

Jackson County Community Family Court Process, Outcome, and Cost Evaluation *Final Report*

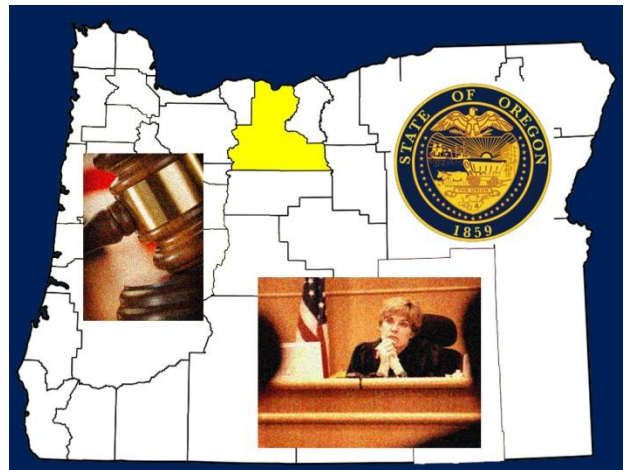
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June 2010



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June 2010



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EXECUTIVE SUMMARY

For the past 20 years in the United States, there has been a trend toward guiding nonviolent drug offenders into treatment rather than incarceration. The original drug court model links the resources of the criminal system and substance treatment programs to increase treatment participation and decrease criminal recidivism. Drug treatment courts are one of the fastest growing programs designed to reduce drug abuse and criminality in nonviolent offenders in the nation. The first drug court was implemented in Miami, Florida, in 1989. As of May 2009, there were 2,037 adult and juvenile drug courts active in all 50 states, the District of Columbia, Northern Mariana Islands, Puerto Rico, and Guam, with another 214 being planned (National Association of Drug Court Professionals, 2009).

Drug courts have been shown to be effective in reducing recidivism (GAO, 2005) and in reducing taxpayer costs due to positive outcomes for drug court participants (including fewer re-arrests, less time in jail and less time in prison) (Carey & Finigan, 2004; Carey, Finigan, Waller, Lucas, & Crumpton, 2005). Some drug courts have even been shown to cost less to operate than processing offenders through business-as-usual (Carey & Finigan, 2004; Carey et al., 2005).

More recently, in approximately the last 10 years, the drug court model has been expanded to include other types of offenders (e.g., juveniles and parents with child welfare cases). Family Drug Courts (FDCs) work with substance-abusing parents with child welfare cases. There have been a modest number studies of these other types of courts including some recidivism and cost studies of juvenile courts (e.g., Carey, Marchand, & Waller, 2006) and a national study of FDCs (Green, Furrer, Worcel, Burrus, & Finigan, 2007). Many of these studies show promising outcomes for these newer applications of the drug court model. However, the number of family drug court studies in particular has been small, and to date, there have been no detailed cost studies of family drug courts.

In late 2008, NPC Research was contracted by the Oregon State Police and the Criminal Justice Commission to conduct the third year evaluations of 11 drug courts funded by the Byrne Methamphetamine Reduction Grant Project. NPC conducted Drug Court Foundations evaluations of 11 Oregon adult and family drug court sites. In addition, as a part of this project, NPC performed full process, outcome and cost-benefit evaluations of two family drug court sites, the Marion and Jackson County Family Drug Court Programs.

This evaluation was funded under the Edward Byrne Memorial State and Local Law Enforcement Assistance Grant Program: Byrne Methamphetamine Reduction Grant Project 07-001. This summary contains process, outcome and cost evaluation results for the Jackson County Community Family Court (CFC).

Process Evaluation Methods and Results

A process evaluation considers a program's policies and procedures and examines whether the program is meeting its goals and objectives. Process evaluations generally determine whether programs have been implemented as intended and are delivering planned services to target populations. To do this the evaluator must have criteria or standards to apply to the program being studied. In the case of drug treatment courts, some nationally recognized guidelines have been established and have been used to assess drug court program processes. The standards established by the National Association of Drug Court Professionals (1997) are called the "Ten Key Components of Drug Courts." Good process evaluation should provide useful information about

program functioning in ways that can contribute to program improvement. The main benefit of a process evaluation is improving program practices with the intention of increasing program effectiveness for its participants. Program improvement leads to better outcomes and impacts and in turn, increased cost-effectiveness and cost-savings.

For this evaluation, the Jackson County CFC process was examined to determine whether, and how well, the program was manifesting the 10 Key Components, with some modifications to fit this special population of parents with child welfare cases. Program practices were compared to national data on common drug court practices as well as data from recent studies on practices related to positive participant outcomes such as graduation, reduced recidivism, and cost savings.

The information that supports the process evaluation was collected from an electronic program survey, drug court staff interviews, drug court participant focus groups, observations of the CFC, and program documents such as the CFC's Participant Handbook. The majority of the information was gathered from one-on-one key stakeholder interviews. The methods used to gather information from each source are described in detail in the main report.

PROCESS EVALUATION KEY FINDINGS

The Jackson County Community Family Court was implemented in July 2001. This program is designed to take a minimum of 12 months from participant entry to graduation. The general program population consists of parents with admitted substance abuse allegations whose children are wards of the court. Team members include three judges, a coordinator, prosecutor, defense attorney, treatment providers, DHS child protection representatives, case managers, domestic violence advocate, housing advocate, a representative from the Family Nurturing Center, Court Appointed Special Advocates (CASAs), and a CASA volunteer coordinator.

Overall, the Jackson County Family Drug Court has successfully implemented its drug court program within the guidelines of the 10 Key Components. The CFC team includes representatives from a range of collaborating agencies and has one central agency coordinating treatment. The DHS Child Welfare caseworkers appear to collaborate effectively with program staff and to take a non-adversarial approach during team meetings and court sessions. The CFC offers specialized services to program participants including a successful drug use monitoring system. The judges have frequent and consistent contact with program participants and maintain individual caseloads so that each participant is assigned to one judge. This program is successfully collecting the majority of drug court data necessary for case management and evaluation in the Oregon Treatment Court Management System (OTCMS) database. Finally, this program has successfully established partnerships with community agencies.

Although this program is operating well, NPC's review of program operations resulted in some recommendations for program enhancements. Some of the key recommendations are listed below. For a full list of recommendations, see the main evaluation report.

- Because adult drug court research has shown that participation by attorneys in team meetings and court sessions is related to better outcomes for participants, we recommend that the Jackson CFC have at least one attorney attend team meetings and court sessions as often as possible in order to provide the legal perspective to the team, as well as to provide legal representation to clients in the event of a jail sanction.
- Since prompt program placement has been shown to lead to higher cost savings, it would be advisable for the program to monitor their referral process and refine systems to keep the time from child welfare petition (or arrest) to entry as short as possible. The CFC's

estimate of the time from identification of the potential participant to program entry was up to 67 days from referral to family drug court entry. Administrative data showed the actual average to be 130 days. This is well outside of the research-based time period of 20 days for optimal drug court outcomes. It is recommended that the process from identification to court entry be reviewed to determine if there are any challenges that prevent more expedient processing from identification to program entry that can be improved. Dropping some of the suitability criteria may help the program determine eligibility sooner.

- The drug court team indicated that a potential lack of adequate and stable funding for treatment and auxiliary services is of concern. The team should consider conducting a strategic planning session or place strategic planning issues on the agenda of one or more drug court team meetings. In either setting there should be a discussion concerning participant needs and ideas for generating additional resources. The team should identify mechanisms and potential sources of funding, such as grants, community partnerships, and enhanced state or county funding to support the program.
- Urinalysis drug test results for the CFC are obtained about one week from the time of submission. Research has shown that obtaining drug testing results within 48 hours of submission is associated with higher graduation rates and lower recidivism (Carey et al., 2008). We recommend that this program examine options for drug testing that would allow a swifter turnaround time for drug testing results, within 48 hours or less.
- The program generally responds to relapse as a treatment issue first and uses jail more as a last resort. It is appropriate to respond to relapse as a treatment issue. Although the option to use incarceration as a sanction is an integral piece of an effective drug court (Carey et al., 2008), it is important to use jail judiciously, particularly in a family drug court program where the participants may not have a criminal charge.
- The program, in collaboration with partner agencies, should ensure that all team members receive initial and continuing drug court training. There should be an expectation of, and encouragement for, staff taking advantage of ongoing learning opportunities (both locally and nationally).
- The team may want to set aside time to discuss the findings and recommendations in the detailed process evaluation, both to enjoy the recognition of its accomplishments and to determine whether any program adjustments are warranted.

Overall the CFC has successfully implemented a program that incorporates the guidelines of the 10 Key Components of drug courts. Program data are regularly entered in the OTCMS database, and the system reports are used to facilitate staffing meetings and monitor participant progress. This program is commended for implementing a program that follows good drug court practice.

Recommendations for statewide improvement in the drug court system. In addition to the program recommendations, there were strong recommendations to the state for improvement to the statewide drug court case management information system. These include modifications to improve consistent data entry across the state; introducing important data fields that currently do not exist in the database (such as participant termination information, treatment diagnosis and service fields and child welfare data fields); adding the ability to incorporate additional phases for programs that have higher numbers of phases; and moving to a Web-based data system so all team members can enter their own data and communicate participant progress and non-compliant behavior through this system to facilitate swifter response to client behaviors.

In spite of these needs for improvement, it is commendable that Oregon treatment courts statewide have an electronic data collection system available to them. This puts the drug courts in Oregon ahead of the majority of other states across the nation in encouraging the collection of data essential to good case management and evaluation for program feedback and improvement.

Outcome/Impact Evaluation Methods and Results

The purpose of outcome evaluation is to determine whether the program has improved participant outcomes. In other words, did the program achieve its intended goals for its participants? This includes short-term outcomes such as whether the program is delivering the intended amount of services, whether participants receive treatment more quickly and complete treatment more often than those who don't participate, whether participants are successfully completing the program in the intended amount of time, whether drug use is reduced, and what factors lead to participants successfully completing the program. An outcome evaluation can also measure longer term outcomes (also called an "impact evaluation") including participant outcomes after program completion. In the case of drug court programs, one of the largest impacts of interest is recidivism. Are program participants avoiding the criminal justice system "revolving door?" How often are participants being re-arrested, and spending time on probation or in jail? And in the case of Family Drug Treatment Courts, is recidivism in the child welfare system reduced?

In this evaluation both short- and long-term outcomes were assessed. Outcomes were examined in four main focus areas: 1) treatment, 2) program completion, 3) child welfare, and 4) criminal justice recidivism. The outcome portion of the evaluation report was divided into each of these four areas of interest with specific policy-related study questions for each. These questions are listed below in the results.

A brief description of the methods used for the outcome evaluation and some of the key results are presented in this executive summary. The detailed methods and results can be found in the main evaluation report.

Methods. NPC Research identified a sample of participants who entered the CFC between January 2002 (when the Community Family Court emerged as operational with practices in accordance with the 10 Key Components) and June 2008. This timeframe allowed for the availability of up to 4 years of recidivism data post program entry with a large enough sample for valid statistical analyses.

A comparison group was identified from a list of family court cases for individuals that entered the court system on a petition for shelter care but who were not referred to drug court. The drug court participants and comparison individuals were matched on age, gender, ethnicity, indication of prior drug use, number and age of children, allegations of abuse, prior treatment history and criminal history, including number of all prior arrests and prior arrests with drug charges.

Both groups were examined through existing administrative databases for a period up to 4 years from the date of drug court entry. For comparison group members, an equivalent "entry date" was calculated by creating an average of the number of days from petition to drug court entry for participants and adding that mean number of days to the petition date for comparison group members.

Data Analysis. Once all data were gathered on the study participants, the data were compiled and cleaned and moved into SPSS 15.0 for statistical analysis. Analyses included t-tests, chi-square, and ANCOVAs as appropriate and results were adjusted based on age, gender, ethnicity, and

criminal history. Analyses that examine outcomes 4 years from drug court entry only include individuals that have 4 full years of outcome time available.

OUTCOME/IMPACT EVALUATION KEY FINDINGS

Treatment Question #1: Do FDC parents enroll in treatment more often than non-FDC parents?

YES. According to statewide treatment data, significantly more CFC parents enrolled in treatment in the year after the petition date than non-CFC parents.

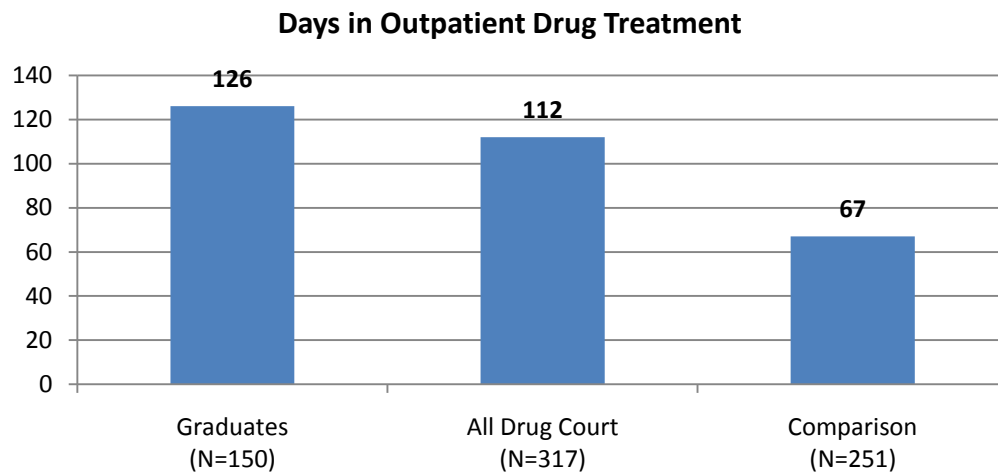
Nearly 85% of drug court participants had treatment episodes recorded in the statewide database during the year after their child welfare petition, while just under 71% of the comparison group also enrolled in treatment during the same time period. This difference in treatment enrollment provides support for the success of the drug court model in one of its main goals of increasing enrollment of drug-involved offenders in treatment.

Treatment Outcome #2: Do FDC parents stay in treatment longer than non-FDC parents?

YES. In the year after drug court entry, the CFC program parents spent nearly twice as long in treatment than parents who did not participate in the program.

As shown in Figure A, CFC parents spent an average of **112** days in outpatient treatment in the year after drug court entry compared to **67** days for the comparison group ($p < .001$). Graduates spent even longer in treatment (**126** days). Further, CFC parents spent more time in residential treatment than comparison participants (35 days compared to 13 days respectively) ($p < .001$).

Figure A. CFC Participants Spent Significantly More Time in Treatment Than Non-CFC Participants

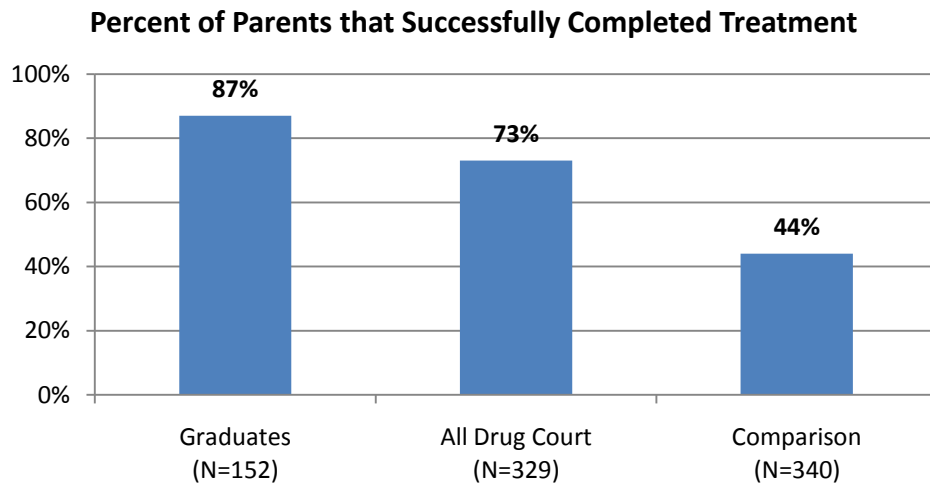


Treatment Question #3: Do FDC parents complete treatment more often than non-FDC parents?

YES. Significantly more CFC program parents successfully completed treatment after program entry compared to parents who did not participate in the CFC.

As demonstrated in Figure B, in a 2-year period after entry into the program, **73%** of CFC parents had completed treatment compared to **44%** of the comparison group. A key purpose of the drug court model is to use the authority of the court and the judge to keep people in treatment long enough to complete a full course of treatment and for significant behavior change to occur. The result of this analysis shows that the CFC program is fulfilling this purpose in that nearly twice the number of parents complete treatment compared to parents that did not participate in the program.

Figure B. Significantly More CFC Participants Successfully Completed Treatment Than Non-CFC Participants



Child Welfare Question #1a: Do children of parents who participate in FDC spend less time in foster care than children whose parents do not participate?

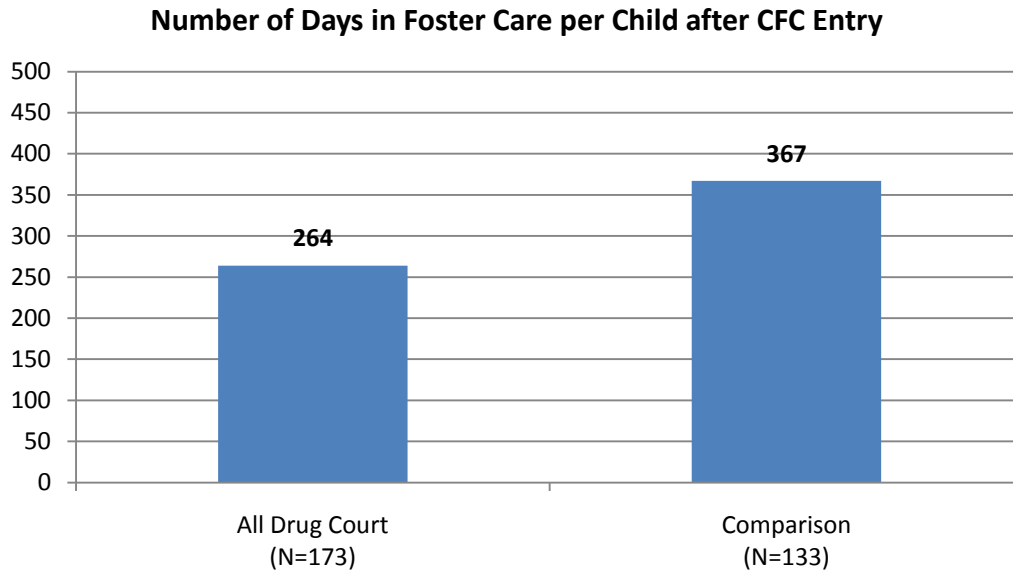
YES. Children of CFC parents spent significantly less time in foster care in the 4 years after drug court entry than children of non-CFC parents. Counting all foster care episodes with start dates that occurred in the 4 years after drug court entry (or the equivalent for the comparison group), children of CFC parents spent an average of **307** days per child while children of non-CFC parents spent an average of **407** days per child ($P < .05$). This provides support for the family drug court goal of providing parents in the child welfare system with the tools they need to more successfully parent their children.

Child Welfare Question #1b. Are FDC children returned to their parents more quickly after drug court start?

YES. Children whose parents participated in the CFC program were returned significantly sooner than children whose parents did not participate. For those children who were in foster care at the time of drug court entry, children with CFC parents were in care an average of **264** days per child after drug court entry (to the first disposition/reunification date) compared to an average of **367** per child after an equivalent date for children of non-CFC parents ($p < .01$). This indicates

that participation in drug court is an efficient use of resources in assisting parents to obtain the treatment and other services they need to qualify for the right to parent their children.

Figure C. Children of CFC Parents are Returned Significantly Sooner Than Non-CFC Parents



Child Welfare Question #2: Are children of FDC parents more likely to be re-unified with their parents than children of non-FDC parents?

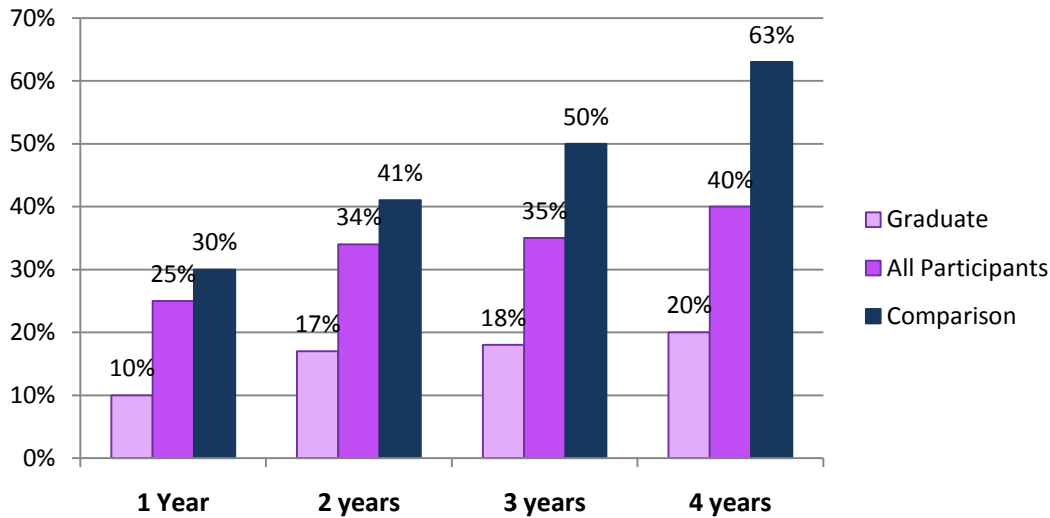
YES. CFC parents were reunified with their children significantly more often than non-CFC parents while experiencing significantly fewer adoptions and termination of parental rights. Within 4 years of drug court entry, 51% of CFC parents were re-unified with their children compared to 45% of non-CFC parents ($p < .05$).

Criminal Justice Question #1: Do FDC parents have fewer subsequent arrests than non-FDC parents?

YES. Drug court participants were re-arrested significantly less often than the comparison group over 4 years from drug court entry.

Recidivism rates, the percent of individuals re-arrested out of the total, were significantly lower for drug court participants (See Figure D). In the first year post drug court entry, only 10% graduates were re-arrested and 25% of all CFC parents were re-arrested, compared to 30% of the non-CFC parents ($p < .05$). Over 4 years, the difference between CFC participants and the comparison group increases. In the fourth year, 20% of the graduates and 40% of all CFC participants were re-arrested, while 63% of non-CFC parents were re-arrested ($p < .01$).

Figure D. Fewer Drug Court Participants were Re-Arrested Than the Comparison Group Over 2 Years



Note: N sizes at 1 year: Graduates n = 150, All Drug Court Participants n = 317, Comparison Group n = 228; N sizes at 2 years: Graduates n = 150, All Drug Court Participants n = 283, Comparison Group n = 189. N sizes at 3 years: Graduates n = 136, All Drug Court Participants n = 243, Comparison Group n = 142 N sizes at 4 years: Graduates n = 104, All Drug Court Participants n = 194, Comparison Group n = 93

These results demonstrate a clear decrease in re-arrests for parents who participate in the CFC program, providing support that the CFC program is successfully accomplishing one of the key goals of the drug court model, to decrease criminal justice recidivism.

Overall, the results of the outcome analysis for the Jackson County CFC program were very positive. Compared to child welfare involved parents who experienced traditional family court processes, the CFC program parents (regardless of whether they graduated from the program):

- Spent nearly twice as long in treatment and were almost twice as likely to complete treatment,
- Had their children spend 257 fewer days in foster care (104 fewer per child) in the 4 years after drug court entry,
- Were re-unified with their children more often and significantly sooner,
- Had significantly fewer terminations of parental rights (TPRs),
- Were re-arrested nearly half as often for any charge,
- Had 33% fewer re-arrests with drug charges over 4 years.

Further analyses showed that the CFC program is keeping participants in the program slightly longer than the intended 12-month length of the program and that graduates were significantly more likely to spend longer (15 months) in the program. In addition, participants who spent less time in the program were more likely to be re-arrested. This suggests that participants benefit from longer time in the program. The graduation rate for the CFC program is 55%, which is slightly above the national average (of 50%) for all drug courts.

Overall, the CFC program has been successful in its main goals of reducing drug use and criminal justice recidivism, reducing time in foster care, and increasing public and child safety.

Cost Evaluation Methods and Results

The main purposes of the cost analysis for this study were to determine the cost of the program and to determine if the costs due to criminal justice, treatment, and child welfare outcomes were lower due to CFC participation. A common misunderstanding in the discussion of cost analysis is the meaning of the term “cost-effective” versus the term “cost-benefit.” A *cost-effectiveness* analysis calculates the cost of a program and then examines whether the program led to its intended positive outcomes without actually putting a cost to those outcomes. A *cost-benefit* evaluation calculates the cost of the program and also the cost of the outcomes, resulting in a cost-benefit ratio. For example, the cost of the program is compared to the cost-savings due to the reduction in re-arrests. In some drug court programs, for every dollar spent on the program, over \$10 is saved due to positive outcomes.¹ This evaluation is a *cost-benefit* analysis.

The CFC cost evaluation was designed to address the following policy questions:

1. How much does the CFC program cost? What is the average investment per agency in a CFC case?
2. What is the 4-year cost impact on the treatment, child welfare and criminal justice systems of sending offenders through CFC compared to traditional court processing? What is the average cost of treatment, child welfare and criminal justice recidivism per agency for the CFC group compared to the non-CFC group?
3. What is the cost-benefit ratio for investment in the CFC?

