

# **Black Hawk County Drug Court: An Evaluation of the First Two Years**

**Author:  
Maria Hein  
Institute for Social and Economic Development (ISED)**

**Prepared for:**

**Black Hawk County Drug Court; Waterloo, Iowa  
With the support of a grant from the Department of Justice, Office of Justice Programs**

April 3, 2008



1900 L Street, Washington, DC 20036  
Phone: (202)223-3288 Fax: (202)223-3289  
Website: [www.ised.us](http://www.ised.us) Email: [ised@ised.org](mailto:ised@ised.org)

## ACKNOWLEDGMENTS

I would like to thank the individuals whose assistance made this evaluation possible. First, we would like to thank the members of the drug court team. We would like to thank Karen Herkelman, Cheryl Meyer, and Scott Dolan for meeting with me and providing overall guidance for the evaluation. I would like to give special thanks to Robert Ames and Curt Turner for providing data for the evaluation, encouraging participants to attend the focus group, and answering my questions. I would also like to thank Tianne Gladney for providing data for this evaluation as well.

I would also like to thank drug court team members who supported the evaluation from initial training and planning activities to drug court implementation during the past year. These include Judge Thomas Bower, First Judicial District Court; Rich Carter, Waterloo Police Department; Tom Ferguson, Black Hawk County Attorney's Office; Dean Olson, Public Defender's Office; Marcia Wulfekuhle, Pathways Behavioral Services; and Chris Hoffman, Pathways Behavioral Services. In addition, Carolyn LeBahn and Howard Haus at the Department of Correctional Services were very helpful in linking me to the ICON system.

Next, I would like to thank the drug court participants who attended the focus groups or completed the evaluation surveys. I appreciate the time they took to share their experiences in the program with me.

Finally, I would like to thank Jan Losby, ISED's Director of Research, for reviewing and commenting on a draft of this report.

## TABLE OF CONTENTS

<b>Chapter</b>	<b>Page</b>
<b>I. Introduction</b>	1
A. The Black Hawk County Drug Court, Its Mission and Goals	1
B. Drug Court Design	1
C. Drug Court Implementation	4
D. Drug Court Funding	5
<b>II. Drug Court Client Characteristics and Outcomes</b>	6
A. Client Characteristics	6
B. Drug Court Program Status/Retention Rate	9
C. Criminal Risk and Needs	10
D. Participant Substance Abuse Treatment Summary	11
E. Drug Use Patterns	13
F. Drug Court Rewards, Violations, and Sanctions	14
G. Criminal Recidivism	16
<b>III. Participant Feedback</b>	18
A. Participant Focus Groups	18
B. Participant Survey Results	30
<b>IV. Cost Savings</b>	34
<b>V. Individuals Not Accepted into the Drug Court</b>	39
<b>VI. Conclusions</b>	45
<b>References</b>	49

## APPENDICES

<b>Appendix Title</b>	<b>Page</b>
Appendix A: BHC Drug Court Policies and Procedures	50
Appendix B: Participant Agreement Form	62
Appendix C: Moderator's Guide: Main Focus Group	63
Appendix D: Moderator's Guide: Aftercare Focus Group	66
Appendix E: Participant Survey (Terminated Participants)	69

## **I. INTRODUCTION**

This report documents evaluation findings on the first two years of the implementation of the Black Hawk County Drug Court. This chapter begins by describing the drug court and its stated mission and goals. Next, the drug court program design is described. Finally, a brief synopsis of the implementation of the drug court during its first two years of operation is provided.

### **A. THE BLACK HAWK COUNTY DRUG COURT, ITS MISSION AND GOALS**

The Black Hawk County Drug Court (BHC Drug Court) is a cooperative effort bringing together representatives of the Iowa First Judicial District Court, The Black Hawk County Attorney's Office, The Black Hawk County Public Defender's Office, the First Judicial District Department of Correctional Services, Pathways Behavioral Services, and the City of Waterloo Police Department with the joint purpose of reducing drug-related offenses and rehabilitating drug-involved offenders. The drug court team provides participants with judicial monitoring, close supervision/case management by a dedicated probation officer, and substance abuse treatment by qualified counselors.

The stated mission of the drug court is as follows. "The mission of the Black Hawk County Drug Court is to enhance public safety and benefit our community through a judicially supervised, collaborative effort to more efficiently work with non-violent substance abuse offenders, thereby effecting positive long-term change in offender's and their families lives and reducing recidivism and associated crime."

The drug court has three major goals.

1. Reduce substance abuse related crimes committed by program participants, reducing victims impacted by those crimes
2. Reduce the number of chemically dependent offenders going to prison
3. Increase the effectiveness of substance abuse treatment and supervision

### **B. DRUG COURT DESIGN**

The BHC Drug Court is designed to adhere to the National Association of Drug Court Professionals' 10 Key Components.<sup>1</sup> Evidence of this adherence is shown in the drug court's

---

<sup>1</sup> These components are as follows.

1. Drug courts integrate alcohol and other drug treatment services with justice system case processing.
2. Using a non-adversarial approach, prosecution and defense counsel promote public safety while protecting participants' due process rights.
3. Eligible participants are identified early and promptly placed in the drug court program.
4. Drug courts provide access to a continuum of alcohol, drug, and other related treatment and rehabilitation services.
5. Abstinence is monitored by frequent alcohol and other drug testing.
6. A coordinated strategy governs drug court responses to participants' compliance.
7. Ongoing judicial interaction with each drug court participant is essential.

policies and procedures (see Appendix A) and in its performance during its first year of operation. For example, drug court applicants are quickly screened for admission and, if accepted, are typically placed into substance abuse treatment within 7 days. (Hein and Martin, 2007). As we will document later in this report, drug testing is frequent and drug court team members coordinate efficiently in monitoring participant compliance with drug court rules and in consistently imposing sanctions in the face of non-compliance.

The BHC Drug Court has several design features that are worth noting.

First, the BHC Drug Court is designed to serve offenders for whom drug addiction is a major contributing factor to their criminal activity. Offenders with a history of violent crimes of a more serious nature (i.e., serious assault) are not enrolled in drug court, but offenders with simple assaults or domestic violence offenses may be enrolled. In addition, offenders with a current offense of drug dealing are not enrolled in drug court, but offenders with a past history of drug dealing may be enrolled (e.g., if the offender was on probation for drug dealing and then had a probation violation).

Second, the drug court uses what is commonly termed a “post-plea” as opposed to a “diversion” model. That is, all participants have received a sentence prior to drug court enrollment, usually involving prison incarceration. The sentence is held in abeyance, pending successful completion of the drug court program. Participants who are terminated from the drug court typically must serve their original sentence. This program model is advantageous, because the role of greater legal coercion in increasing the chances that drug court participants will be successful has been documented in a recent statewide evaluation of 11 New York drug courts (Rempel, Fox-Kralstein, and Cissner, 2004). This study suggests that drug court clients with more serious charges and a longer prison sentence in the event of program termination are more likely to succeed.

Third, the drug court has a phase structure, which gradually moves participants through a set sequence of restrictions, responsibilities, and privileges. Progressive phase movement is predicated upon compliance with program rules and steady progress in treatment. Return to a previous phase in the face of continued drug use, program non-compliance, or a lack of progress in treatment is possible. The BHC Drug Court has three phases followed by aftercare. These phases are described as follows.

Phase I: This initial drug court phase has a minimum duration of 90 days. During Phase I, the participant attends weekly drug court sessions, undergoes frequent and random drug testing, establishes his/her treatment program through Pathways Behavioral Services, meets his/her probation officer weekly or more often as required, attends a minimum of three self-help meetings per

- 
8. Monitoring and evaluation measure the achievement of program goals and gauge effectiveness.
  9. Continuing interdisciplinary education promotes effective drug court planning, implementation, and operations.
  10. Forging partnerships among drug courts, public agencies, and community-based organizations generates local support and enhances drug court effectiveness.

week, completes all homework assignments, and complies with all curfews and probation rules. Graduation from Phase I is contingent upon achieving 90 consecutive days of sobriety.

**Phase II:** This drug court phase has a minimum duration of 150 days. During Phase II, the participant attends drug court sessions as scheduled, undergoes random drug testing, maintains his/her treatment program through Pathways Behavioral Services, finds an approved mentor or sponsor, continues to meet his/her probation officer as scheduled, secures approved living arrangements, develops an employment or education strategy, identifies relationships in need of repair, begins to develop an aftercare strategy, attends a minimum of three self-help meetings per week, completes all homework assignments, and continues to comply with all curfews and probation rules.

**Phase III:** This drug court phase has a minimum duration of 120 days. During Phase III, the participant attends drug court sessions as scheduled, undergoes random drug testing, maintains his/her treatment program through Pathways Behavioral Services, maintains regular contact with his/her mentor or sponsor, continues to meet his/her probation officer as scheduled, maintains a secure and sober lifestyle and residence, maintains employment or school enrollment, develops a plan for giving back to the drug court program upon graduation, attends a minimum of three self-help meetings per week, completes all homework assignments, and continues to comply with all curfews and probation rules. Participants must also complete all required community service to graduate from Phase III. At the end of Phase III, the participant moves on to the aftercare phase of drug court.

**Aftercare:** During the aftercare phase, the participant continues to attend drug court on a reduced basis (the first drug court session of the month and when there is a graduation). The participant continues to be monitored by the same probation officer they saw during Phases I through III, with less frequent contact. (During the first three months of aftercare, the probation officer meets with the participant once every three weeks, and then once per month during the remaining three months.) Aftercare participants also continue to meet with their Pathways counselor once per month and have aftercare group twice per month. Aftercare participants continue to receive drug testing, random home visits, and random curfew calls.

The aftercare phase typically lasts for six months if the participant does well. If the participant has a relapse during aftercare, then they continue with the aftercare phase until they have had six months of clean time.

### **C. DRUG COURT IMPLEMENTATION**

The drug court team succeeded in quickly implementing the BHC Drug Court. Funding and formal operations of the BHC Drug Court began on October 1, 2005, coincident with the start of funding through the Office of Justice Programs (OJP) Adult Drug Court Implementation Grant. The months of October and November were taken up with finalization of drug court policies, procedures, and operations; planning for evaluation data collection; hiring staff; and the screening of initial applicants for the drug court program. The first drug court participants were enrolled on December 7, 2005. Two years later, as of December 7, 2007, 39 individuals have been enrolled in the drug court.

The primary change in the BHC Drug Court design during the second year of implementation related to the aftercare phase of drug court. During the second year, the BHC Drug Court added more support and structure to the aftercare phase, in order to keep participants more connected with the drug court and reduce the likelihood of relapse and other problems, while at the same time allowing participants to have more independence than they had during Phases I through III of the program. The aftercare contact standards that were implemented during the program's second year are described in the previous section of this report. In addition, the decision was made to have the drug court probation officer continue to work with participants during the aftercare phase, rather than transition them to a new probation officer. This decision was made so that participants could continue to benefit from the strong relationships that were typically developed between the probation officer and the participants during Phases I through III.

Efforts were made early on to identify a suitable information system for tracking the activities, events, and outcomes of drug court participants. Institute for Social and Economic Development (ISED) staff (i.e., the BHC Drug Court evaluator) conducted a thorough review of the Buffalo MIS and the Iowa Criminal Offender Network (ICON). Both systems were deemed suitable for the project on technical grounds. ICON was selected as the drug court MIS by the drug court team for three reasons. First, ICON meets the data needs of the evaluation as well as other project tracking and reporting. Second, ICON is currently used by the Department of Correctional Services, so little modification was required for entering data on the part of the project probation officer. Third, ICON is web-accessible, allowing for secure and convenient use by the ISED evaluator and other drug court team members.

ICON is an important data platform for the evaluation, but there are three other important sources of evaluation data as well. First, the project probation officer prepares weekly participant progress reports that provide notes on participant conduct in the program, drug test results, and a cumulative list of violations and sanctions. Second, the Pathways counselor provides a treatment admission form that contains important participant information. Finally, the evaluator keeps in regular contact with the drug court coordinator and probation officer to learn about drug court policy and procedural changes.

#### **D. DRUG COURT FUNDING**

The first two years of operation of the BHC Drug Court were funded primarily through an OJP Adult Drug Court Implementation Grant. Currently, the State of Iowa's Department of Corrections provides funding for the BHC Drug Court. It is hoped that the BHC Drug Court will be able to continue to receive State of Iowa Department of Corrections funding, in order to continue operation of the program.

The remainder of this report is organized as follows: Chapter II describes drug court client characteristics and outcomes and Chapter III discusses participant feedback. Chapter IV provides an estimate of the net cost saving as a result of the BHC Drug Court program. Chapter V describes individuals who were referred but not accepted into the drug court and Chapter VI describes the evaluation conclusions and recommendations for consideration.

## II. DRUG COURT CLIENT CHARACTERISTICS AND OUTCOMES

This chapter of the report begins by describing the BHC Drug Court’s participants. The following sections describe outcomes of the BHC Drug Court in the areas of drug court program status/retention rate, client treatment status, drug test results, drug court violations and sanctions, and new arrests and confinements. Comparisons of BHC Drug Court outcomes were made with national and statewide evaluation studies in the areas of program retention rate and drug testing results, as comparable findings were available for comparison.

This chapter provides demographic and outcome data on all 39 participants who were enrolled in the drug court program during the first two years (i.e., through December 7, 2007). As shown in Table 1, among the 39 participants, the length of time participants had been in drug court<sup>2</sup> ranged considerably. The average length of time in drug court was 280 days (i.e., a little over 9 months).

**Table 1: Days in Drug Court as of December 7, 2007 (N=39)**

<b>Days in Drug Court:</b>	
Minimum:	3
Mean:	280
Maximum:	596

### A. Client Characteristics

Table 2 provides demographic characteristics of the 39 participants who enrolled in the BHC Drug Court during the program’s first two years. There are slightly more men in the program than women—51 percent of participants are men and 49 percent are women. Eighty-five percent of the participants are Caucasian, 13 percent are African-American, and 3 percent are Latino/Hispanic. The average age at time of program enrollment was 32. The average LSI-R score around the time of enrollment<sup>3</sup> in the program was 34. This places the typical client in the medium/high risk/needs group as defined by that instrument.

---

<sup>2</sup> Days spent in Phase I, II, III, and the aftercare phase were included.

<sup>3</sup> Because the LSI-R tool was not always conducted during the first month of program enrollment, the LSI-R score conducted closest to the time of enrollment (i.e., within 6 months before or after the time the participant started drug court) is included here.

**Table 2: Characteristics of Drug Court Clients:  
Gender, Race/Ethnicity, Age, and LSI-R Scores at Intake (N=39)**

<b>Gender:</b>		
Men	20	51.3 %
Women	19	48.7 %
<b>Race/ethnicity:</b>		
Caucasian	33	84.6 %
African-American	5	12.8 %
Latino/Hispanic	1	2.6 %
<b>Age at time of enrollment:</b>		
Youngest	19.9 years	
Average	32.2 years	
Oldest	53.6 years	
<b>LSI-R Score closest to the time of enrollment:</b>		
Lowest	18	
Average	34	
Highest	46	

Table 3 provides additional demographic information about the 39 drug court participants. The majority of the participants (67 percent) have never been married, followed by 26 percent who are married or cohabitating. About three-quarters (69 percent) of drug court participants have a high school diploma. Twenty-one percent of participants have some college education.

**Table 3: Characteristics of Drug Court Clients:  
Relationship/Marital Status and Education Level (N=39)**

<b>Marital Status:</b>		
Single	26	66.7 %
Married	5	12.8 %
Cohabitating	5	12.8 %
Separated/Divorced	3	7.7 %
<b>Education Level:</b>		
No High School Diploma	12	30.8 %
High School Diploma	27	69.2 %
High School Diploma & Some College	8	20.5 %

As stated in the BHC Drug Court's Eligibility Criteria policy, all drug court participants have a drug addiction, and the drug addiction is a major contributing factor to their criminal activity. On the drug court participants' progress notes, the probation officer lists the drug of

choice for each participant. As shown in Table 4, all participants have a first drug of choice listed, and three participants have a second drug of choice listed as well. The most common first drug of choice was methamphetamine (25, or 64 percent of participants), followed by cocaine (11, or 28 percent of participants), and then marijuana (3, or 8 percent of participants).

