Evaluation of the Denver Drug Court: The Early Years, 1995-1996

By
Linda Harrison
Diane Patrick
Kim English

November 2001

Office of Research and Statistics
Division of Criminal Justice
Colorado Department of Public Safety
700 Kipling, Denver, Colorado 80215
www.cdpsweb.state.co.us/ors

Kim English, Research Director
Raymond Slaughter, Director, Division of Criminal Justice
Sue A. Mencer, Executive Director, Department of Public Safety

Funded by the Drug Control and Systems Improvement Program (DCSIP) Grant Number 95-DB-19-13-1

An Evaluation of the Denver Drug Court:

The Early Years, 1995-1996

Executive Summary

The Denver Drug Court started in July of 1994. This study obtained information on all drug offenders processed through the Court the first quarters of 1995 and 1996 and compared them to drug offenders serving probation/deferred judgement sentences in 1993.

Overall, the first two years of Drug Court operation appeared to have a positive impact on many drug offenders and perhaps on the larger criminal justice system. Serving a significantly more difficult clientele, the Drug Court in 1995-96 had similar recidivism rates as pre-Drug Court probation/DJ supervision clients.

The findings presented below are summarized as follows:

1) Research findings;

2) Drug offender profiles in 1993 compared to those in 1995-96;

3) Successful/unsuccessful probation and deferred judgment outcomes for Denver drug cases before and after Drug Court;

4) Drug case outcomes (new arrest, new filing) 24 months after completion of probation or Drug Court; and

5) Limitations of the study.

(1) Research findings.

- In 1995-96, 81% of Drug Court cases participated in treatment for at least six months. Given the research literature that clearly links length of time in treatment with positive outcomes, this is an important outcome of participation in Drug Court.

- In 1995-96, Drug Court clientele had criminal histories that were significantly more serious compared to pre-Drug Court cases in Denver and the recidivism rate (new filing after sentence completion) at 12 months and 24 months was slightly lower than pre-Drug Court cases. The differences presented below are not statistically significant.

	Pre-DC	*DC*
New filing within 12 months of probation termination	*14.9%*	*11.8%*
New filing within 24 months of probation termination	*22.4%*	*18.4%*

- In 1995-96, offenders with less extensive criminal histories and treatment needs were more likely to graduate from Drug Court or complete probation/deferred judgement sentences while in DC.

- Pre-DC offenders (1993 cases sentenced to probation or deferred judgements) were more likely to complete probation than DC offenders (64.8% compared to 49.1%). This is expected when supervision and compliance requirements are intensified[1], and when the criminal population is significantly more serious than the comparison group. This finding is consistent with other program studies conducted by the Division of Criminal Justice.

- Black ethnicity is the strongest predictor of DC failure, however it also predicted pre-DC failure in probation. In 1995-6, controlling for drug charge, criminal history, employment at arrest, and residential stability, black offenders were 4.62 times more likely to fail the DC program. Specifically, in 1993, black offenders were 5.97 times more likely to fail probation, controlling for the same characteristics. This finding is consistent with Drug Court studies in Iowa and Oklahoma.

(2) Offender Profiles. Because the 1995 and 1996 offender profiles were similar, the sample drawn from these two years were combined into a single sample and compared with the 1993 sample. Comparison of the 1993 pre-Drug Court and 1995-96 Drug Court probation/deferred judgment (DJ) samples identified the following:

- Compared to the 1993 sample, Drug Court cases were significantly more likely to be charged with heroin-related crimes (12.3% compared to 2.9% in

[1] The purpose of the Drug Court is to enhance the intensity of supervision, focus on the drug issues of the offenders, and to apply appropriate interventions

1993) and somewhat less likely to be charged with cocaine-related charges (69.7% compared to 79.0% in 1993).[2]

- Offenders in Drug Court were significantly more likely to be educated beyond high school (24.1% compared to 13.3% in 1993).

- One in five offenders in Drug Court (21.6%) reported having moved more than four times in the two years prior to arrest compared to 9.5% of 1993 Denver drug offenders, suggesting that Drug Court clientele were less stable than 1993 probation/DJ clientele.

- Drug court offenders in 1995-96 had significantly higher criminal history scores compared to 1993 pre-Drug Court offenders, with mean scores of 1.29 compared to .89, respectively. Criminal history scores range from zero (none or low) to 4 (very high), and represent an index, or composite, developed by the ORS to capture prior juvenile, adult and revocation activity recorded in official records. Compared to the 1993 sample, the Drug Court sample had three times the proportion of offenders with a criminal history score of 4 (5.7% compared to 15.2%). This finding is consistent with other criminal history analyzes conducted by the ORS: during the 1990s, criminal history scores increased, on average, for offenders processed through the Colorado criminal justice system, and the subgroup of "career criminals" appears to be growing.

(3) Program Outcome. Denver drug offenders in Drug Court were compared to Denver drug offenders on probation or deferred judgment (DJ) in 1993.

- Drug Court offenders were significantly less likely to complete probation/DJ (49.1%) compared to 1993 Denver drug offenders (64.8%). This finding is linked to the fact that Drug Court offenders were more likely to get arrested while under supervision (61.6%) compared to pre-Drug Court offenders (49.5%). As previously stated, this finding is expected when supervision and compliance requirements are intensified, and when the criminal population is significantly more serious than the comparison group.

- Consistent with a higher program failure rate, a larger proportion of Drug Court offenders were eventually sentenced to prison following a probation revocation, at 38.0%, compared to 23.8% for pre-Drug Court offenders.

- Similarly, those who were arrested while in Drug Court had a "better than chance" (61.7%) probability of receiving a prison sentence compared to 1993 arrestees who faced a nearly equal chance (48.0%) of going to prison or not.

[2] "Heroin-related" includes charges pertaining to possession, manufacture, sale, and distribution, i.e., the continuum of felony charges related to drug crimes.

- Offenders who graduated[3] from Drug Court or completed probation/DJ in 1995-96 were more likely to have lower scores on the criminal history index and the Level of Supervision Inventory (LSI, a measure of offender risk and needs). The finding that clients of lower risk and lower need are more likely to do well in criminal justice programs holds for many criminal justice interventions. [4]

- Offenders who graduated from Drug Court *and* completed probation/DJ, when compared with offenders who participated in but did *not* graduate from Drug Court yet successfully completed probation/DJ scored, on average, .69 on the criminal history index (ranging 0-4). This compares to a significantly higher score of 1.01 of those who participated in but did not complete Drug Court and successfully completed probation. Those Drug Court participants that did not graduate *and* failed probation/DJ had significantly higher criminal history score of 1.75. Likewise, across these three groups, LSI score and assessed treatment level scores increased as criminal history increased.

- Those who successfully graduated/completed Drug Court/probation were significantly more likely to be charged with marijuana- and stimulant-related crimes while those that did not complete were significantly more likely to have cocaine or heroin charges.

- Offenders graduating Drug Court were under supervision for, on average, ten months *less than* pre-Drug Court drug offenders who completed probation/DJ sentences.

- In a multivariate analysis, the following variables significantly contributed to a statistical model that predicted failure in the Drug Court: Higher criminal history scores, a lack of residential stability, not graduating from high school, not being employed at the time of arrest, and being coded Black on ethnicity.

- Risk of failure increased 1.6 times with each incremental increase in criminal history score. Participants were also 4 times more likely to fail if residentially unstable, 4.6 times more likely if Black, 3.4 times more likely if they had no high school diploma or GED, and were twice as likely to fail if unemployed.

(4) Offender outcomes post-termination. Outcomes for Denver drug offenders were compared before and after the implementation of the Drug Court.

- Drug Court offenders had more serious criminal histories compared to 1993 drug offenders, nevertheless, Drug Court graduates were equally likely (statistically),

---

[3] Drug Court participants who successfully complete the court's requirements are recognized with a graduation ceremony and certificate of completion. Individuals can participate and NOT successfully complete these requirements and so *not graduate but remain on probation* and successfully terminate from probation supervision. For this bulleted finding, these two groups were combined.

[4] A study recently conducted by the Colorado Division of Criminal Justice (report in progress) also found that those most likely to succeed in programs are those with lower criminal history scores and lower LSI scores.

to have *a new filing* after their successful completion of Drug Court or probation. At one year, 11.8% of Drug Court clients and 14.9% of 1993 drug offenders received a new filing. At two years, these rates were 18.4% for Drug Court clients compared to 22.4% for the 1993 offenders.[5] This fact, combined with the fact that Drug Court graduates were under supervision for an average of ten months less than pre-Drug Court offenders, suggest that the early years of the Denver Drug court overcame implementation challenges common to new programs. Note that only offenders who successfully completed the conditions of their probation or deferred judgment were included in the recidivism analysis.

- Equal proportions (of approximately one-third) of the drug offenders in both groups were *arrested* during the two-years following their entry into Drug Court or their probationary/deferred judgment period.

(5) Limitations of this Study.

- Many environmental changes occurred in Denver between the two study periods which likely had unmeasurable, though significant, impacts on offender outcomes. These changes include urban renewal activity in the lower downtown area, and the creation of a new police precinct in Denver with a strict drug enforcement philosophy.[6]

- Caseload sizes increased by 50 to 60% between 1993 and 1995-96, from approximately 1000 drug cases per year to more than 1600 cases in 1996. This increase in cases, combined with an increased severity of the part of the drug offender would likely challenge the court's ability to implement intense case management and service delivery in these early implementation years. It was not possible to empirically explore the impact of the increase in clientele referred to the Drug Court.

- This study design does not tap future drug use, but relies upon rearrest as the sole indicator of program success or failure. The core philosophy of the Drug Court emphasizes the clients' abstinence from drug use. This lifestyle and health change is the primary focus of the court rather than criminal activity. The outcome measure most reflective of this Drug Court objective would be the status of the client in terms of drug use at 6, 12 or 24 months out. Unfortunately, the accommodation of this outcome measure was beyond the scope and resources of this study. Future evaluations of the Drug Court should incorporate post-program measures of sobriety and abstinence as well as criminal activity.

---

[5] Based on a recent study (Andrews, C. and Dedrickson, M. (2001)., Recidivism Report 1995-1999), conviction rates for offenders terminated in 1999 fell as low as 7%. However, these findings are not comparable to those presented in this study, as they are based on rates of new **convictions** for Drug Court **graduates only**, and the length of time at risk is uncontrolled. For a copy of this report, contact the office of the Denver District Attorney.

[6] For an in-depth discussion of these influences, see Patrick, D. and English, K. (1999). *Case Processing Evaluation of the Denver Drug Court.* Denver, CO: Colorado Department of Safety, Division of Criminal Justice, Office of Research and Statistics. Available at http://cdpsweb.state.co.us/ors/docs5.htm

- The formative years of the Drug Court are the focus of this study. While findings from more recent data analysis and/or evaluation studies can be compared to information presented here, the findings apply only to cases processed in the first two years the Drug Court was operational. Additional research is necessary to address questions concerning the present-day operations of the program.

Section One

Introduction

Drug Use And Crime Are Directly Linked

Drug use has skyrocketed over the last two decades[7] with an accompanying increase in felony drug cases across the country. Illicit drug users are about 16 times more likely than nonusers to report being arrested and booked for larceny or theft, and more than 9 times more likely to be arrested and booked on an assault charge, according to the 1997 National Household Survey from the Department of Health and Human Services.[8] The results of a 1997 survey of inmates indicate that about one in six state and federal prisoners reported that they committed their current offenses to obtain funds for drug purchases. This study also found that approximately half the state and federal prisoners surveyed reported using drugs in the month before their offense (57 and 45 percent, respectively). Fifty-two percent of state prisoners and 34 percent of federal prisoners used alcohol or drugs at the time of the offense.[9] Further, "for those incarcerated for a ***violent*** offense, 40 percent of federal inmates and 52 percent of state inmates reported the use of drugs or alcohol at the time they committed the offense for which they were incarcerated."[10] These data support Peters' observation

[7] According to the U.S. Department of Justice June 1992 report describing Miami's Drug court, there were more than one million arrests for drug offenses in 1991, reflecting a 56% increase since 1982.
[8] *Drug-Related Crime.* (March 2000). Executive office of the President, Office of National Drug Control Policy, Drug Policy Information Clearinghouse Fact Sheet. Available through the Bureau of Justice Statistics.
[9] Mumola, C.J. (1998). *Substance Abuse and Treatment, State and Federal Prisoners, 1997.* Washington, DC: US Department of Justice, Office of Justice Program, Bureau of Justice Statistics, Special Report NCJ 171871.
[10] National Institute of Justice (1999 Program Plan). *Breaking the cycle of substance abuse and crime.* Washington DC: US Department of Justice.

(cited in Brown, 1997) that "substance abuse was the most important indicator of recent violence".[11]

The dramatic increase in drug use and the criminal justice system. As a result of more drug-related arrests, many courts, jails and prisons are increasingly flooded with drug offenders. In the mid-1980s, this influx of drug cases was viewed by some as a "palpable crisis for the courts"[12] with no apparent relief in sight. For example, the number of drug offenders convicted in federal courts increased 82 percent between 1985 and 1992; in state courts, convictions for drug traffickers increased 116 percent between 1986 and 1992. Also, the number of new court commitments to state prisons for drug offenses escalated from 6.8 percent in 1980 to 30 percent in 1992.[13] In 1995 the Bureau of Justice Statistics estimated that there were 1.5 million adult felons and one million adult misdemeanants under the supervision of state and local probation agencies, and that 21.4 percent or approximately 561,000 of the adults on probation in 1995 were sentenced for a drug offense.[14,15]

Spending billions of dollars[16] on the 'War on Drugs' resulted in twice as many arrests and incarcerations,[17] but has done little to improve crime and recidivism rates for drug abusers. Experience indicates that incarceration does little, if anything, to break the cycle of illegal drug use and crime. The 1998 annual Report on Drug Use Among

[11] Brown, J.R. (1997) *Drug diversion courts: Are they needed and will they succeed in breaking the cycle of drug-related crime?* New England Journal on Criminal and Civil confinement, 23(1) pp. 63-99.
[12] Mahoney, B. (1994). *Drug courts: What have we learned so far?* The Justice System Journal, 17(1).
[13] Brown (1997).
[14] Bonczar, T.P. (1997). *Characteristics of Adults on Probation, 1995.* Washington DC: US Department of Justice, Office of Justice Programs, Bureau of Justice Statistics.
[15] Drug trafficking (15%) and possession (13%) were the most common offenses among felons, and driving while intoxicated (35%) and assault (11%) were the most common offenses among misdemeanants.
[16] Brown (1997) reports that the total drug enforcement budget increased from $1.5 billion in 1981 to $13.1 billion in 1995.
[17] The number of drug arrests increased from 661,400 in 1983 to 1,126,300: from Bureau of Justice Statistics. (1994). *Drugs and Crime Facts, 1993.* Washington, DC. U.S. Department of Justice. The number of drug arrestees increased to 1,583,600 by 1997 according to the Office of National Drug Control Policy, from *Drug Data Summary.* Washington DC. Executive Office of the President, Office of National Drug Control Policy, Drug Policy Information Clearinghouse, April 1999.

Adult and Juvenile Arrestees[18] shows that the percent of female arrestees that tested positive for any drug ranged from 33.3 percent to 82.1 percent in the 35 participating cities. The percentage of adult male arrestees testing positive ranged from 42.5 percent to 78.7 percent. In most of the 35 sites, the majority of arrestees tested positive for some type of drug. Most populations averaged at least one prior arrest (see Appendix A for recent data from Denver County).

Drug Courts: One Response to The Problem

Drug Courts were developed as one innovative solution to address the issue of drug abuse and related criminal activity. Drug Courts began in 1989 as an experiment by the Dade County Circuit Court to develop and monitor an intensive, community-based, treatment, rehabilitation, and supervision program for felony drug defendants to break the cycle of recidivism in this population.

While drug courts around the country may have similar missions, local approaches to developing and establishing drug courts vary. Generally, drug courts strive to promote recovery of offenders dependent on alcohol and other drugs. By creating a moment of crisis, arrest can force substance abuse into the open, making denial difficult. The period immediately after arrest, or after apprehension for violations of probation, therefore provides a critical window of opportunity for intervening and introducing the value of alcohol and other drug (AOD) treatment. If taken promptly

[18] National Institute of Justice. (April 1999). *Annual report on drug use among adult and juvenile arrestees.* Washington, DC: Office of Justice Programs, U.S. Department of Justice. Available at http://www.ojp.usdoj.gov/nij/pubs-sum/175656.htm.

after arrest, judicial action can capitalize on the crisis nature of the arrest and booking process.[19]

Treatment and oversight of the offenders is accomplished using a collaborative approach including judges, prosecutors, defense counsel, probation authorities, corrections and law enforcement personnel, service providers and others representing various resources and rehabilitation agencies, such as those providing housing and employment assistance. Drug courts operate under clear and definite rules, and compliance is within the offender's control. The participant's progress is measurable (e.g., attendance at treatment sessions and urinalysis results), and rewards and sanctions can be provided. The court may dismiss charges, reduce or set aside a sentence, offer a lesser penalty or some combination of these in exchange for successful completion of the treatment program.[20] In short, drug courts "can use [their] influence and authority to direct a nonviolent drug abuser to change behavior and lead a productive, drug-free life."[21]

The number of drug courts increased rapidly. As of March 2001, 655 drug courts were implemented across 50 states, the District of Columbia, Puerto Rico, Guam and two federal districts. Another 287 drug courts were in the planning stages.[22] Further, while drug courts were initially directed at less serious offenders, in 1998 approximately 70 percent of all drug courts targeted offenders with more extensive criminal histories. In fact, the typical drug court participant had at least a 15-year

---

[19] Memphis Shelby Crime Commission. *Best Practices Number Nine: Processing Non-Violent Drug Offenders through Treatment-Oriented Drug Courts.* Available http://www.memphiscrime.org/research/bestpractices/bestpractices-9.html#data 5/30/01

[20] *Defining Drug Courts: The Key Components.* Washington, DC: U.S. Department of Justice, Office of Justice Programs, Drug Courts Program Office. (January 1997).