The cost approach utilized by NPC Research is called Transactional and Institutional Cost Analysis (TICA). The TICA approach views an individual’s interaction with publicly funded agencies as a set of *transactions* in which the individual utilizes resources contributed from multiple agencies. Transactions are those points within a system where resources are consumed and/or change hands. In the case of drug courts, when a drug court participant appears in court or has a drug test, resources such as judge time, defense attorney time, court facilities, and urine cups are used. Court appearances and drug tests are transactions. In addition, the TICA approach recognizes that these transactions take place within multiple organizations and institutions that work together to create the program of interest. These organizations and institutions contribute to the cost of each transaction that occurs for program participants. TICA is an intuitively appropriate approach to conducting costs assessment in an environment such as a drug court, which involves complex interactions among multiple taxpayer-funded organizations.

In order to maximize the study’s benefit to policymakers, a “cost-to-taxpayer” approach was used for this evaluation. This focus helps define which cost data should be collected (costs and avoided costs involving public funds) and which cost data should be omitted from the analyses (e.g., costs to the individual participating in the program).

The cost evaluation involves calculating the costs of the program and the costs of outcomes (or impacts) after program entry (or the equivalent for the comparison group). In order to determine if there are any benefits (or avoided costs) due to CFC program participation, it is necessary to determine what the participants’ outcome costs would have been had they not participated in the

¹ See drug court cost-benefit studies at <http://www.npcresearch.com>

CFC. One of the best ways to do this is to compare the costs of outcomes for CFC participants to the outcome costs for similar individuals that were eligible for CFC but who did not participate. The comparison group in this cost evaluation is the same as that used in the preceding outcome evaluation.

Cost Analysis Question #1: How much does the CFC program cost?

Cost analysis determined that the average cost of the program per participant was \$12,147. Case management was the most expensive transaction for the program (\$3,742), but that is not unusual given that intense case management and supervision of participants is one of the essential elements of drug courts. Residential treatment (\$3,362) was the next most expensive transaction for the program, followed by drug court appearances and outpatient drug and alcohol treatment.

The per-participant costs to the taxpayer for the CFC *by agency* are presented in Table A below.

Table A. Average Cost of the CFC Program per Participant by Agency

Agency	Average cost per CFC graduate	Average cost per CFC participant
Circuit Court	\$1,303	\$1,392
DHS	\$3,680	\$3,653
Health and Human Services	\$329	\$320
Addictions Recovery Center	\$189	\$188
Access, Inc.	\$216	\$215
Community Works	\$211	\$210
OnTrack, Inc.	\$359	\$385
CASA	\$87	\$99
Family Nurturing Center	\$66	\$67
Southern Oregon Public Defender, Inc.	\$58	\$57
Treatment	\$6,332	\$5,561
Total²	\$12,830	\$12,147

Note: Average agency costs per participant have been rounded to the nearest whole dollar amount.

State policy leaders and administrators may find it useful to examine programs costs by jurisdiction (state or local/county). The financial impacts for Jackson County and the State of Oregon are estimated because some agencies are partially state funded and partially funded by local or private sources. Given that DHS, the Circuit Court, and most treatment are state funded, the majority of CFC program costs accrue to the State of Oregon (87% or \$10,606 per participant). The local or Jackson County portion of CFC program costs are mainly due to the case management and drug court session involvement of the remaining agencies (13% or \$1,541 per participant).

² Totals in this row may not match the totals in the program costs by transaction table due to rounding.

Cost Analysis Question #2: What is the 4-year cost impact on criminal justice, treatment, and the child welfare system of sending offenders through CFC compared to traditional court processing?

Table B represents the cost consequences associated with the combined criminal justice, treatment, and child welfare system outcomes for CFC graduates, the CFC group, and comparison group.

Table B. Overall Impact Costs per CFC and Comparison Group Member Over 4 Years

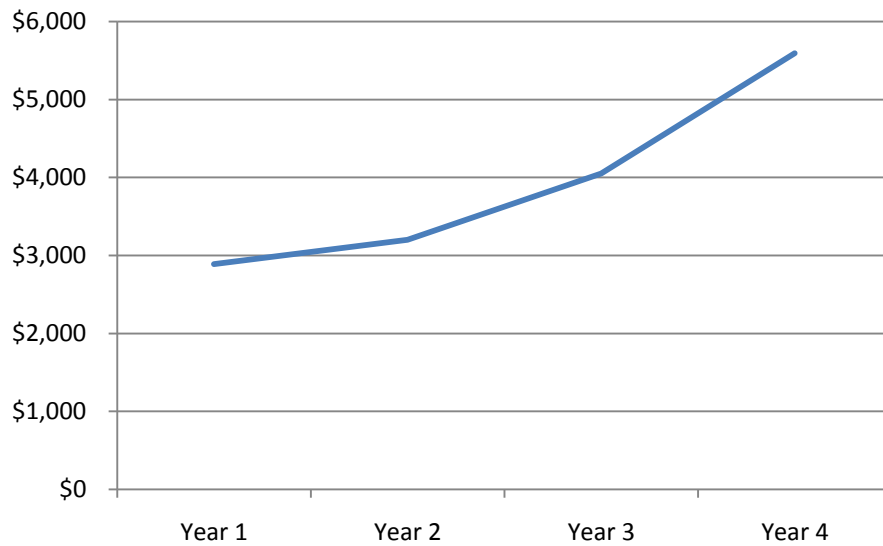
Transaction	Transaction unit cost	CFC graduates (n = 124)	CFC participants (n= 223)	Comparison group (n= 171)
Arrests	\$205.73	\$76	\$185	\$298
Court Cases	\$2,610.18	\$966	\$2,349	\$3,785
Probation and Parole Days	\$13.48	\$1,787	\$2,326	\$4,227
Jail Days	\$73.00	\$24	\$156	\$234
Prison Days	\$77.78	\$182	\$1,025	\$1,458
Outpatient Drug Treatment Days	\$10.57	\$2,795	\$2,714	\$1,920
Outpatient Alcohol Treatment Days	\$15.09	\$373	\$440	\$110
Residential Treatment Days	\$110.15	\$6,575	\$5,485	\$2,731
Detoxification Days	\$108.64	\$0	\$7	\$25
Foster Care Days	\$24.01	\$9,509	\$15,007	\$20,499
Total		\$22,287	\$29,694	\$35,287

Table B reveals that CFC participants cost less for every transaction, except for drug and alcohol treatment, due to lower criminal justice recidivism and lower foster care use.

The total average cost savings after 4 years is **\$5,593** per CFC participant, regardless of whether or not the participant graduates. If the CFC program continues in its current capacity of serving a cohort of 50 new participants annually, this savings of \$1,398 per participant per year (\$5,593 divided by 4) results in a yearly savings of **\$69,900** per cohort year, which can then continue to be multiplied by the number of years the program remains in operation and by the number of cohorts over time.

Figure E displays a graph of the cost savings (the difference between the CFC participants and the comparison group) over the 4 years post-CFC entry. The savings rate increases with each year, going from just under \$3,000 in Year 1 to over \$5,500 in savings by Year 4. (Note, however, that these are not the same participants over time, but represent those who had 1, 2, 3, and 4 years of follow-up time, respectively.)

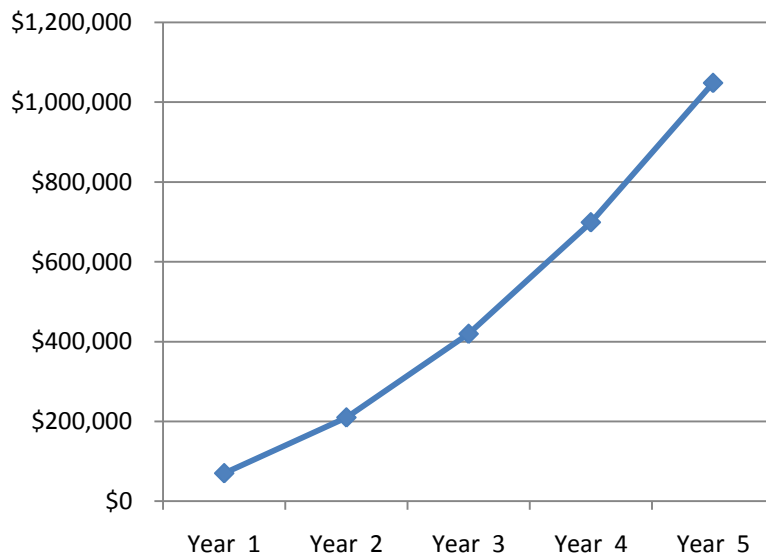
Figure E. Cost Savings per CFC Participant for 4 Years Post-CFC Entry



The cost savings illustrated in Figure E are those that have accrued in just the 4 years since program entry. Many of these savings are due to positive outcomes while the participant is still in the program. *Therefore, it is reasonable to state that savings to the state and local criminal justice systems, treatment, and the child welfare system are generated from the time of participant entry into the program.*

This savings will also continue to grow with the number of participants that enter each year. If the CFC program continues to enroll a cohort of **50** new participants annually, the savings of \$5,593 per participant over 4 years results in an annual savings of **\$69,900** per cohort, which can then be multiplied by the number of years the program remains in operation and for additional cohorts per year. This accumulation of savings is demonstrated in Figure F. After 5 years, the accumulated savings come to over **\$1 million**.

Figure F. Outcome Cost Savings Over 5 Years



As the existence of the program continues, the savings generated by CFC participants due to decreased substance use, decreased criminal activity, and decreased foster care usage can be expected to continue to accrue, repaying investment in the program and beyond (e.g., Finigan, Carey, & Cox, 2007). Taken together, these findings indicate that the CFC is both beneficial to CFC participants and to Oregon taxpayers.

Research Question #3: What is the cost-benefit ratio of the CFC?

Of particular interest to state and local policymakers is the cost-benefit ratio of the CFC program, that is, the return on investment. The final assessment of the cost differences between the CFC approach and traditional court processing requires a matching of outcome costs to investment costs. This is usually expressed as the “cost-benefit ratio” (or for every dollar invested in the program, how much is returned?). This ratio changes over time, as outcomes and associated costs continue to accrue. In Jackson County, the CFC program costs \$6,586 per person (subtracting outpatient drug and alcohol treatment, residential treatment, and detoxification days, as these are included in the outcome costs from the time of CFC entry). This investment, combined with the benefits due to positive outcomes, results in a projected cost-benefit ratio of 1:1.06 after 5 years. As described earlier in this report, if other system costs were included, such as health care, welfare and employment system costs, the cost-benefit ratio might increase dramatically. For example, Finigan’s (1998) study of the STOP drug court in Multnomah County found a cost-benefit ratio of 1:10. That is, for every dollar spent on the program, \$10 was saved in public costs.

Overall, the Jackson County CFC results in significant cost savings and a return on taxpayer investment in the program. The program investment cost is \$12,147 (including treatment) per CFC participant. The cost due to recidivism, treatment, and foster care usage over 4 years from program entry was \$29,694 per CFC participant compared to \$35,287 per comparison individual, resulting in a savings of \$5,593 per participant (regardless of whether they graduate). The majority of the cost in outcomes for CFC participants over the 4 years from program entry was due to foster care (\$15,007). In sum, the CFC program had:

- A criminal justice, treatment, and child welfare system cost savings of **\$5,593** over 4 years
- A projected 106% return on its investment after 5 years (a 1:1.06 cost-benefit ratio).

The return on investment will continue to grow every year as participants continue to avoid re-offending. There is a clear benefit to the taxpayer in terms of criminal justice, treatment, and child welfare system-related costs in choosing the CFC process over traditional court processing.

BACKGROUND

For the past 20 years in the United States, there has been a trend toward guiding nonviolent drug offenders into treatment rather than incarceration. The original drug court model links the resources of the criminal system and substance treatment programs to increase treatment participation and decrease criminal recidivism. Drug treatment courts are one of the fastest growing programs designed to reduce drug abuse and criminality in nonviolent offenders in the nation. The first drug court was implemented in Miami, Florida, in 1989. As of May 2009, there were 2,037 adult and juvenile drug courts active in all 50 states, the District of Columbia, Northern Mariana Islands, Puerto Rico, and Guam, with another 214 being planned (Office of National Drug Court Policy, 2009).

In a typical drug court program, participants are closely supervised by a judge who is supported by a team of agency representatives that operate outside of their traditional adversarial roles. These include addiction treatment providers, district attorneys, public defenders, law enforcement officers, and parole and probation officers who work together to provide needed services to drug court participants. Generally, there is a high level of supervision and a standardized treatment program for all the participants within a particular court (including phases that each participant must pass through by meeting certain goals). Supervision and treatment may also include regular and frequent drug testing.

The rationale of the drug court model is supported by the research literature. There is evidence that treating substance abuse leads to a reduction in criminal behavior as well as reduced use of the health care system. Gerstein et al. (1994) found positive effects of drug and alcohol treatment on self-reported subsequent criminal activity in a statewide sample. The National Treatment Improvement Evaluation Study (Substance Abuse and Mental Health Services Administration, 1994) found significant declines in criminal activity comparing the 12 months prior to treatment and the 12 months subsequent to treatment. These findings included considerable drops in the self-reported behavior of selling drugs, supporting oneself through illegal activity, shoplifting, and criminal arrests. In a study using administrative data in the State of Oregon, Finigan (1996) also found significant reduction in police-report arrests for those who completed treatment.

Drug courts have been shown to be effective in reducing recidivism (GAO, 2005) and in reducing taxpayer costs due to positive outcomes for drug court participants (including fewer re-arrests, less time in jail and less time in prison) (Carey & Finigan, 2004; Carey, Finigan, Waller, Lucas, & Crumpton, 2005). Some drug courts have even been shown to cost less to operate than processing offenders through business-as-usual (Carey & Finigan, 2004; Carey et al., 2005).

More recently, in approximately the last 10 years, the drug court model has been expanded to include other types of offenders (e.g., juveniles and domestic violence offenders) and other systems (e.g., child welfare). Family Drug Courts (FDCs) work with substance-abusing parents with child welfare cases. FDCs are a “problem-solving” court modeled after the adult drug court approach. Similar to adult drug courts, the essential components of FDCs include regular, often weekly, court hearings, intensive judicial monitoring, timely referral to substance abuse treatment, frequent drug testing, rewards and sanctions linked to service compliance, and generally include wraparound services (Center for Substance Abuse Treatment, 2004; Edwards & Ray, 2005). The FDC team always includes the child welfare system along with the judicial and treatment systems, (Green, Furrer, Worcel, Burrus, & Finigan, 2007). Second, while ADCs work primarily with criminally involved adults who participate in the drug court in lieu of jail time,

participants in FDCs may not be criminally involved; rather, FDC participants typically become involved in drug court due to civil family court matters.

There have been a modest number studies of these other types of courts including some recidivism and cost studies of juvenile courts (e.g., Carey, Marchand & Waller, 2006) and a national study of Family Drug Courts (Green et al., 2007). Many of these studies show promising outcomes for these newer applications of the drug court model. However, although there are multiple studies of the costs and benefits of adult drug courts, and a few of juvenile courts, the number of family drug court studies in particular has been small, and to date, there have been no detailed cost studies of family drug courts.

In late 2008, NPC Research was contracted by the Oregon State Police and the Criminal Justice Commission to conduct the third year evaluations of 11 drug courts funded by the Byrne Methamphetamine Reduction Grant Project. NPC conducted Drug Court Foundations evaluations of 11 Oregon adult and family drug court sites. In addition, as a part of this project, NPC performed full process, outcome and cost-benefit evaluations of two family drug court sites, the Marion and Jackson County Family Drug Court Programs.

Located in Portland, Oregon, NPC Research has conducted research and program evaluation for over 20 years. Its clients have included the Department of Justice (including the National Institute of Justice and the Bureau of Justice Assistance); the Substance Abuse and Mental Health Services Administration (CSAP and CSAT in particular); state court administrative offices in Oregon, California, Maryland, Michigan, Minnesota, and Missouri; the Robert Wood Johnson Foundation; and many other local and state government agencies. NPC Research has conducted process, outcome and cost evaluations of drug courts in Arizona, California, Indiana, Maryland, Michigan, Minnesota, New York, Oregon, and Guam. Having completed more than 100 drug court evaluations (including adult, juvenile, DUI and family drug treatment courts), NPC is one of the most experienced firms in this area of evaluation research.

This evaluation was funded under the Edward Byrne Memorial State and Local Law Enforcement Assistance Grant Program: Byrne Methamphetamine Reduction Grant Project 07-001. This report contains the process, outcome and cost evaluation results for the Jackson County Community Family Court (CFC) performed by NPC Research. The process evaluation methods and results are presented first, followed by the outcome methods and results, and then the cost evaluation methods and results.

PROCESS EVALUATION

A process evaluation considers a program's policies and procedures and examines whether the program is meeting its goals and objectives. Process evaluations generally determine whether programs have been implemented as intended and are delivering planned services to target populations. To do this the evaluator must have criteria or standards to apply to the program being studied. In the case of drug treatment courts, some nationally recognized guidelines have been established and have been used to assess drug court program processes. The standards established by the National Association of Drug Court Professionals (1997) are called the "10 Key Components of Drug Courts." Good process evaluation should provide useful information about program functioning in ways that can contribute to program improvement. The main benefit of a process evaluation is improving program practices with the intention of increasing program effectiveness for its participants. Program improvement leads to better outcomes and impacts and in turn, increased cost-effectiveness and cost-savings.

For this evaluation, the Jackson County Community Family Court (CFC) process was examined to determine whether, and how well, the program was manifesting the 10 Key Components. Program practices were compared to national data on common drug court practices as well as data from recent studies on practices related to positive participant outcomes such as graduation, reduced recidivism and cost savings.

BACKGROUND ON FAMILY DRUG COURTS AND USE OF THE 10 KEY COMPONENTS

As described above, Family Drug Courts (FDCs) are problem-solving courts modeled after the adult drug court approach. Similar to Adult Drug Courts (ADCs), the essential components of FDCs include regular, often weekly, court hearings, intensive judicial monitoring, timely referral to substance abuse treatment, frequent drug testing, rewards and sanctions linked to service compliance, and generally include wraparound services (Center for Substance Abuse Treatment, 2004; Edwards & Ray, 2005). Also, similar to ADCs, FDCs are characterized by a non-adversarial judicial context in which participants receive intensive judicial monitoring and services through a collaborative drug court team. Given these similarities, many, if not most of the 10 Key Components inform the practices of FDC. Further, given that all problem-solving courts are patterned after the adult drug court model, which has a strong evidence base for effectiveness, the 10 Key Components should be used as guidelines for these courts until any changes in practice that reflect different guidelines have been justified by solid research. However, it is worth noting some of the essential differences between Adult Drug Courts and Family Drug Courts.

First, the FDC team always includes the child welfare system along with the judicial and treatment systems, (Green et al., 2007). (Although in Oregon, this difference between ADCs and FDCs is less evident, as many ADCs also now include DHS Child Welfare as a key partner). Second, while ADCs work primarily with criminally involved adults who participate in the drug court in lieu of jail time, participants in FDCs may or may not be criminally involved; rather, FDC participants become involved in drug court due to civil family court matters. Finally, the primary goal of FDCs is generally working toward parental sobriety, family reunification and child safety (Harrell & Goodman, 1999) rather than reduced criminal recidivism, although in some FDCs (like the program in Jackson County) a reduction in criminal recidivism is also a goal. FDC programs have the difficult task of balancing child best interests, and parent needs and treatment goals.

The following section outlines the methods used in the Jackson County CFC process evaluation. The next section provides a brief overview of the CFC process evaluation results and recommendations. Finally, the detailed results of the process evaluation for each of the 10 Key Components are provided. This final section of the process results describes how the CFC practices fit within each component and compare to national data and research on drug court practices. Each component is followed by NPC's suggestions and recommendations for enhancing program practice.

Process Evaluation Methods

The information that supports the process evaluation was collected from an electronic program survey, drug court staff interviews, drug court participant focus groups, observations of the CFC, and program documents such as the CFC's Participant Handbook. The majority of the information was gathered from one-on-one key stakeholder interviews. The methods used to gather information from each source are described below.

ELECTRONIC PROGRAM SURVEY

An electronic survey was used to gather program process information from key program coordinators. This survey, which provides a consistent method for collecting structure and process information from drug courts, was developed based on three main sources: NPC's extensive experience with drug courts, the American University Drug Court Survey, a paper by Longshore et al. (2001), which lays out a conceptual framework for drug courts, and the 10 Key Components established by the National Association of Drug Court Professionals (1997). The typology interview covers a number of areas, particularly areas related to the 10 Key Components—including eligibility guidelines, specific drug court program processes (e.g., phases, treatment providers, urinalyses, fee structure, rewards/sanctions), graduation, aftercare, termination, identification of drug court team members and their roles, and a description of drug court participants (e.g., general demographics, drugs of use). The use of an electronic survey allows NPC to begin building an understanding of the program, as well as to collect information that will support a thorough review of the data collected by the site.

SITE VISITS

NPC evaluation staff members conducted site visits in October 2008 and July 2009. During these visits, we observed CFC court sessions and drug court team meetings, interviewed key drug court staff, and facilitated a focus group with current drug court participants and graduates. These observations, interviews, and focus groups provided information about the structure, procedures, and routines used in the drug court.

KEY STAKEHOLDER INTERVIEWS

Key stakeholder interviews, conducted in person and by telephone, were a critical component of the CFC process study. NPC staff conducted detailed interviews with individuals involved in the administration of the drug court, including the current Judges, Drug Court Coordinator, Child Welfare Caseworkers and Supervisors, and Treatment Providers.

Interviews were conducted using NPC's Drug Court Typology Interview Guide,³ which was developed from the same sources as the electronic survey and provides a consistent method for col-

³ The Typology Guide was originally developed by NPC Research under a grant from the Bureau of Justice Assistance and the Administrative Office of the Courts of the State of California. A copy of this guide can be found at the

lecting structure and process information from drug courts. In the interest of making the evaluation reflect local circumstances, this guide was modified to fit the purposes of this evaluation and this particular drug court. The information gathered through the use of this guide assisted the evaluation team in focusing on the day-to-day operations as well as the most important and unique characteristics of the CFC.

FOCUS GROUPS

NPC staff conducted a focus group with current participants and graduates (N=9) and a focus group of previous participants who did not complete the program (N=3). The focus groups, which took place during a July 2009 site visit, provided current and past participants with an opportunity to share their experiences and perceptions regarding the drug court process.

DOCUMENT REVIEW

In order to better understand the operations and practices of the CFC, the evaluation team reviewed program documents including the policy manual, the participant handbook, a Participant Orientation Information brochure, the multiple forms used by the program in processing participants, previous evaluation reports, and other related documents.

Process Evaluation Results

Following is the CFC process overview. This includes some brief information about the Jackson County CFC for context and then a brief summary of the results and recommendations, followed by a section giving the detailed results and recommendations for each key component.

General Summary of Process Findings and Recommendations

The Jackson County Community Family Court was implemented in July 2001. This program is designed to take a minimum of 12 months from participant entry to graduation, although the average time in program for graduates is 14 months. The general program population consists of parents with admitted substance abuse allegations whose children are wards of the court. Team members include three judges, coordinator, prosecutor, defense attorney, treatment providers, DHS child protection representatives, case managers, domestic violence advocate, housing advocate, a representative from the Family Nurturing Center, Court Appointed Special Advocates (CASAs), and a CASA volunteer coordinator.

The 10 Key Components of drug court provide a useful framework for assessing many family drug court processes. Overall, the Jackson County Family Drug Court has successfully implemented its drug court program within the guidelines of the 10 Key Components. The CFC team includes representatives from a range of collaborating agencies and has one central agency coordinating treatment. The DHS Child Welfare caseworkers appear to collaborate effectively with program staff and to take a non-adversarial approach during team meetings and court sessions. The CFC offers specialized services to program participants including a successful drug use monitoring system. The judges have frequent and consistent contact with program participants and maintain individual caseloads so that each participant is assigned to one judge. This program is successfully collecting the majority of drug court data necessary for case management and evaluation in the Oregon Treatment Court Management System (OTCMS) database. Finally, this program has successfully established partnerships with community agencies.

Although this program is operating well, NPC's review of program operations resulted in some recommendations for program enhancements:

- Interviews with CFC team members highlighted a current need for a Mental Health (MH) specialist on the team. The program had a MH therapist for 2 years but lost her when funding for her position ended. It is recommended that, when possible, the team focus efforts on securing funding for a MH expert. Strategies for how to find both funding and a pool of candidates could be discussed at the team's monthly brownbag meetings. (Update: Since the time of this evaluation, the CFC has obtained a mental health therapist on the team. She is an expert in bonding/attachment and the CFC coordinator reports she is doing amazing work with clients. The therapist attends both staffing and court sessions.)
- The CFC team has monthly brown bag meetings where drug court research and other information is discussed. It could be helpful to have the judges attend the monthly brown-bag meetings, as these are a good forum for discussing policy and procedure. We recommend the development of a formal steering committee to discuss program policies and to gain involvement (and resources) from community members and agencies that may provide resources to the program and its participants. In addition, we recommend that the judges sit on the steering committee alongside the other team members.
- Several team members noted the importance of the Domestic Violence (DV) and housing advocates on the team but described their long-term involvement as tenuous due to the ending of grant funding for those positions. If at all possible, it is recommended that the team strive to keep the DV and housing advocates on the team for as long as possible, and to seek out additional funding sources to help support this goal. It is commendable that these important community resources are presently available to CFC participants.
- Because adult drug court research has shown that participation by attorneys in team meetings and court sessions is related to better outcomes for participants, we recommend that the Jackson CFC have at least one attorney attend team meetings and court sessions as often as possible in order to provide the legal perspective to the team, as well as to provide legal representation to clients in the event of a jail sanction.
- Research in three different studies (Carey, Waller, & Weller, 2010; Carey, Finigan and Pukstas, 2008; Carey & Perkins, 2008) has shown that assessing and excluding participants based on subjective suitability requirements (including whether the individual has stated the desire to stop using drugs) has no effect on graduation rates or recidivism. It is probable that this is due to the extreme difficulty and subjectivity in determining what participant characteristics are likely to lead to successful outcomes, particularly at the time of participant referral when the participants are generally not at their best. We recommend that the CFC consider dropping some of their suitability criteria in determining participant eligibility and entry into the program. This may lead to a swifter time to program placement.
- Since prompt program placement has been shown to lead to higher cost savings, it would be advisable for the program to monitor their referral process and refine systems to keep the time from child welfare petition (or arrest) to entry as short as possible. The CFC's estimate of the time from identification of the potential participant to program entry was up to 67 days from referral to family drug court entry. Administrative data showed the actual average to be 130 days. This is well outside of the research-based time period of 20 days for optimal drug court outcomes. It is recommended that the process from identifica-

tion to court entry be reviewed to determine if there are any challenges that prevent more expedient processing from identification to program entry that can be improved. Dropping some of the suitability criteria may help the program determine eligibility sooner.

