



FIDELITY TO THE EVIDENCE-BASED DRUG COURT MODEL

An examination of Adult Redeploy Illinois programs



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Prepared by

Jessica Reichert, Senior Research Analyst
Risa Sacomani, Research Intern
Sara Gonzales, Research Intern

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Illinois Criminal Justice Information Authority
300 West Adams, Suite 200
Chicago, Illinois 60606
Phone: 312.793.8550
Fax: 312.793.8422
www.icjia.state.il.us

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Lynne Mock
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Mark Powers
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Lisa Stephens
Edgar Santa Cruz, Intern

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Key findings

Drug courts emerged in the 1990s to address serious drug offending while improving offender outcomes and reducing incarceration costs. Heavily researched, drug courts are proven to reduce recidivism and save money (Marlowe, 2010; Mitchell, Wilson, Eggers, & Mackenzie, 2012; Bhati, Roman, & Chalfin, 2008). Operating with fidelity to the National Association of Drug Court Professionals' (NADCP) 10 key drug court components is imperative to ensuring optimal results and effectiveness (NADCP, 1997; NADCP, 2013; NADCP, 2015).

Illinois Criminal Justice Information Authority (Authority) researchers examined drug courts funded by Adult Redeploy Illinois (ARI) in five counties. Data to measure the 10 key components was collected after 18 months of program implementation (August 2012 to July 2013). ARI applies evidence-based, data-driven, and result-oriented strategies to curb prison overcrowding and enhance public safety. Since 2010, the Authority has administered grant funding for ARI and offered research, evaluation, and technical assistance to the program. In exchange for grant funding, jurisdictions agree to implement an evidence-based prison-diversion program, such as drug courts, and reduce by 25 percent the number of non-violent offenders sentenced to prison from a target population.

All but one of the 10 key components were examined for fidelity at drug courts in five counties—Fulton, Jersey, Knox, Madison, and Winnebago. They included:

Key Component #1: Drug court integrates drug treatment with case processing.

Key Component #3: The drug court identifies eligible participants early and promptly places them in the program.

Key Component #4: The drug court facilitates access to a continuum of alcohol, drug, and other related treatments and rehabilitation.

Key Component #5: There is frequent drug testing to measure abstinence.

Key Component #6: There is a coordinated strategy and frequent communication between the court team and treatment providers to respond to client compliance.

Key Component #7: There is ongoing judicial interaction with participants, including regular status hearings.

Key Component #8: There is monitoring and evaluation of program goals and effectiveness.

Key Component #9: There is ongoing interdisciplinary education and training for key personnel.

Key Component #10: Partnerships exist between the drug court, public agencies, and community based organizations.

The five court programs examined maintained fidelity to most key components of the drug court model. Fidelity was seen across counties in the areas of program referrals and intake process (key component #3), referrals to services (key component #4), monitoring compliance (key component #5), judicial interaction (key component #7), and evaluation (key component #8).

Cross discipline partnership is also a key component of drug courts (key component #10) as is interdisciplinary education and training for key personnel (key component #9), however, at least one required team member was missing from regular staffing meetings to discuss cases at all five courts and drug court team members of four programs were not formally trained (see figure).

Illinois drug court program fidelity to key components by county

Key component									
County program	1	3	4	5	6	7	8	9	10
Fulton	☑	☑	☑	☑	☑	☑	☑		
Jersey		☑	☑	☑		☑	☑		☑
Knox	☑	☑	☑	☑	☑	☑	☑		
Madison	☑	☑	☑	☑	☑	☑	☑	☑	☑
Winnebago	☑	☑	☑	☑	☑	☑	☑	☑	☑
Key components: 1= Case planning and program phases 3= Program referrals and intake process 4= Referrals to services 5= Monitoring compliance				6= Sanctions and incentives 7= Judicial interaction 8= Evaluation 9= Drug court team training 10= Collaboration, team meetings					

Implications for policy and practice

Include all stakeholders on the drug court team

The current study revealed that several key team members were missing from staff meetings at all five courts (key component #10). Drug court teams must include police, probation, prosecution, and defense representatives, judges, and treatment providers for the greatest impact on recidivism. Inclusion of the judges, both attorneys, treatment providers, program coordinators, and probation officers at staffing meetings had a 50 percent reduction in recidivism than programs that did not include those team members (Carey, Mackin, & Finigan, 2012).

All but one drug court did not have law enforcement representations at their team meetings. Research has shown that drug courts that include police had an additional 36 percent reduction in costs, an 87 percent reduction in client recidivism, and higher graduation rates compared to those that did not (Carey, Finigan, & Pukstas, 2008; Carey, Mackin, & Finigan, 2012).

Connect participants to a variety of comprehensive services

While all the drug courts provided mental health, education, and employment services, other comprehensive services to ensure favorable drug court participant outcomes were lacking at some courts (key component #4). Also needed are services to address domestic violence, offer anger management and coping skills, provide health and dental services, and assist with housing, transportation, and child custody issues. Drug courts offering relapse prevention, gender-specific services, mental health treatment, parenting classes, family counseling, anger management classes, health and dental services, and residential care can expect better program outcomes.

Use drug testing technology strategically

Drug testing must meet the minimum standards shown to be effective (Key Component #5). The drug courts did adhere to the tenet of using random drug testing. Some, but not all, used evening and weekend compliance tests and listened to feedback from treatment providers. Drug testing two to three times per week on a truly random basis generates the greatest impact, including test results within 48 hours and a requirement of 90 days clean before graduation. Relapse is a part of recovery and should be dealt with as an opportunity to learn and to plan for future situations.

Follow best practices for sanctions and incentives

Sanctions should include a range of options and be clearly articulated and appropriately used (Key Component #6). While all drug courts examined offered sanctions for failure to comply with drug court rules, the sanctions varied. According to drug court best practice standards, and for optimal results, policies on incentives and sanctions should be available in writing and communicated to participants in advance of program participation. Additionally, programs should use a range of sanctions, program administrators should maintain a reasonable degree of discretion, and costly jail sanctions should be imposed judiciously and sparingly.

The best drug court programs offer a stick (punishment) and a carrot (incentives). Drug court programs in this study did a good job offering a variety of incentives, including praise, gift cards, and lessened restrictions. A range of creative incentives is needed to offer positive reinforcement of good behaviors.

Enhance training protocols

All new and continuing drug court team members need interdisciplinary and specialized training (Key Component #9). Researchers found only one program offered such training. Research shows team member training results in higher graduation rates and reduced costs.

Use research to guide drug court operations

Continual data collection and assessment is important for program implementation and refinement (Key Component #8). All five drug courts were collecting data on their programs because of the ARI structure in place; however, the extent to which the data was used to make program enhancements or checked for accuracy is unknown. Research has shown drug court programs that review and use data to modify operations can reduce recidivism and costs.

Introduction

Across the country, drug offenders made up 16 percent of the prison inmate population in 2013, totaling more than 210,000 (Carson, 2014). Over the past decade, drug offenders accounted for the largest group of prison admissions, most often for possession of a controlled substance. In Illinois, 9,237 inmates—19 percent of the population—were incarcerated for drug offenses in 2014 (Illinois Department of Corrections, 2015).

While many prisoners need substance abuse or mental health services, few are able to participate with the limited programming available. One study found that while 65 percent of all U.S. inmates met medical criteria for substance abuse addiction, only 11 percent received treatment (National Center on Addiction and Substance Abuse, 2010). In 2011 in Illinois, 7,732 inmates (16 percent of all inmates) were enrolled in substance abuse treatment programs (Illinois Department of Corrections, 2012). Low-level offenders are often ineligible for treatment because they are not incarcerated long enough.

Without services, inmates are released back to the community with few legitimate resources and prospects and unaddressed criminogenic needs. Illinois prisons have become a revolving door for many offenders. IDOC data indicates in state fiscal year 2011, 47 percent of released inmates returned to prison within the next three years, most after being sentenced for another offense.

Adult Redeploy Illinois (ARI) was established to provide financial incentives to local jurisdictions to establish or expand programs that allow diversion of non-violent offenders from state prisons by providing community-based services. Grants are provided to sites which are made up of counties, groups of counties, or judicial circuits to increase programming in their areas, in exchange for reducing the number of people they send to IDOC. ARI aims to reduce prison overcrowding, lower costs to taxpayers, and end the expensive vicious cycle of crime and incarceration.

Several ARI sites operate a county drug court model. Drug courts offer participants individualized substance abuse treatment, community services, recidivism risk assessment, frequent urinalysis testing, and incentives to encourage positive behavior (National Association of Drug Court Professionals, 2004).

The effectiveness of evidence-based drug courts has been well documented by research and fidelity to the drug court model's key components should be examined to ensure optimal results. Staff and stakeholder interview data were used to gauge fidelity to the drug court model at five ARI sites—Fulton County, Jersey County, Knox County, Madison County, and Winnebago County, from August 2012 to July 2013.

About Adult Redeploy Illinois

Background

In Illinois, increases in arrests for certain types of offenses and the proportion of felons sent to prison, as well as statute changes enhancing penalties for crimes has led to high prison populations and prison overcrowding (Olson, Stemen, & Saltmarsh, 2012). In 2012, the Illinois Department of Corrections (IDOC) housed about 48,000 prisoners, about 14,000 more than the facilities were designed to hold (Illinois Department of Corrections, 2012). In 2012, Illinois was ranked eighth-highest in prison population in the nation (Carson & Golinelli, 2013). According to IDOC's State Fiscal Year 2014 Annual Report, the total taxpayer cost of prisons in Illinois was \$1.08 billion, with an average annual cost of about \$22,191 per inmate. The largest group of prison admissions historically in Illinois has been for drug-related offenses, most often possession of a controlled substance.

