

services, and manages and maintains the drug court data system. This position has been very useful in facilitating many aspects of the work of the Drug Court Program.

The Thurston County Drug Court Program also has an Executive Committee that is responsible for reviewing and approving changes in programmatic policy, such as eligibility requirements, stipulations and agreements required for program participation, treatment program components, and graduation and termination requirements. . The Committee also has an oversight function including review of expenditures, funding proposals, and enrollment levels. Members include current Drug Court team members, and representatives from the following county offices: Thurston County Sheriff; County Corrections; Probation and Pretrial Services; Prosecutor; Assigned Council; County Clerk; Narcotics Task Force; and Public Health. In addition a representative from SPCDC, an attorney practicing in the community, and a County Commissioner are members of the Committee. Many members of the Executive Committee were also members of the original Drug Court Planning Committee.

Who are the treatment providers?

The Thurston County program contracts with a single treatment provider, SPCDC, to provide the intensive outpatient treatment that is the core of the treatment program. Although SPCDC offers a full continuum of treatment services including medical detoxification, inpatient rehabilitation, and day treatment, in addition to a range of outpatient programs, the Drug Court treatment contract is limited to a prescribed intensive outpatient program. While the Drug Court recognizes that inpatient treatment may be necessary, Drug Court treatment funds are not available for residential treatment. When inpatient treatment is indicated, ADATSA or other funding is sought to provide the necessary resource. SPCDC, as the sole provider of ADATSA assessment, case management and outpatient services in Thurston County, is in a key position to facilitate access to ADATSA resources for Drug Court participants who meet eligibility requirements. The scope of treatment services and use of other agencies for ancillary services will be discussed more fully in a later section of the report.

Participant Movement Through Drug Court Program

Criteria for Drug Court Admission

Two groups of offenders are considered legally eligible for Drug Court admission. The group with highest admission priority includes individuals who are charged solely with felony possession of a controlled or counterfeit controlled substance or forged prescription, whose offense did not involve the use of a firearm or other deadly weapon and who have no history of a serious violent offense (as defined in RCW 9.94A.030(31) and RCW 9.94A/030(38)) or an adult sex offense (as defined in RCW 9.94A.030(33)) ; or history of delivery or intent to deliver or manufacture of a controlled substance.

The second group, admitted on a space available basis, includes individuals charged with any of the following offenses: theft in the first or second degree; possession of stolen property in the first or second degree; forgery; unlawful issuance of bank checks; trafficking in stolen property in the second degree; and taking a motor vehicle without owner's permission, who meet the following criteria in addition to those of no previous history of violent, sex, or delivery,

intent to deliver or manufacture offenses.

- No pending, non-eligible offenses that would result in a prison term if convicted.
- Able to pay restitution in full within the time frame of the Program.
- Evidence of a significant drug abuse problem evidenced by treatment records, drug convictions, medical records, or other reliable evidence.
- A reasonable and rational nexus between the alleged offense and the drug abuse problem.

Early in 2000 the space available restriction was abolished and individuals with the above offenses were considered for program admission on the same basis as individuals charged solely with possession or prescription forgery.

Individuals in both groups who meet the legal criteria must also agree to the following terms of a written contract as a condition of entry into the Drug Court Program.

- Satisfactory completion of an evaluation by the treatment provider for the development of a treatment plan.
- Completion of all required Program services as ordered and to the satisfaction of the court and the treatment provider.
- To abide by all the rules and regulations ordered by the Court as well as the condition as and requirements of the treatment provider.
- No use or possession of alcohol or controlled substances or association with any person using or possessing alcohol or control substance.
- To request that any prescribed medication be non-narcotic and to seek approval from the Court or treatment provider for any use of over the counter or prescribed medication prior to using such medication.
- Submission to witnessed urinalysis or breathalyzer testing as required by the Court or treatment agency.
- Keep the Court and treatment agency advised of address and place of employment at all times during the program, including written notice of any changes within 72 hours of the change.
- Appear at all Court hearings pursuant to proper notice of date and time of hearings.
- Obey all laws while participating in the program.
- Sign all releases of confidentiality necessary to facilitate treatment, including those necessary to allow the Court complete access to diagnostic and treatment information, medication, mental health and other counseling records.
- Make weekly payments as specified toward the cost of treatment.
- Make monthly payments set by the Court for representation if determined to be able to do so, and if at any time represented by a staff attorney appointed by the Thurston County Office of Assigned Counsel while participating in the Drug Court Program.
- Pay full restitution to the victim, if it is owned, as a condition of graduation
- The Drug Court Judge will decide when the defendant has met the graduation requirement and will determine when termination from the Program will occur.
- If defendant leaves the Program within the first two weeks after signing the Drug Court Contract, the contract is null and void, and the defendant will resume prosecution under the pending charges. Without such withdrawal, the defendant must remain in the Program until graduation unless the Court terminates participation. If the defendant willfully violates the contract within the two-week withdrawal period, s/he may be terminated by the Court.

- Failure to abide by any Program rule and all terms of the contract will be subject to Court ordered sanctions including work release, jail time, day jail, day reporting, increased treatment requirements, or any other sanction up to and including termination from the program.
- If terminated, guilt on the pending charges will be determined solely upon the existing evidence that constituted the basis for prosecution of the pending charges. Defendant stipulates that the existing evidence is sufficient for the Court to find him/her guilty of the pending charges.
- Agreement to waive the following:
 - Right to challenge the legality of any investigative or custodial detention;
 - Right to challenge the legality of any search or seizure, sufficiency of Miranda warning, or voluntary nature of statements made about evidence that is part of the basis for prosecution;
- Any statement made by the defendant related to the purpose of the program may not be used against the defendant in a subsequent adversarial proceeding, but may be used by the Drug Court Judge to evaluation participation or as the basis for imposition of sanctions. (Unsolicited statements in open court or in treatment about criminal activity other than the Drug Court offense are not protected communication.)
- Upon graduation from the Drug Court Program, the pending charge(s) will be dismissed with prejudice and cannot be prosecuted in the future.
- Agreement to waive the following rights:
 - Right to a speedy trial;
 - Right to a public, jury trial;
 - Right to hear and question any witnesses testifying against defendant;
 - Right to have witnesses testify for the defense;
 - Right to testify.

(See the four-page Drug Court Contract for the more specific legal statement of contract terms.)

(Thurston County Superior Court Drug Court Contract)

How/When is the decision made to offer Drug Court option?

The decision to offer Drug Court is a multi-stepped process that differs depending on whether a drug or non-drug offense is being considered. Individuals arrested on felony drug charges are given an informational pamphlet about Drug Court by Court or jail personnel and given a notice to appear at the first Drug Court held 72 hours after the arrest. During the 72 hours the charging decision made by the Prosecutors Office determines the next steps. If no charges are filed, the individual is released with no further requirements to appear. If a charge is filed that makes the defendant ineligible for Drug Court, or if review by the Drug Court Prosecutor finds that the individual fails to meet the other legal criteria, s/he is arraigned by the Drug Court Judge without discussion of the Drug Court option and the process of traditional prosecution occurs. The Program Administrator and Defense Attorney during arraignment in Drug Court present individuals who are legally eligible.

The defendant can either reject the program at that time or decide to seek admission. An opt-out decision is final without the possibility for reconsideration. If the individual decides to con-

sider Drug Court participation, a second appearance the following week is scheduled. Prior to the second appearance, the Drug Court Administrator does a screening interview to determine suitability for the program. At the second hearing, the defendant may again decide to opt-out or may be found not suitable for admission. If s/he remains interested in the program, the Judge makes a decision about admission based on the results of the suitability evaluation. Final admission is contingent on the defendant's willingness to sign the program contract outlined in the previous section. At the end of the second appearance individuals who remain interested in Drug Court are scheduled for an intake/assessment appointment at SPCDC. A third court appearance is scheduled for the following week for the first court review.

Individuals arrested for non-drug charges are not scheduled into the Drug Court for arraignment. Charging decisions are made by the Office of the Prosecuting Attorney and, if the case is to be considered for Drug Court, the defendant's attorney must request consideration by the Drug Court Prosecutor at least a week prior to the first scheduled pre-trial hearing on the case. Upon request, the Drug Court Prosecutor determines the defendant's legal eligibility and refers eligible defendants to the Program Administrator for suitability screening. From that point the admission decision process is the same for both groups.

What information about Drug Court is the Defendant provided?

The initial information is a pamphlet that briefly describes the benefits and requirements of the program that is given to individuals arrested for drug felonies. Potential participants are given further information about the program by the attorney from OAC, the Program Administrator, and the Judge at the first Drug Court appearance. The serious commitment to treatment required for successful participation is emphasized. Individuals who decide to consider the option are given a more in-depth description of the program by the Program Administrator during the screening interview. The goal at this stage of the process is to provide enough information so that the defendant understands the commitment to treatment that is entailed in a decision to participate and can make an informed decision about participation. Finally, individuals who enter the program sign the Drug Court Contract in Court, and receive a detailed Handbook that includes treatment expectations, sanctions, and graduation requirements.

Evaluation for treatment

Unlike other programs in the State where the initial suitability evaluation is done by the treatment agency or a Drug Court Case Manager, the first screening in Thurston County is done by the Program Administrator. Defendants who remain interested in the program after the first Drug Court appearance are seen by the Program Administrator who does a needs assessment, the SASSI-3 (Substance Abuse Subtle Screen Inventory), and a more subjective assessment of treatment motivation or amenability. Individuals who are not chemically dependent, those whose mental health needs exceed program resources, and those who are not amenable to treatment are not considered suitable for the program. Based on data from the interview the Program Administrator makes a recommendation to the Drug Court Judge. If the Drug Court option is accepted during the second Court appearance, the individual is referred to the treatment agency for intake and clinical assessment.

The treatment provider assessment process includes the following assessment/evaluation instruments: the DASA TARGET data elements and Assessment and Admission set; and the ADATSA Adult Assessment, Dimension 1. In addition the following forms are including in the assessment process: a pre-admission registration form; the SPCDC Drug Court Participant Contract; alcohol and drug abuse records confidentiality, patient's rights form; co-payment agreement in which the participant agrees to pay \$15.00 per week; Drug Court medication policy; consent to assessment/treatment; authorization to render services; authorization to release information to the criminal justice system; family program release form; property destruction by patients form; and, finally, a tobacco policy form.

When does the defendant actually become a Drug Court Participant?

Individuals formally enter Drug Court at the second Drug Court hearing when the decision is made by both the defendant and the Judge. At that time the individual signs the Drug Court contract in which s/he agrees to treatment requirements, stipulates to the facts contained in the police report, waives rights to a speedy trial, and acknowledges an understanding of all of the conditions and consequences of participation.

Consequences of non-completion

Termination from the program is the most severe response to non-compliance, and usually occurs only after all other interventions have been exhausted. The decision to terminate is made by the Judge although the participant may ask to leave the program, or may drop out without notification. If participants fail to appear they are placed on bench warrant status. In any case, the consequences of non-completion are that the individual is sentenced by the Drug Court Judge to the sentence appropriate to the original charge(s). Although all members of the Drug Court team provide input about the participant's compliance with the program and can recommend program termination, the final decision about termination and retention remains with the Judge.

Court/Participant Interaction

With whom? How often?

Upon entry into the Drug Court Program the participant's primary interaction with the Court is with the Judge and the Program Administrator. Most of the other participant/program interactions are with the treatment agency staff. Interaction with the Judge occurs during court sessions with the frequency determined by the individual's phase in treatment, compliance with program requirements, and general progress in meeting the goals of the Drug Court Program. Interaction with the Program Administrator is on an as needed basis as she monitors the participant's progress through the program.

During Phase 1, a period of three to four months, the participant appears before the Judge every week. In these court sessions the Judge asks about treatment participation, actively reinforces expectations, and may impose other requirements or sanctions to encourage better compliance. The Judge takes a very active role with the participant during this period. In Phase II, a period of five to eight months, the Court appearances are decreased to twice

monthly, and, in Phase III, a period of 4-6 months, appearances are scheduled on a monthly basis. These are the minimum number of court appearances in each phase and contacts may be increased if the participant is not doing well in the program. During all phases of the program the Judge continues to play an important role with participants in making expectations clear, and encouraging compliance with sanctions and incentives.

In addition to the Judge, the Program Administrator maintains a role with participants. She follows up with individuals who are not meeting program requirements and provides information to the Drug Court team about how participants are integrating Drug Court expectations into their daily lives.

Monitoring Participant Compliance

The Court has a primary role in monitoring compliance with all aspects of the treatment program and in responding consistently and quickly to incidents of non-compliance. Aspects of treatment that are monitored include abstinence from substance use, participation in Twelve Step programs, and court-ordered treatment activities. The Court relies strongly on the treatment agency for the information necessary to monitor compliance.

Substance Use

Court ordered urine and breath testing, done by SPCDC, is used to monitor substance use. Frequency of testing depends on program phase and may be increased regardless of phase requirements if results are positive. All tests are on a random basis. Participants in Phase 1 are tested three times weekly. In Phase II, testing occurs twice weekly. And in Phase III testing is on a weekly basis. Although these are the standard test frequencies, individual UA requirements can vary based on treatment progress, drug of choice, and overall compliance. Breath analysis may also be used as needed by the counseling staff at the treatment agency to determine the use of alcohol.

Positive finding and failure to comply with testing are reported immediately to the Program Administrator and is documented in the progress report. The information is shared with the Drug Court team at Court session. Although team members are involved in recommendations about what actions should be taken in response to positive tests or non-compliance, the final decision rests with the Drug Court Judge. Sanctions are a predictable response to positive findings. Sanctions are discussed later in the report.

Treatment Participation

Participants are required to attend community based recovery support meetings (NA/AA) 4 times a week throughout their participation in the Drug Court Program. Each participant has an attendance record sheet that must be signed at the meeting and presented at each Drug Court review hearing. Continued failure to participate in recovery support activities leads to the imposition of sanctions.

Participation in intensive outpatient treatment activities, including Moral Reconciliation Therapy (MRT), group therapy, individual counseling, and substance abuse education, is required at

specific frequencies depending on program phase. Participation is monitored by the treatment agency and reported to the Drug Court team and Program Administrator. Individuals who fail to meet treatment expectations may be scheduled for more frequent court appearances and may receive a range of sanctions. The specific requirements of each program phase will be discussed in a later section.

In summary, the responsibility for monitoring participant behavior in relation to Drug Court Program requirements is shared between the treatment provider and the Court. While members of the Drug Court team have input into the response to non-compliant behavior, the Judge has the final responsibility for the judicial response to individuals who do not meet the requirements.

Sanctions

Sanctions are used to emphasize and enforce participant accountability to meet the strict expectations and requirements of the program, and to provide more structure and support when it is needed. Sanctions include but are not limited to:

- Sitting in the Jury Box during Drug Court hearings to observe Court proceedings.
- Explaining actions/behaviors to peers during the Drug Court hearing.
- Writing an essay on non-compliance actions/behaviors and reading the essay to peers at the next Drug Court hearing.
- Increased frequency of Court reviews/appearances.
- Increased number of individual and/or group counseling sessions.
- Increased frequency of urinalysis/breathalyzer testing.
- Increased attendance at recovery support meetings.
- Community-based public service hours.
- Participation in volunteer services for a designated period of time.
- Increased time in a treatment phase.
- Return to an earlier phase of treatment.
- Day reporting for a specified period of time.
- Participation in the day jail program and/or the jail work release program.
- Electronic Home Monitoring for a specified period of time.
- Incarceration in Thurston County Jail for a specific period of time.
- Incarceration in the Thurston County Jail Chemical Dependency Program
- Complete a community-based, inpatient program.
- Termination from the Drug Court Program.