- The drug court team indicated that a potential lack of adequate and stable funding for treatment and auxiliary services is of concern. The team should consider conducting a strategic planning session or place strategic planning issues on the agenda of one or more drug court team meetings. In either setting there should be a discussion concerning participant needs and ideas for generating additional resources. The team should identify mechanisms and potential sources of funding, such as grants, community partnerships, and enhanced state or county funding to support the program.
- Urinalysis drug test results for the CFC are obtained about one week from the time of submission. Research has shown that obtaining drug testing results within 48 hours of submission is associated with higher graduation rates and lower recidivism (Carey et al., 2008). We recommend that this program examine options for drug testing that would allow a swifter turnaround time for drug testing results, within 48 hours or less.
- The program generally responds to relapse as a treatment issue first and uses jail more as a last resort. It is appropriate to respond to relapse as a treatment issue. Although the option to use incarceration as a sanction is an integral piece of an effective drug court (Carey et al., 2008), it is important to use jail judiciously, particularly in a family drug court program where the participants may not have a criminal charge. There are some behaviors that are extremely difficult for true addicts to perform in the early phases of the program, particularly abstinence. Doug Marlowe (2008) states that relapse (shown by positive drug tests) in the early phases, particularly the first phase, of the program should not be sanctioned with the most extreme sanction option, such as jail, for two reasons: 1) For addicts, relapse is an expected part of the recovery process and the participant needs encouragement to believe that it is possible to stop use, and 2) The immediate use of jail then leaves the court with no harsher alternatives (aside from lengthier time, which has been shown to be ineffective) to use later in the program when relapse should no longer be occurring.
- It is commendable that OTCMS is utilized to track participant data, and notably efficient that court related data are entered during the court sessions. To further improve upon the data entry process, it is recommended that data entry access be extended to all relevant team members including treatment providers. Allowing OTCMS access to multiple team members may foster more complete, timely and streamlined data entry.
- The drug court team reports making good use of their data. They should continue to accumulate and analyze data about the drug court participants and use it for program reviews and planning, such as to inform the team about the types of participants who are most and least successful in the program.
- The program, in collaboration with partner agencies, should ensure that all team members receive initial and continuing drug court training. There should be an expectation of, and encouragement for, staff taking advantage of ongoing learning opportunities (both locally and nationally).
- The program is encouraged to maintain a list of common participant need areas and conduct outreach to new community partners to find ways to creatively meet those needs.

Faith communities, medical and dental providers, educators, and local businesses are some examples of potential community partners to consider when focusing outreach efforts. Discussion around possible community connections and resources, or ideas for generating outside support to enhance the program, should occur regularly in policy-focused meetings.

- The team may want to set aside time to discuss the findings and recommendations in this process evaluation, both to enjoy the recognition of its accomplishments and to determine whether any program adjustments are warranted.

Overall the CFC has successfully implemented a program that incorporates the guidelines of the 10 Key Components of drug courts. Program data are regularly entered in the OTCMS database, and the system reports are used to facilitate staffing meetings and monitor participant progress. This program is commended for implementing a program that follows good drug court practice.

10 Key Components of Drug Courts Detailed Results

The Jackson County Community Family Court was implemented in July 2001. This program is designed to take a minimum of 12 months from participant entry to graduation and the average time in program for graduates is 14 months. The general program population consists of parents with admitted substance abuse allegations. Children of eligible participants must be wards of the State of Oregon with custody to the Department of Human Services (DHS). Several DHS child welfare representatives work with the drug court team to provide critical case management insight and learn of participant progress and challenges.

KEY COMPONENT #1: DRUG COURTS INTEGRATE ALCOHOL AND OTHER DRUG TREATMENT SERVICES WITH JUSTICE SYSTEM CASE PROCESSING.

Research Question: Has an integrated drug court team emerged?

The focus of this component is on the integration of treatment services with traditional court case processing. Practices that illustrate an adherence to treatment integration include the role of the treatment provider in the drug court system and the extent of collaboration of all the agencies involved in the program.

National Research

Previous research (Carey et al., 2005; Carey et al., 2008) has indicated that greater representation of team members from collaborating agencies (e.g., child welfare, treatment, court, etc.) at team meetings and court hearings is correlated with positive outcomes for clients, including reduced recidivism and, consequently, reduced costs at follow-up.

Adult Drug Court research has also demonstrated that drug courts with one treatment provider or a single central agency coordinating treatment resulted in more positive participant outcomes including higher graduation rates and lower recidivism costs⁴ (Carey et al., 2005, Carey et al., 2008).

⁴ Recidivism costs are the expenses related to the measures of participant outcomes, such as re-arrests, jail time, probation, etc. Successful programs result in lower recidivism costs, due to reductions in new arrests and incarcerations, because they create less work for courts, law enforcement, and other agencies than individuals who have more new offenses. In FDCs these costs may also be associated with re-entry into foster care.

CFC Process

- The drug court team is composed of the three judges, coordinator, prosecutor, defense attorney, treatment providers, DHS child protection representatives, case managers, domestic violence advocate, housing advocate, a representative from the Family Nurturing Center, Court Appointed Special Advocates (CASAs), and CASA volunteer coordinator.
- The CFC coordinator facilitates 3-hour weekly staffing meetings and each of the three judges participates in one hour of the meeting. The coordinator brings an “open referral” list and the team discusses clients recently released from custody to determine eligibility. If the program is full, clients deemed eligible are added to a waiting list. The coordinator identifies current participants to be discussed and has organized files and notes ready to help inform the conversation. The CASAs come in at the beginning of each hour relevant to their caseloads. Cases with CASAs are discussed first so that the CASAs may leave the meeting after reporting on their caseload clients as well as to protect confidentiality for cases not affiliated with CASAs. Treatment providers, case managers, the coordinator, the judge and other community partners discuss participant progress: both achievements and obstacles. Observation and key staff interviews indicate that the team generally arrives at a unified recommendation for each client, and the judge usually follows the recommendation. The judge has the authority to make the final decision, however, and sometimes implements responses that differ from the team recommendations.
- The coordinator describes her responsibilities as coordinating the team, judges, clients, and client services. In addition, she is responsible for grant reporting, data documentation, and monitoring data in OTCMS. Lastly, she acts as a program advocate and strives to educate the community regarding CFC program purpose and successes.
- DHS Child Welfare caseworkers describe their role on the team as being the team members that keep child safety as the focus. One caseworker said that they think of their role on CFC as very different from regular DHS case processing, because with CFC they are really involved with helping people relearn how to parent.
- There is a CASA coordinator for each CFC judge. The CASA coordinators attend staffing to help monitor the cases and evaluate if a case has a high-risk family situation that might require a CASA in order to advocate for children and ensure their needs are being met. The CASA supervisor always attends staffing meetings and drug court sessions so that she is able to fill in for any CASAs that might be absent.
- The judges all indicated that they rely on information from the team to help make decisions regarding appropriate responses to behavior.
- Observation indicated that the team generally presents a united front in the courtroom and that treatment, DHS Child Welfare caseworkers, and CASAs contribute, when appropriate, during court sessions.
- In a researcher-initiated focus group, several program participants emphasized the importance of all team members sharing knowledge regarding individual cases and said this encourages participant accountability. Participants cited weekly staffing meetings as the primary vehicle for team-wide communication and indicated awareness that all CFC team members attend staffing meetings.

- A former program participant said of their experience in CFC: “When I was in family court I felt like I had a whole team of experts working on me and my life.” A current participant described the CFC team as “People that care and are helping us. Most of us growing up did not have this kind of structure and love and support. It makes you want to do good.”
- Program policy issue discussions are incorporated into the weekly staffing meetings, and all team members are present for these discussions. The coordinator organizes monthly informal brownbag lunches, open to all team members, to discuss process. Each attendee has the opportunity to share one process piece they find effective and one they do not see as working well. The goal of these discussions is to foster team understanding of different perspectives in order to bolster a more unified approach to case management.
- Two agencies, OnTrack, Inc., and Addictions Recovery Center (ARC), serve as the main treatment providers for CFC participants. OnTrack provides outpatient services to the majority of clients with a program capacity of 50, while ARC has a residential or outpatient treatment capacity of 5 persons. The treatment providers are paid through grant funding.
- Treatment providers communicate with the court verbally at team meetings and during court sessions, through written progress reports, emails, and by phone. Information from the treatment provider is usually given to the court in a timely way.
- Offender eligibility for entry into drug court is considered by the team on a case-by-case basis and information from DHS and other team agencies is considered. Once admitted, a full substance abuse treatment assessment is performed on participants to determine level of care. However, if a participant has recently had a full assessment in treatment prior to program entry, that assessment is used to determine level of care.
- The team completed the Meyer’s self-evaluation (National Center for State Courts, 2000), which indicates that the team feels they are following many of the guidelines to ensure an integrated drug court team. The team reported that planning is carried out by a broad-based group, that the court and treatment providers maintain ongoing communication, that program goals were collaboratively developed, and that mechanisms exist for shared decision making among the team members. The team scored an overall average of 4.7 points on a scale of 1 to 5 where 5 indicates *fully following the guidelines*.

Suggestions/Recommendations

- Interviews with CFC team members highlighted a current need for a Mental Health (MH) specialist on the team. The program had a MH therapist for a couple of years but lost her when funding for her position ended. It is recommended that, when possible, the team focus efforts on securing funding for a MH expert. Strategies for how to find both funding and a pool of candidates could be discussed at the monthly brownbag meetings. (Update: Since the time of the interviews for this evaluation, the CFC has successfully obtained a mental health therapist on the team!)
- Having three judges presents unique challenges for the program. While each judge will always have an individualized approach to CFC, it can be helpful to have some basic responses to behavior agreed upon by all judges. While the coordinator appears to successfully organize case notes and facilitate discussion with all three judges, it could be helpful to have them attend the monthly brownbag meetings, as these are a good forum for dis-

cussing policy and procedure. Should a formal steering committee be developed, it is recommended that the judges sit on the steering committee alongside the other team members.

- Several team members noted the importance of the Domestic Violence (DV) and housing advocates on the team but described their long-term involvement as tenuous due to the ending of grant funding for those positions. If at all possible, it is recommended that the team strive to keep the DV and housing advocates on the team for as long as possible, and to seek out additional funding sources to help support this goal. It is commendable that these important community resources are presently available to CFC participants.

KEY COMPONENT #2: USING A NON-ADVERSARIAL APPROACH, PROSECUTION AND DEFENSE COUNSEL PROMOTE PUBLIC SAFETY WHILE PROTECTING PARTICIPANTS' DUE PROCESS RIGHTS.

Research Question: Are the Office of the Public Defender and the State's Attorney, as well as the Department of Human Services satisfied that the mission of each has not been compromised by drug court?

This component is concerned with the balance of three important areas. The first is the nature of the relationship between the state's attorney, the department of human services and defense counsel in drug court. Unlike traditional case processing, drug court case processing favors a non-adversarial approach. The second focus area is that drug court programs remain responsible for promoting public, and especially child, safety. The third focus area is the protection of the participants' due process rights and the best interest of the child.

National Research

Adult Drug Court research by Carey et al. (2008) and Carey et al. (2010) found that participation by the prosecution and defense attorneys in team meetings and at drug court hearings had a positive effect on graduation rate and on recidivism costs.

In addition, courts that included non-drug-related charges as eligible for participation also showed lower recidivism costs. Finally, courts that imposed the original sentence instead of determining the sentence when participants were terminated had lower recidivism costs (Carey et al., 2008). Although FDCs are often not criminal courts, the Jackson County Community Family Court does include parents with criminal charges and runs the program accordingly.

CFC Process

- The CFC does not typically have any attorneys in the court room setting. The coordinator works closely with all involved legal parties prior to clients actually signing into the CFC. The coordinator obtains approval and information from the consortium attorneys who deal with dependency cases. She also works closely with criminal attorneys and the DA when a potential client has pending criminal charges. An attorney does attend our bi-monthly orientation, and he is very clear that he is available to CFC clients, even though his primary role as an attorney is with the adult drug court.
- Both the public defender and district attorney (DA), among others, may identify and refer potential drug court participants. In a focus group one participant indicated the DA referral to the program and strong encouragement to enter as the primary reason for entering the CFC program.

- DHS works closely with team members to monitor caseloads and appears to take a non-adversarial approach in team meetings and during court.
- The CFC includes non-drug-related charges as eligible for participation.
- A self-evaluation completed by team members indicates that the team feels they are following many of the guidelines to ensure a non-adversarial approach to drug court that promotes public safety while protecting participants' due process rights. The team reports that prosecutors, defense counsel and judge are assigned to drug court for sufficient time to foster stability and consistency and that defense counsel explains the drug court concept to the defendant and the benefits of sobriety. The team rated the following items slightly lower, indicating areas for potential program improvement: The district attorney promptly determines drug court participant eligibility, prosecution and defense consistently participate in case processing policy, and existence of a formal Memorandum of Understanding (MOU) regarding admission of AOD use. The team reports an overall average of 4.1 points on a scale of 1 to 5 where 5 indicates *fully following the guidelines*.

Suggestions/Recommendations

- Because adult drug court research has shown that participation by attorneys in team meetings and court sessions is related to better outcomes for participants, we recommend that the Jackson CFC have at least one attorney attend staffings and court sessions as often as possible in order to provide the legal perspective to the team, as well as to provide legal representation to clients in the event of a jail sanction.

KEY COMPONENT #3: ELIGIBLE PARTICIPANTS ARE IDENTIFIED EARLY AND PROMPTLY PLACED IN THE DRUG COURT PROGRAM.

Research Questions: Are the eligibility requirements being implemented successfully? Are potential participants being placed in the program quickly? Is the original target population being served?

The focus of this component is on the development and effectiveness of the eligibility criteria and referral process. Different drug courts allow different types of criminal or child welfare histories. Some drug courts also include other criteria such as requiring that participants admit to a drug problem or other “suitability” requirements that the team uses to determine whether they believe specific individuals will benefit from and do well in the program. Drug courts should have clearly defined eligibility criteria. It is advisable to have these criteria written and provided to the individuals who do the referring so that appropriate individuals that fit the court’s target population are referred. Drug courts also differ in how they determine if a client meets these criteria. While drug courts are always targeting clients with a substance use problem, the drug court may or may not use a substance abuse screening instrument to determine eligibility. The same may apply to mental health screens. A screening process that includes more than just an examination of legal eligibility may take more time but may also result in more accurate identification of individuals who are appropriate for the services provided by the drug court.

Related to the eligibility process is how long it takes a drug court participant to move through the system from arrest (or child welfare petition) to referral to drug court entry. The goal is to implement an expedient process. The amount of time that passes between arrest/child welfare petition to referral and referral to drug court entry, the key staff involved in the referral process, and

whether there is a central agency responsible for treatment intake are all factors that impact the expediency of program entry.

National Research

Carey et al. (2008) found that courts that accepted pre-plea offenders and included misdemeanors as well as felonies had both lower investment and outcome costs. Courts that accepted non-drug-related charges also had lower outcome costs, though their investment costs were higher.

Those courts that expected 20 days or less from arrest to referral and drug court entry had higher savings than those courts that had a longer time period between arrest and entry (Carey et al., 2008).

Further research found that drug courts that included a screen for suitability and excluded participants who were found unsuitable had the same outcomes (e.g., the same graduation rates) as drug courts that did not screen for suitability and did not exclude individuals based on suitability (Carey & Perkins, 2008; Carey et al., 2010).

CFC Process

- The district attorney, public defender, judges, mental health agency, DHS child welfare caseworkers, public, treatment providers, and partnering agencies identify and refer potential participants.
- The CFC program eligibility requirements are written and most agencies or individuals who can make referrals are given a copy of the eligibility requirements. Felony charges are not excluded by this program.
- CFC does not use standardized assessments to determine offender eligibility. Offender “suitability,” such as attitude and readiness-for-treatment, is also assessed as part of eligibility criteria. This program has sometimes refused program entry to those who were considered unsuitable. Clients that do not admit to having a drug problem are excluded, and though domestic violence charges are accepted by the program, *serious* violence charges are considered on a case-by-case basis and sometimes excluded. Once placed in the program, a full substance abuse treatment assessment is performed on participants to *determine level of care*.
- Participants are sometimes screened for co-occurring mental disorders, and always screened for suicidal ideation.
- The specific target population for the CFC consists of substance-abusing parents with children that are wards of the State of Oregon and are in DHS custody.
- Child welfare allegations that are eligible for the program include: neglect, failure to protect, threat of harm, physical abuse, mental injury, abandonment, and prior termination of parental rights.
- The time between a founded child welfare allegation and referral to the drug court program is estimated by the CFC to be between zero and 7 days. Most potential referrals learn of the program at the time of their shelter hearing or at the initial contact from DHS Child Welfare.
- The time between drug court referral and program entry is estimated to be between 31 and 60 days. The coordinator indicated the reason for substantial time between referral

and entry as clients initially learning of the program while they are still using drugs and need time to admit use and engage in the idea of recovery before entering the program.

- The CFC capacity is 50 new participants per year. As of September 2008, there were 59 active participants.
- In a self-evaluation, the drug court team indicates confidence in early participant identification and prompt program placement. The team reported that eligibility criteria are written and cases are screened by criminal justice personnel, that participants are promptly advised about program requirements, that cases are screened for AOD problems and treatment suitability, and that the court requires immediate enrollment in AOD services. The team ranked an average score of 4.4 on a 1 to 5 point scale where 5 indicates *fully following the guidelines*.

Suggestions/Recommendations

- Research in three different studies (Carey et al., 2008; Carey et al., 2010; Carey & Perkins, 2008) has shown that assessing and excluding participants based on suitability has no effect on graduation rates or recidivism. It is probable that this is due to the extreme difficulty and subjectivity in determining what participant characteristics are likely to lead to successful outcomes, particularly at the time of participant referral when the participants are generally not at their best. We recommend that the CFC consider dropping some of their suitability criteria in determining participant eligibility and entry into the program. This may lead to a swifter time to program placement.
- Since prompt program placement has been shown to lead to higher cost savings, it would be advisable for the program to monitor their referral process and refine systems to keep the time from arrest to entry as short as possible. The CFC's estimate of the time from identification to program entry was up to 67 days from referral to family drug court entry. Administrative data showed the actual average to be 130 days. This is well outside of the research-based time period of 20 days for optimal drug court outcomes. It is recommended that the process from identification to court entry be reviewed to determine if there are any challenges that prevent more expedient processing from identification to program entry that can be improved. Dropping some of the suitability criteria may help the program determine eligibility sooner.
- While it is commendable that CFC eligibility requirements are written and most agencies or individuals who can make referrals are given a copy of the eligibility requirements, the program is encouraged to ensure that all referring agencies are provided copies of the written requirements.

Other than the above recommendations, the CFC is commended for running the program at capacity and for early identification of potential program participants.

KEY COMPONENT #4: DRUG COURTS PROVIDE ACCESS TO A CONTINUUM OF ALCOHOL, DRUG AND OTHER TREATMENT AND REHABILITATION SERVICES.

Research Question: Are diverse and specialized treatment services available?

The focus of this key component is on the drug court's ability to provide participants with a range of treatment services appropriate to participant needs. Success under this component is highly dependent on success under the first component (i.e., ability to integrate treatment services within

the program). Compliance with Key Component #4 requires having a range of treatment modalities or types of service available. However, drug courts still have decisions about how wide a range of services to provide and which services are important for their target population.

National Research

Programs that have requirements for the frequency of group and individual treatment sessions (e.g., group sessions 3 times per week and individual sessions 1 time per week) have lower investment costs (Carey et al., 2005) and substantially higher graduation rates and improved recidivism costs (Carey et al., 2008). Clear requirements of this type may make compliance with program goals easier for program participants and also may make it easier for program staff to determine if participants have been compliant. They also ensure that participants are receiving the optimal dosage of treatment determined by the program as being associated with future success.

Clients who participate in group treatment sessions 2 or 3 times per week have better outcomes (Carey et al., 2005). Programs that require more than three treatment sessions per week may create a hardship for clients (e.g., with transportation, child care, or employment), and may lead to clients having difficulty complying with program requirements and completing the program. Conversely, it appears that one or fewer sessions per week is too little service to demonstrate positive outcomes. Individual treatment sessions, used as needed, can augment group sessions and may contribute to better outcomes. In addition, drug courts that include a phase that focuses on relapse prevention were shown to have higher graduation rates and lower recidivism than drug courts that did not (Carey et al., 2010).

The American University National Drug Court Survey (Cooper, 2000) showed that most drug courts have a single treatment provider agency. NPC, in a study of 18 drug courts in four different states (Carey et al., 2008), found that having a single provider or an agency that oversees all the providers is correlated with more positive participant outcomes, including lower recidivism and lower recidivism costs.

Discharge and transitional services planning is a core element of substance abuse treatment (SAMHSA/CSAT, 1994). According to Lurigio (2000), “The longer drug-abusing offenders remain in treatment and the greater the continuity of care following treatment, the greater their chance for success.”

CFC Process

- One agency, OnTrack, currently provides outpatient treatment to most CFC program participants. ARC offers five residential treatment slots and sometimes conducts outpatient treatment with CFC participants. Treatment representatives attend drug court staffing meetings, drug court sessions, and are part of the Policy Committee.
- Representatives from DHS and CASA also attend team meetings and drug court sessions. During team meetings, the CASA for a particular participant will sit in on the discussion of that participant and then leave when the CASA for another participant arrives.
- A housing advocate sits on the team to assist participants in need of safe and stable housing. OnTrack provides some low-cost, second-chance and transitional housing options. In a focus group, one client praised the OnTrack low-cost housing for helping her family “Get connected to the community...” by providing a safe place for kids to play and engage with other kids in the housing complex. Another participant indicated that residents in OnTrack low-cost and transitional housing are monitored by staff and given UAs if

they seem intoxicated. Participants agreed that the monitoring of behavior in OnTrack housing bolsters accountability. OnTrack also provides dyadic treatment with mothers and their children at the Mom's program, and the same for fathers with their children at the Dad's program. Parents and children may reside as long as necessary to begin to learn to live a sober life while parenting their children.

- The CFC program consists of three phases and includes a phase when participants learn relapse prevention. This family treatment court offers an aftercare program for graduates, has an alumni group that meets regularly and provides support to current participants, and has a Mentor Mom program through a partner agency.
- In order to graduate, participants are required to comply with their child welfare case plan, have a job or be in school, have a sober housing environment, pay all drug court fees, complete community service and have a written sobriety plan.
- The minimum length of the first program phase is 4 to 6 weeks, and participants are expected to submit drug tests 3 times per week, attend group treatment 4 or more times per week, and attend drug court sessions once per week. On average, participants attend one individual treatment session per month during Phase I, but may attend more often if needed. Participants are required to attend self-help groups or 12-step meetings during Phase I.
- There is no minimum length of the final program phase. Participants are administered drug tests at least once per month and usually several times during the final month prior to graduating. During Phase III, participants attend group treatment once per month and there are no specific requirements for individual treatment attendance. Participants are required to attend self-help groups or 12-step meetings during Phase III.
- Services required for *all* participants are: Outpatient individual treatment sessions, outpatient group treatment sessions, self-help meetings, and parenting classes. Goals that are expected to be worked on, by all participants, if not already met are: Job training if unemployed, securing safe and stable housing, accessing transportation, and identifying community service resources.
- Services required for *some* participants by this drug court program are: Mental health counseling, residential treatment, psychiatric services, prenatal/perinatal program, a batterers intervention program required by the Department of Human Services, employment assistance, family relations counseling, GED/education assistance, and services through the Family Nurturing.
- Services offered but not required by this drug court program are: Detoxification, gender-specific treatment, language-specific or culturally specific programs, health education, health care, and dental care.
- Child care is provided by OnTrack for participants during court sessions, and the facility is located across the street from the courthouse. In addition, child care is available several afternoons a week for OnTrack participants.
- A self-evaluation completed by team members indicates that the team feels they are following the guidelines to ensure that the program provides a continuum of treatment services to participants. The team reported that participants are screened regularly, that treatment designs and delivery systems are culturally responsive, that referral to auxiliary

services and special services are available, that treatment services have quality controls in place, that services are comprehensive, and that the team secures adequate and stable funding for treatment. The team reports an average rank of 4.8 on a 1 to 5 point scale where 5 indicates *fully following the guidelines*.

