REPORT

Evaluation of Mifflin County Adult Treatment Court

Mifflin County, Pennsylvania

By

Gary Zajac, Ph.D.
Managing Director
Research Associate Professor

and

Laura Winger, M.S.
Research Assistant

Justice Center for Research
The Pennsylvania State University
The 329 Building, Suite 222
University Park, PA 16802

(814) 867-3651
gxz3@psu.edu

Program Evaluated: July 22, 2013

This report was prepared under Memorandum of Agreement No. JS108 between The Pennsylvania State University and the Mifflin County, PA Court (October 1, 2010 – September 30, 2013). The findings and conclusions presented reflect the views of the authors and not of The Pennsylvania State University.

EVIDENCE-BASED CORRECTIONAL PROGRAM CHECKLIST (CPC)

EXECUTIVE SUMMARY

Primary Program Strengths

- Program leadership and staff possess the requisite credentials and experience needed to work within a program like the Mifflin County Adult Treatment Court (MCATC).
- Program leadership is integrally involved in the operation of the MCATC.
- There appears to be good support for the program among program staff and the local criminal justice community.
- The program undertakes formal, objective assessment of offender risk and need, and most importantly accepts only high risk clients into the program.
- The MCATC primarily targets criminogenic needs and the ratio of criminogenic to non-criminogenic targets appears to be sufficient.
- Appropriate rewards and punishers are used.
- Specific to the drug court setting, the Judge appears to conduct court in an atmosphere of respect and fairness to clients, is knowledgeable about clients' cases and provides appropriate positive and redirective feedback to clients during the bi-weekly hearings.

Primary Recommendations Program Improvement

Following are the three most critical things that the MCATC can do to improve its likelihood of reducing the recidivism potential of its clients:

- Perhaps the most important recommendation is that the scope of treatment services delivered as part of the MCATC should be expanded to include an evidence-based program(s) that specifically and directly targets core criminogenic needs including anti-social attitudes/values, anti-social peers, and decision making/problem solving skills. On a related point, the MCATC should also consider expanding its offender assessment regimen to include dynamic criminal attitudes tools that will allow staff to triage clients into any new criminal thinking programs adopted, as well as to monitor their progress through these program(s).
- The MCATC should also employ a more consistent and structured approach to the substance abuse services offered. The current approach is eclectic, offering a mix of

models. Some of these models have a relatively strong evidence-base (e.g. MI, CBT), but for others the evidence of effectiveness is less clear (12 Step, psycho-educational). All substance abuse services should be based upon an evidence-based approach, such as CBT. The advantage of a CBT approach is that it is fairly transferable, capable of being applied to many different problem domains, such as substance abuse, criminal thinking, peers, decision making, etc., and indeed can also provide the underlayment for an integrated treatment curriculum that addresses all necessary targets for a given client.

- Finally, program facilitators should incorporate skill modeling, training and practice into the program whereby facilitators model and clients practice new skills. Staff should demonstrate new skills/pro-social alternatives using modeling/vicarious learning techniques that routinely teach participants to identify and anticipate problem situations. Offenders should spend at least as much time in group practicing new skills as they spend being formally taught those skills.

SUMMARY OF THE PROGRAM

Program Description

The Mifflin County Adult Treatment Court (MCATC) is a drug court program that began development in 2010 under a Bureau of Justice Assistance grant received by Mifflin County. The first participants were enrolled in February of 2011. Program participants are under the supervision of the Mifflin County Adult Probation Department while enrolled in MCATC. As is typical for a drug court, drug and alcohol treatment is the primary service offered by MCATC, although educational, vocational and other miscellaneous services are also offered. The drug and alcohol treatment services are delivered by a local private provider – Clear Concepts Counseling (http://www.clearconceptscounseling.com/). The primary drug and alcohol treatment modality offered as part of MCATC is an intensive outpatient program (IOP), which meets 3 times per week, 3 hours each session, for a total of 4 weeks. Follow-up outpatient and recovery groups are also offered.

MCATC is a small program. At the time of the CPC assessment there were 10 offenders currently enrolled. Another 5 had graduated, with 14 others having already been removed from the program. Thus, the MCATC has enrolled fewer than 30 offenders as of the date of this assessment. Note: we were not permitted to observe an IOP group treatment session, which would normally be part of the CPC assessment process. This limits to some extent the conclusions we can draw about the structure and content of the MCATC.

PROCEDURES

The CPC

The Evidence Based Correctional Program Checklist (CPC) is a process evaluation tool that was developed by Dr. Edward J. Latessa at the University of Cincinnati to assess correctional

intervention programs.[1] The CPC ascertains how closely a given correctional program meets the empirically established principles of effective offender intervention[2]. Research conducted by the University of Cincinnati on several hundred adult and juvenile programs were used to develop and validate the indicators on the CPC.[3] These studies found strong correlations between CPC score (overall score, domain scores and individual item scores) and actual program outcomes (Holsinger, 1999; Lowenkamp and Latessa, 2003, Lowenkamp, 2003; Lowenkamp & Latessa, 2005a; Lowenkamp and Latessa, 2005b) and were used in formulating the CPC. Thus, a higher score on the CPC means that a program has a greater likelihood of reducing recidivism. The CPC does not, however, constitute an actual outcome evaluation; thus, one cannot draw a definitive conclusion about program effectiveness based upon the CPC score.

The CPC is divided into two basic areas: content and capacity. The capacity area is designed to measure whether a correctional program has the capability to deliver evidence-based interventions and services for offenders. There are three domains in the capacity area including: Leadership and Development, Staff, and Quality Assurance. The content area focuses on the substantive domains of Offender Assessment and Treatment Characteristics, and the extent to which the program meets the principles of risk, need, responsivity, and treatment. There are a total of seventy-seven indicators, worth up to 83 total points. Each area and all domains are scored and rated as either “highly effective" (65% to 100%); "effective" (55% to 64%); "needs improvement" (46% to 54%); or "ineffective" (less than 46%).

The scores in all five domains are totaled, and the same scale is used for the overall assessment score. It should be noted that not all of the five domains are given equal weight, and some items may be considered "not applicable," in which case they are not included in the scoring.

Norm Information

Researchers at the University of Cincinnati have assessed over 500 programs nationwide and have developed a large database on correctional intervention programs.[4] Approximately 7 percent of the programs assessed have been classified as “very effective,” 18 percent “effective,” 33 percent “needs improvement,” and 42 percent “not effective.”[5] The average scores in each of the areas as well as the total score are contained in the figures at the end of the report.

---

[1] The CPC is modeled after the Correctional Program Assessment Inventory developed by Gendreau and Andrews; however, the CPC includes a number of items not contained in the CPAI. In addition, items that were not found to be positively correlated with recidivism were deleted.

[2] See the following for a good overview of the principles of effective offender intervention:

MacKenzie, Doris Layton and Gary Zajac. 2013. *What Works in Corrections: The Impact of Correctional Interventions on Recidivism.* Monograph commissioned by The National Academies of Science Committee on the Causes and Consequences of High Rates of Incarceration.

MacKenzie, Doris L. 2006. W*hat works in corrections? Reducing the criminal activities of offenders and delinquents.* Cambridge, UK: Cambridge Press.

Andrews, D.A., and James Bonta. 2006. *The psychology of criminal conduct*. Cincinnati, OH: Anderson.

[3] These studies involved over 40,000 offenders (both adult and juvenile), and over 500 correctional programs, ranging from institutional to community based. All of the studies are available on the University of Cincinnati web site (www.uc.edu/criminaljustice). A large part of this research involved the identification of program characteristics that were correlated with outcome.

[4] Several versions of the CPAI were used prior to the development of the CPC. Scores and averages have been adjusted as needed.

[5] The previous categories used were “very satisfactory”, “satisfactory”, “needs improvement”, and “unsatisfactory”.

FINDINGS

Capacity Category 1: Program Leadership and Development

Strengths

- The MCATC Program Directors/Coordinators possess the requisite educational qualifications for their positions. One Director/Coordinator holds a Bachelors of Science in Psychology. The other Director/Coordinator holds a Masters in Counseling (emphasis on addictions, also possessing the Certified Addictions Counselor certificate).
- Both Program Directors/Coordinators have three or more years of experience with treating and managing offenders.
- Both Program Directors/Coordinators are directly involved in the selection, training and supervision of staff through regular staff meetings and daily observation.
- Both Program Directors/Coordinators appear to be directly involved in the day to day operation and delivery of the program, including conducting offender assessments, case management and some direct service delivery.
- The values and goals of the program appear to be consistent with existing values in the criminal justice community and the program appears to have adequate support from the local criminal justice community and the community at large, for example through AA/NA sponsors and outreach to local employers for job opportunities for clients.
- To this point, funding for the program has been adequate and stable due to a Bureau of Justice Assistance grant that has supported program operations. Provisions for post-award sustainability of the program are unclear at this time, however.

Areas that Need Improvement/Concerns

- While this program did as part of its grant have some technical assistance from the Bureau of Justice Assistance, National Drug Court Institute, Treatment Research Institute (University of Pennsylvania) and others, there does not appear to have been any systematic effort made at a formal review of the research literature on “what works” with offender intervention that guided the selection and design of specific interventions and services.
- Components of the program are not piloted prior to full implementation.

