

CENTRAL NEBRASKA DRUG COURT
PROCESS/OUTCOME EVALUATION

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We on the evaluation team are very grateful to and would like to thank a great many people without whom this evaluation would not be possible. In particular, we would like to thank Connie Hultine for helping gather the data, pointing us in the right direction, always being there to answer questions and for making this evaluation a fun and educational experience. We would also like to thank Kurt Siedschlaw for his help and insight into the background and development of the Central Nebraska Drug Court and for also being available to answer questions and provide perspective.

We found our experience with the CNDC people to be a very friendly and positive one and we are grateful to all the people who contributed valuable input to this evaluation.

INTRODUCTION

The data collection for this process evaluation commenced in March of 2003 and ended on December 31, 2003. In that time frame, data was collected in a topic by topic fashion starting with those that were the most time-consuming and which were not in the Management Information System or there in a form which was only partially usable. Data was often extracted from the MIS and entered into SPSS (the Statistical Package for the Social Sciences) manually in order to answer the questions posed in the Request for Proposal.

Therefore, in reading this evaluation, it may become apparent that there is slight variation in numbers and percentages from table to table and section to section with particularity in demographics. This variation is due to the “snapshot” approach necessarily used in collecting the data and how variables are altered as more participants are added to the Drug Court. Statistically, this does not affect the outcome or conclusions of the evaluation. Also, in writing up the evaluation, in some cases, statistics were rounded and in some cases particular where means and medians were computed, they were not. Where statistics were not rounded, it was due to the size of a given table and the need and convenience for comparison and consistency between text and table.

In writing up this evaluation, we have tried to follow the structure of the Request for Proposal. Several sections were collapsed together in an effort to not duplicate sections. Also, that which was not requested in the RFP but would be helpful to the CNDC was included in the Appendix.

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Chapter 1: HISTORY OF THE CENTRAL NEBRASKA DRUG COURT

During the spring and summer of 1998 drug and alcohol treatment professionals and law enforcement personnel in Hall County, Nebraska and the surrounding area formulated an initiative to establish a broad based team of individuals to talk about a coordinated effort to address the issue of drug use and abuse in the greater Hall County area. During 1999, organizational meetings were held in Grand Island, Kearney and Hastings to discuss the feasibility of starting a drug court in central Nebraska. This initiative brought together, police officers, county sheriff personnel, residential treatment personnel, probation officers, educators, prosecutors, public defenders, judges, correctional officers, members of the Nebraska State Patrol and other human service providers.

A meeting was held at the University of Nebraska at Kearney on January 11, 2000. Twelve individuals representing nine agencies discussed a recent visit that two of the participants had made to the Douglas County, Nebraska Drug Court graduation ceremony. Additional topics of the meeting included the importance of an assessment of the need for a drug court and the legality issues related to the operation of a drug court without having legislation authorizing such a program. The Criminal Justice Department at the University of Nebraska at Kearney initiated a needs assessment in regard to drug offenders in Buffalo County. Exploration into the possibility of a planning grant from the U.S. Department of Justice, Drug Courts Program Office was initiated. A roster of 30 professionals from across four counties was established with meetings held every month. (See appendix)

Support, encouragement, and administrative energy of the U.S. Attorney Thomas J. Monaghan and Joe Jeanette of the U.S. Attorney's Office were a significant force in moving the efforts of the organizing group forward. In March 2000, with the assistance of the U.S. Attorney and his staff, a planning grant for a Central Nebraska Drug Court was submitted through the offices of the four sheriffs representing Hall, Adams, Buffalo and Phelps Counties. In March 2000, Sheriff Jerry Watson of Hall County submitted registration for representatives of the Drug Court steering committee to attend the first of three federally funded planning sessions. Because of the multi-jurisdictional nature of the developing drug court structure, two planning teams were suggested and approved by the U.S. Department of Justice. In November 2000, the first workshop was held in San Bernardino, California.

During this same time frame, January through November of 2000, discussions were held addressing the issues of organizational structure, organizational location, methods of supervision, the need for an inter-governmental memorandum of understanding, treatment services availability and need, planning team representation, formation of a Board of Directors and potential funding. Dr. Denise Herz of the University of Nebraska at Omaha, Judge Murphy and Judy Barnes-Wright of the Douglas County Drug Court traveled to the Central Nebraska Drug Court steering committee meetings and offered information and guidance in the planning process.

Using information provided by Dr. Herz and data collected within the four county planning area, it was identified that between 25 and 40 percent of all adult arrestees need substance abuse

treatment. A study completed by Gernstein and Johnson in 1994, demonstrated that for every \$1 spent on treatment, society saves from \$4 to \$7 in drug-related crime and criminal justice system costs. The Douglas County Adult Drug Treatment Evaluation (Martin et al., 1999) indicated that drug court participants were less likely to be arrested than similar offenders who were processed traditionally and that the drug court resulted in an average savings of over \$4,000 per felony drug-related case, as compared to traditional adjudication and sentencing.

Dr. Herz presented data from her report on methamphetamine use in rural areas that provided information directly related to the jurisdictions involved in the planning of a drug court. In her report, Assessing Methamphetamine Use Across Rural and Urban Areas: A Final Report on Rural Nebraska ADAM Outreach Project, National Institute of Justice, 1999, Herz identified that in Hall County during 1998, 30% or 53 of those arrested tested positive for drugs, excluding alcohol. A report submitted by Associate Professor Kurt Siedschlaw of the University of Nebraska at Kearney confirmed that Buffalo County Nebraska experienced 51 felony drug arrests in 1997 and 55 felony drug arrests in 1998. Collectively the data was viewed as confirming the need for the development of a drug court in central Nebraska.

The vision statement for the developing drug court was established during the development process in 2001. It read: "The Central Nebraska Drug Court will hold offenders accountable for their crimes thereby enhancing the quality of life for the community, families and offenders." The mission statement read: "The purpose of the Central Nebraska Drug Court is to reduce substance abuse and crime by providing offenders with appropriate treatment, intensive supervision, and comprehensive judicial monitoring."

On March 27 - 29, 2001, approximately 20 members of the Central Nebraska Drug Court steering committee attended the Adult Drug Court Skills-Based Planning Workshop at Fort Lauderdale, Florida. The Office of Justice Programs of the U.S. Department of Justice sponsored this training and the follow-up Adult Drug Court Operational Planning Workshop held in Madison, Illinois on July 11 - 13, 2001. (See Appendix)

During August 2001, work progressed on the development of policies and procedures, organization and structure, the target population and research on management information systems. Hall County, Nebraska was selected as the fiscal agent for the Drug Court. Douglas County Drug Court of Omaha, Nebraska was able to develop their management information system through a federal grant issued to Analysis International. Eventually it was this information system model that the Central Nebraska Drug Court adopted.

The collective decision was made to proceed with the development of a Central Nebraska Drug Court whether a federal startup grant was obtained or not. Each county started exploring funding options. Each county sought out potential office space for drug court personnel to use within each of the four primary communities. Each County Attorney built funding for the drug court into their budgets. Community groups and the law enforcement agencies identified various sources of financial, office or administrative support. Representatives of the steering committee identified potential grant funds and assisted in applying for varied areas of support. The Nebraska State Patrol provided grant money of \$30,000 to acquire a server for the computer

system and also provided vehicles for the drug court personnel to use. The Nebraska Department of Corrections awarded a grant for \$35,000 through the Office of Community Justice. The Nebraska Crime Commission awarded a grant for \$20,000 and each county obtained support via keno funds and STOP money. Region III Behavior Health Systems awarded a grant for substance abuse treatment for \$100,000.

It was determined that the Central Nebraska Drug Court would be a multi-phased, post-adjudicatory, judicially supervised program. Upon successful completion of the program participants would be allowed to withdraw their plea and no sentencing/conviction would be imposed. Eligible offenders would be non-violent, chemically dependent individuals who enter the program voluntarily.

In July 2001, advertisements went into area newspapers seeking applicants for the position of Drug Court Coordinator. It was decided to form the Central Nebraska Drug Court as a governmental sub-unit and established Board of Directors with an Executive Committee. This action was undertaken while inter-local agreements were developed and put in place for the four counties represented within the Central Nebraska Drug Court. Three standing subcommittees were developed to address operational needs in the areas of personnel, finance and rules and regulations. From July through December of 2001 issues of local funding, office space, equipment and the management information system were addressed and confirmed.

Connie Hultine was hired as the first Drug Court Coordinator for the Central Nebraska Drug Court. Efforts immediately focused on the development of a grant application to assist in the implementation of the drug court. Issues of legislation and the need for specific authorization for drug courts and other legislation related to sentencing were identified and liaisons were established with the other drug courts within the State of Nebraska. The management information system (MIS) developed by Analyst International for the Douglas County Drug Court was adopted as the information management system for the Central Nebraska Drug Court. Drug Court Director Hultine worked with the committees in establishing policies, procedures, incentives and other program components. Judges Illingworth of Adams County and Judge Luther of Hall County identified themselves as designated judges of the Drug Court. As program implementation began, Judge Icenogle of Buffalo County also took on the duties as one of the Drug Court Judges.

Senator Aguilar of Grand Island became a strong advocate of the Drug Court and facilitated efforts to develop and amend legislative initiatives in support of drug courts. Assistance in addressing the administrative support for the Drug Court came from a variety of sources. The Nebraska State Patrol assigned a State Trooper as bailiff for the Drug Court. Drug testing for the program was to be assisted by personnel at each of the county jails within the Drug Court jurisdiction. Protocols, policies, procedures, intake, screening, inter-agency relations, creation of forms, client documentation and data collection were addressed by the Drug Court Coordinator and members of the various sub-committees.

A. DRUG COURT STRUCTURE

The case processing structure for the Central Nebraska Drug Court was established on February 6, 2002. The ten essential elements of the case processing protocol were identified as:

1. Upon arrest, the County Attorney screens the arrest reports and prior record of the defendant.
2. The County Attorney, if applicable, notifies the defendant and counsel of possible eligibility to participate in Drug Court.
3. The defendant and counsel review the participant contract and notify the County Attorney of their willingness to participate in Drug Court.
4. The defendant and counsel waive preliminary hearing in the County Court and are bound over to the District Court.
5. The Drug Court staffing team shall determine whether to accept the defendant into the Drug Court program.
6. In the defendant is accepted the defendant and counsel appear in the District Court for arraignment and enter a plea of guilty or no contest. The guilty plea is accepted by the District Court and the District Court judge then defers sentencing and orders the defendant to appear at a specific date and time at the Drug Court. The defendant's appearance bond is continued.
7. At the designated session of the Drug Court the defendant appears with counsel at which time the Drug Court is explained by the District Court Judge to the defendant and the defendant signs the Drug Court Participation Contract. The defendant's appearance bond is continued.
8. The defendant participates in the Drug Court. This participation includes meetings with the Court, in-patient and outpatient treatment, education support groups, supervision, and participation in the Drug Court phase programs tailored to the individual defendant. By the contract the defendant is subject to being sanctioned for failures as determined by the Drug Court personnel pursuant to the Drug Court Contract.
9. If at any time while participating in the Drug Court the defendant voluntarily withdraws from the program or is dismissed from the program by consensus of the staffing team, the defendant and his counsel shall return to the District Court to be sentenced.
10. Upon successful completion of the Drug Court by the defendant a court date is set in the District Court at which time the defendant and counsel appear, a motion will be filed with the District Court to withdraw the guilty plea and the motion will be sustained.

The program structure of the Central Nebraska Drug Court was designed to reflect other models prescribing clearly identified phases for the development of the participants in the program. The four phases described within the program include the following:

PHASE I

Requirements:

- Obtain an AOD evaluation
- Submit to urine testing three times per week
- Appear in court on a weekly basis
- Attend educational group one time per week
- Attend substance abuse support group at least three times per week
- Attend required treatment programming
- Comply with all directives of the Drug Court Staff

Goals:

- Detoxification
- Program induction and orientation
- Preparedness for treatment
- Development of social support system

In order to advance to the next phase the participant must meet the following criteria: no positive urinalysis or breath test for 60 consecutive days, no unexcused absences from scheduled services for 60 consecutive days and be employed or be involved in positive activities towards vocational or educational goals.

PHASE II

Requirements:

- Urine testing a minimum of two times per week
- Appear in court on a weekly basis
- Attend educational group one time per week
- Attend substance abuse support group at least two times per week
- Attend required treatment programming
- Comply with all directives of Drug Court Staff

Goals

- Detoxification
- Stabilization
- Treatment
- Relapse prevention
- Assessment of needed services such as education, mental health, medical or community support.

To meet the criteria to advance to Phase III of the program the participant must have no positive urine or breath tests for 60 consecutive days, no unexcused absences from drug testing for 60 consecutive days, no unexcused absences from scheduled service for 60 consecutive days, be employed or involved in positive activity related to educational or vocational goals and demonstrated adjustment to treatment as assessed by the Treatment Team.

PHASE III

Requirements:

- Urine testing at least once per week
- Appear in drug court at least one time per month
- Attend educational group as directed
- Attend substance abuse support group at least twice per week
- Attend required treatment programming
- Comply with the directives of Drug Court Staff

Goals:

- Maintain sobriety
- Develop a relapse program
- Establish recovery goals
- Develop a recovery support system
- Begin Alumni group

The criteria required for advancement to Phase IV of the program requires that the participant: 1) have no positive urine or breath tests for 90 consecutive days; 2) have no unexcused absences for 90 days; 3) be employed or involved in positive activities related to educational or vocational goals; 4) complete all payments to the Drug Court; 5) fulfill their treatment program goals and; 5) receive the vote of the Drug Court Team to graduate and advance to Alumni or Aftercare status. Upon completion of the Phase III requirements, the participant will go through a graduation ceremony and move into the final phase of the program.

PHASE IV

Requirements:

- Correspond with the Drug Court Judge monthly
- Attend substance abuse support group as needed
- Attend educational group as directed
- Attend alumni meetings
- Comply with the directives of the Drug Court Staff

Goals:

- Maintain sobriety
- Maintain established support network
- Act as a role model to new participants

- Define their social support system
- Develop pro-social community connections
- Have original charges dismissed

By April 2002, the Drug Court had one participant from Adams County, two participants in Buffalo County and one participant in Hall County with offers out to approximately ten other prospective clients. A federal grant was awarded to the Central Nebraska Drug Court in June 2002 for a total of \$499,550 for drug court personnel and programming. A policy decision was made to make all Drug Court personnel employees of the Drug Court through the Drug Court fiscal agent, Hall County. This decision was the preferred alternative to a contract with State Probation, or other entities, for supervision services for the Drug Court. Approval was completed and the hiring process to add two supervision officers was initiated in the summer of 2002. In August and September of 2002 the hiring of two supervision officers was completed. As of January of 2004, there were eighty-eight participants in the Central Nebraska Drug Court program.

Chapter 2: DEMOGRAPHICS OF THE CENTRAL NEBRASKA DRUG COURT

During the time period of March 15, 2002 through December 1, 2003, eighty-seven individuals participated in the Central Nebraska Drug Court. During this time period eight participants were terminated from the program, four participants voluntarily withdrew, and one individual completed the program.

The largest proportion of participants, are between the ages of twenty-one and twenty-five representing 28.7% of the participants. The smallest proportion was older than forty. The majority of the participants are male. Fifty-seven males (65.5%) entered the drug court program while females represent 34.5% of the participants ($n = 30$).

The majority of participants in the Central Nebraska Drug Court are Caucasian (88.5%). Other racial or ethnic groups include African American (1.1%), Hispanic (5.7%), Native American (2.3%), and unknown (2.3%).

During the time period of this evaluation, eight participants were terminated from the program. Six of these individuals were male and two female. Six of the terminated participants were Caucasian, one African American and one Hispanic. Three of the terminated individuals were over forty years-old, two were between the ages of 36 to 40, one between 21 to 25 years-old, and two were twenty years old or younger. All eight of those terminated from the program were terminated during Phase I.

Four individuals voluntarily withdrew from the drug court program during the time period under study. All four of these participants were male. Three of the voluntary withdrawals were Caucasian and the race of the fourth individual is unknown. All four of the participants who voluntarily withdrew were under the age of 26, two between the ages of 21 to 25 and two were under the age of twenty-one. All four of these individuals withdrew during Phase I.

One participant completed the program during the time period under evaluation. This individual was a Caucasian male between the ages of 36 to 40.

All of these statistics will be explored in depth in later chapters.

Chapter 3: PROGRAM LENGTH:

A. DATA COLLECTION PROCEDURE AND PROGRAM LENGTH

The following analysis is based on data found in the Management Information System and was analyzed using SPSS (The Statistical Package for the Social Sciences). Statistics were calculated since the CNDC's inception in March 2002 to December 1, 2003. The total number of participants analyzed is eighty-six.

B. PROGRAM LENGTH DESCRIPTION

As previously mentioned, the CNDC program is eighteen months long with four phases. It is not possible to complete the program early. Thus far, the average length of stay in the program including all participants, terminations, graduations and dropouts is one year and eighteen days. Within the time frame of this analysis, of the 86 participants in the CNDC, there have been nine people who have dropped out due to terminations and voluntary withdrawals. This yields a failure percentage of slightly over ten percent in the program overall.

While the retention rate is very high, if any failures are likely to occur, it appears they are slightly more likely to happen in the three to six month time frame (See Table One). In other words, if drug court participants survive the first six months or so, their chances of success at staying in the program are very good. The information in Table One was collected and calculated for the time period of March 2002 to December 1, 2003.

Table One
Percentages of Clients in the Program at Three-Month Intervals
(N = 86)

What percentages of clients remain in the program for:	
<u>Length of time</u>	<u>Percentage</u>
1 month?	99% (1/86)
For 3-6 months?	96% (5/85)
For 6 months?	97% (2/80)
For 9 months?	99% (1/78)
For 12 months?	100% (0/78)
Who Graduates?	14% (11/76)

Chapter 4: EXPULSION AND GRADUATION

Law violations can result in participants being terminated from Drug Court. Other violations which can result in termination include consistently missing drug tests, demonstrating a lack of program response by failing to cooperate with the treatment program, violence or threats of violence directed at staff on the Drug Court Team or other drug court participants, and absconding. Decisions to terminate participants from the program are made by the Drug Court Team with the agreement of the County Attorney. Participants who wish to withdraw from Drug Court or who fail the program must have their attorney submit a withdrawal petition to the Drug Court. The Drug Court Judge will schedule the participants who withdraw or are terminated to return to District Court where they are sentenced.

In reference to voluntary withdrawal, participants of the CNDC are allowed to voluntarily withdraw from the program at any time. The defendant, represented by counsel, returns to District Court and is sentenced on the original charge(s).

In order to graduate from the CNDC, participants must complete the first three phases of the four-phase program. Phase I is two months in duration, Phase II four months, and Phase III six months. Participants must complete a minimum of 12 months to be considered for graduation. To qualify for graduation participants must:

- Demonstrate negative urinalysis test results in the preceding 6 months
- Successfully complete a treatment and aftercare program
- Engage in self-help or other identified services
- Pay all program fees in full
- Make significant life changes and appear to be engaged in recovery

Once participants qualify for graduation and are recommended by Drug Court personnel, the Drug Court Team must approve it.

Participants who fail to achieve the above criteria within 18 months may request an additional six-month period to achieve the necessary criteria to graduate from the program. The Drug Court Team must consent to the extension and base their decision on the fact that the participants have demonstrated significant life changes and appear earnest in their desire to achieve recovery. Participants failing to warrant an extension are returned to court for a hearing to determine the appropriate sentence on the original charge(s).