While incarceration plays a vital role in protecting public safety, research has shown that current rates of incarceration have not led to higher levels of crime prevention, and that prisons have been found to have a criminogenic effect on incarcerated individuals. Additionally, first-time imprisonment has been found to increase criminal activity more than community-based sanctions (Cullen, Jonson, & Nagin, 2006; Nieuwbeerta, Nagin, & Blokland, 2009; Spohn & Holleran, 2002). States have also obtained little return on the financial costs of increasing sentence lengths for low-level offenders and incarcerating non-violent offenders (Pew Center on the States, 2012).

ARI development

Adult Redeploy Illinois was developed, in part, based on the model of a successful juvenile program started in 2005 called Redeploy Illinois (RI). RI was developed out of recognition that it is detrimental to send juveniles to state facilities for evaluation when these services can be provided in the community more effectively and at a lower cost to taxpayers. To shift the evaluation of juveniles to the community, RI provides funding to individual counties or judicial circuits to divert youth ages 13 to 18 from Illinois Department of Juvenile Justice (IDJJ) facilities through needs assessments and a continuum of care designed to address their needs. Any local jurisdiction funded through RI must divert 25 percent of their target population from IDJJ. RI has eight sites in 28 counties and boasts a 51 percent reduction in juvenile incarcerations in RI counties (Illinois Department of Human Services, 2013). In 2010, RI effectively diverted 184 juveniles away from incarceration, saving Illinois \$9 million dollars (Kethineni, 2012).

The Crime Reduction Act [Public Act 96-0761] 2 of 2009 was passed to manage corrections costs, provide appropriate supportive services to offenders on the basis of their risks and needs, and reduce crime. Included in that Act was the creation of ARI. ARI awards funds to counties to divert adult non-violent offenders from state prisons by developing and implementing evidence-based programs in the community.

ARI is a performance-incentive funding program, in that a monetary inducement can be awarded by the ARI Oversight Board if a jurisdiction invests in evidence based practices. Contractual

obligations of ARI sites specify that they will divert a certain number of individuals who would have otherwise gone to IDOC from their program's target population. Their contractual obligation is tracked and measured by ARI staff and board. There is also a penalty if these goals are not met, as determined by the ARI Oversight Board, and is no more than half of the marginal cost of a year in IDOC per individual that is below the ARI site's reduction goal.

ARI is governed by strict statutory eligibility criteria that clients must meet before being considered for enrollment. To be considered for participation, a client must be eligible for probation and the current conviction may not have been for a violent offense as defined by the Rights of Crime Victims and Witnesses Act [725 ILCS 120/3(c)]. On top of these statutory eligibility criteria, ARI sites can establish their own criteria through the establishment of targeted sub-populations of offenders (e.g. Class 3 and 4 property offenders, drug court-eligible offenders, or offenders at a high risk of having probation revoked).

ARI goals and process

Developed as a response to historically high numbers of non-violent offenders driving up prison populations, the overarching goal of ARI is to successfully divert eligible individuals from prison and into community corrections programs. As a part of the initial planning and funding process, counties or judicial circuits interested in implementing ARI have the opportunity to apply for a grant to conduct three to six months of planning. ARI emphasizes local control and design of the program, so the planning process requires each jurisdiction to examine the state of the local criminal justice system, including available diversion options and gaps in services. This analysis is used to determine the unique needs of that jurisdiction and the type of model and services that would address the identified gaps. Counties do not have to go through an ARI funded planning process in order to apply for implementation funds and some counties conducted unfunded planning activities. Accordingly, any county receiving ARI planning funds is not obligated to apply for ARI implementation funds when available.

ARI target population

The planning process serves to identify the ARI-eligible target population for that jurisdiction. The target population is composed of individuals who meet overall ARI eligibility criteria (non-violent¹ and probation-eligible²) and other jurisdiction-specific criteria (e.g., drug court-eligible, Class 3 and Class 4 offenders) who would otherwise have been sentenced to IDOC.

ARI's focus on local control and design means that sites must identify a target population that meets ARI's criteria for eligibility while demonstrating a need for identified service gaps and implementing a program that fills these gaps. For example, if a county sends a high number of probation violators to prison because it lacks an intermediate step between probation and IDOC,

¹ The presenting conviction for a violent offense as defined in the Rights of Crime Victims and Witnesses Act (725 ILCS 120/3(c)) would make an individual ineligible. However, a prior violent crime conviction does not make an individual ineligible.

² The presenting conviction may not be an offense that requires a term of incarceration as defined in the Unified Code of Corrections (730 ILCS 5/5-5-3).

the site could identify probation violators as a target population and base its reduction count on those criteria.

Once the target population has been identified and quantified, participating jurisdictions must agree to reduce the number of individuals sent to IDOC from that population during the grant period by at least 25 percent or risk a penalty. Per the Crime Reduction Act, ARI sites must analyze the three most recent years of IDOC commitment data to determine the target population.

ARI oversight board and staff

ARI is governed by a statutorily created Oversight Board responsible for creating a process to monitor and evaluate the overall program. The Board is co-chaired by the director of IDOC and the secretary of the Department of Human Services, and is made up of representatives from Authority, the Prisoner Review Board, the Sentencing Policy Advisory Council, and members of other private and public organizations. The Oversight Board reviews reduction goals and the potential cost-savings to the state and provides final approval of a site's local plan, funding level, and reduction goal. In some cases, the Oversight Board may request a revised target population to ensure an appropriate level of cost-savings.

A full-time Program Director and a Program Manager are responsible for formulating and executing ARI policies, staffing meetings of the Oversight Board, coordinating the proposal and planning grant processes, monitoring grantee performance, and reporting program progress to the Oversight Board. Two part-time technical assistance providers conduct outreach to existing and potential sites in the field.

ARI funding

The state provided initial discretionary funding to ARI of up to \$2 million. Following that funding, a multi-year \$4 million grant from the American Recovery and Reinvestment Act of 2009 funded the pilot phase of ARI, administered by the Authority. The initial grant funded 10 programs in 10 counties. ARI's five drug courts (bolded) are the focus of this report.

- Cook
- DuPage
- **Fulton**
- **Jersey**
- **Knox**
- Macon
- **Madison**
- McLean
- St. Clair
- **Winnebago**

ARI pilot phase

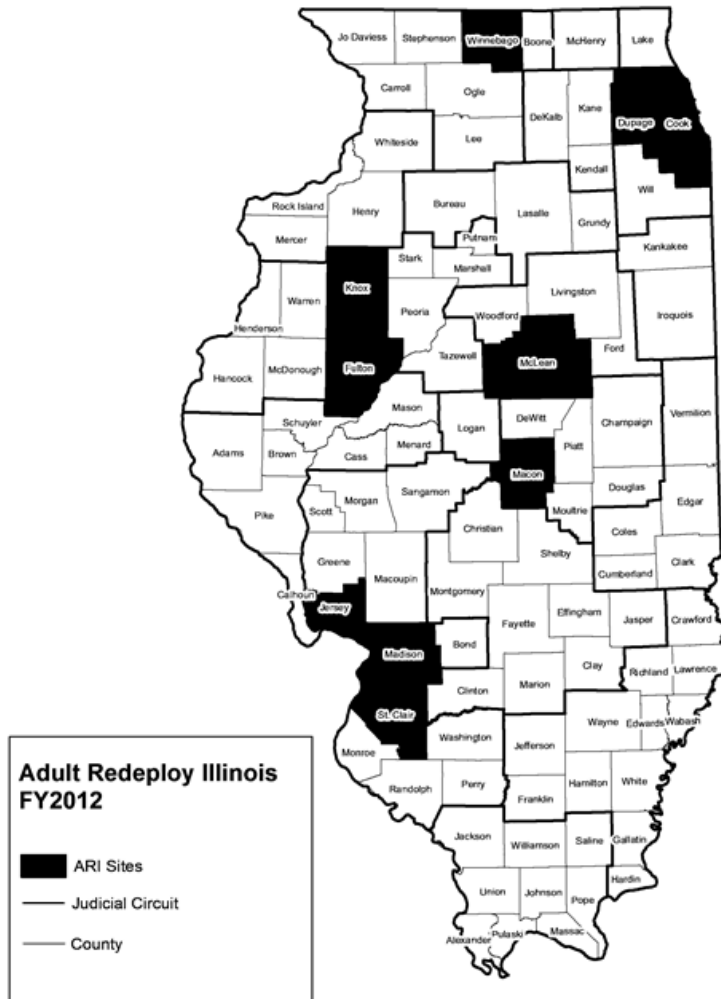
When the Crime Reduction Act became law, it provided a basic framework for ARI and left the development of policies and procedures to the ARI Oversight Board. During the course of 2010, the Authority, the Oversight Board, and other outside groups and individuals worked to create a program model and secure initial funding that would allow ARI to become a fully-realized initiative. During this process, the planning groups determined that creating a pilot of the ARI program model and funding stream would allow ARI staff and the Oversight Board to more

carefully develop and test the program and its goals. It would also gather feedback and identify necessary course corrections, as well as giving the earliest participating sites more attention and technical assistance.

The main goal of the pilot phase was to closely monitor the planning and initial implementation of the pilot sites to identify important lessons learned and to provide technical assistance as the sites required. During the pilot phase, ARI program staff developed policies and procedures required by the Crime Reduction Act. A process for soliciting proposals from sites was developed by ARI, Authority staff, and the Oversight Board, a template for these proposals was created, and an initial process for calculating award amounts based on site characteristics was established. Four sites were approved for pilot funding.

As these four sites began to implement their pilot programs, ARI administrative staff conducted ongoing outreach with a number of other jurisdictions to expand the program. By the end of 2011, ARI had grown from four pilot sites to 10, as Cook, Fulton, Knox, McLean, Madison, and Winnebago counties were approved by the Oversight Board for implementation (*Map 1*).

