## Arkansas Specialty Courts Impact and Outcome Evaluation *FY12 – FY14*

Summary of Findings and Recommendations:

Part I: Adult Drug Courts, Veterans Treatment Courts, Mental Health Courts, Swift/HOPE Courts, and Alternative Sentencing Courts

Part II: Juvenile Drug Courts and DWI Courts

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### **Executive Summary**

In 2017, the Arkansas Administrative Office of the Courts on behalf of the Specialty Court Program Advisory Committee, contracted with the National Center for State Courts (NCSC) to complete an impact evaluation of the adult drug courts, veteran treatment courts, mental health courts, Swift and HOPE courts, and Alternative Sentencing courts operating in Arkansas. This report summarizes evaluation findings for the Arkansas specialty courts during the study period of July 2012 through June 2014. The data collection practices during the study period limit the ability to distinctly identify participants in the adult drug courts, veteran treatment courts, mental health courts, and Alternative Sentencing Courts. Throughout this report, when the four models are combined, they are referenced as "specialty courts." Despite data limitations several interesting findings emerged that are consistent with prevailing drug treatment court trends. Key findings are summarized below.

From 2012 to 2014, the typical Arkansas adult drug court participant was a single white male, aged 21 to 40 years at the time of program entry with a high school education. The majority of drug court participants were placed into drug court on a new felony drug offense. Over half of drug court participants successfully graduated from the specialty court program and slightly fewer than half were terminated unsuccessfully. The majority of terminated participants were terminated for failure to meet the terms of probation. The average length of stay for all specialty court participants was over 20 months, with graduates spending significantly more time in the program than non-graduates. Over one-third of all specialty court participants received at least one incentive during participation, with graduates receiving more incentives, on average, compared to terminated participants. Nearly half of all specialty court participants did not significantly differ in the average number of sanctions received. Over three-quarters of all specialty court participants tested positive for drugs or alcohol at least once during their time in the program. Graduates had significantly fewer positive tests during their time in the program compared to terminated participants.

Significantly fewer graduates were (1) arrested for a new in-program offense, (2) convicted of a new inprogram offense, (3) arrested for a new post-program offense, and (4) convicted of a new post-program offense compared to non-graduates. Significantly greater proportions of non-graduates were arrested inprogram for a new felony offense and/or a new misdemeanor offense compared to graduates. Significantly greater proportions of non-graduates were convicted of a new in-program felony offense and/or a new misdemeanor offense compared to graduates. Significantly greater proportions of nongraduates were arrested post-program for a new felony offense and/or a new technical offense compared to graduates. Significantly greater proportions of non-graduates were convicted post-program of a new felony offense compared to graduates.

The NCSC evaluation team examined which program-level and participant-level variables predict successful program completion. Participants in programs that: conduct a risk assessment prior to entry, had a below average length of stay, accept only moderate- and high-risk participants, had at least one gender-specific treatment group, provide a written list of behaviors that lead to sanctions, use a sanction grid, and did not require a period of continuous sobriety to graduate were more likely to successfully complete the program. Participants who were female (compared to male), 22 or older at entry (compared to 21 years old or younger), employed (compared to unemployed), and had a program length of stay

longer than 18 months were more likely to successfully complete the specialty court program compared to their counterparts.

The recidivism rates of graduates versus non-graduates varied significantly for convictions in program and post program. Specifically, the in-program conviction rate was 6.9% for graduates and 21.5% for non-graduates and three-year post-program conviction rate was 20.4% for graduates and 25.0% for non-graduates. The study also examined program and participant characteristics that predicated differences between graduate and non-graduate recidivism rates three years' post-program. Programs that used manualized treatment and MRT had lower recidivism rates among graduates than those that did not include MRT or other manualized treatment in their programming. Participants who stayed in the specialty court program for more than 18 months were less likely to have a new conviction during the three-year follow-up period.

Lastly, the NCSC evaluation team examined a matched sample of specialty court participants with a business as usual (BAU) sample which, in this case, included probationers who completed supervision during FY 2012-2014. Results indicate specialty courts perform better than the BAU sample, although statistical significance was not present in the three-year outcomes. The three-year post-program conviction rate was 22.6% for specialty court participants and 24.5% for the BAU comparison sample.

The findings of this report are important to consider in terms of strengthening the specialty courts in Arkansas. The Specialty Court Program Advisory Committee has already taken important steps including adopting statewide standards in February 2017. Based on the findings, the NCSC evaluation team offers the following recommendations:

# Recommendation 1: The Specialty Court Program Advisory Committee should ensure that all adult drug courts should adhere to the National Adult Drug Court Best Practice Standards, Volume I and Volume II (National Association of Drug Court Professionals).

Over two decades of adult drug court research has been distilled into a series of best practice standards. When these practices are deployed consistently, drug courts have better outcomes. The Specialty Court Program Advisory Committee should support adoption and consistent adherence to the Best Practice Standards by developing an intensive training and technical assistance program centered around program structure, target population, treatment, drug and alcohol testing, and incentives and sanctions. Delivering technical assistance and "certifying" courts that are following the standards can be highly effective approaches to supporting adoption.

#### Recommendation 2: Adopt a statewide risk-needs instrument.

A key aspect of the National Adult Drug Court Best Practice Standards is targeting a high-risk, high-need population. Although risk-needs assessment tools are being used across the state, it is not a uniformed practice. To ensure court programs best identify and serve the high-risk/high-need population and reduce recidivism, NCSC recommends the adoption of a validated, statewide risk-needs assessment. The risk-needs assessment should be completed as part of determining program eligibility prior to program entry.

#### Recommendation 3: Develop and operationalize a case management system for specialty courts.

A substantial amount of information that is commonly collected by specialty courts in other states is not being collected in Arkansas on a consistent basis. Even where a system presently exists to collect information, the consistency with which the courts track information varies substantially across the many courts. This lack of consistent data collection greatly limited the evaluation team's ability to examine questions that are of interest to policymakers and funders. Data issues were identified with placement charge, entry and exit dates, exit type, and the services received while in the program. The NCSC evaluation team recommends that Arkansas conduct an analysis of the long-term data collection needs of the specialty courts and invest in one of the many systems currently available on the market to track the performance of specialty courts.

## Recommendation 4: Explore attributes of high performing drug courts to replicate and improve outcomes.

Although not explicitly identified in this report, the NCSC evaluation team identified several courts whose outcomes were quite positive. Studying these programs in depth and using them for peer-to-peer training may be an effective approach to strengthening the other courts.

## Introduction and Background

The first drug court in the United States began operating over twenty years ago in response to increasing numbers of drug-related court cases entering and cycling through the criminal justice system. As of December 31, 2014, there were an estimated 3,057 problem-solving courts nationwide, serving approximately 127,000 people per year (Marlowe, Hardin, & Fox, 2016). Nationally, 1,540 problem-solving courts were adult drug courts and 407 were hybrid adult and DWI courts. Drug courts have proliferated at a remarkable rate nationally, growing in aggregate number by 24% in the past five years (Marlowe, Hardin & Fox, 2016).

A drug court is a specialized docket within the court system designed to treat nonviolent, drug-addicted defendants. A drug court judge serves as the leader of an interdisciplinary team of professionals. The collaboration between the court and treatment provider is the center of the drug treatment court program; but numerous other professionals such as probation and law enforcement officers play a vital role in making these programs successful. Drug courts have demonstrated the ability to reduce recidivism and substance abuse among high-risk substance abusing offenders and increase their likelihood of successful rehabilitation through:

- early, continuous, and intensive treatment;
- close judicial supervision and involvement (including judicial interaction with participants and frequent status hearings);
- mandatory and random drug testing;
- community supervision;
- appropriate incentives and sanctions; and
- recovery support aftercare services.

The specific design and structure of drug treatment courts is typically developed at the local level to reflect the unique strengths, circumstances, and capacities of each community. Drug treatment courts should reflect the local community while adhering to best practice standards to achieve the best possible outcomes.

#### Arkansas Specialty Courts

Much like the growth of drug courts nationally, Arkansas' specialty courts developed in response to local needs.

Arkansas has implemented a variety of specialty court models including the following:

- Adult Drug Courts are specially designed court calendars or dockets created to reduce recidivism and substance abuse among nonviolent substance abusing offenders and to increase the offender's likelihood of successful rehabilitation through early, continuous, and intense judiciallysupervised treatment, mandatory periodic drug testing, community supervision, and the use of appropriate sanctions and other rehabilitation services.
- Veterans Treatment Courts serve justice-involved veterans and, in some instances, active duty personnel. These courts link veterans with mental illness, drug addiction/abuse, and/or

reintegration issues to services, intensive treatment and support while promoting sobriety, recovery, and stability. Services may include a coordinated response from traditional partners as well as the Department of Veterans Affairs healthcare networks, Veterans Benefits Administration, State Department of Veterans Affairs, volunteer veteran mentors, and organizations that support veterans' families.

- Mental Health Courts connect offenders who would ordinarily be prison-bound to long-term community-based treatment. Mental health courts rely on thorough mental health assessments, individualized treatment plans, and ongoing judicial monitoring to address both the mental health needs of offenders and public safety concerns of the communities. These courts vary in the types of charges and mental illness diagnoses accepted, as well as in the legal structure by which they operate, but they are united by the common themes of linking defendants to effective treatment and supports.
- **H.O.P.E. Court** is based on the Hawaii Opportunity on Probation with Enforcement program model. Pilot HOPE courts exist nationwide, including Arkansas. The program identifies probationers who are at high-risk for reoffending and provides these individuals with frequent and random drug tests backed by swift and certain jail stays along with treatment when necessary, to reduce recidivism.
- Swift Courts are similar to HOPE courts, using a similar structure and seeking similar positive outcomes. While each program is unique, all place emphasis on the certainty of sanctioning and the swiftness with which it is applied, rather than the severity of the sanction. Swift and certain sanctioning is intended to increase offender compliance with the rules of supervision, improving public safety in the short term and allowing for more effective case management. The models distinguish between low- and high-level offenders and have coordinated responses.
- Alternative Sentencing Courts use multiple tracks within the programs for offenders based on risk/need assessment levels. Sanction and incentive responses are tailored to the offender's track and risk levels. Programs include phase advancement and increased supervision and drug testing.

Two additional drug court models operate in Arkansas: Juvenile Drug Court and DWI Court. These two models will be presented in a separate report.

Arkansas specialty courts exist in every circuit in the state. Adult drug courts are the most prevalent model with 42 operational courts distributed geographically around the state in every circuit. Seven veteran treatment courts operate in seven circuits and are primarily in the central, northeast and northwest part of the state. The two mental health courts serve one circuit and are geographically located in the northeastern part of the state. The four Swift/HOPE courts serve four circuits in the southern area of the state, while the four Alternative Sentencing Courts serve two circuits also in the southern area of the state.

#### Project Approach

In 2017, the Arkansas Administrative Office of the Courts, on behalf of the Specialty Court Program Advisory Committee, contracted with the National Center for State Courts (NCSC) to complete an impact evaluation of the adult drug courts, veteran treatment courts, mental health courts, Swift and HOPE courts, and Alternative Sentencing courts operating in Arkansas. The primary purpose of the evaluation was to answer key impact questions related to the various problem-solving courts operating in Arkansas. Specifically, the evaluation sought to answer the following questions:

- Who was served by Arkansas specialty courts during the study period?
- What was the operational structure of the Arkansas specialty courts during the study period?
- What combination and types of services were delivered in Arkansas' specialty courts during the study period? How do Arkansas' specialty courts differ from one another as they relate to program practices and populations served?
- How do participants exit Arkansas specialty courts and what participant and program characteristics are associated with successful completion/graduation?
- How does the recidivism rate of Arkansas' specialty courts compare to the recidivism rates of a matched probation sample?
- What participant and program characteristics predict successful outcomes (program completion, decreased recidivism, and substance dependency)?

#### Sources of Data

A variety of data collection techniques were employed to maximize the depth of the evaluation process. Program-level data was collected from all operating programs. Participant-level data was collected for the cohort who completed any one of the specialty courts being studied between July 2012 and June 2014.

#### Arkansas Supreme Court, Administrative Office of the Court

The Arkansas Administrative Office of the Courts (AOC) administers Contexte, a web-based case management system. The Arkansas Community Corrections (ACC) maintains eOMIS<sup>™</sup>, an electronic case management system. The NCSC evaluation team constructed a dataset for all individuals who completed a specialty court during the study period by merging the data between Contexte and eOMIS for available data elements. To identify a pool of individuals who could serve as a comparison group, data was extracted from eOMIS.

During the study period veteran treatment courts, mental health courts, and Alternative Sentencing courts were considered a track of the adult drug courts and could not be separated during data analysis. When relying on the ACC data, the four models of court are referred to as specialty courts. Shortly after the study period, the classification was further delineated in the case management system.

#### Conviction Data

The Arkansas Crime Information Center (ACIC) provided data on new in-program and post-program arrests and convictions of individuals in both the study group and the comparison group.

#### NCSC Program Survey

The National Center for State Courts created a web-based survey for program coordinators and/or judges to complete. The survey was designed to collect information about program characteristics, such as capacity, target population, structure, and services. The survey was distributed in the fall of 2017, and 98% of the specialty court sites completed the survey.

#### Courts Included in the Study

To be included in the study, a specialty court had to:

- complete the NCSC Arkansas Specialty Court Survey,
- contribute data to the Arkansas Administrative Offices of the Court (Contexte) and Arkansas Community Corrections (eOMIS), and
- be operational between FY12 and FY14.