Upon successful completion of the Drug Court program a court date is set in District Court. Defendants appear with their counsel and motion the Court to withdraw the guilty plea, which is sustained. The County Attorney dismisses the information filed against the defendant and the defendant's bond is released. Upon graduation, Drug Court participants remain in Phase IV for six months. During this phase the participants keep supports in place that include meetings with the Court Judge and the development of pro-social community connections. The graduates continue to attend educational groups and individual and family sessions as needed or directed. Additionally, they attend treatment group and support group once a week.

Chapter 5: TREATMENT RESOURCES AND ANCILLARY SERVICES

Substance abuse treatment services are provided by three treatment providers for the four county area. These service providers include the St. Francis Drug Treatment Center, South Central Behavioral Services, and the Horizon Recovery Center. These treatment providers are able to offer a continuum of care.

On intake, CNDC participants receive a complete substance abuse evaluation to determine the most appropriate level and intensity of care needed. Following the completion of the intake interview, a drug and alcohol evaluation and any other needed assessments, participants work with a treatment provider to create a treatment plan that specifies attendance in treatment and outlines services that are available.

The most intensive level of treatment available to Drug Court participants is the residential program. Participants are considered for this level of care when outpatient care has not averted the course of their chemical dependency and abstinence could not be maintained in the community. Residential care provides 24-hour supervision and requires intensive treatment intervention. Participants remain in residential care until successful transition to a lesser level of care can be arranged. The length of stay in residential care can vary from five to twenty-eight days.

Intensive partial care is outpatient care that requires participants to attend programming at least eight hours a day. This is designed for those clients who do not require the intensity of residential care but are not yet ready to return to work or school. These participants typically attend groups and other programming with the residential clients however, they are allowed to go home following their treatment sessions.

Intensive outpatient partial care requires participants to attend programming at least three hours per day at least three times per week. Partial care is an alternative for those clients, who need intensive treatment yet cannot afford to be away from work.

Individualized outpatient program options are designed to meet each participant's particular needs. Outpatient groups meet throughout the week at various times. Outpatient groups typically last one to two hours.

Continuing care or aftercare groups are designed to support participants in maintained sobriety. These groups meet weekly and focus on relapse prevention and forming pro-social relationships in the community. Aftercare is part of the participant's treatment plan.

All program options include individual, group and family sessions, and educational sessions. Other services offered include co-dependency services, drug and alcohol evaluations, women's treatment program, and family education and treatment. The most comprehensive service available to participants is the comprehensive family services component. Family services are

available to participants' families from intake through aftercare. This is the most important aspect of recovery in the eyes of the treatment providers.

The level of care, provided by the three treatment facilities include short-term residential care, long-term residential care, partial care, outpatient care, intensive outpatient care, and inpatient care. The number of drug court participants receiving treatment services at these levels of care, are listed in Table One. The time frame for this data is March 15, 2002 to December 1, 2003.

Table One
Types of Treatment Services for CNDC Participants
(n = 49)

<u>Type of Service</u>	<u>Frequency</u>	<u>Percent</u>
Short-term Residential	5	10.2
Long-term Residential	5	10.2
Partial Care	5	10.2
Outpatient Care	20	40.8
Intensive Outpatient Care	13	26.5
<u>Inpatient Care</u>	<u>1</u>	<u>.02</u>
Total	49	100.0

(Note: Percentages may not equal 100% due to rounding.)

The services provided at the different levels of care include:

- Alcohol
- Drug & Alcohol Education Class
- Evaluation
- Co-dependency
- Cognitive Behavioral
- Anger Management
- Alcohol/Drugs & Mental Health
- Outpatient Substance Abuse
- Residential
- Substance Abuse
- Emotional/Personal
- Substance Abuse/Output. TX
- Family Counseling
- Outpatient
- Depression
- Partial Care
- Substance Abuse Evaluation
- Outpatient MRT
- Mental Health
- Mental Health/Substance Abuse
- Dual Diagnosis
- Other Education

Thirty-eight (44%) of drug court participants in Phase I are receiving treatment services. By level of care, fifteen participants (17%) are receiving outpatient care, 13 (15%) are receiving intensive outpatient care, 4 (5%) residential care, 5 (6%) partial care, and 5 (6%) short-term residential care. All services previously listed are being provided to participants in Phase I.

One individual in Phase II is receiving long-term residential care and the service being provided is alcohol/drugs and mental health. Two individuals in Phase III are receiving outpatient care and the services being provided are alcohol/drugs and mental health for one participant and outpatient substance abuse for the other participant. Three individuals in Phase IV are receiving outpatient care at the time of the writing of this report. Two of these individuals are receiving alcohol/drugs and mental health services, one substance abuse, and one substance abuse/output. TX services.

A. ANCILLARY SERVICES

Each community is unique in the services available to Drug Court participants. Central Nebraska is rural in nature and collateral services are often provided by one organization or agency. The following community agencies have agreed to take referrals or provide support services to participants of the Central Nebraska Drug Court.

Head Start	Early Beginnings
Region 3 Behavioral Services	South Central Counseling
St. Francis Medical Center	University of Nebraska at Kearney
Hastings College	United Way
Sylvan learning Center	Faith Communities
YMCA & YWCA	Local housing authorities
Community Corrections	Vocational Rehabilitation
Workforce Development	Curtis & Associates
PALS Program	Local residential centers
Health & Human Services	Salvation Army
Local medical service providers	Central Community College
Private counselors	Local law enforcement & corrections

These local agencies are highly involved with and have been very supportive of the CNDC. The availability and reliability of services in this area have been found to be adequate and competent for any needs of the participants and the program.

Drug Court participants have access to special focus groups, which include life skills training (i.e., parenting, anger control, problem solving, values formation, prevention programs, and victim assistance programs), health management, nutrition, and employment/vocational training.

The State Health and Human Services offices also provide collateral services. These services include transportation, mentoring programs, and assistance in qualifying for affordable housing.

The Drug Court Coordinator and Supervisors are responsible for making referrals to community agencies for needed services.

Chapter 6: ELIGIBILITY, SCREENING AND ASSESSMENT

Key Component #3 of the ten key components for drug courts as identified in “*Defining Drug Courts: The Key Components*,” emphasizes the need for early and prompt placement in the drug court program.¹ This component identifies a number of benchmarks for addressing this component. The performance benchmarks include:

- Eligibility screening is based on established written criteria with criminal justice officials designated to screen case and identify potential drug court participants;
- Eligible participants for drug court are promptly advised about program requirements and the relative merits of participating;
- Trained professionals screen drug court eligible individuals for AOD problems and suitability for participating;
- Initial appearance before the drug court judge occurs immediately after arrest or apprehension to ensure program participation;
- The court requires that eligible participants enroll in AOD treatment services immediately.

Within the Central Nebraska Drug Court the County Attorney of the respective county determines eligibility. Once initial eligibility has been determined, the County Attorney, the defendant and defense counsel meet to determine the conditions of the Drug Court.

The elements of a defendant’s record that will exclude them from eligibility and participation in the Central Nebraska Drug Court include:

- Charges involving the personal assault offenses of murder, manslaughter, robbery, felony assault, sexual assault or assault with a deadly weapon;
- Prior felony conviction for a crime of violence;
- Prior or current offense involving use or possession of a firearm or dangerous weapon;
- Current offense involved the use of force against a person;
- Multiple prior misdemeanors for crimes against a person such as: simple assault, domestic violence, resisting arrest, flight to avoid arrest, or assault on a law enforcement officer;
- Charged with possession of drugs with intent to distribute;

Requirements for eligibility are:

- Acknowledgement of having a substance abuse problem
- Voluntarily consenting to all conditions of the Drug Court Program

The jurisdictions that are involved in the Central Nebraska Drug Court Program have agreed to the following definition in regard to crimes of violence and/or violent offenders.

“Violent offenders are defined as those persons who are either charged with or convicted of an offense during the course of which the offender either carried, possessed or used a firearm or other dangerous weapon. The definition goes on to include offenses where the use of force against a person actually occurred or where the circumstances of the offense included conduct that involved use of force or violence. Offenders who have one or more prior convictions of a felony crime of violence involving the use or attempted use of force against a person with the intent to cause death or serious bodily harm are deemed ineligible for the Drug Court Program.

A person who has a prior misdemeanor conviction, even though threatened or actual use of force or use, possession, or carrying of a firearm or dangerous weapon occurred during the offense, the person is not a violent offender according to the guidelines. An offender with prior misdemeanor crimes involving use of force or threat are eligible as long as the current offense does not fall within the violent felony offender definition.”

Research into drug courts has resulted in a number of publications examining the process associated with drug courts. One review of 30 drug court evaluations assessed the operational procedures for drug courts. A key element of drug court operations includes identification of the target population.² The focus on a target population is meant to maximize the potential benefit of drug court on those individuals upon whom the program will have the greatest positive impact. Although drug courts generally are thought to target “first-time offenders,” many drug court clients have substantial criminal histories and many years of substance abuse.³ Findings from two drug court evaluations suggest that many drug courts target offenders with midrange risk levels: higher risk than the low-level offenders typically given standard diversion, and lower risk than sentenced drug offenders.⁴

The Central Nebraska Drug Court eligibility criterion states that the County Attorney’s office will determine eligibility for the Central Nebraska Drug Court. Disqualifying characteristics of potential drug court participants include: being charged with an ineligible offense (e.g. murder, manslaughter, robbery, felony assault, sexual assault, or assault with a deadly weapon), prior conviction for a crime of violence, prior or current offense involved use or possession of a firearm or dangerous weapon, current offense involved the use of force against a person or being charged with possession of drugs with intent to distribute. Offenders with prior offenses involving crimes of violence including use of force or threatened use of physical force, use or possession of a firearm or dangerous weapon or multiple misdemeanor convictions in excess of four convictions within the prior 48 months will be excluded from drug court eligibility.⁵

In the affirmative, participants must acknowledge having a substance abuse problem, and voluntarily consent to all conditions of the Drug Court Program.⁶

The case-processing outline provided by the Central Nebraska Drug Court specifies that upon arrest the County Attorney will screen the arrest reports and prior record of the defendant. The County Attorney, if applicable, notifies the defendant and counsel of possible eligibility to participate in Drug Court. The initial screening for all participants of the Central Nebraska Drug Court lies with each county’s County Attorney Office.

Drug court screening typically consists of two steps: (1) justice system screening to decide if the prospective participant meets predetermined eligibility requirements related to criminal history, offense type and severity, etc...; and (2) clinical screening to determine if the prospective participant has a substance abuse problem that can be addressed by available treatment services.⁷ The tests used are the Addiction Severity Index and the Michigan Alcoholism Screening Test. The purpose for the legal screening for eligibility is to examine public risk. The primary factors considered include current charges, criminal history and the circumstances of the immediate offense.⁸

A. OPERATIONAL STANDARD

A standard identified within the federal grant application was that “the length of time between arrest and first appearance in court should be between seven and fourteen days.”⁹

B. CENTRAL NEBRASKA DRUG COURT OPERATIONAL STANDARDS

As of the drafting of this report in December 2003, only one of the four participating counties provided written policy and procedures in regard to the drug court and the assessment of eligibility of potential participants.

The policy of the Hall County Attorney’s office provides that upon arrest the County Attorney screens the arrest reports and prior record of the defendant. The County Attorney, if applicable, will notify the defendant’s counsel of the possible eligibility to participate in the Drug Court and then sends an informational packet to the defense counsel. The defendant and counsel review the participant information and contract and notify the County Attorney of their willingness to participate in Drug Court. The defendant must waive a preliminary hearing in the Hall County Court and will then be bound over to the District Court.

The Drug Court staffing team, which consists of the Drug Court Judge, the Drug Court Coordinator, a treatment representative, and a supervision officer, shall determine whether to accept the Defendant into the Central Nebraska Drug Court program.

The standardized letter that is sent by the Hall County Attorney’s Office notifying a defendant of initial eligibility and inviting the defendant to participate in the program clearly specifies the voluntary nature of participation, the usual duration of the program, drug court requirements, the basis for eligibility or non-eligibility, and how to make application for Drug Court.

If the defendant is accepted, they and their counsel appear in the District Court for arraignment and enter a plea of guilty to the charges filed. The guilty plea is accepted by the District Court and the District Court Judge then refers the defendant to the Drug Court and orders the defendant to appear at a specific date and time set for the initial appearance within the Drug Court program. The defendant’s appearance bond is continued.

It should be noted that within the operation of the Central Nebraska Drug Court the appearance bond is a critical factor in the functioning of the Drug Court. This drug court is a post-adjudication drug court. As of the drafting of this report, Nebraska law does not provide for a suspended imposition or deferred imposition of sentence. The defendant's guilty plea is accepted by the court and the defendant is referred to the Central Nebraska Drug Court. The sanctioning mechanism used to hold or detain the Defendant for sanctions as a result of breaking the rules of the Drug Court is the appearance bond.

At the designated session of the Drug Court the defendant appears with counsel at which time the operation and guidelines of the Drug Court are explained by the Judge. The defendant is then asked to sign the Drug Court Participation Contract.

The defendant's participation in the Drug Court will include meetings with the Court, in-patient and outpatient treatment, education, support groups, supervision and participation in the prescribed phases of the Drug Court. These phases are individually tailored to the defendant/participant. Under the Drug Court Contract the defendant is subject to being sanctioned for failures as may be determined by the Drug Court and pursuant to the contract.

If at anytime while participating in the Drug Court the defendant voluntarily withdraws from the program or is dismissed from the program by consensus of the staffing team, the defendant and counsel shall return to the District Court and the defendant is sentenced.

Upon successful completion of the Central Nebraska Drug Court program by the defendant a court date is set in the District Court. At this court date the defendant and counsel will appear and based upon a motion by defense counsel the District Court will withdraw the guilty plea. The motion for withdrawal will be sustained and the County Attorney shall dismiss the Information filed against the Defendant and the Defendant's appearance bond will be released.

The specific policy of the Hall County Attorney's Office is to cooperate with the efforts of the Central Nebraska Drug Court. A specific Deputy County Attorney is assigned to administer all cases admitted to the drug court. The Hall County Attorney's Office has specifically set a policy that the County Attorney's Office will no longer enter into plea agreements for reduction of any felony possession of drug charges where the amount of the methamphetamine, cocaine or other drug, together with packaging, if any, exceeds 2.0 grams. Cases involving 2.0 grams or less will not be reduced to misdemeanors after the preliminary hearing is held or waived.

The Hall County Attorney's Office Drug Court procedures clearly states the process of review of arrest reports, designation of defendants to be screened, referral to the County Attorney's Drug Court checklist, criminal background checks, receipt of reports and determination of the defendant's potential eligibility. ***At no point in the office procedures or policy statements for the Hall County Attorney's Office Drug Court Handbook is there any statement about a prescribed time frame for this process.***

Records of the activity of the Hall County Attorney's Office in regard to consideration of individuals for the Central Nebraska Drug Court are maintained for each calendar year including all checklists and supporting documentation.

Notes

¹ Defining Drug Courts: The Key Components, The National Association of Drug Court Professionals, Drug Court Standards Committee, Office of Justice Programs, U.S. Department of Justice, January, 1997.

² Research On Drug Courts: A Critical Review, Steven Belenko, The National Center on Addiction and Substance Abuse at Columbia University, National Drug Court Institute Review, Summer 1998.

³ Ibid, page 23

⁴ Ibid, page 19

⁵ Hall County Attorney's Office Drug Court Handbook, page 4, March, 2002.

⁶ Process/Outcome Evaluation, Informational Notebook, Central Nebraska Drug Court, Feb. 6, 2002.

⁷ Guideline for Drug Courts on Screening and Assessment, Drug Courts Program Office, U.S. Department of Justice, Office of Justice Programs, May 1998, p. 9.

⁸ Ibid, p 5

⁹ Central Nebraska Drug Court Federal Grant Application, Section "C", page 7.

C. DATA COLLECTION PROCEDURES AND INTAKE DATA

To analyze the intake process at the CNDC, several attempts were made to obtain information not only on the process of how it works, but to get data as to how the screening occurs, who is initially screened in or out and why and what the demographics and offense histories are of these potential participants. After repeated attempts to gather this information from the prosecutors of all participating counties, only intake forms were obtained from the CNDC Coordinator for analysis. Either prosecutors or their representatives were non-responsive to requests for the information or the refusals to furnish the information were accompanied by an explanation that giving out such information would be a violation of privacy for the potential participants.

D. RESULTS

Upon intake, drug court personnel give the prospective participant a five-page questionnaire which is comprised of demographic data, work histories, arrest and violent offense histories as well as information on their experiences with alcohol and illicit drugs. The results in this section are based on the data collected from the intake forms. The total number of intake questionnaires available for analysis was one hundred and eleven ($n = 111$). Any variation in the percentages in the text and those in the tables is due to differing cut-off dates for data collection/analysis and/or due to incomplete data.

As previously mentioned, the target population for the CNDC is adult, non-violent, chemically dependent abusers who voluntarily commit to the drug court program and who admit to their issues with addiction and desire to become drug free. Participants are not eligible if they are

charged with an ineligible offense such as murder, manslaughter, robbery, felony assault, sexual assault, or assault with a deadly weapon. They may also not have a prior felony conviction for a crime of violence or any prior or current offense involving the use or possession of a firearm or dangerous weapon.

For 1999, the total adult arrests in the four county area of Adams, Buffalo, Hall and Phelps Counties was 7,771. Drug abuse violations comprised almost ten percent at 764 arrests. Females were responsible for 17.6% of drug arrests and males comprised 82.4% of the total. The racial composition of the arrests is: Caucasian 72%, Black 11%, Hispanic 14% and Asian 3%. The drug of choice is methamphetamine with 3000 arrests in a five-year period. (CNDC Grant Application Data).

In the intake sample, the majority for race is Caucasian with eighty-six percent sample compared to seventy-two percent being Caucasian in the arrestee category. Hispanics comprise nine percent of the sample (9.0%) while comprising fourteen percent of arrestees (14%). Methamphetamine is also the drug of choice with approximately 38% of those being arrested for possession of this drug (MIS data).

According to the data in Table One, only twenty-three percent of those that go through the intake process were denied by the CNDC. Nine percent were terminated from the program with a further sixty-nine percent who either graduate (4%) or who were currently in the program (65%). The average age of intake participants is 28.2 years. The majority is male (68%) but this is not as high as the number for drug arrests for males in the four county area (82.4%).

Most respondents have a high school diploma (64%) but are not currently pursuing an education (67%) while the largest percentage of the respondents was single (45%). Only thirty-eight percent (37.8%) of the respondents were working at intake and for forty-five percent (45.0%) of the respondents, the CNDC was their first experience with a diversion program.