Recommendations for Program Improvement

- Program changes should incorporate a formal pilot testing period of at least one month with formal start and end dates. Information gathered from the pilot should be used to inform final program adjustments.

- On a related point, any proposed changes to program interventions and services should be guided by a formal review of the literature on evidence based practices that are relevant to the proposed change. See attached literature review on "what works" with drug courts.

- The MCATC was in operation for less than three years at the time of this evaluation, and has enrolled a small number of clients to date. This does impose some limitations on our ability to evaluate the potential effectiveness of the MCATC. As discussed below, ongoing evaluation should be conducted as the program matures and grows.

Rating for this category: HIGHLY EFFECTIVE

Capacity Category 2: Staff Characteristics

Strengths

- The overwhelming majority of the program staff have the appropriate educational credentials for working in treatment programs for offenders.

- The vast majority of the program staff have at least 3 years of experience working in offender treatment and supervision programs.

- Staff are selected based on skills, attitudes, and values including a strong support for offender treatment and change. Examples include empathy, fairness, life experience, a non-confrontational but firm style, and problem-solving abilities.

- Staff meetings occur on a regular (bi-weekly) basis, where client progress is discussed and reviewed.

- Mifflin County Adult Probation staff are required to have 40 hours per year of training, and Clear Concepts Counseling staff are required to have at least 25 hours of training under state Department of Drug and Alcohol (DDAP) licensing requirements.

- There appears to be a basic mechanism in place for staff input into the structure of the program, allowing them to make suggestions for modifications to the program.

- Staff appear to support the goals and values of the program.

- There are ethical guidelines for staff, both from the Mifflin County Adult Probation Department and Clear Concepts Counseling.

Areas that Need Improvement/Concerns

- It is unclear to what extent program staff are regularly assessed on skills related to service delivery and receive regular clinical supervision.

- It is unclear that most staff have received initial, formal training specifically related to drug treatment before beginning work with the MCATC, beyond informal on-the-job orientation.

Recommendations

- MCATC and Clear Concepts Counseling should develop a mechanism for conducting formal clinical supervision of treatment staff. This supervision should be provided on a regular basis by a licensed clinician such as a MSW, psychologist, or other addictions specialist.

- The program should develop a formal training program for new staff specific to the goals of drug court. This should at a minimum cover training in the theory and practice of interventions employed by the program.

- While program staff are required to receive annual ongoing training, program leadership should ensure that this training adequately covers clinical and service provision issues, in addition to routine administrative topics that are typically included in annual agency training.

Rating for this category: HIGHLY EFFECTIVE

Capacity Category 3: Quality Assurance

Strengths

- There is a formal client satisfaction survey measuring participants' opinions of aspects of the treatment program.

- MCATC clients are reassessed using the Pennsylvania Client Placement Criteria (PCPC) form.

- The program has begun to undertake some program evaluation activities, most notably the process evaluation of which this current report is a part.

- The program has worked with several evaluators and technical assistance providers pursuant to its BJA grant.

Areas that Need Improvement/Concerns

- While the program has in place some basic internal and external quality assurance processes, most notably with respect to state licensing requirement imposed upon Clear Concepts Counseling through the state Department of Drug and Alcohol (DDAP) programs, it is not clear to what extent that information is formally used to guide program improvements. And, while there are bi-weekly meetings of the MCATC treatment team, including representatives from the Court, Mifflin County Adult Probation, and Clear Concepts Counseling, the Program Director from Mifflin County Adult Probation does not appear to conduct any

regular monitoring and observation of the treatment groups run by Clear Concepts Counseling for the MCATC clients.

- To date, the program has not been formally tracking recidivism or other outcomes.

Recommendations

- Beyond quality assurance measures used as part of DDAP licensing by Clear Concepts Counseling, the Mifflin County Adult Probation department should conduct regular visits to the counseling groups to ensure that services being delivered there are congruent with the goals of the MCATC and are following best practices in offender intervention.

- While the program does conduct periodic client reassessment using the PCPC, other methods of client re-assessment would be valuable. For example, assessments that measure risk, such as the RANT (currently used by the MCATC) or LSI-R should be used to determine if the program was effective in decreasing risk of recidivism. Likewise, assessments measuring treatment progress could be used for pre-post-test comparisons upon completion of the treatment groups. The Texas Christian University Institute of Behavioral Research (TCU-IBR) has available free-of-charge a wealth of well-validated instruments designed to gauge client progress through correctional addictions programs. Examples include the Client Evaluation of Self and Treatment (CEST) and Counselor Rating of Client (CRC) forms, which can provide periodic assessments of client attitudes, motivation for treatment and satisfaction with and engagement in the clinical process. TCU-IBR assessments have been developed over the years with federal support and are used by corrections agencies across the country. These forms can be accessed on the TCU-IBR website: www.ibr.tcu.edu/ See the sections below on Offender Assessment and Treatment Characteristics for further discussion of this topic.

- While we have acknowledged during previous discussions with the MCATC staff the challenges of conducting a rigorous outcome evaluation of a small program such as the MCATC (e.g. low statistical power), the program should continue to collect data that can be used to support a potential future outcome evaluation (see attached memos drafted December 1, 2011 and March 22, 2012 in response to our review of the program's data systems).

Rating for this category: EFFECTIVE

Content Category 1: Offender Assessment

Strengths

- The offenders admitted to the program are appropriate for the services offered and exclusionary criteria that prohibit inappropriate offenders from entering the program are followed.

- Risk factors related to recidivism (e.g. age, number of prior arrests) are assessed at the time of intake into the program using the Risk and Needs Triage (RANT) tool, developed by the Treatment Research Institute.
- A standardized objective method is used to assess risk factors and define the risk level through the RANT.
- Criminogenic need factors related to recidivism are assessed, measured, and defined in a standardized and objective manner using the RANT and the Pennsylvania Client Placement Criteria (PCPC), which is the tool used by all licensed private substance abuse providers in Pennsylvania per the Department of Drug and Alcohol Programs (DDAP).
- Responsivity characteristics of offenders to different styles and modes of service are assessed, summarized, defined and measured objectively during intake into the program, again also using the PCPC.
- The treatment program targets high risk offenders. No evidence was found that anyone other than a high risk offender is admitted to the program.

Areas that Need Improvement/Concerns

- The RANT has not been validated locally.

Recommendations

- The RANT should be validated on the local offender population in the near future.
- While the MCATC <u>does</u> assess for overall risk and the specific need for substance abuse treatment, additional assessment tools should be considered that would provide a broader assessment of criminogenic needs for the population served. As discussed further in the next section, substance abuse is an important criminogenic need, but it is equally if not more important to address other needs as part of a recidivism reduction intervention. These needs include anti-social attitudes/values, poor decision making/coping skills, and anti-social associates. There are many good instruments available to assess such needs, including the *Criminal Sentiments Scale-Modified*, the *How I Think Questionnaire*, the *Self-Appraisal Questionnaire*, the *TCU Criminal Thinking Scale*, the *Baron EQi* (sub-scales on problem solving, stress tolerance, impulse control, and reality testing), and others. Some of these, like the TCU scale, are available free of charge. These tools are also typically largely dynamic, meaning that they can be administered to a client over time to assess changes in their risk/need profile, which can then inform updates to treatment plans.

Rating for this category: HIGHLY EFFECTIVE

Content Category 2: Treatment Characteristics

Strengths

- The MCATC primarily targets criminogenic needs and the ratio of criminogenic to non-criminogenic targets appears to be sufficient.
- The most effective treatment programs last between 3 to 9 months. The IOP portion of the MCATC last for only 1 month, but subsequent treatment within the outpatient and recovery groups continues for 6 months to 1 year. Thus, the MCATC would appear to offer a reasonable dosage of treatment.
- While in the IOP phase of treatment, clients spend approximately 9 hours per week in formal treatment groups. While in this program, though, offenders are under probation supervision and meet with their probation officer from 3 times per week in Phase 1 to weekly in Phase 4, and are expected to work or be attending school, or be otherwise engaged in activities such as community service. It appears that time spent in structured activity ranges from as much as 60% of their week during Phase 1 to as low as 15 or 20% during Phase 4. Thus, while there is a range of intensivity evident in the MCATC, clients are occupied in pro-social activities for a considerable portion of time during much of their time in the program.
- The MCATC accepts only high risk offenders.
- The types of reinforcers used to encourage program participation and compliance include certificates, phase advancement and a mix of tangible (e.g. gift cards and credit towards fines and costs) and intangible rewards (e.g. praise), and there appear to be clear criteria for receiving such awards.
- Appropriate punishers are applied and the criteria for receiving a punishment appear to be clearly outlined and communicated to offenders.
- The program utilizes clearly outlined completion criteria that define offender progress in and completion of the program.
- Treatment groups appear to be consistently monitored and led by staff, and the treatment groups are of an appropriate size.
- Appropriate discharge planning is conducted.
- Specific to the drug court setting, the Judge appears to conduct court in an atmosphere of respect and fairness to clients, is knowledgeable about clients' cases and provides appropriate positive and redirective feedback to clients during the bi-weekly hearings.

Areas that Need Improvement/Concerns

- The primary weakness of the MCATC is the treatment model employed. Drug courts in general have been found to be effective in reducing recidivism (see attached literature review). But, the substance abuse treatment services delivered through the MCATC appear to be an "eclectic" mix of methods including motivational interviewing,

psychotherapeutic/psychoeducational, disease model, 12 Step, and some undefined cognitive-behavioral (CBT) approaches. Moreover, it was noted that this approach can be somewhat "idiosyncratic," varying from one counselor or group to another.