During the first 18 months of the Program the use of sanctions became an issue for the Thurston County Drug Court team. While there was agreement among team members that sanctions had an important role in the program and that imposition should be swift and timely to be effective, there was less agreement about how and when sanctions should be applied. There was concern and diversity of opinion among team members about the consistency with which sanctions were imposed, and extent to which decisions were based on behavior vs. the disappointment members of the team experienced in relation to the behavior.

The tension around sanctions extended to the question of when participants should be terminated from the program. Some team members felt that participants were allowed to remain in

the program long after they have demonstrated their inability or unwillingness to comply, thus limiting the ability of the program to offer the Drug Court option to other offenders who might be able to benefit. Other worried about intolerance of relapses that are inherent in addiction, and were concerned that the program may become punitive toward the very behavior it is designed to treat.

These are important development issues faced by every Drug Court Program. In some programs the Drug Court team were able to address the issues together as a part of the planning and development process. Because none of the team members, with the exception of the Judge, were part of the planning process, the Thurston County team did not have this opportunity. Resolution of these important issues require open discussion among the team members, and the time to work together in a thoughtful and reflective manner to address their diverse opinions and identify an approach that will be most effective to promote the goals of the program.

During the first six months of 2000, under the direction of the Drug Court team, the Program Administrator, and the Program Assistant worked with the Treatment agency to revise the way graduated sanctions that had been used during the first 18 months of the program. The principle (reached by consensus among the Drug Court Team) that guided the revised approach was that participants in later phases of the program should be held to a higher standard of accountability. Thus, rather than graduated sanctions that were applicable regardless of program phase, a schedule of sanctions specific to each phase was developed (Thurston County DOJ Categorical Assistance Progress Report, June 2000). Embodied in this modification is the clear expectation that sanctions will be consistently applied. The ability to resolve these important issues speaks well to the development and maturity of the Thurston County Drug Court Team.

Incentives

Incentives are used to recognize, encourage and reward participation and progress. The incentives used in the Thurston County Court include: reducing the frequency of court hearings; advancing in program phases; reducing frequency of testing; easing travel restrictions; and calling a participant earlier in a court session. Certificates of achievement with inspirational poems inside, 12-Step coins, and certificates for bags of bagels are also used to recognize progress. Other, less tangible, incentives include public recognition of participant progress during court sessions and acknowledging to the participant and the entire court the participant's hard work and accomplishments. The ultimate incentive is graduation and dismissal of the pending charge(s).

Graduation

To graduate the participant must successfully complete the Drug Court Program and meet the following requirements.

- Six-month period of abstinence demonstrated by urinalysis/breathalyzer results.
- Full payment of any victim restitution.
- Full payment of all program fees.
- Three continuous months of full-time employment, full-time school attendance, or a

- combination of work and school, or
- Three continuous months of full time homemaker with care of children, or part-time work or school with homemaker responsibilities.
- Completion of a GED or High School Diploma.

Graduation is subject to approval by the Drug Court Judge. Successful completion is acknowledged by a graduation ceremony in which the individual's progress and accomplishments, as well as plans to support continued recovery are reviewed. Participants are encouraged to bring friends and family members to graduation. Charges for the offense that led to admission to Drug Court are dismissed with prejudice at that time.

The Drug Court Program supported the development of a Drug Court Alumni Association shortly after the first graduation and has continued to foster the growth of the Association. The primary purposes of the Association is to provide graduates with an additional support system in the community and to inform and education the community about the Drug Court Program specifically and about addiction and treatment in general. The Association meets twice monthly and is staffed by the Drug Court Program Administrator.

Beginning in early 2000 the Program Administrator started conducting exit interviews with graduates of the program. Graduates are asked to complete the Participant Perspectives Survey designed by American University and to provide feedback about aspects of the program that were useful to them and those that they would change. The Drug Court team plans to use information from the exit interviews to continue to evaluate and refine the program.

(Thurston County DOJ Categorical Assistance Progress Report, June 2000).

TREATMENT PROGRAM CHARACTERISTICS

Number of Provider Agencies

As previously discussed, the Thurston County program contracts with one treatment agency, Providence St. Peter Chemical Dependency Center (SPCDC) to provide the intensive outpatient treatment required by the program. Although SPCDC offers a full continuum of treatment services including medical detoxification, inpatient rehabilitation, and day treatment in addition to a range of outpatient programs, the Drug Court treatment contract funds are limited to a prescribed intensive outpatient program. While the Drug Court recognizes that inpatient treatment may be necessary, Drug Court funds are not available for residential treatment. If inpatient treatment is necessary, ADATSA funding is sought to provide the necessary resource. The Thurston County Jail Chemical Dependency Program is also used to provide inpatient treatment. SPCDC, as the sole provider of ADATSA assessment, case management and outpatient services in Thurston County, is in a key position to facilitate access to ADATSA resources for inpatient treatment for Drug Court participants who meet ADATSA eligibility requirements.

Funding

The intensive outpatient services that are the core of the treatment program are funded by the implementation grant from the DOJ/Drug Court Program Office. ADATSA funds are sought

for participants who need residential treatment. Unlike other Drug Court Programs in the State, the Thurston County program does not use other State or County funds such as TANF, Work First, or ADATSA to pay for outpatient treatment. (Individuals who are in programs such as TANF and Work First do participate in Drug Court with treatment costs paid by the Drug Court Program. TANF does, however, pay the co-pay fee for those enrolled in this program.) All participants are expected to pay a weekly \$15.00 treatment fee that is collected by SPCDC. (Thurston County DOJ Categorical Assistance Progress Report, June 2000)

Overall Treatment Services

An array of treatment services are contained within the intensive outpatient treatment program provided for Drug Court clients by SPCDC. These include Moral Reconciliation Therapy (MRT), individual and group counseling, substance abuse education, relapse prevention, and case management. In addition to the outpatient services, SPCDC does the ADATSA assessment and facilitates residential treatment for Drug Court participants who require these services. Case management activities include referral to and support for engagement in community-based recovery support groups, employment, education, and job training activities; and to agencies in the community that assist with housing, mental health, education, vocational, health services, and child care needs. SPCDC also provides treatment to participants who are in the Thurston County Jail Chemical Dependency Program. This is a jail based treatment program based on MRT operated by SPCDC that has six beds dedicated to Drug Court participants.

Although inpatient treatment is not often used in the Thurston County Drug Court Program, referrals to residential treatment are made when participants have clearly demonstrated their inability to meet the outpatient treatment requirements, and the Drug Court team decides that residential treatment is an appropriate alternative to termination from the program. In these cases, ADATSA funding is sought for individuals who qualify. A second alternative for residential treatment is admission to the jail based Chemical Dependency Program provided by SPCDC in the Thurston County jail. Using these two alternatives, the Program has been able to provide residential treatment for all participants who have needed it as an alternative to termination from the program.

Treatment Program

The treatment program was designed within the program structure specified by the Thurston County Drug Court. This structure and related program requirements are based on recommendations and standards from the Center for Substance Abuse Treatment, US Department of Health and Human Services (1996), and the National Association of Drug Court Professionals (1997), and are common to Drug Court Programs across the country.

Treatment is expected to last between 12 and 18 months and is divided into three clearly defined phases. Although there is an anticipated time for each phase, the time any participant spends in a phase is determined by the Judge with input from the Drug Court team. Many of the required treatment components are consistent across all program phases and vary in frequency, and, of course, specific content. The consistent components include MRT, group and individual counseling, substance abuse education, and urinalysis. Treatment activities are

scheduled 6 days a week with the substance abuse education classes offered on Saturday.

The case management activities of referral to community agencies for assistance with employment, education, vocational training, housing, and psychiatric and other health care needs are a consistent part of treatment during all phases. Participation in community based recovery support groups is an important component of the required treatment program. The counselors at SPCDC support participation in the recovery support groups. In addition to treatment activities, an educational program is offered for participants' family members and significant others.

Moral Recognition Therapy (MRT), the base of the treatment program at SPCDC, is a systematic, step-by-step, cognitive-behavioral program designed to enhance ego, social, moral and behavioral growth among participants. Initially developed in 1985 in prison treatment programs in Tennessee, MRT has been further developed and refined and is now widely used in drug treatment programs with incarcerated populations and offenders in the community (Little, et. al., 1996). Counselors trained in MRT work with groups of up to 12 participants to examine and change how they make judgments and decisions in their lives. The approach is entirely cognitive and manuals and workbooks, paid for by the participants, are used to help them confront their beliefs, attitudes, and behavior, assess their relationships, decrease hedonism and develop frustration tolerance, and develop higher stages of moral reasons and decision making. Other components of the treatment program, including the group and individual counseling sessions, are focused on the less cognitive aspects of treatment.

The Drug Court treatment program is separate from the other programs offered by SPCDC. The staff members assigned to the Drug Court Program work only with the Drug Court participants. The staff includes 2.5 counselors and a full time staff assistant who coordinates the urine testing, tracks participants, prepares reports for the Court, and provides general administrative support for the program. This staff position is considered essential to the effective and efficient functioning of the program. Two counselors share the MRT groups and other Phase I and II services, while the other is responsible for Phase III services. The counselors share responsibility for case management and referral to ancillary services in the community.

The purpose of Phase 1, ORIENTATION/ASSESSMENT-DETOX AND STABILIZATION, that lasts approximately three months, is to provide an orientation to stabilize the participant and provide an orientation to treatment. A multi-dimensional assessment is done using TARGET, and the ASAM Patient Placement Criteria. Assessment of any special needs the participant may have including physical or psychiatric problems, learning disabilities, an abuse history as either victim or perpetrator, etc. is also done. Using this information an individualized treatment plan is developed and updated every 60 days. Specific requirements of Phase I include:

- MRT: 1 time weekly, 1.5 hours per session
- Individual Counseling: 1 time weekly, 1 hour per session
- Group Counseling: 1 time weekly, 1.5 hours per session
- Substance Abuse Education: 1 time weekly, 1 hour per class
- Recovery Support Groups: 4 per week
- Drug Court hearing: 1 per week or as determined by the Judge
- Urine testing: 3 times weekly

Phase II, INTENSIVE COUNSELING/THERAPY, lasts from 5-8 months and is focused on

specific problem areas and program tracks such as parenting, experiences with violence as either victim or perpetrator, anger management, etc. As in Phase I, the case management activities of referral to appropriate agencies for employment, vocational training, and housing continue. The requirements of Phase II include:

- MRT: 1 time weekly, 1.5 hours per session
- Individual Counseling: 2 times monthly, 1 hour per session
- Group Counseling: 1 time weekly, 1.5 hours per session
- Substance Abuse Education: 2 times monthly, 1 hour per class
- Recovery Support Groups: 4 per week
- Drug Court hearing: 2 per month or as determined by the Judge
- Urine testing: 2 times weekly
- Referral to one or more ancillary services as determined by the treatment plan with input from the Drug Court Administrator and other Drug Court team member.
- Participation in vocational/education training and employment services is determined by the treatment plan.

Phase III, REFERRAL AND MONITORING, lasts from 4-6 months, and is focused on relapse prevention, social living skills, vocation, education, and employment needs. Recovery opportunities through a variety of structure experiences are provided. The requirements of Phase III include:

- MRT: incorporated into individual and group sessions
- Individual Counseling: 1 per month, 1 hour per session
- Group Counseling: 2 time monthly, 1.5 hours per session
- Recovery Support Groups: 4 per week
- Drug Court hearing: 1 per month or as determined by the Judge
- Urine testing: 1 time weekly
- Participation in vocational/education training and employment services as determined by the treatment plan.
- Relapse Prevention sessions: 2 times monthly, 1.5 hours per session.

In all phases of the program the counselors are responsible for bringing timely, accurate, and detailed reports about participants progress and problems to the Drug Court Team prior to each Court session.

Length of Treatment Program

The standard length of Drug Court Program is approximately 1 year. However, the time required to complete the program varies among programs and is influenced by a number of factors including the tolerance of a specific Judge and Drug Court team to relapse, and the requirements for graduation or termination. The Thurston County program is designed as a 12-18 month program. Participants must complete within an 18 month period. The average length of time various groups of participants spend in the Drug Court Program will be examined later in the ADAI study.

Treatment Reporting

The Thurston County program has implemented the CADI management information system

that has the potential to create an integrated Drug Court database and to link all members of the Drug Court team. Implementation has been slower than anticipated as the program has worked to adapt the standard CADI system to their specific needs. The delays and problems with implementation of the CADI system has meant that the computerized information available on Drug Court participants is fragmented and resides in several different data systems. The Program Administrator keeps the most complete participant files in paper chart format. The addition of a full-time Program Assistant has significantly strengthened the ability of the Program to develop and manage their data system. Although CADI is still not fully implemented the Thurston County Program is using both CADI and other approaches to data management that has allowed them to automate and consolidate data from the Drug Court and retrieve it in ways that are much more integrated and efficient.

All treatment data including the results of urine testing are recorded on the SPCDC MIS system. Until July 2000 outpatient treatment data were not entered into TARGET since state funding is not used for treatment. Prior to this time SPCDC kept TARGET data in paper form but did not enter it. Treatment information provided to the Drug Court by the counselors is hard copy. With the July 2000 contract the treatment agency will enter all active participants into TARGET including treatment data from the time the participant entered the treatment.

Characteristics of Treatment Program

The treatment program has been described in detail in the previous section.

Sent to all DC Team Members for review 9 September 1999

Revised with Kathi Arnold's (SPCDC) input 23 September 1999

Revised with input from Ellen Goodman, Steve Sherman, George Edwards, 27-28 September 1999

Revised with input from Ellen Goodman, Kathi Arnold, 15 October 1999

C:/DrugCourt/ThurstonFinalProfile.doc

Updated June/July 2000 Final input from EI Goodman August 2000

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Appendix B5

County Drug Court Profiles:

Skagit County Drug Court Program Profile

SKAGIT COUNTY ADULT DRUG COURT

PROGRAM PROFILE

March 2000

BACKGROUND

The Skagit County Drug Court Program (hereafter referred to as the "Drug Court") began operations in September of 1997 and is the smallest drug court in the state of Washington. Due to the commitment and vision of the early Drug Court team members, the Skagit County Drug Court began operations prior to the receipt of outside funds (other than planning grant monies). Initially, the County itself funded court operations and Skagit Recovery Center funded treatment services (using already available public funding sources, such as ADATSA). See "Funding Sources" below for a more complete description of the evolution of funding sources for the Drug Court.