A section of this report is devoted to describing how the specialty courts operate in Arkansas. This information was primarily gathered through the NCSC Arkansas Specialty Court Survey which gathered descriptive information about how each program operates.

To be a part of the impact study, which is a separate section of this report, programs had to have at least 10 participants who completed the program during the study period of July 2012 through June 2014.

#### Adult Drug Courts

The following table is a list of the 42 adult drug courts that provided program-level data through NCSC's survey and the 34 adult drug courts that had at least 10 participants who completed the program during the study period between fiscal years 2012 and 2014.

			Program Data	Participant Level Data
Circuit	Division	Court Name	(Survey)	Study)
1	2	St. Francis County Drug Court	$\checkmark$	$\checkmark$
2	4	Crittenden County Drug Court	$\checkmark$	$\checkmark$
2	5	Mississippi County Drug Court	$\checkmark$	
2	9	Craighead County Drug Court	$\checkmark$	$\checkmark$
2	11	Paragould Drug Court	$\checkmark$	$\checkmark$
3	1	Jackson County Drug Court	$\checkmark$	$\checkmark$
3	2	Pocahontas Drug Court	$\checkmark$	
3	2	Walnut Ridge Drug Court	$\checkmark$	
4	4	Washington/Madison County Drug Court	$\checkmark$	$\checkmark$
5	2	Johnson County Drug Court	$\checkmark$	$\checkmark$
5	4	Pope County Drug Court	$\checkmark$	$\checkmark$
6	9	Pulaski County Drug Court	$\checkmark$	$\checkmark$
7	1	Hot Springs County Drug Court	$\checkmark$	$\checkmark$
8N	2	Hope Drug Court	$\checkmark$	$\checkmark$
8S	1	8 <sup>th</sup> Judicial District South Drug Court	$\checkmark$	$\checkmark$
9E	1	9 <sup>th</sup> East Judicial District Drug Court	$\checkmark$	$\checkmark$
9W	2	Howard County Drug Court	$\checkmark$	$\checkmark$
10	2	10 <sup>th</sup> Judicial District Drug Court	$\checkmark$	$\checkmark$
11E	1	Arkansas County Drug Court	$\checkmark$	$\checkmark$
11W	1	Jefferson County Drug Court	$\checkmark$	$\checkmark$
12	1	Sebastian County Drug Court	$\checkmark$	$\checkmark$

Table 1: Adult Drug Courts Included in the Report

Circuit	Division	Court Name	Program Data Available (Survey)	Participant Level Data (Impact Study)
13	1	Union County Drug Court	$\checkmark$	$\checkmark$
13	3	Ouachita County Drug Court	$\checkmark$	
13	5	Columbia County Drug Court	$\checkmark$	$\checkmark$
14	4	14 <sup>th</sup> Judicial Circuit Drug Court	$\checkmark$	$\checkmark$
14	4	Baxter County Drug Court	$\checkmark$	
15	1	Conway County Drug Court	$\checkmark$	$\checkmark$
15	1	Logan/Scott County Drug Court	$\checkmark$	$\checkmark$
15	1	Yell County Drug Court	$\checkmark$	
16	1	Cleburne County Drug Court	$\checkmark$	$\checkmark$
16	1	Izard/Fulton County Drug Court	$\checkmark$	
16	1	Independence County Drug Court	$\checkmark$	$\checkmark$
16	1	Mountain View Drug Court	$\checkmark$	$\checkmark$
17	3	White County Drug Court	$\checkmark$	$\checkmark$
18E	1	Garland County Drug Court	$\checkmark$	$\checkmark$
18W	1	Mena County Drug Court	$\checkmark$	$\checkmark$
19E	1	Carroll County Drug Court	$\checkmark$	
19W	3	Benton County Drug Court	$\checkmark$	$\checkmark$
20	3	20 <sup>th</sup> Judicial District Drug Court	$\checkmark$	$\checkmark$
21	1	Crawford County Drug Court	$\checkmark$	$\checkmark$
22	1	Saline County Drug Court	$\checkmark$	$\checkmark$
23	3	Lonoke County Drug Court	$\checkmark$	$\checkmark$

Figure 1: Arkansas Adult Drug Courts Included in the Report



#### Veteran Treatment Courts

Four Veteran Treatment Courts (VTCs) are included in the program description portion of this report with program-level data gathered through NCSC's survey on these courts. During the study period, the ACC database did not provide the specificity needed to identify a VTC participant versus a drug court participant. Due to this data limitation, we cannot provide VTC-specific participant-level data. Instead, data on these participants is included as part of the adult drug court study in various sections throughout the report as noted. *Table 2* identifies the four VTCs included in this report.

Circuit	Division	Court Name		
4	4	Washington/Madison County Veterans Treatment Court		
6	9	6 <sup>th</sup> Judicial District Veterans Treatment Court		
19W	3	Benton County Veterans Treatment Court		
23	3	Lonoke County Veterans Treatment Court		

Table	2: \	Veteran	Treatment	Courts	Included	in	the	Report



Figure 2: Arkansas Veteran Treatment Courts Included in the Report

#### Mental Health Courts

Two Mental Health Courts (MHCs) are included in the program description portion of this report with program-level data gathered through NCSC's survey on these courts. MHCs were not identified in the ACC database during the study period as standalone programs as they were previously considered tracks. The participant data is included as part of the adult drug court study in various sections throughout the report as noted. *Table 3* identifies the two MHCs included in this report.

Circuit	Division	Court Name
2	6	Craighead County Mental Health Court
2	6	Crittenden County Mental Health Court

#### Figure 3: Arkansas Mental Health Courts Included in the Report



#### Swift and HOPE Courts

*Table 4* provides a list of the three Swift Courts and one HOPE Court that provided program-level data through the survey. One Swift Court was operational and met data requirements for the evaluation. Due to the limited number of participants in the study and data being available for only one court, Swift and HOPE Court findings are not provided in this report.

Ci	ircuit	Division	Court Name
	8N	1	Hempstead County Swift Court
	13	1	Union County Swift Court
	7	1	Hot Spring County Swift Court
	22	2	Saline County HOPE Court

Table 4: Swift and HOPE Courts Included in the Report

Figure 4: Arkansas Swift and HOPE Courts Included in the Report



#### Alternative Sentencing Courts

Alternative Sentencing Courts are included in the program description portion of this report with program level data gathered through NCSC's survey on these courts. Alternative Sentencing Courts were not identified in the ACC database during the study period as standalone programs. The data is included as part of the adult drug court study in various sections throughout the report as noted. *Table 5* identifies the four Alternative Sentencing Courts included in this report.

Circuit	Division	Court Name
9E	1	Clark County Alternative Sentencing Program
13	1	Union County Alternative Sentencing Program
13	3	Ouachita County Alternative Sentencing Program
13	5	Columbia County Alternative Sentencing Program

Figure 5: Arkansas Alternative Sentencing Courts Included in the Current Report



#### Statistical Significance

Throughout this report, the term "statistically significant" is used. In any analysis, there is a possibility that a result is simply due to random chance or error, even if it looks convincing. A statistically-significant result signifies there is strong evidence that a relationship is not due simply to random chance or error. A more confident result is statistically significant. A smaller *p*-value suggests a stronger confidence in the result as reliable. The conventional, accepted *p*-value of a statistically-significant result is .05. *Table 6* provides an explanation for the *p*-values found throughout this report.

<i>p</i> -value	Possibility Finding is a Result of Chance/Error	Possibility Finding is the Result of Factors Studied
.001	0.1%	99.9%
.01	1.0%	99.0%
.05	5.0%	95.0%
.10	10.0%	90.0%

Table 6:	<b>Explanation</b>	of	Statistical	Significance
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## Program Structure of Arkansas' Specialty Courts

Drug courts have been shown to reduce recidivism when compared to traditional criminal justice interventions (e.g., Aos, Phipps, Barnoski, & Lieb, 2001; Carey, Mackin, & Finigan, 2012; Carey & Waller, 2011; Government Accountability Office, 2005; Lowenkamp, Holsinger, & Latessa, 2005; Mitchell, Wilson, Eggers, & MacKenzie, 2012; Shaffer, 2011). The effectiveness of drug courts in reducing recidivism can be enhanced by adhering to evidence-based practices shown to be associated with improved outcomes for participants.

This section of the report examines the structure and design of Arkansas' specialty courts during the study period of FY12-FY14. The importance of various program components, based on the research, is described in each section of the report. It is important to note that the research cited is research that has most often been conducted on the adult drug court model and not on other types of specialty courts.

As shown in *Table 7* below, the majority (67%) of Adult Drug Courts (DCs) have been operational for 11 to 15 years; 50% of Veteran Treatment Courts (VTCs) have been in operation between six to 10 years; all Swift/HOPE Courts have been operational for five years or less; half of the Mental Health Courts (MHCs) have been operational for either five or fewer years or six to ten years; and half of the Alternative Sentencing Courts have been operational for five or fewer years while one-quarter have been operational for either six to 15 years.

	DC	VTC	МНС	Swift/HOPE	Alt. Sent. Court
	%	%	%	%	%
	N=42	N=4	N=2	N=4	N=4
5 years or less	2%	25%	50%	100%	50%
6-10 years	12%	50%	50%	0%	25%
11-15 years	67%	25%	0%	0%	25%
16+ years	19%	0%	0%	0%	0%

 Table 7: Number of Years the Program has been Operational

Program Capacity. Specialty courts in Arkansas are dynamic organizations that were developed to meet the needs of local constituents. *Table* 8 summarizes the program capacity of the 42 DCs, four VTCs, two MHCs, four Swift/HOPE Courts, and four Alternative Sentencing Courts surveyed. Best practice data highlights courts with a caseload of 125 or more produce poorer outcomes than courts with smaller caseloads (Carey et al., 2012).

A sizeable portion of each type of court has no set limit on program capacity, with 14% of DCs, 25% of VTCs, 50% of MHCs, 25% of Swift/HOPE Courts, and 25% of Alternative Sentencing Courts reporting no set limit. Nearly one-third (31%) of DCs reported a 31 to 45 participant capacity and most (76%) reported a program capacity of 60 or fewer participants. Nearly three-fourths of VTCs reported capacities of 60 or fewer participants (50% - 31 to 45 participants; 25% - 46 to 60 participants). One MHC (50%) reported a capacity of 31 to 45 participants; half of the Swift/HOPE Courts reported a capacity of 45 or fewer participants (25% reported 30 or fewer; 25% reported 31 to 45) and 25% of Swift/HOPE Courts reported a maximum capacity of 45 or fewer participants. Finally, three-quarters of Alternative Sentencing Courts reported a capacity of 45 or fewer participants (50% reported 30 or fewer participants).

	DC	VTC	МНС	Swift/HOPE	Alt. Sent. Court
	%	%	%	%	%
30 or fewer participants	24%	0%	0%	25%	50%
31 – 45 participants	31%	50%	50%	25%	25%
46 – 60 participants	21%	25%	0%	0%	0%
61 – 105 participants	7%	0%	0%	0%	0%
> 105 participants	2%	0%	0%	25%	0%
No set limit	14%	25%	50%	25%	25%

Table 8: Program Capacity

Legal Structure. Specialty courts in Arkansas operate under a variety of legal structures including preadjudication, post-adjudication, or a combination of both types. Current drug court research does not suggest one legal structure is more effective than the other regarding program outcomes. *Table 9* displays the percentage of courts that reported accepting participants pre-plea, post-plea, or at various points in the legal process. Approximately one-fifth of the DCs (19%) accept participants pre-plea, 45% accept participants post-plea, and 36% accept participants both pre- and post-plea. Half (50%) of the VTCs accept participants post-plea and 50% accept participants both pre- and post-plea. All MHCs and Swift/HOPE Courts only accept participants post-plea. Finally, half of the Alternative Sentencing Courts accept participants pre-plea, one-quarter accept participants post-plea, and one-quarter accept participants both pre- and post-plea.

Table 9: Legal Structure

¥	DC	VTC	МНС	Swift/HOPE	Alt. Sent. Court
	%	%	%	%	%
Pre-plea	19%	0%	0%	0%	50%
Post-plea	45%	50%	100%	100%	25%
Combination	36%	50%	0%	0%	25%

Program Documentation. Research has found that program outcomes are significantly better when specialty courts specify their policies and procedures clearly in a participant manual or handbook (Carey et al., 2012). Programs should strive to have both in place for team members and participants to communicate expectations and processes for the specialty court. Additionally, these documents are helpful during times of transition with team members and orientating new team members. Participants should have a compiled handbook written at the appropriate grade level for reference during program delivery. Both documents should be updated on a regular basis to stay current with research and practice. Memorandums of Understanding/Agreement provide leadership and team members with a clear understanding of each agencies responsibilities to include resources dedicated to the program, financial resources devoted to the program, and conflict management and resolution (Hardin & Fox, 2011). Finally, drug courts are designed to be non-adversarial programs and often operate by requiring participants to waive their legal rights.

Specialty courts in Arkansas vary to the extent to which they reported using various program components, as displayed in *Table 10*. The majority of DCs, VTCs, MHCs, Swift/HOPE Courts, and Alternative Sentencing Courts reported having a policy and procedure manual, a participant handbook, and a Memorandum of

Agreement/Understanding. Most DCs, VTCs, and MHCs also use a formal waiver of legal rights signed by participants.