- On a related point, the primary treatment services offered by the MCATC center on substance abuse treatment, which of course is important for a drug court program. But, program staff noted that program participants also present with significant needs related to other core criminogenic needs including anti-social attitudes and values, anti-social peers, and decision making/problem solving. These needs also became evident during our attendance at staffing meetings. It is not clear that the existing substance abuse treatment curriculum addresses these needs in a consistent and strong manner. This also seemed acknowledged by program leadership. This has important implications for the MCATC. Substance abuse is certainly a critical risk factor for recidivism, but a considerable body of research has concluded that the most important risk factors are the three just mentioned: anti-social attitudes and values, anti-social peers, and decision making/problem solving. Correctional treatment programs that do not place a strong and clear focus on those needs will have a more limited impact on recidivism. See the sources cited in Footnote #2 above for a summary of this research.

- Further, the treatment approach used by the MCATC is lacking in consistent and formal opportunities for structured behavioral rehearsal and practice of pro-social skills learned in the groups. Instead, much of the time within the groups appears to be spent on lecture, discussion and small group work (e.g. going over worksheets, discussion of problems). This appears to be especially the case for the Recovery Group, where the primary focus seems to be on ill-defined "process" work. But again, there was little evidence that clients are afforded much opportunity to practice and rehearse new skills in a supported and supervised setting, using methods such as role playing. There is again a growing body of evidence that these sorts of formal behavioral elements are *crucial* to any program that wishes to build and reinforce pro-social behaviors and reduce recidivism.

- While there does appear to be a program manual for the IOP group, we could not substantiate that this manual is followed with any degree of consistency.

- Given the newness and small size of the MCATC, it is difficult to fully compute a program completion rate. But, as of the date of this assessment, 29 clients had been admitted to the program, with 14 of those having been removed, for a removal rate of 48%. Only 5 of the remaining 15 clients had been formally graduated, with the other 10 clients still enrolled. We generally look for removal rates to be no higher than 35%. Thus, the 48% removal rate for the MCATC is higher than expected. A very high removal rate may indicate that the program is admitting too many inappropriate clients, or does not have clear standards for program completion (which does not appear to be the case with the MCATC). Conversely, a very low removal rate may indicate that the program is simply engaging in social promotion of clients.

- While the program does have a mechanism for client input into the structure and operation of the program, it is not clear that much if anything is done with the resulting information.

- While discharge plans are prepared, there does not appear to be any formal and consistent aftercare provided to clients who complete the MCATC.

- On a related point, the program does not appear to offer any formal services to help clients' family members provide support to their loved one who is in the program.

- While the MCATC program enrolls only high risk clients (a strong point in its favor), it appears that the clients are mixed with non-MCATC clients in the treatment group settings. Some of these "other" clients are not involved in the criminal justice system. Thus, there may be some concern about the MCATC clients negatively affecting the non-MCATC clients during group interactions, i.e. where those clients "learn" anti-social attitudes from the MCATC clients ("social contagion"). While this will not have significant negative impact on the MCATC clients, it may detract from the treatment goals of the non-MCATC clients.

- The program does not match the personal and professional skills of the treatment staff with the type of offender and nature of his/her problems, nor to the specific responsivity concerns of the individual client (e.g. level of functioning, personality issues). We concede, though, that it is a significant challenge for a very small program like the MCATC to do such matching.

Recommendations

- Perhaps the most important recommendation is that the scope of treatment services delivered as part of the MCATC should be expanded to include an evidence-based program(s) that specifically and directly targets the three core criminogenic needs discussed above. There are any number of "off the shelf" programs available that are based upon cognitive-behavioral principles and that address these needs. Several examples include the widely used *Thinking for a Change* curriculum, which is available free of charge from the National Institute of Corrections, the *Changing Offender Behavior* curriculum which is available from The Change Companies, and the *Criminal Attitudes Program* available from the Algonquin Correctional Evaluation Services. Other established models include *Moral Reconation Therapy* and *Reasoning and Rehabilitation*. Adoption of such a program will also increase the overall intensivity and dosage of treatment offered through the MCATC. While the implementation of one or more of these programs will involve some commitment of time and resources (some of these programs are free, others are proprietary), this offers one of the best opportunities for maximizing the recidivism reduction efforts of the MCATC. On a related point, the MCATC should also consider expanding its offender assessment regimen per the discussion in the previous section to include tools that will allow staff to triage clients into any new criminal thinking programs adopted, as well as to monitor their progress through these program(s).

- The MCATC should also employ a more consistent and structured approach to the substance abuse services offered. As noted above, the current approach is eclectic, offering a mix of models. Some of these models have a relatively strong evidence-base (e.g. MI, CBT), but for others the evidence of effectiveness is less clear (12 Step, psycho-educational). All substance abuse services should be based upon an evidence-based approach, such as CBT.

The advantage of a CBT approach is that it is fairly transferable, capable of being applied to many different problem domains, such as substance abuse, criminal thinking, peers, decision making, etc., and indeed can also provide the underlayment for an integrated treatment curriculum that addresses all necessary targets for a given client. The Substance Abuse and Mental Health Services Administration (SAMHSA) publishes a series of Treatment Improvement Protocols (TIP's) that provide guidance on evidence-based practices in substance abuse treatment. These can be accessed: http://www.ncbi.nlm.nih.gov/books/NBK82999/ . TIP # 44 is particularly useful, as it focuses on criminal justice populations, and provides strategies and sample programs for serving this population.

- Following from this, program facilitators should incorporate skill modeling, training and practice into the program whereby facilitators model and clients practice new skills. Staff should demonstrate new skills/pro-social alternatives using modeling/vicarious learning techniques that routinely teach participants to identify and anticipate problem situations. Offenders should spend at least as much time in group practicing new skills as they spend being formally taught those skills. Again, there is compelling evidence that without such practice and rehearsal there is little application by clients of *learned* skills into their daily lives.[6]

- Further, the use of graduated rehearsal where offenders practice skills in increasingly difficult situations or more difficult role-playing scenarios should be an integral part of the core programming. Constructive feedback should be provided to participants relative to skills acquisition/application. One mechanism is for offenders in higher levels to practice and model behavior for lower level offenders.

- Program manuals should be updated and should be followed within every treatment group session.

- MCATC leadership should explore the reasons for the relatively high program discharge rate, and develop a corrective strategy if possible.

- Program staff should more formally use the results of feedback they receive from the client exit surveys.

- The MCATC should explore options for providing structured aftercare services for clients who are determined to benefit from ongoing care after completion of the program.

Rating for this category: NEEDS IMPROVEMENT

---

[6] Some research finds that as little as 10% of learned skills are applied where clients are not given adequate opportunities to practice skills in a supported setting.

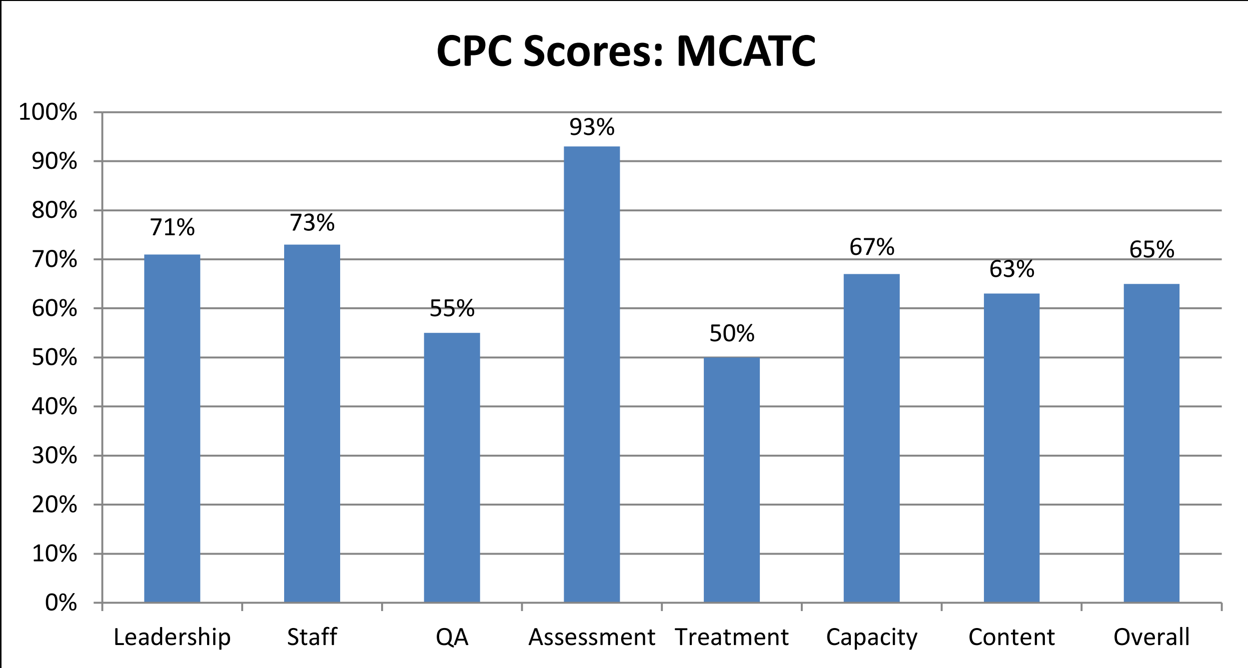
OVERALL PROGRAM RATING

MCATC received an OVERALL score of 65 percent on the CPC. This falls into the **Highly Effective** category.