Table One:
Overall Demographic Characteristics of Intakes
(*n* = 111)

Age	Mean = 28.2, Median = 25.0 Minimum = 18, Maximum = 66	
	<u>Percentage</u>	<u>Frequency</u>
Status		
In Program	64.9	72
Denials to CNDC	22.5	25
Termination	9.0	10
Graduate	3.6	4
Sex		
Male	66.7	74
Female	33.3	37
Ethnicity/Race		
White	85.6	95
Hispanic	9.0	10
African American	2.7	3
Native American	.9	1
Other	.9	1
Education		
High School Graduate?		
Yes	64.0	71
Currently Pursuing Education?		
No	66.7	74
Marital Status		
Married	14.4	16
Living as Married	7.2	8
Divorced	16.2	18
Separated	7.2	8
Single	45.0	50
Other	.9	1
Source of Income		
None	40.5	45
Job	37.8	42
Number of times in treatment last 5 years		
Zero	45.0	50
One	43.2	48

E. CHARACTERISTICS OF INTAKE PARTICIPANTS

Tables Two and Three contain data referencing the offenses of the intake participants as well as their histories with violence. According to this data, much activity involves the use or sale of methamphetamine by these participants. Approximately forty-one percent (41.1%) of the

respondents reported experience with the drug whether it is through the use or distribution of the drug.

In reference to having a record of violence, only fourteen percent (13.5%) acknowledged having such a record while seventy-four percent denied having such a record. In discussion with CNDC staff, the percentages acknowledging a violent history might have been higher had the participant been asked if they had a violent history rather than if there was simply an official record of it. Thus, the results may be skewed from the true picture.

Table Two:
Offenses of Intake Participants
(n = 111)

Offense	Frequency	Percent
Possession of Meth	42	37.8
Missing	19	17.1
Possession	12	10.8
DWI	6	5.4
Burglary	4	3.6
Distribution of Meth	4	3.6
Shoplifting	3	2.7
Theft	3	2.7
Assault	2	1.8
Auto Theft	2	1.8
Forgery	2	1.8
Possession of Marijuana	2	1.8
Acquisition of Prescription	1	.9
Disturbing the Peace	1	.9
Domestic Battery	1	.9
Domestic Violence	1	.9
Drug Charge	1	.9
Felony Forgery	1	.9
Forfeit of \$	1	.9
Fraud	1	.9
Possession of Ecstasy	1	.9
Unlawful Taking	1	.9
Total	111	100.0

Table Three:
Official Record of Violence
(n= 111)

Record of Violence?	Frequency	Percent
Denies	82	73.9
Yes	15	13.5
No	1	.9
Total	98	88.3
Missing	13	11.7
Total	111	100.0

F. CROSS-TABULATIONS OF INTAKE PARTICIPANTS

In order to make a determination of the characteristics of those who are formally screened in or out of the CNDC, cross tabulations of the intake participants were conducted against varying demographic, personal and offense characteristics. In each table, there are many aspects to be explored, analyzed or interpreted. Those that are thought to be most pertinent to the process evaluation were selected.

Table Four:
Status in CNDC by Gender

(Note: Bold numbers and percentages are meant to draw attention to the row numbers. Bold and underlined numbers and percentages are meant to draw attention to column numbers.)

Gender		Status				Total
		Graduate	Termination	In Program	Denials to CNDC	
Male	Count	2	8	45	19	74
	% within Gender	2.7%	10.8%	60.8%	25.7%	100.0%
	% within Status	<u>50.0%</u>	<u>80.0%</u>	<u>62.5%</u>	<u>76.0%</u>	66.7%
	% of Total	1.8%	7.2%	40.5%	17.1%	66.7%
Female	Count	2	2	27	6	37
	% within Gender	5.4%	5.4%	73.0%	16.2%	100.0%
	% within Status	<u>50.0%</u>	<u>20.0%</u>	<u>37.5%</u>	<u>24.0%</u>	33.3%
	% of Total	1.8%	1.8%	24.3%	5.4%	33.3%
Total	Count	4	10	72	25	111
	% within Gender	3.6%	9.0%	64.9%	22.5%	100.0%
	% within Status	100.0%	100.0%	100.0%	100.0%	100.0%
	% of Total	3.6%	9.0%	64.9%	22.5%	100.0%

According to Table Four, males comprise sixty-three percent (62.5%) of those in the program and males are terminated at a higher percentage than females (80% versus 20%). Males are also denied entrance into the CNDC at higher percentage than females (76% versus 24%). Graduation rates in this sample are even at fifty percent each (50.0%).

1. CROSS-TABLATIONS: STATUS BY ORIGIN

Table Five shows the results of the cross-tabulations of status of the participants by their origin or race. Caucasians represent ninety-two percent (91.7%) of those in the program with Hispanics comprising the next largest category at four percent (4.2%). Caucasians are denied into the CNDC approximately nineteen percent (18.9%) of the time while Hispanics are denied sixty percent (60%) of the time.

In further analysis of the data and through anecdotal evidence/discussion with CNDC staff, Hispanics have a higher denial rate of an alcohol/drug problem than that of other races. It is an intake policy and grounds for denial into the CNDC that if the prospective participant does not admit a problem with drugs and alcohol, they are not accepted into the program. Also, of those who graduated from the CNDC, one hundred percent (100.0%) were white.

Table Five:
Status in CNDC by Origin

(Note: Bold numbers and percentages are meant to draw attention to the row numbers. Bold and underlined numbers and percentages are meant to draw attention to column numbers.)

Origin		Status				Total
		Graduate	Termination	In Program	Denials to CNDC	
Caucasian	Count	4	7	66	18	95
	% within Origin	4.2%	7.4%	69.5%	18.9%	100.0%
	% within Status	100.0%	70.0%	91.7%	72.0%	85.6%
	% of Total	3.6%	6.3%	59.5%	16.2%	85.6%
Hispanic	Count		1	3	6	10
	% within Origin		10.0%	30.0%	60.0%	100.0%
	% within Status		10.0%	4.2%	24.0%	9.0%
	% of Total		.9%	2.7%	5.4%	9.0%
African American	Count		1	1	1	3
	% within Origin		33.3%	33.3%	33.3%	100.0%
	% within Status		10.0%	1.4%	4.0%	2.7%
	% of Total		.9%	.9%	.9%	2.7%
Native American	Count			1		1
	% within Origin			100.0%		100.0%
	% within Status			1.4%		.9%
	% of Total			.9%		.9%
Other	Count		1			1
	% within Origin		100.0%			100.0%
	% within Status		10.0%			.9%
	% of Total		.9%			.9%
99	Count			1		1
	% within Origin			100.0%		100.0%
	% within Status			1.4%		.9%
	% of Total			.9%		.9%
	Count	4	10	72	25	111
	% within Origin	3.6%	9.0%	64.9%	22.5%	100.0%
	% within Status	100.0%	100.0%	100.0%	100.0%	100.0%
	% of Total	3.6%	9.0%	64.9%	22.5%	100.0%

2. CROSS-TABULATIONS: STATUS BY ALCOHOL PROBLEM EVER

From the following results, it appears that the focus of the CNDC is not specifically on those with a history of alcohol problems. Of those in the program, only thirty-six percent (36%) of the respondents stated they had ever had an alcohol problem while of those who have been terminated, sixty percent (60.0%) reported they had such a problem. Of those denied into the CNDC, forty percent (40%) reported having ever had an alcohol problem. In the graduation category, one person or twenty-five percent of the graduates reported ever having an alcohol problem.

Table Five
Status in CNDC by Alcohol Problem Ever

(Note: Bold numbers and percentages are meant to draw attention to the row numbers. Bold and underlined numbers and percentages are meant to draw attention to column numbers.)

			Status				Total
			Graduate	Termination	In Program	Denials to CNDC	
Alcohol problem ever?	Yes	Count	1	6	26	10	43
		% within Alcohol problem ever?	2.3%	14.0%	60.5%	23.3%	100.0%
		% within Status	<u>25.0%</u>	<u>60.0%</u>	<u>36.1%</u>	<u>40.0%</u>	<u>38.7%</u>
		% of Total	.9%	5.4%	23.4%	9.0%	38.7%
	No	Count	3	4	46	15	68
		% within Alcohol problem ever?	4.4%	5.9%	67.6%	22.1%	100.0%
		% within Status	<u>75.0%</u>	<u>40.0%</u>	<u>63.9%</u>	<u>60.0%</u>	61.3%
		% of Total	2.7%	3.6%	41.4%	13.5%	61.3%
Total		Count	4	10	72	25	111
		% within Alcohol problem ever?	3.6%	9.0%	64.9%	22.5%	100.0%
		% within Status	<u>100.0%</u>	<u>100.0%</u>	<u>100.0%</u>	<u>100.0%</u>	100.0%
		% of Total	3.6%	9.0%	64.9%	22.5%	100.0%

3. CROSS-TABULATIONS: STATUS BY DRUG PROBLEM EVER

From the results below, it may be concluded that the focus of the CNDC is those people with drug problems. Of those in the program, eighty-six percent (86.1%) characterized themselves as having a drug problem some time in their lives and one hundred percent of the graduates in this data set also acknowledged a drug problem. However, of those who are terminated, ninety percent (90%) noted having a drug problem ever in their lives. In the graduates' category, one hundred percent (100.0%) of the graduates reported ever having a drug problem.

Table Six
Status in CNDC by Drug Problem Ever

			Status				Total
			Graduate	Termination	In Program	Denials to CNDC	
Drug problem ever?	Yes	Count	4	9	62	13	88
		% within Drug problem ever?	4.5%	10.2%	70.5%	14.8%	100.0%
		% within Status	<u>100.0%</u>	<u>90.0%</u>	<u>86.1%</u>	<u>52.0%</u>	79.3%
		% of Total	3.6%	8.1%	55.9%	11.7%	79.3%
	No	Count		1	10	12	23
		% within Drug problem ever?		4.3%	43.5%	52.2%	100.0%
		% within Status		<u>10.0%</u>	<u>13.9%</u>	<u>48.0%</u>	20.7%
		% of Total		.9%	9.0%	10.8%	20.7%
Total		Count	4	10	72	25	111
		% within Drug problem ever?	3.6%	9.0%	64.9%	22.5%	100.0%
		% within Status	<u>100.0%</u>	<u>100.0%</u>	<u>100.0%</u>	<u>100.0%</u>	100.0%
		% of Total	3.6%	9.0%	64.9%	22.5%	100.0%

4. CROSS-TABULATIONS: STATUS BY ALCOHOL PROBLEM IN THE PAST 12 MONTHS

Again, it appears that those with drug problems are the main focus and that alcohol problems are dealt with in an ancillary fashion. Of those who were denied into the CNDC, only twenty-four percent (24%) had an alcohol problem in the last twelve months. From here, the numbers change from those in Table Five. Of those in the CNDC program, only fifteen percent (15.3%) stated they had an alcohol problem in the past 12 months whereas thirty-six percent (36.1%) had stated they ever had an alcohol problem in Table Five.

In the category of terminations, twenty percent (20.0%) of those who were terminated cited a drinking problem in the last twelve months leading to the conclusion that alcohol problems were not necessarily the leading reason or problem for terminated individuals in the program. In the graduates' column, seventy-five percent (75.0%) of those surveyed on intake reported not having a drinking problem in the past twelve months.

Table Seven
Status in CNDC by Alcohol Problem in the Past 12 Months

(Note: Bold numbers and percentages are meant to draw attention to the row numbers. Bold and underlined numbers and percentages are meant to draw attention to column numbers.)

		Status				Total	
		Graduate	Termination	In Program	Denials to CNDC		
Alcohol problem in past 12 months?	Yes	Count	1	2	11	6	20
		% within Alcohol problem in past 12 months?	5.0%	10.0%	55.0%	30.0%	100.0%
		% within Status	25.0%	20.0%	15.3%	24.0%	18.0%
		% of Total	.9%	1.8%	9.9%	5.4%	18.0%
	No	Count	3	8	61	19	91
		% within Alcohol problem in past 12 months?	3.3%	8.8%	67.0%	20.9%	100.0%
		% within Status	75.0%	80.0%	84.7%	76.0%	82.0%
		% of Total	2.7%	7.2%	55.0%	17.1%	82.0%
Total		Count	4	10	72	25	111
		% within Alcohol problem in past 12 months?	3.6%	9.0%	64.9%	22.5%	100.0%
		% within Status	100.0%	100.0%	100.0%	100.0%	100.0%
		% of Total	3.6%	9.0%	64.9%	22.5%	100.0%

5. CROSS-TABULATIONS: STATUS IN CNDC BY DRUG PROBLEM IN PAST 12 MONTHS

In this data set, of those who responded positively as to whether or not they had a drug problem in the last twelve months, seventy-four percent (73.8%) either were in the program or had graduated with eleven percent (10.7%) being terminated. Of those terminations, ninety-percent (90%) reported a drug problem in the last twelve months. Further, looking at just the data of

those in the program, eighty-two percent (81.9%) of those in the CNDC program have had a drug problem in the past twelve months. Of those who graduated, seventy-five percent (75%) of the respondents characterized themselves as having a drug problem in the past twelve months.

Table Eight
Status in CNDC by Drug Problem in the Past 12 Months

(Note: Bold numbers and percentages are meant to draw attention to the row numbers. Bold and underlined numbers and percentages are meant to draw attention to column numbers.)

		Status				Total	
		Graduate	Termination	In Program	Denials to CNDC		
Drug problem in past 12 months?	Yes	Count	3	9	59	13	84
		% within Drug problem in past 12 months?	3.6%	10.7%	70.2%	15.5%	100.0%
		% within Status	<u>75.0%</u>	<u>90.0%</u>	<u>81.9%</u>	<u>52.0%</u>	75.7%
		% of Total	2.7%	8.1%	53.2%	11.7%	75.7%
	No	Count	1	1	13	11	26
		% within Drug problem in past 12 months?	<u>3.8%</u>	<u>3.8%</u>	<u>50.0%</u>	<u>42.3%</u>	<u>100.0%</u>
		% within Status	<u>25.0%</u>	<u>10.0%</u>	<u>18.1%</u>	<u>44.0%</u>	23.4%
		% of Total	.9%	.9%	11.7%	9.9%	23.4%
	99	Count				1	1
		% within Drug problem in past 12 months?				100.0%	100.0%
		% within Status				4.0%	.9%
		% of Total				.9%	.9%
	Total	Count	4	10	72	25	111
		% within Drug problem in past 12 months?	3.6%	9.0%	64.9%	22.5%	100.0%
		% within Status	<u>100.0%</u>	<u>100.0%</u>	<u>100.0%</u>	<u>100.0%</u>	100.0%
		% of Total	3.6%	9.0%	64.9%	22.5%	100.0%

6. CROSS-TABULATIONS: OFFICIAL RECORD OF VIOLENCE BY STATUS

In these cross-tabulations, while there was no missing data, it appears much might be hidden about the respondents in the way the question is worded on the questionnaire; do you have an *official record* of violence. Many respondents may have histories of violent behavior without it ever ending up on a public record. Thus, eighty-four percent (83.7%) of the respondents denied having an official record of violence. Of those participants who responded positively as to whether they had a history of violence, sixty-seven percent (66.7%) or ten respondents ended up in the CNDC program.

Table Nine
Official Record of Violence by Status

(Note: Bold numbers and percentages are meant to draw attention to the row numbers. Bold and underlined numbers and percentages are meant to draw attention to column numbers.)

			Status				Total
			Graduate	Termination	In Program	Denials to CNDC	
Official record of violence	Denies	Count	4	5	56	17	82
		% within Official record of violence	4.9%	6.1%	68.3%	20.7%	100.0%
		% within Status	100.0%	71.4%	84.8%	81.0%	83.7%
		% of Total	4.1%	5.1%	57.1%	17.3%	83.7%
	Yes	Count		1	10	4	15
		% within Official record of violence		6.7%	66.7%	26.7%	100.0%
		% within Status		14.3%	15.2%	19.0%	15.3%
		% of Total		1.0%	10.2%	4.1%	15.3%
	No	Count		1			1
		% within Official record of violence		100.0%			100.0%
		% within Status		14.3%			1.0%
		% of Total		1.0%			1.0%
Total		Count	4	7	66	21	98
		% within Official record of violence	4.1%	7.1%	67.3%	21.4%	100.0%
		% within Status	100.0%	100.0%	100.0%	100.0%	100.0%
		% of Total	4.1%	7.1%	67.3%	21.4%	100.0%

G. CONCLUSIONS ON INTAKE INFORMATION SCREENING AND ASSESSMENT

As mentioned in the opening paragraph, the data presented here from the intake questionnaire may not totally encapsulate what is happening qualitatively in the intake processes but statistically, it may be representative enough to draw some conclusions.

Conclusions that can be made are that the demographics are not very comparable to the arrest data. For example, Caucasians are represented fourteen percent higher in the arrest category (86% vs. 72%) than in the CNDC intake data. Ultimately, Caucasians end up as comprising ninety-two percent of those who are in the program. Along these lines, sixty percent of Hispanics who are paper eligible for the program are ultimately denied into the CNDC.

In reference to gender, males comprise eighty-two percent (82%) of arrestees, sixty-seven percent (66.7%) of those at intake and sixty-three percent (62.5%) ultimately in the program. Other aspects of the respondents are that they are underemployed; thirty-eight percent (37.8%) have jobs and have high school degrees (64%) but are currently not pursuing any education at this point in time (Sixty-seven percent are not pursuing degrees). They are also more likely to be single (45%) than of any other type of marital status category.

In the program, it appears that those with drug problems are the primary focus and are the majorities in most categories although the percentage of those who are terminated from the program and who responded that they did have a drug problem both ever and in the last twelve months was high (90%). Despite the policy against allowing those with violent records into the CNDC program, sixty-seven percent of those who reported having a violent record were allowed into the CNDC.

H. RECOMMENDATIONS FOR FUTURE DATA COLLECTION:

- Have prosecutors collect their intake data in aggregate and report it in percentages to maintain anonymity of potential participants.
- Change the question of “record of violence” to something which can determine a more accurate level of violence in a prospective participant.
- Examine the eligibility and screening process to determine accuracy of denying sixty percent of Hispanics into the program.
- If nearly sixty-eight percent of those who report a violent history are allowed into the CNDC, is the staff denying the validity of the self-reporting or is such a history being ignored?

Chapter 7: DRUG COURT TEAM, PROGRAM COORDINATION AND JUDICIAL SUPERVISION

The Central Nebraska Drug Court is made up of four counties. Three of the four counties, Buffalo, Hall and Adams, are represented by a Drug Court Team made up of the following individuals: Drug Court Judge, Drug Court Coordinator, County Attorney, Public Defender, Supervision Officer, a representative from treatment and local law enforcement representatives. Phelps County does not yet have such representation, thus participants from Phelps County are absorbed in the other three courts.

The Drug Court Judge leads the Drug Court Team. The judge has adjudicative duties that include orientation of new participants, explaining drug court program requirements, monitoring participant's progress, imposing sanctions or incentives, and determining the status of the participant's ability to withdraw, to be terminated, or to graduate. The Judge sees every participant a minimum of one time a month. The Judge also works as a liaison between the court and other public or governmental agencies.

The Drug Court Coordinator is responsible for all grant-writing responsibilities and for maintaining all funding responsibilities that include reporting, meetings, and program evaluation. The Coordinator serves as the primary contact between all participating agencies of the Drug Court and all community stakeholders. The Coordinator is responsible for developing all aspects of the Drug Court Program including policy and procedure manuals, participant handbooks, the phase program, and Drug Court Team responsibilities. The Coordinator assists in the supervision of the drug court participants including tracking needed information via documentation, face-to-face meetings, conducting surveillance checks, collecting urine, and helping to meet any other identified needs of the participants or the court. The Coordinator serves as facilitator during staff meetings and the court process, and ensures all agencies are represented, and that all incidents and progress are noted and available for the Drug Court Team. The Coordinator also serves as the Public Information Officer of the Central Nebraska Drug Court.