	DC %	VTC	MHC %	Swift/HOPE	Alt. Sent. Court
	/0	/0	/0	/0	/0
Policy and procedure Manual	74%	100%	100%	75%	100%
Participant Handbook	98%	75%	100%	100%	75%
Memorandum of Agreement/Understanding	57%	75%	100%	75%	100%
Formal waiver of legal rights that participants sign	90%	100%	100%	N/A	N/A

#### Table 10: Program Components

#### Targeting, Eligibility, Screening and Assessment, and Program Entry

Research has shown that the most effective drug courts target high-risk and high-need individuals. Focusing the target population on high-risk and high-need individuals has been found to reduce crime approximately twice as much as those serving less serious offenders (Cissner et al., 2013; Fielding et al. 2002; Lowenkamp et al., 2005). In situations where courts serve both low- and high-risk offenders, research indicates programs should modify their services to provide a lower intensity of supervision, substance abuse treatment or both (Lowenkamp & Latessa, 2004). Multiple tracks should be used to separate the high-risk and low-risk participants.

*Table 11* shows that all the VTCs and Swift/HOPE Courts, 75% of DCs, 50% of MHCs, and 25% of Alternative Sentencing Courts target offenders who are moderate- to high-risk of reoffending. Moreover, 75% of Alternative Sentencing Courts, 50% of MHCs, and 25% of DCs also target low-risk offenders, in addition to moderate and high-risk offenders. Some courts (18% of DCs and 50% of MHCs) reported having multiple tracks in the program.

	DC	VTC	MHC	Swift/HOPE	Alt. Sent. Court
	%	%	%	%	%
Target only moderate to high-risk of reoffending	75%	100%	50%	100%	25%
Target low in addition to moderate or high-risk of reoffending	25%	0%	50%	0%	75%
Multiple tracks in the program	18%	0%	50%	N/A	N/A

#### **Table 11: Program Target Population**

Drug court eligibility and exclusion criteria shall be defined objectively, specified in writing, and communicated to potential referral sources including judges, law enforcement, defense attorneys, prosecutors, treatment professionals, and community supervision officers. The treatment court team shall not apply subjective criteria or personal impressions to determine participants' suitability for the program (NADCP 2011, Best Practice Standard I). The use of proper protocols and validated screening and assessment tools provide drug court teams with impartial and unbiased information about potential drug court participants.

Screening and Assessment. Evidence-based screening and assessment protocols can help match each participant to an intervention of appropriate type and intensity. Administration of an empirically-based and validated risk and needs assessment tool is the foundation of effective screening and assessment. Risk assessments measure the likelihood that a defendant will reoffend and needs assessments identify a person's criminogenic needs (i.e., factors that are strongly correlated with criminal behavior, such as drug addiction, anti-social attitudes and associates, lack of problem-solving skills, lack of education, or lack of job skills). Modern assessment tools measure both static (those things that cannot be changed such as age and criminal history) and dynamic (those that can be changed such as drug addiction and anti-social attitudes) risk factors.

The results of the screening and assessment process should determine who receives services and what services should be provided. Probationers assessed at medium- to high-risk to reoffend are more likely to benefit from a correctional intervention than those assessed at low-risk to reoffend (Andrews, Bonta, & Wormith, 2006; Lowenkamp, Latessa, & Holsinger, 2005; Lowenkamp, Latessa, & Holsinger, 2006). Research suggests that delivering intensive supervision and programming to low-risk probationers can be counterproductive. Intensive interventions risk disrupting already established pro-social behaviors, activities, or relationships (such as jobs, school, parenting, or religious observances). Moreover, placing low-risk probationers in programming alongside high-risk probationers risks exposing low-risk probationers to individuals with more entrenched anti-social attitudes. In doing so, agencies can, in fact, increase a low-risk probationer's likelihood of offending (Lowenkamp & Latessa, 2004).

As shown in *Table 12*, the majority of Arkansas' specialty courts reported using a risk/needs assessment. Specifically, 100% of VTCs and Alternative Sentencing Courts, 95% of DCs, 75% of Swift/HOPE Courts, and 50% of MHCs reported using a formal risk/needs assessment. Moreover, all VTCs and MHCs and 86% of DCs reported using a substance abuse assessment tool as well.

Of the programs that use a risk and/or needs assessment tool, the majority reported using the Arkansas Offender Risk Assessment (ARORA) to assess criminogenic risk factors and the Texas Christian University Drug Screen 5 (TCUDS-5) tool to assess for mild to severe substance abuse disorder.

	DC	VTC	MHC	Swift/HOPE	Alt. Sentencing
	%	%	%	%	Court %
Use a formal risk/needs assessment	95%	100%	50%	75%	100%
Use a S/A assessment tool	86%	100%	100%	N/A	N/A

**Table 12: Program Screening and Assessment Process** 

As shown in *Table 13*, of those programs that reported using a risk/needs assessment, the majority of DCs, VTCs, Swift/HOPE Courts, and Alternative Sentencing Courts administer risk assessment prior to entry. Eight-five percent (85%) of the DCs, 75% of the VTCs, 50% of MHCs, 67% of the Swift/HOPE Courts, and 100% of the Alternative Sentencing Courts reported administering risk assessments prior entry. Drug courts that employ standardized assessment tools to determine a potential candidates' eligibility for the program have significantly better outcomes than drug courts that do not use standardized tools (Shaffer, 2011).

#### Table 13: Timing of Risk Assessment

	DC	VTC	МНС	Swift/HOPE	Alt. Sent. Court
	%	%	%	%	%
	N=40 of 42	N=4 of 4	N=2 of 2	N=3 of 4	N=4 of 4
Prior to entry	85%	75%	50%	67%	100%
After entry	15%	25%	50%	33%	0%

Program Eligibility and Exclusion Criteria. Arkansas specialty courts have varying requirements for program eligibility and exclusion criteria. *Table 14* shows that all MHCs, two-thirds (67%) of DCs, and over half (57%) of Swift/HOPE Courts reported requiring that participants reside in the community. Only one VTC reported requiring participants to reside in the community of the court. Most DCs (79%) and 25% of the VTCs reported requiring that participants have a substance abuse disorder to be eligible for the program.

#### Table 14: Program Eligibility

	DC	VTC	МНС	Swift/HOPE	Alt. Sent. Court
	%	%	%	%	%
Must reside in the community	67%	25%	100%	57%	50%
Must have a substance use disorder to be eligible	79%	25%	0%	N/A	N/A

As shown in *Table 15*, the reasons for clinical exclusion vary by court type; neither Swift/HOPE Courts nor Alternative Sentencing Courts reported excluding potential participants by clinical criteria. DCs reported using the following clinical criteria to exclude potential participants: 7% for previous treatment failure, 12% because the substance abuse disorder exceeded available services; 40% due to a severe medical condition, 33% based on mental health history, 36% for being on and wanting to continue MAT, 7% for the illegal use of prescribed medications, 31% due to lack of motivation, 7% due to lack of community ties or connections, 79% based on refusal to participate, and 5% for other clinical exclusion criteria including mentally incompetency and prescribed medication that disrupts drug testing. One VTC (25%) reported excluding potential participants due to lack of motivation, and all VTCs (100%) reported excluding potential participants who refused to participate. One MHC (50%) reported excluding potential participants whose substance abuse disorder was too severe for available services and one (50%) reported excluding participants who refused to participate. Lastly, one MHC reported excluding for severe developmental disability.

	DC	VTC	МНС	Swift/HOPE	Alt. Sent. Court
	%	%	%	%	%
Previous treatment failure	7%	0%	0%	N/A	N/A
Substance abuse disorder too severe for available services to address	12%	0%	50%	N/A	N/A
Use of specific substance or drug of choice	0%	0%	0%	N/A	N/A
Presence of a severe medical condition	40%	0%	0%	N/A	N/A
Participants mental health history	33%	0%	0%	N/A	N/A
Defendant is on MAT and wants to continue	36%	0%	0%	N/A	N/A
Illegal use of prescribed medications	7%	0%	0%	N/A	N/A
Lack of motivation	31%	25%	0%	N/A	N/A
Lack of sufficient community ties or other social connections	7%	0%	0%	N/A	N/A
Refusal to participate	79%	100%	50%	N/A	N/A
Other*	5%	0%	50%	N/A	N/A

Table 15: Clinical Exclusion Criteria

\*Other includes mentally incompetent, severe developmental disability, and legally prescribed medication that will cause positive drug screen.

Besides clinical exclusion criteria, Arkansas specialty courts may also exclude participants for legal reasons, as displayed in Table 16. Most DCs (81%), half of MHCs and Alternative Sentencing Courts, and onefourth of VTCs reported excluding potential participants who have a violent current charge. Over onethird (36%) of DCs and half of Alternative Sentencing Courts reported excluding potential participants whose current charge involves a firearm. Half of the MHCs and Swift/HOPE Courts and 38% of the DCs reported excluding potential participants with a current misdemeanor charge; no courts reported excluding potential participants whose current charge was non-drug. Some courts reported excluding potential participants who have pending criminal charges elsewhere (21% of DCs, 25% of VTCs, 25% of Swift/HOPE Courts, and 50% of Alternative Sentencing Courts), and 50% of Alternative Sentencing Courts reported excluding potential participants on probation for another charge. Some DCs (17%) and Alternative Sentencing Courts (25%) reported excluding potential participants who are known gang members. Most DCs (64%), all MHCs, and some VTCs (25%) and Alternative Sentencing Courts (25%) reported excluding potential participants who have a violent prior conviction. Most DCs (90%), VTCs (75%), and Alternative Sentencing Courts (75%), all MHCs, and some Swift/HOPE Courts (25%) reported excluding sex offenders. Moreover, 43% of DCs, 75% of VTCs, 100% of MHCs, 25% of Swift/HOPE Courts, and 25% of Alternative Sentencing Courts reported excluding potential participants based on prosecutorial discretion. Finally, 7% of DCs, 50% of MHCs, 50% of Swift/HOPE Courts, and 50% of Alternative Sentencing Courts reported excluding potential participants based on other legal criteria, such as active parolee,

charge history for absconding, close family member already an active participant, and previously a participant in the program.

	DC	VTC	МНС	Swift/HOPE	Alt. Sent. Court
	%	%	%	%	%
Current charge is violent	81%	25%	50%	0%	50%
Current charge involves a firearm	36%	0%	0%	0%	50%
Current charge is a misdemeanor	38%	25%	50%	50%	0%
Current charge is a non- drug charge	0%	0%	0%	0%	0%
Defendant has pending criminal charges elsewhere	21%	25%	0%	25%	50%
Defendant is currently on probation for another charge	0%	0%	0%	0%	50%
Defendant is a known gang member	17%	0%	0%	0%	25%
Defendant has prior violent convictions	64%	25%	100%	0%	25%
Defendant is a sex offender	90%	75%	100%	25%	75%
Prosecutor discretion	43%	75%	100%	25%	25%
Other*	7%	0%	50%	50%	50%

#### Table 16: Legal Exclusion Criteria

\*Other includes active parolee, prior absconding charge, close family relation to an active participate, and previously a participant in the program.

#### Drug Court Team

A dedicated multidisciplinary team of professionals manages the day-to-day operations of drug court, including reviewing participant progress (NADCP, 2013, Best Practice Standard VIII). The collaborative nature of the drug court model brings together experts from several professional disciplines, including substance abuse treatment, to share their knowledge and observations with the judge, thus enabling the judge to make rational and informed decisions (Hora & Stalcup, 2008). The composition of the drug court team has significant influence on drug court outcomes when the core team members attend both staffings and status hearings (Carey, et al., 2012; Cissner et al., 2013; Rossman et al. 2012; Shaffer, 2010). Findings related to team participation indicate that outcomes are improved when treatment providers are integral members of the drug court team and regularly attend staff meetings which can be difficult or impossible with a large number of treatment providers (Carey, et al., 2012). The presence of dedicated prosecutors and public defenders on the drug court team is also associated with reduced recidivism (Cissner et al., 2013).

Team Participation in Staffing. The data presented in *Table 17* reflect practices as of 2014 to coincide with the study period and may not reflect current practices. All DCs, VTCs and MHCs reported the judge attends staffing. The majority of DC (86%) reported that the prosecutor attends staffing and over half

(64%) of the DCs reported that the defense attorney/public defender regularly attends staffing. All VTCs and MHCs reported prosecutor and defense attorney presence in staffing. Regarding probation presence in staffing, 100% of the DC, VTC, and MHC reported the probation officer/coordinator or probation officer attends staffing. Specialty court type varied in the extent to which a case manager attends staffing with 14% of DCs and 50% of VTCs and MHCs reporting the case manager attends staffing. Moreover, specialty court types varied in the extent to which a regularly attend staffing. It was reported that a substance abuse treatment provider attended staffing at most DCs (86%) and some VTCs (25%) and MHCs (50%), while a mental health treatment provider attended staffing in 2% of DCs and 50% of MHCs. VTCs did not report regular attendance by a mental health treatment provider at staffing. An ancillary service provider was reported as attending staffing in 2% of DCs. Law enforcement was reported as regularly attending staffing in 36% of DCs. It was reported that mentors attended staffing in 50% of VTCs. In addition, a Veterans' Justice Outreach Specialist was reported as regularly attending staffing in all VTCs.