Suggestions/Recommendations

- The drug court team indicated that a potential lack of adequate and stable funding for treatment and auxiliary services is of concern. The team should consider conducting a strategic planning session or place strategic planning issues on the agenda of one or more drug court team meetings. In either setting there should be a discussion concerning program needs and ideas for generating additional resources. The team should identify mechanisms and potential sources of funding, such as grants, community partnerships, and enhanced state or county funding to support the program.

As aftercare is a clinical best practice, supporting individuals in their transition to a drug-free lifestyle, this program is commended for providing aftercare services and maintaining an active alumni group to provide additional cost-effective participant support. The program also shows promising practices by offering extensive wraparound services and striving to keep a breadth of services available to program participants.

KEY COMPONENT #5: ABSTINENCE IS MONITORED BY FREQUENT ALCOHOL AND OTHER DRUG TESTING.

Research Question: Compared to other drug courts, and to research findings on effective testing frequency, does this court test frequently?

The focus of this key component is on the use of alcohol and other drug testing as a part of the drug court program. Drug testing is important both for court supervision and for participant accountability. It is generally seen as a key practice in participants' treatment process. This component encourages frequent testing but does not define the term "frequent" so drug courts develop their own guidelines on the number of tests required. Related to this component, the drug court must assign responsibility for these tests and the method for collection.

National Research

Research on adult drug courts in California (Carey et al., 2005) found that drug testing that occurs randomly, at least 3 times per week, is the most effective model. If testing occurs more frequently (that is, more than 3 times per week), the random component becomes less important as it is difficult to find time to use in between frequent tests.

Outcomes for programs that tested more frequently than 3 times per week were no better or worse than outcomes for those that tested 3 times per week. However, less frequent testing resulted in less positive outcomes.

Results from the American University National Drug Court Survey (Cooper, 2000) show that the number of urinalyses (UAs) given by the large majority of drug courts nationally during the first two phases is two to three per week.

In addition to frequency of testing, it is important to ensure that drug testing is random and fully observed during sample collection, as there are numerous ways for individuals to predict when testing will happen and therefore use in between tests or to submit a sample that is not their own.

In focus groups with participants after they have left their programs, individuals have admitted many ways they were able to “get around” the drug testing process including sending their cousin to the testing agency and bringing their 12-year-old daughter’s urine to submit.

CFC Process

- Participants are drug tested through urinalyses (UAs).
- Drug testing is performed on a random basis as well as for cause. Random drug testing is ensured by clients being called and having to respond by submitting a UA that day. It is policy that all UAs conducted are fully observed. In Phases II and III, the participants call a hotline to learn whether they must come in for a UA that day.
- UA results are obtained within one week of submission.
- The program’s drug testing is performed by treatment providers, DHS Child Welfare, CFC case managers, and probation.
- The program requires three weekly UAs during the first phase, decreasing to one UA monthly, on average, during the last phase (Phase III). UA frequency may be increased at any time, on the individual participant level, to address and monitor relapse issues.
- The team self-reports an overall feeling of success at abstinence monitoring. The team reported that drug testing procedures are based on established guidelines, that random testing is used throughout the program, that the scope of testing is sufficiently broad, that collections standards ensure high result reliability, and that the court is immediately notified when participants fail, alter, or miss a test. The team reports an average score of 4.7 points on a 1 to 5 point scale where 5 indicates *fully following the guidelines*.

Suggestions/Recommendations

- Research has shown that obtaining drug testing results within 48 hours of submission is associated with higher graduation rates and lower recidivism (Carey et al., 2008). Since the CFC reported a one-week turnaround time for drug testing results, we recommend that this program examine options for drug testing that would allow a swifter turnaround time, within 48 hours or less.

Research indicates that testing 3 times per week in the first phase leads to lower recidivism rates. This program is recognized as following best-practices in Phase I drug testing by requiring three weekly UAs. Interviews with team members and former participants indicated that there have been times in the past when UA frequency across all phases was somewhat infrequent and inconsistent. The program is encouraged to continue testing at least 3 times per week in the first phase and to continue close monitoring of UA administration to ensure consistency.

KEY COMPONENT #6: A COORDINATED STRATEGY GOVERNS DRUG COURT RESPONSES TO PARTICIPANTS’ COMPLIANCE.

Research Questions: Do program staff work together as a team to determine sanctions and rewards? Are there standard or specific sanctions and rewards for particular behaviors? Is there a written policy on how sanctions and rewards work? How does this drug court’s sanctions and rewards compare to what other drug courts are doing nationally?

The focus of this component is on how the drug court team responds to client behavior during program participation, including how the team works together to determine an effective, coordinated, response. Drug courts have established a system of rewards and sanctions that determine the program's response to acts of both non-compliance and compliance with program requirements. This system may be informal and implemented on a case-by-case basis, or this may be a formal system applied evenly to all clients, or a combination of both. The key staff involved in decisions about the appropriate response to participant behavior varies across courts. Drug court team members may meet and decide on responses, or the judge may decide on the response in court. Drug court participants may (or may not) be informed of the details on this system of rewards and sanctions so their ability to anticipate a response from their team may vary significantly across programs.

National Research

Nationally, the drug court judge generally makes the final decision regarding sanctions or rewards, based on input from the drug court team. In addition, all drug courts surveyed in the American University study confirmed they had established guidelines for their sanctions and rewards policies, and nearly two-thirds (64%) reported that their guidelines were written (Cooper, 2000).

Carey et al. (2008) found that for a program to have positive outcomes, it is not necessary for the judge to be the sole provider of sanctions. Allowing other team members to dispense sanctions makes it more likely that sanctions occur in a timely manner, more immediately after the non-compliant behavior. Immediacy of sanctions is related to improved graduation rates and lower recidivism. However, having the judge as the sole dispenser of rewards is related to lower recidivism and greater cost savings.

In addition, research has also found that drug courts that had their guidelines for team response to participant behavior written and provided to the team had higher graduation rates and higher cost savings due to lower recidivism (Carey et al., 2008; Carey et al., 2010).

CFC Process

- The team reports that participants know which behaviors lead to sanctions and are verbally told which responses may correspond with certain behaviors. Participants are not given a written list of the behaviors and possible sanctions.
- Sanctions are discussed among the drug court team at staffing meetings. The team makes recommendations to the judges regarding sanctions, which are usually followed, though each judge has the ultimate authority and may go against the team recommendation.
- Sanctions are usually imposed at the first court session following the noncompliant behavior although the coordinator has authority to impose sanctions outside of court sessions as needed. The coordinator reports occasionally imposing daily 12-step meeting attendance for participants that admit relapse to her outside of court. Responses to noncompliance to not differ across program phases.
- CFC Sanctions are generally imposed on a case-by-case basis however sanctions are sometimes standardized so that the same sanctions are provided for the same types of behaviors. Sanctions are graduated so that the severity increases with more frequent or more serious infractions.
- Examples of CFC responses to noncompliant participant behavior are: Writing essays, community service, residential treatment, more frequent UAs, more court appearances, jail, and increased treatment sessions. The coordinator of this program feels that writing assignments are particularly effective sanctions for most clients and that jail is an effective sanction for some clients.
- Jail is sometimes used as a sanction after the second or third positive drug test and rarely used as a sanction after the first positive drug test. When jail is used as a sanction the length of stay is usually between one day and one week. The maximum CFC jail sanction length of stay is 8 days. Jail is never used as an alternative for detox or residential treatment when detox and residential are unavailable.
- Team members that have had training on the use of rewards and sanctions to modify behavior of drug court participants include: The drug court coordinator, judge, case managers, treatment providers, and partner agency staff.
- The coordinator indicated that CFC team members have received training on strength-based philosophy and practices.
- The coordinator indicates that the following are incentives for participants to enter and graduate from the program: Long-term support to maintain recovery and lasting life change, one judge and a team who know participants on a very personal level, and a comprehensive team of community partners that offers many resources to participants and their whole family.
- The CFC has a variety of tangible and intangible rewards available for participants. The coordinator indicated that the most popular tangible rewards offered by the program are Walmart gift cards, Dollar Store gift cards, and coffee bucks. Rewards are presented by the judge during court sessions. Intangible rewards include applause in the courtroom, praise from the judge or other team members, certificates for moving to a new phase and increased supervised and unsupervised visitation with children.

- Tangible rewards are administered in a standardized way for specific behaviors, and participants know what specific behaviors lead to rewards. Participants are given a written list of the behaviors that lead to rewards. Rewards are provided by the judge during court sessions and awarded on a case-by-case basis.
- Several participants in a researcher-initiated focus group expounded on the value of intangible rewards used by this program. One participant said: “You get a good feeling of self-worth walking out of the courtroom when they [the judge and team] praise you for doing good.” Another participant noted of the team: “They celebrate our successes with us. Everybody claps for you. You start to see that they are really just there for you after a while.”
- The team reports an overall feeling of success in following the guidelines to ensure a coordinated strategy to govern responses to participant compliance. The team reported that they maintain frequent communication regarding participant progress enabling the court to respond immediately, that sanctions are developed jointly and imposed after consultation with team members, that imposed sanctions commensurate with infraction, that program compliance is rewarded, and that consequences for compliance/ noncompliance are clearly explained to participants prior to enrollment. The team reports an average score of 5.0 points on a 1 to 5 point scale where 5 indicates *fully following the guidelines*.

Suggestions/Recommendations

- The program generally responds to relapse as a treatment issue first and uses jail more as a last resort. It is appropriate to respond to relapse as a treatment issue. Although the option to use incarceration as a sanction is an integral piece of an effective drug court (Carey et al., 2008), it is important to use jail judiciously, particularly in a family drug court program where the participants may not have a criminal charge. There are some behaviors that are extremely difficult for true addicts to perform in the early phases of the program, particularly abstinence. Doug Marlowe (2008) states that relapse (shown by positive drug tests) in the early phases, particularly the first phase, of the program should not be sanctioned with the most extreme sanction option such as jail for two reasons: 1) For addicts, relapse is an expected part of the recovery process and the participant needs encouragement to believe that it is possible to stop use, and 2) The immediate use of jail then leaves the court with no harsher alternatives (aside from lengthier time, which has been shown to be ineffective) to use later in the program when relapse should no longer be occurring.
- Although the judge discusses with the clients both the sanctions and the behavior that led to the sanctions, it would be helpful to have a clear list of infractions with possible graduated sanctions available for participants and CFC team members. Written guidelines help inform participant expectations and can be useful for new team members in learning about the program. It could also serve as a working document to capture sanctions as agreed upon by the team and across all three judges, and could be reviewed and updated regularly at the monthly brownbag meetings.
- Additional training on rewards and sanctions could benefit the team. A recommended topic for training is proximal versus distal behaviors and appropriate responses to those behaviors.

- While the program offers many possible incentives and sanctions, it can be helpful to continue to strive to find creative responses to participant noncompliance that will change participant behavior in positive directions. For additional ideas and examples, please see Appendix A, which is a sample list of rewards and sanctions used by drug courts across the United States.

Overall, the CFC shows a good balance of sanctions and rewards. The practices of the judge providing incentives in the courtroom, and allowing the coordinator to impose sanctions outside of court in order to immediately respond to relapse are especially positive. The program is commended for shaping and continuing to develop a coordinated strategy to govern drug court responses to participants' compliance.

KEY COMPONENT #7: ONGOING JUDICIAL INTERACTION WITH EACH PARTICIPANT IS ESSENTIAL.

Research Question: Compared to other drug courts, and to effective research-based practice, do this court's participants have frequent contact with the judge? What is the nature of this contact?

The focus of this component is on the judge's role in drug court. The judge has an extremely important function for drug court in monitoring client progress and using the court's authority to promote positive outcomes. While this component encourages ongoing interaction, drug courts must still decide how to structure the judge's role. Courts need to determine the appropriate amount of courtroom interaction between the participant and the judge as well as how involved the judge is with the participant's case. Outside of the court sessions, national data show that the judge may or may not be involved in team discussions, progress reports and policymaking.

National Research

Results from the American University Drug Court Survey (Cooper, 2000) reported that most drug court programs require weekly contact with the judge in Phase I, contact every 2 weeks in Phase II, and monthly contact in Phase III. The frequency of contact decreases for each advancement in phase. Although most drug courts follow the above model, a substantial percentage reports less court contact.

Research in California, Oregon, Michigan, Maryland, and Guam (Carey et al., 2005; Carey et al., 2008; Carey et al., 2010) demonstrated that, on average, participants have the most positive outcomes if they attend approximately one court appearance every 2 weeks in the first phase of their involvement in the program. Marlowe, Festinger, Lee, Dugosh, & Benasutti (2006) also demonstrated that more frequent court sessions (e.g., weekly) were effective for higher risk offenders, while less frequent sessions (e.g., monthly) were more effective for lower risk offenders.

In addition, programs where judges remained with the program at least 2 years had the most positive participant outcomes. It is recommended that drug courts either avoid fixed terms, or require judges with fixed terms to serve 2 years or more, and that courts with rotating terms consider having judges rotate through the drug court more than once, as experience and longevity are correlated with more positive participant outcomes and cost savings (Carey et al., 2005; Finnigan, Carey, & Cox, 2007).

CFC Process

- CFC participants are required to attend drug court sessions once per week in Phase I, with court attendance requirements reducing over the phases so that participants appear at least once per month by Phase III.
- The drug court judges are assigned to the court indefinitely with no fixed terms imposed. Presently the CFC has three judges that each has a specific weekly time slot in court with his/her assigned clients. Having one judge per client is a central focus of the program.
- All three judges indicated they had not received formal training upon joining the CFC team. Judges have learned by observation, attending conferences, through written program materials and attending rewards and sanctions meetings with Rita Sullivan, a local treatment and behavior expert in Jackson County.
- The CFC judges speak directly to participants and their older children during court appearances, provide follow-through on warnings to participants, and solicit team member feedback as needed during court sessions. Observations by the evaluators during court appearances revealed that all three drug court judges are caring and responsive toward participants and that participants are engaged and respectful during the drug court session. The judges actively listen to participants, offer advice and provide positive verbal reinforcement when appropriate. Participants are able to leave the court session after being seen by the judge.
- In a focus group, one current participant said that their judge "...has a good sense of humor but you know he is there to help you if you do stray off the path. He is supportive and really there for my benefit." Another focus group participant described her judge as supportive and noted that she was an important role model in her life.
- In a focus group, a couple going through the CFC program together noted that their judge really treated them like a family unit despite a lack of biological paternity of the father. They said that treating them as a family was "...the most impactful thing that our judge did for us."
- The team self-reports an overall feeling of success in following the guidelines to ensure integration of judicial contact. The team reported that regular status conferences are used to monitor participant performance, that the interval between status conferences varies according to treatment protocols and participant progress, that court-participant interaction demonstrates the benefits of program compliance and consequences for noncompliance, that the court applies appropriate sanctions and incentives, and that program graduation is recognized as a significant achievement. The team reports an average score of 4.8 points on a 1 to 5 point scale where 1 indicates *not following the guidelines* and 5 indicates *fully following the guidelines*.

Suggestions/Recommendations

- As adult drug court research has shown that less frequent court appearances can have better outcomes (Carey et al., 2008; Marlowe et al., 2006), (particularly in lower risk populations) the CFC team may want to consider reducing the frequency of drug court appearance to once every 2 weeks for participants in Phase I. This may also help reduce program costs and help increase program capacity.

- As observing drug court sessions can illustrate for participants the program successes, as well as responses to noncompliant behaviors, the judges are encouraged to consider requiring all participants to stay for the duration of the session.
- The judges and team are encouraged to seek out training resources for the current judges, as well as to develop a detailed and thoughtful transition plan for judge turnover. The judges indicated that more initial training would be beneficial when new judges join the CFC. One judge noted that learning from other judges is particularly effective and would like more opportunities to engage with outside drug court judges and review available literature.

KEY COMPONENT #8: MONITORING AND EVALUATION MEASURE THE ACHIEVEMENT OF PROGRAM GOALS AND GAUGE EFFECTIVENESS.

Research Question: Are evaluation and monitoring integral to the program?

This component encourages drug court programs to monitor their progress toward their goals and evaluate the effectiveness of their practices. The purpose is to establish program accountability to funding agencies and policymakers, as well as to themselves and their participants. Further, regular monitoring and evaluation provides programs with the feedback needed to make adjustments in program practices that will increase effectiveness. Finally, programs that collect data and are able to document success can use that information to gain additional funding and community support. Monitoring and evaluation require the collection of thorough and accurate records. Drug courts may record important information electronically, in paper files or both. Ideally, drug courts will partner with an independent evaluator to help assess their progress. Lastly, it is important to determine how receptive programs are to modifying their procedures in response to feedback.

National Research

Carey et al. (2008) and Carey et al. (2010) found that programs with evaluation processes in place had better outcomes. Four types of evaluation practices were found to save the program money and incur positive effects on outcome costs: 1) maintaining electronic records that are critical to participant case management and to an evaluation, 2) the use of program statistics by the program to make modifications in drug court operations, 3) the use of program evaluation results to make modifications to drug court operations, and 4) the participation of the drug court in more than one evaluation by an independent evaluator.

CFC Process

- The CFC utilizes the state-managed OTCMS database to track important participant information. Data include information from the treatment provider and are monitored to determine if the program is moving toward its goals. The program reports that it has made adjustments in policy or practice based on data monitoring.
- The drug court coordinator is responsible for the majority of OTCMS data entry including most intake data. A part-time administrative assistant sits in the courtroom and updates case management data, including UA data, during the drug court session.
- This drug court has had an outside evaluator measure whether the program is being implemented as intended and whether the program is achieving its intended outcomes. The

program reports that it has made changes in policy or practice based on feedback from the outside evaluation.

- The team reports they are generally following the guidelines to ensure integration of drug court program monitoring and evaluation. The team reports that monitoring and evaluation processes are ongoing, that monitoring data are stored in a useful manner, that program staff periodically review monitoring data and refine program goals, that data are secure and protect client confidentiality, and that an independent evaluator is currently conducting an evaluation. The team reports an average score of 4.6 points on a 1 to 5 point scale where 5 indicates *fully following the guidelines*.

Suggestions/Recommendations

- It is commendable that OTCMS is utilized to track participant data, and notably efficient that court-related data are entered during the court sessions. To further improve upon the data entry process, it is recommended that data entry access be extended to all relevant team members including treatment providers. Allowing OTCMS access to multiple team members may foster more complete, timely and streamlined data entry.
- The drug court team reports making good use of their data. They should continue to accumulate and analyze data about the drug court participants and use it for program reviews and planning, such as to inform the team about the types of participants who are most and least successful in the program.
- Although the program has successfully implemented this component, the team may want to set aside time to discuss the findings and recommendations in this process evaluation, both to enjoy the recognition of its accomplishments and to determine whether any program adjustments are warranted.

KEY COMPONENT #9: CONTINUING INTERDISCIPLINARY EDUCATION PROMOTES EFFECTIVE DRUG COURT PLANNING, IMPLEMENTATION, AND OPERATIONS.

Research Question: Is this program continuing to advance its training and knowledge?

This component encourages ongoing professional development and training of drug court staff. Team members need to be updated on new procedures and maintain a high level of professionalism. Drug courts must decide who receives this training and how often. This can be a challenge during implementation as well as for courts with a long track record. Drug courts are encouraged to continue organizational learning and share lessons learned with new hires.

National Research

The Carey et al. (2008) and Carey et al. (2010) studies found that drug court programs requiring all new hires to complete formal training or orientation, requiring team members to receive training in preparation for implementation, and all drug court team members be provided with regular training were associated with higher graduation rates and greater cost savings due to lower recidivism.

CFC Process

- In addition to on-the-job training, the following drug court team members have received training or education specifically on the drug court model: the CFC coordinator, case managers, treatment providers, DHS Child Welfare, and partner agency staff. Though

staff have received some training opportunities, several team members, including judges, indicated a lack of initial training upon joining the team and a desire for additional, ongoing training.

- CFC staff have received training specifically about the target population of the court including age, gender, ethnicity and drugs of choice.
- The team brings new information on drug court practices, including drug addiction and treatment, to staff meetings.
- Some DHS caseworkers reported attending several trainings while others felt they had very little training in the drug court model and how that differs from the typical DHS approach.
- It was reported that team members have received training on strength-based philosophy and practices.
- The team reports that drug court team members have attended court-related trainings specific to their role on the drug court team and that new staff members do not always receive initial training on the drug court model before or soon after joining the team.
- Team members that have had training on the use of rewards and sanctions to modify behavior of drug court participants include: The drug court coordinator, judge, case managers, treatment providers, and partner agency staff.
- A self-evaluation completed by team members indicates the team feels that while efforts are made to ensure continuing interdisciplinary education for team members, this is an area for potential improvement. Overall mean scores on these survey items were low compared to the average scores for the other components. The team reported that key personnel have participated in training on procedural operations and that team building is part of training. The lower scoring items were: Some multi-disciplinary training for new personnel occurs and is ongoing, the criminal justice staff members have undergone training in addiction and substance abuse treatment, staff members have undergone diversity training, and the drug court has an educational curriculum that is updated regularly. The team reports an overall average of 3.9 points on a scale of 1 to 5 where 5 indicates *fully following the guidelines*.

Suggestions/Recommendations

- The program, in collaboration with partner agencies, should ensure that all team members receive initial and continuing drug court training. There should be an expectation of, and encouragement for, staff taking advantage of ongoing learning opportunities (both locally and nationally). To support this goal, a training plan and a log system should be established, the results of which should be reviewed by program administrators periodically. These tools can be useful in keeping track of training activities and in reinforcing the importance of professional development. One source of training materials that exists online at no cost is available on the National Drug Court Institute (NDCI) Web site at http://www.dcpj.ncjrs.org/dcpj/dcpj_adult.html#ias and at http://www.dcpj.ncjrs.org/dcpj/dcpj_family.html. The NDCI Web site is also a good source for training opportunities, some at low or no cost. NDCI recently implemented a free Web-based training curriculum (Webinar).

- As DHS Child Welfare plays such an important role in family court processing, the team is encouraged to ensure that new DHS caseworkers have thorough training in the drug court model.
- As the judge is a central focus of family court, it is paramount that the judge receives initial and ongoing training in effective drug court practice to ensure the program runs smoothly. The team is encouraged to seek out training resources for the current judges, as well as to develop a detailed and thoughtful transition plan in case of judge turnover. The judges indicated that more initial training would be beneficial to judges joining the CFC. One judge noted that learning from other judges is particularly effective and would like more opportunities to engage with outside drug court judges and review available literature.

KEY COMPONENT #10: FORGING PARTNERSHIPS AMONG DRUG COURTS, PUBLIC AGENCIES, AND COMMUNITY-BASED ORGANIZATIONS GENERATES LOCAL SUPPORT AND ENHANCES DRUG COURT PROGRAM EFFECTIVENESS.

Research Question: Compared to other drug courts, and according to research, has this court developed effective partnerships across the community?

This component encourages drug courts to develop partnerships with other criminal justice and service agencies. For these collaborations to be true “partnerships,” regular meetings and collaborations with these partners should occur. If successful, the drug court will benefit from the expertise that resides in all of the partner agencies, and participants will enjoy greater access to a variety of services. Drug courts must still determine what partners are available and decide with whom to partner and how formal to make these partnerships. Other important factors to weigh include who will be considered as part of the main drug court team, who will provide input primarily through policymaking, and what types of services will be available to clients through these partnerships.

National Research

Responses to American University’s National Drug Court Survey (Cooper, 2000) show that most drug courts are working closely with community groups to provide support services for their drug court participants. Examples of community resources with which drug courts are connected include self-help groups such as AA and NA, medical providers, local education systems, employment services, faith communities, and Chambers of Commerce.

In addition, Carey et al. (2010) found that drug courts that had true formal partnerships with community agencies had better outcomes than drug courts that did not have these partnerships. The team should examine potential community partners to determine if their services are appropriate for their participants and are conducted in a manner consistent with drug court policies and goals.

CFC Process

- The coordinator reports that the CFC has developed and maintained relationships with agencies that can provide services for participants in the community and refers participants to those services when appropriate.
- The drug court team includes representatives from community agencies that work regularly with drug court participants.
- A self-evaluation completed by team members indicates that the team feels it is following many of the guidelines to develop effective partnerships across the community. The team

reported that the court has effective links with the law enforcement community, that agencies regularly provide direction to the drug court program, and that the court staff reflects the diversity of the population served. Some team members indicated that areas for improvement include providing more opportunities for community involvement, and increasing efforts to organize participation of public and private agencies. The team reports an overall average of 4.0 points on a scale of 1 to 5 *where 1 indicates not following the guidelines and 5 indicates fully following the guidelines.*

Suggestions/Recommendations

- While policy issues are discussed regularly by team members, the program should consider creating a formal policy or steering committee, made up of drug court team members and representatives from other community agencies, that meets regularly. Representatives of the business community and other interested groups should be invited to attend these meetings. This could result in expanded understanding of and community support of the program, and it also may result in additional services and facilities for the program.
- The program is encouraged to maintain a list of common participant need areas and conduct outreach to new community partners to find ways to creatively meet those needs. Faith communities, medical and dental providers, educators, and local businesses are some examples of potential community partners to consider when focusing outreach efforts. Discussion around possible community connections and resources, or ideas for generating outside support to enhance the program, should occur regularly in policy focused meetings.
- The CFC team includes representatives from a range of collaborating agencies and provides a rich array of wraparound services, which is shown to contribute to positive outcomes for participants. Primarily, the researchers encourage CFC to maintain their current resources and, when possible, collaborate with additional community partners to further strengthen the program. There are no additional recommendations for this component at this time.