**Table 4: Drug of Choice (N=39)**

<b>Drug of Choice #1:</b>		
Methamphetamine	25	64.1 %
Cocaine	11	28.2 %
Marijuana	3	7.7 %
<b>Drug of Choice #2:</b>		
Marijuana	2	5.1 %
Methamphetamine	1	2.6 %
No Second Drug of Choice	36	92.3 %

Incidentally, almost two-thirds (64 percent) of drug court participants have a mental health problem in addition to their drug addiction (Table 5). Participants were classified as having a mental health problem if either: 1) the individual had an Axis I diagnosis of a mental health disorder listed in ICON;<sup>4</sup> or 2) the drug court’s substance abuse counselor listed the participant as having a mental health problem on the Pathways intake form. In addition, 10 participants also have an Axis II diagnosis (i.e., a personality disorder such as Antisocial Personality Disorder or Personality Disorder NOS).

**Table 5: Mental Health Status of Drug Court Clients (N=39)**

<b>Mental Health Problem:</b>		
Yes	25	64.1 %
No	14	35.9 %

Twenty-one participants (54 percent) received mental health treatment<sup>5</sup> during their time in the drug court. All 21 participants received mental health treatment from the Black Hawk Grundy Mental Health Center, and a few participants received mental health treatment from other providers as well.

<sup>4</sup> Twenty-three participants (59 percent) had one or more Axis I mental health diagnoses. The Axis I mental health diagnoses of drug court participants included depressive and other mood disorders (i.e., Major Depressive Disorder, Depressive Disorder NOS, and Mood Disorder NOS), anxiety disorders (i.e., Anxiety Disorder NOS), adjustment disorders (i.e., Adjustment Disorder with anxiety, Adjustment disorder with disturbance of conduct), Bi-polar disorder NOS, and mental health disorders related to amphetamine use (i.e., Amphetamine-induced psychotic disorder with delusions and amphetamine induced mood disorder).

<sup>5</sup> Participants who had one appointment at the mental health center but no subsequent appointments were not included.

## B. Drug Court Program Status/Retention Rate

After two years in operation (i.e., as of December 7, 2007), the BHC Drug Court has a 74 percent retention rate. The retention rate is calculated by adding together the percentage of drug court graduates (12.8 percent) and the percentage of participants who are still active in the program (61.5 percent), as shown in Table 6. (Because it takes a minimum of 18 months to complete the drug court (i.e., Phases I, II, III, and aftercare), the program has not been in operation long enough to have a high percentage of graduates.) Ten participants (26 percent) were terminated from the drug court program and subsequently went to prison.

**Table 6: Drug Court Status after Two Years in Operation (N=39)**

<b>Drug Court Status:</b>		
Graduated (i.e., completed aftercare)	5	12.8 %
Active in Drug Court:	24	61.5 %
<i>In Phase I</i>	6	15.4 %
<i>In Phase II</i>	6	15.4 %
<i>In Phase II</i>	6	15.4 %
<i>In Aftercare</i>	6	15.4 %
Terminated from Drug Court	10	25.6 %

To get a sense of where the BHC Drug Court falls in terms of its retention rate in comparison with other drug courts, one review of drug courts across the country found that the courts had an average retention rate of 60 percent after one year in operation (Belenko, 1998). The study of 11 New York State drug courts showed a retention rate of 66 percent at the one year point (Rempel, Fox-Kralstein, Cissner, Cohen, Labriola, Farole, Bader, and Magnani, 2003). With a retention rate of 74 percent, the BHC Drug Court is doing quite well.

All 10 drug court program terminations appear to be appropriate. Six of the ten participants had absconded from the program (along with other violations). Among the other participants who were terminated from drug court, one had multiple incidents of alcohol and drug use and a new arrest for OWI 2<sup>nd</sup> offense; and another had repeated violations for lying, violating program rules, violating curfew, missing treatment sessions, and being fired from his job. The remaining two participants each had three incidences of drug use each and additional drug court violations.

Termination from the drug court program was most likely to occur during Phase I (Table 7). Among the 10 participants who were terminated from the drug court program, 5 (50 percent) were terminated from the program during Phase I. Four participants (40 percent) were terminated during Phase II, and 1 participant (10 percent) was terminated during Phase III. None of the participants were terminated during the aftercare phase of the program. (However, one of the terminated participants did reach the aftercare phase and then had a

series of violations that led to demotion to Phase III and then ultimately termination from the drug court.)

**Table 7: Unsuccessful Drug Court Participants:  
Phase of Termination (n=10)**

<b>Phase of Termination:</b>		
Phase I	5	50.0 %
Phase II	4	40.0 %
Phase III	1	10.0 %
Aftercare	0	0.0 %

### **C. Criminal Risk and Needs**

The Level of Service Inventory Revised (LSI-R), a commonly used risk assessment measure in criminal justice, measures risk and criminogenic need (Andrews and Bonta, 1995). The LSI-R measures 54 risk and need factors relating to 10 criminogenic domains: criminal history, education/employment, financial situation, family/marital relationships, accommodation, leisure and recreation, companions, alcohol or drug use, emotional/mental health, and attitudes and orientations (Andrews and Bonta, 1995).

To examine changes in criminal risk and needs among drug court participants over the course of the program, the LSI-R scores of the 26 participants with two or three LSI-R administrations were compared. LSI-R score 1 is the LSI-R score closest to the participant’s time of enrollment in the drug court (i.e., within 6 months before or after the time the participant started drug court). The last LSI-R score is the LSI-R score closest to the participant’s date of discharge from the drug court (or in the case of participants who were still active in drug court, the LSI-R score administered closest to December 7, 2007).

As shown in Table 8, the level of criminal risk and needs decreased over the course of the drug court program for two groups of drug court participants: 1) the 26 drug court participants with 2 LSI-R administrations (i.e., including drug court participants who had graduated, were still active in the program, or had been terminated from the program); and 2) the 20 successful drug court participants (i.e., participants who had graduated or were still active in the drug court program). For both of these groups, the decrease in the LSI-R scores was statistically significant at the .001 level—in other words, the likelihood that the difference is due to chance is less than 1/10<sup>th</sup> of 1 percent.

**Table 8: Changes in LSI-R Scores over the Course of the Drug Court Program**

	<b>LSI-R Score 1<sup>a</sup> Group Mean</b>	<b>Last LSI-R Score<sup>b</sup> Group Mean</b>	<b>Difference in Group Means<sup>c</sup></b>	<b>p-value</b>
All participants with 2 LSI-R scores (n=26)	34.5	24.9	9.6	****
Successful drug court participants (i.e., graduated or active in drug court)(n=20)	34.6	22.9	11.7	****
Unsuccessful drug court participants (i.e., terminated from drug court)(n=6)	34.3	31.7	2.6	NS

<sup>a</sup>Because the LSI-R tool was not always conducted during the first month of program enrollment, the LSI-R score conducted closest to the time of enrollment (i.e., within 6 months before or after the time the participant started drug court) is included here.

<sup>b</sup>The last LSI-R score is the LSI-R score closest to the participant’s date of discharge from the drug court (or in the case of participants who were still active in drug court, the LSI-R score administered closest to December 7, 2007).

<sup>c</sup>Improvement is indicated by a positive difference in group means.

Note: \*p ≤ .10 \*\*p ≤ .05 \*\*\*p ≤ .01 \*\*\*\*p ≤ .001. NS=Not Significant

As shown in the previous table (Table 8), unsuccessful drug court participants (i.e., those who were terminated from the drug court) had a small decrease of 2.6 in their LSI-R scores. This finding was not statistically significant. In other words, we cannot rule out the possibility that the decrease in LSI-R scores is due to chance.

#### **D. Participant Substance Abuse Treatment Summary**

The BHC Drug Court requires all participants to participate in substance abuse treatment. Excluding the drug court participant who absconded from the program before he could be enrolled in substance abuse treatment, the remaining 38 participants all have participated in substance abuse treatment. Among the 38, the minimum number of treatment levels is one and the maximum is seven, with drug court participants averaging 2.95 treatment levels per person.

As participants move through the drug court program, they start with more intensive substance abuse treatment (i.e., typically residential or intensive outpatient treatment). When they complete one treatment level, then they move on to another, less intensive, type of substance abuse treatment (for example, they might move from intensive outpatient treatment to extended outpatient treatment). Participants who begin with the most intensive treatment level (i.e., residential) tend to have more treatment levels over the course of the drug court

program, as they move from residential to either halfway house or intensive outpatient, depending on their assessed level of need. In addition, participants who experience a relapse during their time in the program are typically moved to a higher level of substance abuse treatment, which may result in more treatment levels over the course of the drug court program.

Participant substance abuse treatment information is shown in Table 9. Note that the statistics included in Table 9 reflect duplicated counts of participants, since one participant can engage in multiple treatment levels. The 38 participants who enrolled in substance abuse treatment participated in a total of 113 treatment levels. The types of treatment levels available to drug court participants, in order from most intensive to least intensive, were: 1) residential, 2) halfway house, 3) intensive outpatient, 4) extended outpatient, and 5) continuing care. During the drug court’s second year of operation, it began referring participants (particularly those in aftercare) to continuing care treatment to provide them with additional support to prevent relapse.

As shown in Table 9, of the 113 substance abuse treatment levels engaged in, 85 (75 percent) have either resulted in successful completion or treatment is still ongoing. Only 10 treatment levels out of 113 (9 percent) have resulted in a failure to complete treatment—typically because the participant had had drug court violations and was terminated from drug court. Eighteen treatment levels out of 113 (16 percent) ended because the participant was referred to an alternative intervention. The “referred to alternative intervention” classification is typically assigned by the probation officer when the participant was originally placed in an intervention that did not meet his or her needs. For example, when a drug court participant relapses, they may be placed in a more intensive treatment level.

**Table 9: Participant Substance Abuse Treatment Summary (N=113)**

<b>Substance Abuse Treatment Levels</b>	<b>Total Treatment Levels Engaged In</b>	<b>Successful Completion</b>	<b>Active</b>	<b>Unsuccessful</b>	<b>Referred to Alternative Interventions</b>
Extended Outpatient	35	10 (28.6 %)	13 (37.1 %)	7 (20.0 %)	5 (14.3 %)
Intensive Outpatient	29	17 (58.6 %)	2 (6.9 %)	1 (3.4 %)	9 (31.0 %)
Residential	29	21 (72.4 %)	4 (13.8 %)	2 (6.9 %)	2 (6.9 %)
Halfway	14	13 (92.9 %)	0 (0 %)	0 (0 %)	1 (7.1 %)
Continuing Care	6	0 (0 %)	5 (83.3 %)	0 (0 %)	1 (16.7 %)
<b>All Levels</b>	<b>113</b>	<b>61 (54.0 %)</b>	<b>24 (21.2 %)</b>	<b>10 (8.8 %)</b>	<b>18 (15.9 %)</b>

## E. Drug Use Patterns

In this section, drug use patterns are examined in three ways. First, we examined how frequently drug tests were administered. Next, we examined the prevalence of alcohol and drug use.<sup>6</sup> Alcohol/drug use prevalence is defined as the percentage of drug court participants who used drugs or alcohol at least once during the drug court program (i.e., they had one or more positive tests or admitted to alcohol or drug use at least once). Finally, we examined alcohol/drug use incidence, which is the percentage of tests that yield a positive test result or admission of drug or alcohol use.

Drug testing is frequent, as called for in the BHC Drug Court policies and procedures. Drug testing is most frequent during Phases I and II—averaging one test every 3.8 days (i.e., approximately twice per week). During Phase III, participants have a drug test an average of every 4.2 days. The relatively frequent drug testing that has been maintained to date likely has had a substantial influence on deterring drug use among clients.

During the aftercare phase, participants are still tested for drug use, but less frequently—an average of every 12.7 days. By reducing the frequency of drug testing during aftercare, the aftercare phase serves as a sort of transition time, giving participants an opportunity to successfully stay clean with a little less monitoring from the drug court. Participants who do use during the aftercare phase are expected to stay clean for an additional six months before they can complete the drug court program.

In terms of alcohol/drug use prevalence, 20 (51 percent) of BHC Drug Court participants either had one or more positive drug tests or admitted to alcohol or drug use during their time in the program.<sup>7</sup> This outcome is similar to that of the evaluation of 11 drug courts in New York State, which found that, even among the drug court graduates, more than half had one or more positive drug tests during their time in the drug court (Rempel et al., 2004).

In terms of alcohol/drug use incidence, Table 10 on the following page shows client drug testing results during the first two years of the drug court program. Out of a total of 3,067 recorded tests, only 39 (1.3 percent) yielded a positive test result or admission of drug or alcohol use. The alcohol/drug use incidence rate of the BHC Drug Court appears to be quite low in comparison with other drug courts. For example, the evaluation of drug courts in New York State reported the average percentage of drug tests (excluding alcohol) that were positive for eight of the 11 drug courts studied. The average percentage of positive drug tests for the eight courts ranged from a low of 9 percent to a high of 52 percent (Rempel et al., 2003).

---

<sup>6</sup> Drug use is defined as a positive drug test result or the admission of drug or alcohol use. Occasionally, a participant's initial drug test(s) were positive for marijuana but the drug court staff indicate that the use occurred before the participant entered the drug court program. Therefore, these positive tests were not included in this analysis.

<sup>7</sup> Among the 20 participants who either had one or more positive drug tests or admitted to alcohol or drug use during their time in the program, 11 (55 percent) were men and 9 (45 percent) were women.

**Table 10. Drug Use during the Drug Court Program  
(including positive drug tests and admitted alcohol or drug use)**

<b>Number of Drug Tests: 3067</b>	<b>Number and Percent of Positive Tests</b>
<b>Type of drug:</b>	
All drugs	39 1.27 %
Methamphetamine	14 .46 %
Cocaine	11 .36 %
Marijuana <sup>a</sup>	5 .16 %
Alcohol <sup>b</sup>	7
Other	1 .03%
Unknown	1 .03 %

<sup>a</sup>Occasionally, a participant’s initial drug test(s) were positive for marijuana but the drug court staff indicate that the use occurred before the participant entered the drug court program. Therefore, these positive tests were not included in this table.

<sup>b</sup>Drug court participants were not tested for alcohol use as frequently as drug use. When the participant admitted alcohol use or alcohol use was documented by a breathalyzer test, it is included on this table.

**F. Drug Court Rewards, Violations, Sanctions, and Confinements**

The BHC Drug Court makes an effort to reward participants when they are doing well. Rewards are provided in the form of verbal praise and tangible rewards from drug court staff. For example, participants are praised for things that they are doing well during the drug court sessions (which are attended by their drug court peers, participants’ family members, and drug court staff). Participants are asked to keep track of how many days of clean time they have and report this during the drug court session (and applause is provided in response). When participants move to the next phase of the program (i.e., from Phase I to II or from Phase II to III), they receive a tangible reward such as a certificate (i.e., for 90 days of clean time), a bracelet, or a key chain, which is given to the participant during a drug court sessions so that there is public acknowledgment of the participant’s accomplishments. Other tangible rewards that have been used when drug court participants are doing well include candy bars, movie passes, and restaurant coupons. Additional rewards have included attending drug court every other week (rather than every week), or being able to spend time outside of the county with prior approval from the probation officer/drug court team (e.g., visiting with family members or attending a special event).

Probation officer progress reports and ICON violation records and generic notes were used to track drug court client violations. Not surprisingly, many drug court participants have at least one drug court violation as they work on making changes in their lifestyle. During the two year tracking period (i.e., through December 7, 2007), 31 drug court participants (17 men and 14 women) out of 39 (80 percent) have had one or more violations. Participants have averaged 4.1 reported violations each.<sup>8</sup> Men have averaged 4.7 violations and women have averaged 3.4 violations. Typical violations have included missed appointments, curfew violations, violating drug court program or Pathways rules, and lying to the probation officer or other team members.

Out of 132 reported violations that did not result in termination from the drug court program,<sup>9</sup> 116 (88 percent) resulted in a sanction. Nine violations (7 percent) did not result in a sanction (typically curfew violations or minor traffic violations); these resulted in a verbal warning. There were an additional seven violations (5 percent) in which it was not clear in the ICON system whether there was a sanction. Typical sanctions have included writing assignments, community service/work at the Waterloo Residential Correctional Facility (WRCF), extra treatment or Narcotics Anonymous sessions, jail confinement (i.e., anywhere from 2 days to until inpatient treatment is available), restarting the drug court phase,<sup>10</sup> and incarceration in the WRCF. The drug court team discusses the type of sanction that will be applied in response to the violation during the staffing prior to the drug court session. Sanctions are chosen based on the severity of the violation and how well the participant had been doing in the program to date.