Map 1
Adult Redeploy Illinois pilot sites



ARI program models

Nine of the 10 pilot sites developed programs using two evidence-based program models: drug courts and intensive supervision probation (ISP) with treatment services. Cook County used a modified version of Hawaii Opportunity Probation with Enforcement (HOPE), a relatively new model involving swift and certain sanctions for probation violators.

ARI expansion

With state grant allocations of \$2 million in SFY13 and \$7 million in SFY14, ARI expanded to support 19 programs covering 34 counties. ARI funds programs in:

- 2nd Judicial Circuit (Crawford, Edwards, Franklin, Gallatin, Hamilton, Hardin, Jefferson, Lawrence, Richland, Wabash, Wayne, White counties)
- 4th Judicial Circuit (Christian, Effingham counties)
- 9th Judicial Circuit (Fulton, Hancock, Henderson, Knox, McDonough, Warren counties)
- 20th Judicial Circuit (Monroe, Randolph, St. Clair counties)
- Boone County
- Cook County (two sites)
- DuPage County
- Grundy County
- Jersey County
- Kane County
- Kankakee County
- Lake County
- LaSalle County
- Macon County
- Madison County
- McLean County
- Peoria County
- Sangamon County
- Will County
- Winnebago County (two programs)

Literature review

Two decades of rigorous scientific research indicates Drug courts significantly reduce drug use and crime and do so with substantial cost savings (Marlowe, 2010). A meta-analytic review of 154 Drug courts showed lower rates of recidivism among participants compared to non-participants (Mitchell, Wilson, Eggers, & Mackenzie, 2012). Drug court participants had a recidivism rate of 38 percent compared to 50 percent for non-participants. In addition, meta-analysis of on drug court costs found a 221 percent return on investment—\$2.21 in benefits for every \$1 invested (Bhati, Roman, & Chalfin, 2008).

Drug courts consist of teams that work together outside of traditional adversarial roles including probation officers, substance abuse treatment providers, prosecutors, law enforcement, and defense attorneys. Drug court participants are closely supervised by a judge who is supported by the program team. Drug courts feature a high level of supervision and mandatory substance abuse treatment for all participants with program phases offering lessened restrictions over time. Probation officers serve as case managers who refer ancillary services and monitor compliance with drug court conditions, including frequent drug testing.

The first drug court was implemented in Miami, Fla., in 1989, with thousands more having started across the world since then (Franco, 2011). Drug courts were created out of necessity; courts were overwhelmed with drug offenders who were consistently re-offending and being sent to prison (Marlowe & Meyer, 2011). The drug court model provides offenders with detoxification services, risk assessment, regular drug screenings, group counseling, incentives and sanctions for behavior modification, and community reentry services (National Association of Drug Court Professionals, 2004). Currently, there are 62 drug courts in Illinois, 3 of which are juvenile drug courts.

There are 10 key components of drug courts identified by the National Association of Drug Court Professionals in 1997 considered the standard tenets of what works. Research shows that the closer a jurisdiction follows these components, the more successful the program will be at reducing recidivism and cost-effectively providing services (Carey, Finigan, & Pukstas, 2008).

The 10 key components of drug courts are:

1. The Drug Court integrates drug treatment with case processing.
2. There is collaboration between the Prosecutor and Public Defender at multiple levels of the Drug Court process.
3. The Drug Court identifies eligible participants early and promptly places them in the program.
4. The Drug Court facilitates access to a continuum of alcohol, drug, and other related treatments and rehabilitation.
5. There is frequent drug testing to measure abstinence.
6. There is a coordinated strategy and frequent communication between the court team and treatment providers to respond to client compliance.
7. There is ongoing judicial interaction with participants, including regular status hearings.

8. There is monitoring and evaluation of program goals and effectiveness.
9. There is ongoing interdisciplinary education and training for key personnel.
10. Partnerships exist between the Drug Court, public agencies, and community based organizations.

(National Association of Drug Court Professionals, 1997).

Methodology

Authority researchers collected data to assess implementation of and fidelity to the key components of the drug court model at five Adult Redeploy Illinois (ARI) pilot sites. The evaluation was designed to provide feedback to ARI sites, inform the ARI Oversight Board's decision-making, and guide other jurisdictions implementing drug courts. Data to measure the 10 key components was collected after 18 months of program implementation (August 2012 to July 2013).

Drug court fidelity was measured based on information collected during interviews with the individual court program administrators. Authority researchers interviewed drug court team members a year or more after program implementation. Information collected was used to gauge fidelity to seven of the 10 key components of the drug court model (#1, #3, #6, #9, and #10). Client interviews were used to inform on Key Component #7 and researchers used program databases, local plans, and ARI administrative staff input to determine fidelity to Key Component #8. Data was unavailable to measure fidelity to Key Component #2: *Using a non-adversarial approach, prosecution and defense counsel promote public safety while protecting participants' due process rights.*

Staff and stakeholder interviews

Authority researchers conducted interviews by phone with the drug court team members. Subjects were provided with interview questions in advance. Only subjects who gave written consent were interviewed. The interviews took place between August 2012 and July 2013. Subjects answered general questions about the implementation of their drug court and did not know program fidelity was being measured.

Interview sample

Authority researchers interviewed 26 subjects involved in the day-to-day operations of the five programs, including probation staff, treatment staff, judges, state's attorneys, and public defenders. The following is the sample size in each county:

- Fulton County (n=6)
- Jersey County (n=5)
- Knox County (n=6)
- Madison County (n=4)
- Winnebago County (n=5)

Interview questions

Authority researchers created interview questions to measure the extent to which drug court team members implemented key components of the drug court model based on the literature. The phone interviews were audio recorded, transcribed, and analyzed in the qualitative data analysis software NVivo. See *Appendix A* for interview questions. See *Appendix B* for questions by key component.

Client interviews

Authority researchers conducted in-person interviews with drug court participants in each county. The client interviews allowed researchers to gain the participants' perspectives and learn about judicial involvement (Key Component #7). A consent form explaining the purpose of the interview, compensation, selection, length, questions, and confidentiality was signed by each participant. Participants received a \$20 Walgreens gift card as compensation for their time.

Interview sample

Authority researchers interviewed 51 program participants. Drug court program graduates or clients of six months or more were eligible for participation. The drug courts provided a list of participants and the number of client interviews was limited to available drug court participants in those sites. The following is the sample size in each county:

- Fulton County (n=8)
- Knox County (n=4)
- Jersey County (n=7)
- Madison County (n=13)
- Winnebago County (n=19)

Interview questions

Authority researchers created interview questions in three sections: demographics and background, program operations, and satisfaction with the program. Some questions were adapted from other sources, studies, or instruments to increase reliability and validity (Department of Justice, n.d.; Johnson & Latessa, 2000; May & Wood, 2005; Miller & Tonigan, 1996; Rossman, et al., 2011; and the Texas Christian University Drug Screen II). All data were entered into an Access database and analyzed in NVivo.

Administrative data

All ARI sites submit quarterly client-level probation data reports to Authority researchers as part of a performance measurement process mandated by the Crime Reduction Act. ARI probation officers record client data in computerized case management systems. These database systems were used to gauge fidelity to the drug court key component on monitoring and evaluating programs (Key Component #8).

Limitations

Again, data was unavailable to measure fidelity to Key Component #2 on prosecution and defense counsel using non-adversarial approaches.

Fidelity was measured based on the perspectives of four to six drug team members. Their views may have differed from those who were not available for interviews at the time.

Drug court team members' perceptions of the program may have been unintentionally biased toward their program and may have lacked objectivity in their responses.

Fidelity was measured at one point in time after 12 months of program implementation, so the programs may have since changed their policies and procedures to be more or less faithful to the key components of the program.

Findings

Key Component #1: Case planning and program phases

Key Component #1: *Drug courts integrate alcohol and other drug treatment services with justice system case processing.*

Drug courts use case plans and employ a multi-phased treatment and supervision process, and are divided into a stabilization phase, an intensive treatment phase(s), and a transition phase. This component is measured in part by examining initial and ongoing case planning carried out by a group of Drug court team members. Interviewees were asked about case planning procedures and phases of supervision.

Case planning

In Fulton County, interview participants explained that case plans were developed around what is learned about a client during the intake process. If a client has an addiction problem, some goals for the client would be remaining abstinent, developing a relapse prevention plan, and learning how to recover from addiction in a healthy manner. Mental health issues also shaped case plans. If a client deals with mental illness, a goal for them could be regularly meeting with a psychiatrist or taking psychotropic medication. Behavioral analysis including identifying patterns in a client's offenses is used by probation officers in developing a case plan that is appropriate.

Jersey County followed an "informal" case plan framework based on drug court requirements and the program's four phases. Clients were allowed to offer input into the development of their case plans. Probation officers were responsible for developing the case plans and the plans were updated on a monthly basis during meetings.

In Knox County, case plans are developed after a client has undergone the level of service inventory-revised (LSI-R), Eureka, behavioral analysis, decisional balance, and they have been interviewed and had a home visit. LSI-R assesses a client's potential to succeed in probation. Eureka identifies what stage of change a client is in, behavioral analysis shows a client's recidivism factors, and decisional balance shows what a client is flexible enough to work on. After all of these instruments and techniques were utilized, the information was refined to identify goals the client was motivated to achieve.

In Madison County, a majority of case planning came from the treatment center and probation office. Drug court staff identified conditions of probation and conducted a risk and needs assessment. Staff used the LSI-R scores to pinpoint client issues and develop short- and long-term goals. The client then met with a substance abuse treatment center. The center informed the probation officers of treatment goals and treatment progression or regression. Participants were given a fair amount of say in case planning/goals. The client and the probation officer signed an agreement outlining the goals. Case planning was changed based on the level of development in the client. Clients were re-evaluated as needed.