DRUG COURT PROGRAM DATA: (OTCMS)

The OTCMS database is a Microsoft Access based electronic data management information system available to all Oregon drug treatment courts. The statewide database was designed with the intent of uniformly capturing relevant Oregon treatment court data in a user-friendly format. The OTCMS database is currently Oregon's preferred method for capturing drug court program participant data and it is recommended that Oregon drug courts utilize OTCMS whenever possible.

However, the drawback to the current system is that this Access database exists in individual copies for each drug court and resides on local machines for many drug court sites. Site level data must be manually exported and sent to the state for upload to the master database. Failure to regularly export data leads to lack of comprehensive state-level data. In addition, OTCMS is not currently well suited to Family Treatment Courts, as it has limited data fields for tracking Child Welfare case data. NPC recommends that the state consider investing in a Web-based drug court case management system that can be accessed more conveniently through the internet (with appropriate security in place) by drug court team members from various agencies and also accessed and monitored more easily by the State. This is discussed further, below.

The reviewers performed a data element review of the CFC's OTCMS database, assessing 52 data elements that are appropriate for future outcome and cost evaluation work as well as data important for participant case management. The data review and an on-site coordinator interview

revealed that the CFC consistently utilizes the OTCMS database as the primary tool for collecting program data and collects data consistently across many available data elements. Though the present OTCMS system lacks a section for tracking detailed Child Welfare case data, the CFC does track some of these data in OTCMS. The CFC team regularly utilizes OTCMS reports to facilitate drug court participant monitoring. Following is a summary of the data review findings.

CFC Data Collection

- The CFC court utilizes the OTCMS database and strives to keep data complete and current. Most participant data are consistently entered, including participant demographics, program participation, rewards and sanctions, UAs, and treatment data.
- While OTCMS does not have data entry fields dedicated specifically to Child Welfare case data, the CFC consistently notes child removal from home and reunification with child in the *outcomes during drug court* section of OTCMS.
- Currently the program coordinator and a part-time assistant have access to OTCMS and conduct all data entry. The coordinator enters demographic and intake data after the team arrives at a decision regarding program admittance, and performs the majority of ongoing data entry for each participant including some treatment data updates. The assistant enters case management notes, court attendance, court notes and UA data at a computer in the courtroom during CFC sessions. Treatment representatives do not currently have direct access to OTCMS for data entry purposes.
- The program coordinator regularly runs OTCMS reports, including customizable staffing reports, UA and sanction reports, to facilitate staffing meetings and monitor participant progress.
- This program tracks some post-program data, but generally stores these data outside of OTCMS.

Suggestions/Recommendations

- While it is commendable that this program regularly utilizes OTCMS for participant monitoring, it is recommended that OTCMS access be granted to the treatment coordinator and other relevant team members. Allowing all relevant team members access to OTCMS could ensure more timely, accurate and comprehensive data entry.
- The coordinator tracks data on *removal of children from the home and reuniting with children* in the *outcomes during drug court* field in OTCMS. It is recommended that these data continue to be entered for all participants that incur these circumstances while participating in the drug court program. Should OTCMS be modified to include comprehensive and useful child welfare data fields, the program should then shift to utilizing OTCMS to track all child welfare data.
- As post-program data are extremely valuable, it is recommended that the program continue to track these data as consistently as possible and, when appropriate, enter these into OTCMS. If OTCMS does not provide the necessary data entry fields to track essential post-program data, the program should continue to track these separately.
- It is commendable that data entry occurs during court sessions, as this illustrates efficient use of staff time and resources. If the program feels that data entry could be further expedited by extending access to treatment providers and team members involved with case

management, then it is recommended to seek resources to allow additional access to the database.

STATE-LEVEL RECOMMENDATIONS FOR OTCMS MODIFICATION

- There are several data entry fields that could be added to the OTCMS, or modified from their present state, to better facilitate more thorough and consistent data entry across Oregon treatment courts. Some fields that could be added include: Arrest dates, Social Security number, program termination reason, post-graduate health care use, post-graduate probation term data and Child Welfare case data fields. Some fields that could benefit from modification include: employment status, student status, housing status, income, probation violations, attitude toward treatment, and subsequent treatment episodes.
- To monitor participant status and program success, tracking program termination information is essential. Currently there is no data entry field designated for tracking these data. Among the other data element modifications, it is strongly recommended that an expanding list-box field for tracking program termination reason data be added to the *Treatment Court* tab.
- The *Summary of Payments* report presently lists all payments made and the date of payment for individuals. It is recommended that the report be modified to include a sum of payments made and outstanding balance so that teams can print these and have an “at-a-glance” snapshot of participant payment progress.
- As the number of required program phases varies across courts, it is advised that the statewide database be modified to include enough phase entry fields to accommodate all courts. This could be done on a site-by-site level or several additional phase fields could be added to the *Treatment Court* form in order to provide sufficient phase data entry fields for all Oregon drug courts.
- It is recommended that the database administrator collaborate with Oregon drug court program coordinators to ensure that useful *Treatment Issue* and *Mental Health Diagnoses* data fields are available in OTCMS.
- It is commendable that Oregon treatment courts statewide have an electronic data collection system available to them. The OTCMS database is reasonably user-friendly and is designed to capture most relevant treatment court program data. However, a challenge for many courts is the need to have many copies of the database available for team members, and ensuring that those copies are the most current version as well as that data exports for the state are occurring on a regular basis. A preferable approach would be moving to an encrypted on-line data entry system so that users could access the database from any computer with Internet access and database modifications would occur simultaneously for all end-users. One option is The Drug Court Case Management Information System (DCCMIS) developed by Advanced Computer Technologies (see <http://www.actinnovations.com>). It is a user-friendly, encrypted on-line database designed for drug court data collection. It is recommended that, if possible, a Web-based data system such as the DCCMIS be implemented for Oregon treatment courts, and that this new system have the ability to upload current OTCMS data to avoid the need to back-enter data and to ensure uninterrupted data collection.

OUTCOME EVALUATION

The purpose of outcome evaluation is to determine whether the program has improved participant outcomes. In other words, did the program achieve its intended goals for its participants? An outcome evaluation can examine short-term outcomes that occur while a participant is still in the program. This includes whether the program is delivering the intended amount of services, whether participants receive treatment more quickly and complete treatment more often than those who don't participate, whether participants are successfully completing the program in the intended amount of time, whether drug use is reduced and what factors lead to participants successfully completing the program. An outcome evaluation can also measure longer term outcomes (sometimes called an "impact evaluation") including participant outcomes after program completion. In the case of drug court programs, one of the largest impacts of interest is recidivism. Are program participants avoiding the criminal justice system "revolving door?" How often are participants being re-arrested, and spending time on probation or in jail? And in the case of family drug treatment courts, is recidivism in the child welfare system reduced?

In this evaluation both short- and long-term outcomes were assessed. Outcomes were examined in four main focus areas, 1) treatment, 2) program completion, 3) child welfare, and 4) criminal justice recidivism. The outcome portion of the evaluation report is divided into each of these four areas of interest with specific policy-related study questions for each, as follows.

Treatment (T) Outcomes

T1: Do FDC parents enroll in treatment more often than non-FDC parents?

T2: Do FDC parents stay in treatment longer than non-FDC parents?

T3: Do FDC parents complete treatment more often than non-FDC parents?

Program Completion (PC)

PC1: How successful is the program in bringing participants to completion and graduation within the expected timeframe?

PC2: What participant characteristics predict successful drug court completion? What predicts non-completion (termination or unsuccessful exit from the drug court program)?

Child Welfare (CW) Outcomes

CW1: 1a. Do children of parents who participate in FDC spend less time in foster care than children whose parents do not participate? 1c. Are FDC children returned to their parents sooner than non-FDC parents?

CW2: Are there differences in the occurrence of different types of permanency decisions (reunification, termination of parental rights, adoption) for children of FDC parents compared to non-FDC parents?

CW3: Do children of FDC parents have better placement stability than children of non-FDC parents? (Do they move from one placement to another less often?)

CW4: Do FDC parents experience less foster care recidivism than non-FDC parents?

Criminal Justice (CJ) Outcomes

CJ1: Do FDC parents have fewer subsequent arrests than non-FDC parents?

CJ2: Do FDC parents have fewer subsequent arrests with drug charges than non-FDC parents?

CJ3: Do FDC parents use fewer jail resources than non-FDC parents?

The remainder of the outcome section of this report includes a description of the research strategy and methods used for studying participant outcomes. This is followed by a presentation of the outcome results in the order of the study questions listed above.

Outcome Evaluation Methods

RESEARCH STRATEGY

The outcome most commonly used to measure the effectiveness of drug courts is recidivism, particularly recidivism in the criminal justice system. For this study criminal justice recidivism is defined as any arrest, excluding minor traffic citations, that occurs after drug court entry. For family drug courts, recidivism includes return to foster care. This is measured as new entry dates into foster care that occur after drug court entry.

NPC Research identified a sample of participants who entered the CFC between January 2002 (when the Community Family Court emerged as currently operational according to an implementing Judge) and June 2008. This timeframe allowed for the availability of at least 12 months of recidivism data post program entry for all participants, and 4 full years of recidivism data for a large enough sample for valid statistical analyses.

A comparison group was identified from a list of family court cases for individuals that entered the court system on a petition for shelter care. The full comparison group selection process is described under the section on Sample Selection. The drug court participants and comparison individuals were matched on age, gender, ethnicity, indication of prior drug use, number and age of children, and criminal history, including number of prior arrests and prior drug arrests.

Both groups were examined through existing administrative databases for a period up to 4 years from the date of drug court entry. For comparison group members, an equivalent “entry date” was calculated by creating an average of the number of days from petition to drug court entry for participants and adding that mean number of days to the petition date for comparison group members. The evaluation team utilized the data sources described below, to determine whether there was a difference in re-arrests, time incarcerated, time in foster care, and other outcomes of interest (described further in the results) between the drug court and comparison group.

In addition, research has demonstrated the importance of completing substance abuse treatment in the realization of desirable societal effects. These positive effects include substance abuse cessation, reduced criminal behavior and improved employment outcomes (Finigan, 1996). Similarly, an initial indicator of the success of a drug court program is the rate of program participant graduation (completion of treatment). Therefore, the graduation rates were calculated for CFC and compared to the national average for drug court programs.

Any differences in demographics and criminal history between drug court graduates and non-graduates were also examined to determine if there were indications of specific groups that would need additional attention from the drug court program to increase successful outcomes.

DATA COLLECTION AND SOURCES

Administrative Data

NPC staff members adapted procedures developed in previous drug court evaluation projects for data collection, management, and analysis of the CFC data. Once all data were gathered on the study participants, the data were compiled, cleaned and moved into SPSS 15.0 for statistical analysis. The evaluation team employed univariate and multivariate statistical analyses using SPSS (described in more detail in the data analysis section). The data necessary for the outcome evaluation were gathered from the administrative databases described below and in Table 1.

Table 1. CFC Evaluation Data Sources

Database	Source	Example of Variables
<i>The Oregon Treatment Court Management System (OTCMS)</i>	Jackson County Community Family Court (CFC)	For drug court participants only: Demographics, time spent in drug court, court sessions, drug test results, discharge status.
<i>Department of Corrections (DOC)</i>	Oregon Department of Corrections (DOC)	Start and end dates for parole, probation; Start and end dates for prison time.
<i>Client Progress Monitoring System (CPMS)</i>	Client Progress Monitoring System	Start and end dates for treatment episodes by modality—outpatient and residential treatment, detox
<i>Oregon Judicial Information System (OJIN)</i>	Oregon Judicial Department	Incident dates (arrests), dates of case filings, charges
<i>Adoptions and Foster Care Analysis and Reporting System (AFCARS)</i>	DHS Child Welfare	Start and end dates for foster care, dates of permanency hearings

The Oregon Treatment Court Management System

In 2000, the Oregon Judicial Department (OJD), working with the Oregon Association of Drug Court Professionals (OADCP), secured a Department of Justice Statewide Enhancement Grant to create a data collection system. These funds were used to develop the Oregon Treatment Court Management System (OTCMS), a Management Information System (MIS) that serves as a participant case management tool and program data depository. The OTCMS is currently used by 45 of Oregon's 47 adult, juvenile, and Fostering Attachment Treatment Courts. OTCMS is the primary data source for Oregon drug court process and outcome evaluations as well as the data source for reporting performance measures to the state.

Department of Corrections (DOC)

The DOC database includes information on demographics and service data including the start and end dates and level of supervision for probation, parole, and post-prison supervision. These data were used to examine participant and comparison group criminal justice recidivism and to determine criminal justice recidivism-related costs.

Client Process Monitoring System (CPMS)

CPMS is a statewide alcohol and drug treatment database. The data are kept in two different data systems, one with older data and one with newer data. Data kept in these data systems include demographics, treatment episode start and end dates, and treatment modality. These data were used to examine treatment history and treatment subsequent to FDC participant start dates. The data will also be used in the determination of treatment costs.

Oregon Judicial Information System (OJIN)

OJIN is a case tracking system that stores Oregon State Court case information from multiple sources and counties in a single database. It lists all events related to a case, including all hearings scheduled. It is valuable for demographics, key case dates, and case findings as well as criminal justice recidivism information that includes misdemeanor arrests. These data were used for criminal justice recidivism analyses and related costs.

Adoptions and Foster Care Analysis and Reporting Systems

The State of Oregon uses the Adoptions and Foster Care Analysis and Reporting Systems to manage child welfare data. These data include current child welfare case variables (e.g., allegations, family characteristics, foster care utilization, etc.) and permanency hearing data when reported.

SAMPLE SELECTION

As described above, a selection was made of a sample of individuals who had participated in drug court and a sample of individuals who had not for the comparison group.

Jackson County Drug Court Participant Sample

NPC identified all participants who entered CFC from January 2002 through July 2008. This time interval was chosen to allow at least 12 months of follow-up for every participant post drug court start and included a sufficient sample size to examine up to 4 years of recidivism data. For this time period, there were 329 drug court participants who began the program, including 151 who graduated.

Comparison Group Matching Process

The comparison group was identified from a list of petitions for shelter care obtained from the Jackson County Family Court. The parents with these petitions were eligible for the program but did not enter the CFC due to one of two reasons: because the program became full the first year and they were on a waiting list, or because their petitions occurred before the program was implemented.

Administrative data on criminal history and child welfare involvement were requested on all sample individuals. Based on interviews with drug court staff members responsible for eligibility decisions, the potential comparison group was then examined for other factors that would have made them good candidates for the CFC program. Individuals with appropriate criminal histories and who had an indication of a drug problem in the data provided from child welfare were selected from this list. The CFC and comparison groups were then matched in aggregate on age, gender, ethnicity, indication of prior drug use, number and age of children and criminal history, including prior arrests and prior drug arrests. The final match resulted in a comparison group of 340 individuals with no significant differences in the matching criteria from the CFC group (see Table 2). The variables used for matching were also controlled for in the analyses as appropriate.

DATA ANALYSES

Once all data were gathered on the study participants, the data were compiled and cleaned and moved into SPSS 15.0 for statistical analysis. The evaluation team is trained in a variety of univariate and multivariate statistical analyses using SPSS. The analyses used to answer specific questions are described below. Analyses that examine outcome time periods greater than one year include only participants who have the full outcome time available. For example, analyses that examine outcomes 4 years from drug court entry only include individuals that have 4 full years of outcome time available.

Treatment (T) Outcomes

T1: Do FDC parents enroll in treatment more often than non-FDC parents?

Crosstabs were run to examine differences in enrollment in treatment between drug court and the comparison group. Treatment enrollment was defined as any treatment start dates that began within 2 months before or 12 months after the petition date. Chi-square analyses were used to identify any significant differences in enrollment rates between drug court and comparison group participants.

A logistic regression was also used to determine if there were significant differences due to group over and above any differences in gender, race/ethnicity, age and criminal history (number of arrests in the 2 years prior to drug court start).

T2: Do FDC parents spend more time in treatment than non-FDC parents?

Univariate analysis of variance was performed to compare the mean number of days in treatment for drug court participants and the comparison group in 2 years and 4 years⁵ after drug court start for those individuals who received treatment. (Those individuals who did not receive treatment in the study time period were excluded from this analysis). The means reported were adjusted based on gender, age, ethnicity, and number of prior arrests in the 2 years before drug court start. The non-adjusted means for graduates are included for reference but, as explained above, should not be compared directly with the comparison group.

T3: Do FDC parents complete treatment more often than non-FDC parents?

Crosstabs were run to examine differences in treatment completion rates (i.e., whether or not an individual successfully completed a treatment episode) between drug court and the comparison group in 2 years and 4 years after drug court start (or an equivalent date for the comparison group). Chi-square analyses were used to identify any significant differences in completion rates between drug court and comparison group participants.

A logistic regression was also used to determine if there were significant differences due to group over and above any differences in gender, race/ethnicity, age and criminal history (number of arrests in the 2 years prior to drug court start).

Program Completion (PC)

PC1: How successful is the program in bringing participants to completion and graduation within the expected timeframe?

Whether a program is bringing its participants to completion in the intended timeframe is measured by program graduation (completion), and by the amount of time participants spend in the

⁵ Only individuals with 2 and 4 years of outcome data were included in each respective analysis.

program. Program graduation rate is the percentage of participants who graduated from the program, out of a cohort of participants who have left the program either by graduating or being unsuccessfully discharged. This percentage was compared to the national average drug court graduation rate, and the differences are discussed qualitatively.

To measure whether the program is following its expected timeframe, the average amount of time in the program was calculated for participants who had enrolled in the CFC program between January 2006 and July 2008 and have been discharged from the program. The average length of stay for graduates and for all participants was compared to the intended time to program completion, and the differences are discussed qualitatively.

PC2: What participant characteristics predict successful drug court completion? What predicts non-completion (termination or unsuccessful exit from the drug court program)?

Graduates and unsuccessfully discharged participants were compared on the basis of several characteristics including demographics, number and age of children, arrest history and drug of choice to determine whether any significant patterns predicting program graduation could be found. Chi-square and independent samples t-tests were performed to identify which factors were significantly associated with program success. In addition, a logistic regression was performed to determine if there are specific factors that predict graduation over and above other factors.

Child Welfare (CW) Outcomes

CW1: a. Do children of parents who participate in FDC spend less time in foster care than children whose parents do not participate? b. Are FDC children returned to their parents sooner than non-FDC parents?

Univariate analysis of variance was performed to compare the mean number of days in foster care per child for the children of drug court participants and the comparison group in 2 years and 4 years after the drug court start date (or an equivalent date for the comparison group). The means reported were adjusted based on parent gender, age, ethnicity, and number of prior arrests in the 2 years before drug court start. The non-adjusted means for graduates are included for reference but, as explained above, should not be compared directly with the comparison group.

The same analysis was performed to answer part b of this question using the mean number of days between drug court start and date of disposition (return to parents from foster care) for those parents whose children were removed prior to drug court start.

CW2: Are there differences in the occurrence of different types of permanency decisions (reunification, termination of parental rights, adoption) for children of FDC parents compared to non-FDC parents?

Crosstabs were run to examine differences in rates for various permanency decision types between drug court and the comparison group in the 4 years after drug court start (or an equivalent date for the comparison group). Chi-square analyses were used to identify any significant differences in permanency decisions between drug court and comparison group participants.

A logistic regression was also used to determine if there were significant differences due to group over and above any differences in gender, race/ethnicity, age and criminal history (number of arrests in the 2 years prior to drug court start).

CW3: Do children of FDC parents have better placement stability than children of non-FDC parents? (Do they move from one placement to another less often?)

Univariate analysis of variance was performed to compare the mean number foster care placement changes for the children of all drug court participants and the comparison group in the 4 years after the drug court start date (or an equivalent date for the comparison group). The means reported were adjusted based on parent gender, age, ethnicity, and number of prior arrests in the 2 years before drug court start.

CW4: Do children of FDC parents experience less foster care recidivism than those of non-FDC parents?

Univariate analysis of variance was performed to compare the mean number new foster care start dates for the children of all drug court participants and the comparison group in the 4 years after the drug court start date (or an equivalent date for the comparison group). The means reported were adjusted based on gender, age, ethnicity, and number of prior arrests in the 2 years before drug court start.

Crosstabs were also run to examine differences in foster care recidivism rates between the drug court and the comparison group in the 4 years after drug court start (or an equivalent date for the comparison group). Chi-square analyses were used to identify any significant differences in permanency decisions between drug court and comparison group participants.

Criminal Justice (CJ) Outcomes

CJ1: Do FDC parents have fewer subsequent arrests than non-FDC parents?

CJ2: Do FDC parents have fewer subsequent arrests with drug charges than non-FDC parents?

For Questions CJ1 and CJ2 univariate analysis of variance were performed to compare the mean number of all re-arrests and all re-arrests with drug charges for drug court participants and the comparison group in the 4 years after the drug court start date (or an equivalent date for the comparison group). The means reported were adjusted based on parent gender, age, ethnicity, and number of prior arrests in the 2 years before drug court start. The non-adjusted means for graduates are included for reference but, as explained earlier, should not be compared directly with the comparison group.

In addition, crosstabs were run to examine differences in recidivism rate (the number of individuals re-arrested at least once in the 2-year outcome period) between drug court and the comparison group. Chi-square analyses were used to identify any significant differences in re-arrest rates between drug court and comparison group participants.

A logistic regression was also used to determine if there were significant differences due to group membership over and above any differences in gender, race/ethnicity, age and criminal history (number of arrests in the 2 years prior to drug court start).

Outcome Evaluation Results

Table 2 provides the demographics for the study sample of drug court participants and the comparison group. Independent samples t-tests and chi-square analyses showed no significant differences between groups on the characteristics listed in the table with the exception of race/ethnicity. There were significantly more White individuals in the CFC group and significantly more Latinas in the comparison group. These differences were controlled for statistically in all analyses comparing the two groups.

Table 2. Drug Court Participant and Comparison Group Characteristics

	All Drug Court Participants N = 331	Comparison Group N = 349
Gender	33% male 67% female	38% male 62% female
Ethnicity*		
White	93%	93%
African American	2%	2%
Latina	3%	4%
Parent Mean Age at Drug Court Start	28 years	27 years
Parent Reports Drug Use	93%	92%
Reported Drugs Used		
Alcohol	26%	27%
Methamphetamine	67%	70%
Marijuana	33%	33%
Cocaine	1.3%	0.3%
Had prior treatment (in 2 years before drug court entry)	37%	39%
Average number of arrests in the 2 years prior to program entry	0.7	0.7
Average number of drug arrests in the 2 years prior to program entry	0.3	0.3
Mean Number of Children Per Parent	2.1	2.1
Mean Age of Youngest Child	2.7 years	2.9 years
Mean Age of Oldest Child	4 years	4 years
Parent Accused of Physical Abuse	86%	88%
Parent Accused of Neglect	75%	69%

**Difference is significant at $p=.049$*

As shown in Table 2, two-thirds of the CFC participants and comparison group members are female. The majority are White with a mean age of 27 or 28 years. Approximately 93% reported drug use to child welfare, with the vast majority using methamphetamine. Over one-third reported prior treatment in the past 2 years. The mean number of arrests for drug court participants in the past 2 years was 0.7 while the comparison group mean was 0.4; although this difference was not statistically significant, this variable was controlled for in subsequent analyses. The mean age of the children for these participants was 3 months for the youngest child and 2 years

for the oldest child. Most of these parents (approximately 80%) had allegations of physical abuse and neglect.

TREATMENT OUTCOMES

Treatment Outcome #1: Do FDC parents enroll in treatment more often than non-FDC parents?

YES. According to statewide treatment data, significantly more CFC parents enrolled in treatment in the year after the petition date than non-CFC parents.

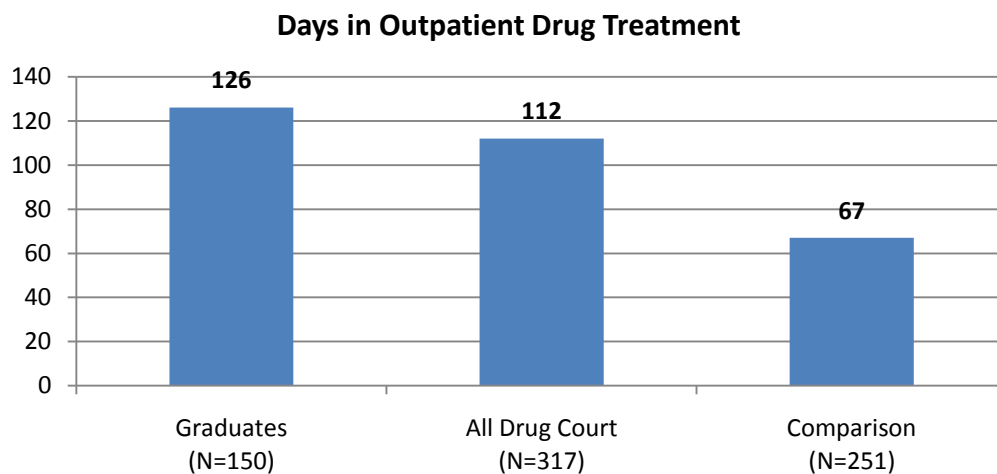
Nearly 85% of drug court participants had treatment episodes recorded in the statewide data during the year after their child welfare petition, while just under 71% of the comparison group also enrolled in treatment during the same time period. (Note that the statewide data are under-reported as all CFC parents actually enroll in treatment, not just 85%. However, it is likely that the under-reporting occurs in the same way for drug court participants and non-drug court participants, so the proportional difference between the drug court and comparison group should be accurate.) This difference in treatment enrollment provides support for the success of the drug court model in one of its main goals of increasing enrollment of drug-involved offenders in treatment.

Treatment Outcome #2: Do FDC parents stay in treatment longer than non-FDC parents?