	DC	VTC	MHC	Swift/HOPE	Alt. Sent. Court
	%	%	%	%	%
Judge	100%	100%	100%	N/A	N/A
Prosecuting Attorney	86%	100%	100%	N/A	N/A
Defense Attorney/ Public Defender	64%	100%	100%	N/A	N/A
Probation Officer/ Coordinator	57%	100%	0%	N/A	N/A
Probation Officer	81%	100%	50%	N/A	N/A
Other Probation Representative	17%	25%	0%	N/A	N/A
Case Manager	14%	50%	50%	N/A	N/A
Substance Abuse Treatment Provider	86%	25%	50%	N/A	N/A
Mental Health Treatment Provider	2%	0%	50%	N/A	N/A
Ancillary Service Provider	2%	0%	0%	N/A	N/A
Law Enforcement	36%	0%	0%	N/A	N/A
Mentor	7%	50%	0%	N/A	N/A
Veteran's Justice Outreach Specialist	N/A	100%	N/A	N/A	N/A

Table 17: Team Attendance in Staffing

Team Participation in Court. There was little variation among the court types in terms of judicial presence in court. *Table 18* highlights 83% of DCs reported that the prosecutor attends court and 64% of DCs reported that the defense attorney/public defender regularly attends court. Both the prosecutor and defense attorney regularly attend court in all VTCs and MHCs. In Swift/HOPE Courts and Alternative Sentencing Courts prosecutors attend court in 75% of the courts on a regular basis and defense attorneys/public defenders attend 100% and 75% respectively. Regarding probation presence in court, 100% of DCs reported the probation officer/coordinator and/or the probation officer attends court, and an additional 17% reported another probation representative attends court. VTCs reported the probation officer attends court in 100% of the courts and 25% reported another

probation representative attends court. Both MHCs reported the probation officer/coordinator and/or the probation officer attend court. Three-fourths (75%) of the Swift/HOPE Courts reported the probation officer/coordinator and/or the probation officer regularly attend court; 100% of Alternative Sentencing Courts reported the probation officer/coordinator and/or the probation officer regularly attend court. Case managers attended court to varying degrees depending on court type, with 50% MHCs, 50% of VTCs, 10% of DC, and 25% of Swift/HOPE courts reporting case managers regularly attend court. Providers were also reported as attending court to varying degrees depending on court type, with substance abuse treatment providers regularly attending court in 83% of DCs, 50% of MHC, and 25% of VTCs. Mental health treatment providers were reported as attending court in 50% of MHCs. It was reported that ancillary service providers do not regularly attend court in any court type. Law enforcement was reported as regularly attending court in 33% of DCs. Mentors were reported as attending court in 50% of VTCs and 7% of DCs. Finally, a Veteran's Justice Outreach Specialist was reported as regularly attending court in all VTCs.

	DC	VTC	МНС	Swift/HOPE	Alt. Sent. Court
	%	%	%	%	%
Judge	100%	100%	100%	100%	100%
Prosecuting Attorney	83%	100%	100%	75%	75%
Defense Attorney/ Public Defender	64%	100%	100%	100%	75%
Probation Officer/ Coordinator	57%	100%	0%	50%	50%
Probation Officer	79%	100%	50%	75%	75%
Other Probation Representative	17%	25%	0%	0%	0%
Case Manager	10%	50%	50%	25%	0%
Substance Abuse Treatment Provider	83%	25%	50%	N/A	N/A
Mental Health Treatment Provider	0%	0%	50%	N/A	N/A
Ancillary Service Provider	0%	0%	0%	0%	0%
Law Enforcement	33%	0%	0%	0%	0%
Mentor	7%	50%	0%	N/A	N/A
Veteran's Justice Outreach Specialist	N/A	100%	N/A	N/A	N/A

**Table 18: Team Attendance in Court** 

Team Training. Ongoing specialized training and supervision are needed for drug court team members to achieve the goals of the drug court and conduct themselves in an ethical, professional, and effective manner (NADCP 2013; Best Practice Standard VIII). Studies consistently find that annual attendance by staff at training workshops is associated with significantly better outcomes. A multisite study involving more than sixty drug courts found that annual attendance at training conferences was the greatest predictor or program effectiveness (Shaffer, 2006, 2008).

DCs, VTCs, and MHCs reported the types of training their specialty court team has completed within the past three years, as reflected in *Table 19*. The majority of courts of all types completed every type of training about which the evaluation team inquired, with few exceptions. The majority of DCs reported completing training in the past three years on federal confidentiality requirements (74%), cultural competence (83%), trauma-informed services (79%), drug testing practices and procedures (93%), incentives and sanctions (90%), screening and assessment (93%), best practices in treatment (90%), discipline specific training (74%), NADCP Annual Conference (81%), the State Specialty Court Conference (98%), and case planning (67%). Similarly, all VTCs reported completing training in the past three years on federal confidentiality requirement, cultural competence, trauma-informed services, drug testing practices and procedures, incentives and sanctions, screening and assessment, best practices in treatment, discipline specific training, NADCP Annual Conference, and the State Specialty Court Conference; while three-fourths reported completing training in case planning. Finally, either one or both MHCs completed training in the past three years on federal confidentiality requirements (50%), cultural competence (100%), trauma-informed services (100%), drug testing practices and procedures (50%), incentives and sanctions (50%), screening and assessment (100%), best practices in treatment (100%), discipline specific training (100%), NADCP Annual Conference (100%), and case planning (50%).

	DC	VTC	МНС	Swift/HOPE	Alt. Sent. Court
	%	%	%	%	%
Federal confidentiality requirements	74%	100%	50%	N/A	N/A
Cultural competence	83%	100%	100%	N/A	N/A
Trauma-informed services	79%	100%	100%	N/A	N/A
Drug testing practices and procedures	93%	100%	50%	N/A	N/A
Incentives and sanctions	90%	100%	50%	N/A	N/A
Screening and assessment	93%	100%	100%	N/A	N/A
Best practices in treatment	90%	100%	100%	N/A	N/A
Discipline specific training	74%	100%	100%	N/A	N/A
NADCP Annual conference	81%	100%	100%	N/A	N/A
State Specialty Court conference	98%	100%	0%	N/A	N/A
Case planning	67%	75%	50%	N/A	N/A

 Table 19: Team Training Participation in the Past Three Years

Probation Staffing. The NCSC explored probation staffing levels during the period of the study in comparison to present day operations at the request of the Specialty Court Program Advisory Committee. Specifically, the comparison was made to the number of probation officers assigned during FY14 and FY18. Fifty-eight courts were operating during FY14 and of those, 52 (90%) provided information on probation staffing levels. *Table 20* highlights a positive increase to VTC of one probation officer (20%) and all other

models remained the same. The number of probation officers assigned did fluctuate in specific courts as an increase or decrease, even though the overall impact was zero.

	FY14	FY18	Difference
Adult Drug Court (N=37)	55	55	0 (0%)
Veteran Treatment Court (N=4)	5	6	+1 (20%)
Mental Health Court (N=2)	2	2	0 (0%)
Swift/HOPE Court (N=5)	6	6	0 (0%)
Alternative Sentencing Court (N=4)	4	4	0 (0%)

 Table 20: Probation Officer Staffing Levels Comparison FY14 to FY18

#### Available Treatment Services

As defined in the NADCP Best Practice Standards Volume I, effective, evidence-based treatment produces its strongest effect on participant behavior and subsequent outcomes when it reflects the following characteristics:

- A full continuum of treatment should include home-based outpatient and intensive outpatient treatment; day treatment; individual, group, and family treatment; inpatient treatment; and residential treatment (Gurnell, Holmberg & Yeres, 2014);
- One or two treatment agencies have primary responsibility for delivering treatment services, and clinically trained representatives from these agencies are core members of the Drug Court Team;
- Treatment providers administer treatments that are manualized and demonstrated to improve outcomes for addicted offenders (e.g., Moral Reconation Therapy (MRT), the MATRIX model, and Multi-Systemic Therapy (MST));
- Participants are assigned to a level of care based on a standardized assessment of their treatment needs such as the ASAM criteria, as opposed to relying on professional judgment; and
- Participants have access to prescribed psychotropic or addiction medications (Medically-Assisted Treatment or MAT) when warranted (NADCP 2013, Best Practice Standard V).

*Table 21* lists the variety of substance abuse treatment services the DCs, VTCs, and MHCs report can be accessed through public and private providers. The majority of all courts of all types report they have access to aftercare support services (74% DCs, 75% VTCs, 100% MHCs), outpatient substance abuse treatment (86% DCs, 100% VTCs, 100% MHCs), intensive outpatient substance abuse groups (90% DCs, 100% VTCs, 100% MHCs), relapse prevention groups (83% DCs, 100% VTCs, 100% MHCs), residential substance abuse treatment (95% DCs, 100% VTCs, 100% MHCs), substance abuse case management (79% DCs, 100% VTCs, 50% MHCs), medication assisted treatment (57% DCs, 75% VTCs, 50% MHCs), and peer recovery support or peer coaching (69% DCs, 50% VTCs, 50% MHCs).

	DC	VTC	MHC	Swift/HOPE	Alt. Sent. Court
	%	%	%	%	%
Aftercare support services	74%	75%	100%	N/A	N/A

	DC %	VTC %	MHC %	Swift/HOPE %	Alt. Sent. Court %
Outpatient SA Txt	86%	100%	100%	N/A	N/A
Intensive Outpatient SA groups	90%	100%	100%	N/A	N/A
Relapse prevention groups	83%	100%	100%	N/A	N/A
Residential SA Txt	95%	100%	100%	N/A	N/A
SA case management	79%	100%	50%	N/A	N/A
Medication Assisted Txt	57%	75%	50%	N/A	N/A
Peer recovery support/ peer coaching	69%	50%	50%	N/A	N/A

*Table 22* displays the number and percentage of specialty court participants (including those in DC, VTC, MHC, and Alternative Sentencing Court tracks) who were referred to a particular service and the percentage of those who successfully completed a particular service. Specifically, 15 DC participants received at least one 12-step program referral and five (33.3%) of those participants successfully completed the treatment. Community service, DC aftercare, substance abuse counseling, and tobacco use treatment were the most common types of referrals among DC participants. Moreover, most types of services had success rates over 50.0%, with some exceptions including 12-step program referrals, AA, continuing care, domestic violence prevention, drugs 101, employment skills, mental health-outpatient, parenting skills, and tobacco use treatment.

	Specialty Co	ourts
Referred Services	At Least One Referral	Successfully Completed
12-Step Program	15 (0.8%)	5 (33.3%)
AA	1 (0.1%)	0 (0.0%)
Anger Management	23 (1.2%)	17 (73.9%)
Chemical Dependence Education	11 (0.6%)	8 (72.7%)
Community Service	108 (5.7%)	92 (85.2%)
Continuing Care	9 (0.5%)	4 (44.4%)
Day Report	2 (0.1%)	2 (100.0%)
Domestic Violence Prevention	1 (0.1%)	0 (0.0%)
DC Aftercare	132 (6.9%)	107 (81.1%)
Drugs 101	1 (0.1%)	0 (0.0%)
Employment Search	1 (0.1%)	1 (100.0%)
Employment Skills	3 (0.2%)	0 (0.0%)
GED	29 (1.5%)	22 (75.9%)
Health Issues	3 (0.2%)	2 (66.7%)
Life/Social Skills	1 (0.1%)	1 (100.0%)
Mental Health – Inpatient	2 (0.1%)	2 (100.0%)
Mental Health – Outpatient	50 (2.6%)	14 (28.0%)
Mirror Image Model	4 (0.2%)	0 (0.0%)

Table 22: Service Referrals

	Specialty Courts		
Referred Services	At Least One Referral	Successfully Completed	
MRT	1 (0.1%)	1 (100.0%)	
NA	9 (0.5%)	1 (11.1%)	
Parenting Skills	1 (0.1%)	0 (0.0%)	
Relapse Prevention	7 (0.4%)	7 (100.0%)	
Substance Abuse Treatment – Inpatient	66 (3.5%)	63 (95.5%)	
Substance Abuse Counseling	181 (9.5%)	158 (87.3%)	
Suicide Prevent/Detox	1 (0.1%)	1 (100.0%)	
Texarkana Transportation Project	1 (0.1%)	1 (100.0%)	
Tobacco Use Treatment	399 (21.0%)	163 (40.9%)	

Evidence-Based Treatment Practices. Having an array of effective, evidence-based programs and treatment services that meet the needs of the population is critical. A substantial body of research spanning several decades reveals that outcomes from correctional rehabilitation are significantly better when:

- offenders receive behavioral or cognitive-behavioral counseling interventions,
- the interventions are carefully documented in treatment manuals,
- treatment providers are trained to deliver the interventions reliably according to the manual, and
- fidelity to the treatment model is maintained through continuous supervision of the treatment providers (Andrews et al., 1990; Andrews & Bonta, 2010; Gendreau, 1996; Hollins, 1999; Landenberger & Lipsey, 2005; Lowenkamp et al., 2006; Lowenkamp et al., 2010; Smith et al., 2009).

Adherence to these principles has been associated with significantly better outcomes in drug courts (Gutierrez & Bourgon, 2012). Specifically, one study of approximately 70 drug courts found that programs offering gender-specific services reduced criminal recidivism significantly more than those who did not (Carey et al., 2012). The proportion of DCs, VTCs, and MHCs that reported always using manualized treatment varied by court type: 57% of DCs, 50% of VTCs, and 100% of MHCs. Moreover, 21% of DCs reported at least one treatment group was gender-specific compared to 50% of VTCs and 100% of MHCs. Finally, nearly all DCs (93%) reported all program-only treatment groups versus 50% of VTCs and 0% of MHCs.