Eligible defendants who choose to enter the program waive their right to a speedy trial and trial by jury, stipulate to the facts in the police report from the time of their arrest and agree to complete a rigorous program of treatment and court monitoring for approximately one year. If participants successfully complete the Drug Court program, their charges are dropped. If participants fail to meet the program requirements, they are subject to a bench trial based solely on the stipulated facts contained in the police reports. To date, there have been two judges involved with the Drug Court – Judge Michael Rickert and Judge Susan Cook. At this time, Judge Cook is presiding. There is also a third Drug Court Judge who will join the rotation. The judges will rotate approximately every 18 to 24 months.

The Drug Court utilizes a single-source treatment model. All clients are referred to the Skagit Recovery Center (SRC) for both evaluation and treatment. Approximately one-third (1/3) of the time, SRC refers Drug Court clients to inpatient treatment. Drug Court clients referred to inpatient treatment generally receive that treatment at Sundown M. Ranch, although other agencies may also be used. Drug Court clients referred to inpatient treatment return to SRC to complete the Drug Court program in an outpatient setting.

This profile is based on interviews with Drug Court team members and the review of relevant documents.

DRUG COURT PROGRAM CHARACTERISTICS

Funding Source(s)

Skagit County was awarded a planning grant from the Office of Justice Programs (OJP) in July of 1997. This grant was used primarily to fund training (including travel) for the early Drug Court team members. When the Drug Court began operations, treatment was initially paid for by federal or state assistance programs (such as ADATSA) and urinalyses (UAs) were paid for by SRC. In January of 1999, the Drug Court received BYRNE grant funding, which was used for UAs and other treatment costs. In July of 1999, the Court was awarded an implementation grant from OJP. These OJP monies are also being used to cover treatment costs. Skagit County covers the costs of salaries for court personnel and other administrative court costs. Clients are also required to contribute to the cost of their court participation: \$20 per court appearance.

Planning Process

Who were the players?

Two private attorneys were key initiators in planning the Drug Court and were also involved in writing the planning grant. A preliminary team was gathered that included Judge Rickert, the senior Public Defender, the Skagit County Prosecutor, and the Director of Skagit Recovery Center. This group, along with one of the private attorneys, traveled together to Kansas City, Missouri for a drug court training conference. This experience was crucial in the process of building a strong team and educating each member about both chemical dependency and the drug court process.

Program goals and objectives

The goal of the Skagit County Drug Court is to reduce recidivism, court congestion and jail overcrowding by offering assessment and treatment for non-violent, drug-addicted defendants as an alternative to jail and probation. Further, it is the goal of the Drug Court to completely remove these offenders from the criminal justice system. Finally, the Skagit County Drug Court seeks to eliminate all drug use by participants and to aid them in obtaining a healthy and productive lifestyle.

(OJP Implementation Grant Proposal, April 9, 1998)

Implementation Process

Degree of implementation

As of July 1, 1999, there had been approximately 79 individuals screened by the prosecutor's office and found eligible for Drug Court. Of those, 10 were not interested in Drug Court, 2 tried Drug Court but chose not to participate and 67 enrolled in Drug Court.

- 79 Screened by Prosecutor's Office
- 10 Did not try Drug Court
- 2 Tried Drug Court but chose not to participate
- 67 Enrolled

Of the 67 who enrolled, the following numbers were discharged for non-compliance, graduated or currently remain in treatment.

- 16 Discharged for noncompliance
- 10 Graduated
- 41 Still enrolled

Program Modifications

The program began with fairly narrow legal eligibility criteria that reflected the view of the County Prosecutor at that time. A new prosecutor took office in January of 1999, which precipitated a broadening of these criteria. (For more information on eligibility criteria, see "Criteria for Drug Court Admission" below).

A number of procedures have also evolved over time. One example of this is the process by which defendants are admitted into the Drug Court program. Previously, the prosecutor virtually always identified eligible defendants. Although the prosecutor is still the "gatekeeper" for Drug Court eligibility, the Public Defender has become much more involved in identifying clients who may be Drug Court eligible. Currently, the Public Defender regularly approaches the Prosecutor with cases he thinks should be considered for entry into Drug Court.

The urinalysis system has also been altered over time. It had become apparent to the Drug Court personnel that the system was too predictable. Therefore, in early 1999 the Drug Court instituted a random, "color" UA system. (For more information on this system, see "Monitoring client compliance: Urinalysis" below).

The Drug Court treatment counselor is now performing the initial Drug Court clinical evaluations in jail for incarcerated defendants. Previously, all such evaluations were conducted at Skagit Recovery Center. It is hoped that this procedural change will assist the Drug Court in successfully engaging more potential participants.

Organization

Frequency of court sessions

Skagit County Drug Court meets every other Friday at approximately 1:30 p.m.. The court is generally in

session until approximately 3:30 or 4 p.m. Graduation ceremonies also occur on Friday afternoons and are scheduled as needed. An attempt is made to celebrate the graduation of more than one client at a time but ceremonies are scheduled for individual clients if necessary.

Team members/Key Players

Key players include a Drug Court Coordinator employed by the Skagit County Superior Court, three Drug Court Judges (who rotate approximately every 18 to 24 months), the Skagit County Public Defender and a Drug Court Prosecutor (currently the elected Skagit County Prosecutor). As for treatment staff, SRC currently employs a Drug Court Supervisor and a Drug Court Counselor. The Executive Director of SRC has also been involved in the planning, implementation and ongoing monitoring of the Drug Court.

Who are the treatment providers?

Skagit Recovery Center (SRC) is currently the sole Drug Court treatment provider in Skagit County. A private non-profit social service agency, SRC provides services in both Mount Vernon and Anacortes in Skagit County. Services offered include assessment, outpatient chemical dependency treatment for adults and youth, detoxification, recovery house, family and co-dependency counseling, domestic violence perpetrator treatment and anger management treatment. Although all Skagit County Drug Court clients are referred to SRC, the agency refers clients to inpatient chemical dependency treatment if necessary. These clients remain on the SRC caseload for the purpose of outpatient aftercare following inpatient treatment.

Client Movement through Drug Court Program

Criteria for Drug Court admission

Legal Criteria

The county prosecutor's office is responsible for determining legal eligibility criteria for Drug Court participation. Criteria are discussed among the Drug Court team but the prosecutor is the final "gatekeeper" and exercises his discretion when determining eligibility. The offenses eligible for Drug Court participation have evolved over time.

Eligible offenses include:

- Unlawful Possession of a Controlled Substance (UPCS) of less than one ounce
- Single count delivery cases or intent to deliver cases of less than one ounce and not involving co-defendants
- Prescription forgery
- Manufacturing of marijuana of less than ten plants
- Non-violent property crimes
- Not currently charged with or previously convicted of a violent crime, sexual offense or weapons charge as defined by statute

(OJP Implementation Grant Proposal, April 9, 1998)

If a client meets the above criteria he or she will likely be allowed into Drug Court. However, since the new prosecutor took office in January of 1999, eligibility criteria have broadened on a case-by-case basis. Currently, those charged with distribution of drugs may also be eligible for Drug Court depending on the amount of drugs present and other circumstances surrounding the crime. In addition, delivery offenses may be eligible if the defendant benefited by obtaining drugs to support his or her habit as opposed to profiting financially from the delivery. There is currently no hard and fast rule regarding the amount of drugs that may be present for a possession, distribution or delivery charge to qualify for Drug Court consideration. This is a judgement call on the part of the prosecutor, with input from the Drug Court team, the arresting officer(s) and the Skagit County Interlocal Drug Enforcement Unit. (The Skagit County Interlocal Drug Enforcement Unit is a countywide task force consisting of undercover officers from various local police departments.) Under no circumstances may a defendant be offered Drug Court participation if his or her drug charge involved the operation of a methamphetamine lab.

Defendants with misdemeanor assault charges may be allowed into Drug Court on a case-by-case basis, depending on circumstances and the approval of the arresting officer(s). An example of this might be misdemeanor assault in which there were mutual combatants without injury. Those with domestic violence charges of any kind are never considered for Drug Court. Individuals arrested for crimes in which a weapon was used are strictly prohibited from Drug Court. However, those arrested for an eligible offense who were in possession of a weapon at the time of the crime may be considered for Drug Court as long as the weapon was not used in the crime. Likewise, those arrested for theft of a weapon in order to support a drug habit may be offered Drug Court participation if the prosecutor can obtain the consent of the victim(s) and arresting officer(s) and if there are no prior weapons offenses in the defendant's criminal history.

Clinical Criteria

In addition to meeting legal eligibility requirements as defined above, potential Drug Court clients must be assessed by the SRC to be drug or alcohol addicted or dependent and not mentally ill to the degree that such illness would render them unable to successfully participate in treatment.

How/when is decision made to offer the Drug Court option?

Defendants are generally arraigned within 7 to 8 days of arrest and are assigned a defense attorney prior to arraignment. At the time of arraignment, an omnibus hearing, pre-trial hearing and trial date are scheduled. The omnibus hearing takes place at approximately 30-40 days post-arraignment for out-of-custody cases and 10-15 days post arraignment for in-custody cases. Between arraignment and the omnibus hearing, defendants are screened for Drug Court eligibility. During this time, the Public Defender generally approaches the County Prosecutor to present cases that he thinks should be offered the Drug Court option. Sometimes the process is reversed and the Prosecutor approaches the Public Defender. Either way, the Prosecutor is responsible for all legal screening for Drug Court eligibility. Prior to the omnibus hearing, the Public Defender meets with eligible defendants to discuss and explain the Drug Court option.

At what point in the judicial process does a defendant enter the Drug Court program?

At the omnibus hearing, eligible and interested defendants are assigned a reappearance date for Drug Court and are instructed to contact SRC within 72 hours for a treatment evaluation. Often the original pre-trial hearing and trial dates are retained so that parallel court dates exist for a temporary period of time. Each individual observes Drug Court at least twice before making a decision about whether or not to opt in. Often during this time, the individual also begins participating in treatment (including the UA process). Following this 30-day trial period, if the defendant chooses to opt in he or she signs a Drug Court waiver and the criminal trial dates are cancelled. Once a waiver has been signed, there is no additional "opt-out" period as in some other counties.

Consequences of non-completion

If a defendant withdraws or is expelled from the Drug Court program at any time after signing the Drug Court waiver, he or she is tried and sentenced by the Drug Court Judge. Sentencing of such cases occurs during a subsequent Drug Court session. It is the position of the Skagit County Drug Court Judge and team that clients not be penalized for trying Drug Court. Therefore, unsuccessful Drug Court participants are generally sentenced near the middle to lower end of the range.

Court/Client Interaction

Type of interaction between court and client

Clients interact directly with the Drug Court Judge from the time they enter the Drug Court program to the time their participation ceases due to graduation or removal from Drug Court. Once enrolled, clients are required to appear regularly in court and may be called upon to answer pointed, direct and personal questions from the Judge about their treatment progress. The Judge is an active leader in the Court who monitors and addresses the issues of each client with a range of incentives and sanctions intended to keep the offender actively involved in the program. The Judge is more than a detached arbitrator but instead takes an active interest in each individual client.

Frequency

Each client is expected to appear before the judge on a regularly scheduled basis. Initially, a client is expected to appear every two weeks. The frequency of such appearances may decrease over time (to once per month) provided a client is compliant with program requirements.

Court Fee

Participants are required to pay \$20 per court appearance.

Monitoring Client Compliance

The Court has a primary role in monitoring compliance with all aspects of the treatment program and in responding consistently and quickly to incidents of non-compliance. Aspects of treatment that are monitored include participation in Twelve Step programs, abstinence from substance use, and participation in treatment activities.

There is a regularly scheduled, pre-court team meeting to discuss client compliance. The Drug Court Counselor is responsible for communicating treatment progress information (including urinalysis results) to the Drug Court judicial staff during this meeting. This is done verbally and via written progress reports. Drug Court Team members also communicate by telephone throughout the week as needed.

Urinalysis (UA)

Skagit County Drug Court employs a color system in order that clients will be tested in a random fashion. Clients are assigned a color corresponding to the frequency with which they will be tested and are required to call a voice mail system daily to determine whether or not they need to submit a urine sample that day. In the initial phases of the program, clients are assigned to the "Red" category and are tested approximately 12 to 14 times per month. As clients progress in treatment, their UA category will change. Generally, at around 3 months of sobriety a client will be moved to the "Yellow" category. Clients in the "Yellow" category are tested approximately 6 to 8 times per month. After 6 months of sobriety, a client is often moved into the "Blue" category, which means he or she will be tested approximately 4 to 6 times per month. Finally, a client can be moved into the "Green" category, indicating he or she will be tested approximately 2 to 4 times per month. If a client needs more intensive monitoring (usually due to a relapse), he or she may be assigned to both "Red" and "Yellow" categories at once which essentially assures the requirement of daily UAs.

Treatment Participation

The SRC Drug Court Counselor is responsible for tracking treatment participation (including UA results and 12-step participation). Clients are required to provide written evidence of their participation in the required Twelve Step meetings in the form of a signed attendance slip.

Sanctions

Sanctions are progressive, increasing as violations continue. The following sanctions are imposed at the discretion of the Judge: 1) more intensive treatment (including increased number of required self-help groups); 2) increased urinalysis; 3) increase in frequency of required court appearances; 4) community service hours; 5) immediate but brief incarceration (24 to 48 hours); and 6) dismissal from the program resulting in revocation of the deferral, bench trial and, ultimately, conviction and sentencing under state law.

The Judge solicits verbal input from treatment staff, the Prosecutor and the Defense Attorney during the pre-court meeting when deciding on which sanction(s) to impose. She also relies on the treatment progress reports provided by SRC. Generally, the Judge has decided which sanctions to impose before entering the courtroom but occasionally, as new information surfaces in court, may impose something different than what was originally planned. There is no written schedule for sanctions or incentives. The Judge aims to be consistent and fair while also making clear that sanctions are at her discretion so that clients do not begin to think they know exactly what the punishment will be for a particular violation.

Incentives

Incentives available to the court include reducing the frequency of required Drug Court appearances, advancing the client to the next UA "color" level, advancing the client to the next level of treatment (which occurs at SRC's recommendation), movie or bowling passes, restaurant gift certificates, verbal praise, applause for the client's efforts, and other expressions of encouragement and support. Certificates are presented by SRC as a client moves from one treatment phase to another as a way of recognizing this accomplishment.

Graduation

Graduation ceremonies occur in the courtroom during the regular Drug Court session on an as-needed basis. An attempt is made to schedule graduation ceremonies for more than one client at a time but may be scheduled for one individual if necessary.

Clients must be drug-free for one year, in compliance with all treatment requirements and employed or enrolled in school in order to graduate. However, at the Drug Court Judge's discretion, a participant may be allowed to graduate who is neither employed nor enrolled in school.

During the ceremony, clients are verbally praised and applauded, presented with a certificate of completion and given a frame containing "before" and "after" photos of themselves. Also during the ceremony, the Judge dismisses the graduate's pending felony charge(s) if restitution has been paid in full. If restitution has not been paid, the participant "graduates" from Drug Court but his or her charge(s) are not dismissed until restitution is completely paid. In these cases, participants must continue to appear in Drug Court monthly to address restitution progress. Graduates are encouraged to invite family and friends to the ceremony and refreshments are provided.

