

Evaluation of Maine's Statewide Adult Drug Treatment Court Program

Interim Report

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EXECUTIVE SUMMARY

The high correlation between crime and the abuse of drugs and alcohol is well documented. Individuals with substance abuse problems are significantly more likely to commit crimes, to commit a wider range of crimes and to be convicted of more violent and serious offenses. According to national figures, 80% of parolees, 55% of probationers and 80% of state and federal inmates were incarcerated for drug or alcohol related offenses. In Maine, more drug and alcohol related crimes were committed than all other offenses combined.

Drug courts were developed as a means to respond to problems posed by substance abusing offenders involved in the revolving door of the criminal justice system. As such, they represent a nexus between criminal justice and substance abuse treatment systems that is intended *to reduce prison populations by reducing crimes of drug involved offenders by changing their drug using habits*. The drug treatment court includes treatment, drug testing, supervision/oversight, and compliance management with the specialized feature of the presiding judge overseeing the progress of the addicted offender.

Maine is one of the pioneer states to have implemented a statewide drug court program for both adult and juvenile offenders. Maine's two statewide drug court systems continue to receive national attention. Not only was the program reviewed in the official journal of the field – The National Drug Court Institute Review but more recently has received two Federally funded enhancement grants to provide professional training for key actors involved in the program as well as to further develop the drug court's Management Information System.

Maine's Adult Drug Treatment Court was created by statute in August 2000. It is a court supervised, *post-plea* (but pre-final disposition) drug diversion program that requires weekly court appearances before the designated program judge. Eleven Superior Court and District Court Judges are assigned to six adult drug courts in York, Cumberland, Androscoggin, Oxford, Penobscot and Washington counties serving over two thirds of Maine's population.

Table 1: Overall Productivity of Maine's Adult Treatment Drug Court

	Total Served as of November 2001	Total Served December 2001 and November 2002	Percent Change	Total Served December 2002 and November 2003	Percent Change	Total Served Over 32 Month Period
Number of Referrals	211	329	+56%	260	-21%	800
Not Admitted	101	222	+120%	132	-41%	455
Admitted	110	107	+3%	128	+20%	345
% Admitted	52%	33%	-37%	49%	+48%	43%
Ratio of Admission: Referrals	1:2	1:3		1:2		1:2.3
Active	84	113	+35%	129	+14%	129
Graduated	0	34		73	+115%	107
Expelled	30	31	+3%	78	+152%	109

As of November 30, 2003, a total of 345 offenders have been admitted into these drug courts. To date, a total of 216 participants have been discharged of whom 107 (50%) have successfully completed the program and graduated. The overall graduation rate (50%) is higher than most drug court programs nationally and exceeds those reported in a recent evaluation of four well established mentor drug courts.

There are currently 129 active participants in Maine's Adult Treatment Drug Court Program. This represents a 20% increase in the number of new admissions over last year. In addition, the program has successfully addressed the following issues: the increase in the frequency of drug testing has been sustained; a new admissions protocol has been piloted; and sanctioning practices have been improved.

There is growing evidence in the research literature that drug courts are reducing jail and prison populations by reducing the high rates of recidivism of drug involved offenders, generating significant savings in incarceration related expenditures. For example, graduates of Maine's drug court program faced a total term of imprisonment of 2,082 months combined averaging 20 months ranging from 0 to 96 months. These graduates also reported a substantial amount of prior criminal activity having illegally obtained a total of \$1,926,000 each year in order to support their habit.

Key Findings

- Maine's state-wide graduation rate (50%) is higher than most drug court programs nationally.
- There has been a 20% increase in the number of new admissions over last year.
- Participants who are more frequently tested for drug use have lower rates of positive drug use and have greater odds of graduating from the drug court program.
- Participants who received a jail sanction during their participation in the program are more than 7 times less likely to graduate than those who did not receive a jail sanction.
- The rate of positive drug tests among participants in Maine (8%) is significantly lower than rates of positive drug tests across drug court programs nationally (17%) as well as for adult offenders in other non-institutionalized programs (35%).
- Chronic drug use among drug court participants not only leads to more lengthy jail sanctions but an increased likelihood of program expulsion as well.
- The length of time between referral and final admission has increased in the past year from 71 days in 2002 to 78 days in 2003.
- More than half of all drug court participants (53%) received two or more unscheduled home visits by law enforcement officials in the past year.
- Overall, 61% of participants have accessed at least one type of ancillary service and 48% have accessed multiple types of ancillary services. These include batterer's intervention programs, crisis intervention, mental health, residential, health care, employment, educational, and transportation services.

Conclusions and Recommendations

The State of Maine is unique in having successfully implemented a statewide adult drug treatment court system. Examining data collected from each of the six drug courts in operation, this third year evaluation report highlights some important indicators of the success of Maine's statewide drug court operations and provides several recommendations to be considered to further improve the program:

- The current average length of time from initial referral to final admission to the drug court (78 days) greatly exceeds the amount of time recommended by existing policies and does not comport with the notion of early identification and prompt placement of participants in the program. There are two ways that these delays might be reduced:

- The successful pilot project at one site (a revised screening protocol administered in the county jail) has significantly reduced the length of time from initial referral to final admission. The research team recommends that this pilot project be expanded to other sites as well.
 - Since the lengthiest part in the enrollment process occurs between completion of the Comprehensive Assessment Interview (CAI) and final admission to the drug court program, we believe this is a key area where reductions in the length of the admissions process can be realized. Hence, local drug court team members ought to continue to identify ways to shorten this part of the admissions process or the statewide steering committee should lengthen the recommended time frame for processing offenders.
- Maine drug courts have also improved the number of admissions. Overall, drug courts have realized a 20% increase in admissions from the previous year. Nevertheless, key actors who were surveyed believe that the program is still not operating at maximum capacity and that enrollments could be increased by an additional 15% without creating an additional strain on existing resources.
- Maintain the current level of drug testing so as to meet the standards that key actors in the program believe are necessary.
- Given significant cross-site variation in the frequency of home visits, the statewide steering committee should decide whether there ought to be a minimum requirements in the frequency of home visits.
- Experts in the field of behavioral management believe clients should be rewarded more frequently than they are sanctioned. Our findings indicate that in 2003, there were as many rewards (n=402) as sanctions (n=408) given to participants. Drug court teams might consider increasing the overall frequency of rewards given as well as expand the various types of rewards that are being offered.
- Continued provision of nationally recognized training to Maine's drug court practitioners is essential to ensure the success of the program.
- Since AA and NA are the primary aftercare resources of this program, it would appear that enforced attendance while participating in drug court may lead to voluntary attendance after drug court. Therefore, the State-wide Steering Committee should consider developing a consistent and enforceable attendance protocol.

Table of Contents

Section 1: Introduction.....	1
Section 2: Productivity of Maine's Adult Drug Treatment Court Program.....	4
Section 3: Drug Testing and Home Visits	9
Section 4: Role of Sanctions and Incentives.....	12
Section 5: Substance Abuse Treatment and Ancillary Services	16
Section 6: Graduation and Termination Outcomes.....	22
Section 7: Conclusions and Recommendations	24

Table of Figures

Table 1: Overall Productivity of Maine's Adult Treatment Drug Court	4
Table 2: Comparison of the Productivity of Maine's Adult Drug Treatment Court	5
Figure 1. Flow Chart of Maine Adult Drug Court Program from Referral to Discharge	6
Table 3: Time Between Initial Referral and Admission (days)	7
Table 4: Lengths of Time in the Admissions Process (days).....	8
Table 5: Cross-site Comparisons of Drug Testing Practices	9
Table 6: Cross-site Comparisons of Drug Testing Results.....	10
Table 7: Cross-site Comparisons of the Frequency of Home Visits.....	11
Table 8: Cross-site Comparisons of the Types of Rewards and Sanctions.....	13
Table 9: Cross-site Comparisons of Participants Sanctioned for Drug Tests	14
Table 10: Temporal Order of Sanctions for Positive Drug Tests	14
Table 11: Temporal Ordering of the Severity of Jail Sanctions for Positive Drug Tests	15
Table 12: Key Actor Responses to Hypothetical Scenarios by Site	15
Table 13: Key Actor Perceptions - DSAT Screening and Assessment	17
Table 14: Key Actor Perceptions - DSAT Design and Implementation.....	18
Table 15: Cross-site Comparisons of DSAT Phase Completion Rates for Program Graduates...	19
Table 16: Overall Distribution of the Types of Ancillary Services	20
Figure 2: Maine Adult Drug Treatment Court Path Model	23

Section 1

Introduction

According to national figures, 80% of parolees, 55% of probationers and 80% of state and federal inmates were incarcerated for drug or alcohol related offenses, committed the offense to support a drug habit, had a history of regular drug use or had a history of prior alcohol or drug treatment (Belenko, 1998). In Maine, more drug and alcohol related crimes are committed than all other offenses combined¹. Indeed, these statistics support one of the more firmly established relationships in the criminological literature - the high correlation between crime and the abuse of drugs and alcohol. As Goode points out, (1999: 149).

Individuals who drink alcohol and/or use recreational drugs are significantly more likely to commit crimes, to commit a wider range of crimes, to commit more violent crimes and to commit more serious crimes than is true of individuals who neither drink nor use illegal drugs. Moreover, the more one drinks or uses drugs, the greater this likelihood is.

Nationally, it is estimated that 45 percent of the offenders in the criminal justice system are in need of drug treatment services (Farabee et. al., 1999). For over thirty years, the criminal justice and drug treatment system have responded to the substance abuse of offenders by offering and/or requiring participation in programs designed to address the problem of addiction. Some jurisdictions have created case management services to advocate for services for offenders (e.g. Treatment Alternatives to Street Crime), specialized in-prison or in-jail treatment programs, specialized probation or day reporting programs, and drug diversion programs. Studies on the efficacy of such innovations have mixed results, with some programs reporting reductions in recidivism and others not (Sherman, et al, 1997; Anglin, et al, 1996; MacKenzie, 2000; Taxman, 1999). Overall, few systemic effects have been realized and programs consistently struggle with ensuring the stability of treatment services in an environment of decreasing resources.

Drug treatment courts emerged as a new innovation in 1989 to respond to the complex problems posed by substance abusing offenders involved in the revolving door of the criminal justice system. The drug court model is believed to be one of the more promising approaches to integrate substance abuse treatment into the normal, daily operations of the court and supervision systems. Supervision, enforcement, treatment and education are the cornerstones of the drug court program. The drug treatment court includes treatment, drug testing, supervision and compliance management with the specialized feature of the presiding judge overseeing the progress of the addicted offender. In many ways, the concept of the drug treatment court reshapes criminal justice policy by forging the interdisciplinary team to address the addiction and criminal behavior of offenders through integrated programming and by requiring clients to use these services. The goal of the drug court program is to reduce prison populations by reducing the recidivism of drug involved offenders.

Under the traditional criminal justice system, little tolerance exists for the reoccurring nature of addictive behavior. Under the drug court model, frequent status hearings provide positive reinforcement for the struggling addict. The drug court process recognizes the relapsing nature of addiction and provides the flexibility to respond accordingly. Therein lies the major difference between the drug court and the traditional treatment process for offenders—the integration of treatment goals within the fabric of the drug court process.

¹ 2001 "Crime in Maine" Published by Maine Department of Public Safety, Uniform Crime Reporting Unit.

Drug Treatment Courts: The State of Knowledge

During the 1990's more than 800 drug court programs were introduced. There are now approximately 930 adult drug courts (including 52 Tribal Drug Courts) in the United States either operating or at various stages of planning. Located in fifty states, the District of Columbia, Guam, Puerto Rico, and two federal districts, there are over 77,000 adults currently participating in drug courts. More than 300,000 adults have been enrolled in these programs and over 73,000 people successfully completed the program and graduated². In two comprehensive reviews of drug court findings to date, Belenko notes that the research tends to support four major conclusions about drug courts:

- More offenders with more serious criminal history or originating charges are participating in drug courts than previous innovations.
- Drug use among drug court participants tends to be lower than drug use in other programs.
- Graduation rates from drug courts tend to be higher than graduation rates from outpatient drug treatment programs.
- Re-arrest rates during drug court program participation are lower than rearrest rates for other offenders who are not in drug court.

Indeed, there is a growing body of research literature that suggests positive outcomes for drug courts. The literature consistently indicates that drug court participants have lower post-program arrest rates than comparison groups during the same follow-up period (Truitt, 2001; Gottfredson, 2002). Studies have also shown that program graduates consistently have substantially lower rates of post-program arrests than expelled participants (Finnegan, 1998; Peters, 1999; Goldkamp, 2001; and Anspach and Ferguson, 2003).

Maine is one of the few pioneer states to have successfully implemented both a statewide adult drug court program and a statewide juvenile drug court program. Six of Maine's sixteen counties have implemented local adult drug courts program in their jurisdiction. With a combined population of nearly 790,000 people, these six drug courts serve approximately 62% of Maine's population. Adult drug courts began operating in April 2001 when the first participant was admitted to the Cumberland County (pop. 265,612) drug court with Superior Court Justice Crowley and District Court Judge Horton presiding. Superior Court Justice Brennan and District Court Judge Wheeler preside over the York County (pop. 186,742) drug court. District Court Judge Romei presides over drug court sessions in Machias and Calais in Washington County (pop. 33,941). Superior Court Justice Mead and District Court Judge Murray preside over the Penobscot County (pop. 144,919) drug court in Bangor. Superior Court Justice Gorman and District Court Judge McElwee preside over the Androscoggin County (pop. 103,793) drug court in Auburn and over the Oxford County³ (pop. 54,755) drug court in Rumford⁴.

² OJP Drug Court Clearinghouse at American University: September 8, 2003.