YES. In the year after drug court entry, the CFC program parents spent nearly twice as long in treatment than parents who did not participate in the program.

As shown in Figure 1, CFC parents spent an average of **112** days in outpatient treatment in the year after drug court entry compared to **67** days for the comparison group ($p < .001$). Graduates spent even longer in treatment (**126** days). Further, CFC parents spent more time in residential treatment than comparison participants (35 days compared to 13 days, respectively) ($p < .001$).

Figure 1. CFC Participants Spent Significantly More Time in Treatment Than Non-CFC Participants



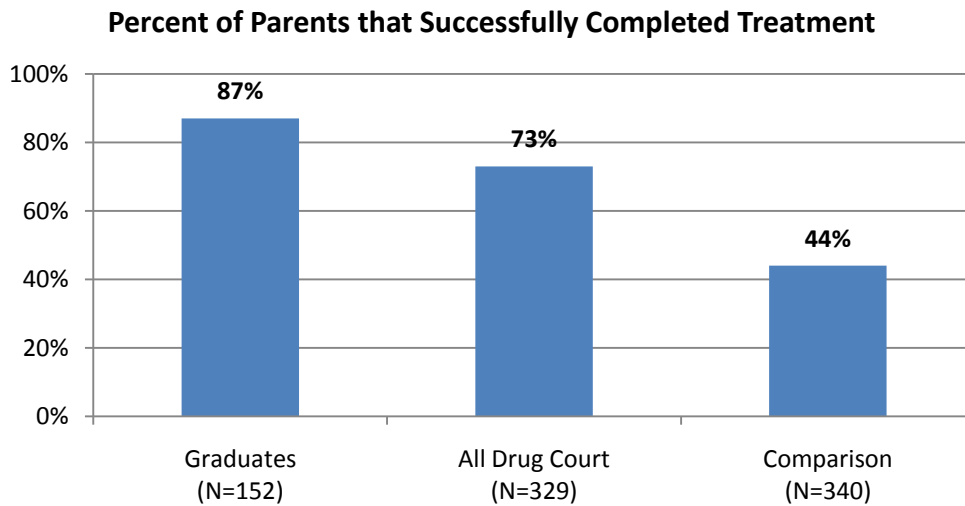
Treatment Outcome #3: Do FDC parents complete treatment more often than non-FDC parents?

YES. Significantly more CFC program parents successfully completed treatment after program entry compared to parents who did not participate in the CFC.

As demonstrated in Figure 2, in a 2-year period after entry into the program, **73%** of CFC parents had completed treatment compared to **44%** of the comparison group. This difference was significant for group ($p < .001$) over and above any differences due to age, race/ethnicity, gender and criminal history. Further, **87%** of CFC graduates showed completed treatment episodes in the statewide data. (Note that since all graduates must complete treatment in order to graduate from the CFC program, the “87%” demonstrates again how treatment episodes are under-reported in the state system).

A key purpose of the drug court model is to use the authority of the court and the judge to keep people in treatment long enough to complete a full course of treatment and for significant behavior change to occur. The result of this analysis shows that the CFC program is fulfilling this purpose in that nearly twice the number of CFC parents complete treatment compared to parents that did not participate in the program.

Figure 2. Significantly More CFC Participants Successfully Completed Treatment Than Non-CFC Participants



PROGRAM COMPLETION

Program Completion #1: How successful is the program in bringing program participants to completion and graduation within the expected timeframe?

Whether a program is bringing its participants to completion in the intended timeframe is measured by program graduation (completion), and by the amount of time participants spend in the program. Program *graduation rate* is the percentage of participants who graduated from the program, out of a cohort of participants who have left the program either by graduating or being unsuccessfully discharged. Since the program’s inception, 55% of drug court program participants completed the CFC program successfully. This is slightly better than the national average of 50% (Cooper, 2000).

Although the CFC's graduation rate is on par with the national average, ideally the intention would be for all participants to successfully complete the program. In order to graduate, participants must comply with the program practices and requirements. Therefore, for programs to increase their graduation rates, they must increase the number of participants that comply with program requirements. One strategy drug court staff can use in dealing with this complex population is to provide additional assistance so participants can learn new skills to successfully meet program requirements. Teams should be asking themselves, "How can we help as many participants as possible comply with program requirements?" For example, if lack of transportation is keeping individuals from making it to treatment sessions, or from submitting UA samples, then investing in some options for transportation may increase participant compliance with the program, allowing them to successfully graduate. To increase graduation rates, drug court teams must consider the challenges participants face, continually review program operations, and adjust as necessary.

To measure whether the program is following its expected timeframe for participant completion, the average amount of days in the program was calculated for participants who had enrolled in the CFC program between January 2002 and July 2008 and have been discharged from the program. The minimal requirements of the CFC would allow for graduation at approximately 12 months from the time the participant enters the program. The average length of stay in drug court for all participants was 423 days (approximately 14 months). Graduates spent an average of 457 days in the program or about 15 months. This is not far from the minimum time necessary to graduate. And since 12 months is actually the *minimum* amount of time, it is to be expected that the actual amount of time is somewhat longer. Participants who did not graduate spent, on average, slightly more than 12 months in the program (383 days). These results show that the CFC program is about on target with its intended length of stay for drug court participants. However, this also shows that, in order to graduate, participants tend to stay in the program longer.

Program Completion #2: What participant characteristics predict program success (graduation)?

Graduates and unsuccessfully discharged participants were compared on demographic characteristics and criminal history to determine whether there were any patterns in predicting successful program completion (graduation). The following analyses included participants who entered the program from January 2006 through July 2008. Of the 88 people who entered the program during that time period, 13 were unsuccessfully discharged from the program and 14 graduated; the remainder are currently still actively participating.

Analyses were performed to determine if there were any demographic, criminal history, drug use history or child welfare characteristics of participants that were related to successful drug court completion, including age, ethnicity, length of time in the program, and number of arrests in the 2 years before drug court entry, prior treatment experience and type of drug. Due to the extremely small number of males, we were not able to determine if gender was related to outcomes. Table 3 shows the results for graduates and non-graduates.

Table 3. Characteristics of CFC Graduates Compared to Non-Graduates

	Graduates (n = 152)	Non-Graduates (n = 126)	Statistically Significant?
% Female	66%	69%	No
Mean age at petition date	28 years	24 years	Yes
% White	72%	79%	No
Mean number of days of program involvement	460	385	Yes
Mean age of child in foster care	5 years	3.5 years	Yes
Mean number of all prior arrests in 2 years before drug court entry	.77	.67	No
Mean number of prior drug arrests in 2 years before drug court entry	.38	.32	No
% who had prior treatment episodes	9%	12%	No
% that use methamphetamines	71%	66%	No
% that use cocaine	7%	0%	No
% that use marijuana	28%	43%	Yes
% that are at risk for domestic violence	64%	59%	No
% that have inadequate housing	36%	22%	Yes
% with allegations of sexual abuse	4%	11%	Yes
% with allegations of physical abuse of child	85%	91%	No

Note: Yes = ($p < .05$). Trend = ($p < .15$)

There were six characteristics that were significantly different between the groups. One was the length of stay in the program; drug court graduates stayed in the program significantly longer than non-graduates. Further analyses showed that, when controlling for differences between drug court graduates and the comparison group, participants had about a 1% increased chance of graduation for each additional day they spent in the program. Other significant differences between the groups included that graduates were older, had older children, were less likely to use marijuana, more likely to have inadequate housing and less likely to have allegations of sexual abuse. The difference in age is consistent with the literature that shows that older offenders tend to “age out” of crime and other bad behaviors and be more ready to change their lives (e.g., <http://law.jrank.org/pages/475/Age-Crime-Variations-in-criminal-careers.html>).

However, participants who had children who had been sexually abused were less likely to graduate. This indicates a possible need for drug court services aimed toward sex abuse, such as counseling for both the parent and child on this topic. In contrast, individuals with inadequate housing were significantly more likely to graduate. The CFC may be particularly helpful to those with housing needs and indicates that housing services are important to assist these individuals in suc-

cessfully completing program requirements. Finally, the use of marijuana is a difficult issue because both of medicinal use allowed in the State of Oregon and the perception by many that marijuana use is not really harmful. The CFC may need to implement some counseling or services particularly for marijuana users in order to help them comply with program requirements.

It is interesting to note that other types of drug used were not a significant predictor of graduation status. This suggests that the program is adequately treating participants with other types of addiction. In particular, although not significant, graduates were more likely to be methamphetamine users, which is consistent with the literature showing that the drug court model (especially the use of rewards and sanctions) is particularly effective in the treatment of methamphetamine addiction (Carey & Perkins, 2008).

CHILD WELFARE OUTCOMES

Child Welfare Outcome #1a: Do children of parents who participate in FDC spend less time in foster care than children whose parents do not participate?

YES. Children of CFC parents spent significantly less time in foster care in the 4 years after drug court entry than children of non-CFC parents.

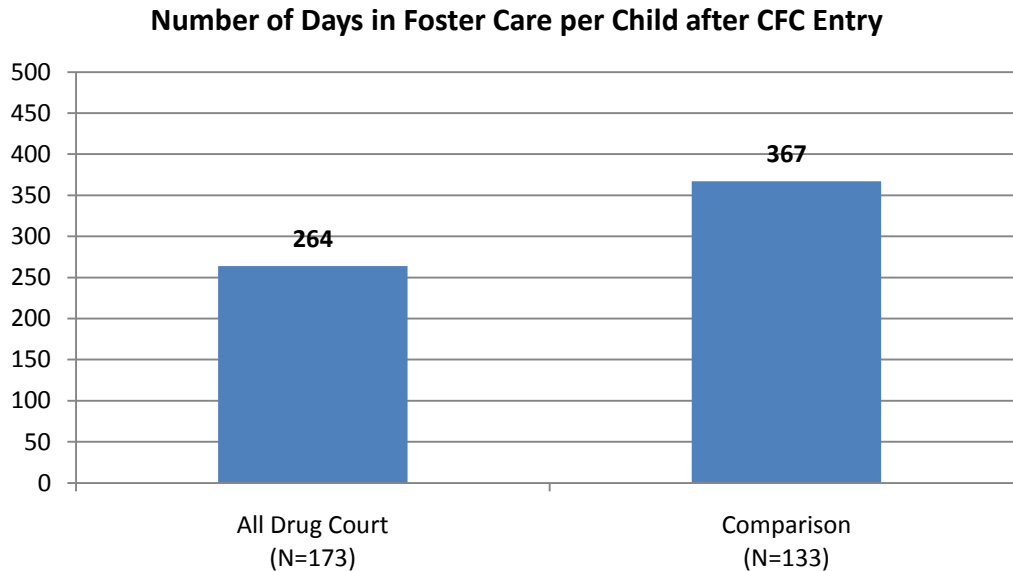
Counting all foster care episodes with start dates that occurred in the 4 years after drug court entry (or the equivalent for the comparison group), children of CFC parents spent an average of **645** days in foster care (307 days per child). In contrast, children of non-CFC parents spent a total of **855** days in foster care (407 days per child) ($P < .05$). Children of graduates spent an average of **368** days in foster care after the drug court start date (175 per child). This provides support for the idea that family drug courts provide parents in the child welfare system with the tools they need to more successfully parent their children.

Child Welfare Outcome #1b: Are FDC children returned to their parents more quickly after drug court start?

YES. Children whose parents participated in the CFC program were returned significantly sooner than children whose parents did not participate.

For those children who were in foster care at the time of drug court entry, children with CFC parents were in care an average of **264** days per child after drug court entry (to the first disposition/reunification date) compared to an average of **367** per child after an equivalent date for children of non-CFC parents ($p < .01$). This indicates that participation in drug court is an efficient use of resources in assisting parents to obtain the treatment and other services they need to qualify for the right to parent their children.

Figure 3. Children of CFC Parents are Returned Significantly Sooner Than Non-CFC Parents



Child Welfare Outcome #2: Are there differences in the occurrence of different types of permanency decisions (reunification, termination of parental rights, adoption) for children of FDC parents compared to non-FDC parents?

YES. CFC parents were reunified with their children significantly more often than non-CFC parents while experiencing significantly fewer adoptions and termination of parental rights.

Within 4 years of drug court entry, 51% of CFC parents were re-unified with at least one of their children compared to 45% of non-CFC parents ($p < .05$). Although the numbers are significant, the actual difference between CFC parents and non-CFC parents is not large. The CFC program may want to examine their process and determine if there are ways to assist more of their participants in satisfying the requirements to get their children back.

Other permanency decisions also showed differences that were statistically significant. Although also not a large difference, in the 4 years after drug court entry (or the equivalent) 20% of non-CFC parents had their parental rights terminated compared to 13% of CFC parents ($p < .05$), and 16% of non-CFC parents had children adopted compared to just 10% of CFC parents ($p < .05$).

These results show a positive difference in permanency decisions for CFC program participants compared to parents that did not attend the program. CFC parents are more likely to be re-unified with their children and, in turn, less likely to have their parental rights terminated and their children adopted by others.

Child Welfare Outcome #3: Do children of FDC parents have better placement stability than children of non-FDC parents? (Do they move from one foster care placement to another less often?)

NO. Children of CFC parents had no fewer placement changes than children of non-CFC parents.

The children of CFC parents and the children of non-CFC parents both experienced an average of 1.2 placement changes per child while in foster care in the 2 years after drug court entry. The num-

ber of changes in foster care placements was very low for both groups. It is possible that the stability of the foster care system in general is high in Jackson County.

Child Welfare Outcome #4: Do FDC parents experience less foster care recidivism than non-FDC parents?

NO. The children of CFC parents had significantly more new foster care episodes compared to non-CFC parents.

The children of CFC parents had an average of 0.69 new foster care episodes in the 2 years after drug court entry compared to 0.33 episodes for the children of non-CFC parents ($P < .01$). The children of CFC parents had double the number of new foster care episodes. It is possible that because the CFC parents are in contact with the court system more frequently than non-CFC parents, that the closer scrutiny leads to more removals, even though the actual length of stay in foster care is shorter for CFC children. However, for both the CFC and comparison group, the number of new foster care events is very low, less than one per parent, meaning that many parents and children in both groups had no new foster care events at all.

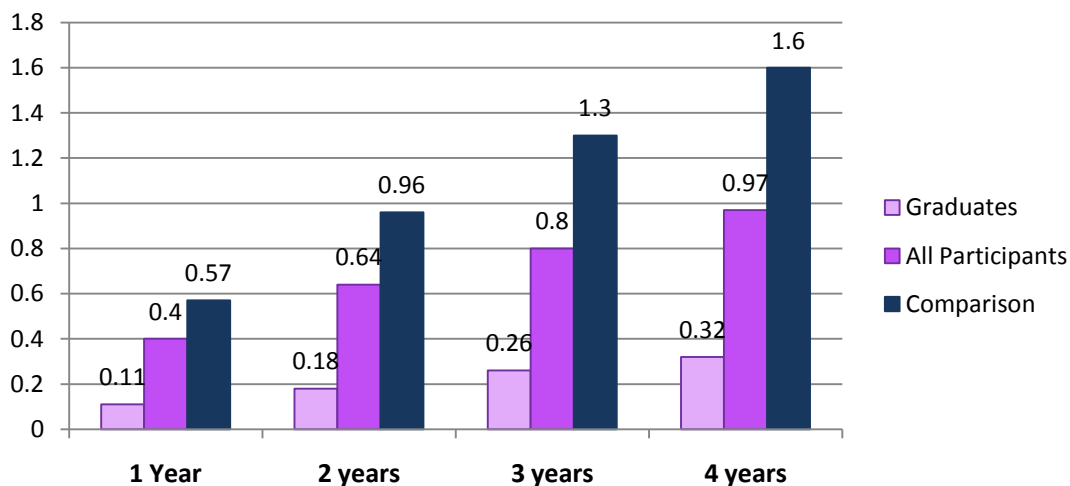
CRIMINAL JUSTICE OUTCOMES

Criminal Justice Outcome #1: Do FDC parents have fewer subsequent arrests than non-FDC parents?

YES. Drug court participants were re-arrested significantly less often than the comparison group over 4 years from drug court entry.

Figure 1 illustrates the average number of re-arrests for 4 years after entering the drug court program for CFC graduates, all CFC participants, and the comparison group. The reported average number of re-arrests was adjusted for age, ethnicity (Caucasian or non-Caucasian), gender, prior arrests, and time at risk to be rearrested.

Figure 4. CFC Participants Were Re-Arrested Less Often Than Non-CFC Participants Over 4 Years

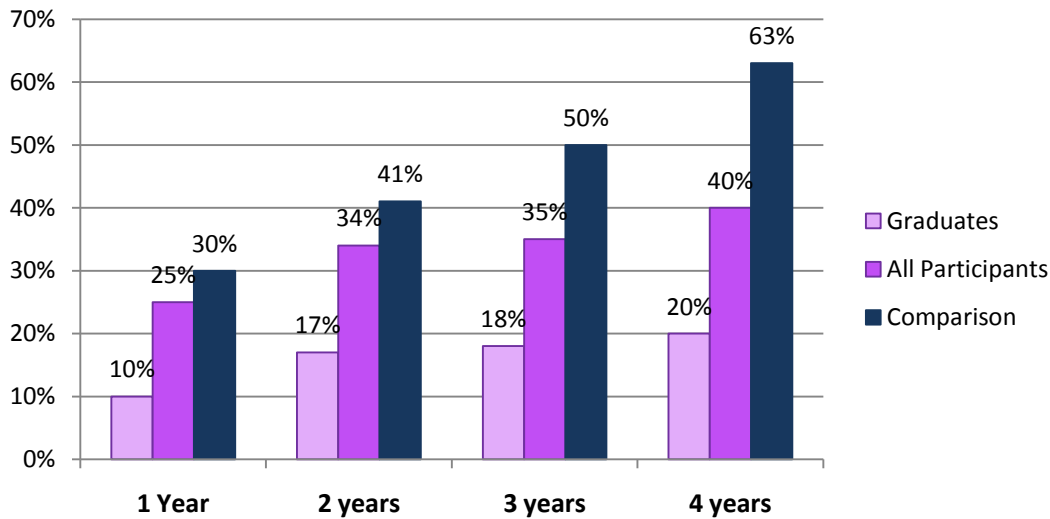


Note: N sizes at 1 year: Graduates n = 150, All Drug Court Participants n = 317, Comparison Group n = 228; N sizes at 2 years: Graduates n = 150, All Drug Court Participants n = 283, Comparison Group n = 189. N sizes at 3 years: Graduates n = 136, All Drug Court Participants n = 243, Comparison Group n = 142. N sizes at 4 years: Graduates n = 104, All Drug Court Participants n = 194, Comparison Group n = 93

As demonstrated in Figure 4, CFC participants had fewer re-arrests than the comparison group every year for 4 years after drug court entry. This difference was statistically significant at every time point ($p < .05$).

Recidivism rates, the percent of individuals re-arrested out of the total, were also significantly lower for drug court participants (See Figure 5). In the first year post drug court entry, only 10% graduates were re-arrested and 25% of all CFC parents were re-arrested, compared to 30% of the non-CFC parents ($p < .05$). Over 4 years, the difference between CFC participants and the comparison group increases. In the fourth year, 20% of the graduates and 40% of all CFC participants were re-arrested, while 63% of non-CFC parents were re-arrested ($p < .01$).

Figure 5. Fewer Drug Court Participants Were Re-Arrested Than the Comparison Group Over 2 Years



Note: N sizes at 1 year: Graduates $n = 150$, All Drug Court Participants $n = 317$, Comparison Group $n = 228$;
 N sizes at 2 years: Graduates $n = 150$, All Drug Court Participants $n = 283$, Comparison Group $n = 189$.
 N sizes at 3 years: Graduates $n = 136$, All Drug Court Participants $n = 243$, Comparison Group $n = 142$
 N sizes at 4 years: Graduates $n = 104$, All Drug Court Participants $n = 194$, Comparison Group $n = 93$

These results demonstrate a clear decrease in re-arrests for parents who participate in the CFC program, providing support that the CFC program is successfully accomplishing one of the key goals of the drug court model, to decrease criminal justice recidivism.

To present a more descriptive picture of the criminality of the groups, arrests were coded as felony or misdemeanor arrests, based on the most serious charge associated with each arrest. In the 4 years following drug court entry, drug court participants were re-arrested less often for all types of arrests.

In every year for 4 years post drug court entry, drug court participants had a significantly lower number of felony re-arrests with felony ($p < .01$) and a lower number of arrests with misdemeanor charges. These findings demonstrate that involvement in the program, regardless of exit status, is associated with a reduction in criminality.

There has been some question about whether drug court programs, which redirect offenders from incarceration into treatment, endanger public safety. These findings demonstrate that involvement

in the program, regardless of exit status, is associated with a reduction in crime compared to traditional court processing.

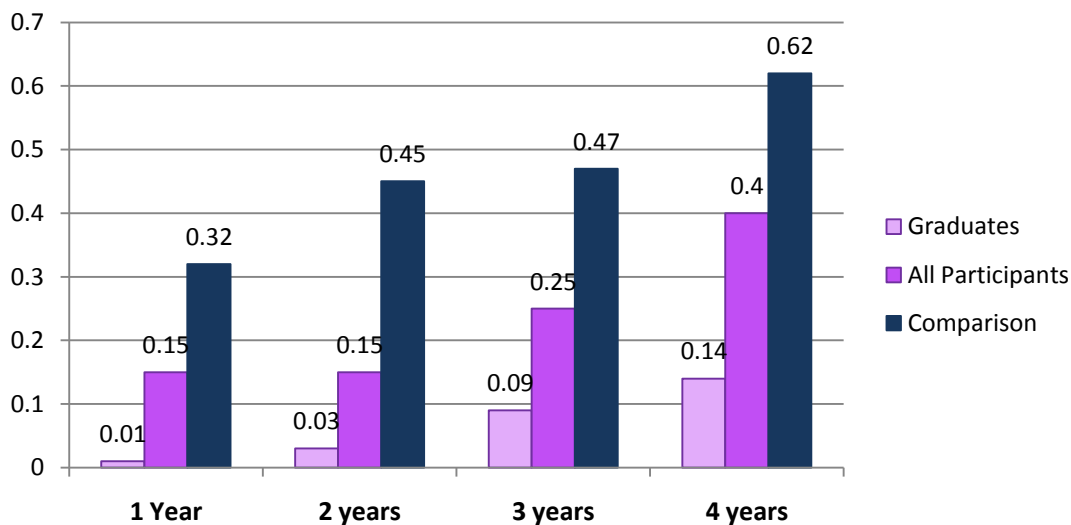
Criminal Justice Outcomes #2: Do FDC parents have fewer subsequent arrests with drug charges than non-FDC parents?

YES. CFC participants had significantly fewer re-arrests with drug charges than the comparison group.

For 4 years after program entry, CFC participants had significantly fewer drug-related re-arrests than individuals in the comparison group ($P < .01$) (See Figure 6). These findings suggest that participation in CFC is associated with a reduction in substance use and drug-related crimes.

Note that the number of re-arrests is very small for both groups, even 4 years after drug court entry there is an average of less than one re-arrest per individual. This is consistent with the typical population of a family drug court, where many participants can have a child welfare case but no criminal involvement at all.

Figure 6. CFC Parents Had Fewer Re-Arrests With Drug Charges Than Non-CFC Parents



Note: N sizes at 1 year: Graduates n = 13, All Drug Court Participants n = 35, Comparison Group n = 34; N sizes at 2 years: Graduates n = 11, All Drug Court Participants n = 20, Comparison Group n = 20.

Outcome Evaluation Summary

The outcome analyses were based on a cohort of CFC participants who entered the drug court program from January 1, 2002, through July 31, 2008, and a comparison group of offenders eligible for the CFC program but who received the traditional family court process.

Overall, the results of the outcome analysis for the Jackson County CFC program are very positive. Compared to child welfare involved parents who experienced traditional family court processes, the CFC program parents (regardless of whether they graduated from the program):

- Spent nearly twice as long in treatment and were almost twice as likely to complete treatment,

- Had their children spend 257 fewer days in foster care (104 fewer per child) in the 4 years after drug court entry,
- Were re-unified with their children more often and significantly sooner,
- Had significantly fewer terminations of parental rights (TPRs),
- Were re-arrested nearly half as often for any charge, and
- Had 33% fewer re-arrests with drug charges over time.

Further analyses showed that the CFC program is keeping participants in the program slightly longer than the intended 12-month length of the program and that graduates were significantly more likely to spend longer (15 months) in the program. In addition, participants who spent less time in the program were more likely to be re-arrested. This suggests that participants benefit from longer time in the program. The graduation rate for the CFC program is 55%, which is slightly above the national average (of 50%) for all drug courts.

Overall, the CFC program has been successful in its main goals of reducing drug use and criminal justice recidivism, reducing time in foster care, and increasing public and child safety.

COST EVALUATION

The main purposes of the cost analysis for this study were to determine the cost of the program and to determine if the costs due to criminal justice, treatment, and child welfare outcomes were lower due to CFC participation. A common misunderstanding in the discussion of cost analysis is the meaning of the term “cost-effective” versus the term “cost-benefit.” A *cost-effectiveness* analysis calculates the cost of a program and then examines whether the program led to its intended positive outcomes without actually putting a cost to those outcomes. For example, a cost-effectiveness analysis of drug courts would determine the cost of the drug court program and then look at whether the number of re-arrests were reduced by the amount the program intended (e.g., a 50% reduction in re-arrests compared to those who did not participate in the program). A *cost-benefit* evaluation calculates the cost of the program and also the cost of the outcomes, resulting in a cost-benefit ratio. For example, the cost of the program is compared to the cost-savings due to the reduction in re-arrests. In some drug court programs, for every dollar spent on the program, over \$10 is saved due to positive outcomes.⁶ This evaluation is a *cost-benefit* analysis.