[21] Press Release, from Attorney General Reno announcing funds to continue successful drug court programs. Obtained from http://www.ojp.usodj.ogv/dcpo/dcpoppr63.htm

[22] *Office of Justice Programs Drug Court Clearinghouse & Technical Assistance Project, Drug Court Activity Update.* Washington, DC: Office of Justice Programs. (February 2000).

history of drug use.[23] "Most Drug Court participants have a history of many years of moderate to severe substance dependency and many are poly-drug users."[24] Tauber (1998) supports expanding drug court programs to more serious drug users, as they are "exactly the ones who most need the comprehensive judicial monitoring, probation supervision, frequent drug testing, treatment services and immediate sanctions that a drug court provides...." He calls for the augmentation of existing drug court programs to deliver services ultimately to all drug-using offenders living in the community.

The continued need for evaluation. Not surprisingly, this rapid expansion across the country of both drug courts and the offenders they serve resulted in a corresponding need to describe program outcomes. Peters (1996) calls for evaluations to assist policy makers in determining whether programs will deliver meaningful outcomes in a cost-effective manner. In his 1996 report, Peters describes methods to employ both short and long-term evaluation strategies as particularly relevant in an era of budget constraints and fiscal conservatism.[25] The report details a list of relevant outcome measures that include criminal justice involvement, substance abuse, employment, psychological and emotional functions, involvement in substance abuse treatment, use of health services, skills acquisition, quality of life measurements, and cost measures related to outcomes. Similarly, the U.S. Department of Justice reported the results of focus group meetings that discussed ways to increase the knowledge about the efficacy of drug courts. In addition to a number of process measures, this group recommended collecting data to measure program impacts such as retention,

[23] Tauber, J. (1998). *The future of drug courts: Comprehensive drug court systems.* Alexandria, VA: National Drug Court Institute Review, Vol I., Issue I, Summer 1998.
[19] Cooper, C.S., (1997). *1997 Drug court survey report: executive summary.* Washington, DC: Office of Justice Programs, Drug Court Clearinghouse and Technical Assistance Project.

[25] Peters, R.H. (1996). *Evaluating drug court programs: An overview of issues and alternative strategies.* Tampa. FL. Department of Mental Health Law and Policy, Florida Mental Health Institute, University of South Florida.

impacts on criminal behavior, substance abusing behavior and participants' life circumstances.[26]

Fundamentally, evaluation should be a continuous process, and should provide findings and recommendations that are utilized to the benefit of program participants. "In the end, methods should meet the needs of programs because programs cannot always meet the criteria of rigorous evaluation research" (Kirchner 1999).[27] In reality, as Kirchner points out, evaluation and the choice of relevant outcomes exists within environments that may lack adequate resources to support the breadth of questions that should be answered to make informed decisions. So the focus on relevant outcomes becomes a matter of priority. In the criminal justice arena, the priority is often to provide policy makers with information for decisions regarding public safety. Thus, many studies have focused on recidivism outcomes to satisfy the need to identify what works from a public safety perspective. However, it is important to remember that lower recidivism rates can lead to a number of other benefits, such as reduced burdens on the courts and criminal justice systems and the elimination of costs to potential crime victims. Offenders (and their families and neighborhoods) also benefit from program interventions that assist them in living successfully and crime-free in the community.

The Impact Of Drug Courts On Recidivism

A growing number of evaluations describe a variety of outcomes for drug court programs. Some are limited in their findings due to various methodological issues, such as a lack of comparison groups, brief follow-up periods, or program implementation

[26] *Drug Court Monitoring, Evaluation, and Management Information Systems.* Washington, DC: US Department of Justice, Office of Justice Programs. (May 1998).
[27] Kirchner, R.A. (1999). *A realistic approach to drug court evaluation.* A presentation prepared for the National Association of Drug Court Professionals 5th Annual Training Conference, June3-5, 1999, in Miami, FL. Washington, DC. Bureau of Justice Assistance, US Department of Justice.

issues that impact proper assessment. In 1997 the Government Accounting Office (GAO) reported on their review of the effectiveness and impact of federal grants for drug court programs that included court-supervised drug treatments. The GAO synthesized and evaluated 20 studies and concluded that existing evaluations, while providing some limited information, did not permit them to reach definitive conclusions concerning the overall impact of drug courts. Program approaches were diverse, targeted differing populations, and had varying program completion requirements. Study methodologies were dissimilar in scope and objectives. Most of these studies evaluated newly implemented programs, so consequentially had no or very short follow-up periods and lacked data concerning recidivism and drug use relapse.[28]

However, as the drug court concept gains longevity, recent reviews of the literature generally indicate positive impacts on recidivism resulting from drug courts. According to a 1997 survey of drug courts, recidivism rates ranged between 2 percent and 20 percent. Almost "all jurisdictions observed that recidivism is substantially reduced for participants who complete the drug court program and, to a considerable extent, although generally to a lesser degree, for those who do not complete the program."[29, 30]

Belenko (1998, 1999) updated and expanded the GAO study and reviewed 59 evaluations pertaining to 48 drug courts across the nation.[31,32] Belenko's review included the evaluations in the GAO review as well as additional evaluations that utilized control and comparison groups, a feature which earlier studies lacked. Several of the studies included in the GAO report had been updated with new recidivism rates and

[28] Government Accounting Office. (1997). *Drug courts: overview of growth, characteristics, and results.* Washington, DC. (GAO/GGD-97-106).
[29] Cooper (1997).
[30] *Looking at a decade of drug courts.* (1998). Office of Justice Programs, U. S. Department of Justice, Drug Courts Program Office, prepared by the Drug Court Clearinghouse and Technical Assistance Project.
[31] Belenko, Steven (1998). *Research on Drug Courts: A Critical Review.* National Drug Court Institute Review, Vol I., I.
[32] Belenko, Steven (1999). *Research on Drug Courts: A Critical Review 1999 Update.* National Drug Court Institute Review, Vol II., II.

longer-term follow-up periods. Belenko concluded that despite the differences in programs and evaluation methods, and limitations of some of the study data, several consistent findings across studies emerged. These findings include reports that drug courts reduce recidivism for participants after they leave the program.

One particularly noteworthy study, from Maricopa County,[33] conducted an extended follow up of offenders who participated in a randomized evaluation of a drug test and treatment program three years prior. The evaluation design randomly assigned offenders to one of four study groups when they initially reported to probation.[34] At the end of 36 months, findings indicated that drug court participants were less likely than the other three groups to receive a technical violation, and were significantly less likely to be rearrested.

Multiple other studies, albeit without the technical merit of the one conducted in Maricopa County, have reported positive outcomes for the drug court approach.[35,36] However, not all studies have found the same results. Offenders processed in the Las Vegas Drug Court recidivated at a higher rate than a control group of cases processed in the Clark County District Court (26 percent compared to 16 percent). Overall recidivism risk was 1.8 times higher for drug court participants even after controlling for demographic and charge-related factors.[37,38,39]

---

[33] Turner, Susan. Unpublished draft of a three-year follow-up of the Maricopa First Time Drug Offenders Program. Santa Monica, CA: Rand Corporation.

[34] Group one received no drug testing with probation, groups two and three had either a low or higher rate of drug testing ranging from once a month to twice weekly. The fourth group was placed in the drug court tract, with random monthly urine tests.

[35] See Belenko (1998, 1999).

[36] Please refer to Appendix B for a summary of recent drug court study findings.

[37] Miethe, T.D., Lu, H. and Reese, E. (2000). Reintegrative Shaming and Recidivism Risks in Drug Court: Explanations for some Unexpected Findings. *Crime and Delinquency. 46(4)* . The authors maintain that most drug courts are founded on a reintegrative shaming model where "...the deviant act, rather than the person committing the act, is labeled as evil" (Miethe et al., 2000). Based on qualitative analyses, the authors concluded that the Las Vegas Drug Court does not utilize this theoretical model, but actually practices a labeling model where offenders are treated with "hostile attitude[s]" and "degradation." The field observations revealed that the court stigmatized offenders and judges "berated" defendants. The authors conclude that the theoretical model employed in this drug court was not consistent with the reintegrative shaming model that may better explain the processes at work in programs, like drug

Retention rates and recidivism. According to Belenko (1998:30), "[T]he drug treatment evaluation literature is clear that retention is one of the key predictors of positive post-treatment outcomes." It has been documented in multiple studies that the duration of involvement in a drug court program is significantly related to rates of rearrest.[40,41]

Findings from Cooper's 1997 survey of 93 drug courts show that "retention rates...for drug courts remain high, generally between 65 and 85 percent, despite the difficult populations most programs are targeting, the rigid participation requirements, the recent proliferation of drug court programs, and their expansion to more complex caseloads."[42] Not only have the retention rates reported early on from programs remained high, they do not appear to decrease as the period of program operation lengthens. These impressive results are attributed to continuous judicial supervision, monitoring, sanctions, and diverse treatment options, as well as other support services that address the needs of drug court populations. This information is important given the link between treatment length and success found in other studies.[43,44,45]

---

courts, that divert offenders from formal criminal justice processing. Therefore, this evaluation does not speak to drug courts that incorporate this model in practice.

[39] Although conviction history was controlled for, this variable does not provide an adequate portrayal of one's criminal history and lifestyle as it was restricted to include only convictions which occurred within a single county during the prior two years.

[40] Finigan, M. (1998). *An outcome evaluation of the Multnomah County S.T.O.P. Drug Diversion Program.* Alexandria, VA: State Justice Institute.

[41] Peters (1996).

[42] Cooper (1997).

[43] Hubbard, R.L., M.E. Marsden, J.V. Rachal, H.J. Harwood, E.R. Cavanough, and H.M. Ginsburg. (1989) *Drug Abuse Treatment: A National Study of Effectiveness.* Chapel Hill, N.C.: University of North Carolina Press.

[44] Anglin, M.D. & Hser, Y.I. (1990). Treatment of Drug Abuse. In M. Tonry & J.Q. Wilson (Eds.), *Drugs and Crime.* Chicago, IL: University of Chicago Press.

[45] National Institute on Drug Abuse. (1999). *Principles of Drug Addiction Treatment: A Research-Based Guide.* NIH Publication No. 99-4180.

The Implementation of the Drug Court Concept in Denver

Some of the problems confronted by Denver's criminal justice system that led to designing the Denver Drug Court included the lack of a coordinated response within and across jurisdictions, multiple charges on defendants, long delays between violations and sanctions, and large existing case loads for probation officers and the lack of resources to adequately monitor probation conditions. The extensive increase in drug crimes, the sheer volume of cases that courtrooms must handle and overcrowding in urban jails were also issues to be addressed.[46]

Denver's Drug Court began operation in July of 1994. Denver officials examined a number of Drug Court approaches in jurisdictions in other states before establishing the Denver Drug Court, seeking to incorporate the best of each approach while addressing the needs of the Denver community. The goals of the Denver Drug Court have been described as:[47]

- Early intervention and treatment with tight supervision and immediate meaningful consequences for behaviors;
- Expedited handling of all cases;
- Computerized on-line information regarding offender compliance with treatment;
- Guilty pleas in all cases, some subject to later withdrawal; and
- A consistent team of personally committed professionals.

Proponents of Denver's Drug Court endeavored to present a unified system of personnel in a single courtroom for the purposes of enhancing communication among

[46] Long, G. (1996) *Denver Drug Court: New Approaches to an Old Problem.* Paper presented to the National College of District Attorneys.

personnel and reducing manipulation of the system by offenders.[48] To obtain this unified approach, it was agreed that all participants, including the judge, district attorneys, public defenders, and probation officers, would commit to the Drug Court to the exclusion of other assignments for a period of one year. Further, a seventh criminal district courtroom, devoted entirely to drug cases, was opened in support of this unified system. The Drug Court handles all felony drug cases that do not involve other charges of a non-drug nature.[49] All procedures for a defendant from the second advisement onward take place in front of the same team of professionals. The second advisement is held quickly, generally within a few days of arrest. By that time cases have been reviewed, and determinations made about those in need of treatment.

The establishment of the Denver Drug Court was founded on the assumption that shortening the elapsed time between any alleged criminal action and the consequences thereof would strengthen the connection between the two in the offender's mind.[50] Presentence reports are expedited; deferred judgment pleas are generally entered within 30 days of arrest, allowing many offenders to be in treatment within days of arrest. All arrestees receive a standardized drug and alcohol evaluation, the results of which are available to the court almost immediately. Entry into treatment requires a guilty plea, which may be subject to withdrawal upon completion of successful conditions. On the other hand, judgment can be imposed without the necessity of trial if a defendant does not follow through.

Direct access to private treatment and supervision providers is handled through an automated management information system, so that problems are dealt with immediately by a variety of sanctions and treatment modifications. Frequent urine tests

---

[47] Ibid.
[48] Long, G.F. (1996). Denver Drug Court: New Approaches to Old Problems. *The Colorado Lawyer, 25*, 29-32.

are required (twice a week to start), as well as frequent reports back to the court (initially every two weeks).

The Denver Drug Court's Systematic Approach to Treatment Need and Intervention. The major components of the Drug Court that are key to understanding the Court's approach to services and public safety include Pretrial Services, the tracks of sentencing options, offender classification based on the levels of treatment needs, and the phases of supervision.[51] 'Tracks' describe the sentencing placement, 'Levels' relate to a graduated regimen of programming and treatment requirements, while 'Phase' reflects supervision requirements. Each of these components is further described below.

Pretrial Services identifies individuals eligible for release to the community on a reduced bond while confining the serious offender. Those eligible for bond reduction must agree to random urine drug screening and intensive pretrial supervision by a case manager. This component of Drug Court programming is designed to improve the offender's probability of successful graduation from the Drug Court. Immigration and Naturalization Services (INS) is involved at Pretrial Services and places non-citizens on "hard" holds (i.e., not eligible for community release on bond) and makes determinations about deportation.

The Track, Level and Phase systems work together to assign each defendant an intervention and treatment level depending on systematically assessed substance abuse needs, based on work completed pursuant to Article 11.5, entitled Substance Abuse in the Criminal Justice System (CRS16-11.5-101 to 107). The substance abuse

---

[49] Ibid.
[50] Long, G.F. Presentation to the National College of District Attorneys, Ibid
[51] Patrick, D. and English, K. (1999). *Case Processing Evaluation of the Denver Drug Court.* Denver, CO: Colorado Department of Safety, Division of Criminal Justice, Office of Research and Statistics. Available at http://cdpsweb.state.co.us/ors/docs5.htm

assessment, referred to as the Colorado Standardized Offender Assessment (SOA) is completed at the presentence investigation stage. The SOA protocols incorporate the Level of Supervision Inventory (LSI)[52], the Adult Substance Use Survey (ASUS)[53] and the Substance Use History Matrix (SUHM)[54]. Prior to sentencing, offenders undergo assessment. Motivational interviewing techniques are also applied at this time.

The sentencing track is determined based on the results of the Standardized Offender Assessment. Track 1 is a Deferred Judgment and Sentence; Track 2 is Supervised Probation and/or Community Corrections placement; and Track 3 is a sentence to the Department of Corrections.

Levels of intervention or treatment are also assigned based on the SOA findings. Recommendations regarding the level of treatment are made to the presiding judge, who may chose to override the assessment results in special circumstances. Level 1 consists of no program intervention; Level 2 requires one education class per week; Level 3 is one group therapy session per week; Level 4 is intensive outpatient treatment (requiring 6-9 hours per week); Level 5 is inpatient treatment; Level 6 is therapeutic community; and Level 7 calls for no treatment and an assessment for psychopathy.

The Phase system is comprised of three phases of diminishing levels of court contact and supervision plus graduation. Phase I, lasting typically 90-120 days, requires the offender to submit to a minimum of eight urine screens per month (averaging 2/week), make one court appearance per month, and complete 25% of community service hours. Supervision includes specific contact standards and a record check completed through the Denver Police Department, among other activities.

[52] Andrews, D.A. and Bonta, J.L. (1982). *The Level of Supervision Inventory (LSI).* Toronto: Ontario Ministry of Correctional Services.
[53] Wanburg, K.W. (1994). *The Adult Substance Use Survey – ASUS.* Arvada, CO: Center for Addictions Research and Evaluation.

Phase II, also lasting 90 to 120 days, requires the offender to submit to at least four urine screens monthly, to appear in court monthly and to complete at least 50% of community service hours. The case manager must complete a re-evaluation using the Level of Supervision Inventory (LSI) at this time.

Phase III requires the offender to submit to a urine screen, on average, every 3-4 weeks, to appear in Court quarterly, to pay all court/supervision fees in full, and to fully complete any community service work requirements. Another record check through the police department is completed at this time, as is another LSI re-evaluation.

An offender must move satisfactorily through each of these phases to graduate. By graduation, the offender is expected to have completed treatment, be drug-free, have completed all public service requirements, have made progress on payment of court fees, have a stable source of legitimate income and have complied with all other court conditions. Drug Court participants who successfully complete the court's requirements are recognized with a graduation ceremony and certificate of completion. Individuals can participate and NOT successfully complete all requirements, and so do not graduate but remain on probation and successfully terminate from probation supervision.

[54] Bogue, B. & Timkin, D. (1993). *Substance Use History Matrix*. (JDF Publication No. 328P). Denver: Colorado Judicial Department.

Purpose Of This Study

The Office of Research and Statistics published a case processing evaluation of the first two years of the Denver Drug Court in February 1999. That report answered a number of questions regarding characteristics of offenders, case processing times, and drug use trends both in Denver and statewide.[55] The current study, like the case processing study noted above, focuses on the Denver Drug Court's first two years of operation. Information obtained from future research and evaluation efforts targeting more recent time periods can be compared to our findings of these early years.

This study intended to examine whether the Denver Drug Court met its objective "to reduce substance abuse and related criminal activity among offenders..."[56] during its first two years of implementation, 1995[57] and 1996. To this end, the following research questions were posed:

1. In its first two years of operation, 1995 and 1995, who successfully completed the Denver Drug Court?
2. In its early years, did participation in the Denver Drug Court positively impact an offender's ability to complete probation and avoid reoffending?
3. Can we predict who succeeded and who failed Drug Court in its early years of operation?

In the sections that follow, we describe the research design and methods (Section Two) used to evaluate the outcome of the first two years of the Denver Drug Court, and the research findings (Section Three). In the last section, Section Four, we present policy implications and recommendations.

---

[55] Patrick, D. and English, K. (1999).
[56] *1998 Year End Report, Denver District Court, Drug Court.* Denver, CO: Denver District Court.
[57] The Drug Court began operation in July, 1994. The samples for this study represent all drug cases handled by the court between Jan 1, 1995 and March 31, 1995, and January 1, 1996 and March 31, 1996.