The County Attorneys' duties are that they notify charged offenders of their eligibility for Drug Court based on screening processes conducted by the County Attorney's Office. If defendants are willing to participate in the Drug Court Program the County Attorney submits a referral to the Drug Court Team to be approved or denied at the staff meeting. The Country Attorney attends the weekly staff meetings and court hearings.

The Public Defender's role is to protect the rights of defendants before they become a program participant and to advise defendants on the nature and purpose of the drug court along with the expectations set forth in the client contract, and the sanctions and incentives of the court. They also represent their client's interest if termination from the program is imminent.

The treatment services providers are responsible for completing drug and alcohol assessments and making decisions regarding the level of care needed for each participant. The treatment service providers report on participants' progress while in treatment, keep the participants

individualized treatment plan updated, and refer the participant to any needed collateral services. Once participants are in treatment, the providers attend the weekly staff meetings and report on participant's progress.

The responsibilities of the Supervision Officer(s) include having participants report on a regular basis, keeping participants personal information updated, arranging community service, completing needed employment and residential checks, enforcing curfew checks, conducting breath and urine tests, and monitoring participants to ensure all conditions of the participants personalized plan are being met. The supervision officer(s) attend the weekly staff meetings and report on each participant's progress.

The Drug Court Teams meet each week for approximately thirty to forty-five minutes before court begins in each respective court. These meetings are to discuss participants' progress. Each team member is provided with a list of which participants will be attending court that day and what issues need to be discussed in relation to each individual participant. The weekly staff meetings serve as a time for information sharing, identification of participant needs, recommendations for treatment, supervision or collateral services, and decisions are made regarding needed sanctions, incentives, graduation or termination. If sanctions need to be imposed on participants, each team member provides input for the sanctions and a consensus is reached as to the sanction(s) to be imposed. The Judge then follows these recommendations during the court hearing more often than not.

In reference to how often participants appear before the judge, it is dependent on their progress and their current phase. Participants in Phase I must appear in court weekly for a minimum of two months. Those in Phase II must appear weekly for a minimum of four months. Participants in Phase III must appear in court monthly for a minimum of six months. Participants that have graduated from the program but are still in Phase IV report to court as directed by the judge for a minimum of six months.

All team members for each individual county are expected to be at the weekly staff meetings. These team members include the Judge, Drug Court Coordinator, County Attorney, Supervision Officer, treatment representatives, and local law enforcement officials. The Public Defender attends the staff meetings and court hearings on occasion.

Staff meetings are held prior to court each week. During these meetings, all members of the team verbally report any information they may have on participants. These meetings are to discuss each participant's progress. Each team member is provided with a list of which participants will be attending court that day and what issues need to be discussed in relation to each individual participant. The weekly staff meetings serve as a time for information sharing, identification of participant needs, recommendations for treatment, supervision or collateral services, and decisions are made regarding needed sanctions, incentives, graduation or termination.

Ideally, participants have an average of twelve status hearings in the first three months of the program and twenty-four in the first six months. This average can vary by how quickly

participants move through the phases. The number of status hearings may vary based upon the court being cancelled some weeks. During the first year, participants will ideally have thirty status hearings. Once participants are in Phase III they are required to report to court a minimum of once monthly but this can be increased if the judge believes that their performance requires them to appear more often.

Based on observations conducted in the summer of 2003, this process was conducted very swiftly and very thoroughly. During staffing and court observations, the evaluation team noted times when meetings and court started and ended as well as the content of what was discussed in staffings and what occurred in court. On average, the number of participants discussed in staff meetings was twenty-two. The average amount of time to discuss this number of participants was twenty-seven minutes. This yields a discussion time of slightly less than a minute and a half for each participant.

This may appear to be a very short amount of time to adequately address the problems and/or progress of each individual participant. But in many cases in a typical staffing meeting, it was felt that due to the progress of some participants, in-depth discussion of their situations was not required so discussion was minimal at best. It is the impression of the evaluators that the Drug Court staff and related personnel are communicating on a regular basis or daily basis so that the discussion in staff meetings is an affirmation. It is also our impression that the CNDC staff was very up to date and knowledgeable of the progress or lack thereof of every participant and that any action taken positively or negatively towards a participant was done so with a great deal of thought and objectivity.

In reference to court proceedings, the average number of CNDC participants seen by the judges in the summer of 2003 was fifteen and the amount of time the judges spent with each participant was slightly over two minutes. Again, this may appear to be inadequate to deal with participants but those who required attention received it and at the very least, the judges "touched base" with each participant. It was our impression that the length of each meeting with each participant was adequate and accomplished that which was necessary and productive for the meeting.

Chapter 8: URINALYSIS TESTING

A. DATA COLLECTION PROCEDURES AND DATA

The origin of the data analyzed in this section was the CNDC's Management Information System and as such, there is no demographic information included beyond gender which was added to the analysis by the evaluation team. As it stood, the MIS did not have the capability to address the questions posed by the Request for Proposal so each entry with each of its sub-variables were entered manually into SPSS (The Statistical Package for the Social Sciences) from each participant's MIS record. The strategy was to lift the data from each participant's MIS record. The total number of entries for this section including all variables in each drug test was over fifty thousand. The time period specified for this calculation is an approximate eighteen-month period encompassing March 14, 2002 to September 30, 2003. For statistical purposes, this sample is representative of the population of drug tests at the Central Nebraska Drug Court.

The original total number of drug tests analyzed or the "*N*" for this analysis was 4,492 drug tests with the accompanying demographics and information for each test. Ultimately, the "*n*" size became 4,312 drug tests for the following reasons. As it is counted in the MIS, if a person is tested once and the results are negative, one test is tabulated by the system. If there is one drug test and a positive result occurs and, for example, a person tests positive for five drugs, then it is counted as five separate drug tests and positives in the MIS as it is currently coded. To compound this problem, the drug tests also test Creatinine levels which are a measure of how dilute the urine sample is. For each positive drug test there is also recorded a result for the Creatinine level but it is also counted in the MIS as a separate test. Thus, in the example above, the five positive drug tests are also accompanied by five test results for Creatinine all of which originated from one drug test. Therefore, this tends to inflate the actual number of tests. For this analysis, the duplicative data has been removed from the final calculations.

In collecting the drug tests, it is required that all drug tests are done randomly and are observed on a same-sex basis. Collectors are required to be cognizant of client subterfuges and of any attempts to alter the sample. All drugs are screened for, both legal and illicit drugs. In Phase One, participants are tested a minimum of three times per week. In Phase Two, they are tested a minimum of two times per week and in Phase Three, participants are tested a minimum of once a week (Information Notebook).

B. RESULTS

The only demographic variable that was available was gender. As may be seen in Table One, males comprise fourteen percent more of the urinalysis tests than females (57% versus 43%). Most tests (83%) are conducted on site followed by those conducted by Redwood Labs who complete thirteen percent (13.4%) of the drug urinalysis testing for the CNDC. The most prevalent type of testing is the urinalysis (96.9%) followed by the patch/sweat tests (3.0%). Lastly, while prospective CNDC participants are told that all drug tests will be random, approximately twenty-five percent (25.4%) are not.

Table One:
Urinalysis Testing
(*n* = 4312)

Gender	<u>Frequency</u> <u>Percent</u>	
Male	2468	57.2
Female	1844	42.8
Total	4312	100.
		0
Provider		
On-Site	3593	83.3
Redwood Labs	577	13.4
Pharm Chem	139	3.2
Preliminary Breath Test	3	.1
Total	4312	100.0
Testing Type		
Urine	4178	96.9
Sweat	131	3.0
Breath	3	.1
Total	4312	100.0
Random Test		
Yes	3215	74.6
No	1097	25.4
Total	4312	100.0

1. RESULTS OF DRUG TESTS AND BREAKDOWN OF POSITIVE DRUG TESTS

Of the four thousand, three hundred and twelve drug tests analyzed, ninety-one percent (91.1%) fall in to the negative category. In reference to positive drug tests, the CNDC counts no shows, diluted samples, refusals, tampered drug tests and positives drug tests as positives. Collapsing these categories yields an approximate eight percent (7.8%) positive finding. The remaining percentage may be classified as miscellaneous findings that fit into neither the positive nor negative categories.

In reference to the positive drug tests in Table Three, the most prevalent drug to show up on the tests was marijuana (26%) followed by methamphetamine (25%). Alcohol was a distant third at fourteen percent (14%).

Table Two
Result of Drug Tests
(n = 4312)

	Frequency	Percent
Negative	3928	91.1
No Show	188	4.4
Positive	122	2.8
Valid	Missing	.9
	Pending	.3
	Admission	.3
	Dilute	.1
	Stall	.1
	Refused	.0
	Tampered	.0
	Total	100.0

Table Three
Positive Drug Tests
(n = 355)

Drug		
Marijuana	93	26%
Methamphetamine	89	25%
Alcohol	51	14%
Amphetamine	22	6%
Opiates	16	5%
Cocaine	13	4%
Barbiturates	12	3%
Benzodiazepines	12	3%
Missing	47	13%
Total	355	

C. CONCLUSIONS/RECOMMENDATIONS FOR FUTURE DATA COLLECTION:

- The success rate for the CNDC is excellent with over ninety percent of all drug tests being negative. Positive drug tests are also very low with approximately eight percent of drug tests being positive.
- It is interesting to note that a lesser addictive drug (marijuana) is the drug which showed up the most frequently. It is thought given the frequency with which participants are being arrested for using and selling methamphetamine and the addictive nature of this drug, that it would be on the top.

- Despite policy of all drug tests being random, not all drug tests are randomly collected.
- Separate the qualitative data from the drug related/quantitative questions. Qualitative data makes the collecting and cleaning of the data difficult to do. Over fifty thousand re-entries were conducted in order to properly analyze the drug tests and the data surrounding them.
- Include demographic information and background information in the drug testing area as well.
- Remove Creatinine from the “Drugs” category. As it is a measure for how dilute a urine sample is, it does not necessarily belong in the same category as, for example, marijuana and methamphetamine.

Chapter 9: SANCTIONS AND INCENTIVES

A. DATA COLLECTION PROCEDURES AND DATA

The data for this section were collected in two ways: quantitatively off the Management Information System and qualitatively by staffing and court observations done in the summer of 2003. The MIS data is from March 2002-September 2003. In that time frame, the number of sanctions imposed was one hundred and fifty-seven (157). The average number of sanctions is 1.8 per client (157/86) in the time period specified. Incentives cannot be calculated as most are verbal or qualitative in nature and also consist of advancement to the next phase in the drug court.

B. RESULTS

1. DEMOGRAPHICS

Of those who are sanctioned in the CNDC, age appears to be a fairly strong indicator of who received sanctions. Fifty-seven percent (56.7%) of those sanctioned in the program are between the ages of eighteen and twenty-five. All other ages comprise the rest of the sanctions. Males received most of the sanctions at sixty-four percent (64.1%) and Caucasians ended up with the majority of sanctions at seventy-four percent (73.9%).

Table One
Demographic Variables
(N = 157)

Age	Frequency	Percent
18-20	26	16.6
21-25	63	40.1
26-30	27	17.2
31-35	11	7.0
36-40	13	8.3
40+	17	10.8
Total	157	100.0
Gender		
Male	101	64.3
Female	56	35.7
Total	157	100.0
Race		
Caucasian	116	73.9
Missing/Other	23	14.6
Hispanic	13	8.3
Native American	3	1.9
African American	2	1.3
Total	157	100.0

2. PHASES AND SANCTIONED BEHAVIORS

According to Table Two, it appears that if sanctions are imposed, it is going to occur most often in Phase One, as that is where eighty-four percent (84.1%) of the sanctions occurred. There were no sanctions in Phase Four. Of those forty-three listed offenses in Table Two, thirty nine (91%) were offenses specific to being in the CNDC as opposed to those general offenses which the general public could carry out (e.g., DWI and possession of drug paraphernalia).

In exploring the sanctioned behaviors, the most common revolve around missing urinalyses or having positive urinalyses. Combined, these two behaviors comprise thirty-three percent (32.5%) of the sanctions. The next is missing meetings with eleven percent (10.8%) followed by not completing community service (4.5%).

Table Two:
Sanction Results
(N = 157)

Phase	<u>Frequency</u>	<u>Percent</u>
Phase 1	132	84.1
Phase 2	18	11.5
Phase 3	7	4.5
Total	157	100.0
Sanctioned Behavior	<u>Frequency</u>	<u>Percent</u>
Missed U/A	26	16.6
Positive U/A	25	15.9
Missed meetings	17	10.8
Community service not done	7	4.5
Uncooperative	6	3.8
Late to court	5	3.2
Violation no contact order	5	3.2
Noncompliance employment	5	3.2
Drinking	4	2.5
Dilution	4	2.5
Noncompliance with halfway house	4	2.5
Altered hours card	3	1.9
Association with users	3	1.9
Missing data	3	1.9
Non-authorized travel	3	1.9
Positive alcohol test	2	1.3
Pos. U/A	2	1.3
Self reported use	2	1.3
Drug paraphernalia in possession	2	1.3
Removed patch	2	1.3
No room in residential care	2	1.3
No contact w/court	2	1.3
Late to U/A	2	1.3

Not calling in	2	1.3
Late for treatment	2	1.3
Continued drug use	1	.6
Noncompliance with treatment	1	.6
Manipulation of home search	1	.6
Dishonesty w/ judge	1	.6
Terminated	1	.6
Late for U/A	1	.6
Missed court	1	.6
Noncompliance Community Service	1	.6
No going to counseling	1	.6
Lost card	1	.6
New offense	1	.6
Pos. Patch	1	.6
Failure to appear	1	.6
Changing residence w/out permission	1	.6
DWI	1	.6
Pos. PBT	1	.6
Seen in a drinking establishment	1	.6
Total	157	100.0

3. SANCTION TYPES AND AMOUNT OF TIME GIVEN

The types of sanctions the CNDC impose are quite numerous (29) and are, at times, creative. The writing of eight hundred word essays with the most common subject being why a person should be allowed to stay in the CNDC program have been added to the sanctions list. Others are fines, jail terms, community service and the re-starting of phases. Overall, in this sample, they may be classified into four broad categories: Jail terms, Community Service, Self Help Meeting and a miscellaneous category known as "Other" where essays and fines are found.

While the CNDC and other drug courts are designed to be rehabilitative rather than punitive in nature, the most common type of sanction imposed for breaking the rules is a jail term (66.2%) with three and four day terms being the most common length of time (31.2%). Community service is used twenty-eight percent (28.0%) of the time with three hours being the most frequently imposed amount of time.

While there is no data in the MIS concerning incentives for the participants, these aspects may be reported qualitatively. After conducting court observations through the summer of 2003 in all CNDC courts, the most common type of incentive was verbal from the judges and from the CNDC staff. In staff meetings before court, staff would make every effort to ensure that

something positive was said in court for every participant's situation that warranted it. Rounds of applause were also utilized when someone graduated to the next phase. In one court, small, congratulatory gifts were given to participants who graduated or who moved on to the next phase. Honesty was also rewarded by way of no sanctions if required or by reduced sanctions.

Table Three
Sanction Types and Time Given
N = 157

Sanction Type	Frequency Percent	
Jail Term	104	66.2
Community Service	44	28.0
Other	8	5.1
Self Help Meetings	1	.6
Total	157	100.0

Amount of time

(Note: Community Service is denoted as "CS" in the table.)

	Frequency Percent	
3 days Jail	37	23.6
4 days Jail	12	7.6
3 hours CS	11	7.0
1 day Jail	11	7.0
5 hours CS	10	6.4
5 days Jail	10	6.4
7 days Jail	10	6.4
2 days Jail	8	5.1
6 hours CS	6	3.8
10 days Jail	5	3.2
14 days Jail	5	3.2
Missing	5	3.2
4 hours CS	4	2.5
20 hours CS	2	1.3
10 hours CS	2	1.3
6 days Jail	2	1.3
1 hours CS	2	1.3
8 hours CS	2	1.3
2 hours CS	2	1.3
Restart Phase 1	1	.6
13 days Jail	1	.6
No contact order	1	.6
60 hours	1	.6
\$25 fine	1	.6
\$20 fine	1	.6
6 days	1	.6
12 hours CS	1	.6
800 word essay	1	.6
25 hours CS	1	.6

11 days Jail	1	.6
Total	157	100.0

4. ARE SANCTIONS APPLIED UNIFORMLY?

A. CROSS-TABULATION: SANCTION TYPE BY VIOLATION

In exploring which violations warrant which sanctions from the table above, the results are as follows. The most common violation which receives a community service sanctions is “missed meetings” with that occurring thirty percent (29.5%) of the time followed by being late for court (9.1%). To receive a jail term, the most common violations are missing a urinalysis (24.0%) and having a positive urinalysis (24.0%) respectively. The most common violation to warrant self-help meetings is to miss a meeting (100%).