In one instance, a program suspension was imposed in the hope that the client would positively adjust her attitudes and behaviors. Unfortunately, in this instance positive changes did not occur and the client was subsequently terminated from the program. Note that termination from the drug court program is not considered a program sanction, because it cannot be used to shape subsequent client behavior in the drug court program.

The BHC Drug Court uses a “post-plea” model. All drug court participants have received a sentence prior to drug court enrollment, usually involving prison incarceration. During the course of the program, participants are aware that if they do not successfully complete the program, their prison sentences can be imposed. When participants are terminated from the drug court, they are typically required to attend a drug court session (i.e., they are brought in from the jail) and the termination from drug court and the sentence is announced, so that the participant’s drug court peers can observe the consequences of the individual’s actions—with the hopes that they will be dissuaded from similar behavior.

---

<sup>8</sup> All violations are counted, even if they occurred in combination with another violation (i.e. missed appt/lying).

<sup>9</sup> Violations that resulted in termination from the program and incarceration were not included, because these actions could not be used to shape subsequent client behavior in the drug court program.

<sup>10</sup>For example, if the participant was halfway through Phase II, they would have to start again at the beginning of Phase II.

## G. Criminal Recidivism

This section of the report explores criminal recidivism of drug court participants while they are in the drug court program, and after they complete the program (i.e., when they are done with the aftercare phase of the program). Arrests/citations for new crimes were counted. In other words, drug court violations were not included unless it was an arrest or citation unrelated to the person's drug court involvement. In addition, minor traffic violations were not included.

### 1. Criminal recidivism during the drug court program

Criminal recidivism while participants were in the drug court was analyzed during the drug court's first two years (through December 7, 2007). Criminal recidivism was analyzed by determining the percentage of participants with a new arrest for: 1) a crime at the serious misdemeanor level or higher;<sup>11</sup> and 2) a substance abuse related crime (which could include simple misdemeanors). Technical violations that would not have resulted in an arrest if the individual was not in drug court were not counted.

**Table 11: Criminal Recidivism during the Drug Court Program:  
Two Year Tracking Period (through December 7, 2007) (N=39)**

	<b>Number and Percentage of Participants</b>
Serious misdemeanors & above	3 (7.7 %)
Substance abuse related crimes (including simple misdemeanors)	3 (7.7 %)

As shown in Table 11, during the two year time period, 8 percent (3 drug court participants) were arrested for a new crime at the serious misdemeanor level or higher; and 8 percent (the same 3 drug court participants) were arrested for substance abuse related crimes. The types of crimes the three participants were arrested for are as follows:

- **Participant 1** was arrested for Operating While Intoxicated (OWI 2nd offense). This participant also had a number of additional violations and was terminated from the drug court program.
- **Participant 2** absconded from the drug court program. When found, this participant was charged with possession of methamphetamine with intent to deliver, drug tax stamp, felony eluding, and interference with official acts. This participant was terminated from the drug court program.
- **Participant 3** absconded from the drug court program. When found, this participant was charged with felony eluding, Operating While Intoxicated (OWI 1<sup>st</sup> offense), interference with official acts, and public intoxication. This person was terminated from the drug court program.

---

<sup>11</sup> In other words, minor traffic violations such as failure to obey a stop sign were not included.

## 2. Criminal recidivism after the drug court program

Among the 5 participants who had completed drug court as of December 7, 2008 (i.e., they had completed the aftercare phase of drug court), none (0 percent) had been arrested for a new crime as of January 18, 2008. Although it is too early to determine whether drug court participants stay crime free for a full year after drug court, these results are encouraging. As shown in Table 12, among the five participants who had completed drug court, they had been out of drug court for a range of 45 to 163 days (i.e., over 5 months)—in other words, they had had no arrests during this time period.

**Table 12: Number of Days with No Arrests/  
Number of Days since Completion of Drug Court Aftercare (n=5)**

Minimum	45
Mean	100
Maximum	163

As a point of reference, a Caliber Associates/Urban Institute study reported that 16.4 percent of drug court graduates had been arrested and charged with a serious offense<sup>12</sup> within one year of drug court graduation [Roman, J., Townsend, W., and Bhati, A.S., (2003)]. As of the date of this writing, none of the BHC Drug Court participants have been out of drug court for one year, but the Caliber Associates/Urban Institute study may be useful for comparison when for recidivism data for a full year is available.

---

<sup>12</sup> Serious crimes were defined as any arrest and charge with a crime that carries a sentence of at least one year upon conviction, according to the FBI definition.

### III. PARTICIPANT FEEDBACK

This chapter of the report describes the participant feedback component of the evaluation. Section A describes the feedback provided by drug court participants during two focus groups. Section B describes the feedback provided by drug court participants who were terminated from the program and returned the participant survey.

#### A. Participant Focus Groups

On July 25<sup>th</sup>, Ms. Hein conducted two focus groups with drug court participants. The first group was held with active participants in the main program (Phases 1 through 3)—for clarity, this focus group will be referred to as the *main program focus group*. The second group was held with participants in the drug court’s aftercare component (i.e., those who had completed Phase 3 of the main program)—for clarity, this focus group will be referred to as the *aftercare focus group*.

The drug court probation officer did the recruiting for the focus group. All 19 active drug court participants were invited to attend the main program focus group. Fourteen of the 19 attended, for a 74 percent response rate. All six of the aftercare participants were invited to attend the aftercare focus group. Three of the six attended, for a 50 percent response rate. Participants of the focus groups received a \$10 honorarium at the end of the session to reimburse them for their participation.

When participants arrived for the focus group, they signed a participant agreement form (see Appendix B). The participant agreement form describes the purpose of the focus groups, the voluntary nature of the group, and confidentiality issues. It also serves as a release so that the group may be audiotaped. At the beginning of the group session, the facilitator gives assurances of confidentiality and reviews the ground rules for participation in the group. Each focus group session lasted for 1 ½ hours. The focus groups were moderated by ISED staff. Drug court staff were not present during the group, and participants were assured that their individual comments will not be associated with their name in the evaluation report.

The purpose of the focus groups was to provide drug court participants with the opportunity to provide feedback about the program. ISED, with input from the drug court team, prepared moderator’s guides for both focus groups. A copy of the Client Focus Group Moderator’s Guide for the main program focus group is provided in Appendix C, and the moderator’s guide for the aftercare focus group is provided in Appendix D.

The moderator’s guides were used to guide the discussion, but time did not allow for the discussion of every question. The main program focus group discussion centered on the impact of the drug court program, how the drug court helps participants change their lives, and suggestions for the drug court. The aftercare focus group centered on the impact of the drug court program, how the drug court helps participants to change their lives, suggestions for the drug court, and maintaining progress after the aftercare phase ends.

The results of the two focus groups are described in the following two sections. The first section describes the results of the main program focus group and the second section describes the results of the aftercare focus group.

## **1. Main Program Focus Group Results**

This section describes the feedback provided by the 14 drug court participants who attended the main program focus group. All of the participants were in Phase 1, 2, or 3 of the program. The section is divided into the following categories: 1) overall impact of the drug court program; 2) how the drug court helps participants to change their lives; 3) participant suggestions for the drug court; and 4) summary of the main program focus group results.

### **a. Overall impact of the drug court program**

All of the participants agreed that the drug court program has made a positive impact on their lives. The program has helped participants learn to live and cope with life issues without using drugs. Drug court participation has also led to broader life changes, including changes in outlook, attitude, behavior, and priorities in life. Participants also talked about how drug court has helped them to become more responsible people, and how their relationships with family members have improved as a result of their participation. Each of these areas is described below.

Participants talked about how the program has helped them learn to live and cope with life issues without using drugs. They said:

*“[Because of the drug court,] I’m free from drugs, and that’s saying everything. You stop doing drugs and everything else just goes right along with it.”*

*“Today I look at life in a whole different light, that there is one that doesn’t revolve just around getting high.”*

*“I have learned how to cope with day to day issues without getting high.”*

In addition to helping them to stay clean and sober, many participants talked about how the drug court had led to broader changes in their lives, including changes in their outlook, attitude, behavior, and priorities in life. They had this to say:

*“Drug court helps bring into perspective what actually truly is important in life. Before just getting high was important. Now I know that my child is important. It’s important for me to be a good employee. It’s important for me to follow the rules and get along with my family members. I realize now that this stuff is actually what life is all about.”*

*“As far as the program goes, it’s helped me make a lot of changes—changes in my friends, my outlook on life, I’m not a rebel anymore.”*

*“[After being in drug court,] I think differently now. I care, I have a conscience. Before I didn’t care and I didn’t care about the consequences, I just did what I wanted to do. Now I think before I do things. I also have coping skills, and I know why I got high in the first place. Without this program, I wouldn’t have had a clue how to change. Either I got high or I didn’t.”*

Drug court participants also talked about how drug court had helped them to become more responsible people. They said:

*“This program has put me in a position where I am actually starting to feel comfortable living off myself, providing for myself, and being an adult. I have never done that before. It’s an amazing program. I have a lot of things that I didn’t have before. There are things I could have lost totally, but I didn’t. I’m very grateful.”*

*“[After starting the drug court program], I started acting my own age and doing the right things. At first, I didn’t want it, other than because it was going to keep me out of prison. Now I want it because I need it. It has brought me a whole new life. With all the meetings and the job, I’m not out there selling or cooking or growing anymore.”*

*“[Before drug court] I was out there for 12 years doing nothing. And I worried about what I was doing. I knew I shouldn’t be just sitting around getting high and working crappy jobs, but I just got high so I wouldn’t think about that. Since I’ve been in drug court, I’m doing all the things I should have been doing.”*

*“In the last year, I have turned totally around. I got a house, a car, a driver’s license, respect from my family, a good job, everything. My life has done a 360, and I don’t think I could have done it without drug court.”*

Drug court participants also talked about the impact that being in drug court has had on their relationships with family members. They said:

*“Now I know that my children are a gift and not a sentence.”*

*“I have a relationship with my kids now. I’m a good mom now.”*

*“It’s brought me and my family together more. Before we were all users together, but now none of my family members use anymore.”*

## **b. How the drug court helps participants to change their lives**

To determine how drug court services had resulted in a positive impact on participants’ lives, participants were asked to describe the aspect of the drug court program that has helped them the most. Although participants varied in which aspect of the drug court had been the most critical to their recovery, they agreed that all of the following aspects of drug

court are important: accountability (i.e., UAs and sanctions), the structure of the drug court program, counseling and substance abuse treatment services, and emotional support.

Participants described the importance of UAs and sanctions to hold them accountable for their actions. They said:

*“I believe that if I didn’t have UAs three times a week, I probably would have used by now.”*

*“The sanctions made a difference for me. Having your freedom taken away, your children taken away. Knowing that because of what I had done, all of this could be lost.”*

*“The sanctions got me back on track. Jail time and community service screw up the whole routine that you’ve worked so hard for. You’ve got community service on top of your meetings and everything else. It’s very stressful trying to make sure all this is taken care of. When you’re spending time in jail, there’s a good chance that everything you’ve worked for, you could lose it all. It’s up to the judge to decide whether or not he’s going to let you back in the system or put you on that bus and send you out.”*

Several participants noted that the structure provided in the drug court program had helped them to make changes in their lives. They said:

*“Growing up for me, there was no structure at all. There were no chores, no limits, no anything. You could do what you wanted to do when you wanted to do it. All my life I lived by those rules. If I want to do it, I’m going to do it. Coming into this program, molding everything in my life around drug court, meetings, etc., it’s taught me a lot about being an adult, about responsibilities, and how to keep everything in order.”*

*“I need the structure. [Drug court] keeps you really busy. If I get inside my mind and get real bored, I want to [go do drugs] really bad.”*

*“I think the structure that [the program] gives you builds responsibility. I know a lot of addicts, and I’ve yet to know an addict that is responsible. I know I have made dramatic changes since I started the program, with responsibility, paying bills, keeping a job, and going to work every day. When I was using, I wouldn’t go to work if I had a slight headache. Now I have to be dog sick before I won’t go to work. I’m a dependable person now.”*

Others felt that the counseling or the substance abuse treatment had been the most helpful to them. They said:

*“For me, it’s the counseling and the treatment that has really helped. It let me look at me, and the issues of why I used and continued to use. It made me aware of*

*all the people in my life that it affected other than just me and where I was going with it. I just think that the most important part for me is having a counselor that you can speak to, and who makes you aware of things that you are not aware of.”*

*“I got out of jail and went straight to residential treatment, and I think that is the best thing that ever happened to me. I think if I would have went back out on the street, I would have been in prison.”*

*“Instead of just wanting you to be clean and sober, they are actually dealing with behaviors, personal things.”*

*“What I got the most out of was the relapse prevention group. They break down what addiction and relapse actually is, the steps that happen before you actually pick up the drug and use. You have to identify what those are and then intervene before the use actually happens. I wasn’t aware of all that. I just thought it was cut and dry, you use or you don’t.*

Participants also talked about the importance of the emotional support that the drug court provides. They had this to say:

*“[The drug court team] is quick to praise you when you’ve done something good. I think that is very important. For so long, none of us have had any praise or maybe even done anything worthy of praise. They do give praise when it is due.”*

*“I think it is good to go in front of the judge every Wednesday, because when you get compliments, it makes you want to get compliments the next week and the following week. You don’t want to be standing up there and hear them say, if you screw up this will happen, but it feels good when you know you are doing a good job and a judge tells you you are doing a good job. That makes a world of difference.”*

### **c. Participant suggestions for the drug court**

Naturally, drug court participants did have some suggestions for the drug court (or some dislikes about the program). These fell into the following categories: 1) getting too involved in their personal lives; 2) impact of the drug court on employment; 3) sanctions for relapse; 4) treatment of alcohol use; 5) use of residential treatment; and 6) staffing.

**How personal the drug court gets into their lives:** A few participants mentioned that they felt drug court staff get too involved in the personal details of their lives sometimes. A couple of participants noted they did not like it when drug court staff told them who they could live with—they were proposing living with an individual who had a history of substance abuse. Others disliked the fact that drug court staff commented on their personal relationships or how clean their house was. Interestingly, another participant was a bit more insightful about some of the reasons why drug court staff get involved in the personal details of their lives. This participant noted:

*“I think it’s great how [drug court staff] get into your personal life. I like having them all up in my life, because if they weren’t all up in my life, I wouldn’t have a prayer. If I didn’t feel that drug court staff knew everything about every detail of my life, then what happens if that gets to be more that they don’t know and then more, and then I can start thinking, wow, if he doesn’t know all this, what if I can get high? I want to stay on the right track, because I really don’t want to relapse.”*

**Impact of the drug court on employment:** One participant commented that the drug court schedule made it difficult to secure a good paying job. This participant said:

*“With all these meetings, three NA meetings a week, two groups a week, you have to find jobs that will allow you to go to these places. A lot of these jobs are food service or jobs where you are not as much of an employee as you could be to someone else. It’s a humbling experience. I just think they should open up their eyes and view about jobs.”*

**Sanctions for relapse:** Some participants felt that being in jail for two or three days for drug use was not severe enough. They said:

*“I think if they would have told me when I started drug court that my first relapse I would have only gotten three days in jail, I would have gotten high. I came into the program with the understanding that, if I messed up, I was going to prison. In the beginning, that’s the only thing that kept me clean.”*

*“I’ve heard people who went to jail or people who were in drug court last year, say, I can get high, because I’m only going to go to jail for two days. And it’s true, if you do meth, and you are up for a day and a half you can go to sleep for two days and then you’re out of jail.”*

Others noted that the sanctions for drug use are sometimes longer than three days, especially if it was not the first relapse.

There is also disagreement on whether participants should be treated the same for a first relapse, a second relapse, etc. There have been situations where a participant felt they were treated unfairly in comparison with another participant, because they perceived their sanctioned event to be similar but the sanction was not the same.<sup>13</sup> However, others note that it is good that the drug court considers the situation and individualizes the sanctions; for example, “you get in more trouble if you lied about it or tried to hide it.”

---

<sup>13</sup> In terms of sanctions for relapse, the drug court team may want to discuss participant’s comments and whether they are warranted. This evaluator appreciates the difficulty of the decisions the drug court has to make, and feels that overall the drug court’s decisions have been sound. Although some participants may not agree with a particular decision, it is probably best if they can let those feelings go and focus on their own program. I think it is helpful for the drug court to know how participants may perceive decisions made by the program, especially in situations where a participant’s reaction to a decision about another participant might affect their own recovery.