Section Two

Research Methodology

Research Design. A quasi-experimental design, using a historical comparison group, was employed in this study. All Denver drug cases filed between January 1, 1995-March 31, 1995 and January 1, 1996 and March 1, 1996 were considered the post-Drug Court group, all Denver drug cases filed in 1993 serving as the pre-Drug Court comparison group. In addition, researchers observed Drug Court on numerous occasions during the summers of 1995 and 1996. These observations led to a better understanding of how and when sanctions were imposed and how the court used treatment options. Qualitative data were collected from interviews of key Drug Court personnel.

Data Collection. Baseline and outcome data were gathered from multiple sources. A description of each of the data sources and how they were used in this research is provided below. Appendix C contains copies of all data collection forms used in the course of this study.

The Division of Criminal Justice (DCJ) Court Database is constructed from information that has been manually collected from a sample of district court files nearly every year since 1980. This database includes many variables pertinent to research and policy analysis including charge and conviction, sentencing information, criminal history, disposition information, Level of Supervision Inventory (LSI) score when available, status of offender with the Immigration and Naturalization Service (INS), and other items relating to the offender and to the filing process.

For this study, a supplementary data collection effort was conducted to include all Denver drug cases filed in January through March of 1995 and 1996. The data collected on this supplementary sample was expanded to include information relevant to the Drug Court procedures, such as numbers of positive urinanalysis results, missed treatment appointments and added jail time.

Additional data were collected from automated probation files. Denver adult probation officials allowed DCJ researchers to access the Colorado Judicial Department's *Integrated Colorado Online Network (ICON) Database* onsite at the offices of Denver Adult Probation. This database provides case and financial tracking for the Colorado Judicial Branch. ICON provided information on the Level of Supervision Inventory and other assessment scores, treatment levels assigned to offenders, Drug Court participation, revocations, revocation dates, fugitive status, deportation status, case termination dates, probation completion dates, graduation status, graduation dates, changes in terms and conditions of probation and status of reconsideration offenders. In addition, researchers reviewed hard copy probation files to collect Standardized Offender Assessment scores when these were not found in the ICON database.

Arrest data were collected from the Colorado Crime Information Center (CCIC) database, maintained and updated by the Colorado Bureau of Investigation. A purpose of the CCIC database is to provide accurate, complete and timely documented criminal justice information to assist in criminal investigations. DCJ has computer access to this database, which was used to gather arrest information for all drug cases in the pre-Drug Court and Drug Court samples up to two years after the initial filing date. Type, class and dates of all arrests occurring in the two-year time frame were collected.

The Colorado District Attorney's Council (CDAC) operates an integrated computer system for case management and case tracking purposes. Tracking begins with an offender's arrest and continues through filing of charges, court appearances, disposition of charges and sentencing. Information on filings of new cases up to two years after probation completion was accessed from this source.

Outcome Measures. Cases succeeded or failed at two points in the study. First, offenders must complete the program prescribed by the court—or not. This is the first "success." Those who successfully complete the program were then reviewed two years later to find out whether they stayed crime-free. Both new arrest data and new filing data were used to determine recidivism rates. Though these measures are related, each addresses an outcome that may be of varying importance throughout the criminal justice system. The three outcome measures used in this study are outlined below:

- **Graduation from Drug Court *or* completion of probation/deferred judgment (DJ) in 1995-96 and completion of probation/DJ in 1993.** The offenders participating in the Drug Court had the opportunity to either graduate from the Drug Court or complete his or her probation or deferred judgment (DJ) sentence to the satisfaction of the probation officer and the court. The 1993 comparison group participated in probation/DJ only. Completion of probation/DJ by the 1993 sample and either graduation from Drug Court or completion of probation/DJ by the 1995-96 sample represents a successful termination.
- **New Arrests after Initial Drug Court Filing -** All arrests that occurred up to two years after the index filing were noted. This information was collected for all cases in

both study samples, regardless of their discharge status. Thus, arrests occurring during the course of Drug Court supervision or probation/DJ were included. Arrest rates at 12 months and 24 months after the index filing are reported.

- **New Court Filings After Completion of Probation.** When the district attorney believes an arrest has sufficient evidence to proceed to court, then the case is filed in district court. All new case filings occurring within two years after successful completion of probation/DJ were collected. New filings within 12 months and 24 months after discharge from probation/DJ are reported.
- **Length of Time to New Court Filing.** The length of elapsed time between probation/DJ termination and new court filings is also examined. While the occurrences of new arrests and new filings provide only dichotomous measures of outcome, in which one either succeeds or fails with no intermediate steps, the comparison of the length of time to 'failure' gives an indication of possible *improvement* in the face of failure. Changes in the length of time an offender may remain crime-free can also be an indicator of program impact.

Description of the Samples. The sampling frames described above resulted in 205 pre-Drug Court (1993) cases and 1,258 Drug Court cases for the years 1995 and 1996 combined. Since this research was focused on the impact of probation and Drug Court participation on outcomes, offenders who either did not enter the probation process in 1993, or who did not enter the Drug Court process in 1995 or 1996 were excluded. However, those cases resulting in a probation sentence with a deferred judgment were included. Table 1 describes cases eliminated from the samples prior to statistical analysis.

TABLE 1 - Status of Eliminated Cases

Reason for Elimination	1993 Cases	1995 & 1996 Cases
Case terminated without prejudice	28	370
Referred to INS (deported)	4	96
Not Guilty		5
Dismissed		83
Fugitive Status		14
Sentenced to time served		22
Sentenced to Jail, Dept. Of Corrections or to Community Corrections	64	141
Missing (could not locate ICON records)		4
Offender Died		2
Granted a DJ Concurrent with Federal Case		1
Offender a Juvenile		1
Total Eliminated	96	739
Total Included in the Samples	105	519
Total All Cases	205	1258

Data Analysis. A variety of analytic techniques were employed for this study, including crosstabs and t-tests, analysis of variance (ANOVA), survival analysis, and logistic regression. Examination of elapsed time in treatment and time to new arrests and to new filings utilized both the lifetable survival analysis procedure and ANOVA, dependent upon the presence of censoring in the outcome variable. Stepwise logistic regression was utilized to determine predictors of probation failure. All analyses were conducted with the Statistical Package for the Social Sciences.[58]

[58] Statistical Package for the Social Sciences, Copyright © 2001. SPSS Inc. Headquarters, 233 S. Wacker Drive, 11th floor, Chicago, Illinois 60606.

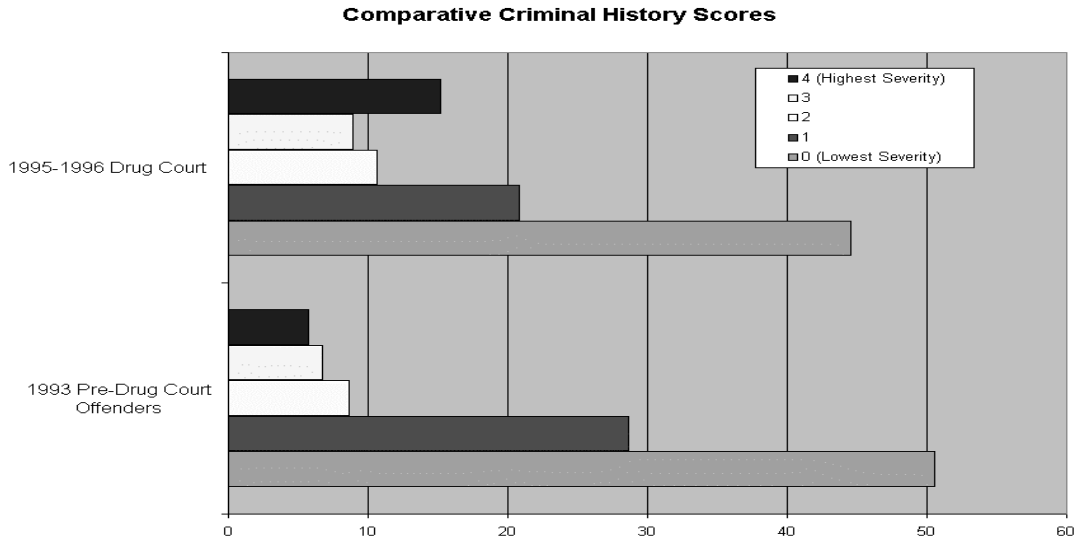
Section Three

Research Findings

Comparison of 1995 and 1996 Drug Court Samples. The profiles of the 1995 Drug Court cases and the 1996 Drug Court cases were compared on an array of demographic and criminal history variables, and were found to be generally similar. However, the 1996 group was more often employed and more often had cocaine charges (and commensurately fewer heroin charges). The 1996 group also more often had electronic home monitoring (EHM) as part of their sentence than did the 1995 group. As these differences were unremarkable, the two samples were combined into a single group for this study.[59] Prior to analyzing outcomes, the differences between the 1995-96 Drug Court sample and the 1993 pre-Drug Court comparison group were examined to determine the comparability of the two groups. The two were similar on most variables,[60] but Drug Court clients were, on average, significantly more likely to have graduated from high school, more likely to have moved 3 or more times in the last 2 years, and had significantly more serious criminal histories than the pre-Drug Court drug offenders. As shown in Chart 1, 15.2 percent of the 1995-96 Drug Court group scored a "4" on DCJ's criminal history index—the highest score attainable -- compared to 5.7 percent of the 1993 pre-Drug Court sample. This means that cases in the Drug Court were nearly three times more likely to have been seriously involved in past criminal activity compared to the group of 1993 cases. This finding has implications addressed later in this report.

[59] See Appendix D for details regarding these comparisons.
[60] See Appendix E for details regarding comparisons of the 1993 Pre-Drug Court and the 1995/96 Drug Court samples.

Chart 1 - Comparison of the distribution of criminal history scores 1993 pre-Drug Court and 1995-1996 Drug Court offenders*



Criminal History Score	1993 Pre-Drug Court		1995-1996 Drug Court	
	%	n	%	n
0	50.5	53	44.5	231
1	28.6	30	20.8	108
2	8.6	9	10.6	55
3	6.7	7	8.9	46
4	5.7	6	15.2	79
Total		105		519

* Average scores significantly different between the two groups at P=.002.

The 1993 and 1995-96 groups also differed in terms of drug charges, as shown in Table 2. Heroin charges were quite rare in 1993, comprising only 2.9 percent of the sample, but more than quadrupled to 12.3 percent in the Drug Court sample, suggesting that drug use trends in Denver were shifting. Indeed, heroin emergency department mentions, heroin-related hospitalizations and opiate-related deaths climbed steadily

throughout the 1990s, indicators that heroin use was on the rise during this time period.[61]

Table 2 - Comparison of drug types involved with original charges 1993 pre-Drug Court and 1995-1996 Drug Court*

Drug Type Charged	1993 Pre-Drug Court		1995-1996 Drug Court	
	%	n	%	n
Cocaine*	79.0	83	69.7	362
Marijuana	4.8	5	5.8	30
Heroin**	2.9	3	12.3	64
Stimulants	2.9	3	5.6	29
Other	10.5	11	6.6	34
Total	100	105	100	519

*Significant at p = .05
*Significant at p = .01

The overall duration of time an offender was under supervision declined significantly during the two study periods. In 1993 the average supervision period was 1069 days, compared to 789 days in 1995/96 (see Table 3). It appears that those who will be successful enough to graduate will do so in less time than regular probation would entail, and failures are expelled from the program more quickly. This represents considerable savings in supervision resources between 1993 and 1995-96.

Table 3 - Comparison of lengths of time in treatment: Average Days under Supervision*

Termination Status	1993 Pre-Drug Court	1995/1996 Drug Court
Drug Court Graduates	N/A	753
Probation/DJ Completers	1087	1051
Non-Completers	1025	655
Overall	1069	789

* Significant at p < .001.

[61] Bruce Mendelson. (2000). *Drug Use Trends In Denver And Colorado.* Denver, CO: Alcohol and Drug Abuse Division, Colorado Department of Human Services.

Does Drug Court positively impact recidivism?

Yes. In 1995-96, 11.8 percent of Drug Court participants received new filings within one year of completion compared to 14.9 percent for the 1993 pre-Drug Court group, a difference of approximately three percent. The same was found for new filings occurring within two years of completion, with 18.4 percent of 1995-96 Drug Court clients receiving new filings compared to 22.4 percent of the 1993 probation sample, a difference of four percent. While neither of these differences is statistically significant, the direction of the change is consistent for both time periods and is in the direction that suggests an improvement in recidivism rates for Drug Court participants. That is, compared to drug offenders on probation in 1993, three to 4 percent *fewer* 1995-96 Drug Court participants recidivated with a new district court filing at 12 and 24 months. When examining recidivism in terms of new filings after discharge, only those offenders who were successfully discharged from probation were included. Therefore, this finding applies only to those who successfully completed probation/DJ or graduated Drug Court, and a substantially smaller proportion of offenders successfully completed Drug Court programming in 1995-96 compared to probation in 1993. These results are displayed in Table 4.

As demonstrated in Table 4, slightly more Drug Court participants received new arrests at both one year and two years following entry into the Drug Court than did pre-Drug Court probationers/DJs, but the difference is not statistically significant. The same is found if only successfully terminated offenders are examined. These arrest rates include arrests resulting from bench warrants issued for failure to appear in court.

The length of time that elapsed prior to a new filing was also examined using a lifetable analysis.[62] The median number of days to a new filing was 232 for the 1993 pre-Drug Court group, and slightly longer, at 274 days, for the 1995-96 Drug Court participants. If only those cases that experienced a new arrest are included, the average length of time to a new filing was almost identical for the two groups: 189 days for the 1993 cases, 197 days for the 1995/96 cases (data not presented). None of these differences are statistically significant.

Table 4 – Drug Court Outcomes:
Probation Completion and New filings post-discharge

Outcome Measure	1993 Pre-Drug Court % (n)	1995/96 Drug Court % (n)
Probation/DJ Completion or Drug Court Graduation**	64.8 68	49.1 255
New court filings 1 year post-completion, successful discharges only	14.9 10	11.8 30
New court filings 2 years post-completion, successful discharges only	22.4 15	18.4 47
New arrests in one year, all clients*	28.6 30	35.5 184
New arrests in one year, successful discharges only	17.6 12	24.1 62
New arrests in two years, all clients*	36.2 38	43.0 223
New arrests in two years, successful discharges only	25.0 17	31.1 80
Days to new filing: all successful discharges (median days)	274	232
Days to new filing: all successful discharges (mean days)	197	189

***** In the case of new arrests, all participants, regardless of discharge status, were examined. Other analyses included only successful discharges.

****** Significant at p=.003. The remainder of the findings presented above are insignificant.

[62] A lifetable is one method of survival analysis. Survival analyses are useful in situations when the distribution of times between two events is examined, and the events being measured do not occur for all cases. For example, when measuring the time to arrest, not all cases will experience an arrest. Thus, no terminal date is available. This technique allows the inclusion of such cases in analysis.

Does Drug Court positively impact an offender's ability to complete probation or deferred judgment?

As shown in Table 4, 1995-96 Drug Court offenders were significantly (p=.003) less likely to complete probation/DJ (49.1 percent) compared to 1993 drug offenders (64.8 percent). This is not unexpected, given the finding that the Drug Court served a more difficult clientele. That is, many offenders in this group had more extensive criminal histories, had less education, and relocated more frequently than did the 1993 probation sample.

Likewise, national findings indicate that Drug Courts are handling more serious offenders, with more extensive criminal histories.[63] These offenders are also presenting with a myriad of physical and mental health needs and many clients been previously unsuccessful in treatment.[64] In light of these factors, the lower probation/DJ completion rates experienced by the Denver Drug Court participants when compared to a historical comparison group could be anticipated. In addition to increased client severity, the degree of intervention in terms of supervision and treatment of Drug Court participants is far more rigorous than regular probation/DJ supervision. [65]

Who Successfully Completes Drug Court?

It is important to remember that individuals can participate and NOT successfully complete all the requirements of the Drug Court, and so do not graduate but remain on probation/DJ and successfully terminate from supervision. This group tended to have

[63] Treatment Services in Adult Drug Courts. (May 2001). Criminal Justice Drug Letter, p.1.
[64] Belenko, Steven (1999).
[65] Patrick, D. and English, K. (1999).

higher criminal history scores[66] and more severe assessment scores than did the graduates, as shown in Table 5.[67]

Table 5 - 1995/96 Drug Court
Assessment Scores by completion status

	Criminal History Scores*	LSI Scores*	Treatment Level*, **
Range of Possible Scores	**0-4**	**0-54**	**1-7**
Drug Court Graduates	.69	19.39	1.75
Drug Court non-graduates, Completed Probation/DJ	1.01	22.03	3.28
Drug Court non-graduates, Did not Complete Probation/DJ	1.75	27.50	4.01

* Significant at P<.001.
** 37.6 percent of treatment level data were missing.

Those who successfully completed Drug Court in 1995-96 were generally older, more often employed, less transient and more often Caucasian (see Table 6). Those on marijuana- or stimulant-related charges were also more likely to successfully complete the program while those with heroin charges where less likely to complete. Those with cocaine charges were equally likely to fail or to complete, as displayed in Table 7. It is interesting that those offenders with charges involving drugs *other than* cocaine, heroin, marijuana or stimulants had the highest rates of success. However, this group was comprised of 34 individuals, so no inferences can be drawn regarding this population.

[66] The Colorado Criminal History score was developed by Mary Mande in 1988. It is an index derived from a weighted combination of the following data items (weights are parenthesized): Number of juvenile adjudications (.5); number of juvenile placements in secure institutions (.75); number of prior adult felony convictions (1.00); number of prior adult violent felony convictions (1.5); and numbers of adult probation and parole revocations (.75 each). Scores are added and collapsed into a five-point scale, with 0 being the lowest score and 4 the highest. Scores are collapsed as follows: 0=0, .001-1.25=1, 1.26-2.25=2, 2.26-3.25=3, 3.26-high=4.
[67] See Appendix F for further data concerning comparisons of Drug Court Cases by completion status.