Alumni Association

The SRC treatment team is working on the development of an Alumni Association. SRC will facilitate the initial meeting for this group but intends to involve successful Drug Court graduates in the ongoing coordination. The frequency and nature of the Alumni Association's meetings are yet to be determined.

TREATMENT PROGRAM CHARACTERISTICS

Number of Provider Agencies

The Skagit Recovery Center is the sole treatment provider for Skagit County Adult Drug Court clients. Although all Skagit County Drug Court clients are referred to SRC, the agency refers Drug Court clients to inpatient chemical dependency treatment if necessary. Such clients remain on the SRC caseload for the purpose of outpatient aftercare following inpatient treatment and remain with SRC for the remainder of their treatment program.

Funding

Treatment services are paid for by a variety of federal and state funding sources, private insurance and client contributions. Byrne grant monies have provided for some Drug Court treatment services and, beginning July 1, 1999, OJP monies also became available. Clients are required to contribute to the cost of their treatment services. This contribution is based on a client's funding source for treatment and his or her ability to pay.

Overall Services Provided by SRC

A private non-profit social service agency, SRC provides services in both Mount Vernon and Anacortes. Services offered include assessment, outpatient chemical dependency treatment for adults and youth, detoxification, recovery house, family and co-dependency counseling, domestic violence perpetrator treatment and anger management treatment. Although all Skagit County Drug Court clients are referred to SRC, the agency refers some clients to inpatient chemical dependency treatment if necessary. These clients remain on the SRC caseload

for the purpose of outpatient aftercare following inpatient treatment. SRC serves both low income/indigent clients and private-pay clients.

Drug Court Treatment Program

Evaluation

Clients are required to schedule an evaluation with SRC within 72 hours of their omnibus hearing. This biopsychosocial evaluation takes approximately 2 hours and covers areas such as drug and alcohol use, family and social relationships, medical status, mental health status, legal history, et cetera. The ASAM (American Society of Addiction Medicine) criteria are used for this evaluation.

Treatment Philosophy

SRC views addiction as a biopsychosocial disease. Treatment incorporates a variety of techniques and clients are encouraged to utilize 12-step and other self-help resources. Abstinence from all substances (alcohol and other drugs of abuse) is always the treatment goal.

Are Drug Court clients treated separately from other clients?

There is one Drug Court-specific process group per week. Aside from that, Drug Court clients are intermingled with the general outpatient population at SRC. SRC recently hired a relapse prevention specialist who plans to develop a relapse prevention group specifically for Drug Court clients.

Treatment Phases

Phase 1 (12 weeks)

Group Counseling	4/week
Individual Counseling	2/month
Twelve Step Groups	2/week
Urinalysis	12-14/month
Court Appearances	2/month

Phase 2 (24 weeks)

Group Counseling	2/week initially, transitioning into 1/week
Individual Counseling	2/month
Twelve Step Groups	2/week
Urinalysis	4-8/month
Court Appearances	1-2/month

Phase 3 (12 weeks)

Group Counseling	1/week
Individual Counseling	1/month
Twelve Step Groups	2/week
Urinalysis	2-6/month
Court Appearances	1/month

Inpatient clients generally complete 21 days of treatment. Upon discharge from inpatient treatment, these clients complete an outpatient phase similar to that described above for Drug Court Clients referred directly to outpatient treatment.

Mental Health Issues

Although the SRC Drug Court program is not fully equipped to assist the dually diagnosed client, some with co-existing mental health issues may enter the program. SRC employs a part-time, mental health counselor who provides initial diagnosis information and referrals as necessary. SRC staff members have experienced a good deal of difficulty when attempting to access outside mental health services for their substance-abusing clients. Nonetheless, participants with suspected mental illness are required to undergo a full mental health evaluation as a contingency of their Drug Court participation. Skagit Mental Health Center staff are able to conduct these evaluations in jail with potential participants if necessary. Clients with co-existing conditions such as major depression, anxiety disorders or Attention-deficit Hyperactivity Disorder (ADHD) may be effectively treated in the Drug Court program. Clients with psychotic disorders such as schizophrenia are generally not admitted into the program.

Length of Treatment Program

Regardless of whether or not a client attends inpatient in addition to outpatient treatment, the SRC Drug Court Treatment Program lasts a minimum of one year. Most clients require fifteen (15) to eighteen (18) months (with a maximum of 24 months allowed) to complete the program. A client progresses from one phase of treatment to the next only upon satisfactory completion of the requirements of each phase, regardless of length of time in that phase.

REFERENCES

Skagit County Drug Court, OJP Implementation Grant Proposal – Part B, April 9, 1998.

Appendix B6

County Drug Court Profiles:

Kitsap County Drug Court Program Profile

KITSAP COUNTY ADULT DRUG COURT

PROGRAM PROFILE

March 2000

BACKGROUND

The Kitsap County Drug Court program (hereafter referred to as the "Drug Court") has been in operation since February of 1999. A Drug Court Planning Grant from the Office of Justice Programs/Department of Justice (OJP/DOJ), awarded in 1996, funded the early development and implementation of the program. Eligible defendants who choose to enter the program waive their right to a speedy trial and trial by jury, stipulate to the facts in the police report from the time of their arrest and agree to complete a rigorous program of treatment and court monitoring for approximately one year. If participants successfully complete the Drug Court program, their charges are dismissed with prejudice. If participants fail to meet the program requirements, they are subject to a bench trial based solely on the stipulated facts contained in the police report from the time of their arrest. To date, one judge has served on the Drug Court bench. This judge, the Honorable Judge Jay B. Roof, has agreed to serve as the Drug Court Judge for two years.

The Drug Court utilizes a single-source treatment model. All participants are referred to the Kitsap Recovery Center (KRC) for both evaluation and treatment. KRC provides both inpatient and outpatient treatment services to Drug Court participants and may also refer to other agencies for ancillary services if necessary.

This profile is based on interviews with Drug Court team members and the review of relevant documents.

DRUG COURT PROGRAM CHARACTERISTICS

Funding Source(s)

A Planning Grant, awarded in 1996 from the Office of Justice Programs/Department of Justice (OJP/DOJ), funded the early develop and implementation of the program. An OJP/DOJ Implementation Grant currently funds the Drug Court. This two-year grant was awarded in July of 1998 and pays salaries and benefits for Drug Court staff members. Treatment is supplemented by other sources such as ADATSA, Title XIX, private insurance or participant contributions. Currently there are no Byrne Grant monies involved. Participants are charged a small fee for participation in the Drug Court. This court fee is \$5 per appearance in court.

Planning Process

Who were the players?

Initially, the planning process involved representation from judges, the prosecutor's office, the public defender, the State Department of Corrections and the County Substance Abuse Coordinator. The planning team worked closely with the law enforcement community in an attempt to gain the support of the Kitsap County Law and Justice Council. Members of the Law and Justice Council include representatives of local police departments, legislators, County Commissioners, Naval Criminal Investigative Services, community citizens, school officials, state patrol, the sheriff's office, judges, probation, juvenile services, Washington State Department of Corrections, the prosecutor's office and other public officials.

Program goals and objectives

The primary goals of the Kitsap County Drug Court are:

- To reduce recidivism by offering an alternative to jail and probation through participation in assessment, education and treatment for non-violent drug addicted defendants.
- To reduce drug/alcohol use and monitor compliance for treatment program participation through frequent

contact with the court and intensive supervision (including mandatory drug testing).

(Kitsap County, OJP/DOJ Implementation Grant Proposal, Submitted 4/7/98)

Implementation Process

What facilitated implementation?

Treatment representatives from Kitsap County, who had become excited about the idea of a drug court, approached the County Prosecutor. As a result of these discussions, the County Substance Abuse Prevention Specialist wrote an OJP/DOJ planning grant, which was funded in fiscal year 1996. With planning grant monies, a team was trained and began working together to implement a drug court program. This planning process included representatives from the prosecutor's office, the public defender's office, and the State Department of Corrections. Judges and the County Substance Abuse Coordinator were also involved.

Degree of implementation

As of November 30, 1999, there had been approximately 60 individuals screened by the prosecutor's office and found eligible for drug court. Of those, 20 were not interested in Drug Court and 40 enrolled in Drug Court.

- 60 Screened as eligible by Prosecutor's Office
- 20 Not interested (refused to try or opted out during trial period)
- 40 Enrolled

Of the 40 who enrolled, the following numbers were discharged for non-compliance, dropped out, transferred, are on bench warrant status or currently remain enrolled.

- 28 Still enrolled
- 6 Discharged for noncompliance
- 3 On bench warrant status
- 2 Dropped out
- 1 Transferred to another court

Program Modifications

There have been a number of modifications to the Drug Court program since the time it was implemented. For example, the original intent was for the Defense Attorney to meet with all potential drug court participants prior to arraignment. It quickly became apparent that in some cases this would be difficult to accomplish. Therefore, it was decided that a Court Investigator who conducts a bail study with each incarcerated defendant could also present the Drug Court option to those who are eligible. This appears to be working well and allows for more efficient processing.

It was initially the goal for Judge Roof to arraign all potential Drug Court participants. However, this was found to be logistically difficult. As it stands now, Judge Roof arraigns some potential Drug Court participants but not all. Whether or not Judge Roof presides over a given defendant's arraignment depends on the regular Superior Court arraignment calendar.

There have also been some procedural changes in the Drug Court courtroom. In the early days of Drug Court, the Judge allowed the Defense Attorney and Prosecutor to present arguments in open court. This has changed over time. Currently, it is rare for either attorney to speak out in the courtroom. The Judge believes it is more beneficial to hear directly from the Drug Court participant him/herself. Although there is no formal pre-court meeting that includes the attorneys, they may approach the Judge before or after court with comments or concerns.

Previously, participants could leave the courtroom once the Judge had addressed their case. At present, all participants are asked to remain until court is adjourned. This allows participants the opportunity to observe the Judge's response to both noncompliance and successful progress. It also seems to facilitate a greater sense of cohesion among the participants.

There has also been a change in the way participant progress reports are handled. Originally, "excellent" reports were issued if an individual showed excellent progress during the prior week. Participants are now required to show sustained progress before receiving an "excellent" report. This has lessened the potential for "roller coaster" report histories.

There has been a recent change in legal eligibility criteria. Originally, all prior or pending burglary charges were grounds for exclusion from drug court. As of October 1999, a burglary charge became a "presumptive exclusion" only. The Prosecutor, at his discretion, may now deem a defendant with a prior burglary charge as legally eligible depending on the details of the case, date of offense, et cetera.

Organization

Frequency of court

Kitsap County Drug Court meets on Fridays at 10 AM. Generally, court is in session for approximately 1-½ - 2 hours.

Team members/Key Players

There are a number of key players involved in the Drug Court. The Drug Court Judge monitors participant progress and utilizes sanctions and incentives to encourage a participant's successful completion of the Drug Court program. The Kitsap County Prosecutor's Office is responsible for screening defendants and determining their eligibility. Currently, one prosecuting attorney on staff is responsible for managing all Drug Court cases. The Law Office of Crawford, McGilliard, Peterson, Yelish and Dixon has contracted with the Drug Court to provide defense counsel to Drug Court participants. As with the Prosecutor's Office, one individual at the Crawford law firm is responsible for handling all Drug Court cases. The Defense Attorney informs defendants of their eligibility and answers any questions they might have.

The County Alcohol/Drug Coordinator serves as the Drug Court Administrator. This person's role includes administering the OJP/DOJ grant and other administrative functions. Currently, a Department of Corrections (DOC) employee is the Drug Court Coordinator. The Drug Court Coordinator provides case management services and works closely with defendants, the court and the treatment center. There is also a Drug Court Volunteer who takes attendance, receives participants' court fees and takes notes during court.

At the treatment center level, an employee of the Kitsap Recovery Center (KRC) serves as the Drug Court Treatment Coordinator and there are two Drug Court counselors. KRC also employs an on-call counselor who may be utilized if one of the regular Drug Court counselors is unavailable.

Who are the treatment providers?

Kitsap County Recovery Center (KRC) is currently the sole drug court treatment provider in Kitsap County. A County-owned and operated facility, KRC offers a variety of services including detoxification, assessment, inpatient treatment, outpatient treatment, and services for pregnant and parenting women. KRC serves both low income/indigent participants and private-pay participants.

Participant Movement through Drug Court Program

Legal Criteria for Drug Court admission

The legal offenses eligible for drug court consideration include:

- Possession of controlled substances

- Prescription/legend drug offenses (including forged prescriptions)
- Drug-related property crimes (theft, forgery, etc.)
- Probation violations (if based on the defendant's substance abuse)

Offenses not eligible for drug court include:

- Prior or pending violent or sex offenses
- Delivery of a controlled substances
- Manufacture of a drug, including marijuana and methamphetamine
- Possession of drugs with intent to deliver
- Firearms present at the time of arrest
- Prior or pending burglary offense (presumptive exclusion only – Prosecutor studies the facts of each case and may admit defendants with a prior burglary charge at his discretion)
- Any violence involved with the current offense.

(OJP Implementation Grant Proposal, April 7, 1998)

The Prosecutor's Office is responsible for screening all potential Drug Court participants. As a part of this process, the Prosecutor may contact the local drug task force and/or the arresting agency to determine if the defendant is a "person of interest" for additional charges.

Clinical Criteria for Drug Court admission

The participant must be diagnosed with a chemical dependency or addiction. In addition, the participant must want to participate in treatment and there must be adequate services available to address the needs of the participant.

How/when is decision made to offer the Drug Court option?

After an individual has been screened for legal eligibility, the Prosecutor contacts a Court Investigator who performs a bail study with in-custody defendants and presents them with the Drug Court option if appropriate. If there is a question about eligibility, the Prosecutor visits in-custody defendants himself. The Defense Attorney presents information about the Drug Court option to out-of-custody defendants. Defendants are instructed to make a decision about whether or not they are interested in Drug Court by the time of their arraignment, which usually occurs later the same day for in-custody defendants.

If an eligible defendant expresses interest in Drug Court to the presiding judge at arraignment, the judge instructs the defendant to contact the Drug Court Coordinator for an intake interview, remain drug free, contact Kitsap Recovery Center (KRC) for an evaluation and attend the next Friday session of Drug Court. The Prosecutor may also summon eligible defendants directly to Drug Court (e.g., those who were not formally arrested but instead summoned directly to court for a minor felony).

At what point in the judicial process does a defendant enter Drug Court program?

The Kitsap County Drug Court operates as a prosecution-deferred system. At the time of arraignment, a motion can be made to transfer the defendant's case into Drug Court. The acceptance of this motion is at the discretion of the judge. At the time the arraigning judge approves such a motion, the defendant is considered to have "entered" the Drug Court program. However, the defendant may withdraw during the first 14 days without waiving any constitutional rights.

Consequences of non-completion

If the defendant withdraws from the drug court program during the first 14 days, the case then follows the regular procedure for a trial. However, if a defendant drops out of the program after the first 14 days, he or she is tried and sentenced by the Drug Court Judge based solely on the stipulated facts in the police and laboratory

reports.