**Treatment of alcohol use within the drug court program:** One participant felt that alcohol use should be sanctioned with jail time,<sup>14</sup> but not as much jail time as there is for the use of other drugs. Other participants felt that alcohol use should be sanctioned just as severely as drug use, because “if alcohol wasn’t treated the same way, everyone would drink.”

A couple of participants noted that it would be beneficial to have drug court participants submit a breathalyzer test on a regular basis. One participant said “It would be easy for them to have us all do a breathalyzer every time we come to the facility to do a UA.”

**Use of residential treatment:** Some participants feel that every drug court participant should be required to begin the program with residential substance abuse treatment. Of the 14 people who attended the focus group, 11 did begin their time in the drug court with residential treatment. Some of them noted how important this had been. They said:

*“I got out of jail and went straight to residential treatment, and I think that is the best thing that ever happened to me. I think if I would have went back out on the street, I would have been in prison.”*

*“I’m the biggest advocate of residential treatment. I don’t think anyone should come into this program without residential treatment, because it’s a stabilization setting. A lot of people are in residential just for 30 days—I don’t think that’s long enough.”*

*“If you are breaking the law to get high, then you’re far enough gone that you should be brought into [residential treatment] to stabilize you.”*

*“If you’re in jail for three to four months and then you get out to go to drug court, the first thing you want to do if you are an addict is to get high. All you hear about when you are in jail is getting high. You’re in there with a bunch of inmates. They are talking about recipes.”*

Three of the participants who attended the focus group did not receive residential treatment at the beginning of the drug court (i.e., they started with intensive outpatient or extended outpatient). Two of the three have had more than one relapse while in the program. One of these participants feels that being in residential treatment right away might have prevented the relapse, but the other individual is unsure. The third was abstinent throughout the main drug court program, but did have a relapse while in the aftercare component of the program.

**Substance abuse counseling staff:** One participant noted that it would be helpful to have more than one substance abuse counseling staff person that participants have a close relationship with. This person said that it can be difficult when the substance abuse counselor is on vacation or sick. They do get someone else to talk with, but it’s not someone

---

<sup>14</sup> The drug court does sanction alcohol use with jail time.

that they have a relationship with. This participant also felt that the substance abuse counselor would benefit from someone to share her workload. However, another participant noted that they liked have one substance abuse counselor, because of the fact that it gives you the opportunity to get to know her well.

#### **d. Summary of the main program focus group results**

In summary, all of the participants agreed that the drug court program has made a positive impact on their lives. The program has helped participants learn to live and cope with life issues without using drugs. Drug court participation has also led to broader life changes, including changes in outlook, attitude, behavior, and priorities in life. Participants also feel that drug court has helped them to be more responsible and improve their relationships with family members. Although participants varied in which aspect of the drug court had been the most critical to their recovery, they agreed that all of the following aspects of drug court are important: accountability (i.e., UAs and sanctions), the structure of the drug court program, counseling and substance abuse treatment services, and emotional support.

Naturally, drug court participants did have some suggestions for the drug court. These fell into the following categories: 1) getting too involved in their personal lives; 2) impact of the drug court on employment; 3) sanctions for relapse; 4) treatment of alcohol use; 5) use of residential treatment; and 6) staffing. The drug court team can review these comments and determine where they feel changes to the program may be appropriate.

## **2. Aftercare Focus Group Results**

This section describes the feedback provided by the 3 drug court participants who attended the aftercare focus group. All three participants were in the aftercare phase of the program. For the most part, the discussion focused on impressions of the aftercare component of the program, with some discussion of the main drug court program (i.e., Phases 1, 2, and 3). The feedback aftercare participants provided is divided into the following categories: 1) overall impact of the drug court program; 2) how the drug court helps participants to change their lives; 3) suggestions for the drug court; 4) maintaining progress after the aftercare phase ends; and 5) summary of the aftercare focus group results.

### **a. Overall impact of the drug court program**

All three of the participants in the aftercare focus group agreed that the drug court program has made a positive impact on their lives. They said:

*“Drug court has been so helpful to me. I’ve gained so much. I am a member of society again. Through being in drug court, I learned how to hold myself accountable. I’m grateful to the drug court for allowing me to venture out into different areas and really experience being clean and doing certain things clean.”*

*“Through the help of drug court, I’ve come a long way. With their strong support and their punishing you when you mess up, they really know what they are doing. It takes a team of professionals. Some of them actually know what we are going through. That’s very important, to have someone who can identify with us so much. We also have people who have never been through it but have been around it. That made a big change in me.”*

*“Because of drug court, I’m doing everything now the way I should. And I know that if I ever did have a situation going on in my head, that I could call [drug court staff]. And even though I have a different probation officer now, he still calls me. I know that people still care, so I’m not on my own.”*

#### **b. How the drug court helps participants to change their lives**

Aftercare participants felt that, in the aftercare component of the program, participants still need structure, but they also need an opportunity to have more freedom than they did during the main program (i.e., Phases 1, 2, and 3). The aftercare focus group participants agreed that the changes made to the aftercare component of the program<sup>15</sup> were a good idea. They had this to say:

*“What’s helped me out a lot is having the opportunity to hold myself accountable, because [aftercare] is not as structured. I believe when I got to the aftercare phase, that’s where the true test began in whether I want to make a commitment to change my life. We have to decide whether we want to change our lives, or whether we want to continue using.”*

*“My whole experience in drug court has been based around structure. I’m really nervous about not having as much structure in aftercare. So I’m glad that they made some changes [to add more structure to the aftercare component]. I need structure, but I also need aftercare to be a time when they start to wean me away from all the structure.”*

*“I believe there have been individuals going through aftercare that needed a little more structure [than what they were receiving before the changes were made to the aftercare component.] In some cases, the structure was what was holding them together.”*

Aftercare participants feel that they are still engaged in drug court, and they feel that maintaining contact with the drug court is important to their success. They said:

*“Going to court once a month has been the most helpful to me. It helps to know that they are still worried about me and that they care. And they can see that I’m still*

---

<sup>15</sup> During the summer of 2007, changes were made in the aftercare program to provide participants with additional structure (i.e., having aftercare participants see their probation officer twice a month instead of once a month, seeing the substance abuse counselor once a month, and attending group at Pathways twice a month).

*doing good. Also being able to go and drop a UA and sit and talk with the probation officer and let him know what I'm thinking and what's going on with me. That is helpful."*

*"I still feel that I am a part of the drug court. Even when I don't appear in drug court, I'm still concerned about what happens to the other individuals, because they are part of my recovery. Drug court will always be a part of my life that I'll always remember and cherish, because it has changed the way I live today."*

*"Drug court is always going to be a part of my life, if I make sure that it is. It could be four to five years down the line, and we can still walk into the courtroom. It will be great, because we can walk into that courtroom anytime we want."*

Aftercare participants also talked about things that had been helpful when they were in the main program (i.e., Phases 1, 2, and 3). They said:

*"One thing that really helped me was that when I got out of jail [and went into the drug court program], I went right to Pathways. I wasn't left to just go out to the street from jail. If I had I never would have made it. Going to treatment and getting the help and the tools, that's a big deal right there."*

*"For me, being in jail for using and not knowing what was going to happen, whether I was going to go to prison, was the most crucial thing that taught me something. It was the not knowing that was really hard."*

*"Drug court staff study each and every one of us, how we talk, our body language. Even before someone wants to use, they start falling back into old patterns, and the [drug court staff] start seeing those things."*

### **c. Suggestions for the drug court**

The aftercare participants did have some suggestions for the drug court. They fell into the following categories: 1) alumni group; 2) reward for completing the drug court program with no sanctions; and 3) sanctions for relapse.

**Alumni group:** Aftercare participants recommended that the drug court start an alumni group. This group could be led by a former drug court participant who had successfully completed the aftercare component of the program. Both persons who were currently in the aftercare component of the program, or who had completed the aftercare component, could be invited to attend to obtain ongoing support. As described by participants, the group could be beneficial to both to the group leader and those who attended the group:

*"[An alumni group] would help the newer ones in aftercare. We could tell them how we got through the situations that they are probably going through now. By being able to talk to people who have finished aftercare, they can see that we did it and they can too. I think it helps to be able to talk to a peer. And it would be good*

*not only for them, but for the leader too. Being involved in something like this helps to hold you accountable. You have other people that are involved in your recovery besides just you.”*

[Illustrating needs that an alumni group could be helpful in addressing], one participant talked about concerns about being done with drug court: *“I have butterflies about being done with drug court. I feel better having someone telling me what to do.”*

**Reward for completing the drug court program with no sanctions:** One participant noted that it would be nice to provide a reward at the time of drug court graduation (i.e., the end of Phase III) to individuals who had no sanctions during their time in the program.

**Sanctions for relapse:** The participants in the aftercare focus group felt that the program has not been severe enough, especially more recently, in sanctioning participants for relapse. They noted that early on in the program, participants went to prison more often when they used and had other violations. They noted that there have been two drug court participants who had used more than once that they were surprised did not go to prison. They also commented on a situation in which two participants both used, but they felt that the difference in the sanctions given was unfair.

*Evaluator comments on the participant’s suggestions:* This evaluator feels that starting an alumni group is a good idea that is worth the team’s consideration. Such a group would provide support to participants in aftercare during the time period when drug court support and structure has reduced. It could also be beneficial to those who are done with aftercare, to encourage them to remain connected with people supportive of their recovery, especially if they choose not to continue attending NA or AA. It would be important to choose a leader that is solid in their recovery, and provide them with access to support from drug court staff as needed.

Although the drug court already offers many rewards for participants who do well, this evaluator feels it may be worthwhile to add an additional reward for those who go through the program with no sanctions. It would be relatively easy to give such participants an additional gift certificate, or other tangible reward, in addition to what they typically receive at the time of drug court graduation.

In terms of sanctions for relapse, the drug court team may want to discuss participant’s comments and whether they are warranted. The ISED evaluator appreciates the difficulty of the decisions the drug court has to make, and feels that, although there have been decisions that could have gone either way (i.e., prison or give the person another chance in the program) the drug court’s decisions have all been sound. Although some participants may not agree, it is probably best if they can let those feelings go and focus on their own progress. I think it is helpful for the drug court to know how participants may perceive decisions made by the court, especially in situations where a participant’s reaction to a decision about another participant might affect their own recovery.

One of the aftercare focus group participants noted that they would feel welcome to attend drug court many years down the road after they have completed the program. It may be worthwhile to consider actually inviting former drug court participants (i.e., those who have completed aftercare and are solid in their recovery) to attend drug court periodically, not necessarily to report to the court, but to briefly speak to participants about how the drug court changed their lives, and how well they have been able to maintain those changes. This may be especially beneficial to those in the early stages of the program, to see that people do complete the program and go on to succeed in life.

#### **d. Maintaining progress after the aftercare phase ends**

The aftercare focus group participants who were nearly done with aftercare felt that they could continue to maintain their progress when aftercare ended. They talked about their plans for maintaining their progress:

*“What has helped is that the drug court gave me the opportunity to hold myself accountable, and seeing that I could stay clean. That has helped me tremendously. [Being involved in leadership roles in the 12 step programs after completing aftercare] will continue to hold me accountable. I have to have something I can fall back on, to hold myself accountable, after drug court is over.”*

*“I know that if I ever did have a situation going on in my head, that I could call [drug court staff].”*

#### **e. Summary of the aftercare focus group results**

All three of the participants in the aftercare focus group agreed that the drug court program has made a positive impact on their lives. They are clean and sober, and now, in the aftercare phase, they are learning to hold themselves accountable as the amount of structure from the drug court has reduced. Aftercare participants felt that, in the aftercare component of the program, participants still need structure, but they also need an opportunity to have more freedom than they did during the main program (i.e., Phases 1, 2, and 3). The aftercare focus group participants agreed that the changes made to the aftercare component of the program<sup>16</sup> were a good idea.

The aftercare participants did have some suggestions for the drug court. They were: 1) start an alumni group, led by a former drug court participant, and invite aftercare participants and other former drug court participants to attend; 2) reward participants who complete the main drug court program (i.e., Phases 1, 2, and 3) with no sanctions; and 3) aftercare focus group members did not always agree with how drug court participants had been sanctioned for relapsing.

---

<sup>16</sup> During the summer of 2007, changes were made in the aftercare program to provide participants with additional structure (i.e., having aftercare participants see their probation officer twice a month instead of once a month, seeing the substance abuse counselor once a month, and attending group at Pathways twice a month).

The aftercare focus group participants who were nearly done with aftercare felt that they could continue to maintain their progress when aftercare ended. They plan to do this by continuing to hold themselves accountable by filling leadership positions in 12 step programs, as well as planning to call drug court staff if they felt they might be at risk of falling back into old patterns.

## **B. PARTICIPANT SURVEY RESULTS**

During Year 2 of the evaluation, ISED staff mailed a participant survey to drug court participants who had been terminated from the program during 2007. For each of these participants, the survey was mailed to the participant's case manager in the prison. The case managers agreed to give the survey to the participant, and if they completed it, mail it back to ISED. A copy of the survey participants received is provided in Appendix E.

First, it is important to note that the number of individuals surveyed is very small (N=4);<sup>17</sup> thus, the results have to be interpreted with caution. As shown in Table 13, the drug court participants who were terminated from the program did find the program helpful. The average ratings ranged from 3.00 ("quite helpful") to 2.25 (above "a little helpful"). Based on their ratings, the areas where they found the program the most helpful were helping them to: 1) recognize thoughts and feelings that can lead to drug use; 2) deal with people or situations that can lead you to use drugs; 3) better manage your personal relationships, and 4) stay employed or in school. Not surprisingly, the program was least helpful to drug court participants who had been terminated from the program with helping them to use drugs less often and stay sober.

---

<sup>17</sup> Four out of the five former drug court participants who were mailed surveys returned them, for an 80 percent response rate.

**Table 13:  
Helpfulness of Drug Court Treatment and Counseling:  
Terminated Drug Court Participants (N=4)**

<b>How helpful drug court treatment and counseling was to you when you were a participant:</b>	<b>Average Rating<sup>a</sup></b>
Helping you to recognize thoughts and feelings that can lead you to use drugs	3.00
Helping you to deal with people or situations that can lead you to use drugs	2.75
Helping you to better manage your personal relationships (e.g., spouse, partner, family)	2.75
Helping you to stay employed or in school	2.75
Helping you to cope with cravings for drugs	2.50
Helping you to stay out of trouble with the law	2.50
Helping you to use drugs less often	2.25
Helping you to stay sober	2.25

<sup>a</sup>The following scale was used to answer each question: 1 = Not at all helpful; 2 = A little helpful; 3 = Quite helpful; and 4 = Extremely helpful.

When asked about what aspect of the drug court or treatment was most helpful, three of the four participants had something positive to say about the drug court, and the fourth person admitted that they had failed because they had not taken advantage of what the drug court had to offer. Those who commented on the drug court said:

*“Finally coming clean with my family so that I could stay sober and have support. Family night was my favorite group. I also had a lot of one on one with Tianne and I enjoyed that.”*

*[The most helpful thing about drug court was] “identifying triggers that lead to relapse.”*

*“Going to Pathways and having people to talk to.”*

When asked about what aspect of the drug court or treatment was least helpful, three terminated drug court participants made the following comments:

*“Rushing around because of curfew—having to cut a meeting short or not being able to take jobs in the evening because of curfew.”*

*“It seemed like they didn’t want you to have any personal relationships.”*

*“Constant criticism.”*

Despite the fact that these participants were terminated from the drug court and then incarcerated, the ratings regarding satisfaction with various aspects of the drug court program

were quite high—with average ratings ranging from 3.75 (between “extremely satisfied” and “quite satisfied”) to 2.75 (between “quite satisfied” and “a little satisfied”)(see Table 14). High average ratings (3.00 “quite satisfied” or higher) were given to the Pathways counselor, the drug court judge, the counseling sessions at Pathways, NA and AA meetings, other members of the drug court team, drug court sessions, and the probation officer. The lowest rating was given to “your treatment, taken as a whole,” with an average rating of 2.75 (between “quite satisfied” and “a little satisfied”).

**Table 14:**  
**Satisfaction with Various Aspects of the Drug Court:**  
**Terminated Drug Court Participants (N=4)**

<b>When you were in drug court, how satisfied were you with:</b>	<b>Average Rating<sup>a</sup></b>
Your counselor at Pathways	3.75
The drug court judge	3.75
Counseling sessions at Pathways	3.75
NA/AA meetings	3.75
Other members of the drug court team	3.66
Drug court sessions	3.50
Your probation officer	3.00
Your treatment, taken as a whole	2.75

<sup>a</sup>The following scale was used to answer each question: 1 = Not at all satisfied; 2 = A little satisfied; 3 = Quite satisfied; and 4 = Extremely satisfied.