Table 6 – 1995/96 Drug Court
Offender Characteristics by Program Completion Status

	Drug Court Graduates	Probation/DJ Completers	Probation/DJ Non-Completers
Employed at arrest*	51.7%	47.8%	29.4%
Anglo*	44.3%	36.9%	16.8%
Black*	18.6%	33.3%	51.5%
Hispanic*	37.1%	29.7%	30.9%
Mean Age at Arrest**	32.3	32.3	30.3
Moved in last 2 *years**	51.3%	58.7%	70.1%
Number of offenders	143	114	262

* Significant at p<.001. ** Significant at p=.05, *** Significant at p=.003.

Table 7-1995/96 Drug Court
Initial Drug Charges by Completion Status

	Drug Court Graduates	Probation/DJ Completers	Probation/DJ Non-Completers
Cocaine	62.2%	70.2%	73.7%
Heroin*	4.9%	11.4%	16.8%
Marijuana**	9.8%	6.1%	3.4%
Stimulants	7.7%	7.9%	3.4%
Other***	15.4%	4.4%	2.7%
N offenders	143	114	262

* Significant at P=.003, ** Significant at P=.03, *** Significant at P=.001

Duration of Supervision. In 1995-96, the length of time under supervision for those who graduated was longer, averaging 753 days, than that for those who did not complete (655 days), but not as long as for those who completed probation/DJ but did not graduate (1051 days). This is not surprising, as those who graduate tended to have met the requirements to graduate prior to the official termination of their probation/DJ. It is encouraging that those who failed were still under supervision for a lengthy amount of time prior to having their probation/DJ unsuccessfully terminated (see Table 8), as

duration in treatment has been demonstrated to be an indicator of success regardless of discharge status.[68,69,70,71]

Table 8 -1995/96 Drug Court
Comparison of lengths of time in treatment

Completion Status	Average Days under Supervision*
Drug Court Graduates	753
Probation/DJ Completers	1051
Non-Completers	655
Overall	789

* Significant at p<.001.

Can we predict who fails Drug Court?

Drug Court participants who had either graduated or completed probation/DJ were combined into a single analysis group and compared to the group that failed. Exploratory analysis identified those variables associated with Drug Court success or failure (presented below). A stepwise logistic regression model was then employed to identify those characteristics that contributed to program failure.[72]

Based on the exploratory analysis, the following variables were selected for inclusion in the stepwise model:

[68] National Institute on Drug Abuse. (1999). *Principles of Drug Addiction Treatment: A Research-Based Guide.* NIH Publication No. 99-4180.
[69] Finigan (1998).
[70] Peters (1996).
[71] Orlinsky, D.E., Grawe, K., and Parks, B.K. (1994). Process and Outcome in Psychotherapy - noch einmal. In A.E. Bergin and S.I. Garfield (Eds.). Handbook of Psychotherapy and Behavior Change (4th ed., pp. 270-376. New York City: Wiley.
[72] The logistic regression technique is used to model the relationship between a dichotomous outcome variable and a set of potential covariates, or 'predictors'. The stepwise procedure is a method for selecting a subset of covariates that best predicts the outcome by dictating how independent variables are entered into or removed from the equation until a final model is reached. The parameter estimates from the resulting model can be used to estimate odds ratios for each of the covariates included in this final model.

Chart 2: Variables included in stepwise logistic regression model

Variable Name	Description
Criminal History	DCJ's Criminal History Score, described previously
LSI score	Level of Supervision Inventory score
Age	Age at arrest for current crime
First Age	Age of first arrest
Gender	Male or Female
Stability	Changed residences more than 4 times in prior 2 years vs. Not
Education	High school graduation vs. No high school diploma
Employment	Unemployed vs. employed full- or part-time at time of arrest
Marital	Married vs. Single, widowed, divorced or common law
Cocaine	Cocaine was primary drug charge for current arrest vs. other drugs
Heroin	Heroin was primary drug charge for current arrest vs. other drugs
Ethnicity	Black race vs. other ethnic groups and Hispanic ethnicity vs. others

Of these, the variables that were identified by the stepwise model selection procedure--and so contributed significantly to the likelihood of probation failure--included criminal history score, lack of residential stability, no high school diploma, unemployment, and Black ethnicity. Table 9 shows that each of the five variables independently contribute to the Probation and Drug Court failure.

Table 9 - Logistic Model Predicting Probation Failure for 1996/96 Drug Court participants

Variable	B	Sig.	Exp(B)	Change in −2 Log Likelihood	Significance of change
Criminal History	.467	.000	1.595	20.299	.000
Residential Stability	-1.40	.001	.247	12.365	.000
No HS Graduation	1.219	.000	3.382	15.836	.000
Unemployed	0.723	.025	2.062	5.095	.024
Black Ethnicity	1.531	.000	4.621	25.260	.000

While overlap does exist in the five characteristics identified by the logistic regression (i.e., some individuals with a high criminal history score will also have poor residential stability), each independently contributes to the explanation of program failure. Drug Court offenders were 1.59 times more likely to fail with each incremental increase in

criminal history scores. Offenders who had not changed their residence in the last two years were 25 percent as likely to fail as those who had more residential instability. Those who had not graduated from high school were more than three times more likely to fail compared to those who had earned a high school diploma. Offenders who were unemployed when they were arrested were twice as likely (compared to those who were employed at arrest) to fail the program.

Most notably, in 1995-96 Black Drug Court offenders were 4.6 times more likely to fail the Drug Court than were those of other ethnicities. The change in the –2 log likelihood statistic indicates that being Black was the single most influential predictor of probation failure, even after controlling for criminal history, residential stability, lack of high school diploma and unemployment at arrest. The variance explained by the full model drops considerably when the model excludes Black ethnicity and contains only the other four predictor variables.[73]

To examine the potential of confounding effects[74] of other variables with Black ethnicity, the logistic regression model was re-calculated after removing black status from the analysis. The beta coefficients changed only slightly, indicating that confounding is not an issue.

To better understand these findings, the same model was applied to the 1993 pre-Drug Court sample. The only variable remaining in the model was Black ethnicity, while criminal history, residential stability, education and unemployment contributed

[73] SPSS provides two method of determining explained variance, both of which are presented here:

Model	Cox & Snell R^2	Nagelkerke R^2
Full model	.312	.418
Model excluding Black status	.244	.327

[74] A logistic model is often used to assess the presence of confounding effects with respect to the predictor variables and the dependent variable. A confound describes a covariate that is associated with both the outcome variable of interest and a primary independent variable or risk factor. When both associations are present then the relationship between the independent and dependent variable is said to be confounded.

insignificantly to probation completion. However, this model performed poorly in correctly classifying pre-Drug Court failures,[75] and was restricted by the smaller number of cases available in the 1993 sample (N=105).

It is very important to understand that these findings must be interpreted with considerable caution. In this study, Black ethnicity may be acting as a surrogate for other factors that data were not available on, such as cultural norms, economic status, and a multitude of other unmeasured factors. The psychological aspects of identity, attitudes, belief systems and personality are likely of far greater importance than are the basic demographics.[76]

In an effort to further examine the disproportional failure of Black Drug Court participants, this group was compared to non-Black Drug Court clients. Black clients who failed probation/DJ in 1995-96 more often had prior juvenile adjudications and adult convictions, and more prior probation experiences than did non-Black failures. However, these measures are incorporated in DCJ's criminal history score, and the scores did not vary statistically significantly between these two groups. Assessment scores on the battery of tests did not differ between groups, with the exception of the 'disrupt' subscale of the ASUS. Non-black probation failures scored higher on this subscale.

Further, compared to non-black participants, in 1995-96 Black probation/DJ failures were originally charged with a cocaine-related crimes much more often, and much less often had marijuana, heroin or stimulant charges. Crack cocaine is not distinguishable from hydrochloride (powder) in this data set, so no speculation regarding

[75] Classification tables show that the logistic model described correctly classified Drug Court success 78.3% of the time, and Drug Court failure 75.5% of the time. The model correctly classified the pre-Drug Court outcomes 85.7% of the time for completion, and only 46.7% for failures.

[76] Sue, Stanley. (1998). In Search of Cultural Competence in Psychotherapy and Counseling. *American Psychologist.* 53(4).

the interaction of crack cocaine and Black offenders could be explored in the course of this study.

Black probation/DJ failures generally had more education than did probation failures of other ethnic groups. According to information obtained from the presentence report, over half (55.3 percent) had at least a high school education, compared to 38 percent of non-Black probation failures. Black failures were also younger than were the non-Black failures.

When compared to clients of other ethnicities, Black clients were significantly more likely to be arrested while under 1995-96 Drug Court supervision, and were more likely to have multiple arrests, reflecting that revocation did not always occur with a first arrest. Black participants also logged a significantly higher number of intermediate sanctions short of revocation, such as revisions to conditions of supervision and the use of jail time. There was no difference between Blacks and non-Blacks in the type of crimes committed while under supervision, so the seriousness of the offenses occurring under supervision does not explain these differences. These findings suggest that the use of multiple intermediate sanctions and the concept of relapse as a component of recovery, both inherent in the underpinnings of the Drug Court philosophy, were employed in the management of Black offenders in 1995-96.

The finding that Black ethnicity was also a strong predictor of pre-Drug Court probation/DJ is not necessarily indicative of biased case processing, as there are many other areas that the criminal justice system and drug treatment providers may be failing this population. Factors to which this failure could be attributed are not discernable from the available data.

Limitations of the Study

This study focuses on the formative years of the Drug Court. While findings from more recent data analysis and/or evaluation studies can be compared to information presented here, the findings apply only to cases processed in the first two years the Drug Court was operational. Additional research is necessary to address questions concerning the present-day operations of the program.

Because of the retrospective nature of this evaluation, no appraisal can be made regarding the fidelity of the implementation of the Denver Drug Court to the intended model beyond the description presented in the earlier report on case processing.[77] Perhaps most importantly, no information regarding the actual intervention was available, that is, the nature of supervision, the quality of the contacts between criminal justice professionals and clients, the nature and intensity of treatment assigned, and so on. In particular, Drug Court participants were referred to a variety of substance abuse treatment programs, ranging from intense therapeutic communities to halfway houses to weekly educational sessions. Information is unavailable about treatment modalities, quality and frequency of services provided, provider qualifications, or length of treatment beyond the level assigned.

In the early years of program development and implementation, systems for data management are often "under construction" as well. During the first two years of the Drug Court's operation, the data typically contained in court paper files, which were the main source of data for this study, were unavailable. For example, treatment level assigned based upon the initial assessment was missing on almost half of all cases (48.1 percent). According to interviews with Denver Drug Court professionals, data quality has improved over time, as has the consistency of the Drug Court intervention. Today,

assessments are conducted in a more rigorous manner and the number of treatment providers utilized has narrowed. A separate evaluation currently underway may capture the impact of these factors.[78]

The quasi-experimental design employed here is by nature a limitation. The significant differences identified between the historical comparison group and the Drug Court participants evidence the lack of the rigor that would be realized by a true experimental design. In addition, many environmental changes occurred in Denver between the two study periods which likely had unmeasurable, though significant, impacts on offender outcomes. These changes include urban renewal activity in the lower downtown area, and the creation of a new police precinct in Denver with a strict drug enforcement philosophy.[79] Caseload sizes increased by 60% between 1993 and 1996, from approximately 1000 drug cases per year to more than 1600 cases. This increase in workload, combined with an increased severity of the part of the drug offender would likely challenge the court's ability to implement intense case management and service delivery during these early implementation years. An experimental design would have obviated the influence of these historical events.

The core philosophy of the Drug Court emphasizes the clients' abstinence from drug use. This lifestyle and health change is the primary focus of the court rather than criminal activity. The design of this study does not tap future drug use, but relies upon rearrest as the sole indicator of program success or failure. The outcome measure most reflective of this Drug Court objective would be the status of the client in terms of drug use at 6, 12 or 24 months out. Unfortunately, the accommodation of this outcome

---

[77] Patrick, D. and English, K. (1999).

[78] The Office of Research and Statistics and the Office of Planning and Analysis at the Department of Corrections are collaborating in an evaluation of five Intensive Residential Treatment (IRT) programs. These programs are intended to target drug offenders who score Level 5 on the Standardized Offender Assessment (SOA).

measure was beyond the scope and resources of this study. Future evaluations of the Drug Court should incorporate post-program measures of sobriety and abstinence as well as criminal activity.

A final limitation of this study is the rather unexplainable finding that the experience of Black offenders in Drug Court is different than that of non-Black offenders. That is, Black offenders are more likely to be arrested, experience revocations during supervision, and to be sanctioned. Some evidence exists (and was presented earlier) that the case management of Black offenders appropriately reflected awareness of relapse and intermediate sanctions, components that are core to the operation of the Denver Drug Court. It is important to remember that the variable defining Black is likely reflecting something other than ethnicity and other unmeasured factors may have influenced this outcome, such as identity, attitudes, beliefs and personality. These psychological aspects of culture are of greater importance in program success and failure than ethnicity alone. Further investigation is required to determine the source of this finding and how programming can be modified to better meet the needs of this population. The dearth of solid research on treatment outcomes for ethnic minority populations is unfortunate.

Summary

Recidivism following completion of probation/DJ or graduation from Drug Court is defined for the purposes of this study as a new filing in district court. For the sample of drug offenders participating in Drug Court in 1995-96, recidivism rates were 11.8 percent after 12 months and 18.4 percent 24 months after successful discharge from probation. Denver Drug Court succeeded in maintaining similar recidivism rates to the

[79] Patrick, D. and English, K. (1999).

pre-Drug Court sample, which had recidivism rates of 14.9 percent after 12 months and 22.4 percent after 24 months, while serving a substantially more difficult population. This is significant, as criminal history is one of the prime determinants of recidivism.[80] Given this, we would expect *higher* recidivism rates in the Drug Court sample. The recidivism rates found in this study are consistent with those found nationally for drug courts that have undergone outcome evaluations.

Probation/DJ completion rates for the sample of Drug Court participants were significantly lower than those attained by the pre-Drug Court comparison group, at 49.1 percent as compared to 64.8 percent. In light of the increased rigor of Drug Court supervision and programming in concert with escalating levels of presenting problems on the part of the Drug Court population, this finding is also not unexpected.

It is important to note that these rates were achieved in the early implementation stages of the Denver Drug Court program. Typically, programs in these early stages undergo changes and periods of adjustment before a program becomes fully implemented. According to interview data, the Denver Drug Court has incorporated considerable changes over time that address issues related to program success or failure. In 1998, a Continuum of Care Center was created, incorporating the Drug Court Employment Program, life skills classes and an aftercare program.[81] Evaluations of more recent Drug Court activity may provide information about the value added by these modifications, particularly in terms of program completion and recidivism rates.

Drug Court clients, in the early years, were more likely to be successful if they were older, Caucasian, employed, had a high school diploma and had a less extensive criminal histories. Black ethnicity was found to be the strongest predictor of Drug Court

[80] In *Aggression and Violence through the Life Span*, Quincy and Walker (1992:246-247) review the literature and conclude "Previous criminal history emerges as the single variable predictive of subsequent recidivism...".

failure; however, it also predicted pre-Drug Court probation/DJ failure. This finding has been echoed across numerous studies in other arenas of the criminal justice system.[82,83,84,85]

Conversely, an evaluation of a Florida Drug Court program found that African Americans were significantly more likely to complete the treatment program than were whites. In this study, the authors suggested that this population may be more appreciative of the second chance the Drug Court program provides, or perhaps they are more amenable to change.[86] However, the existing body literature indicates the contrary.[87,88,89] Perhaps the voluntary nature of the program influences the Florida finding. Further exploration into the components, implementation and conduct of this program may offer insight into why this program has such success in this area where others often fail.

---

[81] *1998 Year End Report, Denver District Court, Drug Court.* Denver, CO: Denver District Court.
[82] Wright, D. and Clymer, B. (2000). *Evaluation of Oklahoma Drug Courts, 1997-2000*; Oklahoma City, OK: Oklahoma Criminal Justice Resource Center.
[83] Readio, S. et al. (2001). *Evaluation of the Denver Juvenile Justice Integrated Treatment Network: Final Report.* Boulder, CO: Health Resources Consortium.
[84] Peters, R.H. and Murrin, M.R. (1998). *Evaluation of Treatment-Based Drug Courts in Florida's First Judicial District*. University of South Florida, Department of Mental Health Law and Policy.
[85] Stageberg, P., Wilson, B., Moore, R.G. (January 2001). *Final Report on the Polk County Adult Drug Court.* Iowa Department of Human Rights, Division of Criminal and Juvenile Justice Planning. Available at: http://www.state.ia.us/dhr/cjjp/pdfs/drugcourt.pdf
[86] Vito, G.F. and Tewksbury, R.A. (1998). *Jefferson County Drug Court Program: Impact Evaluation, 1997.* (Obtained from the National Drug Court Institute (703)706-0576).
[87] Brown B.S. (1985). Federal drug abuse policy and minority group issues: Reflections of a participant-observer. *International Journal of the Addictions*, 20(1), 203-215.
[88] Longshore, D., Grills, C., Anglin, M.D., & Annon, T.A. (1997) Desire for help among African American drug users. *Journal of Drug Issues.* 27(4).
[89] Longshore, D., Hsieh, S., Anglin, M.D., & Annon, T.A. (1992). Ethnic patterns in drug abuse treatment utilization. *Journal of the Mental Health Administration,* 19(3), 268-277

Section Four

Policy Implications and Recommendations

Discussion of Ethnicity Findings

Introduction. The findings presented here require a fuller discussion of ethnicity. Rather than merely recommend a careful examination of the Drug Court's assessment process and treatment protocols and their suitability to varied ethnic groups, we decided that including a broader discussion of the issue would be more useful. As previously mentioned, the findings presented here regarding the greater likelihood for Blacks to fail the Denver Drug Court program is consistent with other program evaluations of Drug Courts in Iowa and Oklahoma. Further, the disproportionate representation of Blacks in most criminal justice placements, and the greater likelihood of Blacks to fail the requirements of those placements and penetrate further into the system (and so develop more serious criminal histories) has long been a concern to criminal justice professionals and social critics. This issue requires greater attention, and we must actively improve our understanding of it. So, in this section we address both assessment and treatment in terms of ethnicity generally and, later, Black ethnicity specifically. We hope this brief overview will encourage discussion and debate among our colleagues working in the justice system and the treatment providers who deliver services to a diverse criminal justice population.