Table Four: Sanction Type * Violation Crosstabulation

		Sanction Type																Total			
		Community Service				Jail Term				Other				Self Help Meetings							
		Count	% within Sanction Type	% within Violation	% of Total	Count	% within Sanction Type	% within Violation	% of Total	Count	% within Sanction Type	% within Violation	% of Total	Count	% within Sanction Type	% within Violation	% of Total	Count	% within Sanction Type	% within Violation	% of Total
Violation	Missing	1	2.3%	33.3%	.6%					2	25.0%	66.7%	1.3%					3	1.9%	100.0%	1.9%
	Altered hours card	1	2.3%	33.3%	.6%	2	1.9%	66.7%	1.3%									3	1.9%	100.0%	1.9%
	Association with users	2	4.5%	66.7%	1.3%	1	1.0%	33.3%	.6%									3	1.9%	100.0%	1.9%
	Changing residence w/out permission					1	1.0%	100.0%	.6%									1	.6%	100.0%	.6%
	Community service not done	3	6.8%	42.9%	1.9%	3	2.9%	42.9%	1.9%	1	12.5%	14.3%	.6%					7	4.5%	100.0%	4.5%
	Continued drug use					1	1.0%	100.0%	.6%									1	.6%	100.0%	.6%
	Dilution					4	3.8%	100.0%	2.5%									4	2.5%	100.0%	2.5%
	Dishonesty w/ judge	1	2.3%	100.0%	.6%													1	.6%	100.0%	.6%
	Drinking					4	3.8%	100.0%	2.5%									4	2.5%	100.0%	2.5%
	Drug paraphernalia in possession					2	1.9%	100.0%	1.3%									2	1.3%	100.0%	1.3%
	DWI					1	1.0%	100.0%	.6%									1	.6%	100.0%	.6%
	Failure to appear					1	1.0%	100.0%	.6%									1	.6%	100.0%	.6%
	Late for treatment	2	4.5%	100.0%	1.3%													2	1.3%	100.0%	1.3%
	Late for U/A	1	2.3%	100.0%	.6%													1	.6%	100.0%	.6%
	Late to court	4	9.1%	80.0%	2.5%					1	12.5%	20.0%	.6%					5	3.2%	100.0%	3.2%
	Late to U/A	2	4.5%	100.0%	1.3%													2	1.3%	100.0%	1.3%
	Lost card	1	2.3%	100.0%	.6%													1	.6%	100.0%	.6%
	Manipulation of home search					1	1.0%	100.0%	.6%									1	.6%	100.0%	.6%
	Missed court					1	1.0%	100.0%	.6%									1	.6%	100.0%	.6%
	Missed meetings	13	29.5%	76.5%	8.3%	2	1.9%	11.8%	1.3%	1	12.5%	5.9%	.6%	1	100.0%	5.9%	.6%	17	10.8%	100.0%	10.8%
	Missed U/A	1	2.3%	3.8%	.6%	25	24.0%	96.2%	15.9%									26	16.6%	100.0%	16.6%
	New offense					1	1.0%	100.0%	.6%									1	.6%	100.0%	.6%
No contact w/court	1	2.3%	50.0%	.6%	1	1.0%	50.0%	.6%									2	1.3%	100.0%	1.3%	
No going to counseling					1	1.0%	100.0%	.6%									1	.6%	100.0%	.6%	

No room in residential care					2	1.9%	100.0%	1.3%									2	1.3%	100.0%	1.3%
Non-authorized travel	1	2.3%	33.3%	.6%	2	1.9%	66.7%	1.3%									3	1.9%	100.0%	1.9%
Noncompliance Community Service					1	1.0%	100.0%	.6%									1	.6%	100.0%	.6%
Noncompliance employment	3	6.8%	60.0%	1.9%	2	1.9%	40.0%	1.3%									5	3.2%	100.0%	3.2%
Noncompliance with halfway house					4	3.8%	100.0%	2.5%									4	2.5%	100.0%	2.5%
Noncompliance with treatment					1	1.0%	100.0%	.6%									1	.6%	100.0%	.6%
Not calling in	1	2.3%	50.0%	.6%	1	1.0%	50.0%	.6%									2	1.3%	100.0%	1.3%
Pos. Patch					1	1.0%	100.0%	.6%									1	.6%	100.0%	.6%
Pos. U/A					2	1.9%	100.0%	1.3%									2	1.3%	100.0%	1.3%
Pos.PBT					1	1.0%	100.0%	.6%									1	.6%	100.0%	.6%
Positive alcohol test					2	1.9%	100.0%	1.3%									2	1.3%	100.0%	1.3%
Positive U/A					25	24.0%	100.0%	15.9%									25	15.9%	100.0%	15.9%
Removed patch					2	1.9%	100.0%	1.3%									2	1.3%	100.0%	1.3%
Seen in a drinking establishment	1	2.3%	100.0%	.6%													1	.6%	100.0%	.6%
Self reported use					2	1.9%	100.0%	1.3%									2	1.3%	100.0%	1.3%
Terminated									1	12.5%	100.0%	.6%					1	.6%	100.0%	.6%
Uncooperative	3	6.8%	50.0%	1.9%	3	2.9%	50.0%	1.9%									6	3.8%	100.0%	3.8%
Violation no contact order	2	4.5%	40.0%	1.3%	1	1.0%	20.0%	.6%	2	25.0%	40.0%	1.3%					5	3.2%	100.0%	3.2%
Total	44	100.0%	28.0%	28.0%	104	100.0%	66.2%	66.2%	8	100.0%	5.1%	5.1%	1	100.0%	.6%	.6%	157	100.0%	100.0%	100.0%

B. CROSS-TABULATION: SANCTION TYPE BY GENDER

In reference to gender and sanction type, Table Five indicates that males are receiving most sanctions (64.3% versus 35.7%). However, within the genders, the sanctions are imposed very evenly. While jail is the sanction imposed most often, males and females are receiving it sixty-seven percent (67.3%) and sixty-four percent (64.3%) respectively. Community service is also meted out in a similar fashion. Males receive it twenty-eight percent (27.7%) of the time while females do so at twenty-nine percent (28.6%). In the “Other” category, it is an even split at fifty percent. Therefore, while there is nearly a double sanction rate difference between the genders, it appears that within the genders themselves, the sanctions are imposed at an even rate.

Table Five
Sanction Type by Gender Crosstabulation

(Note: Bold numbers and percentages are meant to draw attention to the row numbers. Bold and underlined numbers and percentages are meant to draw attention to column numbers.)

			Gender		Total
			Female	Male	
Sanction Type	Community Service	Count	16	28	44
		% within Sanction Type	36.4%	63.6%	100.0%
		% within Gender	<u>28.6%</u>	<u>27.7%</u>	28.0%
		% of Total	10.2%	17.8%	28.0%
	Jail Term	Count	36	68	104
		% within Sanction Type	34.6%	65.4%	100.0%
		% within Gender	64.3%	67.3%	66.2%
		% of Total	22.9%	43.3%	66.2%
	Other	Count	4	4	8
		% within Sanction Type	50.0%	50.0%	100.0%
		% within Gender	<u>7.1%</u>	<u>4.0%</u>	5.1%
		% of Total	2.5%	2.5%	5.1%
	Self Help Meetings	Count	0	1	1
		% within Sanction Type	.0%	100.0%	100.0%
		% within Gender	.0%	1.0%	.6%
		% of Total	.0%	.6%	.6%
Total		Count	56	101	157
		% within Sanction Type	35.7%	64.3%	100.0%
		% within Gender	100.0%	100.0%	100.0%
		% of Total	35.7%	64.3%	100.0%

C. CROSS-TABULATIONS: SANCTION TYPE BY RACE

Within the races, jail is still the most frequent sanction imposed with those receiving it at a minimum of fifty-four percent for Hispanics ($n = 7$) to African Americans receiving it one hundred percent of the time ($n = 2$). Caucasians receive jail sixty-nine percent (69%, $n = 80$) of the time. Across the races, Caucasians receive jail sentences the most often. Seventy-seven percent (76.9%) of all jail sanctions are imposed on Caucasians which are also just over one-half of all sanctions combined (51%) followed by those of “Other” races at thirteen percent (12.5%). In comparing which race has the best chances of receiving a sanction of community service, it appears that those of “Other” races fare well at forty-four percent (43.5%) followed by Hispanics at thirty-nine percent (38.5%).

Table Six
Sanction Type by Race

(Note: Bold numbers and percentages are meant to draw attention to the row numbers. Bold and underlined numbers and percentages are meant to draw attention to column numbers.)

		RACE					Total	
		Caucasian	African American	Hispanic	Native American	Other		
Sanction Type	Community Service	Count	29	0	5	0	10	44
		% within Sanction Type	65.9%	.0%	11.4%	.0%	22.7%	100.0%
		% within RACE	<u>25.0%</u>	<u>.0%</u>	<u>38.5%</u>	<u>.0%</u>	<u>43.5%</u>	28.0%
		% of Total	18.5%	.0%	3.2%	.0%	6.4%	28.0%
	Jail Term	Count	80	2	7	2	13	104
		% within Sanction Type	76.9%	1.9%	6.7%	1.9%	12.5%	100.0%
		% within RACE	<u>69.0%</u>	<u>100.0%</u>	<u>53.8%</u>	<u>66.7%</u>	<u>56.5%</u>	66.2%
		% of Total	51.0%	1.3%	4.5%	1.3%	8.3%	66.2%
	Other	Count	6	0	1	1	0	8
		% within Sanction Type	75.0%	.0%	12.5%	12.5%	.0%	100.0%
		% within RACE	<u>5.2%</u>	<u>.0%</u>	<u>7.7%</u>	<u>33.3%</u>	<u>.0%</u>	5.1%
		% of Total	3.8%	.0%	.6%	.6%	.0%	5.1%
	Self Help Meetings	Count	1	0	0	0	0	1
	% within Sanction Type	100.0%	.0%	.0%	.0%	.0%	100.0%	
	% within RACE	.9%	.0%	.0%	.0%	.0%	.6%	
	% of Total	.6%	.0%	.0%	.0%	.0%	.6%	
Total	Count	116	2	13	3	23	157	
	% within Sanction Type	73.9%	1.3%	8.3%	1.9%	14.6%	100.0%	
	% within RACE	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	
	% of Total	73.9%	1.3%	8.3%	1.9%	14.6%	100.0%	

D. CROSSTABULATION: SANCTION TYPE BY PHASE

Of note in Table Seven, is the inverse relationship between phase and imposed sanctions. As noted in the column totals, as phases move from one to three, the use of jail as a sanction declines (69.7%, 50.0%, and 42.9%) and the use of community service increases (23.5%, 50.0% and 57.1%) respectively.

It appears from the data in Table Seven that Phase One is where most of the difficulty lies between participants and the CNDC. Eighty-four percent (84.1%) of all sanctions occur in Phase One with seventy percent (69.7%) of those being jail sentences while twelve percent (11.5%) and five percent (4.5%) of sanctions occur in Phases Two and Three respectively. There were no sanctions in Phase Four.

Table Seven
Sanction Type by Phase Cross-tabulation

(Note: Bold numbers and percentages are meant to draw attention to the row numbers. Bold and underlined numbers and percentages are meant to draw attention to column numbers.)

			Phase			Total
			Phase 1	Phase 2	Phase 3	
Sanction Type	Community Service	Count	31	9	4	44
		% within Sanction Type	70.5%	20.5%	9.1%	100.0%
		% within Phase	<u>23.5%</u>	<u>50.0%</u>	<u>57.1%</u>	28.0%
		% of Total	19.7%	5.7%	2.5%	28.0%
	Jail Term	Count	92	9	3	104
		% within Sanction Type	88.5%	8.7%	2.9%	100.0%
		% within Phase	<u>69.7%</u>	<u>50.0%</u>	<u>42.9%</u>	66.2%
		% of Total	58.6%	5.7%	1.9%	66.2%
	Other	Count	8	0	0	8
		% within Sanction Type	100.0%	10.0%	.0%	100.0%
		% within Phase	6.1%	.0%	.0%	5.1%
		% of Total	5.1%	.0%	.0%	5.1%
	Self Help Meetings	Count	1	0	0	1
		% within Sanction Type	100.0%	.0%	.0%	100.0%
		% within Phase	.8%	.0%	.0%	.6%
		% of Total	.6%	.0%	.0%	.6%
Total		Count	132	18	7	157
		% within Sanction Type	84.1%	11.5%	4.5%	100.0%
		% within Phase	100.0%	100.0%	100.0%	100.0%
		% of Total	84.1%	11.5%	4.5%	100.0%

C. CONCLUSIONS ON SANCTIONS DATA

- Jail time is the most common sanction imposed in the CNDC. Males receive it the most often and concerning race, African Americans have received it the most ($n = 1$) followed by Caucasians and Native Americans. Of all races, Hispanics are the least likely to receive a jail term but are more likely to receive community service.
- From the staffing and court observations, it appears the process of imposing sanctions is a fair one. Sanctions are recommended by staff, accepted, modified and/or rejected by the judge and applied in court. As the most common sanction is jail, the judges in the CNDC appear to only impose it when necessary, do so reluctantly and most often allow the participant to get their life in order before having to serve the sentence so as to not disturb employment or other aspects of the participant's life.
- The patterns in the tables indicate sanctions are used early and often in the process (usually in Phase One) and are those such as jail terms which will make an impact on the participant. The frequency and severity of sanctions decreases as the phases progress.
- Males receive the lion's share of sanctions but within the genders, jail sanctions, community service sanctions and others sanctions are distributed fairly evenly.
- Youth is a fair predictor of the imposition of sanctions with the majority of sanctions occurring in the eighteen to twenty-five age range.

Chapter 10: IMPACT ON CRIMINAL BEHAVIOR

Part of this process evaluation is to assess the impact the CNDC has on criminal behavior, the lives of the participants, the use of drugs and alcohol, if the program is fulfilling its mission and the effectiveness that different sanctions have on the participants. As it is obvious that there might be a differing of opinion on the success of the CNDC in reference to the respondents, two surveys were conducted, one with the participants in the CNDC and another with the staff of the CNDC. The surveys were distributed in September and were collected and included in the analysis until December 30, 2003. To encourage honesty, the respondents' anonymity was maintained at all points in the data collection process. In the CNDC staff survey the number of respondents was nineteen ($n = 19$). In the participants' survey, the total number was seventy-one ($n = 71$) taking the survey.¹

Data to establish the long-range effectiveness of the program has not been collected, as the CNDC has not been in operation long enough to determine long-term effects.

A. CNDC STAFF SURVEY RESULTS

As may be seen in Table One, of the nineteen respondents in the staff survey, it appears it is a fair representation or sample of the CNDC program across law enforcement, courts, correctional staff and treatment-oriented people with law enforcement being the most represented numerically speaking (6). The average number of months' involvement with the CNDC was twenty-eight (28.1) with a minimum of three and a maximum of forty-eight (48.0). Several respondents reported they had been involved with the CNDC since its inception rather than writing in a number. In consultation with those familiar with the program since inception, forty-eight months seemed an appropriate or an average number for that type of response. Given that the average number of months' experience is well over two years, the respondents should be well informed about the functioning, successes and problems with the CNDC.

Table One
Demographics of CNDC Staff Respondents

	<i>n</i>	Mean	Median	Minimum	Maximum
How many months have you been part of the CNDC?	19	28.1053	24.0000	3.00	48.00
Affiliation?					
			Frequency	Percent	
Law Enforcement			6	31.6	
Coordinator			3	15.8	
Judicial			3	15.8	
Treatment Oriented			3	15.8	
Drug Court Personnel			1	5.3	
Other			2	10.5	

¹ The original survey was conducted in Orange County, Florida in 2001. See Journal of Drug Issues 31(1), 259-292, 2001.

Total	18	94.7
Missing	1	5.3
Total	19	100.0

B. RESULTS/OPINIONS OF CNDC STAFF

The following tables are the aggregated results of the CNDC staff respondents. All questions were constructed as Likert scales which are designed to explore the extent of the respondent's agreement/disagreement with each statement. Each table displays the attitudinal scale as it was used on the questionnaire. Some questions received scales of one to ten so as to gain higher precision from the responses while others were on a one to five scale. For clarity and for comparative purposes, the one to ten scales were collapsed to one to five scales. Means or averages are the method of reporting for the question and the three highest responses are highlighted in bold and are numerically highlighted in parentheses. This is meant to highlight in which area(s) the CNDC excels according to respondents. The area where the CNDC least excels according to respondents is underlined.

1. Question: How helpful for the offenders is the CNDC program in the following areas?

Overall, the respondents scored the CNDC quite high with the lowest score being a 3.7 and a high of 4.68. According to CNDC staff, the areas in which the program is the most helpful are in helping participants remain drug free (4.6842), fostering a positive interaction between participants and the court (4.63) and helping participants remain crime free (4.53). The area where the CNDC was seen as being least helpful was in improving housing situations for the participants (3.7).

Table Two
How helpful for the offenders is the CNDC program in the following areas?
(1 = Not at all helpful; 3 = Somewhat helpful; 5 = Very helpful)

	<u><i>n</i></u>	<u>Mean</u>	<u>Median</u>
Remaining Drug Free?	19	4.6842	5.0000 (1)
Remaining alcohol free?	19	4.3158	4.0000
Crime free?	19	4.5263	5.0000 (3)
Fostering a positive interaction b/t you and the court?	19	4.6316	5.0000 (2)
Establishing more positive relationships with others?	19	4.3158	4.0000
Getting a job?	19	3.8947	4.0000
Maintaining employment?	19	3.8947	4.0000
Gaining a better self-image?	19	4.2632	4.0000
Improving life circumstances?	19	4.1579	4.0000
<u>Improving housing situations?</u>	17	3.7059	3.0000
Improving health?	18	4.3333	4.5000

2. Question: To what extent do you feel the following are strengths or weaknesses of the CNDC program?

Again, there were no low scores in this question on this one to five scale. According to Table Three, it appears the CNDC staff is of the opinion that the court does a very good job in monitoring the participants. The number one strength cited by the respondents is the program's ability to monitor drug use by urine and sweat tests (4.8421 out of 5) followed by appearing before the judge (4.7368 out of 5). Providing drug treatment was third (4.722).

Of those areas where the respondents ranked lowest were the qualitative aspects of providing vocational counseling (3.6316) and mentoring (3.7895).

Table Three

Question: To what extent do you feel the following are strengths or weaknesses of the CNDC program?

(Scale: 1 – Definitely a Weakness; 2 – Somewhat a Weakness; 3 - Neither Strength or Weakness; 4 – Somewhat a Strength; 5 - Definitely a Strength)

	<u>n</u>	<u>Mean</u>	<u>Median</u>
Providing drug treatment?	18	4.7222	5.0000 (3)
Assisting in staying in treatment longer?	18	4.5000	5.0000
Monitoring drug use by urine/sweat testing?	19	4.8421	5.0000 (1)
Providing incentive to attend 12-step or AA meetings?	18	4.5000	5.0000
Providing educational counseling?	19	4.0000	4.0000
Providing vocational counseling?	19	3.6316	4.0000
Appearing often before the judge?	19	4.7368	5.0000 (2)
Providing supervision?	19	4.6316	5.0000
Providing mentoring?	19	3.7895	4.0000

3. Question: How much of an impact do you think the following sanctions for failing to meet program requirements have on Drug Court participants?

The following three sections of the questionnaire explored the effectiveness of sanctions on participants under certain criteria. The goal of these questions was to determine which sanctions had the most impact and under which conditions according to the CNDC staff. The sanctions selected were those common to the CNDC and to drug courts at large and which were of a type that may be characterized as fairly lenient (writing an essay) to fairly harsh (one week in jail).

The scale was a Likert attitudinal scale and the reporting method is the mean or average of all respondents. The three parts of the questionnaire were collapsed into one table for comparison purposes.

As may be seen in Table Four, those sanctions that have had the most impact for a given category are marked in bold for the rows and bold and underlined for the column. The sanction which has the most effect for failing program requirements and for remaining crime free, the is one week in jail with a score of 4.5263 and 4.6111 respectively on a one to five scale. For the remaining drug and alcohol free category, the sanction deemed most appropriate is placement in a residential treatment facility (4.6667).

In the each row, the area where each sanction is thought to be most effective has been highlighted. Overall, jail is seen as the most effective sanction either for three days or for a week followed by placement in a residential treatment facility.

Table Four

Question: How much of an impact do you think the following sanctions for failing to meet program requirements have on Drug Court participants?

(Scale: 1 = Least Severe; 5 = Most Severe)

(Note: Bold numbers are meant to draw attention to the row numbers. Bold and underlined numbers are meant to draw attention to column numbers.)

Sanctions	Failing Program Requirements?		Remaining Drug or Alcohol Free?		Remaining Crime Free?	
	<i>n</i>	<i>Mean</i>	<i>n</i>	<i>Mean</i>	<i>n</i>	<i>Mean</i>
Writing an essay?	18	2.3889	17	3.0588	17	2.5294
Increased 12-step meetings?	19	3.1316	18	3.6667	18	4.1111
Placement in a residential treatment facility?	19	4.1842	18	<u>4.6667</u>	18	4.1111
Verbal admonishment by court?	19	2.8421	18	3.2778	18	3.2222
Increased individual or group counseling?	19	3.5263	18	3.7778	18	3.8333
Weekend in jail	19	4.2632	18	4.3889	18	4.5000
One week in jail	19	<u>4.5263</u>	18	4.6111	18	<u>4.6111</u>
Community service	19	3.4737	18	3.3889	18	3.3889
Increased court appearances	19	3.4737	18	3.5000	18	3.5556
Demotion to earlier phase	19	3.7106	18	4.0000	18	3.7222
Increased drug testing	19	3.6579	18	3.9444	18	3.7222

4. Question: How severe are the following sentences for drug use or drug possession?

Most interesting in the results for this question is that eighteen months in drug court is viewed as the least severe sanction from the list provided. The sanction perceived as the most severe is three years in prison while the least is three years of probation.