³ As of January 2002, the Oxford County drug court also serves participants residing in Franklin County.

⁴ U.S. Census Bureau, 2000.

Maine's adult drug court is a court supervised, *post-plea* (but pre-final disposition) drug diversion program that requires weekly court appearances before the designated program judge. As of November 30, 2003, a total of 345 offenders have been admitted into these drug courts of whom 129 are still currently active. To date, a total of 216 participants have been discharged of whom 107 (50%) have successfully completed the program and graduated.

In order to assess the structure and operations of adult drug court programs in Maine and plan for their future development, Maine's Office of Substance Abuse in consultation with Maine's Judicial Department, contracted researchers from the College of Arts and Sciences at the University of Southern Maine to evaluate the program. Dr. Donald F. Anspach and Andrew S. Ferguson serve as co-principal investigators for the project working in collaboration with research staff Laura Phillips and Jody Giambatista. The Honorable Roland A. Cole from Maine's Judicial Department, Linda Frazier from Maine's Office of Substance Abuse, and Elizabeth Simone, Director of Maine Pre-Trial Services have served as the primary adult drug court representatives involved in the evaluation.

This report is part of an ongoing review of Maine's adult drug court program. The assessment includes an analysis of offender characteristics and data elements associated with program performance during drug court participation. Offender and program information include: demographic characteristics, ancillary services received, frequency of home visits, sanctions and incentives, outcomes of drug and alcohol testing, and discharge outcomes. Offender-level data was obtained for 800 persons referred to the drug court over the thirty-two month period beginning April 2001 and ending in November 30, 2003. The study also incorporates results from a survey of key actors participating in the adult drug court program⁵. Overall, a total of 38 key actors involved with the drug court program responded to the survey (see Appendix A). They included representatives from the judiciary (n=8), treatment professionals (n=11), case managers (n=6), probation officers (n=9) as well as prosecutors and law enforcement (n=4).

Organization of the Report

The report is organized as follows: The next (second) section of the report provides a brief overview and assessment of the productivity of Maine's statewide adult drug treatment court program. This is followed by an examination of drug testing practices, test results and home visits conducted. The fourth section examines the role of sanctions and incentives. This is followed by an overview of the Differentiated Substance Abuse Treatment (DSAT) program and the use of ancillary services. The sixth section of the report examines factors related to program discharge. The last section provides an overall summary of the report and a series of recommendations that may further enhance the drug court program.

⁵ The survey was administered to key actors in the adult drug court program in March, 2003. The survey was developed as part of a joint effort between researchers at the University of Southern Maine and Dr. Faye S. Taxman from the University of Maryland, Bureau of Government Research.

Section 2

Productivity of Maine's Adult Drug Treatment Court Program

Table 1 presents productivity information for the 32 months the statewide drug court system has been in operation. As shown in the last Column of Table 1 (Column 6), a total of 800 clients were referred to Maine's Adult Drug Treatment Court Program. Of the 800 referred clients, 43% were admitted to the program and 455 people were either denied admission or chose not to participate.

In the 2002 drug court evaluation, we reported that the number and percent of potential clients admitted to the program had decreased (-25%) despite a substantial increase in the overall number of new referrals (+71%)⁶. Here, we assess changes in the productivity of Maine's Adult Drug Treatment Court Program over the past twelve months. Currently, nearly one out of every two clients referred to the program are admitted whereas in the 2002 reporting period, approximately one out of every three clients were admitted. These changes suggest that adult drug courts in Maine are expanding capacity by admitting more of the clients who are referred.

Table 1: Overall Productivity of Maine's Adult Treatment Drug Court

	Total Served as of November 2001	Total Served Between December 2001 and November 2002	Percent Change	Total Served Between December 2002 and November 2003	Percent Change	Total Served Over 32 Month Period
Number of Referrals	211	329	+56%	260	-21%	800
Not Admitted	101	222	+120%	132	-41%	455
Admitted	110	107	+3%	128	+20%	345
% Admitted	52%	33%	-37%	49%	+48%	43%
Ratio of Admission: Referrals	1:2	1:3		1:2		1:2.3
Active	84	113	+35%	129	+14%	129
Graduated	0	34		73	+115%	107
Expelled	30	31	+3%	78	+152%	109
Maine's Retention Rate	74%	83%	+12%	72%	-13%	68%
National Retention Rate						70%

Cross-site information about the productivity of each of Maine's six adult drug courts is presented in Table 2. In it we find that, Court B is the most productive court processing the largest number of cases (25% of all 800 referrals). The number of referrals ranges from a low of 42 in Court D⁷ to a high of 200 in Court B. There are similar cross-site variations in the number of enrollments ranging from 75 in Courts B and C to a low of 25 in Court D. Moreover, there are significant cross-site variations in the overall rate of admissions ranging from a low of 29% in Court A to a high of 62% in Court F.

⁶ Anspach, Ferguson and Phillips. 2003. Evaluation of Maine's Statewide Adult Drug Treatment Court Program.

⁷ Due to low enrollment figures, Court D is in the process of closing and ceased accepting new referrals in January 2003.

As of November 30th 2003, a total of 216 clients (67%) were discharged from the program. Of these, 107 (50%) participants successfully completed the program through graduation and 109 (50%) participants were unsuccessfully discharged through expulsion.

The overall graduation rate (50%) is higher than most drug court programs nationally - 36%-60% (Belenko, 2001) and exceeds those reported in a recent evaluation of four well established mentor drug courts - 33% (Anspach and Ferguson, 2003). Graduation rates range from a low of 37% in Court F to a high of 60% in Court E.

Table 2: Comparison of the Productivity of Maine's Adult Drug Treatment Court

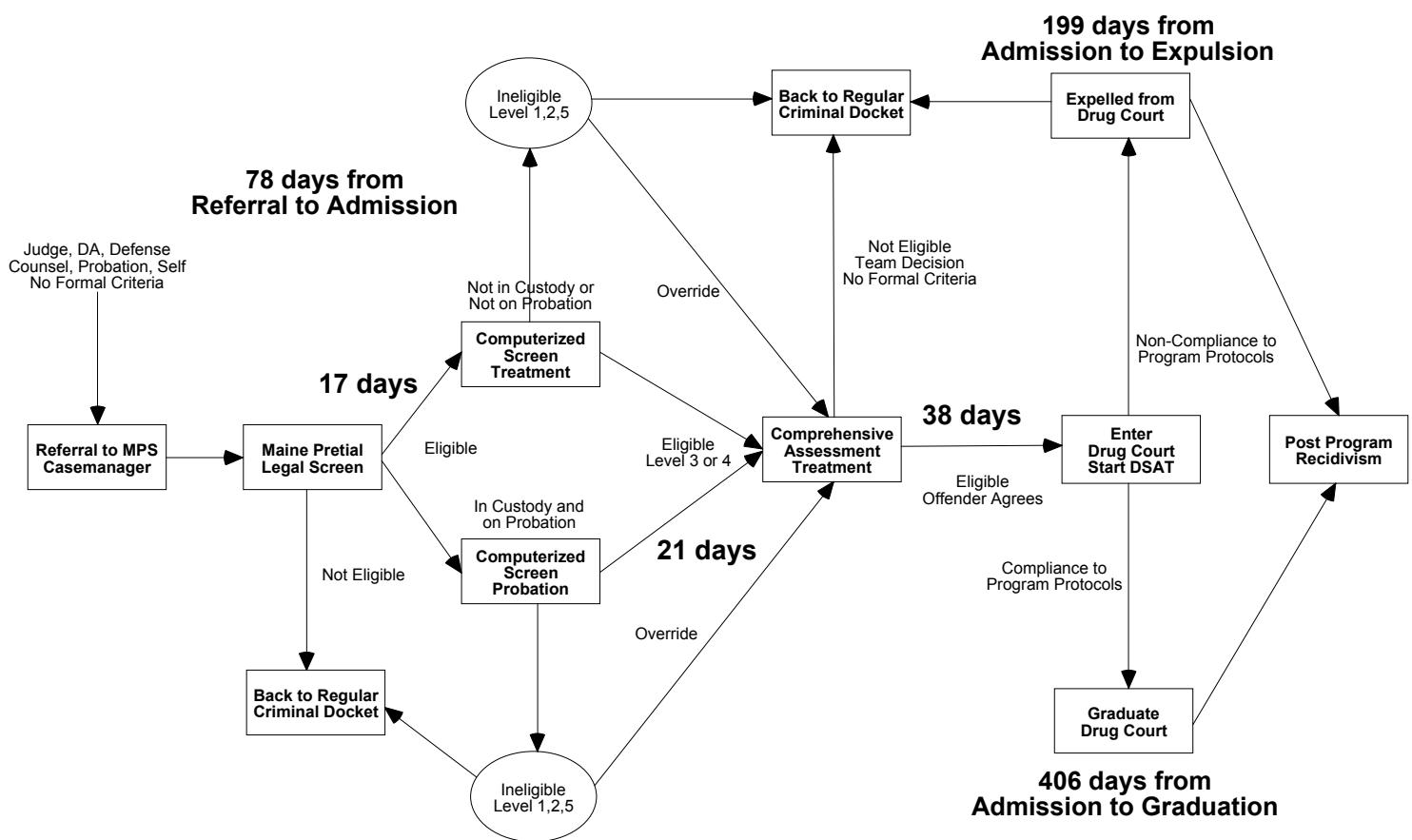
	Adult Drug Treatment Court Sites						Total
	Court A	Court B	Court C	Court D	Court E	Court F	
Total Referred	173	200	158	42	117	110	800
Not Admitted	123	125	83	17	65	42	455
Total Enrollments	50	75	75	25	52	68	345
2003 Admissions as of Nov. 30th	18	23	29	9	16	33	128
2002 Admissions	17	29	13	11	22	15	107
2001 Admissions	15	23	33	5	14	20	110
Discharged- Expelled	17	17	24	10	14	27	109
Discharged- Graduated	17	18	27	8	21	16	107
Currently Active Participants	16	40	24	7	17	25	129
Status of Active Participants							
Phase 1	3	5	4	0	8	10	30
Phase 2	5	12	12	1	4	7	41
Phase 3	7	12	5	5	3	8	40
Phase 4	1	11	3	1	2	0	18
Admissions Rate							
2001	41%	35%	75%	71%	64%	56%	52%
2002	21%	35%	30%	44%	32%	48%	33%
Percent Change	-49%	No Change	-60%	-38%	-50%	-14%	-36%
2003	32%	43%	41%	90%	59%	77%	49%
Percent Change	+52%	+23%	+37%	+104%	+84%	+60%	+48%
Overall Rate of Admissions	29%	38%	48%	60%	44%	62%	43%
Graduation Rate	50%	51%	53%	44%	60%	37%	50%
National Estimate							44%
Retention Rate	66%	77%	68%	60%	73%	60%	68%
National Estimate							70%

There are currently 129 active participants in Maine's Adult Treatment Drug Court Program. This represents a 20% increase in the number of new admissions over last year. The number of currently active participants range from a high of 40 in Court B to a low of 7 clients at Court D. It is interesting to note that despite a 20% increase in enrollments, key actors who were surveyed believe that the program is still not operating at maximum capacity. Nearly 90% of key actors (n=38) believe that the maximum number of participants should be no less than 25 participants per site at any one time. In this respect, key actors believe that the program could be expanded by an additional 15% without creating an additional strain on existing resources.

Processing Offenders: Enrolling Participants

Figure 1 is a flow chart of Maine's Adult Drug Court Program from initial referral to discharge. It summarizes the basic steps that occur before a potential drug court participant is admitted into the program, and approximates the amount of time (state-wide averages) required to complete this process. Information about the average length of time for participants to discharge from the program is also presented (see Appendix B).

Figure 1. Flow Chart of Maine Adult Drug Court Program from Referral to Discharge



Maine's Adult Drug Court Program has been unable to reduce the amount of time it takes for new clients to be admitted. In the 2002 report, we found that the amount of time between initial referral and final admission was approximately 71 days. Not only does this time-frame exceed the amount of time recommended by existing policies, it also does not comport with the third key component of drug court programs requiring early identification and prompt placement of participants. Findings for 2003 indicate that the average length of time between referral and final admission has actually increased by an additional 10% over the previous year (Table 3). Currently, it takes an average of 78 days to be admitted to the drug court program. It should be noted, however, that two sites have made improvements in reducing the length of time it takes to be admitted to the drug court. Court A has reduced the amount of time between referral and admission by 27% and Court C has a reduced this time by 9%.

Table 3: Time Between Initial Referral and Admission (days)

Length of Time from Referral to Admission (days)	Adult Drug Treatment Court Sites						
	Court A	Court B	Court C	Court D	Court E	Court F	Total
Year 1	45	49	68	73	39	55	55
Year 2	81	70	71	60	70	67	71
Year 3	59	91	65	94	104	73	78
Total overall Average	67	77	69	72	85	67	73
Overall Range	8-269	9-308	13-330	27-359	16-203	8-319	8-359

In the 2002 report, it was hypothesized that delays in admissions were a consequence of the large numbers of persons referred to persons admitted. However, the decline in referrals and increase in enrollments since last year suggests additional factors contribute to these delays. Since the admissions process is comprised of three primary steps, it is important to more clearly specify where this “log jamming” effect is occurring.

It will be recalled that the admissions process consists of a legal screening - Step 1; a computerized screening assessment (CSA) - Step 2; and, a comprehensive assessment interview (CAI) - Step 3. Once referred to the drug court, potential participants are legally screened to determine initial eligibility. Case management is primarily responsible for conducting the legal screening. This is followed by a computerized screening assessment (CSA) that is conducted by either the Department of Corrections’ Division of Community Supervision or by a local treatment provider. Depending upon results of the computerized screening assessment (CSA), potential participants may be referred for a comprehensive assessment interview (CAI). Here, treatment professionals validate results of the CSA through a face-to-face interview with the client. The CAI is also used to examine other factors that must be considered before a final determination of clinical eligibility. Once the comprehensive assessment is completed, the local drug court team makes a recommendation to the judge about admission to the program.