The Standardized Offender Assessment. The cultural relevance of assessments may not be equivalent across all populations. The Standardized Offender Placement criteria mandated by Article 11.5 in the Colorado Revised Statutes (CRS16-11.5-101 to 107) requires the use of the Level of Supervision Inventory (LSI), the Adult

Substance Use Survey (ASUS) and the Substance Use History Matrix (SUHM). However, the cross-cultural validity of the ASUS and the Standardized Offender Placement criteria have not been established. The utility of the LSI in matching substance abusers to treatment has not been evaluated in general, and majority of the research conducted with the LSI has been with Canadian offender populations,[90] the results of which may not be generalizable to the various ethnic and cultural identities found in Colorado. While the theoretical basis of the substance abuse assessment protocol implemented statewide in Colorado appears to be sound, and the practical application of systematically linking assessment to level of treatment intervention offers a significant improvement over haphazardly assigning offenders to any of the various interventions available, more research is required in this area.

Given that the rate of current illicit drug use for Blacks (currently at 7.5 percent) continues to be somewhat higher than for Anglos (6.4 percent) and Hispanics (5.9 percent),[91] and given the overrepresentation of African Americans in drug arrests, prosecutions and sentencing,[92] it appears fitting, even crucial, to validate existing assessment instrumentation or to develop new ethnically and culturally appropriate assessment and treatment protocols for use with this population.

Cultural competency. The development of cultural competency standards for all levels of the workforce concerned with the Drug Court population, from arrest to the courtroom to the assessment process to the clinical setting is recommended. The concept of 'Cultural Competency' represents a set of academic and interpersonal skills

[90] Studies of the utility of the LSI with other populations have been undertaken, but these have not explored ethnic group bias or cross-cultural validity. For example, see: O'Keefe, M.L., Klebe, K., Hromas, S. (1998). *Validation of the Level of Supervision Inventory (LSI) for Community Based Offenders in Colorado: Phase II*. Colorado Department of Corrections, Sate of Colorado.

[91] Preliminary Results From The 1997 National Household Survey On Drug Abuse. (n.d.) Retrieved August, 2001, from http://www.health.org/govstudy/BKD275/nhsda978.htm#E10E12

[92] Courtwright, D.T. (1997). The drug war's hidden toll. *Issues in Science and Technology.* 13(2).

that help individuals to increase their understanding and appreciation of cultural differences and similarities within, among, and between groups. This requires a willingness and ability to draw on community-based values, traditions, and customs, and to work with knowledgeable persons from the community in developing focused interventions, communication, and support.[93] Cultural competence requires not only this appreciation and recognition of other cultural groups, but also requires the ability to effectively work with them. Such skills should be in the repertoire of all criminal justice practitioners.[94]

Also integral to this concept is the ongoing development of cultural knowledge, and the resources and flexibility within service models to work towards better meeting the needs of minority populations. Treatment modalities such as psycho-education, psychosocial rehabilitation, family therapy, specialized groups therapy, behavioral approaches, employment of traditional healers and outreach activities can all be tailored so that they are culturally acceptable and effective with varied populations.[95]

In-depth psychological evaluations should be a component of treatment program designed to address a serious problem such as drug addiction. To ensure that appropriate needs and treatment interventions are defined and addressed, these evaluations must be conducted by qualified practitioners trained in ethnic-specific biological, physiological, cultural, socioeconomic and psychological variables. Level of care decisions should be carried out in consultation with qualified culturally competent treatment providers or mental health specialists. The incorporation of local racial/ethnic

---

[93] *Screening and Assessment for Alcohol and Other Drug Abuse Among Adults in the Criminal Justice System: Treatment Improvement Protocol (TIP) Series 7*. Rockville, MD. U.S. Department Of Health And Human Services, Public Health Service, Substance Abuse and Mental Health Services Administration,
Center for Substance Abuse Treatment.

[94] Sue (1998).

[95] *Cultural Competence Standards in Managed Care Mental Health Services* (1998). Center for Mental Health Services. Rockville, Maryland. http://www.mentalhealth.org/publications/allpubs/SMA00-3457/glossary.htm 8/14/2001

community-based organizations and independent practitioners in the provider network may enhance individuals' engagement in the treatment process.[96]

Ethnicity matters. Just as patient-treatment matching is critical for programmatic efficiency and improved success in a non-correctional setting, the same principals must be applied to the treatment received by any Drug Court population. Drug abusers from differing ethnic groups have differing problems, and differing responses to external stimuli, thus requiring diverse treatment approaches.[97] For example, one study found that white males tended to be polydrug abusers and were more likely to use illicit non-narcotic drugs and to commit crime while in treatment. Thus, a highly structured program with careful monitoring of crime and drug use would be indicated.[98] This concept is further illustrated by the situation in which people of color who identify strongly with their culture may view drug dependence as a spiritual problem or an error in judgment, not as a problem appropriate for professional treatment.[99]

The ethnic composition of persons in a treatment agency has been found to influence treatment success. It has been found that members of particular ethnic groups remain in treatment significantly longer if the majority of the program patients are from the same ethnic group.[100,101] Ethnic clients attending ethnic-specific programs had lower dropout rates and stayed in programs longer than did those using mainstream

---

[96] Ibid.
[97] Treatment for Alcohol and Other Drug Abuse: Opportunities for Coordination: Technical Assistance Publication Series 11. (1994). Rockville, MD. U.S. Department Of Health And Human Services, Public Health Service, Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment. Available at http://www.treatment.org/Taps/Tap11/tap11toc.html
[98] Nurco, D.N., Hanlon, T.E., & Kinlock, T.W. (1990, March). *Offenders, drugs, crime and treatment: Literature review.* Washington, DC: U.S. Department of Justice, Bureau of Justice Assistance.
[99] Longshore, D., Grills, C., Anglin, M.D., Annon, K. (1997).
[100] Nurco, D.N, Hanlon, T.E., & Kinlock, T.W. (1990, March).
[101] De Leon, G., Melnick, G., Schoket, D., Jainchill, N. (1993). Is the Therapeutic Community Culturally Relevant? Findings on Race/Ethnic Differences in Retention in Treatment. *Journal of Psychoactive Drugs.* 25 (1).

services.[102] It has also been suggested that the ethnic representation of staff should be similar to that of patients in a program.[103] In another study, such ethnic matching was found to be significantly related to attendance in African-American clients.[104]

To be effective, then, substance abuse programs that serve African Americans in the juvenile and criminal justice systems must recognize the cultural issues that impact the offender. Counselors should be aware of their own assumptions, values and biases, as well as have a comprehension of the African American worldview. An understanding of social, political and economic factors that have contributed to the African American's psychological status is important. Community supports and resources utilized should be viewed by the client as accessible, culturally compatible, and should reinforce the afrocentric practice of community-oriented rather then individualistic treatment.[105]

Principles of culture-based counseling for African Americans. There is, regrettably, a scarcity of research publications pertaining to culturally-competent substance abuse programming for African-American clients, and even less targeting the black offender. Slightly more information exists under the domain of mental health treatment. Conversely, there is a rich body of literature regarding the constructs of Afrocentricity and African American culture. In-depth coverage of these topics can be found in the works of Asante (1980; 1987; 1988; 1990) [106,107,108,109], Karenga (1988; in press) [110,111] and Nobles (1986).[112]

---

[102] Sue (1998).
[103] Nurco, D.N., Hanlon, T.E., & Kinlock, T.W. (1990, March).
[104] Sue (1998).
[105] Kendall, J. (1996). Creating a Culturally Responsive Psychotherapeutic environment for African American youths: A Critical Analysis. *Advances in Nursing Science,* 48(4).
[106] Asante, M.K. (1987). *The Afrocentric idea.* Philadelphia: Temple University Press.
[107] Asante, M.K. (1988). *Afrocentricity.* Trenton, NJ: Africa World Press.
[108] Asante, M.K. (1990). *Kemet, Afrocentricity and Knowledge*. Trenton, NJ: Africa World Press.
[109] Asante, M.K. (1980). *Afrocentricity: The theory of social change*. Buffalo, NY: Amulefi.
[110] Karenga, M. (1988). *The African American holiday of Kwanzaa: A celebration of family, community, and culture*. Los Angeles: University of Sankore Press.
[111] Karenga, M. and Carruthers, L. *Kemet and the African Worldview: Research, Rescue and Restoration*. Los Angeles: University of Sankore Press.

According to Lopez and Hernandez (1987), while it is important to consider culture, it is most important to do it well.[113] Cultural traits attributed to each ethnic and racial group are at best only generalizations that, if used incautiously, can lead to stereotyping, alienating the client, and compromising treatment effectiveness.[114] There is much evidence in the existing literature that African Americans are heterogeneous people. Gordon[115] identifies five cultural groupings among African Americans, along with other subgroups that can be distinguished by education and socioeconomic levels, national origin, age, religion, rural versus urban residence and skin color.

An Afrocentric approach to substance abuse treatment reflects cultural precepts, ideas, and beliefs of African and African American people.[116] From the literature, it is clear there are several key elements that constitute the Afrocentric perspective. These include: a strong sense of spirituality, the paramount centrality of community, harmony with nature, and the creation of self-identity and dignity. A variety of models exist, which differ according to the inclusion or omission of additional constructs including humaneness, egalitarianism, the significance of rites of passage and transformation, creativity, competence, respect for tradition, and the import of elders.[117,118,119,120]

The importance of religion arises repeatedly in the literature – as a construct greater than a belief paradigm of God, heaven and hell. Religion and spirituality give direction to lives, and a linkage to one's ancestors. Spirituality is the cornerstone of any

---

[112] Nobles, W.W. (1986). *African psychology: Toward its reclamation, reascension, and revitalization*. Oakland, CA: Black Family Institute.
[113] Lopez, S.R. and Hernandez, P. (1987). How culture is considered in evaluations of psychopathology. *Journal of Nervous and Mental Disease*. 176(10).
[114] Finn, P. (1994). Addressing the Needs of Cultural Minorities in Drug Treatment. *Journal of Substance Abuse Treatment*. 11(4).
[115] Gordon, J.U. (1993). A culturally specific approach to ethnic minority young adults. In E. Freeman (Ed.), *Substance abuse treatment: A family systems perspective.* Newbury Park, CA: Sage.
[116] Rasmussen, S. (2000). *Addiction Treatment Theory and Practice*. Thousand Oaks, CA: Sage.
[117] Jackson, M.S., Stephens, R.C., Smith, R.L. (1997). Afrocentric Treatment in Residential Substance Abuse Care: The Iwo San. *Journal of Substance Abuse Treatment*. 14(1).
[118] Rowe, D. & Grills, C. (1993). African-Centered Drug Treatment: An Alternative Conceptual Paradigm for Drug Counseling with African-American Clients. *Journal of Psychoactive Drugs*. 25(1).

African-American activity, hinging on the belief that the spirit is invested in everything. All other tenets of an Afrocentric paradigm are connected to the concept of spirituality. As such, treatment must be conceptualized so that spirituality is a part of the treatment process rather than a separate component.[121]

Another common philosophical theme is communalism or collective support. This concept is also expressed as collectivity, cooperation, and centrality of community. Collectivism assumes that individual effort is a reflection or instrument of communal survival and advancement. In this sense one's self-concept or self-definition is dependent on the interrelationship with one's family or people. Thus, one's individuality extends to include one's group, and the separation between self and others is arbitrary.[122] Some believe, for African Americans, it is more appropriate to consider that any individual's drug abuse treatment and recovery is actually a healing of the African-American community.[123]

A third constant in the afrocentric philosophy is harmony with nature. The principles of Consubstantiation and of Interdependence are each precepts that are encompassed in this notion of harmony. The principle of Consubstantiation assumes that all things in the universe have the same essence, and Interdependence assumes that everything in the universe is connected. People are the reflection of the entire universe. Consequently, if there is disharmony in the universe, there is disharmony in people. Harmonious relationships bring about the natural order, or the rhythm of the universe. Harmonious relationships, and accordingly the natural order, can be disrupted by various means, one of which is the abuse of drugs.

---

[119] Rasmussen, S. (2000).
[120] Longshore, D., Grills, C., Anglin, M.D., Annon, K. (1997).
[121] Jackson, M.S., Stephens, R.C., Smith, R.L. (1997).
[122] Rowe, D. & Grills, C. (1993).
[123] Ibid.

Numerous principles contribute to the objective of creation of self-identity and dignity. Karenga[124] includes the principles of purpose, self-determination, and creativity as avenues toward this end. Yet others propose the canons of Consciousness, Character and Competence as guiding forces to this end.[125] Each of these refer to an attitude of pride in African-centeredness and extended self-esteem. The sense of integrity and responsibility for the development, restoration, and improvement of one's community is also reflected. Dignity is enhanced when the person comes to realize that not only are they responsible for themselves but for others in the community as well. [126]

The integration of these themes into the treatment of African American substance abusers provides an alternative framework for promoting culturally congruent drug abuse treatment. A variety of approaches have been implemented in other programs, in an effort to develop more effective models of culture-based counseling and treatment. Each is based on a theoretical framework rather than research, as none have been subjected to rigorous evaluation. Fortunately, several such evaluations are currently in the works.[127,128] If findings from these studies are carefully reviewed and applied, they will be very useful in program development and considerably enhance the delivery of effective and culturally relevant substance abuse services for Black clients in many venues, including those involved with the criminal justice system.

Summary. This brief overview attempts to reflect the scope and depth of awareness required to provide the most appropriate interventions to diverse criminal justice populations. Some believe that such material lies beyond the realms of program evaluation and criminal justice programming. However, we believe that it is core to the

[124] Karenga, M. (1988).
[125] Rowe, D. and Grills, C. (1993).
[126] Jackson, M.S., Stephens, R.C., Smith, R.L. (1997).
[127] Ibid.
[128] Longshore, D., Grills, C., Anglin, M.D., Annon, K. (1997).

evaluation, given the key findings of this study. Indeed, the lack of integration of these issues into criminal justice programs and practices, and the perception that the topic is beyond the scope of criminal justice, may contribute to the unabated overrepresentation of minorities in this system. It has long been argued that other health-related interventions are more effective if they are congruent with values shared by members of the target community.[129,130,131,132,133,134] Much as research-based information regarding drugs, treatment and offender typology is incorporated into practice, it is critical to consider cultural issues as well. Should the reader desire to further explore this topic, Appendix G contains a short bibliography of applicable resources.

---

[129] Jackson, A.M. (1983). Treatment issues for Black patients. Psychotherapy:Theory, Research, and Practice, 20, 143-151.

[130] Kalichman, S.C., Kelly, J.A., Hunter, T.L., Murphy, D.A. & Tyler, R. (1993). Culturally tailored AIDS risk-reduction messages targeted to African-American urban women: Impact on risk sensitization and risk reduction. Journal of Counseling and Clinical Psychology, 61, 291-295.

[131] Phillips, F.B. (1990). NTU psychotherapy: An Africentric Approach. Journal of Black Psychology, 17, 55-74

[132] Singer, M. (1991). Confronting the AIDS epidemic among IV drug users: does ethnic culture mater? AIDS Education and Prevention, 3, 258-283.

[133] Kalichman, S.C., & Coley, B. (1995). Context framing to enhance HIV-antibody testing messages targeted to African American women. Health Psychology, 14, 247-254.

[134] Saulnier, C.F. (1996). African-American women in an alcohol intervention group: Addressing personal and political problems. Substance Use and Misuse, 31, 1259-1278.

Appendix A

Arrestee Drug Abuse Monitoring Program (ADAM) Data: 2000 Annualized Denver Site Report

Appendix B

Summary of Literature Review Findings

Drug Court Location	Author	Comparison Group	Follow-up Period	Findings
Maricopa County	Turner, Susan	Random assignment	12 months 36 months	All groups equally likely to be rearrested. Drug court participants significantly less likely to be rearrested.
Washington D.C.	Harrell, A.	Random assignment to standard, treatment or sanctions dockets	1 year post-sentence	Sanctions group significantly less likely to be arrested (19%). No difference in arrest rates for standard and treatment groups (27%).
Santa Clara County	Santa Clara County Drug Treatment Court	Other non-participating but eligible offenders, and those receiving deferred judgments	2 years	Drug court participants had lowest re-arrest rates (8%) compared to those who did not participate (47%) and those with deferred judgments (27%). Only 1% of drug court group had multiple arrests, vs. 20% of non-participants and 9% of deferred judgements.
Delaware	Wilhite, S.A. and O'Connell, J.P	Compared drug court completers to non-completers		Re-arrest rates were lower for those who did complete the program. Those who completed also had fewer felony arrests.
Delaware	Delaware SAC	Drug court clients vs. other clients	18 months post-sentencing	Drug court clients more likely to complete treatment than were other clients.
Florida	Peters, R.H.	Matched comparison group of probationers	12 months following program entry.	Graduates significantly less likely to be arrested during the 12-month program period.
Florida	Peters, R.H.	Non-graduates and a matched comparison group	30 months following program entry.	Graduates significantly less likely to be arrested during the 30-month follow-up period. Graduates had fewer felony arrests, fewer property crimes and violent crimes, and had fewer probation or parole violations.
Jefferson County, KY	Vito, G.F.	Non-graduates and a self-drop comparison group		Graduates had lower recidivism rates (13%) compared to non-graduates (59.5%) and comparison group (55.4%).
Madison County, IL	Godley, M.D.	Those who declined drug court	12 months following program entry.	Participants had significant reduction in arrests compared to those who declined.
Monterey County	Roehl, J.	Comparison group and non-completers	5-6 months	6% of drug court graduates rec'd new drug –related felony conviction, vs. 27% of comparison group and 50% of non-completers.
Las Vegas Drug Court	Miethe, T.D.	Clark County District Court		Drug court offenders recidivated at a higher rate, 26% vs. those processed in another court at 16%.

