

Highlights – Evaluation (May 2011)

Drug Court Referrals (October 2006 – April 2011)

179 referrals (ave. 3.3 per month)

Majority were 22-27 yr. olds (average 27.1 yrs. old)

73.7% were male

78.8 % (141) were white; 14% (25) were African American; 4.5% (8) were Hispanic

Possession of drugs was most common charge (19.6 %); second was theft (12%); third was drug paraphernalia (9.1%)

Primary drug of choice was marijuana (31.1%) who used weekly (85.1%); 2nd was crack (18.5%) who used weekly (70.3%); third was heroin (15.9%) who used weekly (60%).

Education level: 29.6% completed 12 years; 22.3% completed more than 12 years; and 20.6% completed less than 12 years.

Screening & Assessment

Were 164 screenings completed (ave. 2.9 per month)

81% ranked high for substance abuse problem

53.1% ranked high on drug related problem

35.8% ranked high on recognition of a substance abuse problem

30.2% had low ambivalence toward their substance use

31.8% ranked high on taking steps to overcome their substance abuse

32.4% ranked high their readiness to change

58.7% ranked medium for risk of reoccurrence

All referrals fell within the known mean on the Criminal Thinking Scales (6) except for entitlement and criminal rationalization which were below the 25th percentile.

Comparison Between those Denied and Those Admitted

Variable	Denied	Admitted
Age	28.8 yrs. old	27.3 yrs. old
Males	87	46
Females	27	18
African-Americans	18	7
White	87	53
Hispanic	7	3
Asian	0	1

Primary drugs of choice for admitted were heroin, cocaine, crack and RX drugs while for denied it was alcohol, cocaine, LSD, methamphetamine, ecstasy, and marijuana.

On screening instruments admitted had higher average scores on substance abuse problems, level of substance abuse problem, recognition of problem, taking steps to work on the problem, readiness to change scores, and risk of reoccurrence. The admitted had lower ambivalence scores. The six Criminal Thinking scales showed lower average scores for admitted on entitlement, justification, personal irresponsibility, power orientation, and criminal rationalization. The admitted had higher average score for cold heartedness. Tests of significance comparing admitted to denied individuals found only a few statistically significant differences. There was a significant difference between the two groups on recognition of substance abuse problem (denied applicants had a lower recognition of substance abuse problem), personal responsibility (admitted participants had significantly less personal irresponsibility feelings).

47.1% of applicants were denied for not being suitable
38.3% of the applicants were denied for being ineligible
20% of the applicants had residential burglary charges and 68.6% were denied admission to the program
115 applicants were denied admission to the program; S.A. denied 35.6 %; Drug Court team denied 32.2%; 11.3% applicants denied themselves.

Drug Court Participants

64 out of 179 referrals were accepted into drug court (35.8% acceptance rate)
At May measurement point (current in program)
average age 28.1 yrs. old
21 males; 7 females
22 white; 3 African-American; 2 Hispanic; 1 American-Asian
Common charges were theft; burglary – res. burglary; possession of drugs
Average length of time to enter program 24.9 days.
Program length: Phase 1 average was 6 months; Phase 2 average 5 months; Phase 3 average 5 months; Phase 4 average 4 months; Phase 5 average 5 months. Average length of stay in program for those who graduate is 25 months; range between 14 and 33 months.

Drug Tests and Substance Abusing Behavior

4.9% of drug tests performed tested positive for an illegal or program restricted substance. The most positive tests were for marijuana or spice (55%), cocaine (14%).

35% of the participants did not test positive for any drug.

Average of 90 tests per participant; Phase 1 average of 14.6 drug tests per participant; phase 2 were 27.6 tests per participant; phase 3 were 22.4 tests per participant; phase 4 were 12.3 tests and phase 5 were 8 tests per participant.

Treatment Services

84.4% of participants received residential treatment services

23.4% of participants went to after care halfway house program after residential treatment program

Ancillary Services

Participants averaged 84.2 sessions of self-help support groups; range 1-471

Sanctions and Incentives

Major sanctions were failure to comply with court orders (21%); positive drug test (20.5%); absence from treatment program or support group (12.9%). Were 528 behaviors sanctioned.

27.1% of sanctions were community service hours

15% was jail time

There were 619 sanctions given; 55 participants (85.9%) received sanctions; range was 0 to 35.

Major incentives were 30.4% general progress in program; 15.9% 5x5 achievement; 10.2% for positive behavior/attitude/motivation. Were 1035 rewarded behaviors.

57% of incentives were candy bar, cookies, cake celebration

14.8% were applause

There were 1080 rewards; 59 participants (92.2%) received an incentive; range was from 0-119.

Judicial Supervision

Appearances ranged from 50 -100%

Termination / Withdrawl from Program

13 male participants were terminated; 10 white; 3 African-American

Retention rate is 79.7%

Graduation Survey

2 different surveys have been used and general response is positive from the graduating participants.

Follow Up on Drug Court Participants

As of May 2011 there are 30 graduates. The graduation rate is 70%.

Evaluation of screening scores at intake compared to graduation scores found no statistically significant differences between the scores except for the following:

A significant decrease in the risk of reoccurrence; decrease in taking steps which is an indication of motivation to change; change in substance abuse problem; and readiness to change.

A significant difference on the following criminal thinking scales between intake and graduation; entitlement; justification; power orientation; cold heartedness; criminal rationalization and personal irresponsibility.

Recommendation

Doing good –keep on keeping on!

Consider alternative to residential placements.

Plan for local half-way house or recovery house.

Decide on the size of the program as determined by resources / staff ability to work with larger numbers of participants.

Develop a mentor program with participants and newly admitted participants