Table 4 provides information about the length of time it takes to complete each of the steps in the admissions process. During 2003, Step 1 took an average of 17 days to complete. During the last year, four sites reduced the amount of time between initial referral and completion of the CSA. However, it should be noted that the most significant reduction occurred in Court C where the implementation of a successful pilot project (a revised screening protocol administered in the county jail) is largely responsible in accounting for this difference.

The current average length of time to complete Step 2 is 21 days – a decrease of 2 days from the previous year. Delays in completion of this step have increased by 50% in Court A and more than quintupled in Court C. Lastly, we find that Step 3 is the lengthiest part of the admissions process. Findings presented in Table 4 indicate that the average length of time between completion of the comprehensive assessment and final admission to the drug court is 38 days. Indeed, for Court A, an overall reduction in length of time from referral to final admission is primarily the result of shortening the length of time it takes to complete this step in the admissions process. Whereas in Court E, an increase in the amount of time for determining final eligibility has further “log jammed” the system creating even greater delays.

Table 4: Lengths of Time in the Admissions Process (days)

	Court A	Court B	Court C	Court D	Court E	Court F	Total
Stages in admissions							
Step 1. Length of Time from Initial Referral to CSA (days)							
Year 1	13.5	19.1	20.4	35.2	10.6	17.3	18.0
Year 2	32.5	24.7	46.5	17.2	21.8	11.7	25.4
Year 3	24.0	18.6	16.0	19.4	20.9	12.0	17.4
Overall Average	23.7	21.1	23.2	21.6	18.5	13.5	20.1
Step 2. Length of Time from CSA to CAI (days)							
Year 1	13.3	37.8	2.4	14.0	12.5	11.9	14.8
Year 2	11.9	38.3	3.9	10.8	34.7	13.1	22.8
Year 3	17.8	37.2	21.5	23.6	19.3	11.6	21.1
Overall Average	14.4	37.8	10.0	16.0	24.0	12.0	19.6
Step 3. Length of Time from CAI to Admission (days)							
Year 1	25.2	18.3	45.6	23.8	15.9	23.6	28.3
Year 2	50.5	21.7	27.5	25.3	44.1	44.9	35.2
Year 3	25.1	33.2	25.9	50.6	64.0	41.5	37.6
Overall Average	33.7	24.2	34.8	34.1	42.7	37.0	33.9

Summary

Overall findings in this section of the report indicate there has been a 20% increase in the total number of people admitted to the drug court program. However, there does exist the possibility of a future decline in enrollments at some sites. For example, Court A has the lowest overall admissions rate and the fewest number of active participants - 50% of whom are in the latter phases of the program. Using this criteria as a model, it can be concluded that Courts B, C and F have been the most productive sites to date whereas Courts A and E have been the least productive.

In addition, the current length of time between initial referral and final admission has increased in the past year – averaging an additional seven days – from 71 days in 2002 to 78 days in 2003. This time frame exceeds the 21 day time period recommended by existing policies and does not comport with the notion of early identification and prompt placement of participants in the program. Findings indicate that the lengthiest period of time in the enrollment process occurs between completion of the Comprehensive Assessment Interview (CAI) and final admission to the drug court program. Indeed, this is a key area where reductions in the length of the admissions process can be realized. Hence, local drug court team members ought to continue to identify ways to shorten this part of the admissions process or the statewide steering committee should lengthen the recommended time frame for processing offenders.

Section 3

Drug Testing and Home Visits

Overview

It is well established that the frequent and effective use of random and monitored drug and alcohol testing is essential to the success of drug court programs. Reliable and valid drug testing practices ensure compliance to the abstinence requirement of the program and identifies when appropriate action is necessary for non-compliance. Drug tests also highlight levels of program integrity while providing a means for the criminal justice system to perform an important public safety function. In addition, drug testing provides treatment professionals valuable information about participant substance use and aids in the modification of an appropriate treatment plan.

Drug Testing Protocol

A careful examination of Maine's drug testing protocol is essential to assess the overall effectiveness of the program. In response to the 2001 evaluation, the Statewide Steering Committee implemented a policy requiring that the frequency of drug testing be increased to two tests per person per week. Results from the 2002 evaluation found that the program's targeted goal was met. The overall frequency of drug testing increased from an average of 1.2 tests per person per week to 2.0 drug tests per person per week – an increase of 67%.

Here, we compare information on the frequency of drug testing in 2003 with 2002 so as to assess whether the program continues to meet the 2 test per person per week standard. Referring to Table 5, we find that in 2003, the frequency of drug tests per person per week has decreased by 18% resulting in a reduced statewide average of 1.7 tests per person per week. This pattern holds for five of the six sites. The only exception is Court C where the number of drug tests increased to 2.6 tests per person per week.

Table 5: Cross-site Comparisons of Drug Testing Practices

Average Number of Weekly Drug Tests	Adult Drug Treatment Court Sites						Total
	Court A	Court B	Court C	Court D	Court E	Court F	
Year 1	1.3	1.1	0.9	1.7	1.4	1.5	1.2
Year 2	2.2	1.6	1.7	1.4	3.2	1.3	2.0
% Change year 1 to year 2	69%	45%	89%	-21%	129%	-15%	67%
Year 3	1.3	1.4	2.6	1.3	1.9	1.2	1.7
% Change year 2 to year 3	-41%	-13%	+53%	-7%	-41%	-8%	-18%
Total overall Average	1.4	1.2	1.7	1.2	2.1	1.1	1.4
Testing by Phase (Year 3)							
Phase 1	1.9	2.0	2.7	1.7	2.1	1.5	2.0
Phase 2	1.2	1.9	2.4	1.4	2.1	1.0	1.5
Phase 3	0.8	1.0	2.2	1.1	1.7	0.6	1.0
Phase 4	0.8	1.0	3.1	0.2	1.8	-	1.3

In Maine, key actors believe drug tests are important to the effectiveness of their drug court program. Thirty-eight key actors were asked to rate the overall effectiveness of current drug testing practices. Using a point scale (0= Not Important, 10=Extremely Important), more than 80% of the 38 key actors surveyed ranked the importance of drug testing a “10” or “Extremely Important”. And, only 13% of key actors reported that current drug testing practices are ineffective. Interestingly, the same persons reporting current drug testing practices as being “ineffective” were also representatives from two courts (A and E) that had the greatest decline in the overall frequency of testing in the past year.

Participant Compliance With the Drug Testing Protocol

An absence of positive drug tests is the major way of determining participant compliance with the abstinence requirement of the program. Data presented here reflects information gathered on 128 drug court participants who were admitted to the program between December 1, 2002 and November 30, 2003.

Over the past year, a total of 4,762 drug tests were administered to these 128 drug court participants. There were a total of 381 positive drug screens and 4,381 negative drug screens. That is, 8.0% of all tests yielded positive results for the presence of one or more drugs (refer to Table 6). This compares favorably with rates of positive drug tests across drug court programs nationally (17%) as well as for adult offenders in other non-institutionalized programs (35%)⁸.

Table 6 also presents drug testing results for each of the six drug court sites. Overall, 51% of participants did not test positive for drugs during their participation in the program over the past year. The percent of participants with no positive drug tests range from a low of 41% in Court C to a high of 78% in Court A. The number of positive tests per person range from a low of 1 to high of 14. Among participants testing positive, the median number of positive tests range from a low of 1 in Court E to a high of 4 in Court D.

Table 6: Cross-site Comparisons of Drug Testing Results

	Adult Drug Treatment Court Sites						<i>Total</i>
	Court A	Court B	Court C	Court D	Court E	Court F	
Average Percent Positive Tests Year 3	1%	5%	11%	5%	8%	10%	8%
Participants Testing Positive							
% None	78	52	41	56	56	43	51
% One	11	17	21	0	31	24	20
% Two or More	11	30	38	44	13	33	29
N	18	23	29	9	16	33	128
Participants with Positive Tests							
Mean	2.5	2.4	3.1	4.0	1.4	2.0	2.5
Median	1.5	2.0	3.0	4.0	1.0	2.0	2.0
Range	1-6	1-5	1-14	2-6	1-3	1-4	1-14
N	4	11	17	4	7	19	62

⁸ OJP Drug Court Clearinghouse and Technical Assistance Project. “Drug Court Activity Update: Summary Information on All Programs and Detailed information on Adult Drug Courts” June 20, 2001.

Home Visits

The daily supervision and monitoring of client progress throughout the program is an important component of the drug court model. In Maine, drug court case managers and local law enforcement officials are primarily responsible for the day to day supervision of participants. Not allowed to make home visits on their own, case managers often accompany probation officers and other local law enforcement officials in conducting unscheduled visits to participant homes⁹. These visits typically include random tests for substance abuse.

There is no official state-wide policy as to the frequency of home visits that should occur. Nevertheless, the research team modified the adult drug court management information system in 2002 to obtain information about the frequency of unscheduled home visits occurring at each site and to identify who was present at each visit. Data presented here reflects information gathered on home visits occurring for the 128 participants who were admitted to the drug court program between December 1, 2002 and November 30, 2003.

Table 7 provides a cross-site analysis of the frequency of unscheduled home-visits as well as information about who conducted these visits. Findings indicate that more than half of all drug court participants (53%) received two or more unscheduled home visits in the past year. Overall, the median number of home visits conducted range from a low of 1 in Courts C, E and F to a high of 7 in Court B. There is, however, significant cross-site variation in the percent of participants who were not visited. All participants in Courts A and D were visited at their home at least once whereas nearly half (44%) of participants in Court E never received a home visit.

Table 7 also indicates that probation officers conducted 100% of the home visits in four of the six drug courts. Whereas in Court E and F, for example, home visits were conducted by other local law enforcement officials (County Sheriffs and police). Case managers accompanied law enforcement officials on nearly two-thirds (62%) of all home visits ranging from a low of 44% in Court F to a high of 100% of all home visits in Court D.

Table 7: Cross-site Comparisons of the Frequency of Home Visits

		<i>Adult Drug Treatment Court Sites</i>						
		Court A	Court B	Court C	Court D	Court E	Court F	Total
Home Visits	Mean	3.4	7.9	1.7	6.2	1.9	5.7	4.0
	Median	3.0	7.0	1.0	5.0	1.0	1.0	2.0
	Range	1-8	0-20	0-6	4-15	0-7	0-20	0-20
	% None	0	4	41	0	44	24	31
	% One	50	13	10	0	13	27	16
	% Two or More	50	83	48	100	44	49	53
	N	18	23	29	9	16	33	128
Conducted By	% Probation Only	55	42	25	0	0	0	21
	% Case Management Attendance	45	58	75	100	85	44	62
	% Other	-	-	-	-	15	56	17
	N	18	23	29	9	16	33	128

⁹ While case managers are employed by Maine Pre-Trial Services and serve the drug court on a full-time basis, probation officers serving the drug court are employed by Maine's Department of Corrections and serve the drug court program as part of their employment.

Section 4

Role of Sanctions and Incentives

Overview¹⁰

Unlike other criminal justice programs, drug courts use sanctions and rewards to enforce participant compliance with the requirements of the program. Theoretically, a system of sanctions and rewards has the potential to be an effective tool in a program of behavioral management (Marlowe, 2002).

Having discovered both within-site and cross-site variations in the sanctioning of participants for similar infractions in the 2002 evaluation report, the research team recommended that the Steering Committee devise a structured sanctions protocol for the statewide drug court program. Developing a system of graduated sanctions and rewards was a major topic at the state-wide training event held in March, 2003. In addition, Dr. Faye Taxman from the University of Maryland visited each drug court team to work on implementing the sanctions protocol that was developed by the Steering Committee (see Appendix C). Maine's Adult Drug Treatment Court Program is now in the process of implementing a system of graduated rewards and sanctions at each of the six drug court sites. Here, we provide cross-site information of the use of sanctions and rewards and compare this information with the previous year¹¹.

Table 8 presents information about the distribution of types of sanctions and rewards¹². This information is compared with data collected from the previous year. Findings in Table 8 indicate that during 2003, there were as many rewards given (n=402) as there were sanctions imposed (n=408). Four types of rewards were most frequently given for compliance with the performance expectations of the drug court. The most frequent reward is phase advancement (65%) followed by graduation (17%) and jurisdictional passes (8%). Use of phase advancement and graduation increased by 10% and 11% respectively from the previous year.

During 2003, the most frequently imposed sanction for non-compliant behavior are program expulsion, incarceration, community service, increased reporting requirements and written assignments. "Other" sanctions include house arrests, curfew restrictions, increased attendance at AA/NA and increased drug testing. Overall, the most frequently imposed sanction is incarceration (39%) followed by increased reporting requirements (20%), community service (11%) and program expulsion (11%). The use of incarceration as a sanction increased by 13% from the previous year whereas requiring increased reporting decreased by 19%.

¹⁰ Information provided in this section is based on case management records and results of the survey administered to key actors in March 2003.

¹¹ It should be noted that the last site visit by Dr. Taxman occurred in September, 2003. Hence, the data will be skewed towards pre-implementation. Comparative data presented here will only suggest possible trends.

¹² For each type of sanction or reward, row percentages represent sanctions or rewards imposed on 234 participants who were active at some point between December 1, 2003 and November 30, 2004. Rows labeled % change show changes occurring between 2003 and the previous year.