The CFC cost evaluation was designed to address the following study questions:

1. How much does the CFC program cost? What is the average investment per agency in a CFC case?
2. What is the 4-year cost impact on the treatment, child welfare and criminal justice systems of sending offenders through CFC compared to traditional court processing? What is the average cost of treatment, child welfare and criminal justice recidivism per agency for the CFC group compared to the non-CFC group?
3. What is the cost-benefit ratio for investment in the CFC?

This section of the report describes the research design and methodology used for the cost analysis of the CFC program. The next section presents the cost results in order of the questions listed above.

Cost Evaluation Design and Methodology

COST EVALUATION DESIGN

Transaction and Institutional Cost Analysis

The cost approach utilized by NPC Research is called Transactional and Institutional Cost Analysis (TICA). The TICA approach views an individual’s interaction with publicly funded agencies as a set of *transactions* in which the individual utilizes resources contributed from multiple agencies. Transactions are those points within a system where resources are consumed and/or change hands. In the case of drug courts, when a drug court participant appears in court or has a drug test, resources such as judge time, defense attorney time, court facilities, and urine cups are used. Court appearances and drug tests are transactions. In addition, the TICA approach recognizes that these transactions take place within multiple organizations and institutions that work together to create the program of interest. These organizations and institutions contribute to the cost of each transaction that occurs for program participants. TICA is an intuitively appropriate ap-

⁶ See drug court cost-benefit studies at <http://www.npcresearch.com>

proach to conducting costs assessment in an environment such as a drug court, which involves complex interactions among multiple taxpayer-funded organizations.

Cost to the Taxpayer

In order to maximize the study's benefit to policymakers, a "cost-to-taxpayer" approach was used for this evaluation. This focus helps define which cost data should be collected (costs and avoided costs involving public funds) and which cost data should be omitted from the analyses (e.g., costs to the individual participating in the program).

The central core of the cost-to-taxpayer approach in calculating benefits (avoided costs) for drug court specifically is the fact that untreated substance abuse will cost various tax-dollar funded systems money that could be avoided or diminished if substance abuse were treated. In this approach, any cost that is the result of untreated substance abuse and that directly impacts a citizen (through tax-related expenditures) is used in calculating the benefits of substance abuse treatment.

Opportunity Resources

Finally, NPC's cost approach looks at publicly funded costs as "opportunity resources." The concept of opportunity *cost* from the economic literature suggests that system resources are available to be used in other contexts if they are not spent on a particular transaction. The term opportunity *resource* describes these resources that are now available for different use. For example, if substance abuse treatment reduces the number of times that a client is subsequently incarcerated, the local sheriff may see no change in his or her budget, but an opportunity resource will be available to the sheriff in the form of a jail bed that can now be filled by another person, who, perhaps, possesses a more serious criminal justice record than does the individual who has received treatment and successfully avoided subsequent incarceration.

COST EVALUATION METHODS

The cost evaluation involves calculating the costs of the program and the costs of outcomes (or impacts) after program entry (or the equivalent for the comparison group). In order to determine if there are any benefits (or avoided costs) due to CFC program participation, it is necessary to determine what the participants' outcome costs would have been had they not participated in the CFC. One of the best ways to do this is to compare the costs of outcomes for CFC participants to the outcome costs for similar individuals that were eligible for CFC but who did not participate. The comparison group in this cost evaluation is the same as that used in the preceding outcome evaluation.

TICA Methodology

The TICA methodology is based upon six distinct steps. Table 4 lists each of these steps and the tasks involved.

Step 1 (determining program process) was performed during site visits, through analysis of court and CFC documents, and through interviews with key informants. Step 2 (identifying program transactions) and Step 3 (identifying the agencies involved with transactions) were performed through observation during site visits and by analyzing the information gathered in Step 1. Step 4 (determining the resources used) was performed through extensive interviewing of key informants, direct observation during site visits, and by collecting administrative data from the agencies involved in the CFC. Step 5 (determining the cost of the resources) was performed through interviews with CFC and non-CFC staff and with agency finance officers, as well as analysis of budgets found online or provided by agencies. Step 6 (calculating cost results) involved calculat-

ing the cost of each transaction and multiplying this cost by the number of transactions. All the transactional costs for each individual were added to determine the overall cost per CFC participant/comparison group individual. This is generally reported as an average cost per person for the CFC program, and outcome/impact costs due to re-arrests, jail time and other recidivism costs, as well as treatment and child welfare usage. In addition, due to the nature of the TICA approach, it was also possible to calculate the cost for CFC processing for each agency, as well as outcome costs per agency.

The costs to taxpayers outside of the CFC program consist of those due to new arrests, subsequent court cases, probation and parole time served, jail and prison time served, drug and alcohol treatment, and foster care time. Program costs consist of CFC court sessions, case management, drug tests, and drug and alcohol treatment.

Table 4. The Six Steps of TICA

	Description	Tasks
Step 1:	Determine flow/process (i.e., how program participants move through the system)	Site visits/direct observations of program practice Interviews with key informants (agency and program staff) using a drug court typology and cost guide (See guide on www.npcresearch.com)
Step 2:	Identify the transactions that occur within this flow (i.e., where clients interact with the system)	Analysis of process information gained in Step 1
Step 3:	Identify the agencies involved in each transaction (e.g., court, treatment, police)	Analysis of process information gained in Step 1 Direct observation of program transactions
Step 4:	Determine the resources used by each agency for each transaction (e.g., amount of judge time per transaction, amount of attorney time per transaction, number of transactions)	Interviews with key program informants using program typology and cost guide Direct observation of program transactions Administrative data collection of number of transactions (e.g., number of court appearances, number of treatment sessions, number of drug tests)
Step 5:	Determine the cost of the resources used by each agency for each transaction	Interviews with budget and finance officers Document review of agency budgets and other financial paperwork
Step 6:	Calculate cost results (e.g., cost per transaction, total cost of the program per participant)	Indirect support and overhead costs (as a percentage of direct costs) are added to the direct costs of each transaction to determine the cost per transaction The transaction cost is multiplied by the average number of transactions to determine the total average cost per transaction type These total average costs per transaction type are added to determine the program and outcome costs. (These calculations are described in more detail below)

Cost Evaluation Results

RESEARCH QUESTION #1: PROGRAM COSTS

A. How much does the CFC program cost? B. What is the average investment per agency in an FDC case?

As described in the cost methodology, the Transactional and Institutional Cost Analysis (TICA) approach was used to calculate the costs of each of the transactions that occurred while participants were engaged in the program. Transactions are those points within a system where resources are consumed and/or change hands. Program transactions for which costs were calculated in this analysis included CFC court appearances, case management, drug tests, and drug and alcohol treatment. Only costs to the taxpayer were calculated in this study. All cost results represented in this report are based on fiscal year 2010 dollars.

CFC Transactions

In Jackson County, CFC court sessions include representatives from the Circuit Court, Southern Oregon Public Defender, Court Appointed Special Advocates, Health and Human Services, Department of Human Services, Addictions Recovery Center, Access, Community Works, OnTrack, and Family Nurturing Center. The cost of a CFC *court appearance* (the time during a session when a single participant is interacting with the judge) is calculated based on the average amount of court time (in minutes) each participant uses during the court session. This incorporates the direct costs of each CFC team member present during sessions, the time team members spent preparing for or contributing to the session, the agency support costs, and the overhead costs. The average cost for a single CFC court appearance is **\$190.04** per participant.

Case management is based on the amount of staff time dedicated to case management activities during a regular work week and is then translated into a total cost for case management per participant per day.⁷ The main agency involved in case management for the CFC in Jackson County is DHS, but staff from the Circuit Court, Health and Human Services, Addictions Recovery Center, Access, Community Works, OnTrack, and Family Nurturing Center are also involved. The per day cost of case management is **\$8.83** per participant.

OnTrack and Addictions Recovery Center (ARC) provide the majority of *treatment services* for the CFC. Jackson County Mental Health (part of the county's Health & Human Services) provides individual and family counseling. The Family Nurturing Center (Relief Nursery) provides parent/child groups and parent education support groups. Southern Oregon Goodwill offers the Strengthening Families program. OnTrack provides domestic violence classes and runs the Home Program (for women and children) and the Dad's Program (for men). Three other treatment providers (Kolpia Counseling, Phoenix Counseling, and Genesis Recovery) are rarely used, and Genesis has since gone out of business. If a client used any of these three providers, the Oregon Health Plan (OHP) pays or it is private payment. All other CFC participants have their treatment paid for through the CFC's grant. Since this cost analysis is focused on the cost to taxpayers, the cost of drug treatment shown below is only the amount paid by public funds (non-taxpayer funds such as private insurance were not included). The cost of drug treatment reflects—as closely as possible—the true cost to taxpayers. Using Oregon's Medicare treatment

⁷ Case management can include home visits, meeting with participants, evaluations, phone calls, paperwork, answering questions, consulting with therapists, documentation, file maintenance, residential referrals, and providing resources and referrals for educational and employment opportunities.

reimbursement rate data, the cost per day of *outpatient drug treatment* is **\$15.09**, the cost per day of *outpatient alcohol treatment* is **\$10.57**, the cost per day of *residential drug treatment* is **\$106.00**, and the cost per day of *drug detoxification* is **\$108.64**.

Urinalysis (UA) drug tests are conducted by DHS and OnTrack. DHS provides UA testing at a cost of **\$15.00** per test and *ETG Alcohol testing* at a cost of **\$25.00** per test. OnTrack UAs are also **\$15.00** per test. The UA and ETG Alcohol test costs cover the full cost of materials, salary, support, and overhead associated with the test. Participants do not pay for drug testing.

CFC Program Costs

Table 5 presents the average number of CFC transactions (CFC court appearances, drug tests, etc.) per CFC participant and per CFC graduate, and the total cost for each type of transaction (number of transactions times the cost per transaction) for the case that led to participation in the CFC court program. The sum of these transactions is the total per-participant cost of the CFC program. The table includes the average for CFC graduates (N= 152) and for all CFC participants who had completed the program (N = 278), regardless of graduation or termination status. It is important to include participants who were unsuccessfully discharged as well as those who graduated—all participants use program resources, whether they graduate or not.

Table 5. Average CFC Program Costs per Participant

Transaction	Transaction unit cost	Average number of transactions per CFC graduate	Average cost per CFC graduate (n = 152)	Average number of transactions per CFC participant	Average cost per CFC participant (n = 278)
CFC Court Appearances	\$190.04	12.52	\$2,379	14.36	\$2,729
Case Management	\$8.83	457.16 Days ⁸	\$4,037	423.82 Days	\$3,742
Outpatient Drug Treatment Days	\$15.09	150.16	\$2,266	128.97	\$1,946
Outpatient Alcohol Treatment Days	\$10.57	0.00	\$0	23.92	\$253
Residential Days	\$106.00	38.36	\$4,066	31.72	\$3,362
Detoxification Days	\$108.64	0.00	\$0	0.00	\$0
UA Drug Tests	\$15.00	5.47	\$82	7.69	\$115
Total CFC			\$12,830		\$12,147

Note: Average costs per participant have been rounded to the nearest whole dollar amount.

Table 5 illustrates the per-participant cost to the taxpayer for the CFC. The average cost per participant is \$12,147. Case management is the most expensive transaction for the program

⁸ Case management is calculated by number of days in the program, so the average number of transactions in this case is the average number of days spent in the CFC.

(\$3,742), but that is not unusual given that intense case management and supervision of participants is one of the essential elements of drug courts. Residential treatment (\$3,362) is the next most expensive transaction for the program, followed by drug court appearances and outpatient drug and alcohol treatment.

Costs per Agency

Another useful way to examine costs is to quantify them by agency. Table 6 provides per-participant costs by agency for the CFC program. The largest proportion of program costs belongs to treatment, which includes the residential and outpatient drug and alcohol treatment providers mentioned in the drug court transactions section above. Because DHS does the drug testing and the majority of case management, it reasonably follows that it also shoulders a large proportion of program costs. The Circuit Court also has a significant portion of total program costs, due to the Court’s involvement in drug court sessions and case management.

Table 6. Average Cost of the CFC Program per Participant by Agency

Agency	Average cost per CFC graduate	Average cost per CFC participant
Circuit Court	\$1,303	\$1,392
DHS	\$3,680	\$3,653
Health and Human Services	\$329	\$320
Addictions Recovery Center	\$189	\$188
Access, Inc.	\$216	\$215
Community Works	\$211	\$210
OnTrack, Inc.	\$359	\$385
CASA	\$87	\$99
Family Nurturing Center	\$66	\$67
Southern Oregon Public Defender, Inc.	\$58	\$57
Treatment	\$6,332	\$5,561
Total⁹	\$12,830	\$12,147

Note: Average agency costs per participant have been rounded to the nearest whole dollar amount.

Local Versus State Costs for the Program

State policy leaders and administrators may find it useful to examine programs costs by jurisdiction (state or local/county). The financial impacts for Jackson County and the State of Oregon are estimated because some agencies are partially state funded and partially funded by local or private sources. Given that DHS, the Circuit Court, and most treatment are state-funded, the majority of CFC program costs accrue to the State of Oregon (87% or \$10,606 per participant). The local or

⁹ Totals in this row may not match the totals in the program costs by transaction table due to rounding.

Jackson County portion of CFC program costs are mainly due to the case management and drug court session involvement of the remaining agencies (13% or \$1,541 per participant).

RESEARCH QUESTION #2: OUTCOME/RECIDIVISM COSTS

- A. What is the 4-year cost impact on criminal justice, treatment, and the child welfare system of sending offenders through CFC compared to traditional court processing? B. What is the average cost of criminal justice, treatment, and child welfare recidivism per agency for the CFC group compared to the non-CFC group?**

Impact Costs

This section describes the cost outcomes experienced by CFC parents after participation in the CFC program and non-CFC parents after traditional court processing. This includes all data available on both groups starting from drug court entry (or the equivalent for the non-CFC group).¹⁰ The criminal justice outcome transactions examined include re-arrests, subsequent court cases, probation time, parole time, jail time, and prison time. The treatment outcome transactions include outpatient drug treatment days, outpatient alcohol treatment days, residential treatment days, and detoxification days. The child welfare system outcome transaction is foster care days (NPC was unable to acquire reliable data on the number of child welfare case days, so they were not included in this analysis). Outcome costs were calculated for 4 years from the time of program entry for both groups (the mean number of days between petition and CFC entry for the CFC sample was added to the petition dates for comparison group members so that an equivalent “program entry” date could be calculated for the comparison group). For each outcome transaction, the same data sources were used for both groups to allow for a valid outcome cost comparison. Lower costs for CFC participants compared to offenders who did not participate in CFC (comparison group members) indicate that the program is providing a return on investments in the CFC.

The outcome costs experienced by CFC graduates are also presented below. Costs for graduates are included for informational purposes but should not be directly compared to the comparison group. If the comparison group members had entered the program, some may have graduated while others would have terminated. CFC graduates as a group are not the same as a group made up of both potential graduates and potential non-graduates.

The outcome costs discussed below were calculated using information gathered by NPC from the Oregon Judicial Department, Jackson County Circuit Court, Jackson County District Attorney, Southern Oregon Public Defender, Inc., Oregon Department of Human Services, Jackson County Community Justice, Jackson County Sheriff’s Office, Medford Police Department, Ashland Police Department, the Oregon Client Process Monitoring System (CPMS), and Oregon Department of Corrections.

The methods of calculation were carefully considered to ensure that all direct costs, support costs, and overhead costs were included as specified in the TICA methodology followed by NPC. It should be noted that because this methodology accounts for all jurisdictional and agency institutional commitments involved in the support of agency operations, the costs that appear in NPC’s analysis may not correspond with agency operating budgets. This primarily results from the situation in which transactions include costs associated with resource commitments from

¹⁰ This results in counting treatment episodes for the drug court group that were also counted in the program costs presented in the previous section, therefore the previous program costs should not be directly compared to the outcome costs in this section to avoid double counting. This is discussed further in the section on cost-benefit ratio.

multiple agencies. The resource commitments may take the form of fractions of human and other resources that are not explicated in source agency budget documents.

Finally, note that some possible costs or cost savings related to the program are not considered in this study. These include the number of drug-free babies born, health care expenses, and CFC participants legally employed and paying taxes. The gathering of this kind of information is generally quite difficult due to HIPAA confidentiality laws and the fact that much of the data related to this information are not collected in any one place, or collected at all. Although NPC examined the possibility of obtaining these kind of data, it was not feasible within the timeframe or budget for this study. In addition, the cost results that follow do not take into account other less tangible outcomes for participants, such as improved relationships with their families and increased feelings of self-worth. Although these are important outcomes to the individual participants and their families, it is not possible to assign a cost to this kind of information. (It is priceless). Other studies performed by NPC have taken into account health care and employment costs. For example, Finigan (1998) performed a cost study in the Multnomah County, Oregon, adult drug court which found that for every dollar spent on the drug court program, \$10 was saved due to decreased criminal justice recidivism, lower health care costs and increased employment.

Impact Transactions

Following is a description of the transactions included in the outcome cost analysis. Some of these same transactions were already described in the program costs above.

The majority of *arrests* in Jackson County are conducted by the Jackson County Sheriff's Office, Medford Police Department, and Ashland Police Department. The cost models of arrest episodes in the County were constructed from *activity and time* information provided by representatives of the Sheriff's Office and the two Police Departments. The models of arrest practice were combined with salary, benefits and budgetary information for each agency to calculate a cost-per-arrest episode for each agency. The cost of a single arrest is \$217.55 for the Jackson County Sheriff's Office, \$197.67 for the Medford Police Department, and \$201.96 for the Ashland Police Department. NPC used an average of the three costs for this analysis, or **\$205.73**.

To construct the cost model for *court cases*, the budgets of the Jackson County Circuit Court, the Jackson County District Attorney and the Southern Oregon Public Defender, Inc. were analyzed. Caseload data from the Oregon Judicial Department were also used in determining the cost of a court case. The cost of an average court case was found to be **\$2,610.18**. These costs take into account a broad range of cases, from dismissal through trials.

Adult *probation and parole services* in Jackson County are provided by Community Justice. Through an interview with a representative of Community Justice, the *probation and parole supervision* cost per day in Jackson County was determined to be **\$13.48**.

Jail days are provided by the Jackson County Sheriff's Office, Corrections Division at the Jackson County Jail. Jail bed days are **\$73.00** per person per day. This rate was obtained from a representative of the Sheriff's Office. The rate includes all staff time, food, medical, booking, and support/overhead costs.

Prison days are provided by the Oregon Department of Corrections. Prison days are **\$77.78** per person per day. This rate was obtained from the Quick Facts link on the Department of Corrections' Web site.

The cost of **drug and alcohol treatment** shown below is only the amount paid by public funds (non-taxpayer funds such as private insurance were not included). Using Oregon’s CPMS treatment cost data found online, the cost per day of **outpatient drug treatment** is **\$15.09**, the cost per day of **outpatient alcohol treatment** is **\$10.57**, the cost per day of **residential drug treatment** is **\$110.15**, and the cost per day of **drug detoxification** is **\$108.64**.

Foster care days are provided by the Oregon Department of Human Services, Children, Adults and Families Division. Using DHS base-rate foster care payments (per child per month) for three age ranges found online, the average rate for foster care is **\$24.01** per day.

Child welfare case days are provided by the Oregon Department of Human Services, Children, Adults and Families Division. Using budget and caseload information provided by a representative of DHS, child welfare cases are **\$40.78** per day. NPC was unable to acquire reliable administrative data on the number of child welfare case days, so these were not included in the analysis.

Impacts and Impact Cost Consequences

Table 7 represents the outcome events for CFC graduates, all CFC participants (both graduates and non-graduates), and the comparison group over a period of 4 years.

Table 7. Average Number of Outcome Transactions per CFC and Comparison Group Member in 4 Years

Transaction	CFC graduates (n = 124)	CFC participants (n= 223)	Comparison group (n= 171)
Arrests (Case Filings)	0.37	0.90	1.45
Court Cases	0.37	0.90	1.45
Probation and Parole Days	132.58	172.56	313.61
Jail Days	0.33	2.14	3.21
Prison Days	2.34	13.18	18.75
Outpatient Drug Treatment Days	185.21	179.83	127.22
Outpatient Alcohol Treatment Days	35.27	41.64	10.36
Residential Treatment Days	59.69	49.8	24.79
Detoxification Days	0.00	0.06	0.23
Foster Care Days	396.04	625.02	853.78

CFC participants show smaller numbers across every transaction except for outpatient drug and alcohol treatment days, and residential treatment days. CFC participants had fewer arrests, court cases, probation/parole days, jail days, prison days, detoxification days, and foster care days than individuals in the comparison group. From these results an interpretation can be reasonably asserted that participation in CFC is associated with positive effects in program participant outcomes in comparison to similar offenders who did not participate in the program.

Table 8 represents the cost consequences associated with the criminal justice system outcomes for CFC graduates, the CFC group, and comparison group.

Table 8. Criminal Justice System Outcome Costs per CFC and Comparison Group Member Over 4 Years

Transaction	Transaction unit cost	CFC graduates (n = 124)	CFC participants (n= 223)	Comparison group (n= 171)
Arrests	\$205.73	\$76	\$185	\$298
Court Cases	\$2,610.18	\$966	\$2,349	\$3,785
Probation and Parole Days	\$13.48	\$1,787	\$2,326	\$4,227
Jail Days	\$73.00	\$24	\$156	\$234
Prison Days	\$77.78	\$182	\$1,025	\$1,458
Total		\$3,035	\$6,041	\$10,002

Table 8 reveals that CFC participants cost less for every criminal justice system transaction due to lower recidivism. There is a criminal justice system savings of \$3,961 over 4 years by choosing CFC participation over traditional court processing. The cost for court cases and probation/parole days are the most expensive transactions for CFC participants and for CFC graduates, as well as for the comparison group.

Table 9 represents the cost consequences associated with the treatment system outcomes for CFC graduates, the CFC group, and comparison group.

Table 9. Treatment Outcome Costs per CFC and Comparison Group Member Over 4 Years

Transaction	Transaction unit cost	CFC graduates (n = 124)	CFC participants (n= 223)	Comparison group (n= 171)
Outpatient Drug Treatment Days	\$10.57	\$2,795	\$2,714	\$1,920
Outpatient Alcohol Treatment Days	\$15.09	\$373	\$440	\$110
Residential Treatment Days	\$110.15	\$6,575	\$5,485	\$2,731
Detoxification Days	\$108.64	\$0	\$7	\$25
Total		\$9,743	\$8,646	\$4,786

Table 9 reveals that the treatment costs for CFC participants were \$3,860 more over 4 years than the comparison group. This is not surprising given that frequent and intensive treatment is one of the primary goals of the CFC program. The cost for residential treatment is the most expensive transaction for all three groups.

Table 10 represents the cost consequences associated with the child welfare system outcomes for CFC graduates, the CFC group, and comparison group.

Table 10. Child Welfare System Outcome Costs per CFC and Comparison Group Member Over 4 Years

Transaction	Transaction unit cost	CFC graduates (n = 124)	CFC participants (n= 223)	Comparison group (n= 171)
Foster Care Days	\$24.01	\$9,509	\$15,007	\$20,499

Table 10 reveals that CFC participants cost 25% less than the comparison group, due to lower foster care use. There is a child welfare system outcome cost savings of \$5,492 over 4 years in choosing CFC participation over traditional court processing. CFC graduates cost about half of the comparison group (a savings of \$10,990 over 4 years) and a third less than all CFC participants (a savings of \$5,498 over 4 years).

Table 11 represents the cost consequences associated with the combined criminal justice, treatment, and child welfare system outcomes for CFC graduates, the CFC group, and comparison group.

Table 11. Overall Impact Costs per CFC and Comparison Group Member Over 4 Years

Transaction	Transaction unit cost	CFC graduates (n = 124)	CFC participants (n= 223)	Comparison group (n= 171)
Arrests	\$205.73	\$76	\$185	\$298
Court Cases	\$2,610.18	\$966	\$2,349	\$3,785
Probation and Parole Days	\$13.48	\$1,787	\$2,326	\$4,227
Jail Days	\$73.00	\$24	\$156	\$234
Prison Days	\$77.78	\$182	\$1,025	\$1,458
Outpatient Drug Treatment Days	\$10.57	\$2,795	\$2,714	\$1,920
Outpatient Alcohol Treatment Days	\$15.09	\$373	\$440	\$110
Residential Treatment Days	\$110.15	\$6,575	\$5,485	\$2,731
Detoxification Days	\$108.64	\$0	\$7	\$25
Foster Care Days	\$24.01	\$9,509	\$15,007	\$20,499
Total		\$22,287	\$29,694	\$35,287

Table 11 reveals that CFC participants cost less for every transaction, except for drug and alcohol treatment, due to lower criminal justice recidivism and lower foster care use.

The total average cost savings after 4 years is **\$5,593** per CFC participant, regardless of whether or not the participant graduates. If the CFC program continues in its current capacity of serving a cohort of 50 new participants annually, this savings of \$1,398 per participant per year (\$5,593 divided by 4) results in a yearly savings of **\$69,900** per cohort year, which can then continue to

be multiplied by the number of years the program remains in operation and by the number of cohorts over time. If the CFC expands to include greater numbers of participants, this savings will also grow. This savings continues to grow for participants every year after program entry. If savings continue at the same rate, after 5 years the taxpayer savings *per yearly cohort* will total **\$349,500**.

Outcome Costs by Agency

Of particular interest to state and local policymakers and managers are the financial impacts on the agencies that support the operation of the CFC program. Table 12 represents these financial impacts for agencies of Jackson County and the State of Oregon.