Court/Participant Interaction

Type of interaction between court and participant

Participants interact directly with the Drug Court Judge from the time they enter the Drug Court program to the time their participation ceases. Once enrolled, participants are required to appear regularly in court and may be called upon to answer pointed questions from the Judge about their treatment progress. The judge is more than a detached arbiter but an active leader in the Drug Court who utilizes a range of incentives and sanctions to promote a participant's successful completion of the program.

The KRC Counselors and the Drug Court Coordinator are responsible for providing verbal and written treatment progress reports (including Urinalysis results) to the Drug Court judicial staff.

Frequency

Each participant is expected to appear before the judge on a regularly scheduled basis. Initially, a participant is expected to appear weekly. The frequency of such appearances decreases over time provided a participant is compliant with program requirements.

All participants are required to meet with the Drug Court Coordinator prior to their first meeting at the treatment center. During this initial meeting, the Drug Court Coordinator seeks to learn more about each participant and to begin establishing a relationship with him or her. As part of this process, the potential participant completes a 7-page personal history questionnaire, a copy of which is given to Kitsap Recovery Center. The Drug Court Coordinator also visits each participant's home on a monthly basis. This promotes family awareness of and support for the participant's drug court experience.

Court Fees

As of January 2000, participants are required to pay a court fee based on a sliding fee scale of anywhere from \$1.25 to \$10 per court appearance. Prior to that time, the fee was a flat \$5 per appearance.

Monitoring Participant Compliance

The Court has a primary role in monitoring compliance with all aspects of the treatment program and in responding consistently and quickly to issues of noncompliance. Aspects of treatment that are monitored include participation in sober support groups, abstinence from substance use and participation in required treatment activities.

KRC counselors generate weekly progress reports for each participant, which are distributed to the entire Drug Court team. KRC Drug Court staff and the Drug Court Coordinator also meet weekly to discuss participant progress. In addition, the Drug Court Coordinator meets weekly with the Judge to discuss the information received from KRC. Finally, the KRC Drug Court Counselors, the Drug Court Coordinator and the Judge meet briefly every Friday before Drug Court to discuss any sanctions that might be necessary.

Urinalysis

Initially, participants are tested a minimum of five (5) times per month on a random basis. A participant can be asked to produce a urine sample at any time for "cause" by a treatment program counselor or the Drug Court Coordinator. As the participant progresses in the program, the frequency of UA's will vary based on the treatment progress, drug of choice, and the participant's compliance with the program. In addition to urinalysis tests, breathalyzer testing is also required on a random basis to detect alcohol use.

Urine samples are collected at Kitsap Recovery Center, Department of Corrections or the Drug Court itself. A certified lab performs all laboratory urinalysis tests. Whenever a participant tests positive as a result of a

urinalysis test or breathalyzer, the participant is required to attend the next Drug Court session so the judge may determine what sanctions to impose.

Treatment Participation

KRC counselors, the KRC Treatment Coordinator and the Drug Court Coordinator are responsible for tracking treatment participation and reporting such information to the Court in the form of both written and verbal reports. The KRC staff counselors are responsible for assuring that Drug Court participants are included in TARGET, the state Management Information System (MIS) for substance abuse treatment.

Sanctions

Participants are required to provide a written explanation of any violation that has occurred. This explanation must include information on why the violation occurred, what the circumstances were, et cetera. This information is submitted first to the participant's treatment counselor and then to the rest of the Drug Court Team as part of the participant's weekly progress report.

Sanctions are imposed at the discretion of the Judge and are progressive, increasing as violations continue. The following sanctions are currently used: 1) increase in treatment intensity (including number of required sober support meetings); 2) increased urinalysis or breathalyzers, 3) increase in required court appearances; 4) daily reporting to the Drug Court Coordinator; 5) written assignments (such as essays on "responsibility", "what it means to be clean and sober", etc); 6) sitting in on arraignment hearings, 7) community service hours, 8) incarceration, and 9) dismissal from the program resulting in revocation of the deferral, bench trial, and, ultimately conviction and sentencing under state law.

Incentives

The incentives available to the court include reducing the frequency of required drug court appearances, calling the participant early in the court calendar on a given day, advancing the participant to the next level of treatment, reducing the frequency of urinalysis testing, verbal praise, applause for the participant's efforts, and other expressions of encouragement and support. At times, movie tickets and restaurant gift certificates have also been provided for participants who are doing well.

Graduation

As of March 1, 2000 there had not yet been a graduation ceremony but there were approximately two participants eligible for graduation. The Drug Court team plans to schedule its first graduation ceremony when there are a few more participants eligible for graduation. The Prosecutor may dismiss charges against a participant when he or she has successfully completed Drug Court, even if that participant has not yet gone through a formal graduation ceremony. The plan for graduation is that participants must be drug-free for at least six (6) months and in compliance with all treatment requirements in order to graduate. Participants will be encouraged to invite family and friends to the drug court graduation to celebrate their accomplishment. As part of the graduation, the Judge will dismiss the pending charge(s).

Alumni Association

The Drug Court Team is working on the development of an Alumni Association. There has been discussion about inviting Drug Court alumni from other counties to participate in the first Kitsap County Drug Court graduation ceremony. There has also been discussion about the possibility that Drug Court alumni could assist current Drug Court participants with transportation to treatment, court and self-help meetings.

TREATMENT PROGRAM CHARACTERISTICS

Number of Provider Agencies

The Kitsap Recovery Center (KRC) is the sole treatment provider for Kitsap County Adult Drug Court participants. KRC is owned and operated by the governmental entity of Kitsap County. Occasionally, a participant

may be allowed to access treatment services at another agency if there are extenuating circumstances. For example, if a participant's home is closer to an alternate treatment agency that is willing to comply with the Kitsap County Drug Court reporting requirements, the participant may undergo treatment at that agency as opposed to KRC.

Funding

The OJP/DOJ Implementation Grant pays for treatment staff salaries and benefits. KRC relies on public assistance, private insurance or participant self-payment for all other costs associated with treatment. An attempt is made to obtain State or Federal public assistance for each participant and a financial contract must be signed by each individual as he or she begins treatment. This contract includes the requirement that the participant contribute to the cost of treatment by paying a fee as determined by income. The financial contract is re-assessed on a monthly basis and may be revised if a participant's financial situation has changed.

Overall Services Provided by Kitsap Recovery Center (KRC)

KRC offers a wide range of services including inpatient treatment, outpatient treatment, detoxification, assessment, and services for pregnant and parenting women.

Drug Court Treatment Program

Evaluation for treatment

An attempt is made by KRC to evaluate drug court participants within ten (10) working days of their acceptance into the Drug Court program. During the evaluation, the KRC Counselor determines whether the participant should be placed in inpatient or outpatient treatment. Placement for treatment is determined using criteria developed by the American Society of Addiction Medicine (ASAM). Drug Court participants placed in inpatient treatment are integrated into the overall KRC inpatient population while those placed in outpatient are treated separately from the overall outpatient group. Those placed in inpatient are generally required to complete 21 days of treatment and, once they have completed inpatient, are required to complete outpatient phases similar to those of participants referred directly to outpatient treatment (see below).

Treatment Phases

Phase 1 (16 weeks minimum)

Group Counseling	3/week
Individual Counseling	1/week
Sober Support Groups	3/week
Urinalysis	2/week (minimum)
Court Appearances	2-4/month
Meet with D Court Coord	1/month

Phase 2 (24 weeks minimum)

Group Counseling	2/week
Individual Counseling	1/week (or as needed)
Sober Support Groups	3/week
Urinalysis	1/week (minimum)
Court Appearances	As required (average of 2/mo)
Meet with D Court Coord	1/month

Phase 3 (8 weeks minimum)

Group Counseling	1/week
Individual Counseling	1/month (or as needed)
Sober Support Groups	3/week

Urinalysis	As required
Court Appearances	As required
Meet with D Court Coord	1/month

Progression from one treatment phase to the next

In order to progress from Phase 1 to Phase 2, participants must write a “powerlessness paper” in which they recognize their powerlessness over their chemical dependency and the behaviors associated with that powerlessness. This paper must be approved by the treatment counselor and presented to the treatment group before the participant may progress to the next Phase. In order to transition from Phase 2 to Phase 3, participants must have made satisfactory progress in treatment. They must be in compliance with program standards and have developed a sober support system outside of treatment.

Support/Ancillary Services

Some participants who are eligible for publicly funded treatment are also eligible for additional services such as childcare and transportation. A child care placement service refers eligible parents to child care services at licensed child care facilities and pays for these services while the parent is attending treatment or sober support meetings. Transportation is also available for eligible Title XIX participants through a transportation broker. According to Drug Court team members, these transportation services have been somewhat helpful but there is still a great need for additional transportation assistance for Drug Court participants. This is at least partially because many Drug Court participants do not have a valid driver’s license and may have to travel a considerable distance to get to the Drug Court and/or KRC.

Length of Treatment Program

Regardless of whether or not a participant attends inpatient in addition to outpatient treatment or outpatient treatment only, the KRC Drug Court treatment program normally lasts a minimum of one year. The general time frame for each component of the treatment program is determined by the treatment standards set forth in the American Society of Addiction Medicine (ASAM) criteria. However, a participant progresses from one phase of treatment to the next only upon satisfactory completion of the requirements of each phase, regardless of length of time in that phase.

REFERENCES

Kitsap County Drug Court, OJP Implementation Grant Proposal – Part B, April 7, 1998.

Appendix B7

County Drug Court Profiles:

Snohomish County Drug Court Program Profile

SNOHOMISH COUNTY ADULT DRUG COURT

PROGRAM PROFILE

April 2001

BACKGROUND

Concerned about a rapid increase in the number of drug related crimes with felony drug cases constituting the fastest growing category of criminal cases in Snohomish County, and the multiple impacts of this phenomenon on the community, a group of concerned individuals began meeting in 1997 to consider the feasibility of a drug court program in the County. The group included representatives from the legal community including the offices of the County Prosecutor and Public Defender, the Superior Court, Everett Police Department, the County Council, the County Departments of Corrections and Human Services, chemical dependency treatment providers, and other community and business leaders. The work of this group culminated in the submission of a Drug Court Planning Grant application to the Department of Justice/Drug Court Program Office (DOJ/DCPO) in Spring 1998. This successful application, funded for fiscal year 1998-99, supported the work of the Planning Committee in developing the Drug Court program that was implemented as a pilot project in Snohomish County Superior Court in October 1999.

The planning grant provided opportunities for members of the Committee to visit other Drug Court programs in Washington and other parts of the county, and provided a rich source of information from other Drug Courts about structure and operation and lessons learned from their successes and failures. The grant also supported the participation of Planning Committee members in training conferences offered by the National Association of Drug Court Professionals and the Office of Drug Court Program. These conferences were designed to facilitate the development of a shared understanding of Drug Court, team identity among group members, and a team approach to the design and implementation of the program. Committee members found the training sessions very helpful and important in developing the Drug Court program.

The planning grant culminated in a detailed proposal and implementation plan for the Snohomish County Drug Court, and an application to DOJ/DCPO for an implementation grant that would provide significant funding for the program. Although the implementation grant application was ultimately successful, Federal funding was not available for the projected start date of Fall, 1999. Reflecting the commitment of the Planning Committee and the community to the program, the decision was made to start a small pilot project in October 1999 without Federal funding. The Committee was reluctant to lose the momentum and commitment that had been generated during the planning effort, and felt that a small pilot project would provide an opportunity to test the proposed program before full implementation.

Funding for the pilot was, in the words of a member of the Planning Committee, "cobbled together from every possible penny" with a lot of work "coming out of people's hides." Snohomish County provided the legal staff including the part-time Judge, Prosecutor and Defense Attorney, and court staff. In addition, the County Council made a one-time grant to cover the costs of the urine-testing program. Existing State and County treatment dollars were used for treatment for most offenders in the program. A County Department of Human Services staff member who had been part of the Planning Committee provided program coordination services in addition to her other duties until a DC coordinator was hired. Limited to 50 participants, the pilot project operated from October, 1999 through May, 2000 when a Byrne Grant was funded. A three-year implementation grant was funded beginning in January 2001 making additional resources available to support the program.

The Snohomish County program is a court-supervised, deferred prosecution, pre-adjudication program that requires regular participation in an intensive treatment program, frequent urine monitoring, and frequent appearances before the Drug Court Judge. Defendants who enter the program waive their rights to a speedy trial, agree to stipulated facts in the police report, and enter a detailed contract with the Court. If the individual successfully completes the program the pending charge(s) are dismissed. If the individual fails to meet the requirements, s/he is sentenced by the Drug Court Judge on the standing charges.

As a relatively new program, no formal evaluation of the Snohomish Drug Court has been done. The

program has now been included in an ongoing longitudinal evaluation, conducted by the Alcohol and Drug Abuse Institute at the University of Washington, of the development, characteristics, and impact of participation on Drug Court clients of six other Drug Courts in the State. This program description is the initial component of the evaluation. The information presented in this report comes from interviews with Drug Court Team members and review of relevant program documents.

DRUG COURT PROGRAM CHARACTERISTICS

Funding Source(s)

The major funding sources for the Snohomish County program include the planning and implementation grants from the DOJ/ODCP and support from Snohomish County. The three-year implementation grant provides funding for the Drug Court Coordinator, urine testing, and treatment and administrative costs. In addition to the pilot program support, Snohomish County continues to contribute to the program in two ways: first, the county provides the match funds required by the implementation grant; and, second, the part time services of the Drug Court Judge, Prosecutor, and court staff are provided at no cost to the program. The program also receives some funding from the BRYNE grant (a Federal program administered by the State Division of Alcohol and Substance Abuse) that must be used for treatment. The Northwest HIDTA (High Intensity Drug Trafficking Area) provides a small amount of funding to support evaluation, and the installation of a DC case management data system. In addition, the \$600.00 fee paid by offenders in the program provides a small source of funding. While the program is adequately funded at this time, Drug Court team members are concerned about the State funding that will be necessary to continue the program at the completion of the implementation grant in 2004.

Planning Process

Who were the players?

Planning for the Snohomish County Drug Court began in 1997 when a group concerned about the rapidly growing number of drug crimes and the associated impact of the courts and county jail began meeting to consider the feasibility of a drug court program as one approach to the problem. The group, spearheaded by Everett Police Department and Ms. Cami Hart from the County Department of Human Services, included representatives from the Snohomish County Council, the offices of the County Prosecutor and Public Defender, the County Departments of Corrections and Human Services, Superior Court Judge Thorpe, chemical dependency treatment providers, and other community and business leaders. While the group attempted to include representatives from Snohomish County law enforcement agencies, the efforts were not successful on a sustained basis. Thus, there was no consistent input from law enforcement in the planning process. The work of this group culminated in the submission of a Drug Court Planning Grant application to the Department of Justice/Drug Court Program Office (DOJ/DCPO) in Spring 1998. Many members of the original Planning Committee continued their membership in the current Drug Court Planning/Advisory Committee that meets monthly.