	DC	VTC	MHC	Swift/HOPE	Alt. Sent. Court
	%	%	%	%	%
Manualized treatment (always)	57%	50%	100%	N/A	N/A
At least 1 Txt group is gender specific	21%	50%	100%	N/A	N/A
Txt groups include only program participants	93%	50%	0%	N/A	N/A

Table 23: Programs Using Evidence-Based Treatment Practices

DCs, VTCs, and MHCs reported having access to a variety of manualized treatments. Nearly one-fifth (19%) of DCs reported using Dialectical Behavior Therapy; 31% of DCs and 50% of VTCs and MHCs reported using the Matrix Model; 40% of DCs and 100% of VTCs and MHCs reported using Moral Reconation Therapy; 31% of DCs and 25% of VTCs reported using Thinking for a Change; 5% of DCs and 50% of MHCs reported using Seeking Safety; 50% of MHCs reported using Relapse Prevention Therapy; 29% of DCs reported using New Freedom; 7% of DCs reported using Living in Balance; 7% of DCs reported using Phoenix; and 14% of DCs and 25% of VTCs reported using another manualized treatment.

	DC	VTC	МНС	Swift/HOPE	Alt. Sent. Court
	%	%	%	%	%
Dialectical Behavior Therapy	19%	0%	0%	N/A	N/A
Matrix Model	31%	50%	50%	N/A	N/A
Moral Reconation Therapy	40%	100%	100%	N/A	N/A
Thinking for a Change	31%	25%	0%	N/A	N/A
Seeking Safety	5%	0%	50%	N/A	N/A
Relapse Prevention Therapy	0%	0%	50%	N/A	N/A
New Freedom	29%	0%	0%	N/A	N/A
Living in Balance	7%	0%	0%	N/A	N/A
Phoenix	7%	0%	0%	N/A	N/A
Other*	14%	25%	0%	N/A	N/A

Table 24: Manualized Treatments by Type

\*Other includes Eye Movement Desensitization and Reprocessing (EMDR) therapy, Acceptance and Commitment Therapy (ACT), SAMHSA Anger Management, and Change Companies Motivational, Educational, and Experiential Journals.

Mental Health Services. Numerous statewide and national drug court studies have found that substantial portions of drug court participants suffer from serious co-occurring mental health disorders. Approximately two-thirds of drug court participants report serious mental health symptoms and roughly one-quarter have a diagnosed Axis I psychiatric disorder, most commonly major depression, bipolar disorder, PTSD, or other anxiety disorder (Cissner et. al., 2013; Green & Rempel, 2011; Peters et al., 2012). Arkansas DCs, VTCs, and MHCs reported whether participants have access to mental health services by public or private providers. All VTCs and MHCs reported participants had access to psychotropic medications, co-occurring substance abuse and mental health treatment, emergency psychiatric service (crisis stabilization), individual counseling, inpatient mental health treatment, integrated substance abuse and mental health treatment, mental health case management, mental health evaluation, and outpatient mental health treatment. The majority of DCs reported having the same mental health services available ranging from 69% to 88% of DCs, as reflected in Table 25. Specifically, 83% of DCs reported having access to psychotropic medications, 86% offered co-occurring substance abuse and mental health treatment, 76% had emergency psychiatric service available, 88% had individual counseling available, 76% had inpatient mental health treatment available, 69% had integrated substance abuse and mental health treatment services available, 81% had mental health evaluation available, and 86% had outpatient mental health treatment available.

	DC	VTC	МНС	Swift/HOPE	Alt. Sent. Court
	%	%	%	%	%
Access to					
Psychotropic	83%	100%	100%	N/A	N/A
Medications					
Co-occurring SA and	86%	100%	100%	N/A	N/A
MH Txt	8070	10078	10070	N/A	N/ A
Emergency Psychiatric					
Service (crisis	76%	100%	100%	N/A	N/A
stabilization)					
Individual Counseling	88%	100%	100%	N/A	N/A
Inpatient MH Txt	76%	100%	100%	N/A	N/A
Integrated SA and MH	60%	100%	100%	N1 / A	NI / A
Txt	69%	100%	100%	N/A	N/A
MH Case	60%	1000/	100%	NI / A	NI / A
Management	09%	100%	100%	N/A	N/A
MH Evaluation	81%	100%	100%	N/A	N/A
Outpatient MH Txt	86%	100%	100%	N/A	N/A

Table 25: Available Mental Health Services

Ancillary Services. In addition to the substance abuse and mental health treatment services, the DCs, VTCs, and MHCs reported having access to a range of ancillary services as shown in *Table 26*. Specifically, the majority of DCs, VTCs, and MHCs reported having access to the following ancillary services: anger management (81% of DCs, 75% of VTCs, 100% of MHCs); cognitive behavioral therapy (83% of DCs, 75% of VTCs, 100% of MHCs); and VTCs, 50% of MHCs); family/couples counseling (74% of DCs, 75% of VTCs, 100% of MHCs); GED-prep related classes (93% of DCs, 100% of VTCs, 50% of MHCs); life skills (e.g., parenting) (83% of DCs, 100% of VTCs, 100% of MHCs); transportation (57% of DCs, 50% of VTCs, 100% of MHCs); and vocational training (64% of DCs, 75% of VTCs, 50% of MHCs).

	DC %	VTC %	MHC %	Swift/HOPE %	Alt. Sent. Court %
Anger Management	81%	75%	100%	N/A	N/A
Cognitive Behavioral Therapy	83%	75%	100%	N/A	N/A
Education Services	95%	100%	50%	N/A	N/A
<b>Employment Services</b>	93%	100%	50%	N/A	N/A
Family/Couples Counseling	74%	75%	100%	N/A	N/A
GED-prep Related Classes	93%	100%	50%	N/A	N/A
Life Skills (e.g., parenting)	83%	100%	100%	N/A	N/A
Transportation	57%	50%	100%	N/A	N/A
Vocational Training	64%	75%	50%	N/A	N/A

Table 26: Available Ancillary Services

Court Appearances. Court status hearings allow participants to interact with all team members in the same proceeding, the judge speaks personally with each participant, and incentives, sanctions and treatment adjustments are administered in accordance with participants' progress or lack thereof in treatment (Roper & Lessenger, 2007). A substantial body of research establishes convincingly that better outcomes are achieved when status hearings are held biweekly (every two weeks) or more frequently at least during the first phase of drug court (Carey et al., 2012; Cissner et al., 2013; Festinger et al., 2002; Jones, 2013; Marlowe et al., 2006, 2007; Mitchell et al., 2012; Rossman et al., 2011). The number of court appearances varied between exit types. Across all specialty court participants, on average participants appeared in court 14.8 times. The median number of court appearances for all participants was 11.0, and the number of appearances ranged from 1 to 70. Specifically, it was reported that specialty court graduates made an average of 19.7 court appearances which is significantly more appearances than terminated participants (9.3 appearances, on average) and individuals whose completion status was "other" (10.1 appearances, on average). Moreover, graduated participants had more court appearances on average beyond the fact that they spent more time in the program. Table 27 highlights the mean and median court appearances for the 1,705 DC participants with this available data element (includes DC, VTC, MHC, and Alternative Sentencing Court participant data). Mean differences between groups were assessed using univariate general linear models.

	Mean # of Court	Median # of Court	Range of Court
	Appearances	Appearances	Appearances
Specialty Courts			
All Participants (N=1,705)	14.8	11.0	1 - 70
Graduated Participants (n=904)	19.7***	17.0	1 — 70
Terminated Participants (n=781)	9.3	6.0	1-63
Other Exiters (n=20)	10.1	6.5	1-42

Table 27: Scheduled Court Appearances by Participant

\*\*\* p < .001

#### Drug Testing

Drug and alcohol testing provides an accurate, timely, and comprehensive assessment of unauthorized substance use throughout participants' enrollment in the drug court (NADCP 2015; Best Practice Standard VII). Research has found drug court program outcomes improve significantly when detection of substance use is likely (Kilmer et al., 2012; Marques et al., 2014; Schuler et al., 2014), and participants receive incentives for abstinence and sanctions or treatment adjustments for positive test results (Hawken & Kleiman, 2009; Marlowe et al., 2005). Therefore, the success of any drug court will depend, in part, on the reliable monitoring of substance use.

The National Association of Drug Court Professionals Best Practice Standards Volume II (2015), Drug and Alcohol Testing Standard identifies the following requirements:

• Drug and alcohol testing is performed frequently enough to ensure substance use is detected quickly and reliably. Testing is performed at least twice weekly until the last phase of the program.

- The schedule of drug and alcohol testing is random and predictable for the duration of the participants' stay in the drug court and drug courts test for a breadth of substances potentially used by participants.
- The collection of drug test specimens is observed directly by staff.
- Drug tests are examined routinely for evidence of dilution and adulteration and the drug court uses scientifically valid and reliable testing procedures and has established a chain of custody for each specimen.
- The drug court receives drug test results within 48 hours of collection.

Along with individual-level drug testing data, NCSC also collected information about drug testing policies as a program-level characteristic. Carey et al. (2012) found that programs that performed drug tests at least twice a week in the first phase experienced a 38% larger reduction in recidivism, supporting results of a previous study that associated such frequent drug testing with the most effective drug courts (Carey, Finigan, & Pukstas, 2008). Additionally, the requirement that participants have no positive drug tests in the 90 days before program graduation is associated with improved outcomes (Carey et al., 2012).

*Table 28* summarizes the drug testing practices of Arkansas' specialty courts. The majority of specialty courts, with the exception of Alternative Sentencing Courts, reportedly conduct drug tests at least twice per week in Phase 1. Moreover, the majority of courts of all types reported observing specimen collection and employing randomized testing. Approximately half or fewer than half of the courts reported testing in the evenings, on weekends, or on holidays.

	DC	VTC	MHC	Swift/HOPE	Alt. Sent. Court
	%	%	%	%	%
Test at least twice weekly in Phase 1	93%	100%	100%	75%	0%
Observe specimen collection	100%	100%	100%	75%	100%
Employ randomized testing	95%	100%	100%	75%	75%
Test in the evenings	33%	25%	0%	50%	25%
Test on weekends	57%	50%	0%	50%	0%
Test on holidays	52%	50%	0%	50%	0%

#### **Table 28: Drug Testing Program Practices**

As shown in *Table 29*, approximately 36% of DCs reported receiving drug test results instantly, while 36% of DCs, 75% of VTCs and all MHCs reported receiving results within 24 hours. All Swift/HOPE Courts reported receiving results either instantly (75%) or within 24 hours (25%). Three-quarters (75%) of Alternative Sentencing Courts reported receiving results instantly and 25% within two to three days.

Table 25. This to Receive Drug results							
	DC	VTC	МНС	Swift/HOPE	Alt. Sent. Court		
	%	%	%	%	%		
Instantly	36%	0%	0%	75%	75%		
Within 24 hours	36%	75%	100%	25%	0%		
Two to three days	19%	25%	0%	0%	25%		
Four to six days	10%	0%	0%	0%	0%		

#### Table 29: Time to Receive Drug Testing Results

	DC	VTC	МНС	Swift/HOPE	Alt. Sent. Court
	%	%	%	%	%
Seven days or longer	0%	0%	0%	0%	0%

As shown in *Table 30*, drug testing in Arkansas' specialty courts was reported to be primarily conducted by the probation staff in 100% of DCs, MHCs, Swift/HOPE Courts, and Alternative Sentencing Courts, and in 50% of VTCs. In 25% of VTCs, drug testing was reported to be primarily conducted by a private lab and the remaining 25% by treatment staff.

	DC	VTC	MHC	Swift/HOPE	Alt. Sent. Court		
	%	%	%	%	%		
Private Lab	0%	25%	0%	0%	0%		
Probation staff	100%	50%	100%	100%	100%		
Treatment staff	0%	25%	0%	0%	0%		
Law enforcement	0%	0%	0%	0%	0%		
Case Managers	0%	0%	0%	0%	0%		

Table 30: Drug/Alcohol Testing Staff

As shown in *Table 31*, the most frequently reported testing technologies used across all Arkansas specialty courts were the onsite analyzer, dip stick/instant cup, and independent lab. Specifically, 71% of DCs, 75% of VTCs, 50% of MHCs, 25% of Swift/HOPE Courts, and 25% of Alternative Sentencing Courts reported using an onsite analyzer; 31% of DCs, 25% of VTCs, 75% of Swift/HOPE Courts, and 75% of Alternative Sentencing Courts reported using dip sticks/instant cups; and 50% of VTCs and 50% of MHCs reported using an independent lab.