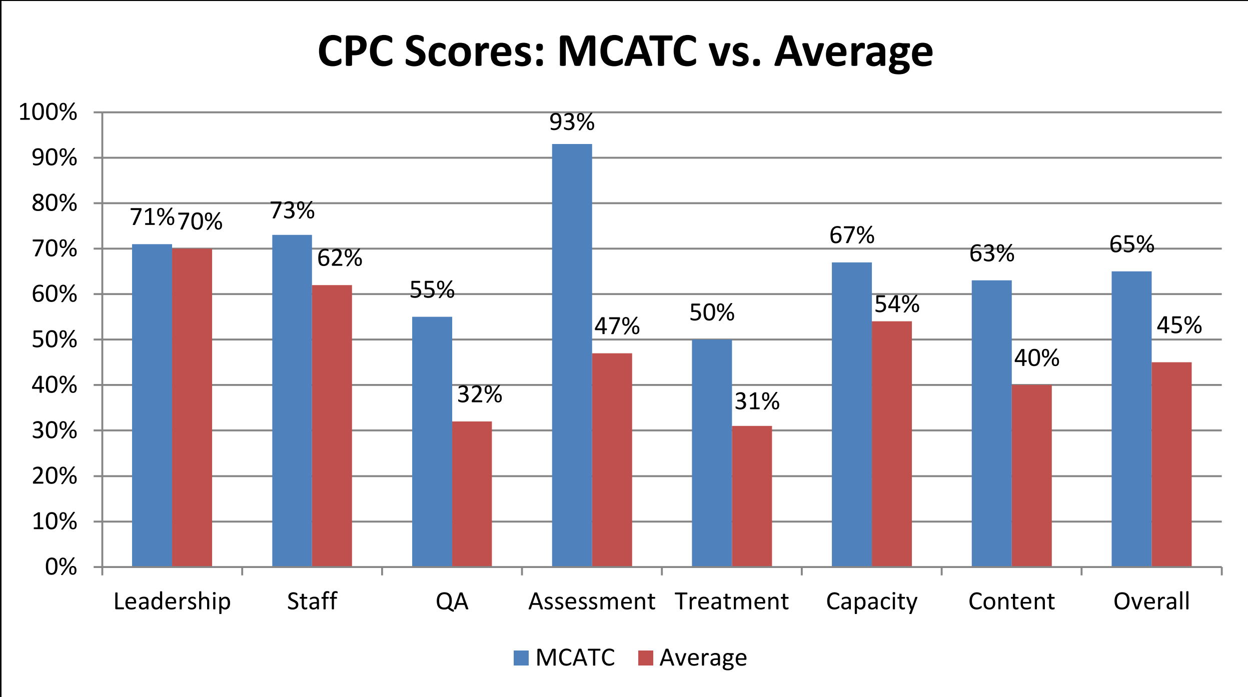
The overall CAPACITY score, designed to measure whether the program has the *capability* to deliver evidence based interventions and services for offenders is 67 percent and falls into the **Highly Effective** category The overall CONTENT score, which focuses on the *substantive* domains of assessment and treatment, is 63 percent which falls into the **Effective** category. Concentration on specific issues related to treatment characteristics will help to further improve the MCATC.

OVERALL CONCLUSIONS

The MCATC has many of the foundational elements needed for program success, including strong leadership and staff qualifications, formal and objective assessment of offender risk and need, a clear focus on targeting criminogenic needs of high risk offenders, a positive courtroom environment, and some basic evaluation activity underway. But, in order to fully realize its recidivism reduction potential, the MCATC should incorporate additional interventions that directly address other key criminogenic needs such as antisocial attitudes and peers, and adopt a clear, consistent and structured evidence-based approach in its substance abuse interventions, which provides opportunities for clients to practice and reinforce skills learned in the treatment groups.



Highly Effective: 65-100%
Effective: 55-64%
Needs Improvement: 46-54%
Ineffective: ≤ 45%



Highly Effective: 65-100%
Effective: 55-64%
Needs Improvement: 46-54%
Ineffective: ≤ 45%

Drug Courts Literature Review

With drug abuse continuing to be a substantial problem in the United States, establishing effective drug courts is a top priority to reduce future drug use and crime as well as to save money. The Bureau of Justice Assistance (2005) describes a drug court as "a specially designed court calendar or docket, the purposes of which are to achieve a reduction in recidivism and substance abuse among nonviolent substance abusing offenders and to increase the offender's likelihood of successful habilitation through early, continuous, and intense judicially supervised treatment, mandatory periodic drug testing, community supervision, and use of appropriate sanctions and other rehabilitation services."

History of Drug Courts

The first drug court in the United States was established in Miami-Dade County Florida in 1989 in response to increased drug-related cases and the impact that illegal drugs were having on the area (Goldkamp & Weiland, 1993). The drug-violence link was particularly relevant in the area at the time and criminal justice agencies were dealing with overcrowding in prisons and jails and high caseloads on parole. The original goal of this drug court system was to integrate drug treatment with structured rules, sanctions, and supervision from the court (King & Pasquarella, 2009). A drug court with this type of model was unique at the time since utilizing treatment for drug offenses was not standard or even favored in the court context. Most notably, the central judicial role and the courtroom-based team approach in the Miami Drug Court Model set it apart from previous court methods involving drug offenders. Throughout the 1990's, hundreds of drug courts were formed across the country and as of 2012, there were more than 2,700 drug courts operating in the United States (Huddleston & Marlowe, 2011; NADCP, 2013).

Theoretical Foundations

There are two different theoretical foundations for drug courts. Therapeutic jurisprudence is one foundation which can be applied to the drug court setting. In this model, legal rules and procedures are used to improve the psychological and social outcomes of drug offenders (Wexler & Winick, 1991). From this perspective, the law is viewed as a therapeutic agent and the key idea is to examine how laws and legal processes affect those participating in drug courts. This type of intervention has been as successful as treatment programs which are voluntary.

Another foundation for drug courts is deterrence theory. Potential offenders calculate the costs of offending relative to the anticipated gains before making the decision to offend (Jacobs, 2010). Deterrability is the willingness of an offender to engage in this calculation. Subsequently, offenders vary in their degree of willingness to consider the costs and gains from offending. In deterrence theory, punishment for an offender's infraction is expected to reduce the likelihood that the behavior will be repeated (Roman, Rossman, & Rempel, 2011). In an effort to deter re-offending, punishments typically become increasingly severe as infractions continue. The offender's perception of the certainty, severity, and swiftness of sanctions has been shown to be important in deterrence theory (Andenaes, 1974; Gibs, 1975). This perception then influences the offender's behavior, such that if an offender perceives the sanctions to be very severe, they report being less likely to engage in law-breaking behaviors (Nagin & Paternoster, 1994).

Although deterrence theory sounds promising in the context of drug courts, there is evidence outside of that area which demonstrates that deterrence methods have only a short term impact or even fail altogether to reduce undesirable behaviors (Bazemore, Stinchcomb, & Leip, 2004; Cohen, Gorr, & Singh, 2003; National Research Council, 2012). These recent studies of juvenile truancy, police raids, and the death penalty show little support for the success of

deterrence methods. A statistical method called meta-analysis allows researchers to analyze the results of several studies at once and identify patterns in the data to produce general conclusions about the topic. A meta-analysis on the predictors and theories of crime showed weak empirical support for deterrence theory across 214 studies (Pratt & Cullen, 2005).

Perhaps a better approach for applying deterrence theory to drug courts is combining deterrence-based approaches with positive rewards for good conduct, which is based on social learning theory (Roman et al., 2011). This theory suggests that publicly rewarding pro-social behaviors (behavior intended to benefit others) can reinforce these positive behaviors in larger group settings. More positive rewards should then outweigh the potential costs as offenders decide whether to re-offend. Deterrence theory is also more useful when considering offenders' risk sensitivity (Jacobs, 2010). Risk sensitivity is a situated concern for arrest, or detection and identification. Just as some offenders are more willing to consider the costs and gains of offending, they also have varying levels of concern based on particular situations.

Procedural Justice can also be used to explain the relationship between individuals and the criminal justice system in the context of drug courts. Research supporting this theory suggests that individuals are as concerned about fair procedures and appropriate treatment from legal authorities as they are about the actual outcomes of those interactions (Roman et al., 2011). Most importantly, offenders' perceptions of legal fairness can influence the likelihood that they will reoffend. For example, participants in drug courts attend more judicial hearings than those not in drug courts and subsequently, these additional judicial hearings increased drug court participants' perceptions of procedural justice (Gottfredson, Kearley, Najaka, & Rocha, 2007). These perceptions of procedural justice were related to a reduction in the variety of drugs used and the variety of crimes committed.