Program goals and objectives

The overall mission of the Snohomish County Drug Court program, also known as CHART (Choosing Healthy Alternatives—Recovery and Treatment), is to reduce drug-related crime within the community through collaborative relationships between the criminal justice system and the chemical dependency treatment community. The primary goal is to provide a comprehensive program of drug treatment and ancillary services for individuals arrested for eligible felony drug related crimes in order to reduce crime and improve the quality of life in the community. The specific goals and objectives of the program are to:

- Promote public safety by reducing substance abuse and recidivism among non-violent substance-abusing offenders.
- Reduce addiction related crime by treating the underlying addiction;
- Increase the effectiveness of treatment and improve the quality of life for court-involved clients. (Snohomish County Drug Court Implementation Grant)

Target Population

The target population is adults charged with a drug-related felony who meet the following conditions:

- charged in Snohomish County
- no indication of a commercial operation in the charged offense;
- no history of sex or violent offenses,
- no other pending felony charges, and,
- no more than five prior felony convictions excluding prior drug convictions.
(Snohomish County Drug Court Participant Handbook)

The initial target population criteria limited the number of prior felony convictions to two. However, experience with the pilot program suggested that this requirement made the program inaccessible to offenders who were otherwise appropriate participants, and made it more difficult than anticipated to recruit individuals into the program. Based on this experience the Planning Committee and Drug Court team decided to increase the number of prior convictions with the stipulation that the DC Prosecutor would carefully screen offenders with previous felonies before they were offered admission to the program. In addition to these legal criteria, the program targets individuals who are addicted rather than those with less serious problems with substance use.

Implementation Process

What facilitated implementation?

A number of factors facilitated implementation of the DC program. The broad based membership of the Planning Committee helped develop community awareness of the potential value of a DC program and encouraged early community involvement and support for the program. The DOJ/DCPO planning grant provided technical support through training conferences and other resources that made it possible for the Planning Committee to develop a strong, carefully designed Drug Court program and implementation plan based on best practices from existing programs around the country. The continuity between planning and actual implementation provided by Judge Thorpe's participation in the Planning Committee and subsequent assumption of the Drug Court judgeship has also been an important facilitating factor.

Although Judge Thorpe is the only member of the current DC team who was a member of the original Planning Committee, the members of the team worked together during the pilot program and have developed a shared sense of the purpose and goals of the program and a commitment to the teamwork necessary to realize these goals. Their commitment and ability to work as a team is another important facilitating factor in the successful implementation.

The community support (nurtured in part by the nature and efforts of the Planning Committee) demonstrated in the County funding the DC pilot project when Federal funding was unexpectedly delayed was very important in facilitating implementation, as was the pilot project itself. The pilot provided an opportunity to test the program design with a small number of participants and to make improvements to strengthen the program before it began full scale operation in June 2000 with funding from the Bryne Grant and later the DOJ/DCPO implementation grant. The modifications will be discussed in more detail later in the report.

Degree of Implementation

The Snohomish County program has fully implemented its organizational and operational plan and is in the process of achieving the projected full caseload of 150 active participants. By the end of January 2001, 106 offenders had been admitted to the program. (Information is not available on the number of people who were referred to the program but were not admitted.) Sixty-one were active participants and two had successfully completed the program. Two others had been transferred to DC programs in other counties. Seventeen had been terminated for various reasons including new arrests, non-compliance with program requirements, and offender's decisions to discontinue participation. Another twenty-four individuals had opted-out of the program, i.e. decided not to enter during a two week trial period. Thus, of the 106 individuals admitted to the program between beginning the pilot project in October 1999 and January 2001 approximately 60% were either still active or had graduated for a retention rate of approximately 60%. Approximately 16% had been terminated due to failure to meet the re-

quirements of the program while approximately 23% had decided not to participate during the two-week trial period.

(Snohomish County Drug Court Facts, 1/31/01)

At the present time the program does not have reliable information on the number of individuals referred to the program who were found ineligible either because they did not meet legal eligibility criteria, were not addicted, or had other problems such as severe mental illness that would make it difficult to participate in the program. The DC Prosecutor estimates that less than 10% of the cases he screens fail to meet legal eligibility criteria.

Nor does the program have reliable information of the number of offenders who potentially met the legal criteria for DC referral but had no contact with the program, or the number who received some initial information about the program but were not interested in referral. The DC Defense Attorney estimates that between 20 and 50% of drug related felony charges never come to the attention of the DC program. Thus, it appears that there are a significant number of offenders who are potential DC participants about whom little is known. This group may be an important source of participants.

Program Modifications

Modifications in the original program design have been in two areas: timing and process of screening and program entry, and eligibility criteria. Data from the pilot project provided the impetus for the modifications.

Changes in Screening and Program Entry Process: The first major area of change has been in the timing and process of screening and program entry. Based on the DC principle of early identification and prompt entry into the program (National Association of Drug Court Professionals, January 1997), the original proposal called for a process of in-custody screening and selection. Each morning the DC Prosecutor would receive a list of cases in-custody for drug related charges. He would then file charges on individuals who passed a first level screening and refer them to the DC Defense Attorney who explained the DC program and obtained consent for referral. Offenders were seen as soon as possible by the Drug Court coordinator for addiction screening. Those eligible were given a Court date for the next day if possible but within the week. Most were then released on personal recognizance. It quickly became clear that very few individuals were screened out, and there was a very high acceptance rate of the DC option. However, there was a correspondingly high no-show rate for the Court appearance, as well as a high opt-out rate among those who did keep the appointment. The in-custody approach was labor-intensive and had an unexpectedly low rate of program entry.

Based on these findings, the DC team decided that the high acceptance rate reflected decisions based on the opportunity the DC option provided to be released from custody vs. a desire to participate in the program. In addition, offenders were often still impaired when the decision was made and did not understand the DC option. Overall, the team decided that in-custody recruitment was inefficient and ineffective in reaching the goals of the program, and developed the current process.

The referral process is now initiated by a defense attorney (most often the DC Defense Attorney) who identifies cases s/he is handling as potential DC cases and asks the DC Prosecutor to screen for legal eligibility. Legally eligible individuals who are interested in the program must then contact the DC Coordinator for an addiction status screening. Individuals found eligible by the Coordinator are given an immediate DC appearance date and begin the opt-in process. In contrast to the initial entry process, in the current system very few offenders are seen in-custody, there are fewer no-shows for the initial Court appearance, and individuals enter the programs later in the legal process with a much greater range in time between the offense and DC entry. While some continue to enter relatively soon after the drug related offense, many wait until charges are filed to consider the DC option.

It is common for individuals arrested for drug related crimes to be released from custody before charges are filed. County Prosecutors then have up to three years to file although most charges are filed within six to twelve months. Since the charges are an important factor in the possible legal consequences, individuals knowledgeable about the criminal justice system are likely to wait for charges to be filed. Although the Drug Court team has not formally examined the effects of these changes on program entry, there is a shared sense among the team that the current process is more resource efficient and has not reduced the number of eligible individuals who enter the program. There is also some sense among members of the team that individuals who enter later in the

legal process do better in the program.

Changes in Eligibility Criteria: The legal criteria for Drug Court entry in the original program design were quite conservative reflecting the concern among the Snohomish County legal community that the program might be too lenient on drug crimes and increase risks to public safety. Individuals with more than two prior felonies or with drug related crimes other than possession of limited quantities of controlled substances were not eligible for the program. By January 2000, it was clear to the Drug Court team and the Planning Committee that these criteria severely limited eligibility and ruled out many offenders for whom the program was appropriate. At that time, the Planning Committee, with the support of the Office of the County Prosecutor, decided to increase the number of prior felonies to five.

While this change increased the number of eligible individuals, it was still difficult to fill the program, and the team felt that many individuals who were appropriate for the program were still denied access. By Summer 2000, the Planning Committee began to consider the possibility of including drug related property crimes in the legal criteria. In November, again with the support of the Office of the County Prosecutor, drug related property crimes, with the exception of burglary, were added to the legal criteria. Although the legal criteria became more inclusive as the program developed, the exclusion of crimes involving violence and the use of weapons has not changed. Overall these changes in eligibility criteria have had the effect of increasing the number of offenders who are able to access the Drug Court program and have increased the ability of the program fill the available Drug Court slots.

Organization

Frequency of Court

The Snohomish Drug Court meets weekly for two to three hours. The Drug Court team meets before the court session to review the cases that will be heard and to consider other issues pertinent to the program. Team members describe the team meeting as a time of information sharing, case discussion, and shared decision-making. Although a weekly meeting is adequate at this time, as the caseload increases the program is facing the need to increase the Drug Court to twice weekly which may be difficult both for Court space and the time team members have.

Team Members/Key Players

Members of the Drug Court team include the Judge, a prosecuting attorney from the Office of the County Prosecutor, a defense attorney from the Office of the Public Defender who are permanently assigned to DC on a part-time basis, a full time Drug Court Coordinator who is a County Department of Human Services employee, and a representative from each of the two treatment agencies that are contracted to provide services to DC participants. These roles are similar to those in the other Drug Court programs in the State and will be discussed only briefly.

Judge Thorpe, the DC Judge since the inception of the program, is seen as the overall manager and final supervisor of all aspects of the program. Although the program operates with a strong sense of teamwork and shared decision making, the Judge has the final authority and responsibility for decisions about admissions, sanctions, terminations, and graduation. He carries a full judicial assignment in addition to the Drug Court responsibilities.

The Drug Court Prosecutor is the gatekeeper to the program although the initial screening is done by the Defense Attorney who refers cases to the Prosecutor for closer legal screening. He describes his key role as protecting public safety and to meet this responsibility he not only screens potential participants for the specific DC admission criteria. He also looks for patterns of behavior such as a history of disregard for Court orders and other repeated behaviors that, while technically within DC criteria, suggest an unacceptable public safety risk. As a member of the DC team he attends court sessions and the pre-court team meeting and provides input on sanctions and termination decisions. In addition to the DC work that requires between 12 and 15 hours weekly, he carries a trial load with some adjustment for the responsibilities of DC. While this works well most of the time, problems can develop when trial responsibilities conflict with DC sessions. In those situations, another attorney from the Prosecutor's Office is assigned to DC, which makes continuity difficult.¹⁸

The DC Defense Attorney is responsible for informing potential participants of the Drug Court option, providing initial information about the program, and referring cases to the DC Prosecutor for legal screening. She also ensures that defendants understand the rights they are waiving as they opt-in to the program. Although the DC Defense Attorney represents around 90% of offenders in the program, some have private attorneys. In these cases, the DC Defense Attorney acts as liaison between private attorneys and the DC program. Like other team members, the Defense Attorney attends all Drug Court sessions and team meetings. The Defense Attorney estimates that DC requires between 50-60% of her time although she carries a regular caseload in the Office of Assigned Council.

The Drug Court Coordinator, a full-time position in the County Department of Human Services, is responsible for the overall administration and coordination, and day-to-day management of the program including the DC MIS system. She is responsible for linkages between the Court and the treatment agencies, and manages the multiple communications among components of the program. In addition to the management responsibilities, she has an active role with DC participants. She is responsible for initial screening for addiction status and amenability to treatment. The screening interview is also used to gather demographic data, and identify other service needs such as assistance with housing and/or transportation, access to appropriate entitlement programs, etc. In addition, she develops and supports collaborative relationships among agencies, and works on time consuming issues with individuals when requested by a treatment agency. In summary, the coordinator provides the “glue” that holds the program together.

A staff member from each of the two treatment agencies, Catholic Community Services and Evergreen Manor, acts as the DC Treatment Coordinator and is a member of the DC team. Both are involved in the treatment program offered by the agency and are responsible for coordinating treatment activities, case management and the random urine testing, monitoring participant progress and providing timely reports to the DC coordinator about progress and any problems that may be developing. Both attend all Drug Court sessions and team meetings and are fully participating members of the Drug Court Team.

Who are the treatment providers?

Two treatment agencies, Catholic Family Services and Evergreen Manor, have contracts with Snohomish County to provide specified treatment services to Drug Court participants. Both are well established, private, non-profit, fully licensed chemical dependency treatment programs that provide a wide range of services. The agencies and the treatment program will be discussed later in the report.

Participant Movement Through Drug Court Program

Criteria for Drug Court Admission

Admission criteria include both legal and clinical components. The legal criteria include:

- Age 18 or older;
- charged in Snohomish County with a drug related felony (excluding burglary);
- not in-custody;
- no indication of a commercial operation in the charged offense;
- no history of sex or violent offenses,
- no other pending felony charges in Snohomish or any other County;
- no more than five prior felony convictions.

The clinical criteria include:

- Addiction to one or more illegal substances;
- A strong desire to address and overcome the addiction;
- A treatment evaluation finding that the individual is an appropriate candidate for treatment. CD

(Snohomish County Drug Court Participant Handbook)

The last clinical criterion is somewhat general and broad and was designed to screen out individuals who,

for reasons such as severe mental illness, would be unable to meet the stringent requirements of the DC program.

How/When is the decision made to offer Drug Court option?

The decision to offer and/or enter Drug Court is a multi-stepped process made over a 2-3 week period by both DC team members and the offender. The first decision, made by the Defense Attorney and the defendant, is to ask the DC Prosecutor to review the case to determine legal eligibility. If legally eligible, the defendant must see the DC Coordinator to determine addiction status, assess suitability for the program, and to indicate his/her agreement to participate. At that time a DC appearance date is set and the defendant is referred to a treatment agency for an evaluation and to begin the random urine-monitoring program. In the initial DC session the individual signs the DC contract and enters the two-week opt-in period. If at the end of the two weeks either the defendant or the DC team decides against admission, the contract is destroyed and the defendant returns to regular judicial processing.

In the DC contract the individuals agrees to the following requirements and conditions:

- Attend all court sessions and other appointments;
- Follow the treatment plan developed by the treatment agency;
- Participate in all treatment and other programs to maintain sobriety and a crime free life system.
- Allow inspection of residence by DC coordinator;
- Obey all laws and expect new charges for any criminal act while in DC;
- Pay all fees, fines, or restitution as directed by the DC Judge;
- Pay restitution on a prescribed schedule and expect termination from the DC program if schedule is not followed;
- Inform the DC program and treatment agency of changes in address, phone number;
- Remain in the State unless permission to travel is given by the DC Team;
- Become employed, or actively seek employment, attend school, or pursue a GED;
- Submit urine samples as requirement by the DC program and/or treatment agency;
- Expect termination if monitoring requirements are not met or if tests show consistent drug use;
- Remain in the program for the required time of 12 to 18 months;
- Sanctions imposed by the DC Judge for failure to follow the terms of the agreement which may include jail time or termination from the program;
- Sign any and all releases necessary to monitor progress in the DC program;
- Waive confidentiality of medical, treatment, or social service records.

(Snohomish County Superior Court, CHART Program Contract: Notice of Responsibilities)

If the defendant elects to enter the program at the end of the opt-in period, s/he signs a Defendant's Agreement to Enter the CHART Program: Acknowledgment of Advice of Rights and Waiver of Right agreeing to stipulate to the facts presented in the existing evidence and waiving the rights to challenge the legality of the evidence, to a speedy or jury trial, and to call witnesses or testify. Furthermore, s/he agrees that if terminated from the program the DC Judge will determine guilt on the pending charge based on existing evidence. Those who decide not to enter the program return to regular justice processing without prejudice. The opt-in decision is made at the third DC appearance.

(Snohomish County Superior Court, Defendant's Agreement to Enter CHART Program, Acknowledgement of Advice of Rights and Waiver of Rights)

What information about Drug Court is the Defendant provided?