	DC	VTC	МНС	Swift/HOPE	Alt. Sent. Court
	%	%	%	%	%
Onsite analyzer	71%	75%	50%	25%	25%
Dip stick/instant cup	31%	25%	0%	75%	75%
Independent Lab	0%	50%	50%	0%	0%
Sweat patches	0%	0%	0%	0%	0%
Oral swabs	0%	0%	0%	0%	0%
Hair tests	0%	0%	0%	0%	0%

Table 31: Drug/Alcohol Testing Methodology Used

Drug courts must test for the full range of substances that are likely to be used by participants in the program. New substances of abuse are constantly being sought out by offenders to cheat drug tests, therefore drug courts should select test specimens randomly and frequently and examine them for a wide range of potential drugs of abuse that might be emerging in their population (ASAM, 2013) (NADCP, 2013; Best Practice Standard VII). *Table 32* outlines the reported types of drugs that were tested for on a regular basis within the Arkansas specialty courts included in this study. All court types tested for Amphetamines, Opiates, and Marijuana (100%). To a slightly lesser degree, Alcohol by urine (EtG), Benzodiazepines, and Crack/Cocaine are also reported to be regularly tested by all court models. Significant variation is seen when reviewing alcohol testing transdermally and bath salts (5% of DCs, 25% of VTCs, and 0% of MHC); alcohol by urine- non EtG (7% of DCs and 25% of VTCs); buprenorphine (33% of DCs and 50% of VTCs); LSD (7% of DCs and 50% of VTCs and MHCs); MDMA (43% of DCs and 50% of VTCs and MHCs); Methadone

(43% of DCs and 75% of VTCs); PCP (33% of DCs and 50% of VTCs); and prescription drugs (55% of DCs and 50% of VTCs). Lastly, 10% of DCs reported regular testing for synthetic marijuana.

	DC	VTC	МНС	Swift/HOPE	Alt. Sent. Court
	%	%	%	%	%
Alcohol transdermally (SCRAM)	5%	25%	0%	0%	0%
Alcohol by breath	5%	0%	0%	0%	0%
Alcohol by urine (EtG)	88%	75%	100%	100%	100%
Alcohol by urine (non- EtG)	7%	25%	0%	0%	0%
Amphetamine	100%	100%	100%	100%	100%
Bath salts	5%	25%	0%	0%	0%
Benzodiazepines	93%	100%	100%	50%	75%
Buprenorphine (Suboxone)	33%	50%	0%	50%	50%
Crack/Cocaine	95%	100%	100%	75%	100%
Opiates	100%	100%	100%	75%	100%
LSD	7%	50%	50%	0%	0%
Marijuana	100%	100%	100%	100%	100%
MDMA	43%	50%	50%	25%	50%
Methadone	43%	75%	0%	75%	25%
РСР	31%	50%	0%	0%	0%
Prescription drugs (other than opiates)	55%	50%	0%	25%	50%
Spice (synthetic marijuana)	10%	0%	0%	0%	0%

Table 32: Drugs Routinely Tested

*Tables 33-37* outline minimal testing requirements for clients by phase advancement and court model. The most effective drug courts perform drug testing at least twice per week for the first several months of the program (Carey Et al., 2008). Additionally, drug courts that perform urine testing at least twice per week in the first phase of the program produced 38% greater reductions in crime and were 61% more cost-effective than programs performing urine testing less frequently (Carey et al., 2012). The vast majority of drug court models reported testing two or more times a week in the initial phase of the program.

#### Table 33: Drug Testing Schedule for Adult Drug Courts

	Phase 1	Phase 2	Phase 3	Phase 4	Phase 5
	N=42	N-=42	N=42	N=41	N=26
More than 3x a week	19%	10%	5%	2%	4%
3x a week	45%	31%	19%	17%	12%
2x a week	29%	48%	52%	34%	12%
1x a week	7%	12%	21%	32%	27%
2 to 3x a month	0%	0%	2%	10%	35%
1x a month or less	0%	0%	0%	5%	12%
#### Table 34: Drug Testing Schedule for VTC Courts

	Phase 1	Phase 2	Phase 3	Phase 4	Phase 5
	N=4	N=4	N=4	N=4	N=1
More than 3x a week	25%	25%	25%	0%	0%
3x a week	50%	50%	50%	25%	100%
2x a week	25%	25%	25%	0%	0%
1x a week	0%	0%	0%	25%	0%
2 to 3x a month	0%	0%	0%	0%	0%
1x a month or less	0%	0%	0%	50%	0%

Table 35: Drug Testing Schedule for MHC Courts

	Phase 1	Phase 2	Phase 3	Phase 4	Phase 5
	N=2	N=2	N=2	N=2	
More than 3x a week	0%	0%	0%	0%	N/A
3x a week	0%	0%	0%	0%	N/A
2x a week	100%	100%	50%	50%	N/A
1x a week	0%	0%	50%	50%	N/A
2 to 3x a month	0%	0%	0%	0%	N/A
1x a month or less	0%	0%	0%	0%	N/A

#### Table 36: Drug Testing Schedule for Swift/HOPE Courts

	Beginning of Supervision	Middle of Supervision	Final Month of Supervision
	N=4	N=4	N=4
More than 3x a week	25%	0%	0%
3x a week	25%	25%	0%
2x a week	25%	75%	25%
1x a week	25%	0%	0%
2 to 3x a month	0%	0%	50%
1x a month or less	0%	0%	25%

#### Table 37: Drug Testing Schedule for Alt. Sentencing Courts

	<b>Beginning of Supervision</b>	Middle of Supervision	Final Month of Supervision
	N=4	N=4	N=4
More than 3x a week	0%	0%	0%
3x a week	0%	0%	0%
2x a week	0%	0%	0%
1x a week	25%	25%	25%
2 to 3x a month	50%	25%	0%
1x a month or less	25%	50%	75%

Specialty courts conducted 138,777 drug or alcohol tests during the evaluation period, with an average of 81.5 drug or alcohol screens per participant (see *Table 38*). Graduates had, on average, 102.6 drug screens in the program while non-graduates had an average of 55.3 drug screens while in the program. Graduates received significantly more drug/alcohol screens during their tenure in the program compared to non-graduates, even controlling for length of stay in the program. The mean difference between groups was assessed using univariate general linear models.

Table 38: Average Number of Drug/Alcohol Tests Administered

	Number of Tests
Total Number of Tests	Total Number of Tests
Specialty Courts (N=1,703)	138,777
Specialty Courts	Average Number of Tests
All Participants (N=1,703)	81.5
Graduates (N=943)	102.6***
Terminated Participants (N=760)	55.3***

\*\*\* p < .001

## Sanctions and Incentives

The use of sanctions and incentives is firmly grounded in scientific literature and is a key component of drug courts throughout the United States. Consequences for participants' behavior should be predictable, fair, consistent, and administered in accordance with evidence-based principles of effective behavior modification (NADCP 2013, Best Practice Standard IV). Within drug court programs, reinforcement (incentives) and punishment (sanctions) are used to increase desired behavior. Drug court program policies and procedures should provide a clear indication of which behaviors may elicit an incentive, sanction or therapeutic adjustment (NADCP 2013, Best Practice Standard IV).

Many studies have reported significantly better outcomes when the drug court develops a coordinated sanctioning strategy that was communicated in advance to team members and participants. Specifically, the Multisite Adult Drug Court Evaluation found significantly better outcomes for drug courts that had a written schedule of predictable sanctions that was shared with participants and staff members (Zweig et al., 2012). The most effective drug courts develop a wide and creative range of intermediate-magnitude sanctions and incentives that can be ratcheted upward or downward in response to participants' behaviors. Providing gradually escalating sanctions for difficult goals gives the participants' treatment program an opportunity to take effect and prepares participants to meet steadily increasing responsibilities in the program (Marlowe, 2007) (Marlowe, 2011).

*Table 39* begins to display Arkansas' specialty court practices for DC, VTC, and MHC models. It was reported that participants were provided a written list of behaviors that lead to sanctions and a written list of possible sanctions in 100% of the VTCs and MHCs. Additionally, both models used a graduated approach to sanctioning. It was reported that 88% of DCs provided a written list of behaviors that lead to sanctions and 86% of DCs also provided a list of written sanctions to participants. Almost all DCs (98%) reported sanctioning in a graduated manner. In approximately one-half of DCs, VTCs, and MHCs, a written sanction grid was reported as being used to guide the process.

	DC	VTC	МНС
	%	%	%
Participants are given a written list of behaviors that lead to sanctions	88%	100%	100%
Participants are given a written list of possible sanctions	86%	100%	100%
With repeated infraction sanctions are graduates	98%	100%	100%
The program uses a written sanction grid	52%	50%	50%

Table 39: DC, VTC, and MHC Sanctioning Practices

Similar to the drug court model, Swift/HOPE and Alternative Sentencing Court models instill a sense of personal responsibility and accountability upon the participant. Swift/HOPE and Alternative Sentencing Court models employ a clearly defined set of program rules and consequences which has been shown to enhance perceptions of the certainty of punishment, which deters future deviance. Probationers are given clear instructions on the content and implementation of their terms of probation. A swift response to infractions improves the perception that the sanction is fair (Rhine, 1993). The immediacy, or celerity, of a sanction is also vital for shaping behavior (Farabee, 2005).

*Table 40* provides a summary of Swift/HOPE Court and Alternative Sentencing Court sanction practices. All Swift/HOPE Courts reported holding a warning notification hearing at the start of the program and approached sanctions in a graduated manner, while 75% of the Alternative Sentencing Courts reported that sanctions are graduated. Two of the four Swift/HOPE Courts reported that participants are immediately arrested in response to a positive drug test or admission of use, and one of the four courts reported holding a violation/noncompliance hearing within two business days of arrest.

Table 40: Swift/HOPE Court and Alternative Sentencing Court Sanction Practices

	Swift/HOPE	Alt. Sent. Court
	%	%
Warning notification hearing is held by the Judge at the start of the program	100%	N/A
Participant is immediately arrested for positive drug test or admission of use	50%	0%
A violation/noncompliance hearing is held within two business days of an arrest	25%	0%
With repeated infraction sanctions are graduated	100%	75%

Sanctions. According to national research, sanctions tend to be least effective in the lowest and highest magnitudes, and most effective within the intermediate range (Marlowe & Wong, 2008). Drug courts tend to be more effective and cost-efficient when they use jail detention sparingly. One study found that drug courts that tended to apply jail sanctions of less than two weeks' duration reduced crime approximately two and a half times more than those tending to impose longer jail sanctions (Carey et al., 2012). Moreover, because jail is an expensive resource, drug courts that tended to impose jail sanctions of longer than two weeks had 45 percent lower cost savings in the national studies.

The most commonly used sanctions, as self-reported by the specialty courts, were verbal reprimand, jail, community service, and termination. A sample of the sanctions that were utilized by the courts is displayed in *Table 41*.

	DC	VTC	MHC	Swift/HOPE	Alt. Sent. Court
	%	%	%	%	%
Bench Warrant	73%	100%	50%	75%	75%
Community service	93%	100%	100%	50%	100%
Court observation (sit in traditional court to observe)	21%	25%	50%	N/A	N/A
Curfew restrictions	55%	50%	50%	50%	25%
Jail	100%	100%	100%	100%	100%

Table 41: Sanctions Used by Arkansas' Specialty Courts

	DC %	VTC %	MHC %	Swift/HOPE %	Alt. Sent. Court %
Electronic monitoring	38%	50%	100%	25%	25%
Essays/Homework assignments	88%	100%	100%	50%	25%
Fines	10%	25%	0%	0%	25%
Home confinement	17%	25%	50%	50%	50%
Increased court appearances	57%	50%	100%	0%	25%
Increased probation officer contact	90%	75%	100%	100%	100%
Increased drug testing	95%	75%	50%	100%	100%
License suspension	2%	25%	0%	0%	0%
Increased monitoring/contact with team	71%	75%	50%	25%	0%
Jury box during court	24%	50%	0%	N/A	N/A
Phase demotion/ setback in time	88%	75%	50%	N/A	N/A
Continuous alcohol monitoring (SCRAM)	19%	75%	0%	0%	0%
Verbal reprimand	98%	100%	100%	50%	100%
Termination	93%	100%	100%	50%	100%

Incentives. Incentives are used in drug court and in other treatment settings to motivate participant behavior toward pro-social behavior. Incentives are used to shape behavior gradually by rewarding the participant's positive behavior or achievement of a specific target behavior to reinforce this positive behavior. Long-term gains are more likely to be realized if drug courts use reinforcement to increase productive behaviors that compete against drug abuse and crime after participants are no longer under the authority of the specialty court. Incentives can be as simple as praise from a staff member or the specialty court Judge; a certificate for completion of a specific milestone of the program; or medallions that reward and acknowledge specific lengths of sobriety. *Table 42* reflects the common incentives used by Arkansas' DCs, VTCs, MHCs, Swift/HOPE Courts, and Alternative Sentencing Courts.

Table 42: Incentives Used by	<b>Arkansas Specialty</b>	Courts

	DC	VTC	MHC	Swift/HOPE	Alt. Sent. Court
	%	%	%	%	%
Applause/verbal praise	95%	100%	50%	50%	50%
Acknowledgement of clean time	86%	75%	50%	25%	50%
Bus passes	17%	75%	50%	0%	0%
Candy bars	43%	50%	0%	25%	0%
Certificates	98%	100%	50%	50%	50%
Extended curfew	7%	0%	50%	0%	0%
"Fast Pass" (called first on docket)	36%	25%	50%	0%	0%
Fish Bowl Drawing	48%	25%	0%	0%	0%
Gift cards	71%	75%	50%	0%	25%

	DC %	VTC %	MHC %	Swift/HOPE	Alt. Sent. Court
Graduation from the program	95%	100%	50%	50%	25%
Group events	64%	0%	0%	0%	25%
Lunch with a staff member	7%	0%	0%	0%	0%
Medical/Dental/Vision	52%	25%	0%	0%	0%
Monetary Gift	24%	25%	0%	0%	0%
Movie tickets	31%	25%	50%	0%	0%
Phase promotion	98%	75%	50%	N/A	N/A
Plaques	36%	50%	0%	0%	0%
Praise from the judge	98%	100%	50%	50%	50%
Reduction in community service	33%	50%	0%	0%	0%
Reduction in court appearances	60%	75%	50%	25%	25%
Reduction in fees	48%	75%	50%	0%	0%
Reduction in supervision requirements	64%	100%	0%	25%	25%
Token and/or medallions	52%	75%	0%	0%	0%

Studies (e.g., Gendreau, 1996) have found that a 4:1 ratio of incentives to sanctions was associated with significantly better outcomes among offenders. Arkansas drug courts have a ratio of 3,441 incentives to 2,549 sanctions, applying the research-based ratio this is approximately 1.35 incentives to 1 sanction. *Table 43* displays a summary of the number of incentives and sanctions given to drug court participants. The evaluation team further assessed significant differences between graduated participants and terminated participants for the total number of incentives received and the number of days to first incentive while controlling for length of stay. NCSC found that graduated participants received significantly more incentives compared to terminated participants beyond the effect of their length of stay; graduated participants also took more days to receive their first incentive although this significant difference was explained by length of stay. Similarly, graduated participants took more days to receive their first sonction, but this difference was explained by length of stay. Mean differences between groups were assessed using univariate general linear models with covariates.