Table 8: Cross-site Comparisons of the Types of Rewards and Sanctions

	Court A	Court B	Court C	Court D	Court E	Court F	Total
Types of Sanctions							
% Jail	43%	45	31	30	52	42	39
% Change (Year 2 – Year 3)	+21%	+14%	+10%	+18%	-10%	+18%	+13%
% Community Service	5	8	19	5	-	18	11
% Change (Year 2 – Year 3)	-15%	-11%	+1%	-15%	-5%	+4%	-7%
% Increased Reporting	23	34	10	15	16	11	20
% Change (Year 2 – Year 3)	-18%	-1%	-34%	-28%	-8%	-24%	-19%
% Written Assignment	9	6	11	12	-	7	8
% Change (Year 2 – Year 3)	+3%	-2%	+4%	+5%	-2%	-5%	+1%
% Termination	18	3	11	5	32	16	11
% Change (Year 2 – Year 3)	+12%	-2%	+7%	-5%	+27%	+4%	+5%
% Other	2	3	19	34	-	6	12
% Change (Year 2 – Year 3)	-4%	+2%	+14%	+24	-2%	+3%	+8%
Total Percent	100	100	100	100	100	100	100
N	44	116	107	61	25	55	408
Types of Rewards							
% Curfew Extension	-	19	-	17	-	2	7
% Change (Year 2 – Year 3)	-33%	-11%	-7%	-13%	-2%	+2%	-13%
% Jurisdiction Pass	-	14	-	6	-	21	8
% Change (Year 2 – Year 3)	-12%	+4%	-9%	-1%	-4%	+18%	-1%
% Phase Advancement	80	57	77	60	66	57	65
% Change (Year 2 – Year 3)	+38%	+21%	+7%	+2%	-21%	-28%	+10%
% Graduation	20	8	21	13	30	18	17
% Change (Year 2 – Year 3)	+14%	+2%	+8%	+8%	+23%	+12%	+11%
% Other	-	1	2	4	4	1	2
% Change (Year 2 – Year 3)	-7%	-19%	+1%	+4%	+4%	-5%	-2%
Total Percent	100%	100	100	100	100	100	100
N	54	103	66	47	56	76	402

While the data presented thus far illustrates the important role that sanctions and rewards play in the drug court context, they do not provide information about how sanctions and rewards operate in Maine. For example, what kinds of sanctions do people receive for similar infractions? In order to examine the relationship between non-compliant behavior and sanctions imposed, the research team examined sanction data for one of the most serious infractions of the drug court contract - positive drug screens. (Similar to the analysis presented above, figures marked as bold reflect data gathered for 2003 which is compared with data from 2002 and marked as either a percent increase or decrease.)

Table 9 examines the types of sanctions imposed on the 64 drug court participants whose drug use was detected and sanctioned in the past year. Overall, the most frequent response to a positive drug test is incarceration (83%) followed by program expulsion (13%). Findings in Table 9 also indicate little variation among the six drug court sites in the use of incarceration as a response for testing positive. For example, the use of incarceration as a sanction ranges from a low of 73% in Court E to a high of 88% in Court B. In fact, use of incarceration as a response to positive drug screens has increased at each site and 12% overall from the previous year.

Table 9: Cross-site Comparisons of Participants Sanctioned for Drug Tests

	Court A	Court B	Court C	Court D	Court E	Court F	Total
Sanctions Given for Positive Drug Tests							
% Jail	82	88	81	87	73	85	83
% Change (Year 2 – Year 3)	+16%	+6%	+20%	+31%	-21%	+25%	+12%
% Termination	12	10	11	13	27	10	13
% Change (Year 2 – Year 3)	+6%	-1%	-11%	-9%	+27%	-23%	-1%
% Other	6	2	8	-	-	5	4
% Change (Year 2 – Year 3)	-22%	-5%	-9%	-22%	-6%	-2%	-11%
Total Percent	100						
Number of Tests	17	40	36	15	15	20	143

Since the drug court program is intended to reduce the chronic drug use of offenders in the revolving door of the criminal justice system, continued drug use poses a serious problem that frequently leads to expulsion. Data presented in Table 10 controls for the temporal ordering of sanctions for consecutive positive drug screens. That is, we examined the sanctions imposed on participants for their first, second, third and successive positive drug test.

Since incarceration is the most widely utilized sanction for positive drug use, we expect there would be little or no systematic increases in the use of jail sanctions by the number of times positive drug use is detected. Indeed, as shown in Table 10, chronic drug using participants are equally likely to be incarcerated for their first, second and third positive drug test. It is important to note, however, that the likelihood of program expulsion increases along the temporal order. That is, the likelihood of being expelled from drug court increases with continued use of drugs.

Table 10: Temporal Order of Sanctions for Positive Drug Tests

Positive drug tests	1 st Positive	2 nd Positive	3 rd Positive	4 th to 9 th Positive	Total
Types of Sanctions Given for Positive Drug Tests					
% Jail	84	87	84	69	83
% Change (Year 2 – Year 3)	+12%	+15%	+28%	+14%	+12%
% Termination	6	13	16	31	13
% Change (Year 2 – Year 3)	-7%	No Change	-9%	+31%	-1%
% Other	10	-	-	-	4
% Change (Year 2 – Year 3)	-5%	-15%	-19%	-17%	-11%
Total Percent	100	100	100	100	100
N	64	38	25	16	143

Chronic drug use among drug court participants not only leads to more lengthy jail sanctions but an increased likelihood of program expulsion as well. The severity of incarceration (measured in days and by expulsion from drug court) is positively associated with successive positive drug tests. Table 11 presents information about the severity of jail sanctions for participants with successive positive drug tests. In 2003, participants were jailed for a mean of 10 days and median of seven (7) days. Length of jail sanctions are graduated increasing in severity by approximately 14 days from the first positive to the fourth and subsequent positive drug test. These findings reflect both increased severity as well as increased gradation in comparison to data gathered from the previous year.

Table 11: Temporal Ordering of the Severity of Jail Sanctions for Positive Drug Tests

<i>Positive drug tests</i>		<i>1st positive</i>	<i>2nd positive</i>	<i>3rd positive</i>	<i>4th to 9th positive</i>	<i>Total</i>
% of Participants Receiving Jail Sanction Year 2	Number of Days in Jail	72%	72%	56%	55%	71%
Mean		16	21	12	19	17
Median		7	7	7	21	7
Range		1-120	2-90	3-75	1-45	1-120
N		61	39	16	12	128
% of Participants Receiving Jail Sanction Year 3	Number of Days in Jail	84%	87%	84%	69%	83%
Mean		7	10	12	21	10
Median		7	7	7	24	7
Range		1-30	1-45	3-75	1-45	1-75
N		64	38	25	16	143

Sanctions and Incentives – Key Actor Perceptions

In March of 2003, key actors in the drug court were asked to respond to a series of hypothetical scenarios and to identify the kind of intervention (sanction) that should occur, if any at all (see Appendix D). Referring to Table 12, survey data was analyzed by site to determine whether there was cross-site and within-site consistency in response to the infractions that occurred in the hypothetical scenarios. Results of that analysis reaffirm that, overall, there is more cross-site consistency in response to the infractions that were presented than there was cross-site disparity. Furthermore, the majority of team members (77%) also indicated that the current use of sanctions and incentives have been an effective tool to secure compliance to program requirements (not shown).

Table 12: Key Actor Responses to Hypothetical Scenarios by Site

	<i>Court A</i>	<i>Court B</i>	<i>Court C</i>	<i>Court D</i>	<i>Court E</i>	<i>Court F</i>	<i>Total</i>
Scenario 1							
% Incarceration	80	56	71	-	40	33	53
% Community Service	-	-	-	-	10	68	13
% Termination	-	-	-	-	10	-	4
% Other	20	44	29	100	40	-	32
Total	100%	100%	100%	100%	100%	100%	100%
Scenario 2							
% Incarceration	80	100	57	100	100	67	84
% Community Service	-	-	14	-	-	33	8
% Termination	-	-	29	-	-	-	5
% Other	20	-	-	-	-	-	3
Total	100%	100%	100%	100%	100%	100%	100%
Scenario 3							
% Incarceration	75	89	57	-	50	50	62
% Community Service	25	11	29	-	-	17	14
% Termination	-	-	-	100	20	17	11
% Other	-	-	14	-	30	16	14
Total	100%	100%	100%	100%	100%	100%	100%
Scenario 4							
% Incarceration	75	89	43	100	30	67	60
% Community Service	-	-	14	-	10	-	5
% Termination	25	-	29	-	60	33	30
% Other	-	11	14	-	-	-	5
Total	100%	100%	100%	100%	100%	100%	100%

Section 5

Substance Abuse Treatment and Ancillary Services

Overview

The key to the successful recovery of clients in any drug court program is the provision of effective substance abuse treatment services. Community-based treatment providers play a central role in drug court programs. While the criminal justice system maintains authority over participants to ensure they comply with treatment and performance requirements of the program, it is the treatment system that delivers the services intended to produce behavioral changes.

Substance abuse treatment providers servicing Maine's Adult Drug Court use a formalized treatment curriculum consistent with components of effective treatment services (Lamb, et al, 1998). The DSAT curriculum is a manualized treatment program that was specifically designed for offender populations with substance abuse problems. By introducing manuals and workbooks for clients undergoing treatment, this new system makes it possible to deliver a theoretically sound, uniform standard of treatment across the state.

The Differential Substance Abuse Treatment (DSAT) program was implemented in Maine's Statewide Adult Drug Court Program in 2001. Through extensive training, monitoring and supervision, this new treatment initiative is intended to improve both the consistency and overall quality of care among treatment professionals in Maine. The goal of the DSAT initiative is to increase retention in treatment and increase successes in treatment outcomes among addicted offenders. An evaluation of the DSAT program is currently being conducted for Maine's Office of Substance Abuse¹³.

DSAT - Screening and Assessment

In Section 2, we described the length of time between various steps in the screening and assessment process and identified specific areas where improvements can be made to shorten admissions related procedures. Here, we report on results of the survey of 38 key actors on their overall perceptions and beliefs about the DSAT screening and assessment process. Responses to various survey items were collapsed in Table 13 into four basic categories. Three categories (Agree, Disagree, No Opinion) represent cases in which the overall majority opinion and one category (Mixed Opinions) represent instances in which there was no clear majority opinion.

Referring to Table 13, we find that there is only one area where there was consensus among the various key actors in the drug court. All key actors agree that assessment is important to ensure that offenders are not selected for treatment based solely on their offense. However, while assessment is important, key actors are less clear as to what specific criteria should be given priority. For example, when questioned about whether an offender's criminal record should take priority over assessment results in assigning them to drug treatment programs, there were mixed opinions across four of the five key actor roles. (See Appendix E for this same data analyzed by site.)

¹³ The DSAT evaluation is being conducted under a cooperative agreement between Maine's Office of Substance Abuse and the University of Southern Maine and a subcontract between the University of Southern Maine and the University of Maryland, Bureau of Government Research.

Table 13: Key Actor Perceptions - DSAT Screening and Assessment

	Judiciary	Probation	Case Management	Treatment	Other
1. An offender's criminal record should take priority over assessment results in assigning them to drug treatment programs	Disagree	Mixed Opinions	Mixed Opinions	Mixed Opinions	Mixed Opinions
2. The best way to ensure that offenders are placed in an appropriate treatment program is through the use of standardized assessment instruments.	Disagree	Disagree	Agree	Mixed Opinions	Disagree
3. A standardized, objective substance abuse screening is necessary to determine the severity of the offenders' substance abuse problem.	Agree	Agree	Agree	Mixed Opinions	Agree
4. A clinical interview is the only useful process to assess the severity of the offenders' substance abuse problem.	Disagree	Mixed Opinions	Disagree	Agree	Disagree
5. Assessment is important in order to ensure that offenders are not selected for treatment based solely on their offense.	Agree	Agree	Agree	Agree	Agree
6. Assessment can be done within 30 days of entering treatment.	Agree	Mixed Opinions	Disagree	Disagree	No Opinion
7. Standardized assessment take too long and are too technical, and not worth the staff's effort given the limited staff	Disagree	Mixed Opinions	Disagree	Disagree	No Opinion
8. Assessment should guide all decisions regarding participation in drug court	Mixed Opinions	Disagree	Disagree	Disagree	Disagree

In addition, key actors were questioned about how results of the computerized screening assessment (CSA) and Comprehensive Assessment Interview (CAI) affected their recommendations to accept or reject potential drug court participants. Results of that analysis indicate that DA's and law enforcement officials are the most influenced by results of the CSA (67%). Whereas approximately a third of probation officers, case managers and treatment providers indicate that they are "more than somewhat" affected by CSA results when recommending a potential drug court participant.

Findings indicate that key actors are most influenced by results of the comprehensive assessment interview (CAI) and the offenders criminal history. In this respect, only one probation officer and one judge reported that results of the CAI had little influence on their overall recommendation. And, only one probation officer and one treatment provider indicated that an offender's criminal history had little influence upon their recommendation to accept or reject a potential drug court participant.

DSAT – Design and Implementation

Results of the survey of key actors' attitudes and beliefs about the design of the DSAT curriculum and the operation of various components of DSAT in practice are presented in Table 14. Findings indicate there is no one area in which all key actors reached a consensus. We do find greater consensus within key actor role as well across roles with respect to the design and implementation of the Intensive and Motivational components of the DSAT treatment regimen. Here, probation officers, case managers and treatment providers indicated satisfaction with both the design and implementation of these two components of the treatment program. Whereas judges reported mixed opinions and DA's and law enforcement officials stated they had no opinion whatsoever.