Table Five

Question: How severe are the following sentences for drug use or drug possession?
(Scale: 1 = Least Severe; 10 = Most Severe)

	<u><i>n</i></u>	<u>Mean</u>	<u>Median</u>
Three years probation	18	4.1111	3.5000
Three years in prison	18	8.5556	9.5000
18 months in Drug Court	18	7.0556	7.0000
18 months in prison	18	7.4444	7.5000

5. Overall, how effective do you think the CNDC has been in the following areas?

The grand mean for all means in Table Six is a 4.1 out of 5 which indicates that globally, the respondents rate the CNDC rather highly. The area where respondents felt the CNDC excelled particularly was in responding promptly to noncompliance and/or relapse with a score of 4.5 out of five followed by the integration of treatment and rehabilitation services for long term recovery with a score of 4.4. Tied for third were the intensive supervision of defendants in pretrial status and of convicted offenders and cost-effectiveness with a score of 4.2778 respectively.

The lowest scores were in reference to reducing drug use in central Nebraska (3.6667) and reuniting families (3.6667).

Table Six

Question: Overall, how effective do you think the CNDC has been in the following areas?
Scale: 1 = Ineffective; 2 = Somewhat ineffective; 3 = Neutral; 4 = Somewhat effective; 5 = Effective.

	<u><i>n</i></u>	<u>Mean</u>	<u>Median</u>
<u>Reducing drug use in Central Nebraska</u>	18	3.6667	4.0000
Reducing recidivism in drug offenders	18	4.0556	4.0000
Intensive supervision of defendants in pretrial status and of convicted offenders	18	4.2778	4.0000 (3)
Responding promptly to noncompliance/relapse	18	4.5000	5.0000 (1)
Integration of treatment and rehab services for long term recovery	18	4.4444	4.5000 (2)
Maintaining high retention in the program	18	4.1111	4.0000
Cost-effectiveness	18	4.2778	4.0000 (3)
<u>Reuniting families</u>	18	3.6667	4.0000
Increasing the probability of the			

birth of drug-free babies	18	3.9444	4.0000
Freeing up criminal justice resources to handle violent and other serious cases	18	4.0556	4.0000
Creating greater credibility for the criminal justice process	18	4.0556	4.0000

C. CONCLUSIONS:

- While the sample was small, statistically, it appears that the sample of CNDC staff is representative of the overall population who works or has experience with the Drug Court. There is also a fair representation of those from the court, law enforcement, treatment-oriented people and those from a correctional background. In reference to the number of months with the CNDC, the average was twenty-eight months so the respondents had been with the program long enough to have a well-informed opinion.
- High marks were typical with no responses that evaluated the CNDC on a qualitative basis falling into the “weakness” categories.
- The CNDC staff rated themselves highest in the categories of being able and being effective in monitoring the participants in order to keep participants drug and alcohol free.
- The lowest marks concerned those aspects which the CNDC did not have direct control. For example, rated lowest in the survey were aspects such as finding employment for participants, counseling participants on employment, finding housing and educational opportunities for participants, re-uniting families, and increasing the probability of the birth of drug-free babies. Again, the rankings in these categories still did not categorize these marks as a weakness of the CNDC.
- Concerning sanctions, jail was seen as the most effective for participants to remain crime free, for meeting program requirements, and for remaining drug and alcohol free. Writing an essay and verbal admonishment from the court were seen as the least effective sanctions on participants.

C. CNDC PARTICIPANTS SURVEY RESULTS

The following tables are the aggregated results of the CNDC participants’ surveys. The time frame for data collection was the same as the CNDC staff surveys and every effort was made to maintain the anonymity of the respondents. All questions were constructed as Likert scales which are designed to explore the extent of the respondent’s agreement/disagreement with each statement. Each table displays the attitudinal scale as it was used on the questionnaire. Some questions received scales of one to ten so as to gain higher precision from the responses while others were on a one to five scale. For clarity and for comparative purposes, the one to ten scales

were collapsed to one to five scales. Means or averages are the method of reporting for the question and the three highest responses are highlighted in bold and are numerically highlighted in parentheses. This is meant to highlight in which area(s) the CNDC excels according to respondents. The area where the CNDC least excels according to respondents is underlined.²

1. Demographics

When the window for data collection was closed December 31, 2003, the CNDC had eighty-six participants in the program. The “*n*” for this set of data is 71 yielding an eighty-three percent response rate or sample which, if one notes the demographic information in Table One and compares it with previous demographic tables, is fairly representative of CNDC participants.

As may be seen in Table One, males and Caucasians are the majority at fifty-nine percent (59.2%) and eighty-seven percent (87.3%) respectively. Most of the respondents are single (53.5%) and only sixteen percent (15.5%) live alone. The majority of the respondents are from Phases One and Two (67.6%).

Table One
Demographic Characteristics
(*n* = 71)

	<u>Frequency</u>	<u>Percentage</u>
Gender		
Male	42	59.2
Female	28	39.4
Total	70	98.6
Missing	1	1.4
Total	71	100.0
What is your Ethnicity?		
Caucasian	62	87.3
Hispanic	3	4.2
Arabic	3	4.2
Other	2	2.8
Total	70	98.6
Missing	1	1.4
Total	71	100
What is your current marital status?		
Single	38	53.5
Married or living together	14	19.7
Divorced/Separated	16	22.5
Other	2	2.8
Total	70	98.6
Missing	1	1.4
Total	71	100.0

² The original survey was conducted in Orange County, Florida in 2001. See Journal of Drug Issues 31(1), 259-292, 2001.

What are your current living arrangements?		
Live alone	11	15.5
Live with spouse/partner	17	23.9
Live with parents	20	28.2
Live in residential program	13	18.3
Other	7	9.9
Live girlfriend/boyfriend	2	2.8
Total	70	98.6
Missing	1	1.4
	71	100
What is your current phase?		
One	24	33.8
Two	24	33.8
Three	18	25.4
Four	4	5.6
Total	70	98.6
Missing	1	1.4
	71	100.0

2. Demographics and Participants' Histories

The range of experience with drugs and alcohol in this sample is fairly wide as it was reported on the survey. The minimum number of years reported having a problem with drugs or alcohol was zero while the maximum was thirty-three years. On average, the number of years the participants reported a problem with drugs and alcohol was eleven years (10.89).

The number of prior convictions for drug offenses was minimal. The average was .6 and the maximum number reported was two. There is also a wide range of experiences with the CNDC as the range was sixteen months with one being the minimum and eighteen (17.5) being the maximum. The average age of the respondents in this sample was twenty-eight.

Table Two
Demographics/Participants' Histories

	<u>n</u>	<u>Mean</u>	<u>Median</u>	<u>Minimum</u>	<u>Maximum</u>
How many years have you had a drug or alcohol problem?	70	10.8971	8.00	0.00	33.00
How many prior drug offense convictions have you had?	68	.5588	.0000	.00	2.00
How many months have you been part of the CNDC?	70	7.1357	6.0000	1.00	17.50

How old are you? 69 28.00 26.0000 21.00 57.00

3. Drug Treatment Histories

In this sample, slightly less than half (49.3%) of the respondents reported having previous treatment for substance abuse. Of those who reported having treatment, the majority category (25.4%) was a residential program followed by a detoxification and NA/AA program respectively at eleven percent (11.3%).

A positive aspect for the success of the participants is that ninety-six percent reported having a support system to overcome their drug and alcohol problem.

Table Three
Drug Treatment Histories
(n = 71)

Did you receive any treatment for substance abuse before entering Drug Court?

	Frequency	Percent
Yes	35	49.3
No	32	45.1
Total	67	94.4
Missing	3	4.2
System	1	1.4
Total	4	5.6
Overall Total	71	100.0

Which types of treatment did you receive?

	Frequency	Percent
Residential Program	18	25.4
Detoxification	8	11.3
NA/AA program	8	11.3
Outpatient	2	2.8
Methadone Maintenance	1	1.4
Total	37	52.1
Missing	33	46.5
System	1	1.4
Total	34	47.9
Overall Total	71	100.0

Do you feel you have a support system to overcome drug/alcohol problem?

Yes	68	95.8
No	1	1.4
Total	70	98.6
Missing	2	2.8
Total	71	100.0

4. Question: How helpful is the CNDC in the following areas:

In the tables that follow, means or averages are the method of reporting for the question and the three highest responses are highlighted in bold and are numerically highlighted in parentheses. This is meant to highlight in which area(s) the CNDC excels according to respondents. The area where the CNDC least excels according to respondents is underlined.

Overall, the participants in the CNDC rated the program highly. On the one to five scale, with one being “least helpful” and five being “most helpful,” the global average for all qualitative questions combined in this section is a 4.396.

According to the CNDC participants, the area which they found the CNDC most helpful was in helping them to remain drug free (4.9296 out of 5) followed by remaining crime free (4.7465) and remaining alcohol free (4.7324) respectively.

While still not very low, the low scores in Table Four both pertain to employment. Providing vocational counseling had the lowest marks at 3.8028 and helping participants find a job was the next lowest at 3.9714. In fact, those aspects which did have the overall lowest scores were the qualitative aspects which the CNDC provides such as providing mentoring, providing educational counseling and helping participants maintain employment.

Table Four
How helpful is the CNDC in the following areas:
(Scale- 1 = Not at all Helpful; 3 = Somewhat Helpful; 5 = Most Helpful)

	N	Mean	Median
Remaining Drug Free?	71	4.9296	5.0000 (1)
Remaining alcohol free?	71	4.7324	5.0000 (3)
Crime free?	71	4.7465	5.0000 (2)
Fostering a positive interaction b/t you and the court?	71	4.3380	4.0000
Establishing more positive relationships with others?	71	4.2394	4.0000
<u>Getting a job?</u>	<u>70</u>	<u>3.9714</u>	<u>4.0000</u>
Maintaining employment?	71	4.1127	5.0000
Gaining a better self-image?	71	4.3662	5.0000
Improving life circumstances?	71	4.4225	5.0000
Providing drug treatment?	71	4.5915	5.0000
Assisting in staying in treatment longer?	71	4.2958	4.0000
Monitoring drug use by urine/sweat testing?	71	4.7183	5.0000
Providing incentive to attend			

12-step or AA meetings?	71	4.4366	5.0000
Providing educational counseling?	71	4.1972	4.0000
<u>Providing vocational counseling?</u>	71	<u>3.8028</u>	<u>4.0000</u>
Appearing often before the judge?	71	4.7042	5.0000
Providing supervision?	71	4.5211	5.0000
Providing mentoring?	71	4.0282	4.0000

5. Question: How Effective are the Following Sanctions?

The following three sections of the questionnaire explored the effectiveness of sanctions on participants under certain criteria. The goal of these questions was to determine which sanctions had the most impact and under which conditions according to the CNDC participants. The sanctions selected were those common to the CNDC and to drug courts at large and which were of a type that may be characterized as fairly lenient (writing an essay) to fairly harsh (one week in jail). The scale was a Likert attitudinal scale and the reporting method is the mean or average of all respondents. Means or averages are the method of reporting for the question and the three highest responses are highlighted in bold to delineate information in the rows and are highlighted and underlined for the columns for the same purpose. The three parts of the questionnaire were collapsed into one table for comparison purposes.

According to Table Five and as was found with the CNDC staff, those sanctions which are most restrictive have the most impact. Jail appears to be the sanction which has the most effect followed by placement in a residential facility with particularity for remaining drug and alcohol free (4.3380). That which has the least impact is writing an essay with an overall average of 2.733. This lower score may be due to fact that only one drug court utilizes essays as part of a sanction or as a sanction alone, therefore, the majority in the CNDC had not been exposed to it and this lowered the mean for the question. In exploring this data more closely, on average, between the three categories, eighteen percent of the respondents ranked writing an essay at 2.5 or above with twelve respondent ranking it as a ten. Thus, writing essays appears to be having an impact on those who have to write them.

As used thus far, the length of the essays is eight hundred to one thousand words in length and the topic is usually why a participant who is not excelling in drug court should be allowed to stay in drug court. Anecdotal evidence from court observations and in conversations with participants and staff seem to indicate the retrospection required to complete the assignment is difficult but is having a positive impact on the participants.

Also of note is that of the three categories (failing program requirements, remaining drug or alcohol free and remaining crime free), the sanctions appear to have the most effect on participants remaining drug or alcohol free as may be noted by the number of bold means in that

respective column. Overall, sanctions appear to have the least overall impact on failing program requirements.

Table Five
How Effective are the Following Sanctions for:
(Scale: 1 = Least Severe; 5 = Most Severe)

Sanctions	Failing Program Requirements?		Remaining Drug or Alcohol Free?		Remaining Crime Free?	
	<i>n</i>	Mean	<i>n</i>	Mean	<i>n</i>	Mean
Writing an Essay	70	3.4143	69	2.4638	70	2.3286
Increased 12 step meetings?	70	2.2643	69	3.6812	70	3.0571
Placement in a residential treatment facility?	70	3.2929	71	<u>4.3380</u>	70	3.9857
Verbal admonishment by court	69	2.5073	70	3.1714	70	3.0571
Increased group or individual counseling	70	2.6572	70	3.5429	70	3.4714
Weekend in jail?	70	3.8143	70	3.9000	70	3.9143
One week in jail?	70	<u>4.0715</u>	70	4.0857	70	<u>4.1286</u>
Community service?	70	2.8857	70	3.3429	70	3.2143
Increased court appearances?	70	2.6357	70	3.4429	70	3.5571
Demotion to earlier phase?	70	3.6572	70	4.0143	70	3.6857
Increased drug testing?	70	2.9215	70	3.9429	70	3.7429

(Note: Bold numbers are meant to draw attention to the row numbers. Bold and underlined numbers are meant to draw attention to column numbers.)

6. Ranked Severity of Sentence for Drug Use/Drug Possession

For comparative purposes, the data from the CNDC staff has been added to Table Six. Overall, the responses are fairly comparable with the exception of the perceptions of being sentenced to eighteen months in Drug Court. Participants ranked it 1.44 lower than did CNDC staff. Both groups ranked three years in prison the highest and both ranked three years probation the lowest although participants ranked probation slightly higher than did staff.

Table Six
Ranked Severity of Sentence for Drug Use/Drug Possession
(Scale- 1= Least Severe; 10 = Most Severe)

	Participants			CNDC Staff		
	N	Mean	Median	N	Mean	Median
Three years probation	70	4.7429	5.0000	18	4.1111	3.5000
Three years in prison	70	<u>8.3000</u>	10.0000	18	<u>8.5556</u>	9.5000
18 months in Drug court	70	5.6143	5.0000	18	7.0556	7.0000

18 months in prison	70	7.9429	9.0000	18	7.4444	7.5000
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E. Conclusions

- Overall, the participants have given the CNDC quite high marks concerning the program's overall performance.
- According to participants, Drug Court sanctions have the most impact on remaining drug and alcohol free. This may be a challenge out of the drug court setting whereby there may be no immediate sanctions for negative behavior.
- Jail, particularly one week in jail, appears to have the most impact on participants but other sanctions such as demotion and essays appear to be effective tools.
- The drug court appears to be doing very well in monitoring the participants although it appears, according to participants, there is room for improvement concerning finding, counseling for and maintaining employment.
- There is strong consensus from the participants that they do have a support system while they are in the Drug Court. Whether or not it is from the CNDC itself, the data cannot determine. However, given that such a small percentage (16%) live alone, it appears that the structure of the Drug Court and support at home bodes well for success for the participants.

Chapter 11: THE MANAGEMENT INFORMATION SYSTEM (MIS)

“Drug courts must maintain or have ready access to a considerable amount of information about individuals and must be able to aggregate relevant data in appropriate categories at reasonably frequent intervals. The information needed for monitoring and evaluation purposes should be obtainable from the records used in the program’s day-to-day operations, including records of screening activities, assessments, drug court dockets, treatment progress reports, drug test results, and criminal history “rap sheets.” Optimally, program managers should be able to review reports that aggregate and present this type of information in easy-to-read report formats at least once a month. They should also be able to generate ad hoc reports that provide relevant information on many topics.” (RFP)

After collecting data, viewing reports and using the MIS to complete sections of this evaluation, it is the opinion of the evaluation team that the MIS, as it is currently configured, is not the best tool to answer questions such as those posed in the Request for Proposal. For this evaluation, data was manually extracted from the MIS and recoded/structured so as to address the RFP’s concerns on several occasions. However, the MIS is useful and is being used to document day-to-day activities such as who is fulfilling drug test obligations, who is and is not showing up for meetings and the reasons for failure and reasons for termination.

To address the problems in the MIS more specifically, on February 16, 2004 a status report on the MIS was created. In so doing, each report in the MIS was accessed with all the subsections and as may be seen in the Appendix, a disclosure of what was in each report as well as its applicability and ability to provide a competent statistical analysis much like what was requested in the RFP was completed.

Of the one hundred and seven reports generated by the MIS, seventy-six (71%) had no data in them, were unused or unusable. Of those reports which were used, four categories emerged: 1) the data was too qualitative in nature (i.e., day to day descriptions of Drug Court activities) to code for statistical analysis and there was no effort to break down demographic variables; 2) there was data in the reports which was usable but there are no statistics, frequencies or percentages, demographics, etc... to make the data useful (see the Drug Testing reports); 3) there was data in the reports but it was incomplete or not updated (see the Graduation Requirement Report) and; 4) data sets which were complete, up to date and which had demographic information available (see Demographic Distribution Reports).

It is our count that eight reports are usable and are consistent in reference to up to date data entry and with the ability to generate usable statistics. In most cases, these reports fall under the headings of those “In Program” and those which encompass “All Statuses” under different report headings. The balance of the reports is not used as frequently or completely. This is most likely due to the current needs of the CNDC and applicability of the reports to different tasks.

With the above in mind, the evaluators offer the following:

A. Conclusions and Recommendations for the Management Information System:

1. Include all demographic and other relevant history variables in every section and/or report for comparative purposes. Perhaps each section could be cross-referenced so that different variables may be selected and compared more completely.
2. If possible, create codes for qualitative data. Currently, no commonalities or any types of conclusions may be drawn from case histories due to the uniqueness of each entry.
3. Give prosecutors access to the MIS so they may enter the data of who is eligible for the program and who is not. Arrest data may be entered here as well. The resulting reports generated would be in an aggregate form and would therefore not violate rights to privacy.
4. Enter the information from the intake forms on the MIS. The background information on drug histories, mental health histories as well as the personal information concerning the impact of their drug usage would be useful (See Appendix for results). This can be used in intake/screening as an indicator of those characteristics which could pinpoint success/failure in the program and beyond.
5. Enter the data of addiction screening instruments into the MIS. Scores and indicators of addictions, their characteristics as well as medical histories would be beneficial for treatment therapies.
6. Create a data base specifically for graduates concerning demographics, drug usage, number of sanctions in the Drug Court program, arrest histories and problems with life after the Drug Court. Surveys at subsequent time periods (every six months) would be strong indicators of weak points in the CNDC program.
7. Create a data base specifically for those terminated from the program concerning demographics, drug usage, number of sanctions in the Drug Court program, arrest histories and problems with life while in the CNDC program. This can be used in intake/screening as an indicator of those characteristics which could pinpoint success/failure in the program and beyond.
8. While currently qualitative in nature, create a method whereby incentives and/or positives may be documented and data collected just as is done with the sanction data.
9. The results of patch tests in the Drug Testing section of the MIS are not consistently entered into the MIS. It would also be beneficial to find or create proper codes or categories for general comments and testing comments. Currently, due to their uniqueness, there is no way to conduct any type of analysis.