Information about DC is offered in several stages, by a number of individuals, and in a number of forms. The Defense Attorney, the first source of information, provides a brief description of the program. The DC Coordinator provides the most detailed information both with verbal descriptions, and a detailed Participant Handbook that describes the program philosophy, requirements, treatment program, and criteria for graduation in clear and very specific detail. The requirements and expectations are again reviewed at the treatment agency evaluation.

¹⁸ In late April 2001 a prosecuting attorney was assigned to the Juvenile and Adult Drug Court Programs on a full-time basis spending two days with the Juvenile and three with the Adult Drug Center.

During the first DC appearance the Judge again describes the program and the terms of the contract. Those who enter the opt-in period receive a copy of the very explicit DC contract.

Evaluation for treatment

Treatment evaluations are done by the two treatment agencies that provide DC treatment services. Both agencies use an ASAM (American Society of Addiction Medicine) based evaluation instrument that assesses the impact of chemical dependency in six major life dimensions as required by the State. Both agencies also use the DASA TARGET evaluation instrument to document severity and frequency of substance use. Evaluation information is used to develop an initial treatment plan. Based on the clinical evaluation, the treatment agencies may recommend against admission to the DC program. Although such recommendations are rare, findings of serious mental illness and/or a lack of commitment with a significant history of multiple treatment failures can lead to a negative recommendation. Recommendations are reviewed by the DC Team before a final decision is made.

Defendants are expected to enter the recommended treatment activities at the time of the initial evaluation. Participation in the random urine-monitoring program also begins at evaluation. Participation in treatment and the testing program are among the data the DC team considers in decisions about offering admission to the program. The treatment programs will be described in more detail later in the report.

When does the defendant actually become a Drug Court Participant?

Individuals formally enter Drug Court at the Drug Court hearing at the end of the two-week opt-in period when the decision to enter the program is made by both the defendant and the Drug Court team. After this, the individual cannot withdraw from the program without penalty. If the individual does not appear for the opt-in hearing s/he is automatically opted-into the program.

Consequences of non-completion

Termination from the program is the most severe response to client non-compliance, and usually occurs only after other interventions have been exhausted. The decision to terminate is made by the DC Team although the participant may ask to leave the program or may drop out. If participants fail to appear or abscond, they are placed on bench warrant status. In any case, the consequence of non-completion is being sentenced by the Drug Court Judge to serve the sentence appropriate to the original charge(s). Although all members of the Drug Court team provide input about the individual's compliance with the program and can recommend program termination, the final decision about program retention and completion remains with the Drug Court Judge.

Court/Participant Interaction

With whom? How often?

After entering the program the participants' primary interaction with the Court are with the Judge and the Drug Court Coordinator. Interactions with the Judge occur during court sessions. The frequency of interaction is determined by the defendant program phase, compliance with program requirements, and general progress in the program.

During Phase One, two to eight weeks in length, the defendant is seen in Court on a weekly basis and the Judge takes a very active role in reinforcing expectations, praising accomplishments, and imposing sanctions as necessary to encourage compliance. In Phase Two, typically three to eight months in duration, court appearances are first scheduled on a biweekly basis. However as the defendant progresses in Phase Two, the schedule may be changed to tri-weekly or monthly. Phase Three, typically two to six month in duration, is characterized by monthly court appearances. These are the minimum number of court appearances in each phase and contacts may be increased if the participant is not doing well in the program. Appearances are scheduled based on information supplied by Drug Court team members at the weekly team reviews of client progress. During all phases of the program the Judge continues to play an important role with participants in making expectations clear, and encouraging compliance with sanctions and incentives.

The importance of the interactions between the Judge and defendant and the sense of relationship that

characterizes the interactions is apparent in observing the Drug Court. Participants share details of their lives such as relationships with significant others, problems with children, and problems they are having meeting treatment requirements, and controlling their substance use. Judge Thorpe seems to know the defendants and provides firm limits as well as praise and encouragement.

Many DC participants also interact frequently with the DC Coordinator. She assists with housing and transportation, and helps individuals make connections with other services in the community such as education and employment programs. In addition, she assists with access to appropriate entitlement programs. While the treatment providers have primary responsibility for case management services, the DC Coordinator may become involved in complicated, time intensive cases when requested by either the client or the treatment provider.

Monitoring Compliance

The Court has a primary role in monitoring compliance with all aspects of the treatment program and in responding consistently and quickly to incidents of non-compliance. Aspects of treatment that are monitored include abstinence from substance use, participation in Twelve Step programs, and court-ordered treatment activities. The Court relies heavily on the treatment agencies for the information necessary to monitor compliance.

Substance Use

Court ordered urine testing is used to monitor substance use. Both treatment agencies provide a random testing program in which observed specimens are collected and sent to Comprehensive Toxicology Services for analysis. Frequency of testing in related to program phase and may be increased regardless of the phases if results are positive. Participants in Phase 1 are tested four to six times weekly. In Phase II, testing is done two to four times weekly, while in Phase III testing ranges from weekly to monthly. Although these are the standard test frequencies, individual UA requirements vary based on treatment progress, drug of choice, and overall compliance. Breath analysis may also be used as needed by to determine the use of alcohol.

Positive finding and failure to comply with testing are reported immediately to Drug Court Coordinator and the information is shared with the Drug Court team in the next team meeting. Although team members are involved in recommendations about actions Court response to positive tests or non-compliance, the final decision rests with the Drug Court Judge. Sanctions are a predictable response to positive test findings. Sanctions are discussed later in the report.

Treatment Participation

Participants are expected to attend a minimum of three community based support group meetings (NA/AA) a week and to provide verification of attendance throughout their time in DC. Missed meetings must be made up. They are also required to choose a sponsor from the support group and work the steps of the group with the sponsor. The treatment providers track attendance and report non-compliance to the DC Coordinator and the DC team. Continued failure to participate leads to an appearance before the Judge and may lead to sanctions, a common response to non-compliance with support group meetings.

Participation in outpatient treatment activities, including group and individual treatment, at specified frequencies depending on program phase is monitored at the agency level, and reported to the Drug Court Coordinator who keeps the Drug Court team informed. Treatment services are also reported in TARGET. Individuals who fail to meet treatment expectations may be scheduled for more frequent court appearances and may receive a range of sanctions. The specific treatment requirements will be discussed more fully later in the report.

In summary, the responsibility for monitoring participant behavior in relation to Drug Court program requirements is shared among treatment providers, the Drug Court Coordinator, both attorneys, and the Judge. While members of the Drug Court team have input into the response to non-compliant behavior, the Judge has the final responsibility for the judicial response to participants who do not meet the requirements.

Sanctions

Sanctions are used to emphasize and enforce participant accountability to meet the strict expectations and

requirements of the program, and to provide more structure and support when it is needed. Sanctions are leveled for missed treatment, missed support group meetings, positive or missed UAs, missed court appearances, and other violations. Although final sanction decisions are made by the Judge, the DC team plays a very active role in the process of identifying sanctions that are personalized to support the treatment plan of each participant. Sanctions include but are not limited to:

- Verbal admonishment;
- Increased supervision and treatment requirements;
- Increased UAs
- Community service
- Work crew assignments;
- Jail time.

(Snohomish County Drug Court Implementation Grant)

Incentives

Incentives are used to recognize and reward participation and progress. The most frequently used incentives are public recognition of progress during court sessions and acknowledging to the participant and the entire court the participant's hard work and accomplishments. Other incentives include certificates at the completion of each phase of treatment, graduation to the next phase, decreases in supervision, treatment frequency, and UAs, and tokens from the Judge for exceptional progress.

(Snohomish County Drug Court Implementation Grant)

While these incentive serve the purpose, a number of team members expressed a desire to find some additional ways to recognize and reward participants who are doing well.

Graduation

To graduate from the Snohomish County DC program participants must meet the following requirements:

- Successful completion of at least 12 months of chemical dependency treatment;
- Six continuous months of sobriety demonstrated by drug testing results;
- Maintain connection with a sober support group and sponsor;
- Have a high school diploma or GED;
- Be employed;
- Payment of all DC related fees;
- Have a plan for ongoing recovery.

(Snohomish County Drug Court Participant Handbook)

Successful achievement of these requirements is acknowledged by a graduation ceremony in which the progress and accomplishments are reviewed and celebrated. Participants are encouraged to bring friends and family members to graduation. Charges for the offense that led to admission to Drug Court are dismissed at the time of graduation.

The DC Judge schedules an exit interview with each graduate in which the individual is asked to provide feedback about the program including the aspects of the program that were and were not helpful. The team plans to use this information to continue to evaluate and refine the program.

TREATMENT PROGRAM CHARACTERISTICS

Number of Provider Agencies

The Snohomish County program contracts with two chemical dependency treatment agencies, Catholic Community Services and Evergreen Manor, to provide treatment services and random urine monitoring program. Both are well established, private, non-profit, multi-service agencies licensed to provide chemical dependency services. Two agencies were selected to effectively manage the projected number of participants when the

program is fully operational, and to take advantage of the strengths each program offers. Referral decisions are made by the DC Coordinator and reflect her assessment of the fit between agency and participant as well as maintaining a DC caseload balance between the agencies.

While at least 90% of individuals in the program receive treatment from the two agencies, a few participants have insurance and are able to pay for their treatment. These individuals may seek private treatment but the treatment must meet the requirements of the DC program, and the treatment provider must be willing to provide the DC the information necessary to monitor compliance and progress.

Catholic Community Services: Catholic Community Services offers a range of chemical dependency programs including but not limited to intensive and regular out-patient treatment, a MICA program, women's' treatment groups including groups on parenting and domestic violence, anger management groups, a relapse prevention program, acupuncture, and a urine testing program. Although one person (Drug Court Treatment Coordinator) is administratively responsible for the DC program and is a member of the DC team, there is not a DC treatment program as a separate entity within the agency. All DC participants are seen at entry by the treatment coordinator who, after the evaluation, develops a treatment plan based on the DC requirements. Participants are placed in regular treatment activities consistent with the treatment plan. The treatment coordinator monitors progress and compliance with treatment and urine testing, provides progress reports to the DC coordinator, and keeps the DC team informed. The evaluation, and all other services to DC clients are provided by regular agency staff in ongoing agency treatment groups. The DC treatment coordinator may lead some of the groups in which individuals in the DC program participate. Individual treatment of DC participants is provided by the treatment coordinator who estimates that she provides approximately 60% of the treatment DC participants receive at Catholic Community Services.

Evergreen Manor: Evergreen Manor offers a range of chemical dependency programs including intensive and regular out-patient treatment, a MICA program, anger management groups, domestic violence programs for both perpetrators and victims, a relapse prevention program, an alcohol and drug information school, and a monitoring program for urinalysis. In addition, the agency provides detoxification services for the County, and has a residential treatment facility.

Like Catholic Community Services, one staff member (DC Treatment Coordinator) is administratively responsible for the DC program and is a member of the DC team. There is not a DC treatment program as a separate entity within the agency. The treatment coordinator tries to see DC participants when they are referred and, after an evaluation, develops, with input from the treatment staff, a treatment plan based on the DC requirements. Participants are placed in regular treatment activities consistent with the treatment plan. The treatment coordinator monitors progress and compliance with treatment and urine testing, provides progress reports to the DC coordinator, and keeps the DC team informed. The evaluation, and all other services to DC clients are provided by regular agency staff in ongoing agency treatment groups. The DC team member may lead some of the groups in which individuals in the DC program participate and may see some participants on an individual basis. Her goal is to see DC participants at least briefly on a weekly basis. However, this is difficult given her other responsibilities in the agency. Her primary role in relation to DC participants is coordination, information tracking, and participating with the DC team.

Funding

Treatment services are funded in a number of ways. The major source of treatment funding is the DOJ/DCPO Implementation Grant. BRYNE Grant funds were used for some of the intensive treatment options. DC team members estimate that between 85 and 90% of DC participants rely on public funding for treatment. Every effort is made to fund low-income/indigent participants through state contracts such as ADATSA or Title 19 programs such as TANF and Work First. Snohomish County funds are used for some of the matching funds required to access State and Federal treatment dollars. Individuals who have insurance or the resources for private payment are expected to pay for treatment. Finally, the \$600.00 fee paid by DC participants is used primarily for treatment costs including some of the match funds needed to access State and Federal treatment monies.

Overall Treatment Services

Although the core treatment modality is intensive outpatient services, a comprehensive continuum of

services is available. The continuum includes detoxification, residential treatment, and a range of outpatient services including group and individual counseling, acupuncture, drug and alcohol education, and relapse prevention. Treatment decisions are shaped by the placement level findings from the ASAM evaluation as well as by Drug Court treatment program requirements.

Both agencies provide some case management services for Drug Court participants including referral to a vocational education and training program, and other community services that might be appropriate. Many case management services are also provided by the Drug Court Coordinator.

Treatment Program

The treatment program reflects the structure specified by the Snohomish County Drug Treatment Court. This structure and related program requirements are based on recommendations and standards from the Center for Substance Abuse Treatment, US Department of Health and Human Services (1996), and the National Association of Drug Court Professionals (1997), and are common to Drug Court Programs across the country. Individual enters the treatment and monitoring program on the initial contact with the agency. Thus, individuals are considered to be in treatment during the two-week opt-in period before they have made a final decision about the DC option.

Treatment is expected to last between 12 and 18 months and is divided into three clearly defined phases. Although there is an anticipated time for each phase, the time an individual spends in a phase is determined by his/her ability to meet clearly specified completion criteria and move to the next phase. Decisions about phase movement are made by the DC team. An area of potential confusion for DC participants is the fact that while the DC phases are directly related to treatment requirements, they many not completely overlap with phases of treatment as they are defined by the treatment agency. Thus, while decisions about DC phases are made by the DC team, the treatment agency may make independent decisions treatment phases consistent with agency programming.

Both agencies offer an eight-week Community Trades and Careers (CTC) course that participants are required to attend during the time they are in treatment. The course brings community resources into the treatment centers to prepare participants for work. Skill building to change the individual's ability to obtain and maintain employment is emphasized and vocational aptitude testing, training, assistance with job placement are offered. Topics of the course include resume development, and communication skills. The course is financially supported by Snohomish County.

(Snohomish County Drug Court Implementation Grant)

The requirements, anticipated length, and completion criteria of the treatment phases are as follows. The treatment groups and the mix of individual and group treatment in each phase are determined by the individualized treatment plan based on the unique treatment needs of the individual. Treatment plans are reviewed on a monthly basis by the treatment coordinator in each agency. Progress and problems are reported to the DC treatment team for their input and recommendations.

Phase I: (Typically 2-8 weeks duration)

Requirements

10 treatment hours weekly including 1 individual treatment session
4-6 random urine tests weekly
3 sober support groups weekly

Completion Criteria

Active participation in treatment and sober support group
2 week of clean drug tests
All fees current
Initial contact with sober support group sponsor

Phase II: (Typically 3-8 months duration)

Requirements

3-5 treatment hours weekly including 1 individual treatment session
2-4 random urine tests weekly
3 sober support groups weekly

Completion Criteria

Active participation in treatment and sober support group
Consistently clean drug tests
All fees current
Selection of home group
Ongoing work with support group sponsor

Phase III (Typically 2-6 months duration)

Requirements

2-4 treatment hours weekly including 1 individual treatment session
Weekly to monthly random urine tests
3 sober support groups weekly

Completion Criteria

Active participation in treatment
Consistently clean drug tests
All fees current
Ongoing work with support group sponsor,
Weekly home group attendance
Gainful employment or in school
Long-term goals identified and a plan to maintain recovery

In addition to these requirements, individuals must attend regularly scheduled DC status hearings and honor any other conditions imposed by the DC judge.