Table 14: Key Actor Perceptions - DSAT Design and Implementation

	Judiciary	Probation	Case Management	Treatment	Other
Opinions about DSAT Design					
1. Motivational Enhancement Component	No Opinion	Mixed Opinion	Mixed Opinion	Mixed Opinion	No Opinion
2. Pre-Treatment Groups to Prepare Offenders to Change	Mixed Opinion	No Opinion	Mixed Opinion	Satisfied	No Opinion
3. Intensive Phase Groups to Help Offenders Learn About Treatment	Mixed Opinion	Satisfied	Satisfied	Satisfied	No Opinion
4. Maintenance Phase	Mixed Opinion	Satisfied	Satisfied	Satisfied	No Opinion
Opinions about DSAT Components in Practice					
5. Motivational Enhancement Treatment	Satisfied	No Opinion	Mixed Opinion	Satisfied	No Opinion
6. Pre-Treatment Groups	Mixed Opinion	No Opinion	No Opinion	Satisfied	No Opinion
7. Intensive Phase	Satisfied	Satisfied	Satisfied	Satisfied	No Opinion
8. Maintenance Phase	Mixed Opinion	Satisfied	Satisfied	Satisfied	No Opinion

DSAT - Treatment Phases

The drug court program consists of five phases. Three of these phases include the DSAT protocol. The fourth phase occurs during the drug court program and consists of individualized treatment. The fifth phase occurs upon graduation from the drug court and is a post-program aftercare phase. The five phases of the drug court program are outlined as follows:

- Phase I - Orientation/Motivation Phase (Approx. 4-10 weeks)
- Phase II - Intensive Phase (Approx. 10-15 weeks)
- Phase III - Maintenance Phase (Approx. 12-24 weeks)
- Phase IV - Post DSAT Individualized Treatment Phase (Approx. 12 weeks)
- Phase V- Post Program Completion Aftercare

While DSAT is intended to improve the integrity of the treatment program by making it possible to deliver a consistent modality across sites, questions remain as to whether DSAT phases *as delivered* are meeting their targeted length. Table 15 examines the drug court experiences of program graduates. The first row presents the actual length of time it took participants to complete the program. This is followed by comparisons between the scheduled length of time to complete each phase of treatment with the actual amount of time that graduates participated in each phase.

Table 15: Cross-site Comparisons of DSAT Phase Completion Rates for Program Graduates

	Court A	Court B	Court C	Court D	Court E	Court F	Total
Length of Drug Court: 52 weeks							
Actual Length for Graduates							
Mean	55	60	59	56	58	59	58
Median	53	58	53	52	57	55	54
Range	50-82	49-79	34-90	51-79	50-92	50-89	34-92
N	17	18	27	8	21	16	107
Scheduled Length of Phase 1: 4-10 weeks							
Actual Length	Mean	9	10	21	10	19	14
	Median	6	9	20	8	17	15
	Range	1-23	1-28	4-44	4-18	10-36	1-25
	N	17	18	27	8	21	16
Ideal Length of Phase 2: 10-15 weeks							
Actual Length	Mean	18	20	15	19	17	18
	Median	16	17	13	15	15	17
	Range	5-32	8-47	4-33	12-44	11-39	4-24
	N	17	18	27	8	21	16
Ideal Length of Phase 3: 12-24 weeks							
Actual Length	Mean	15	21	16	20	14	14
	Median	13	21	14	21	15	9
	Range	4-37	10-42	3-43	11-28	5-21	2-30
	N	17	18	27	8	21	16
Ideal Length of Phase 4: 12 weeks							
Actual Length	Mean	13	11	7	7	9	14
	Median	11	12	5	6	8	9
	Range	1-45	4-24	1-26	2-13	2-21	1-33
	N	17	18	27	8	21	16
							107

Findings indicate the actual amount of time most graduates take to complete the drug court program approximates the 52 week standard intended by the drug court program. There are cross-site variations in the actual length of time graduates took to complete the drug court program. The median number of weeks attended by graduates is 54 weeks. However, some participants completed the program in 34 weeks while others completed the program in 92 weeks. Moreover, there are broad cross-site variations in the actual amount of time graduates spent in each phase. Table 15 indicates that some graduates participated in treatment phases for intervals well below the minimum established by program protocols.

Ancillary Services

The fourth *key component* of drug courts is to provide access to a continuum of alcohol, drug and other related treatment and rehabilitation services recognizing that substance abuse treatment alone often fails to meet the multiple needs of the offender population. A properly designed drug court provides a continuum of care that offers an array of ancillary services both during participation in drug court and after program completion.

To date, many drug court participants have been able to avail themselves of a number of ancillary services on an ad hoc basis including: batterer's intervention programs, crisis intervention, mental health, residential, health care, employment, educational, and transportation services. Table 16 provides cross-site information about the types of ancillary services accessed by clients during their participation in the drug court. Overall, 61% of participants have accessed at least one type of ancillary service and 48% have accessed multiple types of ancillary services. The percent of participants accessing ancillary services range from a low of 40% in Court F to a high of 92% in Court D. Overall, additional treatment (32%) is the most common ancillary service accessed by drug court participants followed by psychiatric (21%) and educational/vocational (16%) services.

Table 16: Overall Distribution of the Types of Ancillary Services Accessed by Drug Court Participants

	Maine Adult Drug Treatment Court Sites						<i>Total</i>
	<i>Court A</i>	<i>Court B</i>	<i>Court C</i>	<i>Court D</i>	<i>Court E</i>	<i>Court F</i>	
% Utilize Ancillary Services	64	67	41	92	89	40	61
% Multiple Ancillary Services	54	48	31	84	83	22	48
Types of Ancillary Services							
Additional SA Tx							
Additional Counseling	46	31	17	12	85	7	32
Psychiatric Services	28	17	19	44	35	3	21
Educational/Vocational	6	15	11	36	8	31	16
Other	54	60	24	84	71	18	46
N	50	75	75	25	52	68	345

While the policy of required attendance at voluntary self-help programs such as AA/NA are not considered ancillary services, there are variations in this attendance policy at each site – some sites require more frequent attendance than others. AA/NA are potentially important resources for people who are currently participating in drug court as well as an integral part of their aftercare program. The attendance policy is enforced by requiring participants to complete weekly attendance forms. However there is no procedure to verify attendance. Several key actors and several program participants who were asked about the attendance policy indicated uncertainty about whether participants comply and whether reported attendance is actually true.

Summary

The delivery of substance abuse treatment services within a drug court setting occurs in a variety of treatment environments. The quality of those services vary across communities as does the availability of treatment counselors and their expertise. Intended to address these issues, the DSAT curriculum attempts to establish a standard of care across treatment professionals. However, the extent that the drug treatment service system has implemented the DSAT curriculum is unknown and needs to be continually monitored and assessed. Moreover, since the DSAT curriculum was not pre-tested, it is also important to learn from the experiences of the DSAT providers and participants the types of problems they are encountering in the field. A more thorough evaluation of the DSAT treatment regimen is due to be released in 2004.

Key findings in this section of the report indicate that, with the exception of the computerized screening assessment (CSA), the majority of key actors are generally satisfied with the comprehensive assessment as well as the bulk of the DSAT treatment regimen (Intensive and Maintenance phases). Other findings indicate that while some graduates participated in treatment phases for intervals below the minimum established by program protocols, graduates generally complete DSAT in the amount of time required. In addition, the majority of participants have accessed at least one type of ancillary service during their participation in the drug court and nearly half (48%) have accessed multiple types of ancillary services.

Section 6

Graduation and Termination Outcomes

The six drug courts comprising Maine's adult drug court treatment program admits offenders from diverse backgrounds. As we have seen throughout this report, these drug courts require that participants comply with program performance expectations including no new criminal conduct, abstaining from alcohol and drug use, attending substance abuse treatment sessions as well as participating in self-help programs (AA/NA). In this section of the report, we examine how participant characteristics and participant compliance with program requirements are associated with successful program completion. It will be recalled that 50% of the 216 participants discharged from Maine's drug court program graduated and 50% were expelled.

Although numerous studies report findings about how many people graduated and how many were expelled from drug court, relatively few studies attempt to identify what factors differentiate clients who successfully complete drug court programs from clients who are expelled. Of particular concern is the extent that participant characteristics are associated with discharge outcomes. This issue is important as drug courts appear to be most efficacious for only certain kinds of offenders. That is, selection bias may be affecting outcomes.

Participant characteristics found to be associated with successful completion of drug court programs in some studies include being employed, living with parents, completing high school or obtaining a GED (Peters et. al. 1999; Anspach and Ferguson, 2003). In addition, drug court graduates are more likely to report marijuana and alcohol abuse problems in contrast to expelled participants who were more likely to report problems with cocaine and opiate abuse (Anspach and Ferguson, 2003).

Studies have also shown several program characteristics to be related with successful completion of drug court programs (Goldkamp et. al. 2001; and Anspach and Ferguson, 2003). As expected, these studies suggest that compliance with performance expectations of the drug court is positively associated with successful completion of the program (e.g.: frequency of treatment sessions attended, no positive drug tests, not being sanctioned, no new criminal conduct, etc.).

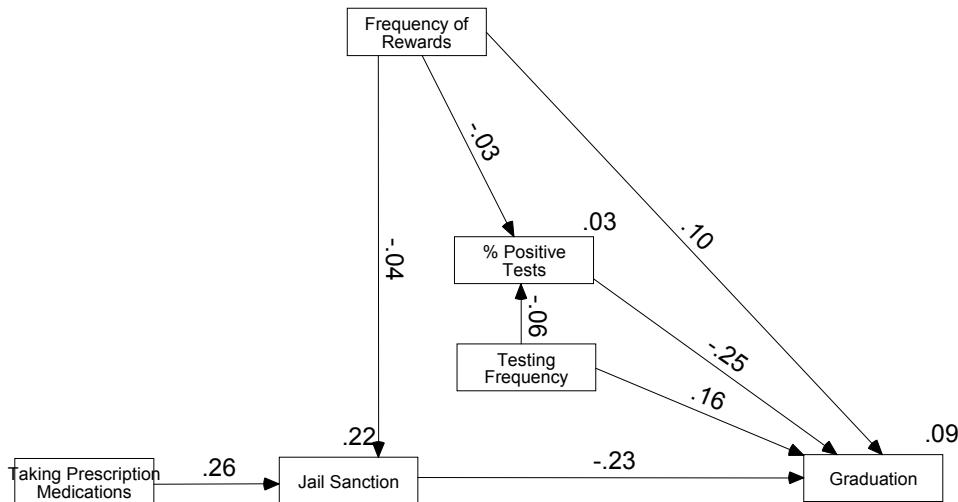
Factors Predictive of Graduation

This section of the report attempts to identify what factors differentiate clients who successfully completed these drug court programs from those clients who were expelled. Here, we introduce multivariate analyses to assess factors predicting the overall likelihood of successful program completion, or graduation¹⁴.

¹⁴ See Appendix B for a bivariate presentation of the relationships with graduation outcomes. An insufficient number of graduates prohibits the ability to conduct site-specific analyses.

The particular analysis that is employed here attempts to synthesize findings generated from several independent investigations of program components (see Appendix F). The particular analytic technique that we will be using is called path analysis (Duncan, 1960)¹⁵.

Figure 2: Maine Adult Drug Treatment Court Path Model



GFI = .9; RMSR = .0; Chi-square = 8.25; df = 6; prob. = .221; N = 191

Notes. Standardized path coefficients are located near the head of the arrows and the variance explained for each intervening and dependent variable is in bold, outside of the top-right hand corner of the boxes.
All paths are significant ($p < .05$; two-tailed tests).

Results of the path analysis can be summarized as follows:

- Participants who are taking prescription medications are more likely to receive a sanction of incarceration.
- Participants receiving a jail sanction are less likely to graduate.
- As the frequency of drug testing increases, so do the overall odds of graduation.
- As drug testing frequency increases, the rate of positive tests decreases.
- As the rate of positive tests increases, so does the likelihood of program expulsion.
- As the frequency of rewards increases, the odds of receiving a jail sanction decreases.
- As the frequency of rewards increases, the odds of graduation increases.
- As the frequency of rewards increases, the rate of positive tests decreases.

¹⁵ Path analysis is unique because it allows us to control for both independent (cause) and dependent (effect) variables, but also intervening or mediating variables. For example, receiving a jail sanction can serve as both a dependent variable (what factors predict the likelihood of receiving a jail sanction?) as well as an independent variable (what is the impact of receiving a jail sanction on graduation outcomes?). Independent regression techniques do not allow us to control for these dynamics. Hence, using path analysis allows us to provide a more complete, holistic and explicit interpretation of the operant factors that are associated with rates of successful program completion.

Section 7

Conclusions and Recommendations

Drug treatment courts have been heralded as one of the major justice reforms of the 20th century (Goldkamp: 2001). The drug treatment court provides an intermediate sanction that combines the coercive power of the criminal justice system with substance abuse treatment. As such, they represent a nexus between criminal justice and substance abuse treatment systems that is intended to *reduce prison populations by reducing crimes of drug involved offenders by changing their drug using habits*. The drug treatment court model includes treatment, drug testing, supervision, and compliance management with the specialized feature of the presiding judge overseeing the progress of the addicted offender's treatment and rehabilitation. Stated simply, drug courts recognize that treatment is one of the primary interventions to achieve justice goals and the role of the court is to ensure these services are delivered.

The State of Maine is unique in having successfully implemented a statewide adult drug treatment court system. This program operates in six counties and serves over two-thirds of the state's population. Examining data collected from each of the six drug courts, this third year evaluation report highlights some important indicators of the success of Maine's statewide drug court operations. Here, we summarize those findings.