10. For future analyses, it would be helpful if the data was consistently entered into the MIS. Over the course of this evaluation, many reports and data sets which could have been beneficial for this analysis and in day-to-day use in the CNDC were empty or incomplete. Currently, a few reports have a minimum of cases entered (See Program Completion under the Demographic Distribution Report), which may be misleading when reports are generated.
11. Under the drug testing section, code the data so that one test does not manage to be counted in a multiple fashion. Also, remove "Creatinine" from the list of drugs tested. It is a measure of urinary diluteness and not a drug in and of itself. It is also being counted as a separate test. This tends to inflate the numbers of drug tests and their results.
12. Overall, it is the opinion of the evaluators that the Management Information System, given the number and the scope of the problems with data management, coding, recording and the ability to generate usable statistics which are most germane to the needs and continued success of the CNDC, is not currently the best tool for this job.

Chapter 12: FINDINGS, CONCLUSIONS AND RECOMMENDATIONS FOR THE CENTRAL NEBRASKA DRUG COURT:

Based on the previous information, the process evaluation offers the following:

1. The Central Nebraska Drug Court is providing a much needed and valuable treatment experience to its clients and to the central Nebraska area. The people involved in the development and the operation of the CNDC are a professional and very dedicated group of individuals who are very much committed to the goals, mission and success of the program. The results in this evaluation are an indication that the program is working, is successful and should continue. As this evaluation is completed before the long-range effectiveness of the program can be determined, it is advisable that the appropriate data be collected and that it be evaluated on a yearly or bi-yearly basis.
2. According to the two surveys conducted by the evaluation team, there is very little variation between CNDC staff and participants concerning the impact and effectiveness of the program. It appears both sides see the CNDC as a very positive program and that it has much to contribute to participants and the community and that it is doing a very good job. Scores on most indicators were very high and were highest on the CNDC's ability to monitor the participants. Scores were lowest for those aspects which the CNDC has little or indirect control (i.e., finding employment, housing, etc...)
3. Demographically speaking, the CNDC is not completely comparable with the arrest data in that males are under-represented by approximately twenty percent in the Drug Court in comparison with their rates of arrest. Females are over-represented considering their eighteen percent arrest rate compared with their thirty-three percent representation rate in the CNDC. Caucasians are over-represented by fourteen percent in comparing drug arrests versus Drug Court participants and Hispanics are under-represented by five percent in the arrest/participant rates.
4. Based on discussions with CNDC staff, there appears to be some ambiguity or inconsistencies concerning the admissions criteria for acceptance of a person into Drug Court from county to county. Given that there was little to no data provided by prosecutors in all sites, we can neither confirm nor disprove these statements.
5. It appears that while the participants are in the CNDC program, there is very little drug use of any type. Over ninety percent of drug tests are negative with a very low positive drug test percentage which is excellent. An interesting result from the participant survey is that the CNDC receives high marks for monitoring participants and for keeping them drug free. As previously stated, the long-range effectiveness should be studied to determine if these positive effects are internalized by the participants and will result in long-term abstinence or if their success thus far is due to the intense monitoring of the Drug Court.

6. While the use of jail time does diminish as participants move from one phase to the other, jail is still the primary sanction used in the CNDC and it appears to be one of the few sanctions that have an impact on participants. In some cases, this is the only sanction for a given violation but overuse does suppress the challenge of finding alternatives. In Hall County, the use of essays used either as an only sanction or as a supplementary sanction has a level of success that warrants continued use. Participants have noted that the introspection has had a therapeutic effect. Also of note is that sanctions are imposed early in the program (Phase I) are harsher and are gradually less frequent and more lenient as a participant moves through the phases. Thus, it appears from the data, staffing observations, court observations and the surveys that the sanctions are meted out fairly, that there is much thought behind them and that they have a positive goal in mind.

7. Also under the headings of sanctions, it is apparent that males are receiving most of the sanctions (sixty-four to thirty-six percent) but within these categories, the different types of sanctions are comparable. This disparity may be due to the unique needs and experiences which are incumbent upon females in such a correctional setting. For example, according to Peters et al (1997), women are likely to be primary caregivers of dependent children and are much more likely than men to be victims of sexual and/or physical abuse. Women are more likely than men to have co-occurring mental health problems, especially depression and posttraumatic stress disorder. Women are also more likely than men to have health-related problems earlier in the course of their addiction, and they may have fewer financial resources and employment skills. Therefore, Drug Courts appear to be more sympathetic to females.

This is partially true in the CNDC data set. Males more likely to have a job (50% males to 25% females) while females are more likely to be dependent on family income (83 versus 17%). Females are more likely to have been sexually abused as a child (9% male versus 21% female). However, males in the CNDC data are more likely to have no insurance (71% male do not and 29% female do not) and the females are less likely to have children (34% of females have children compared to 66% of males). Therefore, in a strict interpretation of the data, there appears to be a slight bias against males which may not be explained by a "chivalry hypothesis." (See the Intake data in Appendix A for these statistics and tables.)

7. Based on court and staffing observations, it appears that the lines of communication between the staff and the community are being utilized very effectively. Staff is very cognizant of the services available for the participants at a given point in time to the advantage of the participants and if a given service is unavailable, viable options are explored and utilized. The same may be said of employment opportunities, the staff's knowledge of what is available and their networking to find participants jobs. While this was noted as a weak point on the offenders' survey, it should most likely be considered as an aspect that is not in the direct control of the CNDC as opposed to being a negative.

8. In order to assess the complete impact of the CNDC, it is advisable that an in-depth cost-benefit analysis be conducted. Information on participant's fees and the payment thereof was often incomplete or missing in the MIS and a comparison of recidivism rates with those who are comparable but not in the CNDC program would be beneficial.

9. While based on a limited number of observations of CNDC board meetings, it is the evaluators' opinion that we support the current level and frequency of meetings. It might be advisable to organize a retreat on a yearly basis whereby changes and/or reflections of policies and procedures may be explored in a more focused and less hurried fashion.

10. A major challenge to the long-range success of the Central Nebraska Drug Court is the recidivism of the participants after leaving the program. The establishment and maintenance of an alumni group could be an effective means of maintaining the structure and support the CNDC has provided participants in their tenure with the court. Participants have requested utilizing graduates in this way. It is also advisable that the CNDC hire suitable graduates to work in the program to encourage those in the program, to provide an example and to give feedback to the program. Several participants had expressed a desire to work in the CNDC program after graduation.

11. It is advisable that the number of participants stays at or near the present level. Most drug courts in the U.S. have one coordinator per site. CNDC has one coordinator for four sites. Adding a heavier caseload to this paradigm might overburden the CNDC to the point where its present effectiveness might be diluted or hindered.

12. It is clear from the Request for Proposal that the CNDC is desiring in-depth analysis of the data generated by the program. As it stands now, the current Management Information System is fulfilling these desires at a minimal level. This may be the case due to two reasons: 1) the MIS does not generate the types of results which are most beneficial to the CNDC to perform ad hoc or long-term evaluations and therefore it is not used or; 2) the CNDC staff are not utilizing the MIS to its full potential. Given the difficulty this team had with the data in the MIS in writing this evaluation, we are of the opinion that it is the former.

OVERALL CONCLUSION

From the many indicators used to formulate this evaluation, it is our impression that the Central Nebraska Drug Court is doing a first class job and the program appears to have avoided the "growing pains" which are incumbent on new programs. The staff is a very dedicated group of individuals who genuinely seem to care about the success of the participants both in the program and in the long-term. Their concern about the success of the program was also impressive. Everyone our team came in contact with in collecting the data for this evaluation was very helpful and more than willing to answer questions or provide data.

We thank everyone for their contributions and wish the CNDC continued success.

Appendix A

Intake Statistics

	N		Mean	Median	Minimum	Maximum
	Valid	Missing				
Alcohol Age of first use	104	7	14.4712	15.0000	5.00	22.00
Marijuana Age of first use	100	11	15.4500	15.0000	9.00	25.00
Cocaine age of first use	69	42	19.9855	19.0000	12.00	35.00
Crack Age of first use	59	52	20.6780	20.0000	12.00	35.00
Amphetamines age of first use	87	24	21.5747	20.0000	12.00	42.00
Methamphetamine age at first use	92	19	21.0543	20.0000	12.00	42.00
Hallucinogens age of first use	49	62	19.0408	18.0000	12.00	36.00
Inhalants age at first use	6	105	15.3333	16.0000	13.00	17.00
Heroin age at first use	10	101	20.0000	18.0000	16.00	29.00
Opiates age at first use	16	95	22.6250	23.0000	2.00	42.00
Sedatives age at first use	10	101	22.2000	23.0000	2.00	42.00
Tranquilizers age at first use	4	107	21.7500	21.5000	2.00	42.00
Alcohol Age of last use	101	10	26.3000	24.5000	4.00	56.00
Marijuana Age of last use	97	14	26.3000	24.0000	15.00	44.00
Cocaine Age of last use	68	43	24.6765	22.5000	1.00	44.00
Crack Age of last use	56	55	23.9286	22.0000	.00	43.00
Amphetamines age of last use	87	24	26.6092	25.0000	.00	44.00
Methamphetamine age at last use	96	15	27.1667	25.0000	.00	47.00
Hallucinogens age at last use	52	59	21.9615	21.0000	2.00	43.00

Inhalants age at last use	6	105	17.1667	17.0000	13.00	20.00
Heroin at last use	9	102	26.3333	21.0000	17.00	43.00
Opiates age at last use	17	94	24.7059	25.0000	14.00	43.00
Sedative age at last use	9	102	25.6667	28.0000	13.00	43.00
Tranquilizers age at last use	3	108	28.6667	28.0000	15.00	43.00

Alcohol ever used					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	104	93.7	93.7	93.7
	No	1	.9	.9	94.6
	99	6	5.4	5.4	100.0
	Total	111	100.0	100.0	

Marijuana ever used					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	100	90.1	95.2	95.2
	No	5	4.5	4.8	100.0
	Total	105	94.6	100.0	
Missing	99	6	5.4		
Total		111	100.0		

Cocaine ever used					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	68	61.3	64.8	64.8
	No	37	33.3	35.2	100.0
	Total	105	94.6	100.0	
Missing	99	6	5.4		
Total		111	100.0		

Crack ever used					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	57	51.4	54.3	54.3
	No	48	43.2	45.7	100.0
	Total	105	94.6	100.0	
Missing	99	6	5.4		
Total		111	100.0		

Amphetamines ever used					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	89	80.2	84.8	84.8
	No	16	14.4	15.2	100.0
	Total	105	94.6	100.0	
Missing	99	6	5.4		
Total		111	100.0		

Methamphetamine ever use					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	97	87.4	92.4	92.4
	No	8	7.2	7.6	100.0
	Total	105	94.6	100.0	
Missing	99	6	5.4		
Total		111	100.0		

Hallucinogens ever used					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	51	45.9	48.6	48.6
	No	54	48.6	51.4	100.0
	Total	105	94.6	100.0	
Missing	99	6	5.4		
Total		111	100.0		

Inhalants ever used					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	6	5.4	5.8	5.8
	No	98	88.3	94.2	100.0
	Total	104	93.7	100.0	
Missing	99	7	6.3		
Total		111	100.0		

Heroin ever used					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	9	8.1	8.7	8.7
	No	95	85.6	91.3	100.0
	Total	104	93.7	100.0	
Missing	99	7	6.3		
Total		111	100.0		

Opiates ever used					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	15	13.5	14.6	14.6
	No	88	79.3	85.4	100.0
	Total	103	92.8	100.0	
Missing	99	8	7.2		
Total		111	100.0		

Sedative ever used					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	9	8.1	8.7	8.7
	No	94	84.7	91.3	100.0
	Total	103	92.8	100.0	
Missing	99	8	7.2		
Total		111	100.0		

Tranquilizers ever used					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	3	2.7	2.9	2.9
	No	99	89.2	97.1	100.0
	Total	102	91.9	100.0	
Missing	99	9	8.1		
Total		111	100.0		

Alcohol Frequency					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Daily	28	25.2	27.5	27.5
	1-5 times per week	40	36.0	39.2	66.7
	5-10 times per week	1	.9	1.0	67.6
	1-5 times per month	17	15.3	16.7	84.3
	1-5 times per year	9	8.1	8.8	93.1
	5-10 times per year	1	.9	1.0	94.1
	1-5 times ever	5	4.5	4.9	99.0
	5-10 times ever	1	.9	1.0	100.0
	Total		102	91.9	100.0
Missing	99.00	9	8.1		
Total		111	100.0		

Marijuana Frequency					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Daily	48	43.2	49.5	49.5
	1-5 times per week	22	19.8	22.7	72.2
	10-15 times per week	1	.9	1.0	73.2
	1-5 times per month	13	11.7	13.4	86.6
	1-5 times per year	5	4.5	5.2	91.8
	5-10 times per year	1	.9	1.0	92.8
	1-5 times ever	5	4.5	5.2	97.9
	5-10 times ever	1	.9	1.0	99.0
	10-15 times ever	1	.9	1.0	100.0

	Total	97	87.4	100.0	
Missing	99.00	13	11.7		
	System	1	.9		
	Total	14	12.6		
Total		111	100.0		

Cocaine Frequency					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Daily	9	8.1	13.2	13.2
	1-5 times per week	11	9.9	16.2	29.4
	5-10 times per week	2	1.8	2.9	32.4
	1-5 times per month	3	2.7	4.4	36.8
	5-10 times per month	1	.9	1.5	38.2
	1-5 times per year	4	3.6	5.9	44.1
	5-10 times per year	1	.9	1.5	45.6
	10-15 times per year	1	.9	1.5	47.1
	1-5 times ever	32	28.8	47.1	94.1
	5-10 times ever	3	2.7	4.4	98.5
	10-15 times ever	1	.9	1.5	100.0
	Total		68	61.3	100.0
Missing	99.00	43	38.7		
Total		111	100.0		

Crack Frequency					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Daily	8	7.2	14.8	14.8
	1-5 times per week	10	9.0	18.5	33.3
	5-10 times per week	2	1.8	3.7	37.0
	1-5 times per month	2	1.8	3.7	40.7
	1-5 times per year	4	3.6	7.4	48.1
	1-5 times ever	23	20.7	42.6	90.7
	5-10 times ever	4	3.6	7.4	98.1
	10-15 times ever	1	.9	1.9	100.0
	Total		54	48.6	100.0
Missing	99.00	57	51.4		

Total	111	100.0		
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Amphetamines Frequency					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Daily	45	40.5	50.6	50.6
	1-5 times per week	27	24.3	30.3	80.9
	5-10 times per week	2	1.8	2.2	83.1
	10-15 times per week	1	.9	1.1	84.3
	1-5 times per month	5	4.5	5.6	89.9
	1-5 times per year	1	.9	1.1	91.0
	1-5 times ever	7	6.3	7.9	98.9
	5-10 times ever	1	.9	1.1	100.0
	Total	89	80.2	100.0	
Missing	99.00	22	19.8		
Total		111	100.0		

Methamphetamine Frequency					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Daily	49	44.1	51.6	51.6
	1-5 times per week	23	20.7	24.2	75.8
	5-10 times per week	1	.9	1.1	76.8
	10-15 times per week	1	.9	1.1	77.9
	1-5 times per month	9	8.1	9.5	87.4
	1-5 times per year	2	1.8	2.1	89.5
	1-5 times ever	9	8.1	9.5	98.9
	5-10 times ever	1	.9	1.1	100.0
	Total	95	85.6	100.0	
Missing	99.00	16	14.4		
Total		111	100.0		

Hallucinogens Frequency					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Daily	3	2.7	6.5	6.5
	1-5 times per week	3	2.7	6.5	13.0
	1-5 times per month	4	3.6	8.7	21.7
	1-5 times per year	2	1.8	4.3	26.1
	1-5 times ever	30	27.0	65.2	91.3
	5-10 times ever	1	.9	2.2	93.5
	10-15 times ever	2	1.8	4.3	97.8
	111.00	1	.9	2.2	100.0
	Total	46	41.4	100.0	
Missing	99.00	65	58.6		
Total		111	100.0		

Inhalants Frequency					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Daily	1	.9	16.7	16.7
	1-5 times per week	1	.9	16.7	33.3
	1-5 times ever	4	3.6	66.7	100.0
	Total	6	5.4	100.0	
Missing	99.00	104	93.7		
	System	1	.9		
	Total	105	94.6		
Total		111	100.0		

Heroin Frequency					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Daily	2	1.8	20.0	20.0
	1-5 times per month	1	.9	10.0	30.0
	1-5 times ever	6	5.4	60.0	90.0
	10-15 times ever	1	.9	10.0	100.0
	Total	10	9.0	100.0	

Missing	99.00	101	91.0		
Total		111	100.0		

Opiates Frequency					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Daily	5	4.5	33.3	33.3
	1-5 times per week	2	1.8	13.3	46.7
	1-5 times ever	7	6.3	46.7	93.3
	10-15 times ever	1	.9	6.7	100.0
	Total	15	13.5	100.0	
Missing	99.00	95	85.6		
	System	1	.9		
	Total	96	86.5		
Total		111	100.0		

Sedative Frequency					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Daily	1	.9	11.1	11.1
	1-5 times per week	2	1.8	22.2	33.3
	1-5 times per month	2	1.8	22.2	55.6
	10-15 times per month	1	.9	11.1	66.7
	1-5 times per year	2	1.8	22.2	88.9
	15.00	1	.9	11.1	100.0
	Total	9	8.1	100.0	
Missing	99.00	101	91.0		
	System	1	.9		
	Total	102	91.9		
Total		111	100.0		

Tranquilizers Frequency					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Daily	1	.9	33.3	33.3
	1-5 times ever	1	.9	33.3	66.7
	15.00	1	.9	33.3	100.0
	Total	3	2.7	100.0	
Missing	99.00	107	96.4		
	System	1	.9		
	Total	108	97.3		
Total		111	100.0		
Participant's Insurance					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Private	21	18.9	18.9	18.9
	State	3	2.7	2.7	21.6
	Federal	4	3.6	3.6	25.2
	VA	1	.9	.9	26.1
	None	76	68.5	68.5	94.6
	99	6	5.4	5.4	100.0
	Total	111	100.0	100.0	

Currently Pregnant?					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	yes	4	3.6	3.6	3.6
	no	95	85.6	85.6	89.2
	maybe	4	3.6	3.6	92.8
	N/A	3	2.7	2.7	95.5
	99	5	4.5	4.5	100.0
	Total	111	100.0	100.0	

Overall Health Status					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Good	103	92.8	92.8	92.8
	Poor	4	3.6	3.6	96.4
	99	4	3.6	3.6	100.0
	Total	111	100.0	100.0	

Any significant problems					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Denies	74	66.7	71.8	71.8
	Yes	19	17.1	18.4	90.3
	No	10	9.0	9.7	100.0
	Total	103	92.8	100.0	
Missing	99	8	7.2		
Total		111	100.0		

Prior Suicide attempts					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Denies	76	68.5	72.4	72.4
	Yes	16	14.4	15.2	87.6
	No	13	11.7	12.4	100.0
	Total	105	94.6	100.0	
Missing	99	6	5.4		
Total		111	100.0		

History of chronic depression					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Denies	63	56.8	60.0	60.0
	Yes	26	23.4	24.8	84.8
	No	16	14.4	15.2	100.0
	Total	105	94.6	100.0	
Missing	99	6	5.4		