Multnomah County, OR	Finigan, M.	Eligible defendents who did not enter program	24 months	Drug court participants averaged .59 arrests, comparison groups averaged 1.53 arrests.
Multnomah County, OR	Finigan, M.	Participants completing less than one third of program		Those who participated minimally had twice as many arrests compared to those who completed at least a third of the program.
Oakland CA	Tauber	Historical comparison group	36 months	Average arrests declined from 1.33 per defendant to .75 after establishment of drug court.
Riverside County, CA	Sechrest, et al.	Historical comparison group	Up to 21 months for drug court participants and 27 months for comparison	13.4% of drug court participants rearrested, 33.0% of comparison group.
Denver, CO	Granfield & Eby	Historical comparison group	12 months	53.0% of drug court participants rearrested, 58.0% of comparison group.
Dade County, FL	Goldkamp & Weiland	Self-selected eligible defendants, ineligible defendants and a historical comparison group	18 months	33.2% of drug court participants rearrested, compared to 48.7% of comparison group (averaged over the 3 comparison samples).
Baltimore MD	Gottfredson, et al.	Matched comparison drawn from District and Circuit Courts and historical.	6 months	District drug court participants rearrested 22.6% of cases, comparison 27.1%. Circuit drug court participants rearrested 26.5% of cases, comparison 30.4%. Historical comparison group rearrested 30.2 percent of cases, while matched sample of drug court clients rearrested 18.5% of cases.
Travis County, TX	Kelly	Matched Historical comparison group	12 months	38.0% of drug court participants rearrested, 41.0% of comparison group.
Philadelphia, PA	Crime & Justice Research Institute	Self selected eligible and ineligible offenders	6 months	20.0% of drug court participants rearrested, compared to 24.0% of those who declined program and 38.0% of ineligible comparison group. Median time to first arrest was much longer for drug court group than for comparison groups.

Oklahoma	Oklahoma Criminal Justice Resource Center	Matched comparison group of probationers	24 months	14% of drug court participants rearrested, 22% of comparison group.
Polk County, IA	Iowa Division of Criminal and Juvenile Justice Planning	Offenders screened but rejected from drug court and historical comparison group	Up to 762 days, Averaging 655 days	New convictions occurred for: 33.3% of drug court successes 61.5% of drug court failures 54.6% of ineligible group 74.8% of pre-drug court group

Bibliography of above studies:

Turner, Susan. Unpublished draft of a three-year follow-up of the Maricopa First Time Drug Offenders Program. Santa Monica, CA: Rand Corporation.

Harrell, A., Cavanagh, S., and Roman, John. (April 2000). Evaluation of the D.C. Superior Court Drug Intervention Programs. Washington, DC: U.S. Department of Justice, Office of Justice Programs, National Institute of Justice.

Santa Clara County Drug Treatment Court, two-year progress report and outcome comparisons, March 1, 1996-March 31, 1998. (June 1998). Obtained from www.american.edu/justice.

Wilhite, S.A. and O'Connell, J.P. (1998). The Delaware Drug Court: A baseline evaluation. Dover, DE: State of Delaware Statistical Analysis Center and Anova Associates.

Delaware Statistical Analysis Center, (1999). Addiction Sentences, draft report, Wilmington, DE: Delaware Statistical Analysis Center.

Peters, R.H., Murrin, M.R. (1998). Evaluation of treatment-based drug courts in Florida's first judicial circuit. Tampa, FL: University of South Florida, Department of Mental Health Law & Policy, Louis de la Parte Florida Mental Health Institute, University of South Florida.

Vito, G.F., Tewksbury, R.A. (1998). Jefferson county Drug Court Program: Impact Evaluation, 1997. (Obtained from the National Drug Court Institute).

Godley, M.D., Dennis, M. L., Funk, R.,Siekmann, M. and Weisheit, R. (1998). Madison County assessment and treatment alternative court: Final evaluation report. Bloomington, IL: Lighthouse Institute Chestnut Health Systems.

Roehl, J. (July 1998). Monterey county drug court - evaluation report #1. Pacific Grove, CA: Justice Research Center.

Miethe, T.D., Lu, H. and Reese, E. (2000). Reintegrative Shaming and Recidivism Risks in Drug Court: Explanations for some Unexpected Findings. Crime and Delinquency 46(4).

Finigan, M.1998. An outcome evaluation of the Multnomah County S.T.O.P. Drug Diversion Program. Alexandria, VA: State Justice Institute.

Best Practice Number Nine: Processing Non-Violent Drug Offenders through Treatment-Oriented Drug Courts. Memphis Shelby Crime Commission. Retrieved 5/30/01 from http://www.memphiscrime.org/research/bestpractices/bestpractices-9.html#data

Pennsylvania Commission on Crime and Delinquency. Retrieved 4/24/01 from http://www.pccd.state.pa.us/pccdtop.html

Wright, D. and Clymer, B. (2000). Evaluation of Oklahoma Drug Courts, 1997-2000; Oklahoma City, OK: Oklahoma Criminal Justice Resource Center.

Stageberg, P., Wilson, B. Moore, R.G. (January 2001). Final Report on the Polk County Adult Drug Court. Iowa Department of Human Rights, Division of Criminal and Juvenile Justice Planning. Available at: http://www.state.ia.us/dhr/cjjp/pdfs/drugcourt.pdf

Appendix C

Data Collection Forms

Appendix D

Comparison Of
1995 Drug Court Cases
To
1996 Drug Court Cases

COMPARISON OF 1995 DRUG COURT CASES TO 1996 DRUG COURT CASES

	CASE YEAR	N	Mean	Std. Deviation	Significance Level
CRIMINAL HISTORY SCORE	95	285	1.4551	2.3804	N. S.
	96	234	1.4965	2.2109	
AGE AT 1ST ARREST	95	270	22.63	7.10	N.S.
	96	225	22.69	8.10	
LAST GRADE COMPLETED	95	266	11.60	2.79	N.S.
	96	229	11.59	2.45	
OFFENDER MH NEEDS	95	260	.38	.82	N.S.
	96	205	.49	.99	
OFFENDER ALCOHOL NEEDS	95	265	1.88	1.00	N.S.
	96	213	1.94	1.05	
OFFENDER DRUG NEEDS	95	269	2.72	.69	N.S.
	96	214	2.73	.69	
BEHAVIOR SEVERITY SCORE	95	285	1.01	.19	N.S.
	96	234	1.00	.00	
LSI SCORE	95	228	23.58	9.08	N.S.
	96	148	23.60	8.93	
DAST SCORE	95	180	5.77	4.44	N.S.
	96	5	5.80	2.68	
ADS SCORE	95	180	2.18	5.07	N.S.
	96	5	1.40	1.34	
DISRUPT SUBSCALE SCORE	95	221	13.74	15.80	N.S.
	96	138	11.64	14.91	
DEFENSE SUBSCALE SCORE	95	220	8.70	4.22	N.S.
	96	137	8.44	3.84	
AGE AT ARREST	95	285	31.32	8.51	N.S.
	96	234	31.19	9.93	

			CASE YEAR		
			95	96	Total
SEX	MALE	Count	223	177	400
		% within YEAR	78.2%	75.6%	77.1%
	FEMALE	Count	62	57	119
		% within YEAR	21.8%	24.4%	22.9%
Total		Count	285	234	519
		% within YEAR	100.0%	100.0%	100.0%

*No significant difference between groups

			CASE YEAR		
			95	96	Total
ETHNICITY	ANGLO	Count	84	63	147
		% within YEAR	29.8%	27.3%	28.7%
	BLACK	Count	107	91	198
		% within YEAR	37.9%	39.4%	38.6%
	HISPANIC	Count	91	75	166
		% within YEAR	32.3%	32.5%	32.4%
	OTHER	Count		1	1
		% within YEAR		.4%	.2%
Total		Count	282	231	513
		% within YEAR	100.0%	100.0%	100.0%

*No significant difference between groups

			YEAR		
			95	96	Total
MARITAL STATUS	SINGLE	Count	140	110	250
		% within YEAR	51.3%	48.9%	50.2%
	MARRIED	Count	40	44	84
		% within YEAR	14.7%	19.6%	16.9%
	SEP/ DIVORCED	Count	66	54	120
		% within YEAR	24.2%	24.0%	24.1%
	WIDOWED	Count	4		4
		% within YEAR	1.5%		.8%
	COMMON LAW	Count	22	17	39
		% within YEAR	8.1%	7.6%	7.8%
Total		Count	273	225	498
		% within YEAR	100.0%	100.0%	100.0%

*No significant difference between groups

			YEAR		
			95	96	Total
EMPLOYMENT AT ARREST	FULL TIME	Count	72	86	158
		% within YEAR	25.9%	37.2%	31.0%
	PART TIME	Count	28	16	44
		% within YEAR	10.1%	6.9%	8.6%
	UNEMPLOYED	Count	157	112	269
		% within YEAR	56.5%	48.5%	52.8%
	SPORADIC	Count	21	17	38
		% within YEAR	7.6%	7.4%	7.5%
Total		Count	278	231	509
		% within YEAR	100.0%	100.0%	100.0%

*Significant at P < .05

			CASE YEAR		
			95	96	Total
RESIDENT STABILITY	CONTINUOUSLY RESIDED AT SAME ADDRESS	Count	77	76	153
		% within YEAR	35.5%	40.0%	37.6%
	MOVED 1,2,3, TIMES	Count	87	79	166
		% within YEAR	40.1%	41.6%	40.8%
	MOVED 4 OR MORE TIMES	Count	53	35	88
		% within YEAR	24.5%	18.5%	21.6%
Total		Count	217	190	407
		% within YEAR	100.0%	100.0%	100.0%

*No significant difference between groups

			CASE YEAR		
			95	96	Total
OFFENDER MH NEEDS	NONE/NOT SERIOUS	Count	204	160	364
		% within YEAR	78.5%	78.0%	78.3%
	NO INTERFERENCE W/FUNCTIONING	Count	25	10	35
		% within YEAR	9.6%	4.9%	7.5%
	SOME DISRUPTION OF FUNCTIONING	Count	18	15	33
		% within YEAR	6.9%	7.3%	7.1%
	SERIOUS DISRUPTION OF FUNCTIONING	Count	13	20	33
		% within YEAR	5.0%	9.8%	7.1%
Total		Count	260	205	465
		% within YEAR	100.0%	100.0%	100.0%

*No significant difference between groups

			CASE YEAR		
			95	96	Total
OFFENDER ALCOHOL NEEDS	NONE/NOT SERIOUS	Count	24	21	45
		% within YEAR	9.1%	9.9%	9.4%
	NO INTERFERENCE W/FUNCTIONING	Count	77	61	138
		% within YEAR	29.1%	28.6%	28.9%
	SOME DISRUPTION OF FUNCTIONING	Count	70	40	110
		% within YEAR	26.4%	18.8%	23.0%
	SERIOUS DISRUPTION OF FUNCTIONING	Count	94	91	185
		% within YEAR	35.5%	42.7%	38.7%
Total		Count	265	213	478
		% within YEAR	100.0%	100.0%	100.0%

*No significant difference between groups

			CASE YEAR		
			95	96	Total
OFFENDER DRUG NEEDS	NONE/NOT SERIOUS	Count	9	5	14
		% within YEAR	3.3%	2.3%	2.9%
	NO INTERFERENCE W/FUNCTIONING	Count	9	15	24
		% within YEAR	3.3%	7.0%	5.0%
	SOME DISRUPTION OF FUNCTIONING	Count	31	13	44
		% within YEAR	11.5%	6.1%	9.1%
	SERIOUS DISRUPTION OF FUNCTIONING	Count	220	181	401
		% within YEAR	81.8%	84.6%	83.0%
Total		Count	269	214	483
		% within YEAR	100.0%	100.0%	100.0%

*No significant difference between groups

			CASE YEAR		
			95	96	Total
RECORD OF ABUSE AS A CHILD	NO	Count	162	110	272
		% within YEAR	93.6%	94.8%	94.1%
	YES	Count	11	6	17
		% within YEAR	6.4%	5.2%	5.9%
Total		Count	173	116	289
		% within YEAR	100.0%	100.0%	100.0%

*No significant difference between groups

			CASE YEAR		
			95	96	Total
FORMER GANG INVOLVEMENT	NO	Count	244	209	453
		% within YEAR	96.4%	96.8%	96.6%
	YES	Count	9	7	16
		% within YEAR	3.6%	3.2%	3.4%
Total		Count	253	216	469
		% within YEAR	100.0%	100.0%	100.0%

*No significant difference between groups

			YEAR		
			95	96	Total
CURRENT GANG INVOLVEMENT	NO	Count	244	211	455
		% within YEAR	96.8%	97.7%	97.2%
	YES	Count	8	5	13
		% within YEAR	3.2%	2.3%	2.8%
Total		Count	252	216	468
		% within YEAR	100.0%	100.0%	100.0%

*No significant difference between groups

			CASE YEAR		
			95	96	Total
ELECTRONIC MONITORING	NO	Count	263	202	465
		% within YEAR	92.3%	86.3%	89.6%
	YES	Count	22	32	54
		% within YEAR	7.7%	13.7%	10.4%
Total		Count	285	234	519
		% within YEAR	100.0%	100.0%	100.0%

*Significant at P < .05

			CASE YEAR		
			95	96	Total
UPS	NO	Count	77	49	126
		% within YEAR	27.0%	20.9%	24.3%
	YES	Count	208	185.00	393
		% within YEAR	73.0%	79.10	75.7%
Total		Count	285	234	519
		% within YEAR	100.0%	100.0%	100.0%

*No significant difference between groups

			CASE YEAR		
			95	96	Total
Instrument Derived Treatment Level	1 No Treatment	Count	8	4	12
		% within YEAR	4.5%	2.8%	3.7%
	2 UA's, Drug and Alcohol Education	Count	35	29	64
		% within YEAR	19.6%	20.0%	19.8%
	3 Weekly Outpatient	Count	50	37	87
		% within YEAR	27.9%	25.5%	26.9%
	4 Intensive Outpatient	Count	50	50	100
		% within YEAR	27.9%	34.5%	30.9%
	5 Intensive Residential	Count	28	15	43
		% within YEAR	15.6%	10.3%	13.3%
	6 Therapeutic Community	Count	6	9	15
		% within YEAR	3.4%	6.2%	4.6%
	7 Assess for Psychopathy	Count	2	1	3
		% within YEAR	1.1%	.7%	.9%
Total		Count	179	145	324
		% within YEAR	100.0%	100.0%	100.0%

*No significant difference between groups

			CASE YEAR		
			95	96	Total
Drug Type Charged	Cocaine*	Count	185	177	362
		% within YEAR	64.9%	75.6%	69.7%
	MJ	Count	13	17	30
		% within YEAR	4.6%	7.3%	5.8%
	Heroin**	Count	48	16	64
		% within YEAR	16.8%	6.8%	12.3%
	Stimulants	Count	18	11	29
		% within YEAR	6.3%	4.7%	5.6%
	Other	Count	21	13	34
		% within YEAR	7.4%	5.6%	6.6%
Total		Count	285	234	519
		% within YEAR	100.0%	100.0%	100.0%

*Significantly different on cocaine at P < .01
**Significantly different on heroin at P < .001

			YEAR		
			95	96	Total
Recoded LSI Scores	0-18 (LOW)	Count	66	42	108
		% within YEAR	28.9%	28.4%	28.7%
	19-28 (MED)	Count	86	59	145
		% within YEAR	37.7%	39.9%	38.6%
	29-54 (HIGH)	Count	76	47	123
		% within YEAR	33.3%	31.8%	32.7%
Total		Count	228	148	376
		% within YEAR	100.0%	100.0%	100.0%

*No significant difference between groups

			YEAR		
			95	96	Total
Recoded age at time of this arrest	18-25 Years Old	Count	78	69	147
		% within YEAR	28.3%	30.8%	29.4%
	26-35 Years Old	Count	107	67	174
		% within YEAR	38.8%	29.9%	34.8%
	>35 Years Old	Count	91	88	179
		% within YEAR	33.0%	39.3%	35.8%
Total		Count	276	224	500
		% within YEAR	100.0%	100.0%	100.0%

*No significant difference between groups

			YEAR		
			95	96	Total
Recoded Education	< High School	Count	115	102	217
		% within YEAR	43.2%	44.7%	43.9%
	GED	Count	32	22	54
		% within YEAR	12.0%	9.6%	10.9%
	High School Graduate	Count	49	55	104
		% within YEAR	18.4%	24.1%	21.1%
	> High School	Count	70	49	119
		% within YEAR	26.3%	21.5%	24.1%
Total		Count	266	228	494
		% within YEAR	100.0%	100.0%	100.0%

*No significant difference between groups

			YEAR		
			95	96	Total
PRIOR ADULT CONVICTION OR JUVENILE ADJUDICATION	NO	Count	153	135	288
		% within YEAR	53.7%	57.7%	55.5%
	YES	Count	132	99	231
		% within YEAR	46.3%	42.3%	44.5%
Total		Count	285	234	519
		% within YEAR	100.0%	100.0%	100.0%

*No significant difference between groups

			YEAR		
			95	96	Total
PRIOR DRUG OFFENSE	NO	Count	200	163	363
		% within YEAR	70.2%	69.7%	69.9%
	YES	Count	85	71	156
		% within YEAR	29.8%	30.3%	30.1%
Total		Count	285	234	519
		% within YEAR	100.0%	100.0%	100.0%

*No significant difference between groups

Appendix E

Comparison Of
1993
Historical Comparison Group
To
1995/1996
Drug Court Group

COMPARISON OF 1993 HISTORICAL COMPARISON CASES TO 1995/96 DRUG COURT CASES

	Experimental Group	N	Mean	Std. Deviation	Significance Level
CRIMINAL HISTORY SCORE	1993	105	.89	1.17	.002
	1995 & 1996	519	1.29	1.48	
AGE AT 1ST ARREST	1993	89	25.45	7.23	.001
	1995 & 1996	495	22.66	7.56	
LAST GRADE COMPLETED	1993	98	11.68	2.62	N.S.
	1995 & 1996	495	11.59	2.63	
OFFENDER MH NEEDS	1993	94	.41	.96	N.S.
	1995 & 1996	465	.43	.90	
OFFENDER ALC NEEDS	1993	94	1.52	1.39	.011
	1995 & 1996	478	1.91	1.02	
OFFENDER DRUG NEEDS	1993	102	2.61	.95	N.S.
	1995 & 1996	483	2.72	.69	
BEHAVIOR SEVERITY SCORE	1993	105	1.03	.32	N.S.
	1995 & 1996	519	1.00	.14	
AGE AT CURRENT ARREST	1993	105	32.06	8.35	N.S.
	1995 & 1996	519	31.26	9.17	

			Experimental Group		
			1993	1995 & 1996	Total
SEX	MALE	Count	85	400	485
		% within Experimental Group	81.0%	77.1%	77.7%
	FEMALE	Count	20	119	139
		% within Experimental Group	19.0%	22.9%	22.3%
Total		Count	105	519	624
		% within Experimental Group	100.0%	100.0%	100.0%

*No significant difference between groups.