As of December 1, 2003 more than 800 offenders with substance abuse problems have been referred to the program and 345 offenders have been enrolled in Maine's adult drug treatment court program of which 107 have successfully completed the program through graduation. Maine's adult drug court graduation rate (50%) compares favorably with national figures and exceeds those reported in a recent, national evaluation of four well established mentor drug courts. In addition, the program has positively responded to challenges of declining admissions; established greater consistency across courts in the sanctioning of participants with similar infractions; and has sustained improvements in the area of drug testing.

Transforming the drug court "concept" into actual practice, however, poses a number of philosophical and logistical dilemmas at both the state and local levels. To overcome these challenges, the Statewide Steering Committee continues to regularly meet in order to continue improving this model program. In March 2003, key actors in both the juvenile and adult drug court systems participated in a federally funded training event conducted by national experts. In order to further enhance Maine's adult drug court program, the research team has highlighted the following areas for further improvement:

- The current average length of time from initial referral to final admission to the drug court (78 days) greatly exceeds the amount of time recommended by existing policies and does not comport with the notion of early identification and prompt placement of participants in the program. There are two ways that these delays might be reduced:
 - The successful pilot project at one site (a revised screening protocol administered in the county jail) has significantly reduced the length of time from initial referral to final admission. The research team recommends that this pilot project be expanded to other sites as well.

- Since the lengthiest part in the enrollment process occurs between completion of the Comprehensive Assessment Interview (CAI) and final admission to the drug court program, we believe this is a key area where reductions in the length of the admissions process can be realized. Hence, local drug court team members ought to continue to identify ways to shorten this part of the admissions process or the statewide steering committee should lengthen the recommended time frame for processing offenders.
- Maine's drug courts have generated a 20% increase in the number of admissions from the previous year. Nevertheless, key actors who were surveyed believe that the program is still not operating at maximum capacity and that enrollments could be increased by an additional 15% without creating an additional on existing resources.
- Continue to maintain the current level of drug testing to meet the standards that key actors in the program believe are necessary.
- Given significant cross-site variations in the frequency of home visits being conducted, the statewide steering committee ought to consider whether there should be a minimum requirement in the frequency of home visits.
- Although experts in the field of behavioral management believe clients should be rewarded more frequently than they are sanctioned, our findings indicate that in 2003, there were as many rewards (n=402) as sanctions (n=408) given to participants. Drug court teams might consider increasing the overall frequency of rewards given as well as expand the various types of rewards that are being offered.
- Continued provision of nationally recognized training to Maine's drug court practitioners is essential to ensure the success of the program.
- Since AA and NA are the primary aftercare resources of this program, it would appear that enforced attendance while participating in drug court may lead to voluntary attendance after drug court. Therefore, the State-wide Steering Committee should consider developing a consistent and enforceable attendance protocol.

The implementation phase of the program having been completed, Maine's adult drug court program is now attempting to work with other programs across the state to deal with very complex problems posed by increasing numbers of addicted offenders. And, there is growing pressure to expand the program to other areas in Maine – in particular Hancock and Aroostook counties as well as to increase the number of participants in those counties where drug courts are operational. Further expansion of the program is, however, dependent on the availability of additional funding.

Nationally, there is a great deal of diversity in how drug treatment courts have been implemented. There are also broad variations in the structure and operations of the six drug courts in Maine. At this stage of development, the number of participants in each court has been simply too small to make statistical assessments of differential outcomes in terms of both successful program completion and post-program recidivism. This, however, is plainly the next order of business. In next year's report, these issues will be addressed in order to assess the extent that Maine's adult drug treatment court program has had an impact on crime reduction.

References

Appendix A

Survey of Maine's Adult Drug Treatment Court Program

The purpose of this survey is to learn about your experience with Maine's Adult Drug Court and Differential Substance Abuse Treatment System (DSAT). Please complete the survey and return in the enclosed self-addressed stamped envelope by March 20th 2003, or you may bring the completed survey to the training event. Survey responses are confidential and will be de-identified. We appreciate your time and cooperation.

A. Type of Agency Work For (Circle One):

Judiciary Probation Pre-Trial/Case Management Treatment Provider
Jail/Sheriff Other (specify _____)

B. County/Jurisdiction: _____

C. Position: _____ Today's Date: ___ / ___ / ___

D. Sex: Male Female (Circle one) E. Year of Birth: _____

F. Years with Current Agency: _____

G. Years in Profession: _____

H. Years in Current Job: _____

I. Indicate Highest Degree Obtained:

High School Diploma

GED

Bachelor's Degree

Master's Degree or J.D.

Ph.D.

Program Structure and Operations

1: Given existing resources, what do you believe is the maximum number of participants that can be enrolled in your drug court at any one time? _____

2: On a scale of 0 to 10, how important is the role of drug testing to the overall effectiveness of your drug court program?

3: On a scale of 0 to 10, how effective are the drug testing practices currently employed by your drug court?

4: On a scale of 0 to 10, to what extent do results of the Computerized Screening Assessment (CSA) affect your recommendation to accept or reject a potential drug court participant?

Please explain:

5: On a scale of 0 to 10, to what extent do results of the Comprehensive Assessment Interview (CAI) affect your recommendation to accept or reject a potential drug court participant?

Please explain:

6: On a scale of 0 to 10, to what extent does an offender's criminal history affect your recommendation to accept or reject a potential drug court participant?

Please explain:

7: On a scale of 0 to 10, how much of a role do you think you play in the decision to accept or reject a potential drug court participant?

<i>Circle One</i>	0	1	2	3	4	5	6	7	8	9	10
No Role						Modest Role					Significant Role

Please explain:

For more information about the study, please contact Dr. John Smith at (555) 123-4567 or via email at john.smith@researchinstitute.org.

Sanctions

1: On a scale of 0 to 10, how influential do you believe your recommendations are in the decision to sanction or reward a drug court participant?

2: On a scale of 0 to 10, how effective are sanctions and incentives used to ensure compliance to program requirements?

Please Respond to the Following Set of Scenarios

Scenario 1

Jane has been in the drug court program for four months and is currently in Phase 2. She is a 35 year old, single mother with two children and currently works full-time. According to her plea agreement, she is facing an underlying sentence of incarceration of two years for felony possession. To date, she has tested negative for all drug screens. Jane did receive a verbal reprimand for missing a treatment session during her third week in the program. During a home visit, she was found drinking alcohol, arrested by her probation officer and has spent the last two days in custody. Today is drug court. What, if anything, should happen to Jane? Check all that apply.

- Incarceration – specify days _____ Verbal Reprimand
 Community Service – specify hours _____ Essay/Written Assignment
 Increased Testing Increased Treatment
 Increased Reporting Phase Demotion
 Termination
 Other Response – please specify _____

Briefly explain your reasoning for this decision.

Scenario 2

John has been in the drug court program for two weeks. He is 24 years old, lives with his parents and is unemployed. According to his plea agreement, he is facing an underlying sentence of incarceration of one year for felony possession. He has recently tested positive for opiates and has missed two scheduled check-ins. Today is drug court. What, if anything, should happen to John? Check all that apply.

- Incarceration – specify days _____ Verbal Reprimand
 Community Service – specify hours _____ Essay/Written Assignment
 Increased Testing Increased Treatment
 Increased Reporting Phase Demotion
 Termination
 Other Response – please specify _____

Briefly explain your reasoning for this decision.

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Scenario 3

Horace has been in the drug court program for ten months and has completed DSAT. He is 48 years old, married and owns his own business. According to his plea agreement, he is facing an underlying sentence of incarceration of one year for felony OUI. To date, he has received three sanctions for marijuana use and missing scheduled appointments. He has been both clean and compliant with program expectations for the past six months. Horace was arrested yesterday for operating after suspension. Today is drug court. Aside from whatever penalty Horace may receive for this new charge, what, if anything, should happen to him in drug court? Check all that apply.

- | | |
|--|---|
| <input type="checkbox"/> Incarceration – specify days _____ | <input type="checkbox"/> Verbal Reprimand |
| <input type="checkbox"/> Community Service – specify hours _____ | <input type="checkbox"/> Essay/Written Assignment |
| <input type="checkbox"/> Increased Testing | <input type="checkbox"/> Increased Treatment |
| <input type="checkbox"/> Increased Reporting | <input type="checkbox"/> Phase Demotion |
| <input type="checkbox"/> Termination | |
| <input type="checkbox"/> Other Response – please specify _____ | |

Briefly explain your reasoning for this decision.

Scenario 4

Sylvie has been in the drug court program for two months and is in Phase 1. She is 29 years old, unemployed and lives with her boyfriend. According to her plea agreement, she is facing an underlying sentence of three years for felony trafficking. To date, she has received four sanctions for various technical violations, two of which involved jail time (14 days total). She recently tested positive for opiates and missed both treatment and a scheduled check-in. Today is drug court. What, if anything, should happen to Sylvie? Check all that apply.

- | | |
|--|---|
| <input type="checkbox"/> Incarceration – specify days _____ | <input type="checkbox"/> Verbal Reprimand |
| <input type="checkbox"/> Community Service – specify hours _____ | <input type="checkbox"/> Essay/Written Assignment |
| <input type="checkbox"/> Increased Testing | <input type="checkbox"/> Increased Treatment |
| <input type="checkbox"/> Increased Reporting | <input type="checkbox"/> Phase Demotion |
| <input type="checkbox"/> Termination | |
| <input type="checkbox"/> Other Response – please specify _____ | |

Briefly explain your reasoning for this decision.

The following questions refer to the treatment delivery system, Differentiated Substance Abuse Treatment.

On a scale of 1-5 (1= Strongly disagree; 2= Disagree; 3= No opinion; 4= Agree; 5= Strongly agree), please respond to the following items by circling the number corresponding to your evaluation of the statement.

	SD	D	NO	A	SA
1. DSAT is designed to provide for a continuum of care.	1	2	3	4	5
2. An offender's criminal record should take priority over assessment results in assigning them to drug treatment programs.	1	2	3	4	5
3. The primary goal of DSAT is to reduce criminal conduct.	1	2	3	4	5
4. DSAT was developed by Canadians and does not incorporate any research from the U.S.	1	2	3	4	5

Questions 5-16 are related to assessment of offenders.

	SD	D	NO	A	SA
5. The best way to ensure that offenders are placed in an appropriate treatment program is through the use of standardized assessment instruments.	1	2	3	4	5
6. A standardized, objective substance abuse screening is necessary to determine the severity of the offenders' substance abuse problem.	1	2	3	4	5
7. A clinical interview is the only useful process to assess the severity of the offenders' substance abuse problem.	1	2	3	4	5
8. Treatment level or intensity should vary by the offender's substance abuse diagnosis.	1	2	3	4	5
9. Offenders with a use diagnosis belong in clinical treatment	1	2	3	4	5
10. Offenders who sell drugs and offenders with diagnosed drug problems are pretty much the same and should receive the same treatment.	1	2	3	4	5

	SD	D	NO	A	SA
11. Assessment is important in order to ensure that offenders are not selected for treatment based solely on their offense.	1	2	3	4	5
12. Any drug use is likely to result in a need for treatment.	1	2	3	4	5
13. Assessment can be done within 30 days of entering treatment.	1	2	3	4	5
14. Standardized assessment take too long and are too technical, and not worth the staff's effort given the limited staff	1	2	3	4	5
15. All offenders have similar needs.	1	2	3	4	5
16. Assessment should guide all decisions regarding participation in drug court	1	2	3	4	5

Questions 17- 40 are related to your opinions about treatment in DSAT.

	SD	D	NO	A	SA
17. Substance abuse treatment needs to help the offender assess the reality of life.	1	2	3	4	5
18. Treatment cannot address the motivation to change.	1	2	3	4	5
19. Offenders should be in separate treatment groups from other addicts	1	2	3	4	5
20. Substance abuse is a disease.	1	2	3	4	5
21. Pre/post tests are unnecessary tools to determine if the offenders are improving in the targeted areas.	1	2	3	4	5
22. Good curricula should include opportunities for role-playing.	1	2	3	4	5
23. Individual counseling is more effective in helping offenders address their issues.	1	2	3	4	5

	SD	D	NO	A	SA
24. In order to be effective, the 12-step philosophy must be included in substance abuse treatment	1	2	3	4	5
25. Effective treatment is when offender volunteers for treatment.	1	2	3	4	5
26. Effective drug treatment involves helping offenders to develop problem-solving skills needed to function effectively in life	1	2	3	4	5
27. Offenders should not be rewarded for doing what is expected.	1	2	3	4	5
28. It is important that drug treatment help offenders avoid relapse by teaching offenders to accept their need for a higher power.	1	2	3	4	5
29. Offenders learn skills in DSAT that can help them stay away from drugs/alcohol.	1	2	3	4	5
30. Drug abuse treatment should generally include a focus on offenders' emotional skills needed to cope with their lives.	1	2	3	4	5
31. Drug abuse treatment should focus on the environment that provides reinforcement for drug using behaviors.	1	2	3	4	5
32. Leisure time activities (e.g., hobbies, family, and so forth) should not be addressed in treatment.	1	2	3	4	5
33. A goal of therapy is to help the offender develop a more positive self-concept.	1	2	3	4	5
34. It is important to help offenders solve daily life-management problems.	1	2	3	4	5
35. The success of drug treatment depends on the offender making an association between drugs and negative outcomes.	1	2	3	4	5
36. A key part of successful drug treatment is to help offenders develop ways to learn to accept failures and move forward.	1	2	3	4	5

	SD	D	NO	A	SA
37. Drug abusers should learn social skills to that would help them manage their lives.	1	2	3	4	5
38. Drug treatment need not address the offenders' thought processes that facilitate drug use (rationalize, denial, minimizing, etc.)	1	2	3	4	5
39. Drug treatment should help offenders reduce attitudes that facilitate drug use.	1	2	3	4	5
40. Drug treatment should not address the cravings that trigger the desire to use drugs.	1	2	3	4	5

Questions 41- 45 are related to your opinions on staff.