(Snohomish County Drug Court Participant Handbook; Snohomish County Implementation Grant)

Length of Treatment Program

The program is designed as a 12-18 month program. The program has not been operational long enough to provide a reliable look at the average time participants will take to graduate. The phase completion requirements as well as graduation requirements are quite stringent. Among older programs in the State the time required to complete the program varies and is influenced by a number of factors including the tolerance of a specific Judge and Drug Court team to relapse, and the requirements for graduation or termination. As more participants graduate, it will be possible to determine the time required to successfully complete the program and the variables that contribute to program length.

Treatment Reporting

At the present time treatment reporting within the program is not automated. The Treatment Coordinators in the two agencies provide written records to the DC Coordinator who enters relevant information into a DC database that she has developed. Although the program anticipates using the CADI case management system when it is available which should support the development of a information system that links the various component of the program, this potential is not yet available. The treatment agencies do not use the same data systems. Evergreen Manor does not have an automated internal data system. Treatment records are in individual charts. Both treatment agencies do use the DASA TARGET data system to report treatment activities.

REFERENCES

Center for Substance Abuse Treatment, Substance Abuse and Mental Health Services Administration. (1996) Treatment Drug Courts: Integrating Substance Abuse Treatment with Legal Case Processing. (DHHS Publication No. SMA 96-3113), Rockville, MD.

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Snohomish County Superior Court, CHART Program Contract: Notice of Responsibilities

Snohomish County Superior Court, Defendant's Agreement to Enter CHART Program, Acknowledgement of Advice of Rights and Waiver of Rights

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**NW HIDTA/DASA Washington State
Drug Court Evaluation Project**

APPENDIX C1

**KING COUNTY DRUG COURT
ELIGIBILITY CRITERIA**

Legal Criteria

The Prosecutors Office is responsible for initial screening. The Drug Court Prosecutor is the primary gatekeeper of Drug Court admissions.

The first level criteria for drug court admission include:

- Arrest for possession of Schedule I or II drugs with no evidence of intent to sell
- Arrest for prescription drug offenses (including forged prescriptions) with no evidence of intent to sell
- Drug related property crimes may be considered

Other legal criteria include:

- No other pending felony charges
- No prior adult conviction for sex offenses
- No prior adult conviction for violent offenses

The King County Drug Court program has developed the flexibility to accept some individuals with a history of **misdemeanor** domestic violence. These decisions are made on a case-by-case basis at the discretion of the Drug Court Judge.

Clinical Criteria

The individual must be diagnosed as chemically dependent. While it is uncommon, treatment agencies can recommend against drug court entry, usually on the basis of a history of non-compliance with treatment. When this occurs, the Drug Court Judge in consultation with the Drug Court team makes the final decision about the defendant's participation in the program.

APPENDIX C2

PIERCE COUNTY DRUG COURT ELIGIBILITY CRITERIA

Legal Criteria

The prosecutor's office is responsible for screening defendants for potential Drug Court legal eligibility. The offenses eligible for Drug Court consideration have evolved over time. Currently, eligible offenses include:

- Unlawful Possession of a Controlled Substance (UPCS) (except PCP),
- Prescription Forgery
- Malicious Mischief 2
- Possession of Stolen Property 2 (except guns)
- Theft 2 (except guns)
- Unlawful Issuance of Checks or Drafts
- Vehicle Prowl 1
- Taking a Motor Vehicle Without Permission
- Unlawful Manufacture of Marijuana (with certain restrictions)
- Eluding (attempting to elude) police (with certain restrictions)
- Unlawful Use of a Building for Drug Purposes (this offense was added in the spring of 1999).

In addition to the above, the following must also be true for a defendant to be eligible for Drug Court::

- There must not be a violent misdemeanor arising out of the same incident.
- Restitution at the time of entry into Drug Court shall not exceed \$1,500.
- Defendants cannot have been in possession of a firearm at the time of arrest unless they had a valid permit to carry the firearm at that time.
- There must be no evidence of drug dealing by the defendant, with an exception for those "middling" a drug deal in order to obtain drugs to support their habit.
- The defendant must have no prior adult or juvenile criminal history of violent or sex offenses.
- There must be no verifiable evidence of gang association or affiliation within one year of the arrest.
- The defendant must be a U.S. citizen.
- The defendant must relinquish all firearms and permits to carry firearms.
- The defendant must not have previously participated in the drug court program.

(Pierce County Office of Prosecuting Attorney, 1999)

Clinical Criteria

In addition to meeting legal eligibility requirements as defined above, potential Drug Court clients must be assessed by PCA to be drug or alcohol addicted or dependent and not mentally ill to the degree that such illness would render them unamenable to treatment.

APPENDIX C3

SPOKANE COUNTY DRUG COURT ELIGIBILITY CRITERIA

Legal Criteria

An individual may qualify for the program if:

- Charged in Superior Court with Possession of Schedule 1, 11, or 111 Controlled Substances; or Forged Prescriptions; or Conspiracy to Possess Controlled Substances; or Conspiracy to Deliver Controlled Substances. Evidence of intent to sell will be presumed if the offender is in possession of more than the following amounts:

Heroin	1 gram
Cocaine	10 grams
Crack Cocaine	2 grams
Methamphetamine	10 grams
LSD	10 dose units
Marijuana	90 grams
- Arrested for Possession with Intent to Deliver, but CHARGED in Superior Court with Possession of a Controlled Substance, if offender opts in prior to setting of a trial date and/or amending the charge. The prosecutor may opt the offender out, within 7 days, if quantities exceed the above amounts.
- Charged with Possession of a Controlled Substance with Intent to Deliver (small amount and detective agrees) will be considered on a case-by-case basis.
- Charged in Superior Court with Felony Theft, Possession of Stolen Property, Trafficking in Stolen Property (all in the first or second degree); Forgery; Unauthorized Issuance of a Bank Check; and Taking a Motor Vehicle without the Owner's Permission, and the offender petitions for admission into Drug Court prior to setting a trial date.

The following conditions must also be met:

- Documented history of heroin, methamphetamine, cocaine or other controlled substance addiction.
- A verified sworn statement from the offender documenting a causal connection between the addiction and the felony property offenses.
- The offender must execute a promissory note and a Confession of Judgement for the full amount of restitution payable to all victims. The total amount of restitution cannot exceed \$2500.00.
- There must be a reasonable basis to believe the offender can successfully complete the Drug Court Program.
- The offender must petition the court for entry into the program prior to setting a trial date.
- Have no other pending felony charges at arrest.
- Have no prior adult or juvenile sex or violent offenses as defined by RCW 9.94A.030 (31) and (36), (1994).
- Case-by-case consideration of people charged with the gang unit.
- The Prosecutor may opt the offender out of Drug Court, within 14 days, if law enforcement requests exclusion for public safety reasons.
- Have no hold from another jurisdiction (Washington or another state).
- Prior program participation candidates considered on a case-by-case basis.
- Have demonstrable Spokane area residence (job, school, family).
- Willingness to participate in an intensive treatment, education, and closely monitored program.
- No felony charges for crimes against property or persons committed while an active participant in Drug Court.
- Participation in the Felony Drug Court program will not bar prosecution for any other current offenses.
(Spokane County Prosecuting Attorney, 1999)

APPENDIX C4

THURSTON COUNTY DRUG COURT ELIGIBILITY CRITERIA

Legal Criteria

Two groups of offenders are considered legally eligible for Drug Court admission. The group with highest admission priority includes individuals who are charged solely with:

- Felony possession of a controlled or counterfeit controlled substance or forged prescription, whose offense did not involve the use of a firearm or other deadly weapon and who have no history of a serious violent offense (as defined in RCW 9.94A.030(31) and RCW 9.94A/030(38)) or an adult sex offense (as defined in RCW 9.94A.030(33)) ; or history of delivery or intent to deliver or manufacture of a controlled substance.

The second group includes individuals charged with any of the following offenses:

- theft in the first or second degree
- possession of stolen property in the first or second degree
- forgery
- unlawful issuance of bank checks
- trafficking in stolen property in the second degree
- taking a motor vehicle without owner's permission, who meet the following criteria in addition to those of no previous history of violent, sex, or delivery, intent to deliver or manufacture offenses.

Other conditions that must be met include:

- No pending, non-eligible offenses that would result in a prison term if convicted
- Able to pay restitution in full within the time frame of the Program
- Evidence of a significant drug abuse problem evidenced by treatment records, drug convictions, medical records, or other reliable evidence
- A reasonable and rational nexus between the alleged offense and the drug abuse problem.

Individuals who meet the legal criteria must also agree to the following terms as a condition of entry into the Drug Court program.

- Satisfactory completion of a clinical treatment evaluation by the treatment agency for the development of a treatment program.
- Compliance with all the rules and regulations of the treatment agency as well as the conditions and requirements ordered by the Court.
- Completion of the treatment program as ordered and to the satisfaction of the Court and the treatment agency.
- No use or possession of alcohol or controlled substances or association with any person using or possessing alcohol or control substance.
- Request, whenever possible, that any prescribed medication be non-narcotic and obtain treatment agency approval for any use of over- the-counter or prescribed medication.
- Submission to witnessed urinalysis tests as required by the Court or treatment agency.
- Keep the Court and treatment agency advised of address and place of employment.
- Appearance at all Court hearings.
- Obedience to all laws while participating in the program.
- Sign all releases necessary to facilitate treatment, including access to diagnostic and treatment information.
- Make regular payments toward the cost of treatment based on ability to pay as determined by the Court.
- Make monthly payments set by the Court to the Thurston County Office of Assigned Counsel if represented by the Office at any time while participating in the program.

- Pay full restitution to the victim, if it is owned, prior to graduation from Drug Court.
- Any statement made by the defendant related to the purpose of the program may not be used against the defendant in a subsequent criminal proceeding. (Unsolicited statements in open court or statements made in treatment about criminal activity other than the Drug Court crime are not protected communication.)
- Acknowledgement that the Court alone determines program completion and ability to graduate.
- Participant can withdraw from the program during the first two weeks following admission and return to regular processing as if the Drug Court contract had never been agreed to.
- Failure to abide by all terms of the contract or any new violation of the law will be subject to Court ordered sanctions including jail time and termination from the program.
- Agreement to waive the following:
 - Right to a speedy trial
 - Right to a jury trial
 - Right to call witnesses or to hear and question any witness
 - Right to testify.
- If a defendant is terminated, the Court will determine guilt on the pending charge(s) solely on the existing evidence that constitute the basis for prosecution of the pending charge(s).
- Waive the right to challenge the legality of the existing evidence and stipulation to the facts presented in the existing evidence.
- Upon graduation from the Drug Court program, the pending charge(s) will be dismissed and cannot be prosecuted in the future.

(Thurston County Implementation Plan)

APPENDIX C5

SKAGIT COUNTY DRUG COURT ELIGIBILITY CRITERIA

Legal Criteria

The county prosecutor's office is responsible for determining legal eligibility criteria for Drug Court participation. Criteria are discussed among the Drug Court team but the prosecutor is the final "gatekeeper" and exercises his discretion when determining eligibility. The offenses eligible for Drug Court participation have evolved over time.

Eligible offenses include:

- Unlawful Possession of a Controlled Substance (UPCS) of less than one ounce
- Single count delivery cases or intent to deliver cases of less than one ounce and not involving co-defendants
- Prescription forgery
- Manufacturing of marijuana of less than ten plants
- Non-violent property crimes
- Not currently charged with or previously convicted of a violent crime, sexual offense or weapons charge as defined by statute

(OJP Implementation Grant Proposal, April 9, 1998)

If a client meets the above criteria he or she will likely be allowed into Drug Court. However, since the new prosecutor took office in January of 1999, eligibility criteria have broadened on a case-by-case basis. Currently, those charged with distribution of drugs may also be eligible for Drug Court depending on the amount of drugs present and other circumstances surrounding the crime. In addition, delivery offenses may be eligible if the defendant benefited by obtaining drugs to support his or her habit as opposed to profiting financially from the delivery. There is currently no hard and fast rule regarding the amount of drugs that may be present for a possession, distribution or delivery charge to qualify for Drug Court consideration. This is a judgement call on the part of the prosecutor, with input from the Drug Court team, the arresting officer(s) and the Skagit County Interlocal Drug Enforcement Unit. (The Skagit County Interlocal Drug Enforcement Unit is a countywide task force consisting of undercover officers from various local police departments.) Under no circumstances may a defendant be offered Drug Court participation if his or her drug charge involved the operation of a methamphetamine lab.

Defendants with misdemeanor assault charges may be allowed into Drug Court on a case-by-case basis, depending on circumstances and the approval of the arresting officer(s). An example of this might be misdemeanor assault in which there were mutual combatants without injury. Those with domestic violence charges of any kind are never considered for Drug Court. Individuals arrested for crimes in which a weapon was used are strictly prohibited from Drug Court. However, those arrested for an eligible offense who were in possession of a weapon at the time of the crime may be considered for Drug Court as long as the weapon was not used in the crime. Likewise, those arrested for theft of a weapon in order to support a drug habit may be offered Drug Court participation if the prosecutor can obtain the consent of the victim(s) and arresting officer(s) and if there are no prior weapons offenses in the defendant's criminal history.

Clinical Criteria

In addition to meeting legal eligibility requirements as defined above, potential Drug Court clients must be assessed by the SRC to be drug or alcohol addicted or dependent and not mentally ill to the degree that such illness would render them unable to successfully participate in treatment.

APPENDIX C6

KITSAP COUNTY DRUG COURT ELIGIBILITY CRITERIA

Legal Criteria

The legal offenses eligible for drug court consideration include:

- Possession of controlled substances
- Prescription/legend drug offenses (including forged prescriptions)
- Drug-related property crimes (theft, forgery, etc.)
- Probation violations (if based on the defendant's substance abuse)

Offenses not eligible for drug court include:

- Prior or pending violent or sex offenses
- Delivery of a controlled substances
- Manufacture of a drug, including marijuana and methamphetamine
- Possession of drugs with intent to deliver
- Firearms present at the time of arrest
- Prior or pending burglary offense (presumptive exclusion only – Prosecutor studies the facts of each case and may admit defendants with a prior burglary charge at his discretion)
- Any violence involved with the current offense.

(OJP Implementation Grant Proposal, April 7, 1998)

The Prosecutor's Office is responsible for screening all potential Drug Court participants. As a part of this process, the Prosecutor may contact the local drug task force and/or the arresting agency to determine if the defendant is a "person of interest" for additional charges.

Clinical Criteria

The participant must be diagnosed with a chemical dependency or addiction. In addition, the participant must want to participate in treatment and there must be adequate services available to address the needs of the participant.