Total	111	100.0		
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Has participant undergone a mental health evaluation?					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Denies	4	3.6	5.1	5.1
	Yes	21	18.9	26.6	31.6
	No	54	48.6	68.4	100.0
	Total	79	71.2	100.0	
Missing	99	32	28.8		
Total		111	100.0		

Suicidal Tendencies?					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Denies	20	18.0	20.8	20.8
	Yes	2	1.8	2.1	22.9
	No	74	66.7	77.1	100.0
	Total	96	86.5	100.0	
Missing	99	15	13.5		
Total		111	100.0		

Excessive anger/violent behavior towards others?					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Denies	20	18.0	20.8	20.8
	Yes	3	2.7	3.1	24.0
	No	73	65.8	76.0	100.0
	Total	96	86.5	100.0	
Missing	99	15	13.5		
Total		111	100.0		

Physically abused as a child?					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Denies	39	35.1	40.6	40.6
	Yes	9	8.1	9.4	50.0
	No	48	43.2	50.0	100.0
	Total	96	86.5	100.0	

Missing	99	15	13.5		
Total		111	100.0		

Sexually abused as a child?					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Denies	38	34.2	38.8	38.8
	Yes	13	11.7	13.3	52.0
	No	47	42.3	48.0	100.0
	Total	98	88.3	100.0	
Missing	99	13	11.7		
Total		111	100.0		

Have you used alcohol or other drugs?					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	76	68.5	97.4	97.4
	No	2	1.8	2.6	100.0
	Total	78	70.3	100.0	
Missing	99	33	29.7		
Total		111	100.0		

Have you felt that you use too much alcohol or other drugs?					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	66	59.5	84.6	84.6
	No	12	10.8	15.4	100.0
	Total	78	70.3	100.0	
Missing	99	33	29.7		
Total		111	100.0		

Have you tried to cut down or quit?					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	67	60.4	85.9	85.9
	No	11	9.9	14.1	100.0
	Total	78	70.3	100.0	
Missing	99	33	29.7		

Total		111	100.0		
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Have you gone to anyone for help because of your drinking or drug use?					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	49	44.1	62.8	62.8
	No	29	26.1	37.2	100.0
	Total	78	70.3	100.0	
Missing	99	33	29.7		
Total		111	100.0		

Blackouts or other periods of memory loss?					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	36	32.4	46.2	46.2
	No	42	37.8	53.8	100.0
	Total	78	70.3	100.0	
Missing	99	33	29.7		
Total		111	100.0		

Injured your head after drinking or using drugs?					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	10	9.0	12.8	12.8
	No	68	61.3	87.2	100.0
	Total	78	70.3	100.0	
Missing	99	33	29.7		
Total		111	100.0		

Had convulsions, delirium tremens?					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		1	.9	1.3	1.3
	Yes	4	3.6	5.1	6.4
	No	73	65.8	93.6	100.0
	Total	78	70.3	100.0	
Missing	99	33	29.7		

Total	111	100.0		
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Hepatitis or other liver problems?					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	8	7.2	10.3	10.3
	No	70	63.1	89.7	100.0
	Total	78	70.3	100.0	
Missing	99	33	29.7		
Total		111	100.0		

Felt sick, shaky or depressed when you stopped?					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	41	36.9	52.6	52.6
	No	37	33.3	47.4	100.0
	Total	78	70.3	100.0	
Missing	99	33	29.7		
Total		111	100.0		

Felt a crawling feeling under the skin after you stopped using drugs?					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	20	18.0	25.6	25.6
	No	58	52.3	74.4	100.0
	Total	78	70.3	100.0	
Missing	99	33	29.7		
Total		111	100.0		

Been injured after drinking or using?					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	25	22.5	32.1	32.1
	No	53	47.7	67.9	100.0
	Total	78	70.3	100.0	
Missing	99	33	29.7		
Total		111	100.0		

Used needles to shoot drugs?					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	32	28.8	41.0	41.0
	No	46	41.4	59.0	100.0
	Total	78	70.3	100.0	
Missing	99	33	29.7		
Total		111	100.0		

Been depressed or suicidal?					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	40	36.0	51.3	51.3
	No	38	34.2	48.7	100.0
	Total	78	70.3	100.0	
Missing	99	33	29.7		
Total		111	100.0		

Has drinking/drug use caused problems between you and family/friends?					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	66	59.5	84.6	84.6
	No	12	10.8	15.4	100.0
	Total	78	70.3	100.0	
Missing	99	33	29.7		
Total		111	100.0		

Has drinking/drug use caused problems at school/work?					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	55	49.5	70.5	70.5
	No	23	20.7	29.5	100.0
	Total	78	70.3	100.0	
Missing	99	33	29.7		
Total		111	100.0		

Have you been arrested or had other legal problems?					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	76	68.5	97.4	97.4
	No	2	1.8	2.6	100.0
	Total	78	70.3	100.0	
Missing	99	33	29.7		
Total		111	100.0		

Have you lost your temper/arguments on drugs/alcohol?					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	47	42.3	60.3	60.3
	No	31	27.9	39.7	100.0
	Total	78	70.3	100.0	
Missing	99	33	29.7		
Total		111	100.0		

Have you needed to drink or use drugs more and more to get desired effect?					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	50	45.0	64.1	64.1
	No	28	25.2	35.9	100.0
	Total	78	70.3	100.0	
Missing	99	33	29.7		
Total		111	100.0		

Have you spent a lot of time thinking about drugs/alcohol?					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	42	37.8	53.8	53.8
	No	36	32.4	46.2	100.0
	Total	78	70.3	100.0	
Missing	99	33	29.7		
Total		111	100.0		

Are you more likely to act out on drugs/alcohol?					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	55	49.5	70.5	70.5
	No	23	20.7	29.5	100.0
	Total	78	70.3	100.0	
Missing	99	33	29.7		
Total		111	100.0		

Have you felt bad or guilty about your alcohol/drug use?					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	71	64.0	91.0	91.0
	No	7	6.3	9.0	100.0
	Total	78	70.3	100.0	
Missing	99	33	29.7		
Total		111	100.0		

Have you ever had a drinking or drug problem?					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	71	64.0	91.0	91.0
	No	7	6.3	9.0	100.0
	Total	78	70.3	100.0	
Missing	99	33	29.7		
Total		111	100.0		

Have any of your family members ever had a drinking/drug problem?					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	58	52.3	74.4	74.4
	No	20	18.0	25.6	100.0
	Total	78	70.3	100.0	
Missing	99	33	29.7		
Total		111	100.0		

Do you feel that you have a drinking/drug problem now?					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	55	49.5	70.5	70.5
	No	23	20.7	29.5	100.0
	Total	78	70.3	100.0	
Missing	99	33	29.7		
Total		111	100.0		

APPENDIX B
STATUS OF REPORTS ON CNDC MANAGEMENT INFORMATION SYSTEM

February 16, 2004

CASE NOTES WITH ALL STATUSES REPORT:

<u>REPORT:</u>	<u>STATUS AS OF 2/16/04</u>
1. All Statuses:	844 pages. Too individualized to do any type of analysis beyond documenting day to day activities.
2. Capias:	No reports
3. Graduation:	No reports
4. In program:	724 pages. Too individualized to do any type of analysis beyond documenting day to day activities.
5. No show:	No reports, empty.
6. Not accepted:	No reports, empty.
7. Not Eligible:	No reports, empty.
8. Program completion:	42 pages. Too individualized to do any type of analysis beyond documenting day to day activities. Too qualitative for data analysis.
9. Termination:	58 pages. Too individualized to do any type of analysis beyond documenting day to day activities. Too qualitative for data analysis. No statistical coding. No way to pull out data of how people were terminated without creating new system.
10. Voluntary Withdrawal:	Too individualized to do any type of Analysis beyond documenting day to day activities. Too qualitative for data analysis.

DEMOGRAPHIC DISTRIBUTION REPORT

<u>REPORT:</u>	<u>STATUS AS OF 2/16/04</u>
1. All Statuses:	17 pages of data with 98 cases. Good data with frequencies, percentages and graphs.
2. Capias:	No reports. Empty.
3. Graduation:	No reports. Empty.
4. In program:	17 pages of data with 83 cases. Good data with frequencies, percentages and graphs.
5. No show:	No reports. Empty.
6. Not Accepted:	No reports. Empty.
7. Not Eligible:	No reports. Empty.
8. Program Completion:	Age, race and gender variables. Usable data for statistical analysis. (Only two cases entered.)
9. Termination:	Age, race and gender variables. Usable data for statistical analysis. (9 cases entered.)

10. Voluntary Withdrawal: Age, race and gender variables. Usable data for statistical analysis. (4 cases entered.)

APPENDIX B
STATUS REPORT ON CNDCC MANAGEMENT INFORMATION SYSTEM

DRUG TEST REPORT

<u>REPORT:</u>	<u>STATUS AS OF 2/16/04</u>
1. All Statuses:	No reports. Empty.
2. Capias:	No reports. Empty.
3. Graduation:	No reports. Empty.
4. In Program:	No reports. Empty.
5. No Show:	No reports. Empty.
6. Not Accepted:	No reports. Empty.
7. Not Eligible:	No reports. Empty.
8. Program Completion:	No reports. Empty.
9. Termination:	No reports. Empty.
10. Voluntary Withdrawal:	No reports. Empty.

GRADUATION REQUIREMENT REPORT

<u>REPORT:</u>	<u>STATUS AS OF 2/16/04</u>
1. All Statuses:	51 pages: Very usable data concerning progress using dates and completion level/requirements in the CNDC on a nominal level. It appears it has not been updated since the original data was entered.
2. Capias:	No reports. Empty.
3. Graduation:	No reports. Empty.
4. In Program:	44 Pages: Very usable data concerning progress using dates and completion level/requirements in the CNDC on a nominal level. It appears it has not been updated since the original data was entered.
5. No Show:	No reports. Empty.
6. Not Accepted:	No reports. Empty.
7. Not Eligible:	No reports. Empty.
8. Program Completion:	Very usable data concerning progress using dates and completion level/requirements in the CNDC on a nominal level. It appears it has not been updated since the original data was entered. Two cases have been entered but never updated.
9. Termination:	Very usable data concerning progress using dates and completion level/requirements in the CNDC on a nominal level. It appears it has not been updated since the original data was entered beyond including the person in the data set.

10. Voluntary Withdrawal:

Very usable data concerning progress using dates and completion level/requirements in the CNDC on a nominal level. It appears it has not been updated since the original data was entered beyond including the person in the data set.

PARTICIPANT REPORT**REPORT:****STATUS AS OF 2/16/04**

1. All Statuses:	Numerous dates explored: No reports. Empty.
2. Capias:	Numerous dates explored: No reports. Empty.
3. Graduation:	Numerous dates explored: No reports. Empty.
4. In Program:	Numerous dates explored: No reports. Empty.
5. No Show:	Numerous dates explored: No reports. Empty.
6. Not Accepted:	Numerous dates explored: No reports. Empty.
7. Not Eligible:	Numerous dates explored: No reports. Empty.
8. Program Completion:	Numerous dates explored: No reports. Empty.
9. Termination:	Numerous dates explored: No reports. Empty.
10. Voluntary Withdrawal:	Numerous dates explored: No reports. Empty.

PARTICIPANT LIST DRUG COURT**REPORT:****STATUS AS OF 2/16/04**

1. All Statuses:	Numerous dates explored: No reports. Empty.
2. Capias:	Numerous dates explored: No reports. Empty.
3. Graduation:	Numerous dates explored: No reports. Empty.
4. In Program:	Numerous dates explored: No reports. Empty.
5. No Show:	Numerous dates explored: No reports. Empty.
6. Not Accepted:	Numerous dates explored: No reports. Empty.
7. Not Eligible:	Numerous dates explored: No reports. Empty.
8. Program Completion:	Numerous dates explored: No reports. Empty.
9. Termination:	Numerous dates explored: No reports. Empty.
10. Voluntary Withdrawal:	Numerous dates explored: No reports. Empty.

PARTICIPANT STATUS REPORT:**REPORT:****STATUS AS OF 2/16/04**

1. All Statuses:	Numerous dates explored: No reports. Empty.
2. Capias:	Numerous dates explored: No reports. Empty.
3. Graduation:	Numerous dates explored: No reports. Empty.
4. In Program:	Numerous dates explored: No reports. Empty.
5. No Show:	Numerous dates explored: No reports. Empty.
6. Not Accepted:	Numerous dates explored: No reports. Empty.
7. Not Eligible:	Numerous dates explored: No reports. Empty.
8. Program Completion:	Numerous dates explored: No reports. Empty.
9. Termination:	Numerous dates explored: No reports. Empty.
10. Voluntary Withdrawal:	Numerous dates explored: No reports. Empty.

PROGRAM FEE REPORT**REPORT:****STATUS AS OF 2/16/04**

As of 2/16/04, there are twenty-four pages in this report showing dates, amounts paid and balances. It appears to be up to date.

- | | |
|---------------------------|-------------------------------------|
| 1. All Statuses: | 27 pages. Appears to be up to date. |
| 2. Capias: | No reports. Empty. |
| 3. Graduation: | No reports. Empty. |
| 4. In Program: | 24 pages. Up to date. |
| 5. No Show: | No reports. Empty. |
| 6. Not Accepted: | No reports. Empty. |
| 7. Not Eligible: | No reports. Empty. |
| 8. Program Completion: | Two cases entered. |
| 9. Termination: | Nine cases entered. |
| 10. Voluntary Withdrawal: | Four cases entered. |

SANCTION REPORT**REPORT:****STATUS AS OF 2/16/04**

1. All Statuses: As of February 16, 2004, there are fifteen pages in this report. There is viable and usable data and appears to be up to date.

- | | |
|---------------------------|---|
| 2. Capias: | No reports. Empty |
| 3. Graduation: | No reports. Empty. |
| 4. In Program: | As of February 16, 2004, there are twelve pages in this report. There is viable and usable data and appears to be up to date. |
| 5. No Show: | No reports. Empty. |
| 6. Not Accepted: | No reports. Empty. |
| 7. Not Eligible: | No reports. Empty. |
| 8. Program Completion: | Three incidents on one participant entered. |
| 9. Termination: | As of February 16, 2004, there are two pages in this report in reference to five participants and seventeen sanctions. |
| 10. Voluntary Withdrawal: | As of February 16, 2004, there are two pages in this report in reference to five participants and twelve sanctions. |

TREATMENT REPORT**REPORT:****STATUS AS OF 2/16/04**

1. All Statuses: As of February 16, 2004, there are nineteen pages in this report. There is viable and usable data and appears to be up to date.

- | | |
|----------------|--------------------|
| 2. Capias: | No reports. Empty |
| 3. Graduation: | No reports. Empty. |

- | | |
|---------------------------|---|
| 4. In Program: | As of February 16, 2004, there are nineteen pages in this report. There is viable and usable data and appears to be up to date. |
| 5. No Show: | No reports. Empty. |
| 6. Not Accepted: | No reports. Empty. |
| 7. Not Eligible: | No reports. Empty. |
| 8. Program Completion: | No reports. Empty. |
| 9. Termination: | No reports. Empty. |
| 10. Voluntary Withdrawal: | No reports. Empty. |

DRUG TESTING DETAIL BY DRUG REPORT

All drugs had data and reports. As it currently configured, there is no way to determine percentages or any type of analysis with the data in this form.

DRUG TESTING BY PROGRAM STATUS REPORT

- | <u>REPORT:</u> | <u>STATUS AS OF 2/16/04</u> |
|--------------------------|---|
| 1. Capias: | No reports. Empty. |
| 2. Graduation: | No reports. Empty. |
| 3. In Program: | As of February 16, 2004, there are two-hundred and fifty-three pages in this report. There is viable and usable data and appears to be up to date. There are bar graphs but they are all showing 100% positives indicating no data has been used in any type of analysis. |
| 4. No show: | No reports. Empty. |
| 5. Program Completion: | As of February 16, 2004, there are twelve pages in this report but they only referenced two participants. There is viable and usable data and appears to be up to date. There are bar graphs but they are all showing 100% positive results leading to the conclusion that no data has been used in any type of analysis. |
| 6. Termination: | As of February 16, 2004, there are thirty-eight pages in this report. There is viable and usable data and appears to be up to date. There are bar graphs but there are no percentages to delineate the positive and negative results for each drug. |
| 7. Voluntary Withdrawal: | As of February 16, 2004, there are seven pages in this report. There is viable and usable data and appears to be up to date. There are bar graphs but there are no percentages to delineate the positive and negative results for each drug. |

APPENDIX C
DRUG TESTING DETAIL BY RESULTS REPORT

All testing situations had data and reports. As it currently configured, there is no way to determine percentages or any type of analysis with the data in this form.

CNDC Participants Survey Written Responses to:

Please tell us what two things you would like to see changed in the Drug Court program.

“Can’t think of anything.”

“The time some UA’s are called like during lunch hour and early mornings.”

“Able to interact with other participants.”

“For the Drug Court Program to realize we have to have a spiritual life also, not to call UA’s on Sunday mornings. God is my higher power.”

“Use patch instead of daily UA’s.”

“When you enter phase 3, I would like to see less supervision like not asking to leave the county because when enter phase 3 you’re left out on your own.”

“Not moving phases until money is paid.”

“Taking job responsibilities into consideration in sanctions. Alcohol testings daily UA no patches test for alcohol.”

“Less time in court.”

“More understanding of job search. Community service hours we attempt to make not all of us have full-time employment and we have small children in our custody to care for and find appropriate child care.”

“More understanding of life situations.”

“After care and that I have to go to four meetings.”

“More understanding of job search.”

“Fair treatment to all. Job securing.”

“Listing of over the counter medications that we can take that won’t cause problems with UA’s.”

“Mixing up UA dates- Don’t have them on the same day all the time.”

“Mix up urine testing dates more often so they can’t predict the day.”

“Be more strict on repeat offenders.”

“More options for drug and alcohol treatment help with sponsor.”

“Travel between counties of drug court jurisdiction without permission change. MRT classes (Different literature.)”

“Drug court fees. Have the same consequences for everyone.”

“Too much counseling required. If it’s no longer broke, don’t fix it!”

“Fact and fiction before giving consequences.”

“Staff talk to, not at participants. Better communication between staff members.”

“Pay else money.”

“Community service to work off drug court fees.”

“Community service to work off drug court fees.”

“Realize that people have other plans and to help to work with them. Little more lenient on smaller areas.”

“They are getting easier than when I first started like the tickets should not be allowed and be more strict with them.”

“Stiffer sanctions on repeat offenders. Check on the participants more.”

“Payment programs. Treatment programs.”

“Equal treatment. Listening to gossip.”

“Sanctions to be the same overall.”

“Drug court needs a way to allow participants to be more honest without harsh consequences.”

“Appearing before the judge really interferes with my job.”

“That family be more concerned.”

“More personal contact with staff.”

“Out of county travel for family and work.”

“Consistent punishment for sanctions. More personalized treatment counseling, more education other than MRT.”

“MRT classes. Can’t think of any others.”

“Nothing really.”

“I think everything is fine the way it is.”

“Wish it was in more counties.”

“To make it available to more parts of the state, not just around here.”

“Less rules on treatment. More supervision.”

“I think people sometimes need less chances after they screw up. More precise drug testing.”

“More time as a big group. I like the group functions.”

“My drug use. Self-confidence.”