			Experimental Group		
			1993	1995 & 1996	Total
ETHNICITY	ANGLO	Count	26	147	173
		% within Experimental Group	27.7%	28.7%	28.5%
	BLACK	Count	35	198	233
		% within Experimental Group	37.2%	38.6%	38.4%
	HISPANIC	Count	33	166	199
		% within Experimental Group	35.1%	32.4%	32.8%
	OTHER	Count		2	2
		% within Experimental Group		.4%	.4%
Total		Count	94	513	607
		% within Experimental Group	100.0%	100.0%	100.0%

*No significant difference between groups.

			Experimental Group		
			1993	1995 & 1996	Total
MARITAL STATUS	SINGLE	Count	52	250	302
		% within Experimental Group	52.0%	50.2%	50.5%
	MARRIED	Count	26	84	110
		% within Experimental Group	26.0%	16.9%	18.4%
	SEP/DIV	Count	22	120	142
		% within Experimental Group	22.0%	24.1%	23.7%
	WIDOWED	Count		4	4
		% within Experimental Group		.8%	.7%
	COMMON LAW	Count		39	39
		% within Experimental Group		7.8%	6.5%
Total		Count	100	497	597
		% within Experimental Group	100.0%	100.0%	100.0%

*Significant at P<.001

			Experimental Group		
			1993	1995 & 1996	Total
EMPLOYMENT AT ARREST	FULL TIME	Count	38	158	196
		% within Experimental Group	39.6%	31.0%	32.4%
	PART TIME	Count	4	44	48
		% within Experimental Group	4.2%	8.6%	7.9%
	UNEMPLOYED	Count	50	269	319
		% within Experimental Group	52.1%	52.8%	52.7%
	SPORADIC	Count	4	38	42
		% within Experimental Group	4.2%	7.5%	6.9%
Total		Count	96	509	605
		% within Experimental Group	100.0%	100.0%	100.0%

*No significant difference between groups.

			Experimental Group		
			1 1993 data	2 1995 & 1996 data	Total
RESIDENTIAL STABILITY	CONTINUOUSLY RESIDED AT SAME ADDRESS	Count	39	153	192
		% within Experimental Group	41.1%	37.6%	38.2%
	MOVED 1,2,3, TIMES	Count	47	166	213
		% within Experimental Group	49.5%	40.8%	42.4%
	MOVED 4 OR MORE TIMES	Count	9	88	97
		% within Experimental Group	9.5%	21.6%	19.4%
Total		Count	95	407	502
		% within Experimental Group	100.0%	100.0%	100.0%

**Significant at P<.001

			Experimental Group		
			1993	1995 & 1996	Total
OFFENDER MH NEEDS	NONE/NOT SERIOUS	Count	78	364	442
		% within Experimental Group	83.0%	78.3%	79.1%
	NO INTERFERENCE W/FUNCTIONING	Count	1	35	36
		% within Experimental Group	1.1%	7.5%	6.4%
	SOME DISRUPTION OF FUNCTIONING	Count	7	33	40
		% within Experimental Group	7.4%	7.1%	7.2%
	SERIOUS DISRUPTION OF FUNCTIONING	Count	8	33	41
		% within Experimental Group	8.5%	7.1%	7.3%
Total		Count	94	465	559
		% within Experimental Group	100.0%	100.0%	100.0%

*No significant difference between groups.

			Experimental Group		
			1993	1995 & 1996	Total
OFFENDER ALC NEEDS	NONE/NOT SERIOUS	Count	43	183	226
		% within Experimental Group	45.7%	38.3%	39.5%
	SOME DISRUPTION OF FUNCTIONING	Count	13	110	123
		% within Experimental Group	13.8%	23.0%	21.5%
	SERIOUS DISRUPTION OF FUNCTIONING	Count	38	185	223
		% within Experimental Group	40.4%	38.7%	39.0%
Total		Count	94	478	572
		% within Experimental Group	100.0%	100.0%	100.0%

*No significant difference between groups.

			Experimental Group		
			1993	1995 & 1996	Total
OFFENDER DRUG NEEDS	NONE/NOT SERIOUS	Count	11	14	25
		% within GROUPS1 grouped by 1993 & 1995-96 Combined	10.8%	2.9%	4.3%
	NO INTERFERENCE W/FUNCTIONING	Count		24	24
		% within GROUPS1 grouped by 1993 & 1995-96 Combined		5.0%	4.1%
	SOME DISRUPTION OF FUNCTIONING	Count	7	44	51
		% within GROUPS1 grouped by 1993 & 1995-96 Combined	6.9%	9.1%	8.7%
	SERIOUS DISRUPTION OF FUNCTIONING	Count	84	401	485
		% within GROUPS1 grouped by 1993 & 1995-96 Combined	82.4%	83.0%	82.9%
Total		Count	102	483	585
		% within GROUPS1 grouped by 1993 & 1995-96 Combined	100.0%	100.0%	100.0%

* Significant at P<.001.

			Experimental Group		
			1993 data	1995 & 1996 data	Total
RECORD OF ABUSE AS A CHILD	NO	Count	92	272	364
		% within Experimental Group	100.0%	94.1%	95.5%
	YES	Count		17	17
		% within Experimental Group		5.9%	4.5%
Total		Count	92	289	381
		% within Experimental Group	100.0%	100.0%	100.0%

* Significant at P<.05

			Experimental Group		
			1993	1995 & 1996	Total
FORMER GANG INVOLVEMENT	NO	Count	99	453	552
		% within Experimental Group	99.0%	96.6%	97.0%
	YES	Count	1	16	17
		% within Experimental Group	1.0%	3.4%	3.0%
Total		Count	100	469	569
		% within Experimental Group	100.0%	100.0%	100.0%

*No significant difference between groups.

			Experimental Group		
			1993 data	1995 & 1996 data	Total
CURRENT GANG INVOLVEMENT	NO	Count	98	455	553
		% within Experimental Group	98.0%	97.2%	97.4%
	YES	Count	2	13	15
		% within Experimental Group	2.0%	2.8%	2.6%
Total		Count	100	468	568
		% within Experimental Group	100.0%	100.0%	100.0%

*No significant difference between groups.

			Experimental Group		
			1993	1995 & 1996	Total
ELECTRONIC MONITORING	NO	Count	104	465	569
		% within Experimental Group	99.0%	89.6%	91.2%
	YES	Count	1	54	55
		% within Experimental Group	1.0%	10.4%	8.8%
Total		Count	105	519	624
		% within Experimental Group	100.0%	100.0%	100.0%

* Significant at P<.01.

			Experimental Group		
			1993	1995 & 1996	Total
DRUG TYPE CHARGED	Cocaine*	Count	83	362	445
		% within Experimental Group	79.0%	69.7%	71.3%
	MJ	Count	5	30	35
		% within Experimental Group	4.8%	5.8%	5.6%
	Heroin**	Count	3	64	67
		% within Experimental Group	2.9%	12.3%	10.7%
	Stimulants	Count	3	29	32
		% within Experimental Group	2.9%	5.6%	5.1%
	Other	Count	11	34	45
		% within Experimental Group	10.5%	6.6%	7.2%
Total		Count	105	519	624
		% within Experimental Group	100.0%	100.0%	100.0%

* Significant at P<.05
** Significant at P<.01.

			Experimental Group		
			1993	1995 & 1996	Total
Recoded age at time of this arrest	18-25 Years Old	Count	24.8%	147	172
		% within Experimental Group	24.8%	29.4%	28.6%
	26-35 Years Old	Count	37	174	211
		% within Experimental Group	36.6%	34.8%	35.1%
	>35 Years Old	Count	39	179	218
		% within Experimental Group	38.6%	35.8%	36.3%
Total		Count	101	500	601
		% within Experimental Group	100.0%	100.0%	100.0%

*No significant difference between groups.

			Experimental Group		
			1993	1995 & 1996	Total
SUPERVISION INCL INCARC/ PRISON	NO	Count	85	409	494
		% within Experimental Group	81.0%	78.8%	79.2%
	YES	Count	20	110	130
		% within Experimental Group	19.0%	21.2%	20.8%
Total		Count	105	519	624
		% within Experimental Group	100.0%	100.0%	100.0%

*No significant difference between groups.

			Experimental Group		
			1993	1995 & 1996	Total
PRIOR ADULT CONV OR JUVENILE ADJUD	NO	Count	69	288	357
		% within Experimental Group	65.7%	55.5%	57.2%
	YES	Count	36	231	267
		% within Experimental Group	34.3%	44.5%	42.8%
Total		Count	105	519	624
		% within Experimental Group	100.0%	100.0%	100.0%

*Significant at P<.05

			Experimental Group		
			1993	1995 & 1996	Total
PRIOR DRUG OFFENSE	NO	Count	83	363	446
		% within Experimental Group	79.0%	69.9%	71.5%
	YES	Count	22	156	178
		% within Experimental Group	21.0%	30.1%	28.5%
Total		Count	105	519	624
		% within Experimental Group	100.0%	100.0%	100.0%

*No significant difference between groups.

			Experimental Group		
			1993	1995 & 1996	Total
Recoded Education	< High School	Count	38	217	255
		% within Experimental Group	38.8%	43.9%	43.1%
	High School Graduate	Count	47	158	205
		% within Experimental Group	48.0%	32.0%	34.6%
	> High School	Count	13	119	132
		% within Experimental Group	13.3%	24.1%	22.3%
Total		Count	98	494	592
		% within Experimental Group	100.0%	100.0%	100.0%

* Significant at P<.01

			Experimental Group		
			1 1993 data	2 1995 & 1996 data	Total
PROBATION PLACEMENT	regular probation	Count	97	417	514
		% within Experimental Group	97.0%	82.9%	85.2%
	intensive supervision	Count	3	86	89
		% within Experimental Group	3.0%	17.1%	14.8%
Total		Count	100	503	603
		% within Experimental Group	100.0%	100.0%	100.0%

* Significant at P<.001

Appendix F

Comparison of
Drug Court Cases
by Completion Status

		N	Mean	Std. Deviation	Sig. Level
RECODED CRIMINAL HISTORY SCORE	Drug Court Graduates	143	.69	1.18	P < .001
	Probation Completers	114	1.01	1.31	
	Non- Completers	262	1.75	1.56	
AGE AT 1ST ARREST	Drug Court Graduates	136	25.00	8.06	P < .001
	Probation Completers	110	23.48	8.86	
	Non- Completers	249	21.02	6.17	
LAST GRADE COMPLETED	Drug Court Graduates	135	12.14	2.48	P < .01
	Probation Completers	110	11.67	2.17	
	Non- Completers	250	11.26	2.85	
OFFENDER MH NEEDS	Drug Court Graduates	132	.37	.86	N.S.
	Probation Completers	101	.52	.95	
	Non- Completers	232	.42	.90	
OFFENDER ALC NEEDS	Drug Court Graduates	135	1.86	1.04	N.S.
	Probation Completers	108	1.93	1.04	
	Non- Completers	235	1.93	1.01	
OFFENDER DRUG NEEDS	Drug Court Graduates	136	2.68	.76	N.S.
	Probation Completers	110	2.65	.79	
	Non- Completers	237	2.78	.59	
BEHAVIOR SEVERITY SCORE	Drug Court Graduates	143	1.00	.00	N.S.
	Probation Completers	114	1.00	.00	
	Non- Completers	262	1.01	.20	
LSI SCORE	Drug Court Graduates	122	19.39	7.70	P < .001
	Probation Completers	88	22.03	8.66	
	Non- Completers	166	27.50	8.47	
DAST SCORE	Drug Court Graduates	61	4.36	3.79	P < .01
	Probation Completers	36	6.17	3.95	
	Non- Completers	88	6.59	4.76	
ADS SCORE	Drug Court Graduates	61	1.62	3.46	N.S.
	Probation Completers	36	.94	1.90	
	Non- Completers	88	3.02	6.46	
DISRUPT SUBSCALE SCORE	Drug Court Graduates	117	9.67	13.52	P < .01
	Probation Completers	85	12.64	13.04	
	Non- Completers	157	15.53	17.53	
DEFENSE SUBSCALE SCORE	Drug Court Graduates	116	8.98	4.13	N.S.
	Probation Completers	85	8.54	3.80	
	Non- Completers	156	8.35	4.17	
AGE AT ARREST	Drug Court Graduates	143	32.31	9.56	P < .05
	Probation Completers	113	32.92	8.80	
	Non- Completers	262	30.22	8.06	

			Drug Court/Probation Completion Status			
			Drug Court Graduates	95-96 Probation Completers	95-96 Non-Com pleters	Total
SEX	MALE	Count	102	81	217	400
		% within Completion Status	71.3%	71.1%	82.8%	77.1%
	FEMALE	Count	41	33	45	119
		% within Completion Status	28.7%	28.9%	17.2%	22.9%
Total		Count	143	114	262	519
		% within Completion Status	100.0%	100.0%	100.0%	100.0%

*Significant at P < .01

			Drug Court/Probation Completion Status			
			Drug Court Graduates	95-96 Probation Completers	95-96 Non-Com pleters	Total
ETHNICITY	ANGLO	Count	62	41	44	147
		% within Completion Status	44.3%	36.9%	16.8%	28.7%
	BLACK	Count	26	37	135	198
		% within Completion Status	18.6%	33.3%	51.5%	38.6%
	HISPANIC	Count	52	33	81	166
		% within Completion Status	37.1%	29.7%	30.9%	32.4%
	OTHER	Count			2	2
		% within Completion Status			.8%	.4%
Total		Count	140	111	262	513
		% within Completion Status	100.0%	100.0%	100.0%	100.0%

*Significant at P < .001

			Drug Court/Probation Completion Status			
			Drug Court Graduates	95-96 Probation Completers	95-96 Non-Com pleters	Total
MARITAL STATUS	SINGLE	Count	62	46	142	250
		% within Completion Status	45.6%	43.0%	55.9%	50.3%
	MARRIED	Count	31	21	32	84
		% within Completion Status	22.8%	19.6%	12.6%	16.9%
	SEP/DIV	Count	36	31	53	120
		% within Completion Status	26.5%	29.0%	20.9%	24.1%
	WIDOWED	Count		1	3	4
		% within Completion Status		.9%	1.2%	.8%
	COMMON LAW	Count	7	8	24	39
		% within Completion Status	5.1%	7.5%	9.4%	7.8%
Total		Count	136	107	254	497
		% within Completion Status	100.0%	100.0%	100.0%	100.0%

*Significant at P < .05

			Drug Court/Probation Completion Status			
			Drug Court Graduates	95-96 Probation Completers	95-96 Non-Com pleters	Total
EMPLOYMENT AT ARREST	FULL TIME	Count	57	46	55	158
		% within Completion Status	40.4%	40.7%	21.6%	31.0%
	PART TIME	Count	16	8	20	44
		% within Completion Status	11.3%	7.1%	7.8%	8.6%
	UNEMPLOYED	Count	62	53	154	269
		% within Completion Status	44.0%	46.9%	60.4%	52.8%
	SPORADIC	Count	6	6	26	38
		% within Completion Status	4.3%	5.3%	10.2%	7.5%
Total		Count	141	113	255	509
		% within Completion Status	100.0%	100.0%	100.0%	100.0%

*Significant at P < .001

			Drug Court/Probation Completion Status			
			Drug Court Graduates	95-96 Probation Completers	95-96 Non-Com pleters	Total
RESIDENTIAL STABILITY	CONTINUOUSLY RESIDED AT SAME ADDRESS	Count	54	38	61	153
		% within Completion Status	48.6%	41.3%	29.9%	37.6%
	MOVED 1,2,3, TIMES	Count	44	44	78	166
		% within Completion Status	39.6%	47.8%	38.2%	40.8%
	MOVED 4 OR MORE TIMES	Count	13	10	65	88
		% within Completion Status	11.7%	10.9%	31.9%	21.6%
Total		Count	111	92	204	407
		% within Completion Status	100.0%	100.0%	100.0%	100.0%

*Significant at P < .001

			Drug Court/Probation Completion Status			
			Drug Court Graduates	95-96 Probation Completers	95-96 Non-Com pleters	Total
OFFENDER MH NEEDS	NONE/NOT SERIOUS	Count	108	73	183	36
		% within Completion Status	81.8%	72.3%	78.9%	78.3%
	NO INTERFERENCE W/FUNCTIONING	Count	7	11	17	3
		% within Completion Status	5.3%	10.9%	7.3%	7.5%
	SOME DISRUPTION OF FUNCTIONING	Count	9	9	15	3
		% within Completion Status	6.8%	8.9%	6.5%	7.1%
	SERIOUS DISRUPTION OF FUNCTIONING	Count	8	8	17	3
		% within Completion Status	6.1%	7.9%	7.3%	7.1%
Total		Count	132	101	232	46
		% within Completion Status	100.0%	100.0%	100.0%	100.0%

*Significant at P < .01

			Drug Court/Probation Completion Status			
			Drug Court Graduates	95-96 Probation Completers	95-96 Non-Com pleters	Total
OFFENDER ALCOHOL NEEDS	NONE/NOT SERIOUS	Count	14	11	20	4
		% within Completion Status	10.4%	10.2%	8.5%	9.4%
	NO INTERFERENCE W/FUNCTIONING	Count	42	29	67	13
		% within Completion Status	31.1%	26.9%	28.5%	28.9%
	SOME DISRUPTION OF FUNCTIONING	Count	28	25	57	11
		% within Completion Status	20.7%	23.1%	24.3%	23.0%
	SERIOUS DISRUPTION OF FUNCTIONING	Count	51	43	91	18
		% within Completion Status	37.8%	39.8%	38.7%	38.7%
Total		Count	135	108	235	47
		% within Completion Status	100.0%	100.0%	100.0%	100.0%

* No Significant Difference

			Drug Court/Probation Completion Status			
			Drug Court Graduates	95-96 Probation Completers	95-96 Non-Com pleters	Total
OFFENDER DRUG NEEDS	NONE/NOT SERIOUS	Count	6	4	4	1
		% within Completion Status	4.4%	3.6%	1.7%	2.9%
	NO INTERFERENCE W/FUNCTIONING	Count	6	9	9	2
		% within Completion Status	4.4%	8.2%	3.8%	5.0%
	SOME DISRUPTION OF FUNCTIONING	Count	14	9	21	4
		% within Completion Status	10.3%	8.2%	8.9%	9.1%
	SERIOUS DISRUPTION OF FUNCTIONING	Count	110	88	203	40
		% within Completion Status	80.9%	80.0%	85.7%	83.0%
Total		Count	136	110	237	48
		% within Completion Status	100.0%	100.0%	100.0%	100.0%