Assessing the Effectiveness of Drug Courts

One way to measure the effectiveness of drug courts is to assess recidivism rates and drug use following participation in drug court programs. Evaluations of many drug courts across several cities and states provide the most compelling evidence that drug court participation does indeed reduce recidivism and drug use. One meta-analysis examined 154 evaluations of various types of drug courts, including 92 adult drug courts, 34 juvenile drug courts, and 28 DWI courts (Mitchell, Wilson, Eggers, & MacKenzie, 2012). For the adult drug courts and DWI courts, the recidivism rate was significantly lower for drug court participants (37.6%) than the comparison group (50%). The difference was not nearly as dramatic for juvenile drug courts with program participants having a recidivism rate of 42.2% in comparison to 50% for the control group, but this difference was still statistically significant. In terms of drug use (self-report and urinalysis), results indicated that drug court participants were less likely to use drugs than the comparison group, but with data from only nine studies, this finding should be interpreted with caution.

The Urban Institute and RTI International recently concluded a five-year study that analyzed 23 drug courts across eight states. The Multisite Adult Drug Court Evaluation (MADCE) attempted to address many of the shortcomings of previous evaluations and measured additional variables such as socioeconomic outcomes, family functioning, and mental health (Rossman, Roman, Zweig, Rempel, & Lindquist, 2011). Multi-site evaluations, such as this one, are quite valuable as the results can be more easily generalized than studies which only examine one drug court.

This study utilized self-report surveys as well as official administrative measures of criminal activity and drug use (Rossman et al., 2011). When considering recidivism, drug court participants were significantly less likely than comparison offenders to report engaging in

criminal activity (40% versus 53%) and for those who had engaged in criminal activity, drug court participants reported committing significantly fewer criminal acts (43.0 versus 88.2). Official re-arrest and reincarceration data did not indicate a significant difference in reoffending between groups, however, drug court participants spent significantly fewer days incarcerated (32.1 versus 59.4).

In terms of drug use, researchers found that 56% of drug court participants reported using drugs, compared to 76% of comparison group members (Rossman et al., 2011). Drug court participants were also less likely to report using serious drugs than comparison offenders (41% versus 58%). Oral swab tests showed the same trend with only 29% of drug court participants testing positive for drugs versus 46% in the comparison group.

In addition to reduced recidivism and drug use rates, drug court participants in the MADCE study also had psychosocial benefits. For example, drug court participants were significantly less likely to report needing employment, education, and financial services than the comparison offenders at 18 months (Rossman & Zweig, 2012). Specifically, drug court participants were more likely to be enrolled in school after 6 months of participation and they reported significantly less family conflict at 18 months than comparison offenders.

Another unique feature of this multi-site adult drug court evaluation was the analyses regarding how drug courts impact different types of offenders based on demographic characteristics (Rossman et al., 2011). Generally speaking, nearly all types of offenders, regardless of demographic characteristics benefitted equally from drug court participation. However, participants who suffered from mental illnesses such as narcissism and depression showed a smaller reduction in drug use and crime than healthy participants. When comparing violent versus non-violent offenders who were enrolled in drug court, results indicated that

offenders with violent histories reduced their drug use just as much as non-violent offenders (Rossman & Zweig, 2012). Additionally, violent offenders had greater reductions in criminal activity compared to non-violent offenders.

Another recent review of drug court evaluations was conducted by the U.S. Government Accountability Office and it analyzed 27 of the most methodologically rigorous evaluations (GAO, 2005). Ten out of 13 drug court programs showed significant reductions in overall rearrest rates for drug court participants, such that the rates for these individuals were between 10 and 30 percentage points below the rearrest rates for the comparison group. In terms of drug use, the majority of programs that reported drug test results showed reductions in drug use from program participants. However, most self-report data showed no significant reductions in drug use when comparing the two groups.

An evaluation of the randomized trial of the Baltimore City Drug Treatment Court showed mixed results in terms of rearrest rates and drug use over a long-term follow-up. At a three-year follow up, those involved in the drug court program had a rearrest rate of 78.4%, while the rearrest rate for control subjects was 87.5% (Gottfredson, Najaka, Kearley, & Rocha, 2006). This 10 percentage point difference approached statistical significance. Long term outcomes were not nearly as clear, as evidenced by a 10 year follow up of this drug court. After year 6, there was no significant difference in annual recidivism rates between the two groups (Mackin et al., 2009). Results on drug use were more encouraging. Drug court participants scored significantly lower on an alcohol addiction severity scale than a comparison group after three years and they also scored marginally lower on measures of drug addiction severity and reported fewer days of drug use within the previous year (Gottfredson, Kearley, Najaka, & Rocha, 2005).

During 10 years of data collection, one evaluation tracked more than 6,500 individuals who participated in a drug court program in Portland, Oregon (Finigan, Carey, & Cox, 2007). After five years, there was evidence of a 30% reduction in re-arrests. Drug court participants had an average number of 4.2 rearrests during those five years while the comparison group was rearrested 5.9 times on average. Most notably, there was significantly reduced drug-related rearrests for drug court participants up to 14 years after drug court entry. This finding demonstrates that drug courts have the potential to make long-lasting impacts on drug offenders' behavior.

Six New York State drug courts were evaluated and the results indicated an average recidivism reduction of 29% three years after the initial arrest relative to the comparison group level (Rempel et al., 2003). Other studies in California, Indiana, and Washington found similar results in the majority of each state's sites (Aos, Phipps, Barnoski, & Lieb, 2001; Carey, Crumpton, Finigan, & Waller, 2005; Wiest et al., 2007).

Returning to the first drug court established in the United States, drug court participants in the original Miami County Drug Court had significantly lower recidivism rates than non-drug court defendants (Goldkamp & Weiland, 1993). For defendants who were rearrested, those who were participating in the drug court had much longer times to their first rearrest than non-drug court defendants.

Although most evaluations of drug court programs have shown positive effects with reducing recidivism, a few high quality experimental studies have shown no differences in recidivism between drug court participants and comparison groups (Deschenes, Turner, & Greenwood, 1995; Harrell, Cavanagh, & Roman, 1998). Higher quality studies, typically those which employ random assignment of subjects, tend to show weaker treatment effects due to the

design of the studies (Weisburd, Lum, & Petrosino, 2001). However, these types of research designs have higher internal validity, providing evidence that the treatment or intervention affected the outcomes independently of other factors. One evaluation of a DUI court indicated that there were no reductions in either self-reported or official records of drinking and driving. Also, the groups did not significantly differ on self-reported drinking behaviors or jail time (MacDonald, Morral, Raymond, & Eibner, 2007).

Juvenile Drug Courts

A recent large scale study of juvenile drug offenders in Utah evaluated four juvenile drug courts and found that those enrolled in the drug court had significantly lower recidivism rates than a comparison sample of juvenile drug probationers (Hickert, Becker, & Prospero, 2010). At 30 months post-entry, juvenile drug court participants had a recidivism rate of 34% compared to the probation group which had a recidivism rate of 48%. For drug court participants who did reoffend, the amount of time before their first new arrest was significantly shorter compared to the probation group by approximately one year. In another study of juvenile drug courts, drug court participants were significantly less likely to be arrested for a new offense at 28 months after entry compared to juvenile probationers; 56% vs. 75% (Shaffer, Listwan, Latessa, & Lowenkamp, 2008).

Cost-Benefit Analyses

The cost of implementing drug court programs is one issue that remains controversial in the field. In the long-term evaluation of the Portland drug court, investment costs in the drug court program were $1392 per participant less than the investment costs of typical case processing (Finigan et al., 2007). Also, due to the savings associated with recidivism, the Portland area saw a $79 million benefit as a result of the drug court system. From the seven drug

court programs with cost and benefit data in the GAO review, all seven produced positive net benefits. These benefits were primarily in the form of reduced recidivism which lowered judicial system costs and prevented costs to potential victims (GAO, 2005). There was a range of $1,000-$15,000 in savings per participant across the seven programs. Other evidence of support for cost savings comes from evaluations of 11 drug courts in Oregon, Washington, Kentucky, and Missouri (Belenko, Patapis, & French, 2005). Savings in these courts ranged from $3500 to $6800 per participant.

Cost-related analyses from the MADCE study revealed that across these sites, drug courts invest more money than comparison sites in case-processing due to additional expenses like more drug tests, judicial hearings, and substance abuse treatment (Rossman et al., 2011). Despite these extra costs up-front, drug courts saved money in the long run due to their impact on recidivism. Money was saved through fewer crimes, re-arrests, and days spent incarcerated. However, since some crimes have only a small cost to the community, more money could be saved if the most serious offenders who are committing severe crimes enroll in drug court programs.

Additional Factors Influencing Drug Court Outcomes

The MADCE study also examined which factors are the strongest contributors to the drug courts' impact on the various outcomes previously mentioned (Rossman et al., 2011). The greatest contributing factor identified in this study was the role of the judge. Drug court participants reported that the judge treated them more fairly and with greater respect than the comparison group. Drug court participants also had more opportunities to express their own thoughts and opinions with the judge in the court setting. Judges were rated by the researchers on

their demeanor and the courts that had judges with more positive demeanors produced better outcomes than other drug courts.

Certain attitudes from the offender are also relevant in influencing drug court outcomes (Rossman et al., 2011). Although previous research suggested that offenders' perceptions of the severity and certainty of the sanctions would influence their outcomes, this was not the case in the MADCE study for intermediate sanctions. However, drug court participants who perceived the consequences of failing the drug court program as more undesirable were less likely to re-offend and showed less substance use at 18 months than comparison groups. The authors also concluded that offenders' motivation to change did not accurately predict success in the drug court program.