In Winnebago County, drug court team members used the Treatment Alternatives for Safe Communities (TASC) assessment to develop their case plans. The assessment included a Diagnostic and Statistical Manual of Mental Disorders, 4th edition (DSM-IV) diagnostic, and LSI-R scores to help develop short- and long-term goals. Interviewees noted that in the early stages of the program, probationers receive a homework assignment that has a case plan worksheet that helps develop the case plan. Staff created a broad case plan with specific goals and deadlines, as well as actions steps to change behavior at every appointment. One interviewee referred to the case plan as a “*working tool*,” since goals and action steps are often updated with participants. Team members collaborate on the plans. The probation officer creates the plan and it becomes a working document for the team.

Program phases

Fulton County Drug Court team members reported a four-phase supervision process was in use and as their clients progressed through each phase, the intensity of supervision was lessened. Each phase took about three months for a client to complete. In addition to supervision, participants were required to obtain a job or enroll in school. The drug court team determined client readiness to progress through the phases.

Jersey County’s Drug Court team members reported a four-phase supervision process was in use, with a required time minimum prior to phase progression. Phase lengths were increased when a client committed a violation. Phase one includes randomized drug testing, individual and group counseling, and AA attendance. The required frequencies of these activities were lowered as participants progressed through each phase. Interviewees believed that participants were more likely to be noncompliant in the later phases when they were monitored less.

Knox County Drug Court team members reported a four-phase supervision process was in use. The first phase was the most intensive, requiring more contacts with staff, drug testing, Alcoholics Anonymous/Narcotics Anonymous (AA/NA) meeting attendances, and counseling. In phase one, participants were asked to forgo employment to focus on recovery. As a client attends meetings regularly and has negative drug tests, they were promoted to the next phase of the program. The program demoted participants for violating terms of probation, but decisions were made on a case-by-case basis.

Time period minimums for each phase were reported but those interviewed differed on what the periods were. One team member said requirements were, “*not less than 60 days for phase one, not less than 60 days for phase two, not less than 120 days for phase three, and not less than 120 days for phase four.*” Another said they did not have a formal structure with time frames for sobriety, but that the team agrees that it seems appropriate to move the client to the next phase. Team members said few participants complete the program in less than one year.

Madison County team members reported a four-phase supervision process was in use. In the first phase, the client reported to court every two weeks, completes urinalysis once a week, engages in substance abuse treatment, and attends recovery support groups. There was some disagreement about substance abuse treatment attendance criteria for entry into the second phase. One interviewee said the second phase required “*adequate attendance*” and another said it required

“perfect attendance.” When criteria were met, the case was discussed at a staff meeting to approve moving to the next phase. Upon completion of all court conditions, the client was eligible to graduate from the program.

Madison County team members reported clients could be moved from the second phase back to the first phase if the client had positive drug tests or stopped attending treatment. If a client had multiple positive urinalyses, residential treatment was required.

Winnebago County team members reported a three-phase supervision process was in use. At phase one, offenders are expected to comply with all treatment recommendations. They were required to appear in court once a week, submit random drug testing twice a week, obtain employment referrals, and meet with the team once a week. Entry into level two took six months to one year depending on the severity of the addiction. Interviewees explained that participants generally remain in level two for two to four months. In level three, the team prepared participants to graduate from drug court. In order to graduate, participants were required to complete treatment, be enrolled in school, be employed or seeking employment; and be at least 12-months drug-free and 12-months arrest-free.

Summary of Key Component #1

All five drug court programs reported developing case plans with participants. However, Jersey County lacked a formal process to develop case plans. Jersey, Madison, and Winnebago counties incorporated client input into case plans and updated case plans over the course of the clients’ participation in the program.

All of the drug courts used phases of supervision in which the intensity of supervision lessens as participants’ progress. Madison County team members did not have a unified understanding of how each phase should last based on different client recovery time frames. Winnebago County used incentives and positive reinforcement as participants progressed from phase to phase.

Key Component #3: Program referrals and intake process

Key Component #3: *Eligible participants are identified early and promptly placed in the drug court program.*

Drug courts must identify and place eligible offenders quickly into drug court programming and treatment. After arrest, there is a “critical window of opportunity for intervening and introducing the value of alcohol and other drug treatment” (National Association of Drug Court Professionals, 1997, p.5). This component is measured in part by established criteria for screening eligible participants for substance abuse problems and suitability for treatment.

Program referrals

In Fulton County, prosecutors received client referrals from defense attorneys. Eligible applicants were presented to the Drug court team and a vote was taken on whether to accept the client. Participants were screened again at North Central Behavioral Systems to identify needs and solidify program eligibility.

In Jersey County, participants were referred to ARI through the prosecutor’s office or the public defender’s office. The court ordered a legal screen and required a client be evaluated by TASC. The legal screen identified those facing violent charges, removing them from consideration. Participants previously convicted of delivery of a controlled substance also were ineligible. TASC determined whether criminal behavior may have been a result of substance abuse through a clinical assessment.

In Knox County, some of the referrals were from police officers. Jail staff, probation officers, judges, and private attorneys also referred individuals. Some participants requested program entry. Plea deals that include drug court also were made in the county.

One interviewee reported that drug court was used as a back-up on cases that are not strong enough to get a conviction,

“Sometimes what I see is the state's attorney will have a case where they -- the evidence is weak. You know, somebody who's a multi-repeat offender who should be going to prison if they could get a conviction. You know, it's his eighth arrest and he was involved in distribution and, you know, he's really—maybe even a poor candidate for drug court, but they—they can't prove the case, so they say, well, let's put him in drug court in order to get a plea.”

Madison County clients are referred to the prosecutor by the defense attorney or probation officer. Probation officers refer clients to drug court who have failed on regular probation. Prosecutors handling the case initially can choose to make a “motion to screen and assess for drug court” which must be approved by the defense attorney and presiding judge. According to the interviewees, a client diagnosis of substance abuse issues is required for referral by a probation officer.

Winnebago County team members reported use of a centralized referral process in which anyone—public defenders, state’s attorneys, judges, family members—can refer an individual to a problem-solving court. Referrals were most commonly received by the client’s defense attorney. These referrals were transferred to a trial court administration office where eligibility was evaluated based on court criteria.

Intake process

Fulton County team members reviewed program requirements with potential participants to ensure they were fully aware of the court’s expectations. Participants signed a form acknowledging program requirements.

Knox County Drug Court team members reported referrals were made by the judge, the state’s attorney’s office, court services staff, the police department and anyone else that could be considered a stakeholder in the program. When an application or recommendation is received for a potential drug court client, the state’s attorney’s office is the first entity to decide whether the individual is eligible for the program. Typically, unless the state objects, anyone who is referred is processed for further screening into the program. Potential clients were screened using the Michigan Alcohol Screening Test (MAST) and the Drug Abuse Screening Tool (DAST). Potential clients were vetted by the judge, police officer, attorney, and treatment providers during a staffing meeting. Individuals with a violent offense conviction, drug-dealing history or gang activity were ineligible. When stakeholders were not in agreement during the staffing meeting a final decision on whether the individual could participate in the program was made by the judge. Team members reviewed program requirements with potential participants to ensure they were fully aware of the court’s expectations.

When looking at potential participants, Jersey County considered their criminal histories. Only individuals currently facing a non-violent offense, and those with no conviction for delivery of a controlled substance are eligible. The individual must reside in the county given the frequent courthouse appearances and referrals to local services. Potential clients also must demonstrate a willingness to change. Once an individual meets the drug court criteria, the team votes on whether to admit the offender into the program. An interviewee stated that these judgments were made quickly as most potential participants were repeat offenders with whom justice system officials were familiar.

The Madison County Drug Court intake process was managed by the prosecutor or the probation officer. However, the ARI probation officer completed participant screening with a candidate interview, collecting demographics and histories of drug and alcohol use and mental health issues. The probation officer shared the information collected with TASC, where another assessment is conducted. The TASC assessment compares symptoms with the Diagnostic and Statistical Manual fourth version (DSM- IV) of mental disorders and refers participants to multiple clinicians. TASC assessments were shared with the ARI probation office, the client’s private attorney or public defender, state’s attorney, and judge to make a final decision regarding the eligibility of the client. When the client is approved, he or she is assigned an ARI probation officer to report to and a treatment plan to follow.

In Winnebago County, once individuals are deemed appropriate for the program, Initial screening was conducted to further ensure eligibility and potential clients were then referred to TASC for a comprehensive assessment. The assessment identifies severity of issues, treatment needs, risk level, social/community issues, and trauma history, which leads to a DSM-IV diagnostic.

TASC assessment findings are presented at a staff meeting that includes the judge, program director, probation officers, prosecutor, and defense attorney. Together, the team decides whether the individual is appropriate for drug court. Once an individual is accepted to the program, probation officers use the LSI-R and RANT (Risk and Needs Triage) instrument to assess risk and the ASAM (American Society of Addiction Medicine) criteria to determine the level of care that is needed.

Summary of Key Component #3

All five drug court programs had a process to identify and place eligible offenders into the program and determine the most appropriate treatment plan.

Key Component #4: Referrals to services

Key Component #4: *Drug courts provide access to a continuum of alcohol, drug, and other related treatment and rehabilitation services.*

Drug courts should offer individualized drug treatment modalities and other services and resources, such as mental health treatment. According to the National Association of Drug Court Professionals “the drug court team also needs to consider co-occurring problems such as mental illness, primary medical problems, HIV and sexually-transmitted diseases, homelessness, basic educational deficits, unemployment and poor job preparation, spouse and family troubles—especially domestic violence—and the long-term effects of childhood physical and sexual abuse. If not addressed, these factors will impair an individual’s success in treatment and will compromise compliance with program requirements” (1997, p. 7).

Fulton County team members indicated that a lot of client needs are discovered during intake. Client needs included substance abuse and mental health treatment, housing assistance, domestic violence and education services.