* No Significant Difference

			Drug Court/Probation Completion Status			
			Drug Court Graduates	95-96 Probation Completers	95-96 Non-Com pleters	Total
RECORD OF ABUSE AS A CHILD	NO	Count	75	59	138	272
		% within Completion Status	92.6%	95.2%	94.5%	94.1%
	YES	Count	6	3	8	17
		% within Completion Status	7.4%	4.8%	5.5%	5.9%
Total		Count	81	62	146	289
		% within Completion Status	100.0%	100.0%	100.0%	100.0%

* No Significant Difference

			Drug Court/Probation Completion Status			
			Drug Court Graduates	95-96 Probation Completers	95-96 Non-Com pleters	Total
FORMER GANG INVOLVEMENT	NO	Count	134	103	216	453
		% within Completion Status	98.5%	98.1%	94.7%	96.6%
	YES	Count	2	2	12	16
		% within Completion Status	1.5%	1.9%	5.3%	3.4%
Total		Count	136	105	228	469
		% within Completion Status	100.0%	100.0%	100.0%	100.0%

* No Significant Difference

			Drug Court/Probation Completion Status			
			Drug Court Graduates	95-96 Probation Completers	95-96 Non-Com pleters	Total
CURRENT GANG INVOLVEMENT	NO	Count	132	104	219	455
		% within Completion Status	97.1%	99.0%	96.5%	97.2%
	YES	Count	4	1	8	13
		% within Completion Status	2.9%	1.0%	3.5%	2.8%
Total		Count	136	105	227	468
		% within Completion Status	100.0%	100.0%	100.0%	100.0%

* No Significant Difference

			Drug Court/Probation Completion Status			
			Drug Court Graduates	95-96 Probation Completers	95-96 Non-Com pleters	Total
ELECTRONIC MONITORING	NO	Count	131	101	233	465
		% within Completion Status	91.6%	88.6%	88.9%	89.6%
	YES	Count	12	13	29	54
		% within Completion Status	8.4%	11.4%	11.1%	10.4%
Total		Count	143	114	262	519
		% within Completion Status	100.0%	100.0%	100.0%	100.0%

* No Significant Difference

			Drug Court/Probation Completion Status			
			Drug Court Graduates	95-96 Probation Completers	95-96 Non-Com pleters	Total
UPS	NO	Count	24	25	77	126
		% within Completion Status	16.8%	21.9%	29.4%	24.3%
	YES	Count	119	89	185	393
		% within Completion Status	83.2%	78.1%	70.6%	75.7%
Total		Count	143	114	262	519
		% within Completion Status	100.0%	100.0%	100.0%	100.0%

* Significant at P < .05

			Drug Court/Probation Completion Status			
			Drug Court Graduates	95-96 Probation Completers	95-96 Non-Com pleters	Total
Instrument Derived Treatmeant level	No Treatment	Count	7	5		12
		% within Completion Status	6.6%	6.3%		3.7%
	UA's, Drug and Alcohol Education	Count	31	19	14	64
		% within Completion Status	29.2%	23.8%	10.1%	19.8%
	Weekly Outpatient	Count	37	21	29	87
		% within Completion Status	34.9%	26.3%	21.0%	26.9%
	Intensive Outpatient	Count	25	22	53	100
		% within Completion Status	23.6%	27.5%	38.4%	30.9%
	Intensive Residential	Count	5	10	28	43
		% within Completion Status	4.7%	12.5%	20.3%	13.3%
	Therapeutic Community	Count		3	12	15
		% within Completion Status		3.8%	8.7%	4.6%
	Assess for Psychopathy	Count	1		2	3
		% within Completion Status	.9%		1.4%	.9%
Total		Count	106	80	138	324
		% within Completion Status	100.0%	100.0%	100.0%	100.0%

* Significant at P < .001

			Drug Court/Probation Completion Status			
			Drug Court Graduates	95-96 Probation Completers	95-96 Non-Com pleters	Total
DRUG TYPE CHARGED	Cocaine	Count	89	80	193	362
		% within Completion Status	62.2%	70.2%	73.7%	69.7%
	MJ*	Count	14	7	9	30
		% within Completion Status	9.8%	6.1%	3.4%	5.8%
	Heroin**	Count	7	13	44	64
		% within Completion Status	4.9%	11.4%	16.8%	12.3%
	Stimulants	Count	11	9	9	29
		% within Completion Status	7.7%	7.9%	3.4%	5.6%
	Other	Count	22	5	7	34
		% within Completion Status	15.4%	4.4%	2.7%	6.6%
Total		Count	143	114	262	519
		% within Completion Status	100.0%	100.0%	100.0%	100.0%

* Marijuana Significant at P < .05
** Heroin Significant at P < .001

			Drug Court/Probation Completion Status			
			Drug Court Graduates	95-96 Probation Completers	95-96 Non-Com pleters	Total
Recoded LSI Scores	0-18 (LOW)	Count	52	35	21	108
		% within Completion Status	42.6%	39.8%	12.7%	28.7%
	19-28 (MED)	Count	51	31	63	145
		% within Completion Status	41.8%	35.2%	38.0%	38.6%
	29-54 (HIGH)	Count	19	22	82	123
		% within Completion Status	15.6%	25.0%	49.4%	32.7%
Total		Count	122	88	166	376
		% within Completion Status	100.0%	100.0%	100.0%	100.0%

* Significant at P < .001

			Drug Court/Probation Completion Status			
			Drug Court Graduates	95-96 Probation Completers	95-96 Non-Completers	Total
Recoded age at time of this arrest	18-25 Years Old	Count	40	23	84	147
		% within Completion Status	29.0%	21.7%	32.8%	29.4%
	26-35 Years Old	Count	41	38	95	174
		% within Completion Status	29.7%	35.8%	37.1%	34.8%
	>35 Years Old	Count	57	45	77	179
		% within Completion Status	41.3%	42.5%	30.1%	35.8%
Total		Count	138	106	256	500
		% within Completion Status	100.0%	100.0%	100.0%	100.0%

* Significant at P < .05

			Drug Court/Probation Completion Status			
			Drug Court Graduates	95-96 Probation Completers	95-96 Non-Completers	Total
Recoded Education	< High School	Count	43	40	134	217
		% within Completion Status	31.9%	36.4%	53.8%	43.9%
	GED	Count	15	7	32	54
		% within Completion Status	11.1%	6.4%	12.9%	10.9%
	High School Graduate	Count	28	34	42	104
		% within Completion Status	20.7%	30.9%	16.9%	21.1%
	> High School	Count	49	29	41	119
		% within Completion Status	36.3%	26.4%	16.5%	24.1%
Total		Count	135	110	249	494
		% within Completion Status	100.0%	100.0%	100.0%	100.0%

* Significant at P < .001

			Drug Court/Probation Completion Status			
			Drug Court Graduates	95-96 Probation Completers	95-96 Non-Com pleters	Total
PRIOR ADULT CONVICTIONS OR JUVENILE ADJUDICATIONS	NO	Count	106	69	113	288
		% within Completion Status	74.1%	60.5%	43.1%	55.5%
	YES	Count	37	45	149	231
		% within Completion Status	25.9%	39.5%	56.9%	44.5%
Total		Count	143	114	262	519
		% within Completion Status	100.0%	100.0%	100.0%	100.0%

* Significant at P < .001

			Drug Court/Probation Completion Status			
			Drug Court Graduates	95-96 Probation Completers	95-96 Non-Com pleters	Total
PRIOR DRUG OFFENSE	NO	Count	117	85	161	363
		% within Completion Status	81.8%	74.6%	61.5%	69.9%
	YES	Count	26	29	101	156
		% within Completion Status	18.2%	25.4%	38.5%	30.1%
Total		Count	143	114	262	519
		% within Completion Status	100.0%	100.0%	100.0%	100.0%

* Significant at P < .001

Appendix G

Resources Regarding Multiculturalism

Africentric-specific resources:

Anderson, L. P. (1991). Acculturative stress: A theory of relevance to Black Americans. Clinical Psychology Review, 11, 685-702.

Asante, M. K. & Asante, K. W. (1992). African culture: The rhythms of unity. Trenton, NJ: African World Press.

Asante, M.K. (1980). Afrocentricity: The theory of social change. Buffalo, NY: Amulefi.

Asante, M.K. (1987). The Afrocentric idea. Philadelphia, PA: Temple University Press.

Asante, M.K. (1988). Afrocentricity. Trenton, NJ: Africa World Press.

Baldwin, J. (1991). African (Black) Psychology: Issues and Synthesis. In Reginald L. Jones (Ed.), Black Psychology. Berkeley, CA: Cobb & Henry.

Bell, P. (1990). Chemical Dependency and the African-American: Counseling strategies and community issues. Center City, MN: Hazelden.

Brisbane, F.L. (1992). Culture-based counseling for people of African–American ancestry: Africentric counseling. In J.U. Gordon (Ed), Multiculturalism in alcohol and other drug abuse services. Topeka, KS: Kansas Multicultural Association on Substance Abuse.

Burlew, A. K., Banks, W. C., McAdoo, H. P. & Azibo, D. A. (1992). African American psychology: Theory, research and practice. Newbury Park, CA: Sage Publications.

Cross, W.E. (1991). Shades of Black: Diversity in African-American Identity. Philadelphia, PA: Temple University Press.

Dixon, P. (1998). African self-consciousness, misorientation behavior, and a self-destructive disorder: African American male crack-cocaine users. Journal of Black Psychology, 24(2).

Foulks, E.F., & Pena, J.M. (1995). Ethnicity and Psychotherapy: A component in the treatment of cocaine addiction in African Americans. Psychiatric Clinics of North America, 18(3).

Gray, L. E. (1991). Mental heath of African Americans: Research trends and directions. In R. L. Jones (Ed). Black Psychology. Berkeley, CA: Cobbs and Henry Publisher.

Helms, J.E. (1984). Toward a theoretical explanation of the effects of race on counseling: A Black and White model. Counseling Psychologist. 12, 153-165.

Jackson, A. M. (1982). Psychosocial aspects of the therapeutic process. In S. M. Turner & R. T. Jones (Eds.). Behavior therapy and Black populations: Psychosocial issues and empirical findings. New York: Plenum Publishing Corp.

Jackson, A.M. (1983). Treatment issues for Black patients. Psychotherapy:Theory, Research, and Practice, 20, 143-151.

Jackson, M.S., Stephens, R.C., & Smith, R.L. (1997). Afrocentric Treatment in Residential Substance Abuse Care. Journal of Substance Abuse Treatment, 14(1).

Jenkins, A. H. (1994). The psychology of African Americans: A humanistic approach, 2nd Ed. Needham, MA: Allyn and Bacon.

Lee, C. (1991). Counseling African Americans: From theory to practice. In Reginald L. Jones (Ed.), Black Psychology. Berkeley, CA: Cobb & Henry.

Longshore, D., Grills, C., Anglin, M.D., & Annon, T.A. (1997) Desire for help among African American drug users. Journal of Drug Issues. 27(4).

Longshore, D., Grills, C., Annon, T.A. & Grady, R. (1998) Promoting recovery from drug abuse: an Africentric intervention. Journal of Black Studies. 28(3).

Myers, L.J. (1988). Understanding an Afrocentric world view: Introduction to an optimal psychology. Dubuque, IA: Kendall/Hunt.

Nobles, W. (1986). African Psychology: Toward its reclamation, reascension and revitalization. Oakland: Black Family Institute.

Phillips, F.B. (1990). NTU psychotherapy: An Africentric Approach. Journal of Black Psychology, 17(1).

Rowe, D. & Grills, C. (1993). African-Centered Drug Treatment: An Alternative Conceptual Paradigm for Drug Counseling with African-American Clients. Journal of Psychoactive Drugs, 25(1).

Schiele, Jerome H. (1996). Afrocentricity: An emerging paradigm in social work practice. Social Work, 41(3).

Thorn, G.R & Sarata, B. (1998). Psychotherapy with African American men: What we know and what we need to know. Journal of Multicultural Counseling and Development. 26(4).

Wade, J.C. (1994). Substance Abuse: Implication for counseling African-American men. Journal of Mental Health Counseling. 16(4).

Williams, R.L. (1981). The Collective Black Mind: An Afro-centric theory of black personality. St. Louis: Williams & Associates, Inc.

Resources regarding multiculturalism in General:

Adler, L.L. & Gielen, U.P. (Eds.). Cross-Cultural Topics in Psychology. Westport CT: Greenwood Publishing Group.

Aponte, J. F., Rivers, R. Y. & Wohl, J. (1995). Psychological interventions and cultural diversity. Needham, MA: Allyn and Bacon.

Berry, J.W., Poortinga, Y.H., & Dasen, P.R. (1992). Cross-cultural psychology: Research and applications. Cambridge, England: Cambridge University Press.

Cultural Competence Standards in Managed Care Mental Health Services (1998). Rockville, MD. Center for Mental Health Services. Available at: http://www.mentalhealth.org/publications/allpubs/SMA00-3457/glossary.htm

Dana, R. H. (1993). Multicultural Assessment Perspectives for Professional Psychology. Needham, MA: Allyn and Bacon Publishers.

De Leon, G., Melnick, G., Schoket, D., Jainchill, N. (1993). Is the Therapeutic Community Culturally Relevant? Findings on Race/Ethnic Differences in Retention in Treatment. Journal of Psychoactive Drugs. 25(1).

Finn, P. (1994). Addressing the Needs of Cultural Minorities in Drug Treatment. Journal of Substance Abuse Treatment. 11(4).

Gordon J.U. (1992). Managing Multiculturalism in Substance Abuse Services. Newbury Park, CA: Sage Publications.

Gordon, J.U. (1992). Multiculturalism in alcohol and other drug abuse services. Topeka, KS: Kansas Multicultural Association on Substance Abuse.

Gordon, J.U. (1993). A culturally specific approach to ethnic minority young adults. In E. Freeman (Ed.), Substance abuse treatment: A family systems perspective. Newbury Park, CA: Sage Publications.

Jackson, A. M. (1973). Psychotherapy: Factors associated with the race of the therapist. Psychotherapy: Theory, Research and Practice. 10, 273-277.

Lee, C. C. (Ed.). (1994). Counseling for diversity: A guide for counselors and related professionals. Needham, MA: Allyn and Bacon Publications.

Locke, D.C. (1992). Increasing multicultural understanding: A comprehensive model. Newbury Park, CA: Sage Publications.

Longshore, D., Hsieh, S., Anglin, M.D., & Annon, T.A. (1992). Ethnic patterns in drug abuse treatment utilization. Journal of the Mental Health Administration, 19(3).

Lopez, S.R. and Hernandez, P. (1987). How culture is considered in evaluations of psychopathology. Journal of Nervous and Mental Disease. 176(10).

Mental Health: Culture, Race, and Ethnicity a Supplement to Mental Health: A Report of the Surgeon General (2001). Rockville, MD. U.S. Department of Health and Human Services, Office of Public Health Service, Office of the Surgeon General. Available at: http://www.surgeongeneral.gov/library/mentalhealth/cre

Nguyen, T.S. (2001). Diagnostic Issues in Cross-Cultural Settings. Chicago, IL. Center for Multicultural and Multlingual Mental Health Services. Available at: http://www.mc-mlmhs.org/cultures/issueessays/dissues.htm

Nurco, D.N., Hanlon, T.E., & Kinlock, T.W. (1990, March). Offenders, drugs, crime and treatment: Literature review. Washington, DC: U.S. Department of Justice, Bureau of Justice Assistance.

O'Connell, T. (1991). Treatment of Minorities. Drug and Alcohol Dependence, 15(10).

Overview of Cultural Diversity and Mental Health Services. In Mental Health: A Report to the Sugeon General. (1999). Rockville, MD. U.S. Department of Health and Human Services, Public Health Service, Office of the Surgeon General. Available at: http://www.surgeongeneral.gov/library/mentalhealth/chapter2/sec8.html

Paniagua, F.A. (1994). Assessing and treating culturally diverse clients. Thousand Oaks, CA: Sage Publications.

Ponterotto, J. G., Casas, J. M., Suzuki, L. A. & Alexander, C. M. (Eds.). (1995). Handbook of multicultural counseling. Thousand Oaks, CA: Sage Publications.

Ramirez, M. (1991). Psychotherapy and counseling with minorities: A cognitive approach to individual and cultural differences. New York: Pergamon Press.

Rasmussen, S. (2000). Addiction Treatment Theory and Practice. Thousand Oaks, CA: Sage Publications.

Ridley, C. R. (1994). Overcoming unintentional racism in counseling and therapy: A practitioner's guide to intentional intervention. Thousand Oaks, CA: Sage Publications.

Screening and Assessment for Alcohol and Other Drug Abuse Among Adults in the Criminal Justice System: Treatment Improvement Protocol (TIP) Series 7. Rockville, MD. U.S. Department Of Health And Human Services, Public Health Service, Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment.

Spicer, J. (1989). Counseling ethnic minorities. Center City, MN: Hazelden Educational Materials/Hazelden Foundation.

Sue, D. & Sue, D. (1990). Counseling the Culturally Different: Theory and practice. New York: John Wiley & Sons.

Sue, S. & Zane, N. (1987). The role of culture and cultural techniques in psychotherapy. American Psychologist. 42, 37-45.

Sue, S., Arredondo, P. & McDavis, R. J. (1992). Multicultural counseling competencies and standards: A call to the profession. Journal of Counseling and Development. 70, 477-486.

Sue, Stanley. (1988). Psychotherapeutic Services for Ethnic Minorities Two Decades of Research Findings. American Psychologist. 43(4).

Sue, Stanley. (1998). In Search of Cultural Competence in Psychotherapy and Counseling. American Psychologist. 53(4).

Treatment for Alcohol and Other Drug Abuse: Opportunities for Coordination: Technical Assistance Publication Series 11. (1994). Rockville, MD. U.S. Department Of Health And Human Services, Public Health Service, Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment. Available at http://www.treatment.org/Taps/Tap11/tap11toc.html