Recommendations for Successful Drug Courts

The MADCE study addressed the court policies and practices that are most critical to reducing crime and substance use. The most successful drug court participants were those who received higher levels of judicial supervision, had more frequent drug tests, and attended drug treatment for a longer amount of time than the comparison groups (Rossman et al., 2011). For example, to increase the success of the role of the judge, drug court judges should be selected carefully, as judges who are the most qualified and interested in running a successful drug court will most likely have a more positive demeanor and ultimately better outcomes. Providing additional training for judges can also improve their communications with drug court participants and guide them towards developing an effective demeanor. Drug court participants' satisfaction with the judge should be monitored periodically in order to provide useful feedback to the judge.

Other recommendations involve broadening the eligibility requirements so that violent offenders with drug abuse issues have the opportunity to participate in drug court programs

(Rossman et al., 2011). Although the original definition of drug courts only mentions that non-violent offenders should be eligible, this study clearly shows that violent offenders also benefit from enrolling in the drug court program. Another way to improve the success of drug courts is to require frequent drug testing that takes place more than once a week during the early stages of the program. If drug testing occurs only once or twice a month, some offenders could use drugs which are only detectable in the body for a few days and not be caught (Marlowe, 2010).

Important Recommendations for Successful Drug Courts
1. Provide high levels of judicial supervision and monitor participants' satisfaction with the judge.
2. Administer drug tests frequently to measure compliance.
3. Extend the amount of time participants spend in drug treatment.
4. Broaden eligibility requirements so that violent offenders can also benefit from drug court participation.

Many of the recommendations and findings from the MADCE study correspond with the National Association of Drug Court Professional's 10 key components for successful drug courts. NADCP provides performance benchmarks used to advise new drug court programs on best practices based on extensive research. One key component states that eligible drug court participants need to be identified as early as possible and placed into the drug court program quickly (NADCP, 1997). Entering the program right away helps to integrate drug and alcohol treatment with case processing and it also creates an association between the offender's behavior and consequences. Determining eligibility should be based on previously established criteria and

these criteria should be followed consistently. This process ensures that the correct types of offenders enter the drug court program.

Once drug offenders are enrolled in the drug court program, treatment services should be integrated with case processing (NADCP, 1997). If all parties involved such as the judge, prosecutor, defense counsel, probation authorities, and treatment professionals communicate effectively, drug court participants will have a more successful and smoother drug court experience. Depending on the different phases of treatment, some criminal justice roles may be more involved than others. Also relevant to integration and effective communication is the relationship between the prosecutor and the defense counsel. Despite the fact that these parties typically maintain an adversarial relationship, it is important for them to work together to ensure the best outcome for the drug court participants, while still ensuring the safety of the public.

Another key component states that effective drug courts need to provide a continuum of drug, alcohol, and other treatment and rehabilitation services (NADCP, 1997). Since drug offenders frequently face other problems such as mental health issues, physical illnesses, homelessness, abuse, and family troubles, treatment for these problems should be made available to drug offenders through the drug court context. As part of this continuum of treatment, ongoing assessments of the participants should occur so that treatment may be altered as necessary.

Frequent drug testing is essential to a drug court program, as it helps determine whether treatment is effective (NADCP, 1997). This was clearly relevant in the MADCE study as drug court participants who had more frequent drug tests were ultimately more successful. As part of the drug testing process, small rewards for good behavior such as continued compliance and testing clean should be implemented in a coordinated response between the treatment providers and drug court personnel. In addition to testing for drugs, these drug tests can also test for

alcohol use, which is often a contributing factor to drug relapse. With immediate feedback from a drug test, participants are well aware of their progress in the program and when a participant produces a dirty sample, the appropriate sanctions can be applied shortly after the testing.

A coordinated strategy between treatment staff and drug court personnel should be put in place so that all parties involved can work together cooperatively to ensure the best results for the participants (NADCP, 1997). This means that drug court personnel need to understand the intricacies of drug addiction. For example, it may take many months before participants begin to consistently test clean. Although testing positive can be expected, there should be appropriate sanctions in place from the drug court staff so that noncompliance is addressed. Some examples of frequently used sanctions for noncompliance include warnings from the bench, more frequent drug tests, increased monitoring, and termination from the drug court program and a return to regular court processing. There should also be coordinated rewards for incremental successes along the way during treatment. These rewards can range from simple encouragement and praise from the judge to dismissal of criminal charges and eventual graduation from the program.

Also critical to drug offenders' success is continued interaction with the judge (NADCP, 1997). Frequent status hearings provide an opportunity for drug offenders to feel like they are important to the judge and that the judge cares about their progress. As the MADCE study demonstrated, the judge's demeanor is crucial to the success of the interactions with the drug court participants.

Once a drug court is established, it is critical to evaluate and monitor the effectiveness of the program (NADCP, 1997). Drug courts that are successful are able to provide detailed information about the positive outcomes and costs of their program to their sources of funding and other key stakeholders. Outcome evaluations should be conducted to measure whether the

drug court program is accomplishing its long term goals like reducing recidivism. On the other hand, process evaluations determine whether operational and administrative goals are being met, such as whether treatment services are being implemented appropriately.

Drug court staff members should undergo extensive training so that they are familiar with all aspects of the drug court (NADCP, 1997). Successful drug courts provide interdisciplinary trainings such that treatment professionals understand how the drug court works and judges and court staff similarly become knowledgeable about drug treatment. Observing another drug court in action is one way to educate new drug court staff.

One final key component is that drug courts should build relationships with public agencies and other community organizations to secure additional support and program effectiveness (NADCP, 1997). Since a drug court has its roots in the public criminal justice system, drug treatment facilities, and other private community organizations, there are many opportunities for partnership across the entire community. Forming these partnerships can help inform the community about how drug courts work and conversely, those enrolled in the drug court program can learn about what resources are available to them in the community.

10 Key Components for Successful Drug Courts (NADCP, 1997)
1. Drug courts integrate alcohol and other drug treatment services with justice system case processing.
2. Using a nonadversarial 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.
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 program effectiveness.

One model that can be used to implement effective interventions such as drug courts is the Risk-Need-Responsivity (RNR) model (Andrews & Bonta, 2006; Andrews, Bonta, & Hoge, 1990). The risk principle states that an intervention (in this case, a drug court) should be targeted to medium and high-risk offenders. Since low-risk offenders are less likely to reoffend, it is important to assess offenders for the likelihood that they will commit future crimes. Prediction instruments serve as a useful tool to identify individuals' risk level. The "need" principle refers to the risk factors that are related to criminal behavior and involvement in crime. Dynamic risk factors (those that can be changed) are more critical to address than static risk factors which can't

be changed such as gender or age. Four major dynamic risk factors include: antisocial cognitions, antisocial associates, an antisocial personality pattern (impulsivity, aggressiveness) and a history of antisocial behavior (Andrews & Bonta, 2006). Very few studies have looked at the relationship between these risk factors and drug court outcomes; however, there is some promising evidence that identifying these risk factors is useful.

In one study, an antisocial personality disorder interview was conducted to determine whether offenders met diagnostic criteria for the disorder (Marlowe, Festinger, & Lee, 2004). When also considering the frequency of hearings with a judge, results indicated that participants who met the diagnostic criteria for antisocial personality disorder achieved more drug abstinence when they were assigned to bi-weekly hearings. This finding shows that a successful drug court identified offenders' risk factors and designed a beneficial intervention for those who qualified as being high-risk. According to Roman et al.'s (2011) review of the literature, there have not been any studies to date that replicate these findings regarding for whom drug courts are more or less effective.

The responsivity principle in the RNR model addresses the need for drug court programs to be administered in a way that is appropriate for the different learning styles and abilities of various offenders (Andrews & Bonta, 2006). For example, any information about the drug court program that is provided to the offenders should be at a level that is matched to the offender's knowledge and/or ability. It's also important to consider factors such as the offender's personality. Someone who is very introverted may be uncomfortable speaking in front of the court and the judge. Overall, considering the three principles in the RNR model in conjunction with the 10 key components when implementing a drug court program has the potential to lead to a successful drug court.

In sum, drug courts are designed to reduce crime and drug use and provide a structured mechanism for drug offenders to improve their lives by receiving treatment for drug abuse. There is considerable evidence that those who participate in drug courts are less likely to reoffend and be rearrested than comparison offenders. Also, previous research has found that implementing drug courts is a cost-effective way to benefit communities. The frequency of interactions with the judge and the judge's demeanor with drug court participants are crucial aspects of successful drug courts. Participants show the best outcomes when they meet with the judge often and the judge expresses positive concern for their case. Many other factors such as frequent drug tests, a continuum of treatment services, and effective communication among all parties involved also contribute to successful drug courts. As new drug courts are formed and already-established drug courts are improved, future research will provide new information about drug court eligibility, long-term impacts, and cost effectiveness.

References

Andenaes, J. (1974). *Punishment and deterrence.* Ann Arbor: University of Michigan Press.

Andrews, D.A., & Bonta, J. (2006). *The psychology of criminal conduct*. Cincinnati, OH: Anderson.

Andrews, D.A., Bonta, J., & Hoge, R.D. (1990). Classification for effective rehabilitation: Rediscovering psychology. *Criminal Justice and Behavior, 17,* 19-52.