	SD	D	NO	A	SA
41. Counselors conducting groups need to believe in the possibility of rehabilitation.	1	2	3	4	5
42. Counselors should understand how to motivate offenders to change	1	2	3	4	5
43. Assessment staff should have different skills than counselors.	1	2	3	4	5
44. A curriculum means that the counselors can not do group processing.	1	2	3	4	5
45. Judges are not involved in the treatment components.	1	2	3	4	5

Questions 46- 50 are related to the implementation of DSAT. On a scale of 1-5 (1= Never; 2= Rarely; 3= No opinion; 4= Sometimes; 5=Always), please rate how often the following statements occur.

	N	R	NO	S	A
46. An assessment is mainly a review of offenders' file.	1	2	3	4	5
47. Substance abuse severity issues should be shared with others.	1	2	3	4	5
48. The motivational enhancement component of DSAT is only for those awaiting treatment.	1	2	3	4	5

	N	R	NO	S	A
49. DSAT process identifies level of substance abuse problem before deciding what treatment level the offender should receive.	1	2	3	4	5
50. Women and men in DSAT receive different substance abuse curriculum.	1	2	3	4	5

The following questions are designed to determine your opinions on DSAT and its components, on a scale of 1-5 (1= unsatisfactory; 2= needs improvement; 3= no opinion; 4= satisfactory; 5= very satisfactory) please rate the following statements.

51. Please rate your opinion on how well the DSAT assessment process works in placing appropriate offenders into appropriate services.

1 Unsatisfactory	2	3	4	5 Very Satisfactory
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52. The pretest/post test process is helpful in learning how well the offender progresses in treatment.

1 Unsatisfactory	2	3	4	5 Very Satisfactory
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53. The skills taught to offenders help them restructure their thinking about how to avoid drug use.

1 Unsatisfactory	2	3	4	5 Very Satisfactory
---------------------	---	---	---	------------------------

54. The DSAT curriculum has sufficient role-playing opportunities to allow the offender to practice new skills.

1 Unsatisfactory	2	3	4	5 Very Satisfactory
---------------------	---	---	---	------------------------

Please rate your opinions of the design of the following DSAT components:

55. Screening Process

1 Unsatisfactory	2	3	4	5 Very Satisfactory
---------------------	---	---	---	------------------------

56. Motivational Enhancement Component

1 Unsatisfactory	2	3	4	5 Very Satisfactory
---------------------	---	---	---	------------------------

57. Pre-Treatment Groups to Prepare Offenders to Change

1 Unsatisfactory	2	3	4	5 Very Satisfactory
---------------------	---	---	---	------------------------

58. Intensive Phase Groups to Help Offenders Learn About Treatment

1 Unsatisfactory	2	3	4	5 Very Satisfactory
---------------------	---	---	---	------------------------

59. Maintenance Phase

1 Unsatisfactory	2	3	4	5 Very Satisfactory
---------------------	---	---	---	------------------------

Please rate your opinions of the following DSAT components in practice:

60. Comprehensive Assessment Process

1 Unsatisfactory	2	3	4	5 Very Satisfactory
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Check here if you have not implemented the comprehensive assessment process _____

61. Motivational Enhancement Treatment

1 Unsatisfactory	2	3	4	5 Very Satisfactory
---------------------	---	---	---	------------------------

Check here if you have not implemented the motivational enhancement component _____

62. Pre-Treatment Groups

1 Unsatisfactory	2	3	4	5 Very Satisfactory
---------------------	---	---	---	------------------------

Check here if you have not implemented the pre-treatment groups _____

63. Intensive Phase

1 Unsatisfactory	2	3	4	5 Very Satisfactory
---------------------	---	---	---	------------------------

Check here if you have not implemented the intensive phase _____

64. Maintenance Phase



Check here if you have not implemented the maintenance phase _____

65. What percentage of offenders involved in DSAT do you think will benefit from the program?

_____ %

66. What percentage of offenders in Drug Court benefit from the judge overseeing treatment?

_____ %

Comments

Thank you for your participation.

Appendix B

Characteristics of Participants Discharged from Maine's Adult Drug Court Program

		<i>Overall Percent</i>	<i>N</i>	<i>Percent Graduated</i>
Gender				
	1) Male	74	160	51
	2) Female	26	56	46
	Total	100	216	50
CSA Level				
	1) One or Two	6	13	39
	2) Three	12	26	58
	3) Four	54	116	47
	4) Five	28	61	54
	Total	100	216	50
Dual Diagnosis				
	1) Yes	37	81	51
	2) No	63	135	49
	Total	100	216	50
Taking Prescription Drugs				
	1) Yes	37	79	45
	2) No	63	137	57
	Total	100	216	50
Education				
	1) Less Than High School	7	15	33
	2) Some High School	44	95	48
	3) High School Grad +	49	106	53
	Total	100	216	50
Living Situation (2:4*)				
	1) Independently	21	46	57
	2) Living with Significant Other	17	37	65
	3) Living with Friends/Relatives	51	111	47
	4) Other	11	22	25
	Total	100	216	50
Drug of Choice				
	1) Alcohol	33	71	56
	2) Marijuana	15	33	55
	3) Opiates	39	85	48
	4) Other	13	27	41
	Total	100	216	50
Employed at Admission (1:2***)				
	1) Yes	61	131	63
	2) No	39	85	29
	Total	100	216	50
Prior Treatment Experience				
	1) Yes	70	152	49
	2) No	30	64	52
	Total	100	216	50
Prior Arrests				
	1) None	6	12	67
	2) One or Two	23	51	43
	3) Three or More	71	153	50
	Total	100	216	50
On Probation				
	1) Yes	75	162	59
	2) No	25	54	46
	Total	100	216	50

*** p<.001, ** p<.01, * p<.05; two-tailed tests

Characteristics of Participants Discharged from Maine's Adult Drug Court Program

		<i>Graduated (107)</i>	<i>Expelled (109)</i>	<i>Overall (216)</i>
Age at First Arrest				
	Mean	19.1	18.4	18.7
	Median	18.0	18.0	18.0
	Range	10-56	8-40	8-56
Age*				
	Mean	31.0	28.0	30.0
	Median	29.0	26.0	29.0
	Range	19-58	19-55	19-58
Age at First Use				
	Mean	14.0	14.0	14.0
	Median	14.0	14.0	14.0
	Range	4-20	7-20	4-20
Amount of Incarceration Time Facing if Terminated from Drug Court (months)				
	Mean	20.0	19.0	19.0
	Median	18.0	16.0	18.0
	Range	0-96	0-84	0-96
Amount of Money Required to Support Habit (weekly)				
	Mean	\$484	\$726	\$582
	Median	\$228	\$400	\$300
	Range	\$10 - \$4,500	\$30 - \$5,000	\$10 - \$5,000
	N	82	56	138
Amount of Money Obtained Illegally to Support Habit (weekly)				
	Mean	\$339	\$573	\$434
	Median	\$100	\$200	\$150
	Range	\$0 - \$4,500	\$0 - \$5,000	\$0 - \$5,000
	N	82	56	138

*** p<.001, ** p<.01, * p<.05; two-tailed tests

Program Information by Discharge Status

	<i>Graduated</i> (n=107)	<i>Expelled</i> (n=109)	<i>Total</i> (n=216)
Length of time in Program (weeks)***			
Mean	57.9	39.4	49
Median	54.3	31.0	52
Range	34- 92	1-151	1-151
Number of Drug Tests Given Weekly ***			
Mean	1.6	1.0	1.3
Median	1.5	0.8	1.2
Range	0.3-3.4	0-5	0-5
Number of Positive Drug Tests ***			
Mean	1.1	2.7	1.9
Median	0	2.0	1.0
Range	0-9	0-14	0-14
Average Percent Positive Drug Tests ***	2%	25%	13%
Percent Rewarded	100	72	85
Percent Sanctioned	98	100	96
% Utilize Ancillary Services	76	55	65
% Utilize Multiple Ancillary Services	60	44	52
Types of Ancillary Services			
Additional Treatment**	44	27	35
Psychiatric Services	26	23	25
Educational/Vocational***	28	12	20
Other*	56	40	48

*** p<.001, **p<.01, *p<.05; two-tailed tests

		Adult Drug Treatment Court Sites						
		Court A N=50	Court B N=75	Court C N=75	Court D N=25	Court E N=52	Court F N=68	Total N=345
Gender	% Male	82	68	80	80	73	66	74
Race	% White	98	9	93	100	98	79	32
Employed at Admission	% Yes	64	68	60	56	50	63	61
Significant Partner	% Yes	64	57	63	56	25	31	49
Living at Admission	Independently	18	25	17	24	23	22	21
	Significant Other	34	13	28	24	8	-	17
	Other Relatives	20	38	24	28	40	69	38
	Friends	4	9	24	12	14	6	12
	Other	24	15	7	12	15	3	12
Education	Less than High School	10	4	12	8	4	6	7
	Some High School	58	47	57	56	31	25	45
	Completing High School	32	49	31	36	65	69	48
CSA Level	1 and 2	-	4	6	8	10	-	4
	3	8	21	15	4	7	6	12
	4	76	51	51	60	37	10	59
	5	16	24	28	28	46	84	25
On Probation	% Yes	78	96	69	84	58	65	75
Referral Source	Attorneys	42	52	57	56	67	62	56
	Probation	24	44	28	24	21	29	30
	Other	34	4	15	20	12	9	14
Drug of Choice	Alcohol	54	27	44	64	12	12	32
	Marijuana	10	10	29	24	6	2	13
	Cocaine	18	14	15	4	2	3	10
	Opiates	14	48	11	4	79	82	43
	Other	4	1	1	4	1	1	2
	Total	100	100	100	100	100	100	100
Prior Treatment	% Yes	15	32	43	52	58	13	34
Dual Diagnosis	% Yes	15	32	43	52	58	13	34
On Prescription Medication	% Yes	34	32	41	36	52	18	35
Prescription - Medical	% Yes	20	12	19	12	19	9	15
Prescription – Mental Health	% Yes	20	23	31	28	44	13	26

Drug Court Offenses	Adult Drug Treatment Court Sites						<i>Total</i>
	Court A	Court B	Court C	Court D	Court E	Court F	
% Crimes Against a Person	6	3	10	20	2	8	8
% Assault (F)	-	50	71	80	100	20	52
% Robbery	33	-	29	-	-	40	22
% Other	67	50	-	20	-	40	26
N	3	2	7	5	1	5	23
% Property Related	16	22	20	24	39	40	27
% Burglary/Theft (F)	62	20	57	50	45	64	50
% Theft (F)	38	40	7	33	15	12	21
% Forgery (F)	-	27	7	-	30	12	16
% Burglary of Motor Vehicle (F)	-	13	21	-	10	-	8
% Other Property (F)	-	-	7	17	-	8	4
% Other Property (M)	-	-	-	-	-	4	1
N	8	15	14	6	20	25	86
% Drug Related	30	15	27	8	31	11	21
% Trafficking (F)	40	30	90	50	63	57	60
% Possession (F)	40	50	10	-	31	14	28
% Other Drug Offense (F)	13	-	-	50	-	29	7
% Other Drug Offense (M)	7	20	-	-	6	-	6
N	15	10	19	2	16	7	69
% Motor Vehicle Related	42	13	24	20	6	8	18
% OUI (M)	57	67	41	80	67	60	57
% Habitual Offender (F)	33	33	47	20	33	-	33
% Other MV (M)	10	-	12	-	-	40	10
N	21	9	17	5	3	5	60
% Probation Violation	6	48	20	24	18	33	26
N	3	33	14	6	9	21	86
% Single Charge	14	53	32	16	35	41	35
% Multiple Charges	86	47	68	84	65	59	65
Total N	42	69	71	24	49	63	318
Missing Cases	8	6	4	1	3	5	27
Hammer (months)							
Mean	15.0	18.0	21.0	15.0	23.0	24.0	20.0
Median	15.0	18.0	18.0	14.0	23.0	24.0	18.0
Range	0-42	0.23-96	0-84	0-48	0-60	0-120	0-120
N	50	75	75	25	52	68	345

		<i>Adult Drug Treatment Court Sites</i>						
		<i>Court A</i>	<i>Court B</i>	<i>Court C</i>	<i>Court D</i>	<i>Court E</i>	<i>Court F</i>	<i>Total</i>
Age	Mean	31	31	32	31	26	27	30
	Median	28	29	33	31	24	24	27
	Range	19-55	19-58	19-51	19-45	20-43	19-49	19-58
	N	50	75	75	25	52	68	345
Age at First Use	Mean	16	20	18	21	19	20	19
	Median	16	18	17	21	18	20	18
	Range	8-23	12-56	8-45	11-32	10-40	9-47	5-56
	N	50	75	75	25	52	68	345
Age at First Criminal Conduct	Mean	14	14	13	13	14	14	14
	Median	14	14	14	13	14	14	14
	Range	7-18	8-20	8-20	8-20	7-19	8-20	7-20
	N	50	75	75	25	52	68	345
Average Amount Spent on Habit Weekly	Mean	256	559	504	89	912	964	641
	Median	125	300	200	75	650	600	300
	Range	10-1400	20-3500	20-3500	20-200	30-4500	25-5000	10-5000
	N	35	49	38	5	48	39	214
Average Amount Obtained Illegally Weekly	Mean	122	412	445	30\$	695	696	477
	Median	-	150	135	-	325	200	150
	Range	0-1200	0-3500	0-3500	0-100	0-4500	0-5000	0-5000
	N	35	49	38	5	48	39	214