Table 12. Criminal Justice System Outcome Costs by Agency per CFC and Comparison Group Member Over 4 Years

Jurisdiction/Agency	CFC graduates (n = 124)	CFC participants (n= 223)	Comparison group (n= 171)	Difference (Benefit)
Jackson Circuit Court	\$483	\$1,173	\$1,891	\$718
Jackson District Attorney	\$291	\$708	\$1,141	\$433
Southern Oregon Public Defender, Inc.	\$192	\$468	\$753	\$285
Oregon Department of Corrections	\$182	\$1,025	\$1,458	\$433
Jackson Community Justice	\$1,787	\$2,326	\$4,227	\$1,901
Law Enforcement Agencies ¹¹	\$100	\$341	\$533	\$192
Treatment	\$9,742	\$8,646	\$4,785	(-\$3,861)
Oregon DHS	\$9,509	\$15,007	\$20,499	\$5,492
Total¹²	\$22,286	\$29,694	\$35,287	\$5,593

As shown in Table 12, cost savings are realized as the result of the CFC for every agency impacted by the program, except for treatment. In terms of their comparative outcome experiences, CFC participants are shown to cost **\$5,593** (or **15.85%**) less per participant than members of this study’s comparison group. Due to low rates of recidivism and less usage of foster care, CFC graduates show outcome costs of \$22,286 (\$7,408 less than all CFC participants and \$13,001 less than the comparison group) after 4 years. Figure 7 provides a graph of the costs for each group over 4 years.

¹¹ Law enforcement agencies consist of the Jackson County Sheriff’s Office, Medford Police Department, and Ashland Police Department.

¹² Totals in this row may not match the totals in the outcome costs by transaction table due to rounding.

Figure 7. Outcome Cost Consequences per Person: CFC Participants and Comparison Group Members Over 4 Years

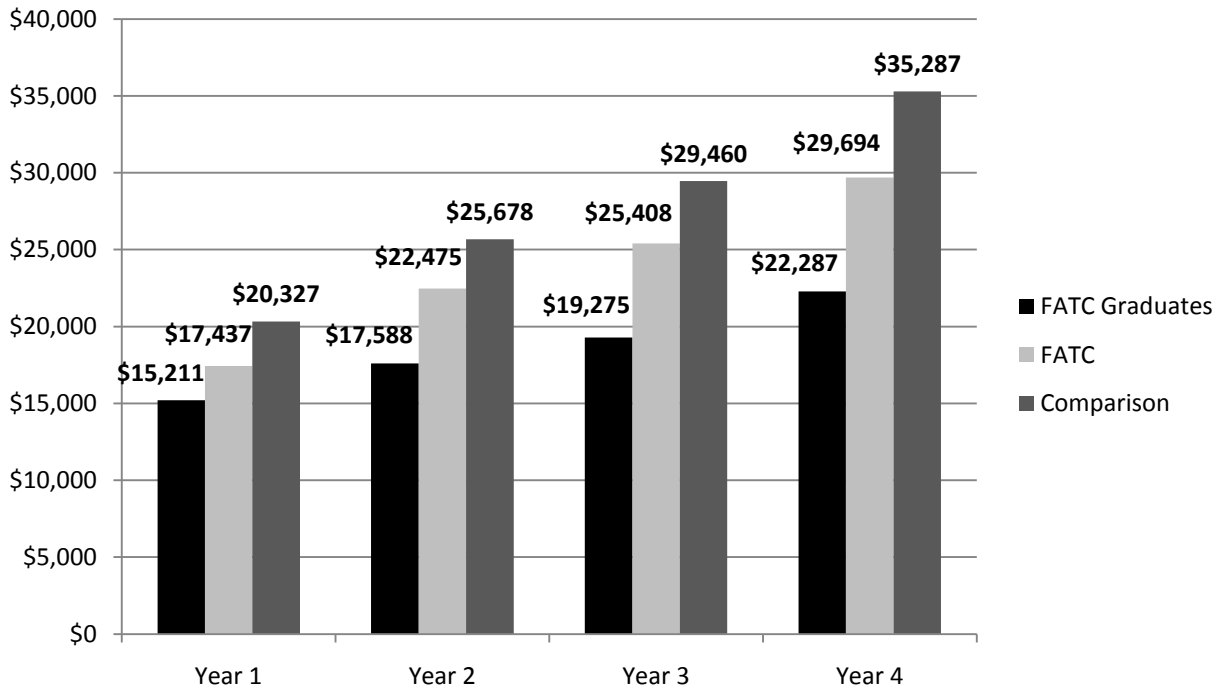
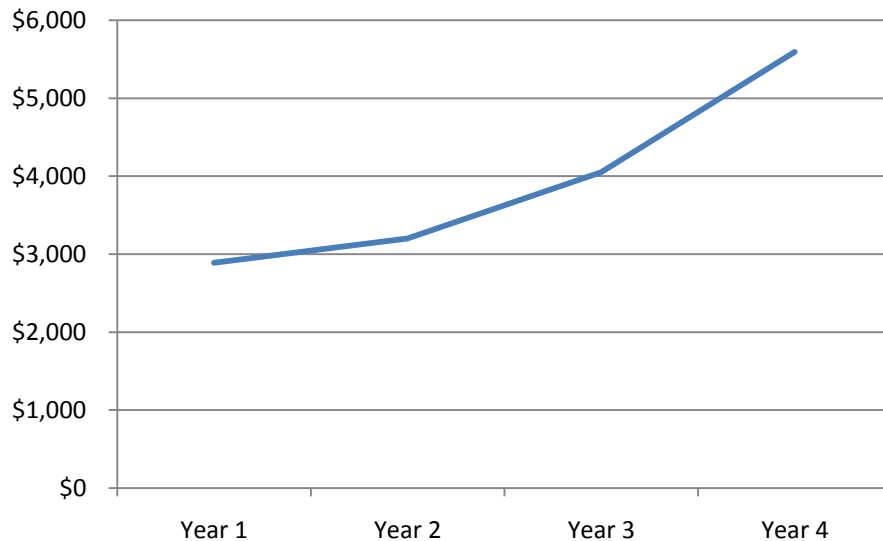


Figure 8 displays a graph of the cost savings (the difference between the CFC participants and the comparison group) over the 4 years post-CFC entry. The savings rate increases with each year, going from just under \$3,000 in Year 1 to over \$5,500 in savings by Year 4. (Note, however, that these are not the same participants over time, but represent those who had 1, 2, 3, and 4 years of follow-up time, respectively.)

Figure 8. Cost Savings per CFC Participant for 4 Years Post-CFC Entry

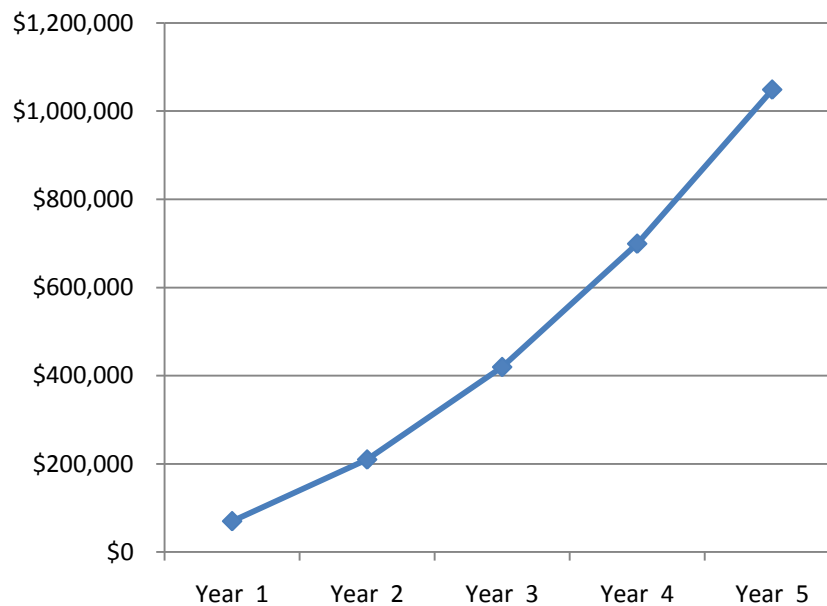


The cost savings illustrated in Figure 8 are those that have accrued in just the 4 years since program entry. Many of these savings are due to positive outcomes while the participant is still in the program. Therefore, it is reasonable to state that savings to the state and local criminal justice systems, treatment, and the child welfare system are generated from the time of participant entry into the program.

If CFC participants continue to have positive outcomes in subsequent years (as has been shown in other drug courts, e.g., Carey et al., 2005; Finigan et al., 2007) then these cost savings can be expected to continue to accrue over time, repaying the program investment costs and providing further savings in opportunity resources to public agencies.

This savings will also continue to grow with the number of participants that enter each year. If the CFC program continues to enroll a cohort of **50** new participants annually, the savings of \$5,593 per participant over 4 years results in an annual savings of **\$69,900** per cohort, which can then be multiplied by the number of years the program remains in operation and for additional cohorts per year. This accumulation of savings is demonstrated in Figure 9. After 5 years, the accumulated savings come to over **\$1 million**.

Figure 9. Outcome Cost Savings Over 5 Years



As the existence of the program continues, the savings generated by CFC participants due to decreased substance use, decreased criminal activity, and decreased foster care usage can be expected to continue to accrue, repaying investment in the program and beyond. Taken together, these findings indicate that the CFC is both beneficial to CFC participants and beneficial to Oregon taxpayers.

RESEARCH QUESTION #3: COST-BENEFIT RATIO

What is the cost-benefit ratio of the CFC?

Of particular interest to state and local policymakers is the cost-benefit ratio of the CFC program, that is, the return on investment. The final assessment of the cost differences between the CFC approach and traditional court processing requires a matching of outcome costs to investment costs. This is usually expressed as the “cost-benefit ratio” (or for every dollar invested in the program, how much is returned?). This ratio changes over time, as outcomes and associated costs continue to accrue. In Jackson County, the CFC program costs \$6,586 per person (subtracting outpatient drug and alcohol treatment, residential treatment, and detoxification days, as these are included in the outcome costs from the time of CFC entry). This investment, combined with the benefits due to positive outcomes, results in a projected cost-benefit ratio of 1:1.06 after 5 years. As described earlier in this report, if other system costs were included, such as health care, welfare and employment system costs, the cost-benefit ratio might increase dramatically. For example, Finigan’s (1998) study of the STOP drug court in Multnomah County found a cost-benefit ratio of 1:10. That is, for every dollar spent on the program, \$10 was saved in public costs.

Cost-Benefit Summary

Overall, the Jackson County CFC results in significant cost savings and a return on taxpayer investment in the program. The program investment cost is \$12,147 (including treatment) per CFC participant. The cost due to recidivism, treatment, and foster care usage over 4 years from program entry was \$29,694 per CFC participant compared to \$35,287 per comparison individual, resulting in a savings of \$5,593 per participant (regardless of whether they graduate). The majority of the cost in outcomes for CFC participants over the 4 years from program entry was due to foster care (\$15,007). In sum, the CFC program had:

- A criminal justice, treatment, and child welfare system cost savings of **\$5,593** over 4 years
- A projected 106% return on its investment after 5 years (a 1:1.06 cost-benefit ratio).

The return on investment will continue to grow every year as participants continue to avoid re-offending. There is a clear benefit to the taxpayer in terms of criminal justice, treatment, and child welfare system related costs in choosing the CFC process over traditional court processing.

OVERALL EVALUATION SUMMARY

In late 2008, NPC Research was contracted by the Oregon State Police and the Criminal Justice Commission to conduct the third year evaluations of 11 drug courts funded by the Byrne Methamphetamine Reduction Grant Project. NPC conducted *Drug Court Foundations* (process) evaluations of 11 adult, juvenile, and Fostering Attachment Treatment Court sites. In addition, as a part of this project, NPC performed full process, outcome and cost-benefit evaluations of the Jackson and Marion County Family Dependency Court Programs. This report contains the process, outcome and cost evaluation for the Jackson County Community Family Court.

Process Evaluation. The Jackson County Community Family Court was implemented in July 2001. This program is designed to take a minimum of 12 months from participant entry to graduation, and the average time in program for graduates is 14 months. The general program population consists of parents with admitted substance abuse allegations whose children are wards of the court. Team members include three judges, coordinator, prosecutor, defense attorney, treatment providers, DHS child protection representatives, case managers, domestic violence advocate, housing advocate, Court Appointed Special Advocates (CASAs), and CASA volunteer coordinator.

The 10 Key Components of drug court provided a useful framework for assessing many family drug court processes. Overall, the Jackson County Family Drug Court has successfully implemented its drug court program within the guidelines of the 10 Key Components. The CFC team includes representatives from a range of collaborating agencies and has one central agency coordinating treatment. The DHS Child Welfare caseworkers appear to collaborate effectively with program staff and to take a non-adversarial approach during team meetings and court sessions. The CFC offers specialized services to program participants including a successful drug use monitoring system. The judges have frequent and consistent contact with program participants and maintain individual caseloads so that each participant is assigned to one judge. This program is successfully collecting the majority of drug court data necessary for case management and evaluation in the Oregon Treatment Court Management System (OTCMS) database. Finally, this program has successfully established partnerships with community agencies.

Although this program is operating well, NPC's review of program operations resulted in some recommendations for program enhancements including suggestions for decreasing the time from participant referral to program entry, decreasing the turnaround time for drug test results, and increasing the amount and frequency of training for the drug court team.

Outcome Evaluation. The outcome analyses were based on a cohort of CFC participants who entered the drug court program from January 1, 2002, through July 31, 2008, and a comparison group of offenders eligible for the CFC program but who received the traditional family court process.

Overall, the results of the outcome analysis for the Jackson County CFC program are very positive. Compared to child welfare involved parents who experienced traditional family court processes, the CFC program parents (regardless of whether they graduated from the program):

- Spent nearly twice as long in treatment and were almost twice as likely to complete treatment,

- Had their children spend 257 fewer days in foster care (104 fewer per child) in the 4 years after drug court entry,
- Were re-unified with their children more often and significantly sooner,
- Had significantly fewer terminations of parental rights (TPRs),
- Were re-arrested nearly half as often for any charge,
- Had 33% fewer re-arrests with drug charges over time.

Overall, the outcome results for the CFC show that the drug court program has been successful in its main goals of reducing drug use and recidivism (both criminal justice and foster care recidivism) among its participants and increasing public and child safety.

Cost Evaluation: investment in the program. The program investment cost is \$12,147 (including treatment) per CFC participant. The cost due to recidivism, treatment, and foster care usage over 4 years from program entry was \$29,694 per CFC participant compared to \$35,287 per comparison individual, resulting in a savings of \$5,593 per participant (regardless of whether they graduate). The majority of the cost in outcomes for CFC participants over the 4 years from program entry was due to foster care (\$15,007). In sum, the CFC program had:

- A criminal justice, treatment, and child welfare system cost savings of **\$5,593 per participant** over 4 years
- A 106% return on its investment after 5 years (a 1:1.06 cost-benefit ratio)

There is a clear benefit to the participants, and to society in positive outcomes, and to the taxpayer in terms of criminal justice, treatment, and child welfare system related costs in choosing the CFC process over traditional court processing.

REFERENCES

- Carey, S. M., & Finigan, M. W. (2004). A detailed cost analysis in a mature drug court setting: A cost-benefit evaluation of the Multnomah County Drug Court. *Journal of Contemporary Criminal Justice*, 20(3), 315-338.
- Carey, S. M., Marchand, G. & Waller, M. S. (2006). *Clackamas County Juvenile Drug Court Enhancement Cost Evaluation Final Report*. Submitted to OJDDP. Full text of report can be found at <http://www.npcresearch.com>.
- Carey, S. M., Finigan, M. W., & Pukstas, K. (2008). *Exploring the Key Components of Drug Courts: A Comparative Study of 18 Adult Drug Courts on Practices, Outcomes and Costs*. Submitted to the U. S. Department of Justice, National Institute of Justice, May 2008. NIJ Contract 2005M114.
- Carey, S. M., Finigan, M. W., Waller, M. S., Lucas, L. M., & Crumpton, D. (2005). *California drug courts: A methodology for determining costs and benefits, Phase II: Testing the methodology, final report*. Submitted to the California Administrative Office of the Courts, November 2004. Submitted to the USDOJ Bureau of Justice Assistance in May 2005.
- Carey, S. M., & Perkins, T. (2008). *Methamphetamine Users in Missouri Drug Courts: Program Elements Associated with Success*, Final Report. Submitted to the Missouri Office of the State Court Administrator, November 2008.
- Carey, S. M., Pukstas, K., Waller, M. S., & Finigan, M. W. (2008). *Drug Courts and State Mandated Drug Treatment Programs: Outcomes, Costs and Consequences*. Submitted to the U.S. Department of Justice, National Institute of Justice.
- Carey S. M., Waller, M. S., & Weller, J. M. (2010 in process). *California Drug Court Cost Study: Phase III: Statewide Costs and Promising Practices, final report*. To be submitted to the California Administrative Office of the Courts.
- Center for Substance Abuse Treatment (2004). *Family dependency treatment courts: Addressing child abuse and neglect cases using the drug court model*. Bureau of Justice Assistance: Washington, DC.
- Cooper, C. (2000). *2000 drug court survey report: Program operations, services and participant perspectives*. American University Web site: <http://spa.american.edu/justice/publications/execsum.pdf>
- Edwards, L. P., & Ray, J. A. (2005). Judicial Perspectives on Family Drug Treatment Courts, *Juvenile and Family Court Journal*, Summer 2005.
- Finigan, M. W. (1996). *Societal Outcomes and Cost Savings of Drug and Alcohol Treatment in the State of Oregon*. Submitted to the Office of Alcohol and Drug Abuse Programs.
- Finigan, M. W. (1998). *An outcome program evaluation of the Multnomah County S.T.O.P. Drug Diversion Program*. Report prepared for Multnomah County Department of Community Corrections. NPC Research: Portland, OR.
- Finigan, M. W., Carey, S. M., & Cox, A. (2007). *The impact of a mature drug court over 10 years of operation: Recidivism and costs*. Final report submitted to the U. S. Department of Justice, National Institute of Justice, July 2007. NIJ Contract 2005M073.

- Gerstein, D., Johnston, R., Harwood, H., Fountain, D., Suter, N., & Mallory, K. (1994, April). *Evaluating recovery services: The California drug and alcohol treatment assessment: General report*. [Submitted to the State of California Department of Alcohol and Drug Programs.] Chicago, IL: National Opinion Research Center, p.89.
- Green, B. L., Furrer, C. J., Worcel, S. D., Burrus, S. W. M., & Finigan, M. W. (2007). How Effective Are Family Treatment Drug Courts? Results from a Four-Site National Study. *Child Maltreatment* 12(1), 43-59.
- Government Accounting Office (2005). *Adult drug courts: Evidence indicates recidivism reductions and mixed results for other outcomes*. <http://www.gao.gov/new.items/d05219.pdf>, February 2005 Report.
- Harrell A., & Goodman, A. (1999). Review of specialized Family Drug Courts: Key issues handling child abuse and neglect cases. Department of Justice: Washington, DC.
- Longshore, D. L., Turner, S., Wenzel, S. L., Morral, A. R., Harrell, A., McBride, D., et al. (2001). Drug courts: A conceptual framework. *Journal of Drug Issues*, 31(1), Winter 2001, 7-26.
- Lurigio, A. J. (2000). Drug treatment availability and effectiveness. Studies of the general and criminal justice populations. *Criminal Justice and Behavior*, 27(4), 495-528.
- Marlowe, D. B. (2008, October). *The Verdict is In*. Presented at the New England Association of Drug Court Professionals annual conference, Boston, MA.
- Marlowe, D. B., Festinger, D. S., Lee, P. A., Dugosh, K. L., & Benasutti, K. M. (2006). Matching Judicial Supervision to Client Risk Status in Drug Court. *Crime and Delinquency*, 52(1), 52-76.
- National Association of Drug Court Professionals Drug Court Standards Committee (1997). *Defining drug courts: The key components*. U.S. Department of Justice, Office of Justice Programs, Drug Court Programs Office.
- National Center for State Courts. (2000). Klaversma, L. G., Meyer J. W., Tapley, D. A., & Jones, A. M. *Evaluation of the City of Wichita Treatment-Based Drug Courts (Appendix A)*.
- SAMHSA/CSAT Treatment Improvement Protocols (1994). TIP 8: Intensive outpatient treatment for alcohol and other drug abuse. Retrieved October 23, 2006, from <http://www.ncbi.nlm.nih.gov/books/bv.fcgi?rid=hstat5.section.28752>
- Worcel, S. D., Furrer, C. J., Green, B. L., Burrus, S. W. M., & Finigan, M. W. (2008). Effects of family treatment drug courts on substance abuse and child welfare outcomes. *Child Abuse Review*, 17(6), 427-433.

**APPENDIX A: LIST OF POSSIBLE PROGRAM RESPONSES
INCLUDING REWARDS AND SANCTIONS**

Examples of Rewards and Sanctions Used By Other Drug Courts

Drug Court Responses to Participant Behavior (Rewards and Sanctions) Ideas and Examples

The purpose of rewards and sanctions in drug court programs is to help shape participant behavior in the direction of drug court goals and other positive behaviors. That is, to help guide offenders away from drug use and criminal activity and toward positive behaviors, including following through on program requirements. Drug court teams, when determining responses to participant behavior, should be thinking in terms of behavior change, not punishment. The questions should be, “What response from the team will lead participants to engage in positive, pro-social behaviors?”

Sanctions will assist drug court participants in what *not* to do, while rewards will help participants learn they *should* do. Rewards teach that it can be a pleasant experience to follow through on program requirements and in turn, to follow through on positive life activities. It is important to incorporate both rewards and sanctions.

Below are some examples of drug court team responses, rewards and sanctions that have been used in drug courts across the United States.

Rewards

No cost or low cost rewards

- ❑ Applause and words of encouragement from drug court judge and staff
- ❑ Have judge come off the bench and shake participant’s hand.
- ❑ Photo taken with Judge
- ❑ A “Quick List.” Participants who are doing well get called first during court sessions and are allowed to leave when done.
- ❑ A white board or magnetic board posted during drug court sessions where participants can put their names when they are doing well. There can be a board for each phase so when participants move from one phase to the next, they can move their names up a phase during the court session.
- ❑ Decrease frequency of program requirements as appropriate—fewer self-help (AA/NA) groups, less frequent court hearings, less frequent drug tests.
- ❑ Lottery or fishbowl drawing. Participants who are doing well have their names put in the lottery. The names of these participants are read out in court (as acknowledgement of success) and then the participant whose name is drawn receives a tangible reward (candy, tickets to movies or other appropriate events, etc.)
- ❑ Small tangible rewards such as bite size candies
- ❑ Key chains, or other longer lasting tangible rewards to use as acknowledgements when participants move up in phase
- ❑ More visitation with children

Higher cost (generally tangible) rewards

- ❑ A top for participants' children
- ❑ Fruit (for staff that would like to model healthy diet!)
- ❑ Candy bars
- ❑ "The Basket" which is filled with candy bars—awarded drug court session when participant is doing *everything* "right"
- ❑ Coffee bucks
- ❑ Gift certificates for local stores
- ❑ Scholarships to local schools
- ❑ Tokens presented after specified number of clean days given to client by judge during court and judge announces name and number of clean days
- ❑ Swimming pass to local pool

Responses to (and Sanctions for) Non-Compliant Behaviors

- ❑ Require participants to write papers or paragraphs appropriate to their non-compliant behavior and problem solve on how they can avoid the non-compliant behavior in the future.
- ❑ "Showing the judge's back." During a court appearance, the judge turns around in his or her chair to show his/her back to the participants. The participant must stand there waiting for the judge to finish their interaction. (This appears to be a very minor sanction but can be very effective!)
- ❑ Being reprimanded by the judge
- ❑ "Sit sanctions." Participants are required to come to drug court hearings (on top of their own required hearings) to observe. Or participants are required to sit in regular court for drug offenders and observe how offenders are treated outside of drug court.
- ❑ Increasing frequency of drug court appearances
- ❑ Increasing frequency of self-help groups, (for example, 30 AA/NA meetings in 30 days or 90 AA/NA meetings in 90 days).
- ❑ Increasing frequency of treatment sessions (This is a treatment response and should *never* be used as a sanction).
- ❑ One day or more in jail. (Be careful, this is an expensive sanction and is not always the most effective!)
- ❑ "Impose/suspend" sentence. The judge can tell a participant who has been non-compliant that he or she will receive a certain amount of time in jail (or some other sanction) if he or she do not comply with the program requirements and/or satisfy any additional requirements the staff requests by the next court session. If the participant does not comply by the next session, the judge imposes the sentence. If the participant does comply by the next session, the sentence is "suspended" and held over until the next court session, at which time, if the participant continues to do well, the sentence will continue to be suspended. If the participant is non-compliant at any time, the sentence is immediately imposed.
- ❑ Community service. The best use of community service is to have an array of community service options available. If participants can fit their skills to the type of service they are providing and if they can see the positive results of their work, they will have the opportunity to learn a positive lesson on what it can mean to give back to their communities. Ex-

amples of community service that other drug courts have used are: helping to build houses for the homeless (e.g., Habitat for Humanity), delivering meals to hungry families, fixing bikes or other recycled items for charities, planting flowers or other plants, cleaning and painting in community recreation areas and parks. Cleaning up in a neighborhood where the participant had caused harm or damage in the past can be particularly meaningful to the participants.

- Rather than serve jail time, or do a week of community service, the participant works in the jail for a weekend.
- Residential treatment