Aos, S., Phipps, P., Barnoski, R., & Lieb, R. (2001). *The comparative costs and benefits of programs to reduce crime, Version 4.0.* Olympia, WA: Washington State Institute for Public Policy.

Bazemore, G., Stinchcomb, J. B., & Leip, L. A. (2004). Scared smart of bored straight: Testing deterrence logic in an evaluation of police-led truancy intervention. *Justice Quarterly, 21*(2), 269-299.

Belenko, S., Patapis, N., & French, M. T. (2005). *Economic benefits of drug treatment: A critical review of the evidence for policy makers.* Philadelphia, PA: Treatment Research Institute.

Bureau of Justice Assistance (2005). Retrieved from: http://www.nadcp.org/learn/what-are-drug-courts/models.

Carey, S. M., Crumpton, D., Finigan, M. W., & Waller, M. S. (2005). *California drug courts: A methodology for determining costs and benefits. Phase II: Testing the methodology, Final Report.* Portland, OR: NPC Research.

Cohen, J., Gorr, W., & Singh, P. (2003). Estimating intervention effects in varying risk settings: Do police raids reduce illegal drug dealing at nuisance bars? *Criminology, 41*(2), 257-292.

Deschenes, E. P., Turner, S.F., & Greenwood, P. W. (1995). Drug court or probation? An experimental evaluation of Maricopa County's drug court. *Justice System Journal, 18*, 55-73.

Finigan, M. W., Carey, S. M., & Cox, A. (2007). *Impact of a mature drug court over 10 years of operation: Recidivism and costs*. Portland, OR: NPC Research.

Gibs, J. P. (1975). *Crime, punishment, and deterrence.* Amsterdam, The Netherlands: Elsevier Scientific Publishing Company.

Goldkamp, J. S. & Weiland, D. (1993). *Assessing the impact of Dade county's felony drug court: Executive summary.* Philadelphia, PA: Crime and Justice Research Institute.

Gottfredson, D. C., Kearley, B. W., Najaka, S. S., & Rocha, C. M. (2005). The Baltimore city drug treatment court: Three-year self-report outcome study. *Evaluation Review, 29*(1), 42-64.

Gottfredson, D. C., Kearley, B. W., Najaka, S. S., & Rocha, C. M. (2007). How drug treatment courts work: An analysis of mediators. *Journal of Research in Crime and Delinquency, 44*(1), 3-35.

Gottfredson, D. C., Najaka, S. S., Kearley, B. W., & Rocha, C. M. (2006). Long-term effects of participation in the Baltimore city drug treatment court: Results from an experimental study. *Journal of Experimental Criminology, 2,* 67-98.

Government Accountability Office (GAO) (2005). *Adult drug courts: Evidence indicates recidivism reductions and mixed results for other outcomes*. Washington, DC: U.S. Government Accountability Office.

Harrell, A. V., Cavanagh, S., & Roman, J. (1998). *Final report: Findings from the evaluation of the D. C. Superior Court Drug Intervention Program.* Washington, DC: The Urban Institute.

Hickert, A. O., Becker, E. E., & Prospero, M. (2010). *Evaluation of Utah Juvenile Drug Courts: Final report*. Utah Criminal Justice Center, University of Utah.

Huddleston, W., & Marlowe, D.B. (2011). *Painting the Current Picture: A national report on drug courts and other problem-solving court programs in the United States*. Washington, DC: National Drug Court Institute.

Jacobs, B. A. (2010). Deterrence and deterrability. *Criminology, 48*(2), 417-441.

King, R. S. & Pasquarella, J. (2009). *Drug courts: A review of the evidence.* Washington, DC: The Sentencing Project: Research and Advocacy for Reform.

MacDonald, J. M., Morral, A. R., Raymond, B., & Eibner, C. (2007). The efficacy of the Rio Hondo DUI court: A 2-year field experiment. *Evaluation Review, 31*(4), 4-23.

Mackin, J. R., Lucas, L. M., Lambarth, C. H., Waller, M. S., Weller, J. M., Aborn, J. A., … Finigan, M. W. (2009). *Baltimore city district court adult drug treatment court 10-year outcome and cost evaluation.* Portland, OR: NPC Research.

Marlowe, D. B. (2010). *Research update on adult drug courts.* Alexandria, VA: National Association of Drug Court Professionals.

Marlowe, D. B., Festinger, D. S., & Lee, P. A. (2004). The judge is a key component of drug court. *Drug Court Review, IV,* 2.

Mitchell, O., Wilson, D. B., Eggers, A., & MacKenzie, D. L. (2012). Drug courts' effects on criminal offending for juveniles and adults. *Campbell Systematic Reviews, 2012,* 4.

Nagin, D. & Paternoster, R. (1994). Personal capital and social control: The deterrence implications of individual differences in criminal offending. *Criminology, 32,* 581-606.

National Association of Drug Court Professionals (1997). *Defining drug courts: The key components.* Washington, DC: Bureau of Justice Assistance.

National Association of Drug Court Professionals (2013). *Types of drug courts.* http://www.nadcp.org/learn/what-are-drug-courts/types-drug-courts

National Research Council (2012). *Deterrence and the Death Penalty.* D.S. Nagin & J.V. Pepper (eds.). National Academy Press: Washington, DC.

Pratt, T. C., & Cullen, F. T. (2005). Assessing macro-level predictors and theories of crime: A meta-analysis. *Crime and Justice: A Review of Research, 32,* 373-450.

Rempel, M., Fox-Kralstein, D., Cissner, A., Cohen, R., Labriola, M., Farole, D., … Magnani, M. (2003). *The New York state adult drug court evaluation: Policies, participants, and impacts.* Portland, OR: NPC Research.

Roman, J. K., Rossman, S. B., & Rempel, M. (2011). Chapter 2. Review of the literature. *The Multi-Site Adult Drug Court Evaluation: Study Overview and Design.* Volume 1. pp. 23-52.

Rossman, S. B., Roman, J. K., Zweig, J. M., Rempel, M., & Lindquist, C. H. (2011). *The multi-site adult drug court evaluation: Executive summary.* Washington, DC: Urban Institute Justice Policy Center.

Rossman, S. B., & Zweig, J. M. (2012). *What have we learned from the multi-site adult drug court evaluation? Implications for practice and policy.* Alexandria, VA: National Association of Drug Court Professionals.

Shaffer, D. K., Listwan, S. J., Latessa, E. J. & Lowenkamp, C. T. (2008). Examining the differential impact of Drug Court services by court type: Findings from Ohio. *Drug Court Review, 6,* 33-66.

Weisburd, D., Lum, C.M., & Petrosino, A. (2001). Does research design affect study outcomes in criminal justice? *Annals of the American Academy of Political and Social Sciences*, *578,* 50-70.

Wexler, D. B. & Winick, B. J. (1991). Therapeutic jurisprudence as a new approach to mental health law policy analysis and research. *University of Miami Law Review, 45.*

Wiest, K. L., Carey, S. M., Martin, S. J., Waller, M. S., Cox, A. A., & Linhares, R. (2007). *Indiana drug courts: A summary of evaluation findings in five adult programs.* Portland, OR: NPC Research.

EVALUATION OF MIFFLIN COUNTY ADULT TREATMENT COURT
PENNSYLVANIA STATE UNIVERSITY
JUSTICE CENTER FOR RESEARCH

The following document summarizes the meeting on December 1, 2011 between Stacey Dorman of the Mifflin County Adult Treatment Court (MCATC), Jennifer Mastrofski, recently retired from the PSU Justice and Safety Institute, and Gary Zajac, Managing Director of the PSU Justice Center for Research, which is assuming responsibility for the evaluation of the MCATC. The meeting was held to transition this project from Mastrofski to Zajac, and to discuss the future direction of the evaluation. The overall evaluation plan has two primary elements – process evaluation, and outcome/cost evaluation.

Process Evaluation

The plan for the process evaluation is to administer the Correctional Program Checklist (CPC) on the MCATC. The CPC allows for a structured examination of program design and operational features. The CPC benchmarks a given program against the "principles of effective offender intervention", which are research-based principles that guide the design of effective offender programs. The CPC is an expert administered tool containing 77 items grouped into five domains: Program Leadership and Development; Staff Characteristics; Quality Assurance; Offender Assessment; and Treatment Characteristics. The CPC results in 83 possible points (several items are weighted). The total score places a program into one of four categories: Very Satisfactory; Satisfactory; Needs Improvement; Unsatisfactory. Based upon evaluations of upwards of 500 programs conducted by various researchers nationwide, most programs fall into the "Needs Improvement" range. A standard report is produced for each CPC evaluation, assessing the program's strengths and weaknesses and providing recommendations for program improvement. This report can benchmark the MCATC against correctional programs in general, but also against other similar programs. The CPC is an evidence-based tool. Each of the 77 items was selected based upon its correlation with program outcomes from several large studies involving tens of thousands of offenders conducted by the University of Cincinnati (which developed the CPC) over the past decade. Thus, the higher the score on the tool, the more likely a program is reducing recidivism and producing other desired outcomes. The CPC assessment process will formally measure the extent to which the MCATC is structured and delivered so as to maximize its chances of being successful. While the CPC is not an outcome evaluation, it does compare a given program to other programs that have been found to reduce recidivism, thus allowing for reasonable inferences about the likelihood that your program will also reduce recidivism.