Appendix C

The Steering Committee's Recommended Menu for Recognitions and Sanctions for Shaping Client's Behavior

<p align="center">Phase 1: Options for the Motivational Phase</p> <p align="center"><u>Recognitions (Rewards)</u></p> <ul style="list-style-type: none"> • An organizational chart documenting clean tests results • Tester give immediate praise for clean drug test • Movie tickets, coffee cups, gift certificates, etc. To be used in recognition of benchmarks or milestones. • Verbal praise and applause • Set a pattern of recognitions such as: For each clean urine the offender will earn points to be used for a reward 			
<p align="center">Menu of Options for Sanctions</p>			
	Positive UA	Contract/rule Violations *	New Criminal Conduct
1st	<ul style="list-style-type: none"> • Increase reporting • Increase testing • Increase AA/NA • Jail- 24 to 48 hrs 	<ul style="list-style-type: none"> • Calendar planning • Essay and read in court • Community service • Jury box • Day in court • IF violation is FTA (court or treatment) Warrant for arrest and Jail- 48 hrs 	<p align="center">Non-Violent Misd.</p> <ul style="list-style-type: none"> • Warrant and jail- 48 hrs • Consequences of new charge • Other appropriate action previously listed <p align="center">OUI, violent or felony arrests</p> <ul style="list-style-type: none"> • Arrest and jailed until resolution of new charge • Consider termination
2nd	<ul style="list-style-type: none"> • Vary list above, with more severity • Jury Box • Trial by peers • Mentoring by peers • Jail- 24 to 48 hrs 	<ul style="list-style-type: none"> • Vary list above, with more severity • IF violation is FTA (court or treatment) Warrant for arrest and Jail- 48 hrs 	<ul style="list-style-type: none"> • Same as 1st violation
3rd	<ul style="list-style-type: none"> • Reevaluate client's need for more intensive treatment services i.e.: Residential • Jail 7 or more days 	<ul style="list-style-type: none"> • Vary list above, with more severity • Consider termination 	<ul style="list-style-type: none"> • Same as 1st violation

Phase 2: Options for the Intensive Phase

Recognitions (Rewards)

In Phase two consider setting milestone marks, which are related to the DSAT phase. When the client reaches those goals recognize the accomplishment with one of the following:

- Same as in Phase one with the addition of:
- *Extended freedoms*
- *Clean slate of violations committed in phase one*

Menu of Options for Sanctions		
Positive UA	Contract/rule Violations *	New Criminal Conduct
When a client has been honest about drug use before the test response may be less severe <ul style="list-style-type: none"> • Same as Phase 1 • <i>Jail- 2 to 4 days</i> • <i>Increased treatment</i> 	<ul style="list-style-type: none"> • Same as Phase 1 • <i>Required to go to a day reporting center</i> 	Non-Violent Misd. <ul style="list-style-type: none"> • Same as Phase 1 • <i>Jail- 2 to 7 days</i> • OUI, violent or felony arrests • Same as Phase 1
<ul style="list-style-type: none"> • Same as Phase 1 • <i>Jail- 4 to 7 days</i> 	<ul style="list-style-type: none"> • Same as Phase 1 • <i>IF violation is FTA (court or treatment) Warrant for arrest and Jail- 2 to 4 days</i> 	<ul style="list-style-type: none"> • Same as 1st violation
<ul style="list-style-type: none"> • Same as Phase 1 • <i>Consider termination</i> 	<ul style="list-style-type: none"> • Same as phase 1 • <i>Reevaluate client's need for more intensive treatment services i.e.: Residential</i> 	<ul style="list-style-type: none"> • Same as 1st violation

* Any violation of the drug court contract or the bail conditions except for a positive UA.

Phase 3: Options for the Maintenance Phase

Recognitions (Rewards)

Continue setting milestones, recognizing when clients achieve their goals

- Same as in Phase 1 and 2 with the addition of:
- *Designate client as a mentor for newly admitted participants*
- *Decreased reporting to court, case management and/or probation*

Menu of Options for Sanctions

Positive UA	Contract/rule Violations	New Criminal Conduct
<ul style="list-style-type: none"> • Same as Phase 2 • <i>Jail- 2 to 7 days</i> • <i>Court phase demotion</i> • <i>Loss of phase privileges</i> • <i>Repeat DSAT lessons as needed</i> 	<ul style="list-style-type: none"> • Same as Phase 2 • <i>Court phase demotion</i> • <i>Loss of phase privileges</i> • <i>Repeat DSAT lessons as needed</i> 	<ul style="list-style-type: none"> • Arrest and jailed until resolution of new charge • Consequences of new charge • Consider termination
<ul style="list-style-type: none"> • Reevaluate client's need for more intensive treatment services i.e.: Residential • Jail- 7 or more days • Consider termination 	<ul style="list-style-type: none"> • Reevaluate client's need for more intensive treatment services i.e.: Residential • Jail- 7 or more days • Consider termination 	<ul style="list-style-type: none"> • Same as 1st violation
• Same as 2 nd violation	• Same as 2 nd violation	<ul style="list-style-type: none"> • Same as 1st violation

* Any violation of the drug court contract or the bail conditions except for a positive UA.

Phase 4: Aftercare

Clients in phase four will include in their Aftercare Plan those recognitions (rewards) and sanctions they feel to be useful in helping them and others in their phase of recovery to reach their goals.

Note: Whenever possible, all sanctions and rewards should be presented in front of the full client population during drug court sessions.

Appendix D

Scenario 1

Jane has been in the drug court program for four months and is currently in Phase 2. She is a 35 year old, single mother with two children and currently works full-time.

According to her plea agreement, she is facing an underlying sentence of incarceration of two years for felony possession. To date, she has tested negative for all drug screens.

Jane did receive a verbal reprimand for missing a treatment session during her third week in the program. During a home visit, she was found drinking alcohol, arrested by her probation officer and has spent the last two days in custody. Today is drug court. What, if anything, should happen to Jane?

<i>By Court</i>	<i>Court A</i>	<i>Court B</i>	<i>Court C</i>	<i>Court D</i>	<i>Court E</i>	<i>Court F</i>	<i>Total</i>
Incarceration	80	56	71	-	40	33	53
Community Service	-	-	-	-	10	68	13
Termination	-	-	-	-	10	-	4
Other	20	44	29	100	40	-	32
Total	100%	100%	100%	100%	100%	100%	100%
N	5	9	7	1	10	6	38

Scenario 2

John has been in the drug court program for two weeks. He is 24 years old, lives with his parents and is unemployed. According to his plea agreement, he is facing an underlying sentence of incarceration of one year for felony possession. He has recently tested positive for opiates and has missed two-scheduled check-ins. Today is drug court. What, if anything, should happen to John? Check all that apply.

<i>By Court</i>	<i>Court A</i>	<i>Court B</i>	<i>Court C</i>	<i>Court D</i>	<i>Court E</i>	<i>Court F</i>	<i>Total</i>
Incarceration	80	100	57	100	100	67	84
Community Service	-	-	14	-	-	33	8
Termination	-	-	29	-	-	-	5
Other	20	-	-	-	-	-	3
Total	100%	100%	100%	100%	100%	100%	100%
N	5	9	7	1	10	6	38

Scenario 3

Horace has been in the drug court program for ten months and has completed DSAT. He is 48 years old, married and owns his own business. According to his plea agreement, he is facing an underlying sentence of incarceration of one year for felony OUI. To date, he has received three sanctions for marijuana use and missing scheduled appointments. He has been both clean and compliant with program expectations for the past six months.

Horace was arrested yesterday for operating after suspension. Today is drug court. Aside from whatever penalty Horace may receive for this new charge, what, if anything, should happen to him in drug court?

<i>By Court</i>	<i>Court A</i>	<i>Court B</i>	<i>Court C</i>	<i>Court D</i>	<i>Court E</i>	<i>Court F</i>	<i>Total</i>
Incarceration	75	89	57	-	50	50	62
Community Service	25	11	29	-	-	17	14
Termination	-	-	-	100	20	17	11
Other	-	-	14	-	30	16	14
Total	100%	100%	100%	100%	100%	100%	100%
n	4	9	7	1	10	6	37

Scenario 4

Sylvie has been in the drug court program for two months and is in Phase 1. She is 29 years old, unemployed and lives with her boyfriend. According to her plea agreement, she is facing an underlying sentence of three years for felony trafficking. To date, she has received four sanctions for various technical violations, two of which involved jail time (14 days total). She recently tested positive for opiates and missed both treatment and a scheduled check-in. Today is drug court. What, if anything, should happen to Sylvie?

<i>By Court</i>	<i>Court A</i>	<i>Court B</i>	<i>Court C</i>	<i>Court D</i>	<i>Court E</i>	<i>Court F</i>	<i>Total</i>
Incarceration	75	89	43	100	30	67	60
Community	-	-	14	-	10	-	5
Termination	25	-	29	-	60	33	30
Other	-	11	14	-	-	-	5
Total	100%	100%	100%	100%	100%	100%	100%
N	4	9	7	1	10	6	37

Appendix E

	<i>Court A</i>	<i>Court B</i>	<i>Court C</i>	<i>Court D</i>	<i>Court E</i>	<i>Court F</i>
1. An offender's criminal record should take priority over assessment results in assigning them to drug treatment programs	Mixed Opinion	Mixed Opinion	Disagree	No Opinion	Mixed Opinion	Mixed Opinion
2. The best way to ensure that offenders are placed in an appropriate treatment program is through the use of standardized assessment instruments.	Disagree	Disagree	Mixed Opinion	Agree	Mixed Opinion	Mixed Opinion
3. A standardized, objective substance abuse screening is necessary to determine the severity of the offenders' substance abuse problem.	Agree	Mixed Opinion	Agree	Agree	Agree	Mixed Opinion
4. A clinical interview is the only useful process to assess the severity of the offenders' substance abuse problem.	Mixed Opinion	Disagree	Mixed Opinion	Disagree	Mixed Opinion	Disagree
5. Assessment is important in order to ensure that offenders are not selected for treatment based solely on their offense.	Agree	Agree	Agree	Agree	Agree	Agree
6. Assessment can be done within 30 days of entering treatment.	Mixed Opinion	Mixed Opinion	Mixed Opinion	Disagree	Agree	Mixed Opinion
7. Standardized assessment take too long and are too technical, and not worth the staff's effort given the limited staff	Disagree	Disagree	Disagree	Disagree	Mixed Opinion	Disagree
8. Assessment should guide all decisions regarding participation in drug court	Disagree	Disagree	Mixed Opinion	Disagree	Disagree	Disagree

	<i>Court A</i>	<i>Court B</i>	<i>Court C</i>	<i>Court D</i>	<i>Court E</i>	<i>Court F</i>
Opinions About DSAT Design						
1. Motivational Enhancement Component	No Opinion	Mixed Opinion	Satisfied	No Opinion	Mixed Opinion	Mixed Opinion
2. Pre-Treatment Groups	Satisfied	Mixed Opinion	Satisfied	No Opinion	Mixed Opinion	Mixed Opinion
3. Intensive Phase	Satisfied	Satisfied	Satisfied	No Opinion	Mixed Opinion	Mixed Opinion
4. Maintenance Phase	Satisfied	Satisfied	Satisfied	No Opinion	Mixed Opinion	Mixed Opinion
Opinions About DSAT Components in Practice						
1. Motivational Enhancement Component	Satisfied	Mixed Opinion	Satisfied	No Opinion	No Opinion	No Opinion
2. Pre-Treatment Groups	Satisfied	No Opinion	Satisfied	No Opinion	No Opinion	Mixed Opinion
3. Intensive Phase	Satisfied	Satisfied	Satisfied	No Opinion	Satisfied	Satisfied
4. Maintenance Phase	Satisfied	Mixed Opinion	Satisfied	No Opinion	Mixed Opinion	Satisfied

Appendix F

Factors Predictive of Percent Positive Drug Tests

<i>Signifian Variables</i>	<i>t</i>
Frequency of Sanctions	2.14*
Length of Time in Program	-2.22*
Testing Frequency	-2.23*
Constant	0.26
R ²	0.49
N	128

*** p<.001, ** p<.01, * p<.05; two-tailed tests
^a Unstandardized coefficients and standard errors available from author upon request.
Only the significant terms tested in the models are presented in order to conserve space.

Odds Ratios for the Step-wise Logistic Regression on Incarceration Outcomes

<i>Variables</i>	<i>B</i>	<i>S.E.</i>	<i>Wald</i>	<i>Sig.</i>	<i>Exp(B)</i>
CSA Score 3 and Lower	-1.084	.563	3.709	.054	.338
Frequency of Rewards	-.480	.094	25.983	.000	.619
Frequency of Sanctions	.281	.062	20.444	.000	1.325
On Prescription Medication	1.405	.395	12.655	.000	4.075
Length of Time in Program	.026	.011	5.903	.015	1.027
Constant	-1.529	.475	10.360	.001	.217
Cox & Snell R ²	.326				
N	191				

*** p<.001, ** p<.01, * p<.05; two-tailed tests
Only the significant terms tested in the models are presented in order to conserve space.

Odds Ratios for the Step-wise Logistic Regression on Graduation Outcomes

<i>Variables</i>	<i>B</i>	<i>S.E.</i>	<i>Wald</i>	<i>Sig.</i>	<i>Exp(B)</i>
Frequency of Rewards	1.404	.230	37.410	.000	4.071
Received a Jail Sanction	-1.957	.623	9.869	.002	.141
Testing Frequency	1.506	.386	15.234	.000	4.511
Constant	-5.888	1.175	25.098	.000	.003
Cox & Snell R ²	.614				
N	191				

*** p<.001, ** p<.01, * p<.05; two-tailed tests
Only the significant terms tested in the models are presented in order to conserve space.