Table 43: Number of Incentives and Sanctions Given to Specialty Court Participants

	Number (%) of Participants Who Received At Least One	Average # (Range) per Participant†	Average # (Range) of Days to First Occurrence <sup>†</sup>
Incentives			
All Participants (N=1,903)	748 (39.3%)	4.6 (1 – 26)	200.7 (4 – 1,580)
Graduated Participants (n=1,037)	482 (46.5%)	5.1*** (1 – 21)	217.8 (4 – 1,580)
Terminated Participants (n=844)	261 (30.9%)	3.5*** (1 – 26)	170.4 (14 – 1,110)

	Number (%) of Participants Who Received At Least One	Average # (Range) per Participant†	Average # (Range) of Days to First Occurrence <sup>†</sup>
Other Exiters (n=22)	5 (22.7%)	4.4 (3 – 8)	137.2 (35 – 326)
Sanctions			
All Participants (N=1,903)	944 (49.6%)	2.7 (1 – 16)	160.8 (1 – 1,310)
Graduated Participants (n=1,037)	519 (50.0%)	2.8 (1 – 16)	178.1 (2 – 1,310)
Terminated Participants (n=844)	416 (49.3%)	2.6 (1 – 12)	139.2 (1 – 1,187)
Other Exiters (n=22)	9 (40.9%)	1.8 (1 – 5)	164.7 (20 – 371)

<sup>+</sup>Among those participants who received an incentive or sanction.

\*\*\* p < .001 \*\* p < .01

## Program Exit and Post-Graduation Services

Successful Completion. *Table 44* highlights graduation requirements by model. Almost all programs require participants to complete treatment to graduate (95% DCs, 100% VTCs, 100% MHCs). In addition, the most often cited graduation requirements for DCs included payment of program fees/cost (93%) and restitution (71%), employed or enrolled in school (79%), and a continuous period of sobriety (76%). The most often cited graduation requirements for VTCs included program fees (100%), a continuous period of sobriety (100%), payment of court costs (75%), and restitution (75%). MHCs most often required a graduation application (100%), exit interview (100%), aftercare plan (100%), community service (100%), a continuous period of sobriety (100%), and be sanction-free for a specified period of time (100%). Swift/HOPE and Alternative Sentencing Courts were similar in that the most often cited graduation (100% for both), and employed or enrolled in school (75% and 100%, respectively). Swift/HOPE Courts often required a specified period of sanction-free behavior (75%). Alternative Sentencing Courts' most common additional graduation requirement included to obtain a high school diploma or GED (100%), have stable housing (100%), perform community service (100%), and pay fees/costs (75%).

	DC	VTC	MUC	C:#/!!ODF	Alt Cont Count
	DC	VIC	IVIAC	SWITC/HOPE	Alt. Sent. Court
	%	%	%	%	%
Pay drug testing fees per payment plan	21%	25%	0%	0%	25%
Pay court costs per payment plan	69%	75%	0%	100%	75%
Payment of program fees/costs	93%	100%	50%	0%	75%
Payment of restitution fees per payment plan	71%	75%	50%	100%	100%
Employed or enrolled in school	79%	50%	0%	75%	100%
Employment training/vocational requirement	38%	25%	0%	25%	50%

**Table 44: Graduation Requirements** 

	DC %	VТС %	MHC %	Swift/HOPE %	Alt. Sent. Court %
Obtain high school diploma or GED	62%	50%	0%	50%	100%
Complete requirements of treatment	95%	100%	100%	N/A	N/A
Have stable housing	64%	75%	50%	25%	100%
Complete graduation application	24%	25%	100%	N/A	N/A
Complete exit status interview	24%	25%	100%	N/A	N/A
Have an aftercare plan	57%	25%	100%	N/A	N/A
Perform community service	40%	50%	100%	25%	100%
Have a period of continuous sobriety	76%	100%	100%	50%	25%
Be sanction-free for a specified period of time (Swift/HOPE-ASC – fully compliant)	60%	25%	100%	75%	25%

As reported in *Table 45*, for the majority of adult drug courts, the legal benefits of participating in the specialty court included the charges and convictions are expunged/record is sealed (95%), the participant is discharged from the program (93%), the charge is dismissed (76%), and the participant is discharged from probation (76%). Similarly, for VTCs, the most common legal benefits of successful completion were the participant is discharged from the program (100%), the charges and conviction are expunged/record sealed (100%), the charge is dismissed (75%), and the participant is discharged from probation (75%). The MHC programs noted the most common legal benefits were the participant is discharged from the program (100%), the charges and convictions expunged /record sealed (100%), and the participant avoids jail (100%). Swift/HOPE Courts' most noted common legal benefits of successful completion were the participant is discharged from probation (75%) and the participant is discharged from probation (75%) and the participant is discharged from probation (75%) and the participant avoids jail (100%). Swift/HOPE Courts' most noted common legal benefits of successful completion were the participant is discharged from probation (75%) and the participant avoids jail (75%). Dismissal of charges (100%) and discharge from the program (75%) were the most common legal benefits reported by the Alternative Sentencing Courts.

	DC	VTC	МНС	Swift/HOPE	Alt. Sent. Court
	%	%	%	%	%
Charge is dismissed	76%	75%	50%	0%	100%
Participant is discharged from program	93%	100%	100%	50%	75%
Participant is discharged from probation	76%	75%	100%	75%	25%
Charges are reduced	5%	25%	0%	0%	0%
Charges and conviction stand with reduced/suspended disposition	7%	25%	0%	0%	0%

Table 45: Legal Benefits of Successful Completion

	DC %	VТС %	MHC %	Swift/HOPE %	Alt. Sent. Court %
Charges and conviction are expunged/record sealed	95%	100%	100%	25%	75%
Fees/Cost waived	38%	25%	50%	0%	0%
Expedited settlement or placement	0%	0%	0%	N/A	N/A
Avoid jail	55%	50%	100%	75%	25%

Reasons for Program Termination. Participants terminated from the DC, VTC, MHC and Swift/HOPE models were most likely adjudicated on their original charge and/or placed in jail/prison. Participants terminated from the Alternative Sentencing Court were most likely placed on supervised probation. Participants may be terminated from a specialty court for a variety of reasons that range from new arrests to repeatedly missing treatment sessions. *Table 46* below outlines the common reasons a participant may be terminated from the specialty court by model. The most common reasons reported for termination from each model include: a new arrest for a violent offense (MHCs, 100%; DCs, 93%); any new arrest for a felony (Alternative Sentencing Courts, 100%); multiple failures to appear in court (MHCs, 100%); repeatedly missing treatment sessions (VTCs, 75%); and repeatedly testing positive for drugs or alcohol (VTCs, 75%). The Swift/HOPE Courts did not have one area in the majority across all sites.

	DC %	VTC %	MHC %	Swift/HOPE %	Alt. Sent. Court %
Any new arrest for a misdemeanor	12%	25%	0%	0%	50%
Any new arrest for a felony	79%	50%	0%	50%	100%
New arrest for drug possession	64%	25%	0%	50%	75%
New arrest for DWI	31%	50%	0%	25%	75%
New arrest for drug distribution/trafficking	79%	50%	0%	25%	75%
New arrest for violent offense	93%	50%	100%	25%	75%
A single failure to appear in court with no excuse	2%	0%	0%	25%	0%
Multiple failures to appear in court	67%	50%	100%	25%	50%
Repeatedly missing treatment sessions	71%	75%	50%	N/A	N/A
Repeatedly testing positive for drugs or alcohol	71%	75%	50%	25%	75%
Lack of progress in the program	76%	50%	50%	50%	75%
Lack of progress in treatment	67%	50%	50%	N/A	N/A

Table 46: Behaviors that Result in Program Termination

	DC	VTC	МНС	Swift/HOPE	Alt. Sent. Court
	%	%	%	%	%
Other*	14%	0%	0%	25%	0%

Other includes violence or the threat of violence toward staff/participant, and long-term absconding.

Conclusion. The program structure of the DCs, VTCs, MHCs, Swift/HOPE Courts, and Alternative Sentencing Courts are similar in purpose and design with variations in operational practices. The average adult drug court has been in operation longer than all other models. The majority of the programs have a capacity of 31 to 45 participants with the exception of Alternative Sentencing Courts which has a capacity of up to 30 clients. The majority of programs are post-plea or a combination of post-plea and pre-plea and target moderate- to high-risk offenders. Alternative Sentencing Courts reported operating slightly differently with a primary target of low-risk offenders and pre-plea population. All models of specialty courts reported the majority of programs used a risk-need assessment tool which was most often completed prior to entry, although there was inconsistency in the tool used during the study period. In addition, most models reported the use of a substance abuse assessment as common practice. The DCs, VTCs, and MHCs reported clinical and legal exclusions for entry to programming. The most often cited clinical exclusion reported across the DC, VTC, and MHC models was a client's refusal to participate; and the primary legal exclusion was the defendant being a convicted sex offender. Across all models, there was consistency in the majority of programs reporting the presence of a policy and procedure manual, participant handbook, and Memorandums of Understanding.

Team members met for staffing and attended court across DCs, VTCs, and MHCs. All three models noted consistent attendance of the judge, prosecuting attorney, probation officer, and substance abuse treatment provider. A significant finding during the study was the number of court appearances attended by participants. Specifically, specialty court graduates attended court hearings significantly more than terminated clients. All three models reported attending a wide breadth of training topics. Client services were reported as readily available across all three DC, VTC, and MHC models delivered through the program or in the community in the areas of substance abuse, mental health, and ancillary services. In at least half of the models, manualized treatment was delivered to include the Matrix Model, Moral Reconation Therapy (MRT), and Thinking for a Change.

Drug testing is a primary function in a specialty court. The majority of the models reported conducting drug tests at least twice a week as a common practice with the exception of Alternative Sentencing Courts. All models reported almost all programs observed specimen collection and considered testing to be randomized. Weekend, evening, and holiday testing practices were not a regular practice across the five models of specialty courts. Almost all models reported probation staff completed drug and alcohol testing using an onsite analyzer or dip stick/instant cup testing methodology. Drug testing was routinely available across all models for the following drugs: amphetamines, benzodiazepines, crack/cocaine, opiates, marijuana, and EtG testing for alcohol. A significant finding related to drug testing was that specialty court graduates had significantly more drug tests than terminated clients, even after controlling for length of stay in the program.

Across the DC, VTC, and MHC models, programs reported having a written list of behaviors that lead to a sanction providing participants with a written list of possible sanctions and addressing repeated infractions with graduated sanctions. The number of incentives given to graduated participants was a significant finding in relation to terminated clients, even after controlling for length of stay.

Requirements for graduation varied across the models but most often the following was required: payment or payment plan for court costs, program fees, and restitution; employment or enrollment in school; completion of treatment requirements; and a continuous period of sobriety. Legal benefits of successfully completing one of the five specialty courts included dismissal of the charge, discharge from the program and/or probation, expungement/record sealing of charge and conviction, and participant avoidance of jail time. The most cited reasons for termination across the five specialty court models was a new felony arrest, drug distribution/trafficking, new arrest for violent offense, repeatedly missing treatment, testing positive, and a lack of progress in the program or treatment.

# Participant Characteristics

When conducting evaluations of individual drug courts, it is important to collect data that reflects differences between participants that could plausibly be related to differences in outcomes. These include individual characteristics (e.g., their criminal history, drug of choice). In the following section, we review characteristics of Arkansas specialty court participants that have been identified as being related to outcomes in the literature, including demographics (gender, race, age), marital status, education and employment at entry, placement offense information, and treatment history.

As previously mentioned in this report, because the VTCs, MHCs, and Alternative Sentencing Courts were not yet designated as standalone program models in the Arkansas Community Corrections (ACC) database during the study period, the VTCs, MHCs, and Alternative Sentencing Courts participants are combined throughout the following section and referred to as specialty courts in the analysis.