Finally, the drug court participants who had been terminated from the program were asked if there was anything that drug court staff could have done differently that would have allowed them to complete the drug court program. They said:

*“There were things I wanted to attend but couldn’t because of the curfew. I wanted to do a lot later NA meetings with older and more experienced people. I also would have enjoyed attending my church choir and prayer meetings—positive people and positive places that were a lot later than curfew.”*

*“I wanted them to recognize that you do have a personal life and allow you to keep relationships with them without having to explain why you spend time with those people. [I also wanted them to] stop being so controlling over other things, like how I spend my money.”*

*“I wanted them to understand that I was having the problem with my children and help me deal with the feelings when I couldn’t find them.”*

*“Before I signed on to go through the drug court, I was lied to be my attorney. He told me I would be able to relocate after six months and this wasn’t true. The staff of drug court needs to work with attorneys more to get out accurate information.”*



#### IV. COST SAVINGS

In addition to the personal benefits that drug court is designed to have on participants' lives, it is also hoped that drug court ultimately will result in cost savings by helping individuals to avoid prison sentences and thus, helping states reduce the cost that would have been incurred to incarcerate these individuals. The intention is that the amount saved in avoided prison sentences will be greater than the cost of the drug court program, resulting in a net cost savings. To estimate the net cost savings of the BHC Drug Court to the State of Iowa during the drug court's first two years (i.e., through December 7, 2007), the following steps were taken:

**Active or graduated drug court participants:** First a cost savings estimate was calculated for 29 active (or graduated) drug court participants as of December 7, 2007. As stipulated in drug court eligibility criteria, these 29 participants would have served a prison sentence if they had not had the opportunity to participate in the drug court. The following steps were taken:

- First, an estimate of the cost that would have been incurred by the State of Iowa through December 7, 2007<sup>18</sup> had these 29 participants been incarcerated in prison was calculated (Table 15). This estimate was calculated by taking, for each of the 29 participants, the number of days the participant had been in drug court during the two year time period (12/7/2005 to 12/7/2007) and multiplying it by the cost of prison per inmate per day according to the Department of Correctional Services.<sup>19</sup> The cost of prison for each of the 29 participants was then totaled. As shown in Table 14, the total cost to the State of Iowa through December 7, 2007 if these 29 participants had gone to prison is estimated at \$687,297.70.
- Next, the cost of the drug court program for these 29 participants was calculated (Table 16). Per the BHC Drug Court, the cost per offender per day in drug court was \$33.96 from 12/7/2005 to 6/30/06; \$22.40 from 7/1/06 to 6/30/07; and \$19.75 per day from 7/1/07 to 12/7/07. For each of the 29 participants, the number of days they had spent in drug court was multiplied by the appropriate cost per offender per day to calculate the cost of the drug court for that participant. Then the cost of the drug court for each of the 29 participants was totaled. As shown in Table 15, the total cost of the drug court for these 29 participants was \$226,295.92
- To calculate the net cost savings of the drug court program for the 29 active or graduated participants, the cost of the drug court program for these 29 individuals (\$226,295.92) was subtracted from the cost to the State of Iowa if these 29 individuals had been incarcerated in prison (\$687,297.70). **The estimated net cost**

---

<sup>18</sup> All of the participants included in this analysis had at least one five year prison sentence that was suspended due to their participation in drug court. Thus, it is reasonable to assume that, without drug court, each of them would have been in prison at least until December 7, 2007, if not longer.

<sup>19</sup> The cost of prison per inmate per day, according to the Iowa Department of Corrections, was \$64.02 through June 30, 2007, and was \$76.64 from July 1, 2007 to the end of the reporting period (December 7, 2007).

savings from the drug court program for the 29 active or graduated participants during the two year period (through December 7, 2007) is \$461,001.78.

**Table 15: Active or Graduated Drug Court Participants:  
Estimated Net Cost Savings of the Drug Court Program During the Program's First  
Two Years**

<b>Participant</b>	<b>Number of Days in Drug Court from 12/7/05 to 6/30/07</b>	<b>Estimated Prison Cost Through 6/30/07 (\$64.02 per inmate per day)</b>	<b>Number of Days in Drug Court from 7/1/07 to 12/7/07</b>	<b>Estimated Prison Cost from 7/1/2007 to 12/7/2007 (\$76.64 per inmate per day)</b>	<b>Estimated Total Prison Cost through 12/7/2007</b>
1	570	\$36,491.40	38	\$2,912.32	\$39,403.72
2	535	\$34,250.70	160	\$12,262.40	\$46,513.10
3	494	\$31,625.88	129	\$9,886.56	\$41,512.44
4	494	\$31,625.88	52	\$3,985.28	\$35,611.16
5	451	\$28,873.02	129	\$9,886.56	\$38,759.58
6	444	\$28,424.88	156	\$11,955.84	\$40,380.72
7	444	\$28,424.88	160	\$12,262.40	\$40,687.28
8	415	\$26,568.30	160	\$12,262.40	\$38,830.70
9	360	\$23,047.20	160	\$12,262.40	\$35,309.60
10	311	\$19,910.22	160	\$12,262.40	\$32,172.62
11	264	\$16,901.28	160	\$12,262.40	\$29,163.68
12	234	\$14,980.68	160	\$12,262.40	\$27,243.08
13	213	\$13,636.26	160	\$12,262.40	\$25,898.66
14	192	\$12,291.84	160	\$12,262.40	\$24,554.24
15	192	\$12,291.84	160	\$12,262.40	\$24,554.24
16	178	\$11,395.56	160	\$12,262.40	\$23,657.96
17	157	\$10,051.14	160	\$12,262.40	\$22,313.54
18	157	\$10,051.14	160	\$12,262.40	\$22,313.54
19	143	\$9,154.86	160	\$12,262.40	\$21,417.26
20	106	\$6,786.12	160	\$12,262.40	\$19,048.52
21	94	\$6,017.88	160	\$12,262.40	\$18,280.28
22	38	\$2,432.76	160	\$12,262.40	\$14,695.16
23	31	\$1,984.62	160	\$12,262.40	\$14,247.02
24	0	\$0	65	\$4,981.60	\$4,981.60
25	0	\$0	24	\$1,839.36	\$1,839.36
26	0	\$0	18	\$1,379.52	\$1,379.52
27	0	\$0	22	\$1,686.08	\$1,686.08
28	0	\$0	9	\$689.76	\$689.76
29	0	\$0	2	\$153.28	\$153.28
<b>Totals</b>	6,517	\$417,218.34	3,524	\$270,079.36	<b>\$687,297.70</b>

**Table 16: Active or Graduated Drug Court Participants:  
Estimated Cost of the Drug Court Program During the Program's First Two Years**

Participant	Number of Days in Drug Court from 12/7/05 to 6/30/06	Estimated Drug Court Cost 12/7/05 to 6/30/06 (\$33.96 per day per participant)	Number of Days in Drug Court from 7/1/06 to 6/30/07	Estimated Drug Court Cost 7/1/06 to 6/30/07 (\$22.40 per day per participant)	Number of Days in Drug Court from 7/1/07 to 12/7/07	Estimated Drug Court Cost from 7/1/2007 to 12/7/2007 (\$19.75 per day per participant)	Estimated Drug Court Cost through 12/7/2007
1	205	\$6,961.80	365	\$8,176.00	38	\$750.50	\$15,888.30
2	170	\$5,773.20	365	\$8,176.00	160	\$3,160.00	\$17,109.20
3	129	\$4,380.84	365	\$8,176.00	129	\$2,547.75	\$15,104.59
4	129	\$4,380.84	365	\$8,176.00	52	\$1,027.00	\$13,583.84
5	86	\$2,920.56	365	\$8,176.00	129	\$2,547.75	\$13,644.31
6	79	\$2,682.84	365	\$8,176.00	156	\$3,081.00	\$13,939.84
7	79	\$2,682.84	365	\$8,176.00	160	\$3,160.00	\$14,018.84
8	50	\$1,698.00	365	\$8,176.00	160	\$3,160.00	\$13,034.00
9	0	\$0	360	\$8,064.00	160	\$3,160.00	\$11,224.00
10	0	\$0	311	\$6,966.40	160	\$3,160.00	\$10,126.40
11	0	\$0	264	\$5,913.60	160	\$3,160.00	\$9,073.60
12	0	\$0	234	\$5,241.60	160	\$3,160.00	\$8,401.60
13	0	\$0	213	\$4,771.20	160	\$3,160.00	\$7,931.20
14	0	\$0	192	\$4,300.80	160	\$3,160.00	\$7,460.80
15	0	\$0	192	\$4,300.80	160	\$3,160.00	\$7,460.80
16	0	\$0	178	\$3,987.20	160	\$3,160.00	\$7,147.20
17	0	\$0	157	\$3,516.80	160	\$3,160.00	\$6,676.80
18	0	\$0	157	\$3,516.80	160	\$3,160.00	\$6,676.80
19	0	\$0	143	\$3,203.20	160	\$3,160.00	\$6,363.20
20	0	\$0	106	\$2,374.40	160	\$3,160.00	\$5,534.40
21	0	\$0	94	\$2,105.60	160	\$3,160.00	\$5,265.60
22	0	\$0	38	\$851.20	160	\$3,160.00	\$4,011.20
23	0	\$0	31	\$694.40	160	\$3,160.00	\$3,854.40
24	0	\$0	0	\$0	65	\$1,283.75	\$1,283.75
25	0	\$0	0	\$0	24	\$474.00	\$474.00
26	0	\$0	0	\$0	18	\$355.50	\$355.50
27	0	\$0	0	\$0	22	\$434.50	\$434.50
28	0	\$0	0	\$0	9	\$177.75	\$177.75
29	0	\$0	0	\$0	2	\$39.50	\$39.50
<b>Totals</b>	927	\$31,480.92	5,590	\$125,216.00	3,524	\$69,599.00	<b>\$226,295.92</b>

**Unsuccessful drug court participants:** As of December 7, 2007, there had been 10 unsuccessful drug court participants. The 10 participants who were terminated from the drug court all went to prison; therefore, no savings to the State of Iowa were incurred

because the prison sentence was not avoided. Cost was incurred—although not entirely by the State of Iowa<sup>20</sup>—for these 10 individuals to participate in the drug court program. To estimate the cost for each individual to participate in the drug court program, the number of days the participant was in the program was multiplied by the appropriate cost per offender per day in drug court. Then the cost for each participant was totaled. **As shown in Table 17, the estimated total cost of the drug court for the 10 participants was \$64,921.38.**

**Table 17: Unsuccessful Drug Court Participants:  
Estimated Cost of the Drug Court Program**

Participant	Number of Days in Drug Court from 12/7/05 to 6/30/06	Estimated Drug Court Cost 12/7/05 to 6/30/06 (\$33.96 per day per participant)	Number of Days in Drug Court from 7/1/06 to 6/30/07	Estimated Drug Court Cost 7/1/06 to 6/30/07 (\$22.40 per day per participant)	Number of Days in Drug Court from 7/1/07 to 12/7/07	Estimated Drug Court Cost from 7/1/2007 to 12/7/2007 (\$19.75 per day per participant)	Estimated Drug Court Cost through 12/7/2007
1	189	\$6,418.44	0	\$0	0	\$0	\$6,418.44
2	84	\$2,852.64	0	\$0	0	\$0	\$2,852.64
3	205	\$6,961.80	151	\$3,382.40	0	\$0	\$10,344.20
4	177	\$6,010.92	61	\$1,366.40	0	\$0	\$7,377.32
5	129	\$4,380.84	158	\$3,539.20	0	\$0	\$7,920.04
6	129	\$4,380.84	25	\$560.00	0	\$0	\$4,940.84
7	0	\$0	364	\$8,153.60	136	\$2,686.00	\$10,839.60
8	0	\$0	116	\$2,598.40	0	\$0	\$2,598.40
9	0	\$0	364	\$8,153.60	66	\$1,303.50	\$9,457.10
10	0	\$0	97	\$2,172.80	0	\$0	\$2,172.80
<b>Totals</b>	913	\$31,005.48	1,336	\$29,926.40	202	\$3,989.50	<b>\$64,921.38</b>

<sup>20</sup> For the first two years, the BHC Drug Court program was funded by a federal Office of Justice Programs (OJP) Adult Drug Court Implementation Grant. After the initial two years of the program, the BHC Drug Court is supported entirely by state funds.

**Net cost savings of the BHC Drug Court Program:** The net cost savings of the BHC Drug Court Program through December 7, 2007 (for 29 active or graduated participants and 10 unsuccessful participants) was calculated by subtracting the estimated drug court program cost for the 10 unsuccessful participants (\$64,921.38) from the estimated net cost savings from the drug court program for the 29 active or graduated participants (\$461,001.78) through December 7, 2007. **Thus, the estimated net cost savings of the BHC Drug Court Program through December 7, 2007 was \$396,080.40.** However, the actual net cost savings of the BHC Drug Court Program may be even higher, for the following reasons:

- 1) This figure is an estimate of the net cost savings incurred by the BHC Drug Court Program during a timeframe of two years. Each year that the drug court program continues, additional cost savings are likely to occur as the program helps participants succeed and avoid costly prison sentences.
- 2) This figure is likely an underestimate of total cost savings or benefits attributable to drug court participation. For example, additional personal and societal benefits/cost savings likely accrue from reduced criminal recidivism and associated costs after drug court completion. Drug court helps participants to eliminate or reduce their drug use, which is likely to result in considerable public cost savings due to the improved health of program participants.
- 3) There has been one drug-free baby birth as a result of the BHC Drug Court to date. BHC Drug Court staff indicate it is likely the baby would have had prenatal drug exposure had this participant not been in the drug court program during her pregnancy. Data from an Office of National Drug Control Policy (2001) study on the economic costs of drug abuse in the United States showed that drug exposed infants result in significant health costs due to their drug exposure. According to the study, a newborn with prenatal drug exposure to cocaine and one or more other drugs had increased hospital costs of \$7,731, and a newborn exposed to cocaine only had \$1,223 in additional hospital costs.

## V. INDIVIDUALS NOT ACCEPTED INTO THE DRUG COURT

The BHC Drug Court team discusses whether individuals referred to the drug court program should be accepted into the program. These discussions occurred during the staffing time before drug court and through emails sent among drug court team members. The BHC Drug Court's Eligibility Criteria policy (dated September 5, 2005) states that the Drug Court Judge makes the final decision about admission or disqualification for the drug court. This section of the report analyzes data about individuals who were referred to, but not accepted into the BHC Drug Court.

The BHC Drug Court has an Eligibility Criteria policy in place which is referred to when making decisions about whether individuals will be accepted into the drug court. As stated in the BHC Drug Court's Eligibility Criteria policy (dated September 5, 2005), defendants will be eligible for Drug Court participation based on the following criteria:

- 1) Drug addicted with priority given to cocaine or methamphetamine addictions
- 2) Drug addiction is a major contributing factor to their criminal activity as indicated by stipulation or plea
- 3) New felony or aggravated misdemeanor offense or has a pending probation revocation hearing
- 4) Likely to be going to prison without drug court participation
- 5) Resident of Black Hawk County
- 6) Non-violent offender, excluding simple assaults and domestic violence arrests
- 7) Adult offender or juvenile waived to adult court
- 8) Legal and clinical screenings indicate placement is appropriate

Again, as stated in the BHC Drug Court's Eligibility Criteria policy (dated September 5, 2005), defendants will be automatically ineligible for drug court participation based on the following criteria:

- 1) Current offense or history of manufacturing/delivering arrest
- 2) Current offense is a simple or serious misdemeanor
- 3) No drug addiction or alcohol is the only substance of addiction
- 4) Violent offender; arrest for felony with weapon
- 5) Current or history of a sex offense
- 6) Confidential informants
- 7) Parolees/work release status
- 8) Non-resident of Black Hawk County
- 9) Not enough time left under supervision to substantially complete the program
- 10) Inability to participate

11) Legal or clinical screening indicate placement is inappropriate

An analysis of individuals who were referred to, but not accepted into the BHC Drug Court, during a one year period (December 8, 2006 to December 7, 2007) was conducted. Drug court staff provided ISED with a list of individuals who were referred, but not accepted, into the BHC Drug Court. The list included the individual's name, ICON number, the date the decision was made not to include them, and the reason(s) that the individual was not accepted into the program. The ISED evaluator then gathered additional data on the individual from the ICON system, such as date of birth, LSI-R score, the individual's current supervision status (i.e., not on supervision, on probation, or in prison), the prison location (if applicable), and whether the participant was in the Waterloo Residential Correctional Facility. The ISED evaluator also categorized the reasons for not being accepted into the drug court into three categories: 1) individual declined drug court participation; 2) disqualified according to BHC Drug Court eligibility policy; or 3) disqualified for another reason. The remainder of this chapter discusses the characteristics of individuals not accepted into the drug court, the reasons for their disqualification, what happened to these individuals, and then provides some brief conclusions.