Jersey County interviewees determined client service referrals based on their needs and performance in drug court. Some examples of service referrals were increased drug testing and counseling, housing alternatives, and education, employment, and psychiatric services. Team members expressed frustration with the lack of services available in Jersey County.

In Knox County, participants received mental health and domestic violence services, job training and referrals, assistance with child custody issues, and transportation. Team members reported that their employment service provider was not meeting their clients’ needs, offering resume writing rather than placement in jobs that were an appropriate fit.

With in-depth planning and partnerships with local service providers, Madison County made referrals to substance abuse treatment, as well as employment and vocational services, and recovery support services. They also facilitated a coping skills group.

Winnebago County referrals were determined by TASC assessments, meetings with probation officers, and status hearings. All interviewees noted the importance of their probation-based facility, the Resource Intervention Center (RIC). RIC provided cognitive behavior-based groups, such as “Thinking for a Change” and “Changing Attitudes and Behaviors.” Also offered were a GED (General Education Development) program, tutoring services, licensed clinical social workers providing mental health services, and TASC recovery coaches.

Team members also reported availability of several community resources, including sexual assault counseling, anger management, a veteran’s hospital, and halfway houses. Team members agreed that referrals were made frequently, even daily, to meet their participants’ changing needs.

Summary of Key Component #4

All five drug courts referred participants to services beyond substance abuse treatment. Other commonly offered services included mental health/ cognitive therapy and educational/ vocational services. Also offered were anger management, domestic violence services, and housing services.

Interviews uncovered some issues with service referrals. Jersey County team members reported a lack of services, a likely result of the county's rural location. Knox County was unhappy with an employment service provider that focused on resume building, rather than offering basic skills training or referrals to entry level jobs.

Key Component #5: Monitoring compliance

Key Component #5: *Abstinence is monitored by frequent alcohol and other drug testing.* Drug courts should use frequent urinalysis testing to determine relapse, accountability, and progress. Drug testing two to three times per week on a truly random basis generates the greatest impact, including test results within 48 hours and a requirement of 90 days clean before graduation. Relapse is a part of recovery and should be dealt with as an opportunity to learn and to plan for future situations.

In Fulton County, compliance was monitored by probation officers including random drug tests and unannounced compliance checks at varying locations, days, and times.

In addition, Fulton County probation officers often received reports from service providers on clients' attendance. A probation officer could also contact a client's employer to confirm attendance.

Jersey County team members monitored client compliance through regular contacts, drug testing, and feedback they received from treatment providers during staffing meetings. To expedite drug monitoring, probation officers started using "instant cups," which provide drug test results in five minutes. Participants were tested randomly.

Knox County probation officers monitor compliance with regular client contact and random urinalysis or oral swabs. Drug court team members reported a desire to test for synthetic drugs, which, they said, was too expensive. Electronic monitoring was also used to track client whereabouts.

Madison County team members said they use random drug testing to monitor client compliance. Positive drug tests may result in a sanction. One interviewee stated:

"It's my belief that we do not sanction clients for simply testing dirty, they are sanctioned for their dishonesty; if they are not forthright in presenting to their counselor or their [probation] officer or to the court that they've used [drugs] prior to their testing, they're dishonest in their program, that's what clients are sanctioned for, not dirty testing."

Winnebago County ARI uses a random color coding system where participants are assigned a different color weekly and must call in to the probation office every morning to see whether their color is scheduled for drug testing that day. Generally, two to three different colors are on the schedule each day. As explained by a probation officer, "*Our structure currently is for the first three missed [urinalysis] for a participant, they would go to jail for 24 hours. And, if they miss more than that, it would be 40 hours of a jail sanction.*" Probation officers can also do "instant cups" at any time. One interviewee questioned the reliability of drug tests because there were times when the results change when re-tested.

Summary of Key Component #5

All five drug court programs used regular and frequent drug testing to monitor compliance. All of the programs reported using random drug tests; Winnebago County used a random color coding system. Other drug testing mechanisms included “instant cups” and oral swabs. Challenges reported included concerns about the reliability of tests and the need for testing for synthetic drugs which was considered too costly.

Key Component #6: Sanctions and incentives

Key Component #6: *A coordinated strategy governs drug court responses to participants' compliance.* Drug courts need to impose immediate, appropriate responses with increased severity for continue failure to stay drug and alcohol free. In addition, small rewards, such as praise from the judge, are important as a support for continued improvement.

Sanctions

In the Fulton County Drug Court, severity of client sanctions depended on the type and frequency of the violation. Sanctions are immediate and determined by the team. Fulton County Drug Court strives for consistency with sanctions across clients. For minor violations, such as showing up late to an appointment, participants typically were required to write an essay explaining why they were late and how they will try to prevent tardiness in the future. For more serious violations, such as testing positive for drugs, participants received jail time. Community service and increased reporting are common types of client sanctions.

Jersey County team members reported that when participants are non-compliant they determine the reasoning behind the behavior before ordering sanctions. One interviewee said punishing a client for showing up late when a transportation issue exists does not make sense compared to working toward remedying the transportation issue. In addition, sanctions were less severe when the client acknowledged committing a violation before being caught,

“For example, if they're going to test hot, when they come in the day that they're testing, have they said, hey, I had a -- I had a bad week. I'm going to test hot. If they say those things, then there's a consequence, but that consequence is relatively insignificant. If they don't tell us in advance and they test hot, then the sanction is more serious. And if when they test hot, they deny it, then the consequences become even more severe.”

Team members expressed frustration with the time that lapses between violation and sanction. Participants were found in violation and were not seen in court for up to a month, they said. Sanctions reported by team members were higher dosages of treatment, jail time, and revoking a client's drug court participation.

A sanction used the most in Madison County included community service, in particular, the Sheriff's Work Alternative Program (SWAP). On occasion the judge ordered the client to spend the weekend in jail. Drug team members reported that heroin use was a major problem in their county and fearing the client would overdose, the judge would sentence him or her to residential treatment or remain housed in jail until a residential treatment bed was available.

Winnebago team members said violations were handled in a staffing meeting on a case-by-case basis and sanctions were determined based on the severity of the violation.

Probation officers used “thinking reports,” a cognitive behavioral form that helps program participants therapeutically process their thoughts and actions, as a sanction, as well as victim

impact panels, non-confrontational presentations by crime victims. Other sanctions for clients included moving to a lower level or phase in drug court and an increase in treatment hour requirements.

Team members said rule and technical violations were addressed “immediately.” Participants were required to go to court within 24 hours of a positive drug test.

Incentives

Fulton County team members offer incentives to participants who are doing well in drug court. For example, “*One gal needed to get a food handling license to work at a restaurant, and we paid for that, which I think was \$40, so she could get her job.*” In another instance, a down payment for an apartment was provided to assist a client in an abusive relationship. Restaurant and gas gift cards also were offered. These incentives were significant to participants, one team member said, as many clients grew up in settings where they had nothing.

In Jersey County, one of the most significant incentives offered was the removal of a felony conviction record upon graduation from the program. Other incentives included gift cards for gas and groceries or movie certificate. Team members said they wanted more incentives introduced into the program to individually reward and encourage positive changes.

In Knox County, incentives include a drug court graduation certificate, laminated cards allowing participants to skip their homework or group counseling, gas cards to help with transportation costs, and social activities such as bowling or a picnic. Another incentive in Knox County Drug Court was verbal incentives or words of encouragement. One interviewee believed that the best incentive offered is a note from the judge explaining how proud the judge is with the client’s progress in the program.

Despite the variety of incentives offered, one stakeholder reported, “*We do not give incentives like we should. The judge shies away from incentives for some reason, but I think they're important.*”

Another explained how additional incentives were, for a time, incorporated into the program design:

“We had one guy who was -- who was really into like cars and things and fixing up cars, so he got something from Auto Zone [as an incentive]. Or, you know, one girl really wanted a makeover, so when she was moving phases, we got her something to go get her hair done or things like that. [The judge] has now shied away from that, and really all they get is a certificate.”

Madison County team members reported using an incentive system to keep participants motivated in treatment and meeting court conditions. The interviewees referred to it as “*the frequent free praises.*” When participants were in full compliance within a two-week reporting period, the clients drew from a bucket in the courtroom filled with snacks and gift cards.

In the Winnebago County Drug Court, probationers received incentives as a means to acknowledge positive behaviors and provide encouragement. These included a round of applause in court, certificates, and the choice of an item from the “reward basket.” One interviewee said that the primary incentive for probationers is a reduced level of supervision and court attendance.

Summary of Key Component #6

All drug courts had a strategy for sanctions for non-compliance; however, Jersey County did not apply immediate sanctions, taking up to one month to respond to non-compliance. Sanction type varied by drug court. Sanctions included jail time; community service, cognitive behavior form, victim impact panels, increased reporting, moving a client to a more restrictive program phase, or revoking their drug court program altogether.

Incentive offerings also varied by drug court. Drug courts in four of the five counties shared the use of gift cards as incentives. Other incentives included drug court certificates of completion; reduced restrictions/ attendance; use of support or praise through applause, notes, words of encouragement; payment for a job license or down payment for housing; snacks; social events; and removal of the felony conviction after program completion.

Key Component #7: Judicial interaction

Key Component #7: *Ongoing judicial interaction with each drug court participant is essential.*

The judge is the leader of the drug court team and takes on a new role in the process by interacting often with drug court participants at regular status meetings and using sanctions and incentives. Drug court participants regularly appear before the judge. Clients were interviewed to gather information on judicial interactions. In addition, they rated their agreement with five statements about the drug court judge on a scale of 1 (strongly disagree) to 5 (strongly agree).

All seven Fulton County drug court clients agreed that the judge treated them with respect; five participants agreed that the judge was fair. Six participants agreed that the judge was concerned about them and six participants agreed that court visits helped them stay in compliance with drug court conditions. Three participants thought that the judge expected too much from them. Four participants said the judge offered an orientation to drug court and six said the judge gave praise.