The CPC evaluation process requires 1 to 5 days of on-site data collection to complete, depending on program size and complexity, and involves interviews with key program staff and selected participants, program observations, reviews of records and files and examination of program policies, logic models, manuals and other materials. Gary Zajac is an authorized user of the CPC, having been trained by the CPC developer. He has conducted numerous CPC assessments and previously oversaw a unit dedicated to doing the CPC. Based upon our discussion on December 1st, we would anticipate conducting the CPC in the summer or early fall of 2012, by which time the MCATC will have "settled in" sufficiently to allow for a fair process evaluation.

In addition to the CPC, the process evaluation of the MCATC will attend to other programmatic elements that are specific to the MCATC, such as the degree to which the MCATC is following the "10 Key Components of Drug Courts", as well as its own espoused logic model and program design. These process evaluation activities, combined with the CPC, will provide valuable information about the extent to which the MCATC is being implemented as designed, and the extent to which its program design and actual operation follows the principles of effective offender intervention.

Outcome and Cost Evaluation

The primary challenge to conducting a rigorous and scientifically valid outcome evaluation of the MCATC is the very small number of clients who have been admitted to the program to date, and who are projected to be admitted. Based upon discussions held during the December 1st meeting, the total expected enrollment over the life of the three year BJA grant is fewer than 50. One of the most critical prerequisites for the evaluation of any type of criminal justice treatment program is a large enough sample of clients to allow for detection of reasonable treatment effects. For example, the national drug court evaluation recently conducted by the Urban Institute had a sample of nearly 2,000 participants, which allowed them to detect reductions in re-arrest and self-reported crime of approximately 20%. Similarly, the recently begun national study of the HOPE probation program will enroll 1,600 probationers, with the goal of being able to detect an approximate 30% reduction in recidivism. Correctional outcome evaluations previously conducted by Gary Zajac have had at least several hundred clients in the sample, allowing for detection of likely effects. Thus, larger samples allow one to measure more finely the effects of a program. With a maximum potential sample from the MCATC of fewer than 50 clients, we would be able to detect only a massive treatment effect (e.g. recidivism reductions in the neighborhood of 75 – 100%), which is larger than is likely to result from any offender program and thus would be forced to conclude, perhaps erroneously, that the MCATC is ineffective. While your program may be effective, the small numbers of clients make it difficult to conclude with any degree of certainty that program effects exist, or if they do, whether they are statistically meaningful, or simply a product of chance.

Cost evaluation is closely tied to outcome evaluation. The aforementioned national drug court study conducted by the Urban Institute did find evidence of cost effectiveness for those drug courts, but only because recidivism reductions were documented. Indeed, the drug courts in that study were actually more expensive to operate than business as usual in those court systems, but the costs were offset by recidivism reductions. Without documentation of recidivism

reductions, the conclusion about the cost effectiveness of those programs would have run in the opposite direction.

Thus, given the low numbers of clients to be enrolled in the MCATC over the period of the BJA grant, there are few opportunities for meaningful outcome or cost evaluation. Instead, the CPC assessment discussed above will provide a proxy for outcome evaluation, resulting in an estimate of the likelihood that the MCATC can reduce recidivism. Second, we will also conduct a review of the drug court evaluation literature, with special attention to the new Urban Institute study, to derive additional lessons about successful drug courts against which to benchmark the MCATC. This review will also summarize what is known about the effects of drug courts nationwide, which will inform MCATC officials about what sorts of effects they might be able to expect from their court. Finally, in addition to the process evaluation, we will examine the data systems currently in place within the MCATC, as well as the potential for constructing a comparison group, in order to establish a basic plan for a future outcome evaluation of this program, assuming that adequate client numbers can be achieved.

Next Step

As the next step, we should plan to meet again in the first several months of 2012 to review the data currently being maintained as part of the MCATC. Program data systems are essential to any outcome evaluation. Based upon this review, recommendations can be generated about additional data elements that might be needed to support a future outcome evaluation, and the urgency of those elements.

Accordingly, Stacey, please let me know of dates that might be good for you (and any other relevant individuals from the MCATC) in the second half of February, and into March, and I will be back in touch to arrange a meeting.

Gary Zajac, Ph.D.
Managing Director, Justice Center for Research
Senior Research Associate
College of the Liberal Arts and University Outreach

The Pennsylvania State University
The 329 Building, Suite 222
University Park, PA 16802

Office: 814-867-3651
Fax: 814-863-3108

gxz3@psu.edu
http://www.justicecenter.psu.edu/

EVALUATION OF MIFFLIN COUNTY ADULT TREATMENT COURT
PENNSYLVANIA STATE UNIVERSITY
JUSTICE CENTER FOR RESEARCH

The following document summarizes the meeting on March 22, 2012 between Stacey Dorman of the Mifflin County Adult Treatment Court (MCATC), Gary Zajac, Managing Director of the PSU Justice Center for Research and Lindsay Kowalski, Research Associate with the Justice Center, which has assumed responsibility for the evaluation of the MCATC. The meeting was held primarily to review data elements available to the MCATC which would be needed for a future outcome evaluation of the program.

We reviewed the MCATC data systems with the goal of estimating whether it would support an outcome evaluation. The implications for process evaluation are less important, as process evaluation typically involves original data collection and relies less on existing data systems. But, this review of data systems can be thought of as part of process evaluation, in that it can contribute to the improvement of the program.

On the whole, we found that the data system accompanying the MCATC was well structured, capturing many data elements that would be essential (e.g. data of admission to program) or valuable (e.g. race) to an outcome evaluation. We offer the following suggestions for further improvement of this data system:

1. As far as possible, all data elements should be kept electronically, rather than on paper. During our meeting, it was noted that several data items might not be fully automated, such as information on treatment program participation, and reasons for the discharge of clients from the program. Given the relatively small size of the MCATC, an outcome evaluator could potentially work with paper records, but this will increase the cost of such an evaluation and increase the potential for error. Fully automated records will also facilitate the management of the program, apart from any evaluation needs.

2. On a related point, electronic records should also utilize standard categories and formats for all fields. Drop down boxes and other forced choice formats should be used wherever possible for key data elements, rather than allowing staff to write open narratives or other free-form responses. Open narratives can capture much interesting qualitative information, but they are time consuming and expensive to analyze. Free form responses (for example, allowing staff to enter a date as 1/12/12, as opposed to a recommended standard format such as 01/12/2012) creates many problems for data analysis.

3. Turning to specific data elements, it would be very helpful to have a quantitative risk assessment available for each client, and also for potential comparison group clients. The current tool – RANT – generates a risk category, but not a numerical risk score. While categorical level data *can* be used to match clients in treatment and comparison groups, numerical data is far superior as it allows a much closer and more accurate match. During the meeting, we discussed options for risk assessment, such as the Level of Service Inventory-Revised (currently used by the PA Board of Probation and Parole), and the Risk Screen Tool (RST, currently used by the PA Department of Corrections). Information on these tools was provided to Stacey. Adoption of one of these tools would provide valuable information for a future outcome evaluation, but also again for the management of the clients.

4. On a related point, the current substance abuse assessment tool – the PCPC – also yields a category, but not necessarily a numerical score. For the same reasons discussed in Point # 3, a numerical score would be very useful to an evaluator, and also would providing valuable information to program managers. During the meeting, we discussed options for additional substance abuse screening/assessment, such as the Texas Christian University Drug Screen II, which is in the public domain and is currently used by the PADOC and many other corrections agencies across the country. Subsequent to our meeting, we provided further information on this tool to Stacey, but here again the website for the TCU family of substance abuse assessment tools. The TCU tools are all free and were developed under federal auspices for criminal justice populations: http://www.ibr.tcu.edu/index.htm

5. For all treatment services received by MCATC clients, and also ideally for potential comparison group clients, it is important to have basic data, including treatment program name, date admitted to treatment program, date discharged, reason for discharge (completed, withdrawn, removed, other, etc.) and some measure of the total amount of treatment received in that program, such as number of sessions or hours of service (# of hours is ideal). For the MCATC, this information is most critical with reference to drug treatment services, but is also valuable to have for other program types that may be offered (e.g. job programs, education, etc.).

6. Finally, while most of the discussion above focuses on MCATC clients, it is also imperative to have data on other clients who are not part of the MCATC, but who might form a potential comparison group (e.g. probationers not part of MCATC). Most evaluators would want to have the following information on this population: client identifier (e.g. name, SID), DOB, risk score, substance abuse assessment score, current offense, current sentence, types and dosage (e.g. hours) of treatment services received.

Next Step

The next step is to plan for conducting the Correctional Program Checklist on the MCATC. During our first meeting on December 1, 2011, we discussed doing this sometime during the summer or fall. Stacey and I will follow-up on the scheduling of that. Also, we may

want to do a few more observations of the court. Finally, please let me know if you have any questions about the discussion of the data system above.

Gary Zajac, Ph.D.
Managing Director, Justice Center for Research
Senior Research Associate
College of the Liberal Arts and University Outreach

The Pennsylvania State University
The 329 Building, Suite 222
University Park, PA 16802

Office: 814-867-3651
Fax: 814-863-3108

gxz3@psu.edu
http://www.justicecenter.psu.edu/