During the one year time period (ending December 7, 2007), 52 individuals were referred to drug court. Seventeen of the 52 (33 percent) were accepted into the program, and 35 of the 52 (67 percent) were not accepted.

As shown in Table 18, of the 35 that were not accepted into the drug court program, the majority (57 percent) are men. About two-thirds (66 percent) are Caucasian and about one-third (34 percent) are African-American. Among those not accepted into the drug court, ages ranged from 20 to 50, with an average age of 36. LSI-R scores ranged from 15 to 45, with an average score of 33.1.<sup>21</sup>

**Table 18: Demographic Information:  
Individuals Not Accepted into Drug Court (N=35)**

<b>Gender:</b>	<b>Number</b>	<b>Percentage</b>
Men	20	57.1 %
Women	15	42.9 %
<b>Race:</b>		
Caucasian	23	65.7 %
African-American	12	34.3 %

As shown in Table 19, six percent of those not admitted declined drug court participation. Fifty-four percent of those not admitted to the drug court were disqualified for a reason stated in the BHC Drug Court Eligibility policy. Eleven percent were disqualified because the legal screening indicated the placement was not appropriate (e.g., the individual absconded from another state, went on escape from the work release facility, recently

<sup>21</sup> The average LSI-R score for the drug court participants for whom this data is available is 34.

absconded from co-occurring disorders program, and cross jurisdictional problems). Nine percent were disqualified because they were unable to participate in the program (e.g., two were low functioning and one had recently had a stroke). Nine percent were disqualified because they had a history of manufacturing or delivering charges. Six percent were disqualified due to violent offenses or a weapons charge, and six percent were disqualified due to the charges not being serious enough (i.e., not aggravated misdemeanors or felonies). Finally, one participant each was disqualified for each of the following reasons: 1) not having enough time left on supervision to complete the program; 2) being a parolee; 3) not drug dependent; 4) sex offender; and 5) the current offense disqualifies individual under the federal guidelines (nature of the offense was not listed). [For some of these individuals, there were additional reasons for their disqualification that fell into the other category, such as mental health issues (results not shown).]

**Table 19: Reasons for Disqualification (N=35)**

<b>Reasons for disqualification:</b>	<b>Number</b>	<b>Percentage</b>
<b>Declined drug court participation</b>	2	5.7 %
<b>BHC Drug Court eligibility policy</b>	19	54.3 %
<i>Not appropriate according to legal screening</i>	4	11.4 %
<i>Inability to participate in the program</i>	3	8.6 %
<i>History of manufacturing or delivery</i>	3	8.6 %
<i>Violent offender/weapons charge</i>	2	5.7 %
<i>Charges are not aggravated misdemeanors or felonies</i>	2	5.7 %
<i>Not enough time on supervision</i>	1	2.9 %
<i>Parolee</i>	1	2.9 %
<i>Not drug dependent</i>	1	2.9 %
<i>Sex offender</i>	1	2.9 %
<i>Current offense disqualifies (federal guidelines)</i>	1	2.9 %
<b>Other reason(s)</b>	14	40.0 %

As shown in Table 19 (above), 40 percent (or 14 individuals) were disqualified for the drug court program for other reasons (i.e., not due to drug court eligibility criteria). The reasons for their disqualification are shown in Table 20 (below). [Several of the participants had multiple reasons for disqualification; therefore there are more reasons listed in the table than the number of individuals (14).]

- **Mental health.** Nine individuals were disqualified due to significant mental health issues. (For most of these individuals, a description of why the mental health issues were considered “significant” was available (e.g., the individual has had mental health institution placements, they have a mental health diagnosis that includes psychotic features, the mental health issues are documented in the mental health center’s evaluation, or the individual had a history of suicide attempts or self mutilation).

- **Lack of treatment success in the past.** Five individuals were disqualified because they had been unresponsive to numerous treatment opportunities in the past.
- **Charges not serious enough.** Two individuals were disqualified because they had been charged with aggravated misdemeanor charges, but not felony charges. (These individuals were included here because the drug court is not required to exclude individuals with aggravated misdemeanor charges. However, individuals with felony charges are a higher priority because they are more likely to go to prison without drug court participation.)
- The remaining reasons for disqualification from drug court were: 1) past history of robbery; 2) history of escaping and absconding while on supervision; and 3) had been to prison five times already.

**Table 20: Reasons for Disqualification:  
Individuals Disqualified for Reasons Other than Eligibility Criteria**

<b>Other reasons for disqualification:</b>	<b>Number of Individuals</b>
Significant mental health issues	9
Unresponsive to numerous treatment opportunities in past	5
Only aggravated misdemeanor charges	2
Past history of robbery	1
History of escaping/absconding while on supervision	1
Been to prison five times already	1

As shown in Table 21, 40 percent of those not accepted for drug court were on probation at the time of this writing. Thirty-four percent were in prison. Eleven percent (four individuals) were not on supervision, and 11 percent (four individuals) were on parole. Finally, one individual was on pretrial release with supervision.

**Table 21: Current Supervision/Prison Status  
of Individuals Not Accepted into Drug Court (N=35)**

<b>Status:</b>	<b>Number</b>	<b>Percentage</b>
Probation:	14	40.0 %
<i>Waterloo Residential Correctional Facility</i>	4	11.4 %
<i>In jail</i>	2	5.7 %
<i>Absconded</i>	1	2.9 %
Prison:	12	34.3 %
<i>Iowa Medical and Classification Center</i>	3	8.6 %
<i>Fort Dodge Correctional Facility</i>	2	5.7 %
<i>Iowa Correctional Institution for Women</i>	2	5.7 %
<i>Mount Pleasant Correctional Facility</i>	2	5.7 %
<i>Anamosa State Penitentiary</i>	1	2.9 %
<i>Clarinda Correctional Facility</i>	1	2.9 %
<i>Newton Correctional Facility</i>	1	2.9 %
Not on supervision	4	11.4 %
Parole	4	11.4 %
Pretrial release with supervision	1	2.9 %

In summary, as noted earlier, 60 percent of those who were not admitted to the BHC Drug Court either declined drug court participation (6 percent) or were disqualified for a reason stated in the BHC Drug Court Eligibility policy (54 percent). Clearly, these disqualifications were appropriate.

The remaining 40 percent were disqualified from the drug court program for other reasons. In the case of individuals with significant mental health issues or those who have had numerous past treatment failures, there was concern among the team about the individuals' likelihood to succeed in the program. One can never know for sure, but the decisions that have been made seem to be reasonable. For example, among individuals disqualified due to significant mental health issues, there was typically documentation of the severity of the illness (e.g., mental health institution placements, a mental health diagnosis that includes psychotic features, or a history of suicide attempts or self mutilation). Among those who were described as unresponsive to numerous treatment opportunities in the past, there were typically other barriers as well (e.g., mental health or having failed on supervision multiple times in the past).

Two individuals were disqualified because they had been charged with aggravated misdemeanor charges, but not felony charges. The BHC Drug Court eligibility criteria does

not necessarily exclude such individuals. However, individuals with felony charges are a higher priority because they are more likely to go to prison without drug court participation. Another was excluded due to a past history of robbery offenses. Perhaps these individual might have benefited from the drug court program.

## VI. CONCLUSIONS

This chapter describes the 12 conclusions of this evaluation. They are:

- 1) **The BHC Drug Court Program has resulted in an estimated net cost savings of \$396,080 during the first two years of the program.** In other words, the amount saved to the State of Iowa in avoided prison sentences for successful drug court participants exceeded the cost of the drug court program, resulting in a net cost savings. (The cost of the drug court program for participants who were ultimately terminated from the drug court program was also accounted for.)<sup>22</sup> The actual net cost savings of the BHC Drug Court Program to the public may be even higher, due to: a) additional personal and societal benefits/cost savings that likely accrue from reduced criminal recidivism and associated costs after drug court completion; b) the improved health of program participants due to eliminating or reducing their drug use; and c) one drug-free baby birth as a result of the BHC Drug Court to date.<sup>23</sup>
- 2) **The BHC Drug Court has a high retention rate.** After two years in operation, the BHC Drug Court has a 74 percent retention rate.<sup>24</sup> [The retention rate is calculated by adding together the percentage of drug court graduates (12.8 percent) and the percentage of participants who are still active in the program (61.5 percent).] To get a sense of where the BHC Drug Court falls in terms of its retention rate in comparison with other drug courts, one review of drug courts across the country found that the courts had an average retention rate of 60 percent after one year in operation (Belenko, 1998). The study of 11 New York State drug courts showed a retention rate of 66 percent at the one year point (Rempel, Fox-Kralstein, Cissner, Cohen, Labriola, Farole, Bader, and Magnani, 2003). With a retention rate of 74 percent, the BHC Drug Court is doing quite well.
- 3) **Criminal recidivism during the BHC Drug Court program tends to be low.** During the two year evaluation time period, 8 percent (3 out of 39 drug court participants) were arrested for a new crime at the serious misdemeanor level or higher during their time in the drug court; and 8 percent (the same 3 drug court participants) were arrested for substance abuse related crimes during their time in the drug court program.
- 4) **There has been no criminal recidivism documented among BHC Drug Court graduates to date.** Among the 5 participants who had completed drug court as of December 7, 2008 (i.e., they had completed the aftercare phase of drug court), none

---

<sup>22</sup> For details regarding how the estimated net cost saving figure was calculated, see Chapter IV.

<sup>23</sup> Data from an Office of National Drug Control Policy (2001) study about the economic costs of drug abuse in the United States showed that drug exposed infants result in significant health costs due to their drug exposure. According to the study, a newborn with prenatal drug exposure to cocaine and one or more other drugs had increased hospital costs of \$7,731, and a newborn exposed to cocaine only had \$1,223 in additional hospital costs.

<sup>24</sup> The BHC Drug Court's retention rate has stayed quite consistent—the Year 1 evaluation showed the BHC Drug Court had a 72 percent retention rate after 13 months in operation.

(0 percent) had been arrested for a new crime as of January 18, 2008. Although it is too early to determine whether drug court participants stay crime free for a full year after drug court, these results are encouraging. (Among the five participants who had completed drug court, they had been out of drug court for a range of 45 to 163 days (i.e., over 5 months)—in other words, they had had no arrests during this time period.)<sup>25</sup>

- 5) **For two groups of BHC Drug Court participants, the level of criminal risk and needs decreases over the course of the drug court program.** A statistically significant reduction in the level of criminal risk and needs (as measured by the Level of Service Inventory) was found for: 1) all drug court participants with 2 LSI-R administrations (i.e., including drug court participants who had graduated, were still active in the program, or had been terminated from the program); and 2) successful drug court participants (i.e., participants who had graduated or were still active in the drug court program). For both of these groups, the decrease in the LSI-R scores was statistically significant at the .001 level—in other words, the likelihood that the difference is due to chance is less than 1/10<sup>th</sup> of 1 percent.
- 6) **Alcohol/drug use prevalence<sup>26</sup> in the BHC Drug Court program is similar to what is typical in other drug courts.** Of the 39 BHC Drug Court participants for whom drug testing data was available, 20 (51 percent) either had one or more positive drug tests or admitted to alcohol or drug use during their time in the program. This outcome is similar to that of the evaluation of 11 drug courts in New York State, which found that, even among the drug court graduates, more than half had one or more positive drug tests during their time in the drug court (Rempel, Fox-Kralstein, and Cissner, 2004).
- 7) **The alcohol/drug use incidence rate of the BHC Drug Court appears to be quite low in comparison with other drug courts.** For the BHC Drug Court, only 1.3 percent of tests yielded a positive test result or admission of drug or alcohol use. An evaluation of drug courts in New York State reported the average percentage of drug tests (excluding alcohol) that were positive for eight of the 11 drug courts studied. The average percentage of positive drug tests for the eight courts ranged from a low of 9 percent to a high of 52 percent (Rempel et al., 2003).
- 8) **BHC Drug Court participants tend to do well in substance abuse treatment.** During the two year period evaluation period, 75 percent of the substance abuse

---

<sup>25</sup> As a point of reference, a Caliber Associates/Urban Institute study reported that 16.4 percent of drug court graduates had been arrested and charged with a serious offense (defined as any arrest and charge with a crime that carries a sentence of at least one year upon conviction, according to the FBI definition) within one year of drug court graduation [Roman, J., Townsend, W., and Bhati, A.S., (2003)]. As of the date of this writing, none of the BHC Drug Court participants have been out of drug court for one year, but the Caliber Associates/Urban Institute study may be useful for comparison when for recidivism data for a full year is available.

<sup>26</sup> Alcohol/drug use prevalence is defined as the percentage of drug court participants who used drugs or alcohol at least once during the drug court program (i.e., they had one or more positive tests or admitted to alcohol or drug use at least once).

treatment levels<sup>27</sup> participants had engaged in either resulted in successful completion or treatment was still ongoing. Only nine percent of the treatment levels resulted in a failure to complete treatment—typically because the participant had had drug court violations and was terminated from the program. Sixteen percent of the treatment levels ended because the participant was referred to an alternative intervention.<sup>28</sup>

- 9) **Active participants in Phases I, II, and III of the drug court agreed that the drug court program has made a positive impact on their lives.** The program has helped participants learn to cope with life issues without using drugs. Drug court participation has also led to broader life changes, including changes in outlook, attitude, behavior, and priorities in life. Participants also feel that drug court has helped them to be more responsible and improve their relationships with family members. Although participants varied in which aspect of the drug court had been the most critical to their recovery, they agreed that all of the following aspects of drug court are important: accountability (i.e., UAs and sanctions), the structure of the drug court program, counseling and substance abuse treatment services, and emotional support.
  
- 10) **Participants in the aftercare component of the drug court program also felt that the program has made a positive impact on their lives.** They are clean and sober, and now, in the aftercare phase, they are learning to hold themselves accountable as the amount of structure from the drug court has reduced. Aftercare participants felt that, in the aftercare component of the program, participants still need structure, but they also need an opportunity to have more freedom than they did during the main program (i.e., Phases I, II, and III). The aftercare focus group participants agreed that the changes the drug court has made during the past year to the aftercare component of the program (i.e., increasing the amount of contact with the probation officer, the substance abuse counselor, and attending treatment group) have been helpful.
  
- 11) **Among the four participants who had been terminated from drug court and completed a survey, all reported that there were aspects of the program that they found to be helpful.** The areas where they found the program the most helpful were helping them to: 1) recognize thoughts and feelings that can lead to drug use; 2) deal with people or situations that can lead you to use drugs; 3) better manage your personal relationships, and 4) stay employed or in school. Not surprisingly, the program was least helpful to drug court participants who had been terminated from the program with helping them to use drugs less often and stay sober.
  
- 12) **From December 2006 to December 2007, 33 percent of individual referred to the drug court program were accepted, and 67 percent were not accepted.** Of those

---

<sup>27</sup> Participants move from one treatment level to another over the course of the drug court program. For example, participants frequently move to less intensive treatment levels (i.e., from intensive outpatient treatment to extended outpatient treatment), as they make progress in treatment.

<sup>28</sup> The “referred to alternative intervention” classification is typically assigned by the probation officer when the participant was originally placed in an intervention that did not meet his or her needs. For example, when a drug court participant relapses, they may be placed in a more intensive treatment level.

that were not accepted, 60 percent were disqualified from the drug court program because they were ineligible according to the BHC Drug Court eligibility policy (as described in Chapter V of the full report). The remaining 40 percent were disqualified from the drug court for other reasons—typically because of significant mental health issues or numerous past treatment failures.

## REFERENCES

Andrews, D., & Bonta, J. (1995). *LSI-R: The Level of Service Inventory-Revised*. Toronto, Ontario: Multi-Health Systems, Inc.

Belenko, S. "Research on Drug Courts: A Critical Review," I National Drug Court Institute Review I (1998).

Hein, M. & Martin, T. (2007). *Year 1 Evaluation of the Black Hawk County Drug Court*. Washington, D.C.: ISED Solutions.