All four interviewed Knox County Drug Court participants agreed that the judge treated them with respect, was fair, was concerned about them, and helped them stay in compliance with drug court conditions. Conversely, no participants thought the judge expected too much from them. Three participants said the judge offered an orientation to drug court and three said the judge offered praise for doing well.

All six of the interviewed Jersey County Drug Court participants agreed that the judge treated them with respect, while five agreed that the judge was fair and that visits with the judge helped them stay in compliance with probation conditions. One of the six participants thought the judge expected too much from them. Four participants said the judge provided an orientation to drug court and five said the judge offered praise.

Twelve of 13 Madison County Drug Court participants reported that the judge treated them with respect, was fair, was concerned about them, and helped them stay in compliance with drug court conditions. None of the participants thought the judge expected too much of them. Six drug court participants said the judge offered an orientation to drug court and 10 said the judge offered praise.

All 19 Winnebago County Drug Court participants agreed that the judge treated them with respect and that the judge was fair. Eighteen drug court participants agreed that the judge was concerned about them and that court visits helped them stay in compliance with probation conditions. Three participants thought the judge expected too much of them. Fourteen participants said the judge offered an orientation to drug court and 19 reported the judge praised them.

Summary of Key Component #7

According to Carey, Mackin, and Finigan, “The role of the judge has been demonstrated to be a key factor in participant success” (2012, p. 37). Judges appeared to be involved in all of the five drug courts. According to drug court participants in the five counties, the judge was respectful,

fair, and concerned about them, as well as helped them stay in compliance with drug court. Most participants did not think the judge expected too much from them, except for a few in Fulton and Winnebago counties. Most of the participants in the programs said the judge gave praise.

The programs should continue judicial interaction with drug court participants and ensure they spend enough time with each participant. Research has shown that when the judge spent an average of three minutes or more with each participant during court hearings, there was a 153 percent reduction in recidivism compared to programs with judges spending less time (Carey et. al, 2012).

Key Component #8: Evaluation

Key Component #8: *There is monitoring and evaluation of program goals and effectiveness.*

According to the National Association of Drug Court Professionals, “management and monitoring systems provide timely and accurate information about program operations to drug court’s managers, enabling them to keep the program on course, identify developing problems, and make appropriate procedural changes” (1997, p. 17). This key component is measured by the use of computerized case management systems and the data collected.

Management and monitoring is built into the ARI initiative and expected of all program sites. A major requirement of the Crime Reduction Act is that the ARI Oversight Board monitors the performance of the programs on specific indicators. ARI drug courts receive program support, evaluation, and technical assistance from ARI staff and Authority researchers, further supporting the programs’ fidelity to Key Component #8. Authority research staff gather quarterly program data, and Authority grant monitors collect quarterly progress and fiscal reports.

Data systems

ARI probation officers record client data in computerized case management systems that differ across sites. Sites without an existing case management system were provided with an Access database developed by Authority staff to capture the necessary client information. Jersey County used the Authority-developed Access database. Drug courts in Fulton, Knox, Madison, and Winnebago counties used TRACKER, case management software for justice agencies used by many probation departments across Illinois.

Data elements

Authority researchers collect 18 data elements in three sections—demographics, case information, and ARI information. These get reported to the ARI Oversight Board and can be used for evaluation. Elements include:

- Number of participants enrolled in ARI.
- Employment rates/changes in employment during program enrollment.
- Changes in education level during program enrollment.
- Completion of treatment programs/required conditions including but not limited to cognitive-behavioral therapy, substance abuse treatment, and restitution.
- Prevalence of rule-violating behavior: number of new misdemeanor and felony arrests, number and nature of technical violations/non-compliance.
- Average number of monthly face-to-face contacts between ARI participants and probation officers.
- Rates of successful completion of ARI program.
- Rates of unsuccessful termination from ARI program, rate of resentence to prison, rate of resentence to non-prison sanction.

- Rate of Level of Service Inventory–Revised™ (LSI-R) assessment used with participants: percent of participants assessed at high, medium, or low.
- Progress towards required 25 percent reduction in prison admissions from the target population.

Summary of Key Component #8

Authority researchers have been integral to the monitoring and evaluation process, providing technical assistance to each ARI program on data elements and data entry and reporting quarterly on data to the ARI Oversight Board and ARI administrative staff. However, for programming purposes, collecting data is not enough. The data must be analyzed and used appropriately to enhance the programs. It is unknown the extent to which programs regularly utilize their own data to make program adjustments. In addition, over-reliance on external researchers is discouraged as programs should in a position to continue the work with less support.

Key Component #9: Drug court team training

Key Component #9: *Continuing interdisciplinary education promotes effective drug court planning, implementation, and operations.* Criminal justice personnel should learn about substance abuse and courses of treatment; treatment providers should learn about criminal justice and drug court procedures and practices.

In Fulton County, few drug court team members reported knowledge of some available training. Most on the team learned as they worked or had previous related work experience. Some reported being offered training but never followed up and did not know what the training entailed.

One Jersey County team member reported being trained on the job by a retiring probation officer. Some interviewees said their drug court offers organization trainings, but that they have never gone to them because they thought the judges didn't care about them. Another team member reported receiving training from probation staff and the chief of probation on the drug court process and the model.

In Knox County, many interview participants indicated that no required or formal training for the program existed, and that any training that they did attend was optional. One interviewee attended training by the Illinois Association of Problem-Solving Courts (ILAPSC). Another team member reported that training on proper drug testing techniques from Forensic Fluid Labs was helpful. The *Drug Court Bench Book* and the *Federal Drug Court Bench Book* also were made available for reference.

Madison County team member were required to attend annual training, including medication training and monitoring, community reinforcement, and cardiopulmonary resuscitation (CPR). Team members attended training and seminars in Madison County on mental health, drug addiction, dual diagnosis, driving under the influence (DUI), and drug trends. At Drug court staff meetings, the team engaged in one-hour trainings to address drug trends and other growing concerns. Many optional trainings also were available throughout the year—many through TASC.

No specific training was required for ARI probation officers in Winnebago County, but they were experienced in the substance abuse field or had been certified in chemical dependency. Team member were required to attend an annual local drug court retreat, the National Association of Drug Court Professional Training Conferences, and the annual Drug Court of Illinois Conference. Also offered were a number of ongoing, optional trainings provided by the probation department that interviewees typically attended.

Summary of Key Component #9

Training appeared not to be a priority for three counties. According to those interviewed, Madison County provided the drug court team with training on mental health issues, drug addiction, dual diagnosis, DUIs, and drug trends. The other four counties reported formal training was not available or not made a priority.

Key Component #10: Collaboration, team meetings

Key Component #10: *Forging partnerships among drug courts, public agencies, and community-based organizations generates local support and enhances drug court program effectiveness.*

The six critical team members in drug courts include law enforcement, probation, defense attorneys, prosecutors, judges, and treatment providers. Team members of the five drug court programs were asked about collaboration generally and representation during team staffing meetings.

Collaboration

Fulton County Drug Court staff indicated collaboration in their county between stakeholders was good. An interviewee thought everyone cooperated well together except in the beginning law enforcement was reluctant because, *“They thought this was coddling criminals.”*

During the Jersey County interview, two drug court team members shared that they had been working together for more than five years and had a good standing relationship with all stakeholders.

Six Knox County team members indicated that drug court collaborations were excellent and strived to expand the team’s reach to those in workforce development and housing for the betterment of the program. However, another Knox County representative shared that while most of the collaborations were good; collaboration between public defenders and prosecutors was weak.

In Madison County, all interviewees reported collaboration was, *“excellent”* and *“very good”* between all parties. One respondent said, *“We talk, meet frequently, and the judges are receptive to us and our proposals.”* One other respondent noted there was, *“a long standing collaboration with all partners.”*

Winnebago County, team members indicated that overall collaboration was *“very good”* in the county between key stakeholders and service providers.

Team staffing meetings

Interviewees were asked about collaboration at staffing meetings which were forums for drug court team members to discuss participants. The team discusses client progress and issues, and decides on sanctions and incentives.

Fulton team members indicated that they meet prior to court hearings to review client cases. At staffing meetings, probation officers will review clients’ progress and the need for sanctions or incentives. When sanctions or incentives are given, probation officers vote on what type is appropriate. A judge is present during staffing meetings to help run through the list of participants being examined on that particular day.

In Jersey County, staffing meetings occur monthly. In attendance are representatives of the probation department, state’s attorney’s office, public defender’s office, clerk’s office, sheriff’s department, and substance abuse treatment provider. Treatment providers offered updates on each client’s progress, including attendance and personal difficulties.

Knox County team members said staffing meetings took place weekly, prior to court hearings. The group will review clients’ progress and the need for sanctions or incentives. After the staffing meetings, participants appear in front of the judge.

Madison County ARI team members reported strong communication between probation officers, defense attorneys, prosecutors, counselors, treatment providers, and advocates. Often those involved with the court case will meet and discuss the case about an hour prior to court at a staffing meeting. If a client needs to be sanctioned, the judge asked those involved in the case for recommendations. As one interviewee said, *“Probably 99.9 percent of the time the whole team is on board with whatever recommendation is being made.”*

Winnebago County had regular staffing meetings to discuss participants which were found to be helpful. The staffing meetings were done formally on a regular schedule, but informal meetings were held occasionally. The group will review clients’ progress and discuss challenges. In attendance were probation officers, treatment providers, the judge, and the public defender, but no prosecutor or law enforcement.

Summary of Key Component #10

All county drug court team members reported some collaboration among their groups. Probation was always included, but other team members were not. *Table 1* depicts fidelity to this drug court key component on collaboration.