Office of National Drug Control Policy (2001). *The Economic Costs of Drug Abuse in the United States, 1992-1998*. Washington, DC: Executive Office of the President (Publication No. NCJ-190636).

Rempel, M.; Fox-Kralstein, D.; and Cissner, A. Drug Courts an Effective Treatment Alternative. *Criminal Justice* 19, No. 2, Summer 2004, by the American Bar Association.

Rempel, M.; Fox-Kralstein, D.; Cissner, A.; Cohen, R.; Labriola, M.; Farole, D.; Bader, A; and Magnani, M; *The New York State Adult Drug Court Evaluation: Policies, participants, and Impact*. Report submitted to the New York State Unified Court System and the Bureau of Justice Assistance, New York: Center for Court Innovation (2003).

Roman, J., Townsend, W., and Bhati, A.S. (2003). *Recidivism Rates for Drug Court Graduates: Nationally Based Estimates, Final Report*. Caliber Associates: Fairfax, VA and Urban Institute: Washington, D.C.

## Appendix A: BHC Drug Court Policies and Procedures

First Judicial District Department of Correctional Services  Department Policy and Procedure	MANUAL:	Black Hawk County Drug Court	09-15-05	PER
	TITLE:	Mission Statement, Goals and Objectives	REFERENCES:	

**POLICY**            The Drug Court Team has established the following mission statement: “ The Mission of the Black Hawk County Drug Court is to enhance public safety and benefit our community through a judicially supervised, collaborative effort to more efficiently work with non-violent substance abuse offenders, thereby effecting positive long-term change in offender’s and their families lives and reducing recidivism and associated crime.” The Drug Court team has established three major goals, followed by specific objectives. The mission statement, goals and objectives provides a framework for all drug court activities.

**DEFINITIONS**

Mission statement: A brief statement reflecting the purpose of Drug Court.

Goals: General statements about what needs to be accomplished to meet the mission and address major issues facing Drug Court.

Objectives: Specific measurable activities or action steps to implement each goal

**PROCEDURES**

- I. Goal 1: Reduce substance abuse related crimes committed by program participants, reducing victims impacted by those crimes. This goal is achieved with the following objectives:
  - A. Provide offenders with substance abuse screening and treatment within 3 days of referral;
  - B. Provide intensive supervision to clients, including: weekly contact with program staff, home visits, frequent alcohol/drug testing, and contact with significant others;
  - C. Provide judicial review meetings weekly for the first 30 days;
  - D. Impose consistent sanctions and rewards within 24 hours of becoming aware of the violation or accomplishment;
  - E. Reduce the risk to reoffend of clients who complete the program, as measured by the Level of Service Inventory-Revised score at time of admission and program completion; and
  - F. Reduce recidivism by clients completing the program, as indicated by post program arrest, in contrast to clients’ arrests prior to program placement. Achievement of this goal will be measured annually by comparing drug related crime rates.
  
- II. Goal 2: Reduce the number of chemically dependent offenders going to prison. Objectives are:
  - A. Admit 40 offenders that would otherwise be facing prison, per year to the program;

- B. Based on data in objective #1, calculate the cost savings of using the Drug Court alternative to prison.
- C. Achievement of this goal will be measured by comparing prison revocation rates.

III. Goal 3: Increase the effectiveness of substance abuse treatment and supervision.

- A. Clients will demonstrate an 80% attendance rate to appointments with the substance abuse counselor and PPOIII;
- B. 70% of participants will complete the primary phase of treatment;
- C. Increase the average length of stay for program participants in primary treatment from 2 to 6 months;
- D. Clients will be tested for drugs/alcohol an average of 4/month;
- E. 95% of U.A.'s and BA's conducted on participants will be negative;
- F. 65% of participants will complete the Drug Court program; and
- G. 60% of participants will successfully complete probation. Achievement of this goal will be measured quarterly, compiling a variety of offender compliance rates.

First Judicial District Department of Correctional Services  Department Policy and Procedure	MANUAL:	Black Hawk County Drug Court	09-19-05	PER
	TITLE:	Philosophy and Purpose	REFERENCES:	

**POLICY**            The purpose of this policy is to provide a general framework of common research-based principles guiding the implementation of the Black Hawk County Drug Court.

**PHILOSOPHY AND PURPOSE**

The Black Hawk County Drug Court is a court that has been specifically designed and staffed to supervise nonviolent felony drug offenders who have been referred to this comprehensive and judicially monitored program of drug treatment and rehabilitation services.

Based on an innovative program first developed in Miami, Florida in 1989, the Drug court concept has received widespread attention as an effective treatment strategy for drug involved criminal offenders. There are over 1,000 Drug Courts throughout the nation, 5 others operational in Iowa.

Drug Courts represent a very non-traditional approach to criminal offenders who are addicted to drugs. Rather than focusing only on the crimes they commit and the punishments received, Drug court also attempts to solve some of the participants underlying problems.

Drug courts are built upon a unique partnership between the criminal justice and drug treatment communities, one which structures treatment intervention around the authority and personal involvement of a single Drug Court Judge. Drug Courts are also dependent upon the creation of a non-adversarial courtroom atmosphere where a single judge and dedicated correctional and treatment staff work together toward a common goal of breaking the cycle of drug abuse and criminal behavior. An environment with clear and certain rules is created and a participant’s compliance is within their own control.

The National Association of Drug Court Professionals developed the following 10 Key Components for Drug Courts:

- 1) Drug courts integrate alcohol and other drug treatment services with justice system case processing.
- 2) Using a non-adversarial approach, prosecution and defense counsel promote public safety while protecting participants’ due process rights.
- 3) Eligible participants are identified early and promptly placed in drug court program.
- 4) Drug courts provide access to a continuum of alcohol, drug, and other related treatment and rehabilitation services.
- 5) Abstinence is monitored by frequent alcohol and other drug testing.
- 6) A coordinated strategy governs drug court responses to participants’ compliance.
- 7) Ongoing judicial interaction with each drug court participant is essential.
- 8) Monitoring and evaluation measure the achievement of program goals and gauge effectiveness.
- 9) Continuing interdisciplinary education promotes effective drug court planning, implementation and operations.
- 10) Forging partnerships among drug courts, public agencies, and community-based organizations generates local support and enhances drug court effectiveness.

First Judicial District Department of Correctional Services  Department Policy and Procedure	MANUAL:	Black Hawk County Drug Court	09-15-05	PER
	TITLE:	Eligibility Criteria	REFERENCES:	

**POLICY** The Drug Court team will use the following guidelines to identify and admit offenders into the Drug Court program.

**STANDARDS**

The Black Hawk County Drug Court will target non-violent defendants who are likely facing prison placement without Drug Court participation, are residents of Black Hawk County, and whose drug addiction has been a major contributing factor to their criminal behavior patterns. Priority will be given to defendants with cocaine and methamphetamine addictions.

The Drug Court team will discuss each referral and make a recommendation for admission or disqualification. The Judge will make the final decision for admission or disqualification.

**PROCEDURES**

**I. Criteria**

- A. Qualifying Criteria: Defendants will be eligible for Drug Court participation based on the following criteria:
  - 1. Drug addicted with priority given to cocaine or methamphetamine addictions.
  - 2. Drug addiction is a major contributing factor to their criminal activity as indicated by stipulation
  - 3. or plea
  - 4. New Felony or Aggravated Misdemeanor Offense or has a pending Probation Revocation hearing
  - 5. Likely going to prison without Drug Court participation
  - 6. Resident of Black Hawk County
  - 7. Non-violent offender, excluding simple assaults and domestic violence arrests
  - 8. Adult offender or juvenile waived to adult court
  - 9. Legal and clinical screenings indicate placement is appropriate
  
- B. Disqualifying Criteria: Defendants will be automatically ineligible for Drug Court participation based on the following criteria:
  - 1. Current offense or history of Manufacturing/Delivering arrest
  - 2. Current offense is a simple or serious misdemeanor
  - 3. No drug addiction or alcohol is the only substance of addiction
  - 4. Violent offender; arrest for Felony w/weapon
  - 5. Current or history of a sex offense
  - 6. Confidential informants
  - 7. Parolees/work release status
  - 8. Non-resident of Black Hawk County
  - 9. Not enough time left under supervision to substantially complete the program
  - 10. Inability to participate
  - 11. Legal or clinical screening indicate placement is inappropriate.

First Judicial District Department of Correctional Services  Department Policy and Procedure	MANUAL:	Black Hawk County Drug Court	09-13-05	PER
	TITLE:	Alcohol and Drug Testing Protocol	REFERENCES:	

**POLICY** Alcohol and drug screening are a vital component of Drug Court, by identifying participant abstinence and /or relapse. Specimens will be obtained through the collection of urine and breath tests. Frequent, random testing will provide incentives, support and accountability for participants.

**STANDARDS**

- A. Clients will be required to submit to random drug/alcohol tests at least twice a week for the duration Drug Court involvement. These requirements may lessen as offender’s progress in the program.
- B. Drug testing will be scientifically valid, therapeutically beneficial and legally defensible.

**PROCEDURES**

- I. The Probation Officer’s and treatment counselor will conduct the majority of urine and breath tests. Residential Officers may be called upon to occasionally to collect specimens.
- II. Each client will be assigned a color out of a set of colors developed by the Probation Officer and treatment counselor. Clients will be required to call the office each morning to see what the assigned color(s) is for the day. If their color is selected, the clients will be required to submit for testing that day. Colors will be randomly selected on a daily basis.
- III. Staff collecting specimens shall ensure the identity of the offender supplying it and universal safety precautions shall be observed. Chain of evidence shall be preserved. A same sex observer shall accompany the client to the restroom to observe the collection of the urine sample and direct the client to: 1) wash and dry hands; 2) open a previously sealed container in the presence of the staff; and 3) supply a urine specimen under staff supervision. Should any behavior by the client cause the observer to believe the specimen has been adulterated, the observer may store the specimen for laboratory testing, and/or request another test.
- IV. Tests for cocaine, marijuana, amphetamines, and alcohol are available on-site through immunoassay testing and breathalyzers providing immediate results. The program will also contract for laboratory testing providing results in 1-2 days. The laboratory contract allows testing for 8 drugs: barbiturates, morphine, amphetamines, marijuana, cocaine, benzodiazepam, PCP, and LSD. Initially, all clients will supply a urine specimen that will be sent to the laboratory for a full screening.
- V. Clients will have a substance abuse evaluation that will assist in determining their drug(s) of choice to determine testing priority.

First Judicial District Department of Correctional Services  Department Policy and Procedure	MANUAL:	Black Hawk County Drug Court	09-13-05	PER
	TITLE:	Incentives and Sanctions	REFERENCES:	

**POLICY**      The Drug Court philosophy maintains a system of sanctions and incentives be administered to reward positive progress and hold offenders accountable for rule violations. Both shall be administered as quickly as possible.

**DEFINITIONS**

- A. Incentives: are responses to compliance perceived as positive by the receiver.
- B. Sanctions: are the imposition of a consequence, perceived as negative by the receiver, as a direct result of a prohibited activity.

**PROCEDURES**

- I. Incentives for compliance will include the use of a phase system providing increased privileges for compliance with supervision and progress in treatment. Increased privileges will include: later curfews, decrease in the frequency of status review hearings, decrease in contact requirements with Drug Court staff, and decrease in treatment level. Individualized incentives for positive program participation may include: travel privileges, vouchers, Certificates of Accomplishment, verbal praise by Drug Court staff, judge, peer recognition, earning of excused absences (an excused absence from a treatment group or supervision appointment will be earned for every 60 days of perfect attendance), refreshments, and a graduation ceremony.
- II. All participants will receive Certificates of Accomplishment for being clean 30 days, 90 days, 6 months, and one year.
- III. Any time there is an incident of substance use, the client will be expected to report the incident within 24 hours, take responsibility for the behavior, take concrete steps to prevent future use, and will be evaluated for a possible increase in the level of treatment. Sanctions will be imposed at the next drug court session.
- IV. Sanctions will be imposed for substance use or other non-compliance while considering the client's level of responsibility and honesty. Sanctions for non-compliance may include: written assignments, EMS, curfew or phase change, community service, or placement in the residential facility, Violator's Program, Day Reporting, or jail.

First Judicial District Department of Correctional Services  Department Policy and Procedure	MANUAL:	Black Hawk County Drug Court	09-08-06	DC 11
	TITLE:	Supervision Protocol	REFERENCES:	

**POLICY**      The Probation/Parole Officers assigned to the Drug Court Program will provide correctional supervision of clients in the program. The Judge assigned to the Drug Court Program will maintain judicial supervision of the program participants.

**DEFINITIONS**

1. Home Visits -- The purposes of a home visit include gathering information about the offender’s living arrangements and environment, establishing whether the residence and personal property are in compliance with conditions of supervision, and establishing rapport with the offender and significant others. A successful home visit is a face-to-face contact with a person who has significant information about the offender. Examples of acceptable contacts are with the offender, family member, landlord, roommate, or neighbor. The contact must include discussing, gathering, or verifying information about the offender that will assist in supervision. Home visits may be announced or unannounced. Law enforcement officials may be requested to accompany staff on home visits.

**STANDARDS**

- A. The Probation/Parole Officers will provide case management and are responsible for monitoring compliance with supervision and program conditions.
- B. The Probation/Parole Officer will review the case management plan with the offender at least weekly during phases I and II and every other week during phase III.
- C. Drug testing will be conducted randomly but will be at least twice per week for offenders in phases I and II and once per week in phase III.
- D. Curfew checks will be conducted randomly but will average twice per week for offenders in phases I and II and once per week in phase III. They should consist of both phone and physical checks.
- E. Home visits will be conducted randomly but should average once per week in phases I and II and twice per month in phase III. Home visits should consist of both scheduled and unscheduled, depending on the purpose and can include curfew checks and case plan reviews.
- F. The Probation/Parole Officers will address violations with the offenders within 24 hours of discovery and will make the Drug Court Team aware of the violation either by email or at the next staffing, depending on the seriousness of the violation.
- G. These standards may be waived or modified upon Drug Court Team approval.

**PROCEDURES**

- 1. Case Management:
  - A. The Probation/Parole Officer will develop an individualized case management plan based on assessment and prioritized needs within 30 days of case assignment.
  - B. The Probation/Parole Officer will make and monitor compliance with referrals.
  - C. The Probation/Parole Officer will review the case management plan with the offender weekly and make adjustments as needed to attain the desired behavioral changes.
  - D. The Probation/Parole Officer will verify information with collateral contacts weekly.
  - E. The Probation/Parole Officer will provide crisis intervention as needed.
  - F. The Probation/Parole Officer will ensure drug testing, home visits, and curfew checks are conducted according to the phase requirements and in response to high risk events or situations.
  - G. The Probation/Parole Officer will complete weekly progress reports on all drug court offenders and will present the information at the weekly staffings.

2. Judicial Supervision:

- A. The individualized supervision requirements for each client will be collectively established and enforced by the Drug Court Judge and PPOs.
- B. The Drug Court Team will meet with the Judge prior to scheduled status hearings to discuss the client's progress and will participate in any reviews/hearings.

First Judicial District Department of Correctional Services  Department Policy and Procedure	MANUAL:	Black Hawk County Drug Court	09-19-05	PER
	TITLE:	Treatment Protocol	REFERENCES:	

**POLICY** Clinical treatment services are primary functions of Drug Court, blended with criminal justice case processing. Treatment will be based on theory and protocol and governed by legal, professional and ethical standards. The goals of treatment are to enhance motivation, insight and skill in abstaining from drugs.

**STANDARDS**

- A. In order to accommodate the needs of the client, services will be offered at a variety of times.
- B. A full continuum of treatment services will be provided.

**PROCEDURE**

- I. The ASAM-PPC-2R directs level of care placement determination:
  - A. Extended outpatient treatment consists of 1 to 8 hours of individual or group treatment per week;
  - B. Intensive outpatient treatment consists of 9 or more hours per week of individual or group treatment;
  - C. Residential treatment includes daily individual and group treatment and supervised living skill development.
  - D. A halfway house serves as a structured yet more independent living environment, while providing an environment where clients begin to resume community responsibilities.
- II. Treatment modalities adopt a psycho-educational and/or cognitive behavioral - either skill building or restructuring strategies, all delivered in a motivational interviewing style. Milkman and Wanberg’s Strategies for Self-Improvement and Change; Velasquez, Maurer, Crouch and DiClemente’s Group Treatment for Substance Abuse-A Stages of Change Therapy Manual; and Covington’s Helping Women Recover will be used as programming options. Values formation is entrenched in these.
- III. Treatment plans will be developed to individualize level of intensity of treatment goals. A similar individualized treatment plan is developed within 30 days for extended out patient clients and is reviewed with the client and counselor as indicated by level of care. The counselor will communicate information regarding treatment goals at team meetings and pre-court conferences. These treatment protocols are manualized and integrity will be ensured by supervisory observation and oversight.
- IV. Staff will maintain files on clients and will comply with federal confidentiality requirements, as well as HIPAA regulations, related to mental health, substance abuse, and medical services. Services received by clients will be tracked by the implementation of a treatment plan, which will be reviewed as required by the level of treatment care. Weekly staff meetings will be held.
- V. Gender-specific providers will conduct gender specific substance abuse treatment, along with adolescent and family treatment modalities. Hispanic and Bosnian clients are interviewed with translators as needed. Culturally specific assessments are currently offered to African American clients and treatment is tailored to our growing cultural populations. Staff will be required to participate in cultural competency/treatment specific training. Clients may also be referred to Anger Management and/or Victim Impact classes.

First Judicial District Department of Correctional Services  Department Policy and Procedure	MANUAL:	Black Hawk County Drug Court	09-15-05	PER
	TITLE:	Ethics and Confidentiality	REFERENCES:	

**POLICY** All Drug Court staff will adhere to State and Federal agencies confidentiality laws and comply with ethical professional requirements. These professional ethics will represent high standards of conduct.

**DEFINITIONS**

Treatment: the management and care of a patient suffering from alcohol or drug abuse in order to reduce or eliminate the adverse effects upon the patient.

Confidential Information: includes the identity of the patient, treatment information, diagnosis and prognosis, disclosures and re-disclosures. Protection survives death.

Consent: written authorization by the Drug Court participant to disclose confidential information. It must include the type of information disclosed, purpose, who is authorized to make and receive the information. It further must include the participant’s signature, date, and date of expiration.

Authorization to Disclose Without Consent: is defined and permissible in a medical emergency, a crime on the premise, a crime against staff, administrative services working with Drug Court, or outside auditors and researchers.

Mandatory Disclosure Without Consent: is permissible in accordance with state child abuse laws, a valid court order, state laws relating to cause of death, and a duty protect others, to warn of imminent serious harm.

**STANDARDS**

- A. Disclosure is permissible with either offender consent, authorization without consent or mandated without consent as defined above.
- B. Case files must be stored in a locked file cabinet and not accessible to the public.
- C. Computerized records shall be protected per Information Technology Policy(??)
- D. Drug court participants must be informed of their privacy rights in writing. Reference Client Notice Form (?)
- E. Federal law will prevail if in conflict with state law.

**PROCEDURES**

- I. Treatment staff will maintain files on clients and will comply with federal confidentiality requirements, as well as HIPAA regulations, related to mental health, substance abuse, and medical services.
- II. Client Data Sharing and Confidentiality: All participants must sign individual Release of Information forms as a condition of participation in the Drug Court to ensure the sharing of information as needed for treatment and supervision.
- III. All clients will be given a Consent to Participate form (Reference #) to be signed prior to sharing of information for evaluation purposes. Client participation in the evaluation will be voluntary; refusal to participate in the evaluation will not affect clients’ access to program services. Researchers will adhere to strict human subjects protection and data confidentiality policy, (FS 11).

First Judicial District Department of Correctional Services  Department Policy and Procedure	MANUAL:	Black Hawk County Drug Court	07-01-06	DC 9
	TITLE:	Phases	REFERENCES:	

**POLICY**            A phase system will guide the expectations and requirements of participants as they progress through the Drug Court Program. Graduation will occur after successful completion of Phase Three. Aftercare/Continuing Care will be provided after graduation and may be open-ended.

**PROCEDURES**

The program will have three phases of treatment. Participants must complete each phase requirement to the satisfaction of the Drug Court Team before moving on to the next phase.

Phase I – At least 90 days:

1. Attend Drug Court as scheduled
2. Submit to and pass random drug and alcohol tests
3. Attend a minimum of three self help meetings a week
4. Establish a treatment program with the help of staff
5. Meet with substance abuse counselor as directed
6. Complete all homework assignments
7. Meet with a job counselor
8. Meet with Probation officer as scheduled
9. Advise family members of involvement in Drug Court
10. Meet with educational advisor
11. Identify pro-social activities to participate in
12. Comply with all curfews
13. Obey all laws and terms of probation
14. Provide Drug Court Team with names of all associates and terminate relationships with using associates.
15. Maintain a minimum of 90 consecutive days of sobriety.

Phase II – At least 150 days:

1. Attend Drug Court as scheduled
2. Submit to and pass random drug and alcohol tests
3. Attend a minimum of three self-help meetings a week
4. Find an approved mentor or sponsor
5. Develop an employment/education strategy
6. Complete all homework assignments
7. Begin to develop an aftercare plan
8. Identify relationships in need of repair
9. Continue to meet with treatment and corrections staff as directed
10. Secure sober, clean and approved living arrangements
11. Comply with all curfews
12. Obey all laws and terms of probation.

Phase III - At least 120 days:

1. Attend Drug court as scheduled
2. Submit to and pass random drug and alcohol tests
3. Attend a minimum of three self-help meetings a week
4. Be regularly employed or in school
5. Maintain regular contact with approved mentor or sponsor

6. Complete all homework assignments
7. Continue to meet with treatment and corrections staff as directed
8. Maintain a secure, sober lifestyle and residence
9. Obey all laws and terms of probation
10. Develop a plan as a graduate to give back to the Drug Court program
11. Write and complete a reflection paper to the Drug court team about your growth in the program
12. Complete all community service.

Aftercare/Continuing Care Services: The Judge must approve the aftercare plan. The focus on aftercare will be to reduce the known relapse factors commonly associated with substance abuse treatment. Terrence Gorski's Relapse Curriculum will be used, as well as Growth Groups facilitated by an alumni association of graduated treatment clients. The client will secure employment, have education goals, obtain vocational training, be involved in support meetings, and have a sponsor or mentor. The substance abuse counselor will continue with after-care individual and /or group counseling sessions. Relapse prevention groups will be available if the client experiences a relapse. The client will be assigned to a standard PPOII.

**Appendix B: Participant Agreement Form**

**BLACK HAWK COUNTY DRUG COURT  
EVALUATION FOCUS GROUP**

**PARTICIPATION AGREEMENT**

Name *(please print)*: \_\_\_\_\_

Today's Date: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone #: \_\_\_\_\_

- The purpose of the focus group session you are participating in today is to discuss your experiences with the Black Hawk County Drug Court treatment program. This will help us in identifying ways to improve the program.
- Your confidentiality is guaranteed. None of the information shared in the focus group session will be identified by individual.
- The session will be audiotaped. The tapes will only be used to write up the content of the focus group discussion.
- Your participation is voluntary. If at any time you choose not to participate, you may leave.
- You will be compensated for your time with \$10 in cash.

I understand and agree to the above conditions.

\_\_\_\_\_  
SIGNATURE

## **Appendix C: Moderator's Guide: Main Focus Group**

### **Black Hawk County Drug Court: Client Focus Group Moderator's guide Active Drug Court Clients (Phases 1, 2, and 3)**

#### **WALK-IN (5 MINUTES)**

Have each participant fill in his/her name on the sign-up sheet and receive a name tag.

Have each participant read and sign the Participant Agreement form.

#### **INTRODUCTIONS AND GROUND RULES (5 MINUTES)**

##### **\*\*TURN ON THE TAPE RECORDER.**

ISED staff introduction. Discuss the Participation Agreement form and the purpose of the evaluation and the focus groups.

ISED statement of the ground rules and the agenda for the focus group:

- “What is said in the group should remain in the group.”
- No interrupting.
- Be respectful of all opinions even if you disagree.

Introduction of the focus group participants—Ask each participant to introduce him/herself and state how long they have been in the Drug Court Program.

#### **FOCUS GROUP DISCUSSION**

##### **TOPIC # 1: OVERALL SATISFACTION WITH THE DRUG COURT PROGRAM (15 MINUTES)**

- How satisfied have you been with the services that you have received in the Drug Court Program?
- What services have been the most helpful to you? Why?
- Are there any services that you have not been satisfied with? Why not?

##### **Topic #2: Overall Impact of the Drug Court Program (20 MINUTES)**

- How has being in the drug court affected your life? What do you think is different for you now because of your participation in the drug court?
- How helpful has the drug court been in keeping you clean and sober? What has helped the most? Is there anything else the drug court could do to help you with this?

- How helpful has the drug court been in helping you deal with cravings to use drugs? What has helped the most? Is there anything else the drug court could do to help you with this?
- How helpful has the drug court been in keeping you in treatment? What has helped the most? Is there anything else the drug court could do to help you with this?
- How helpful has the drug court been in keeping you out of trouble with the law? What has helped the most? Is there anything else the drug court could do to help you with this?

**Break: (5 MINUTES)**

**Topic #3: Substance Abuse Treatment (15 MINUTES)**

- When you entered the drug court program, did you think you needed substance abuse treatment? Why or why not? What do you think now?
- What types of substance abuse treatment programs have you participated in since you started the drug court program? (Probes: Residential, Intensive Outpatient, Extended Outpatient, Halfway House)
- How satisfied were you with the type of treatment that you received? Did the level of intensity seem appropriate for you?
- How helpful has substance abuse treatment component of drug court been to you overall? Please explain.
- If there anything about substance abuse treatment that has not been helpful? Please explain.

**Topic #4: Rewards, Sanctions, and Monitoring (15 minutes)**

- In the drug court program, do you think you are rewarded when you are doing well in the program? If so, how does the program reward you?
- Do the rewards affect your future behavior? Why or why not?
- What do you think about the drug court's response when participants are not complying with the rules of the program/have a probation violation (i.e., they use drugs, they miss a treatment session or an appointment with drug court staff, violate curfew, etc.)?
- If you have had a violation, how were you sanctioned (i.e. community service, extra treatment or NA sessions, jail time)? Did you think the sanction was appropriate? Did the sanction make you less likely to violate the rules after that?
- How important have the drug court's monitoring activities (i.e., curfew checks, home visits) been in influencing your behavior?

**Topic #5: Closing Questions (10 minutes)**

- Is there anything else you think I should know about the drug court?
- Do you have any suggestions for improving the drug court?

**FINAL BUSINESS (5 MINUTES)**

Have each participant sign the honorarium sheet and receive a \$10 honorarium.

## **Appendix D: Moderator’s Guide: Aftercare Focus Group**

### **Black Hawk County Drug Court: Client Focus Group Moderator’s guide Graduated Drug Court Clients (i.e., in Aftercare Phase)**

#### **WALK-IN (5 MINUTES)**

Have each participant fill in his/her name on the sign-up sheet and receive a name tag.

Have each participant read and sign the Participant Agreement form.

#### **INTRODUCTIONS AND GROUND RULES (5 MINUTES)**

##### **\*\*TURN ON THE TAPE RECORDER.**

ISED staff introduction. Discuss the Participation Agreement form and the purpose of the evaluation and the focus groups.

ISED statement of the ground rules and the agenda for the focus group:

- “What is said in the group should remain in the group.”
- No interrupting.
- Be respectful of all opinions even if you disagree.

J.

K. Introduction of the focus group participants—Ask each participant to introduce him/herself and state how long they have been in the Drug Court Program.

#### **FOCUS GROUP DISCUSSION**

##### **TOPIC # 1: OVERALL SATISFACTION WITH THE DRUG COURT’S AFTERCARE PHASE (15 MINUTES)**

- How satisfied have you been with the services that you have received during the drug court’s aftercare phase?
- What services have been the most helpful to you? Why?
- Are there any services that you have not been satisfied with? Why not?

##### **Topic #2: Experiences During the Aftercare Phase (20 MINUTES)**

- Since you graduated from drug court and entered the aftercare phase, to what extent have you been able to maintain the progress that you had made? If you have maintained the progress you had made, what role did the drug court play?

- If you have had some struggles since drug court graduation, please explain what kind of struggles you have had (i.e., violation of drug court rules, relapse, criminal activity, employment problems). What led up to the problems? What could the drug court have done to help you prevent what happened? What else could you have done to prevent what happened?
- If you have struggled since drug court graduation, what was the drug court's response (i.e., sanction/treatment options, etc.)? Do you think that response was helpful? If you have suggestions for a different response to help you address the issue, please explain.
- Do you think the drug court's response will affect your behavior in the future (i.e., prevent another relapse/criminal activity, etc.)? Why or why not?
- Would it be helpful for people in the Aftercare phase of the drug court program to meet as a group periodically to support each other? How often do you think that group should meet? What other suggestions do you have for the group?

**Break: (5 MINUTES)**

**Topic #3: Participant's Understanding of the Drug Court Aftercare Phase (20 minutes)**

- Do you feel like you are still actively engaged in the drug court? Why or why not?
- How do you feel about the amount of contact you have with: 1) your probation officer? 2) the drug court? 3) substance abuse treatment and AA/NA? 4) monitoring of drug use through UAs?
- How helpful has the drug court's aftercare phase been in helping you identify and address triggers to use and deal with cravings? What has helped the most? Is there anything else the drug court could do to help you with this?
- When you entered the drug court's aftercare phase, what was your understanding of what would be expected of you? Have there been any misunderstandings (i.e., did you understand that you still could be sanctioned in the same manner that you had been during Phases 1, 2, and 3)?
- What did you think about the drug court graduation ceremony when you completed Phase 3? Was this helpful to you? Did it make you feel like drug court was over? What do you think should happen when participant's complete Phase 3?
- Do you have any other thoughts about the drug court's aftercare phase?

**Topic #4: Maintaining Progress After the Aftercare Phase Ends (10 minutes)**

- How do you plan to stay clean and sober and avoid criminal activity after you complete the aftercare phase? What have you learned in drug court that may help you to do this? Is there anything else you need the drug court to do now that would help you prepare for being on your own (i.e., without the structure, support, and sanctions of the drug court)?

**Topic #5: Overall Impact of the Drug Court Program & Closing Questions (15 MINUTES)**

- Looking at the drug court as a whole, how has being in the drug court affected your life? What do you think is different for you now because of your participation in the drug court?
- Is there anything else you think I should know about the drug court?
- Do you have any suggestions for improving the drug court?

**FINAL BUSINESS (5 MINUTES)**

Have each participant sign the honorarium sheet and receive a \$10 honorarium.

## Appendix E: Participant Survey (Terminated Participants)

### Black Hawk County Drug Court Program Evaluation Annual Client Questionnaire

Client Name \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Please take a few minutes to fill out this questionnaire today. The information you provide us will be confidential, and will be used to identify ways to improve the drug court program.

**Please answer the following questions on how helpful drug treatment and counseling was to you when your were a participant. (Circle one answer per item)**

		Not at all helpful	A little helpful	Quite helpful	Extremely helpful
H 1	Helping you to recognize thoughts and feelings that can lead you to use drugs	1	2	3	4
H 2	Helping you to deal with people or situations that can lead you to use drugs	1	2	3	4
H 3	Helping you to cope with cravings for drugs	1	2	3	4
H 4	Helping you to use drugs less often	1	2	3	4
H 5	Helping you to stay sober	1	2	3	4
H 6	Helping you to better manage your personal relationships (e.g., spouse, partner, family)	1	2	3	4
H 7	Helping you to stay employed or in school	1	2	3	4
H 8	Helping you to stay out of trouble with the law	1	2	3	4

Which thing about drug court or your treatment was most helpful to you?

mosthl	<hr style="border: 0; border-top: 1px solid black; margin-bottom: 10px;"/> <hr style="border: 0; border-top: 1px solid black;"/>
--------	--

Which thing about drug court or your treatment was least helpful to you?

Isthlp	<hr/> <hr/>
--------	-------------

**When you were in drug court, how satisfied have were you with . . . (Circle one answer per item)**

		Not at all satisfied	A little satisfied	Quite satisfied	Extremely satisfied
S1	Your probation officer	1	2	3	4
S2	Your counselor at Pathways	1	2	3	4
S3	The drug court judge	1	2	3	4
S4	Other member(s) of the drug court team (list below in space provided)  _____	1	2	3	4
S5	Counseling sessions at Pathways	1	2	3	4
S6	NA / AA meetings	1	2	3	4
S7	Drug court sessions	1	2	3	4
S8	Your treatment, taken as a whole	1	2	3	4

**Is there anything that drug court staff could have done differently that would have allowed you to complete the drug court program? Please explain your answer.**

---



---



---



---



---



---



---

Thank you for your participation!