Table 1
Illinois drug court programs fidelity to collaboration by county

Drug court team member	County drug court program				
	Fulton	Jersey	Knox	Madison	Winnebago
Law enforcement		☑			
Probation	☑	☑	☑	☑	☑
Prosecution		☑		☑	
Defense		☑		☑	☑
Treatment		☑	☑	☑	☑
Judge	☑		☑	☑	☑

Implications for policy and practice

As Adult Redeploy Illinois expands across the state, insights gained during drug court implementation will be helpful to new jurisdictions. Compiling and circulating lessons learned by these programs can help new sites learn from others' experiences and avoid challenges.

Data to measure key components was collected after 18 months of program implementation (August 2012 to July 2013). Since the programs were operating as a pilot program during the period examined, and drug court teams were still exploring the program capabilities and capacities, and fine-tuning their referral and screening processes. Likely the five sites evaluated in this report have made changes to their drug courts between the date of measurement and the date of this report's publication.

Include all stakeholders on the drug court team

All drug court team members should participate in, and support, the drug court. Researchers found that while the drug courts reported varying levels of collaboration and staffing meetings, some team members were not included in staffing meetings and some programs cited a lack of support from law enforcement, prosecutors, and defense attorneys. Inclusion of the judges, both attorneys, treatment providers, program coordinators, and probation officers at staffing meetings had a 50 percent reduction in recidivism than programs that did not include those team members (Carey, Mackin, & Finigan, 2012). Drug courts whose substance abuse treatment providers attended staffing meetings had 105 percent greater reductions in recidivism than programs that did not have them attend (Carey, Mackin, & Finigan, 2012). In addition, treatment provider participation in court hearings had a 100 percent reduction in recidivism compared to programs that did not have treatment providers attend hearings (Carey, Mackin, & Finigan, 2012).

All but one drug court did not have law enforcement representations at their team meetings. Research has shown that drug courts that include police had an additional 36 percent reduction in costs, an 87 percent reduction in client recidivism, and higher graduation rates compared to those that did not (Carey, Finigan, & Pukstas, 2008; Carey, Mackin, & Finigan, 2012). Law enforcement can provide to drug court teams:

1. Unique perspective.
2. Improved drug court referrals.
3. An extended connection of the team to the community.
4. Assistance with information gathering and monitoring of participants.
5. An advocate who can share the efficacy of drug courts with government and community leaders.

(Office of National Drug Court Policy, 2011)

Connect participants to a variety of comprehensive services

All the drug courts provided access to mental health, education, and employment services. Also needed are services to address domestic violence, offer anger management and coping skills,

provide health and dental services, and assist with housing, transportation, and child custody issues.

Research shows better outcomes at drug courts that offer participants wraparound services (Carey, Mackin, & Finigan, 2012). Health and dental care are important because drug court participants' lifestyles may have harmed their physical health and lack health or dental care (Carey, Mackin, & Finigan, 2012).

Strategically use drug testing

The drug courts did adhere to the Key Component #5 tenet of using random drug testing. Some used evening and weekend compliance tests and listened to feedback from treatment providers. Research has found better outcomes with drug courts that offered drug testing two to three times per week on a truly random basis with test results within 48 hours, and a requirement of 90 days clean before graduation (Carey, Finigan, & Pukstas, 2008; Carey, Mackin, & Finigan, 2012; McIntire, Lessenger, & Roper, 2007). Drug testing should happen on weekends and holidays when drug and alcohol use are most likely to occur (Marlowe, 2012). Drug courts with a requirement of 90 days clean before graduation had a 164 percent reduction in client recidivism compared with programs that did not (Carey, Mackin, & Finigan, 2012). In some cases, participants can first be given the opportunity to self-report drug use. Once reported, a drug test is no longer necessary, thereby saving costs.

However, positive drug test results need to be addressed appropriately. According to the National Institute on Drug Abuse, the chronic nature of the disease means a substance abuse relapse is not only possible, but likely; relapse does not mean treatment has failed. In fact, relapse rates are similar to those of other chronic medical illnesses such as diabetes, hypertension, and asthma. It is a process to learn to be alcohol and drug free. Relapse may be an opportunity to learn about the recovery process, such as learning triggers and dealing with situations that compromise sobriety (National Association of Drug Court Professionals, 1997).

One drug court expressed concern about not being able to conduct synthetic drug testing due to its cost. According to the National Drug Court Institute, while synthetic drugs “may represent a greater challenge to the Drug Court system because of the quasi-legal status of and difficulty of screening for the newly evolved designer drugs, the essential struggle remains the same as those posed by alcohol, heroin, cocaine, or misused prescription drugs.” (Carey, 2014, p.10). Drug courts should use the same methods, such as treatment and drug testing, to help participants recover from other substance abuse. The use of synthetic drugs and other emerging drugs do not change the foundation of drug court policies or practices (Carey, 2014).

Follow best practices for sanctions and incentives

Drug Courts need written policies and procedures concerning incentives and sanctions in a program handbook or manual, and all drug court team members and participants need to know the procedures (Marlowe, 2012).

Sanctions

While all five drug courts offered some sanctions, the sanctions varied and were not always immediate or decided upon by a the drug court team. According to drug court best practice standards, policies on incentives and sanctions should be in writing and communicated in advance to participants outlining behaviors which may result in a consequence (National Association of Drug Court Professionals, 2013). A meta-analysis of approximately 60 studies of 70 drug courts found significantly better outcomes for those with a formal and predictable system of sanctions (Shaffer, 2010). However, the drug court team “reserves a reasonable degree of discretion to modify a presumptive consequence in light of the circumstances presented in each case” (National Association of Drug Court Professionals, 2013).

Marlow stated the drug courts need to “allow participants a reasonable chance to explain their side of any dispute, administer equivalent consequences for equivalent behaviors, and accord all participants respect and dignity throughout the process” (2012, p.5).

Jail time

Most drug courts reported use of jail time as a sanction, but drug courts are discouraged from overuse of the sanction. According to the National Association of Drug Court Professionals’ best practice standards, jail sanctions should be imposed “judiciously and sparingly” (2013, p.28). Unless the client poses an immediate risk to public safety, less severe sanctions should be administered before jail time and then only last up to five days (National Association of Drug Court Professionals, 2013). Participants who may have jail time imposed should have access to defense counsel and a fair hearing (National Association of Drug Court Professionals, 2013).

Research has found that jail sanctions in Drug Court have better results for those with less extensive criminal backgrounds and are less acclimated to the criminal justice system) than those who do not have them (Brown, Allison, & Nieto, 2011).

According to the Vera Institute of Justice, using jails to punish or treat participants reduces jail bed savings (Fluellen & Trone, 2000). In order to have program retention and jail bed savings, it is better to have a range of sanctions rather than always relying on jail to penalize failure (Fluellen & Trone, 2000).

Incentives

The drug court programs offered a variety of incentives including gift cards, praise, and lessened restrictions. However, only one mentioned individualized “outside the box” incentives (such as a job license or down payment for housing. The National Drug Court Resource Center encourages drug courts to think more broadly and creatively about the incentives to participants in their programs. Drug court programs should incorporate both punishment and positive reinforcement to be effective. In fact, “if participants may be punished for missing a counseling session, then they should also be able to earn a reward for attending a counseling session. Arranging contingencies in this manner enables Drug courts to reduce undesirable behaviors while simultaneously replacing them with desirable prosocial behaviors” (Marlowe, 2012, p.2).

Enhance training protocols

Formal, required training was missing from all but two drug courts, resulting in not meeting fidelity to Key Component #9. While ARI program administrators host an annual, all-sites meeting for training and collaboration among programs, the meeting is not to be considered formal training by the sites. Drug court programs need a training curriculum for all new and continuing drug court team members that include attendance at regional and national trainings.

The drug court approach is interdisciplinary; therefore, training needs to be interdisciplinary and specialized to ensure drug courts practices are being delivered effectively and efficiently (Closing the Addiction Treatment Gap, 2012). Criminal justice system professionals must understand substance abuse problems and treatment providers need to understand the criminal justice processes. In addition, drug court best practice standards recommend cultural sensitivity training for all drug court team members, which focus in part, on identifying and examining the (often implicit or unconscious) biases that may be held by staff members about their clients (Greenwald & Banaji, 1995; Kang, 2005; National Association of Drug Court Professionals, 2013).

Research has shown that training drug court team members results in higher graduation rates and reduced outcome costs (Carey, Finigan, & Pukstas 2008). Research also has shown that when the judge in particular attends annual training on evidence-based practices in substance abuse, mental health treatment, and community supervision, drug courts have improved outcomes (Carey et al., 2008; Shaffer, 2010).

The National Drug Court Institute and other national groups offer many free training opportunities and reference materials to drug court programs. Drug court training resources are provided in *Appendix C*.

Use research to guide drug court operations

All five drug courts were collecting data because of ARI requirements and assistance; however, the extent to which programs regularly used the data or checked the data entry for accuracy is unknown. Aside from external evaluation, drug court teams should collect and *analyze* data and make program improvements based on their findings (Carey, Mackin, & Finigan, 2012). Drug court programs that internally review program data which led to modifications in program operations had a 105 percent greater reduction in client recidivism and 131 percent higher cost savings than programs that did not (Carey, Mackin, & Finigan, 2012).

Finally, an external outcome evaluation of one or all of the drug courts, as well as cost-benefit analysis, is needed. Drug courts that were externally evaluated and used the findings to make program modifications had an additional 85 percent reduction in client recidivism and a 100 percent higher cost savings than programs that did not (Carey, Mackin, & Finigan, 2012). In addition, future evaluation should gather information on defense and prosecutor interaction to measure whether a non-adversarial approach is used promotes public safety while protecting participants' due process rights.

Conclusion

Overall, the five drug court programs examined maintained fidelity to the key components of the drug court model. Four out of five programs failed to meet Key Component #9 regarding drug court team training. Jersey County had challenges adhering to best practices with case planning/program phases, as well as sanctions/incentives. Knox and Fulton counties did not have representation from key drug court team members from their regular staffing meetings. *Table 2* depicts the counties and their fidelity to the key components.

Table 2
Illinois drug court program fidelity to key components by county

Key component									
County program	1	3	4	5	6	7	8	9	10
Fulton	☑	☑	☑	☑	☑	☑	☑		
Jersey		☑	☑	☑		☑	☑		☑
Knox	☑	☑	☑	☑	☑	☑	☑		
Madison	☑	☑	☑	☑	☑	☑	☑	☑	☑
Winnebago	☑	☑	☑	☑	☑	☑	☑	☑	☑
Key components: 1= Case planning and program phases 3= Program referrals and intake process 4= Referrals to services 5= Monitoring compliance				6= Sanctions and incentives 7= Judicial interaction 8= Evaluation 9= Drug court team training 10= Collaboration, team meetings					

Based on data collected on drug courts, these programs can enhance their work by including all stakeholders on the drug court team—law enforcement, probation, prosecution, defense, judge, treatment providers—to have the greatest impact on recidivism. Drug courts should assist participants with relapse prevention, gender-specific services, mental health treatment, parenting classes, family counseling, anger management classes, health and dental services, and residential care. Drug testing should be conducted two to three times per week on a truly random basis with test results within 48 hours and a requirement of 90 days abstinent before graduation.

Drug courts should offer a range of incentives to offer positive reinforcement for good behaviors. Policies on incentives and sanctions should be in writing and communicated in advance to participants and used with a reasonable degree of discretion. Drug court programs need interdisciplinary and specialized training for all new and continuing team members. Finally, drug court programs should review program data to modify operations.

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Appendix A: Interview questions

1. Please explain your role in the program.
 - What are your activities with a typical client on a typical day?
2. What training(s) was/were required for your role in drug court?
 - a. Does your drug court offer additional training resources?

These next questions are meant to help us understand the way your program operates, including initial identification and enrollment of clients and case management.

3. Please explain the screening and intake decision-making process for the program.
 - Who is involved? How are clients identified for referral and screening? Does any one person have the final determination on acceptance, or is it a group decision? What happens if there is disagreement? What screening tools are used?

Question 4 is for probation staff only

4. What is the **TARGET** ARI caseload size for a probation officer?
 - a. What is the average caseload size for regular (non-ARI, non-specialized) probation officers?
5. Please explain how a typical drug court call works.
 - a. What is the relationship between probation, treatment, and the judge?
 - b. How often are status hearings held for clients?
6. What does the drug court team do during status meetings?
 - How often are meetings held between the drug court team to review client statuses?
7. Please explain how staff creates a case plan for each client.
 - What is the process? Who is involved? How are goals determined? How much input does the client have? Are clients aware of what is in their case plan? Are the templates or forms used?
 - a. Is the case plan updated? If so, how frequently?
8. How well integrated are the treatment plans of clients and the supervision case plans?
 - Examples of integration: overlap of treatment and supervision goals; communication and cooperation between treatment staff, court staff, and supervision staff.
 - a. How is treatment information shared with the court team?
 - Written letters, verbal communication, specialized forms, etc.

These next questions are meant to help us understand the compliance monitoring process, drug testing, and the response to non-compliance.

9. What are the different phases of the drug court program and how does a client progress through them?
 - Under what circumstances do clients move between phases? What are the differences in supervision, drug testing, and treatment in different phases?
10. Please explain the drug testing process.
 - How long do samples take to process? How soon after drug test results are returned are they made known to the client and the drug court team? If a test is positive, how quickly does the team respond with a sanction (immediate, within days, etc.)?
11. What do you think about the current drug testing policy in the drug court?
 - Is the frequency/randomness adequate? Are results reliable? Are the responses to positive tests adequate?
12. How are rule violations and technical violations handled by the drug court program?
 - a. What incentives and sanctions are available to ensure client progress and compliance?
 - b. Does a client's need for treatment have an impact on the sanction issued in response to violations or negative behavior? Does probation seek advice from treatment staff before issuing a sanction/reward?

The next question will help us understand the involvement of the community in the Drug court process.

13. What role does the community play in the drug court process?

Appendix B: Interview questions by Drug court key component

Key Component #1: Drug courts integrate alcohol and other drug treatment services with justice system case processing

Questions asked:

- Please explain how staff creates a case plan for each client.
- What is the process?
- Who is involved?
- How are goals determined?
- How much input does the client have?
- Are clients aware of what is in their case plan? Are the templates or forms used?
- Is the case plan updated?
- If yes, how frequently?
- How well integrated are the treatment plans of clients and the supervision case plans?
- Examples of integration: overlap of treatment and supervision goals; communication and cooperation between treatment staff, court staff, and supervision staff.
- How is treatment information shared with the court team, such as written letters, verbal communication, specialized forms, etc.?

Key Component #3: Eligible participants are identified early and promptly placed in the Drug court program

Questions asked:

- Please explain the screening and intake decision-making process for the program.
- Who is involved?
- How are clients identified for referral and screening?
- Does any one person have the final determination on acceptance, or is it a group decision?
- What happens if there is disagreement?
- What screening tools are used?

Key Component #4: Drug courts provide access to a continuum of alcohol, drug, and other related treatment and rehabilitation services

Questions asked:

- What are the different phases of the drug court program and how does a client progress through them?
- Under what circumstances do clients move between phases?
- What are the differences in supervision, drug testing, and treatment in different phases?

Key Component #5: Abstinence is monitored by frequent alcohol and other drug testing

Questions asked:

- Please explain the drug testing process.
- How long do samples take to process?
- How soon after drug test results are returned are they made known to the client and the drug court team?
- If a test is positive, how quickly does the team respond with a sanction (immediate, within days, etc.)?
- What do you think about the current drug testing policy in the drug court?
- Is the frequency/randomness adequate?
- Are results reliable?
- Are the responses to positive tests adequate?

Key Component #6: A coordinated strategy governs drug court responses to participants' compliance

Questions asked:

- How are rule violations and technical violations handled by the drug court program?
- What incentives and sanctions are available to ensure client progress and compliance?
- Does a client's need for treatment have an impact on the sanction issued in response to violations or negative behavior?
- Does probation seek advice from treatment staff before issuing a sanction/reward?

Key Component #7: Ongoing judicial interaction with each drug court participant is essential

Questions asked:

- Please explain how a typical drug court call works.
- What is the relationship between probation, treatment, and the judge?
- How often are status hearings held for clients?
- What does the drug court team do during status meetings?
- How often are meetings held between the drug court team to review client statuses?

Key Component #9: Continuing interdisciplinary education promotes effective drug court planning, implementation, and operations

Questions asked:

- What training(s) was/were required for your role in drug court?
- Does your drug court offer additional training resources?

Key Component #10: Forging partnerships among drug courts, public agencies, and community-based organizations generates local support and enhances drug court program effectiveness

Question asked:

- What role does the community play in the drug court process?

Appendix C: Drug court training resources

National resources

Drug Court Clearinghouse and Technical Assistance Project

Operated by the American University for the U.S. Office of Justice Programs, the project maintains information on drug courts throughout the United States and publishes quarterly assessments of activities in the field. A source for the latest statistics, evaluations, and insight into issues and practices shaping this work.

<http://www.american.edu/academic.depts/spa/justice/dcclear.htm>

Drug Strategies

This research institute publishes *Keeping Score*, an annual review of federal drug control spending that identifies promising prevention, treatment, and law enforcement programs. It has also produced in-depth profiles of drug abuse in several cities and states and is preparing a guide to help citizens profile their own state or locality.

<http://www.drugstrategies.org>

National Association of Drug Court Professionals

The association seeks to expand the use of drug courts as a way to reduce substance abuse and crime. It advocates for increased funding for drug courts; collects and disseminates information; and provides intensive, on-site technical assistance through its Mentor Court Network.

<http://www.nadcp.org>

The National Drug Court Institute

The institute seeks to advance and ensure the survival of drug courts. It provides training for practitioners, supports and disseminates research on drug courts through its Evaluation Resource Center, and publishes the semi-annual *National Drug Court Institute Review*.

<http://www.drugcourt.org/ndci.htm>

State Justice Institute

This nonprofit organization awards grants and provides educational materials and technical assistance to improve the quality of justice in state courts; coordinate state and federal courts; and foster innovative, efficient solutions to problems all courts face. Addressing the needs of substance abusers in court is a current area of interest.

<http://www.statejustice.org>

U.S. Department of Justice Drug Courts Program Office

The office administers grants to jurisdictions to develop or enhance drug courts and supports these efforts through training and technical assistance. In partnership with the National Institute of Justice, the office is currently comparing several drug court programs to identify the most effective elements and designs.

<http://www.ojp.usdoj.gov/dcpo>

Illinois resources

Illinois Association of Problem Solving Courts

The Association promotes problem-solving courts in Illinois by providing education, assistance, training and development through collaboration of behavioral health and justice systems.

<http://www.ilapsc.org/>

Illinois Center of Excellence for Behavioral Health and Justice

The Center is a statewide entity working to equip communities to appropriately respond to the needs of persons with behavioral health disorders that are involved with the criminal justice system. Based in Rockford and serving all Illinois counties, the Center promotes, coordinates, and provides training to communities looking to implement jail diversion programs and problem-solving courts for mentally ill and/or substance abusing offenders.

<http://www.illinoiscenterofexcellence.org/>



Illinois Criminal Justice Information Authority

300 W. Adams Street, Suite 200

Chicago, Illinois 60606

Phone: 312.793.8408

Fax: 312.793.8422

TDD: 312.793.4170

Visit us online: www.icjia.state.il.us