Demographics. *Table 47* summarizes Arkansas specialty court participants were 65% male and 35% and 75% Caucasian and 22% African American. Fewer participants were multi-racial, Hispanic or Latino, or belonged to racial groups labeled "Other". The majority of specialty court participants (over 70%) were between the ages of 21 and 40 years old. The largest proportion of participants (47%) were 21 to 30 years old at entry, followed by 31 to 40 years old at entry (25%), and 41 to 50 years old at entry (11%). Participant demographics have been shown to be highly related to recidivism, in particular age and gender (e.g., Lanagan & Levin, 2002), as well as race (e.g., Gendreau, Little, & Goggin, 1996). It should be noted that the effect of race is greatly diminished or disappears for some drug court outcomes when factors related to race (e.g., previous criminal history, unemployment, and education) are controlled (e.g., Dannerbeck, Harris, Sundet, & Lloyd, 2006), suggesting that race is a proxy for these variables.

Demographics	Specialty Courts % of Participants N=1.903
Gender	
Male	1,232 (64.7%)
Female	671 (35.3%)
Age	
<21	202 (10.6%)
21-30	893 (46.9%)
31-40	476 (25.0%)
41-50	214 (11.2%)
51-60	100 (5.3%)
>60	18 (0.9%)
Race	
Caucasian	1,430 (75.1%)
African American	424 (22.3%)
Hispanic/Latino	35 (1.8%)
Other/Unknown*	14 (0.7%)

**Table 47: Demographics of Specialty Court Participants** 

\*Other/Unknown DC includes five Asian American participants, six Native American participants, one Native Hawaiian/Pacific Islander participant, one undescribed Other, and one Unknown.

Marital Status. *Table 48* shows Arkansas specialty court participants by marital status at program entry. The known marital status of participants was 35% single, 11% divorced, and 13% married. An additional 36% were unknown or categorized as other. Less than 6% of specialty court participants were separated, common law/cohabitating, or widowed at entry.

Table	48:	Marital	Status	of	Partici	nants
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	Specialty Courts
	% of Participants
Marital Status	N=1,903
Single	669 (35.2%)
Divorced	200 (10.5%)
Married	240 (12.6%)
Separated	64 (3.4%)
Widowed	19 (1.0%)
Common Law/Cohabitating	18 (0.9%)
Other/Unknown*	693 (36.4%)

\*Other/Unknown DC includes 690 Unknown and seven Other. Other/Unknown Swift/HOPE includes 42 Unknown.

Education. *Table 49* illustrates the participants' highest educational level achieved at program entry. Twenty-five percent (25%) of specialty court participants had not attained a high school diploma or GED equivalent at entry. Twenty-six percent (26%) were high school graduates or earned the GED equivalent and an additional 11% had post-high school education. Thirty-seven percent (37%) of the participants had an unknown education level.

Table 49: Education Attainment at Entry	

Education	Specialty Courts % of Participants
Attainment	N=1,903
8 <sup>th</sup> Grade or Less	49 (2.6%)
9 <sup>th</sup> Grade	75 (3.9%)
10 <sup>th</sup> Grade	118 (6.2%)
11th Grade	224 (11.8%)
High School Graduate/GED	498 (26.2%)
Some College	213 (11.2%)
Bachelor's Degree	18 (0.9%)
Graduate Degree	4 (0.2%)
Unknown	704 (37.0%)

Employment Status at Entry. *Table 50* illustrates participants' employment status at the time of program entry. A significant number of participants had unknown employment statuses at entry (59%). The breakdown of participants in the specialty courts with known employment statuses at entry was 25% employed and 14% unemployed. Less than 2% of participants were disabled or retired at entry.

#### Table 50: Employment Status at Entry

Employment Status at Entry	Specialty Courts % of Participants N=1.903
Employed	482 (25.3%)
Unemployed	270 (14.2%)
Disabled	28 (1.5%)
Retired	1 (0.1%)
Unknown	1,122 (59.0%)

Placement Offense. Evidence for the severity and type of entry offenses that are related to improved outcomes in drug courts is mixed. Carey et al. (2008, 2012) found that drug courts that accepted non-drug charges had 95% greater reductions in recidivism than drug courts that limited their entry offenses to drug charges and that drug courts that served addicted individuals charged with felony theft and property crimes yielded nearly twice the cost savings. Lanagan & Levin (2002) also found that type of offense appears to be related to recidivism, with property and drug offenses associated with greater risk. Conversely, Cissner et al. (2013) determined that drug courts that served more participants with drug-related offenses as opposed to property or other charges were more likely to see reductions in recidivism.

Arkansas' specialty courts reported accepting a variety of placement offenses. *Table 51* shows the types of placement offenses entering Arkansas' drug courts. A large portion of participants were missing placement offenses (1,100). Drug offenses were the most common type of known placement offenses (54.7%). A small portion of participants entered with property offenses (26.8%), technical offenses (7.0%), public order offenses (6.1%), person offenses (2.9%), and other offenses (2.6%). Examples of what was included in each category of offense can be found in *Appendix A*. It is important to note the coding that took place to discern placement offenses for each participant was first determined based on court type (pre-adjudication v. post-adjudication) and then by the most serious charge or conviction, closest to entry or exit (depending on court type).

Table 51: Placement Offense Type

	Specialty Courts
	Number (%) of Participants
Drug/Alcohol Offense	439 (54.7%)
Property Offense	215 (26.8%)
Technical Offence	56 (7.0%)
Public Order Offense	49 (6.1%)
Person Offense	23 (2.9%)
Other	21 (2.6%)

Placement Offense Severity. Due to data entry issues, the offense severity level is missing for the majority of participants (1,163 individuals). Of those participants whose placement offense severity was known, 84.5% entered as a result of a felony offense and 15.5% entered as a result of a misdemeanor offense (see *Table 52*). Regarding severity, Carey et al. (2012) found that the inclusion of violent offenders did not affect recidivism rates positively or negatively, meaning courts that accept violent offenders do as well as those that do not. However, other studies have found the inclusion of violent offenders in drug

court programs is associated with increases in recidivism (Mitchell et al., 2012; Shaffer, 2011). One explanation for these disparate findings is the possibility that the key factor in entry offense type and severity is not the offense in and of itself, but how the court responds to offenders with different entry offenses.

Table 52: Placement Offense Severity						
Placement	Specialty Courts					
Offense Severity	Number (%) of Participants					
Felony	625 (84.5%)					
Misdemeanor	115 (15.5%)					

Criminal History. Table 53 displays the extent to which participants had prior involvement with the adult criminal justice system at the time they entered the specialty court. Most participants who had criminal history data available had at least one prior arrest (89.6%) and 66.9% had at least one prior conviction. A smaller sample size is included in Table 53 because criminal history data was not available for the entire sample. Meta-analyses of adult offenders generally have found that prior arrests and time in prison are significant predictors of reoffending behavior (Gendreau et al., 1996).

Table 53: Criminal History Prior to Entry

	Specialty Courts
	Number (%) of Participants
	N=1,754
At Least One Prior Arrest	1,572 (89.6%)
At Least One Prior Conviction	1,173 (66.9%)

Considering only Arkansas specialty court participants who had criminal history data, Table 54 shows participants averaged 2.7 felony arrests prior to entry and 3.2 misdemeanor arrests prior to entry. Furthermore, specialty court participants had 1.7 felony convictions prior to entry and 2.2 misdemeanor convictions prior to entry.

Table 54: Number of Prior Arrests and Convictions at Program Entry

	Specialty Courts			
Average number of prior	prior Number (%) of Participants			
	N	Mean		
Arrests				
Felony Arrests	1,344	2.7		
Misdemeanor Arrests	1,127	3.2		
Violation Arrests	5	1.0		
Unknown Arrests	730	2.0		
Convictions				
Felony Convictions	741	1.7		
Misdemeanor Convictions	842	2.2		
Violation Convictions	6	1.0		
Unknown Convictions	326	1.4		

Drug of Choice. Upon admission into the specialty court program, participants are asked to disclose their preferred drugs of choice. Information is based on self-report but may be interpreted by staff in light of other available information, such as the drug involved in the offense at referral and the results of baseline drug tests at intake. It is important to note that not all participants are forthcoming about the nature and extent of their drug use at intake or assessment, and this may become clearer once the participant is involved in the program. In addition, preference for multiple drugs is common among participants. *Table 55* portrays the most frequently cited drugs of choice reported by participants for whom this information was available. This analysis reveals that the majority of specialty court participants reported marijuana (35.6%), amphetamines/methamphetamines (30.4%), and opioids (14.9%) as the top three preferred drugs.

	Specialty Courts % of Participants
Drug of Choice	N=1,025
THC/Marijuana	365 (35.6%)
Amphetamines/Methamphetamines	312 (30.4%)
Opioids/prescription drugs	114 (14.9%)
Alcohol	78 (7.6%)
Cocaine/Crack	92 (9.0%)
Benzodiazepines	12 (1.2%)
Hallucinogens	9 (0.9%)
Barbiturates	3 (0.3%)
K2/SPICE	1 (0.1%)

Table 55: Participant Drug of Choice

Proxy Risk. Arkansas did not employ a statewide risk-needs assessment during the study period. In the absence of such a tool, NCSC calculated a proxy risk score for each participant and comparison probationer using the Proxy Risk Triage Screener (where data was available).<sup>1</sup> The Proxy Risk Triage Screener tool is a 3-item screen that calculates a risk score based on:

- age at program placement,
- age at first arrest, and
- number of prior adult arrests.

The NCSC evaluation team had access to the data points needed to calculate risk using this method with the exception of "age at first arrest," which was restricted to adult arrests only based on available data. The Proxy Risk Triage Screener has been used by other states and localities to triage offenders prior to conducting a full assessment with a third-generation risk and needs assessment tool (Hawaii); as part of reentry planning (Miami-Dade); and to make bond recommendations or screen at booking (Eau Claire, Wisconsin).

Like all screening and assessment instruments, proxy risk must be normed and validated for the target population. The sample of FY12 through FY14 completers was used to establish cut-off points for scoring purposes. Information about scoring proxy risk can be found in the *Technical Appendix: Proxy Risk Scoring. Table 56* shows the distribution of proxy risk scores within the DC samples.

<sup>&</sup>lt;sup>1</sup> See Bogue, Brad, William Woodward, and Lore Joplin. 2005. Using Proxy Score to Pre-screen Offenders for Risk to Reoffend.

Proxy Score	N	Distribution of Sample	Risk Level
2	131	6.9%	Low
3	241	12.7%	Low
4	256	13.5%	Low
5	401	21.1%	Low
6	416	21.9%	Medium
7	233	12.2%	Medium
8	76	4.0%	High
Unknown	149	7.8%	Unknown

Table 56: Proxy Risk Score of Participants

Conclusion. This section examined a variety of characteristics of Arkansas specialty court participants. Demographics suggest that most participants were male, Caucasian, between the ages of 21 and 40, single, and attained a high school diploma or GED. The majority of participants entered with at least one prior arrest and conviction. Additionally, participants were primarily placed in the specialty court with a felony drug offense. Participant profiles indicated the primary drugs of choice were marijuana and amphetamines/methamphetamines. A large body of participant-level data was unknown and unavailable for analysis. This diminished the full analysis of participant-level variables.

# Short-Term Outcomes

Short-term outcomes are one type of measure of program effectiveness. The following section describes sobriety during the specialty court program, program completion by type, and time in the program.

## Sobriety

Sobriety, both during and after drug court participation, is a goal of all drug courts because it fosters rehabilitation, public safety, and accountability. The following section describes sobriety during the specialty court program.

In-Program Positive Drug and/or Alcohol Tests. *Table 57* shows that all specialty court participants completed 138,777 drug tests during participation, with graduates completing more drug/alcohol tests on average (102.6) than terminated participants (54.9). It is important to note that not all participants in the sample had drug/alcohol testing data available, so the sample sizes are smaller in the drug/alcohol testing analysis than in the whole samples.

	Drug/Alcohol Tests Administered					
	Total	Mean	SD	Range		
Specialty Courts						
All Participants (N=1,703)	138,777	81.5	68.25	1-314		
Graduated Participants (n=943)	96,737	102.6	69.86	1-314		
Terminated Participants (n=741)	40,647	54.9	56.00	1 – 287		
Other Completers (n=19)	1,393	73.3	59.84	2 - 188		

 Table 57: In-Program Positive Drug/Alcohol Tests

*Table 58* shows the percentage of specialty court participants who had at least one positive drug/alcohol test during participation, the average number of days to first positive test, the average number of positive tests, and the average percentage of all tests that were positive. Most specialty court participants (82%) had at least one positive drug/alcohol test; 76% of specialty court graduates, 90% of specialty court terminated participants, and 95% of other program completers had at least one positive test. Furthermore, specialty court participants participated in the program an average of 118.9 days before their first positive test; terminated participants had their first positive test significantly earlier in the program (day 82.5, on average) compared to graduated participants (day 152.3, on average). Specialty court graduates also had significantly fewer positive tests (7.9, on average) compared to terminated participants (10.2, on average); mean differences between groups were assessed using univariate general linear models. Terminated participants also had a higher percentage of positive tests (30.0%) compared to graduated participants (18.9%), assessed using a chi-square analysis.

Tuble 50. III Trogram Sobriety by T	articipain	Closure	Type for Speek	arey court is	articipants	,	
	Partic	ipants					Average
	with (	One or			Numb	er of	Percent of
	More F	Positive	Days to First	Positive	Positive	Tests	All Tests
	Те	sts	Test (Rai	nge)	(Ran	ge)	Positive
	Ν	%	М	Range	М	Range	%
All Participants (N=1,703)	1,395	81.9%	118.9	1 – 1,303	9.0	1 – 211	19.4%
Graduated Participants (n=943)	713	75.6%	152.3***	1 – 1,303	7.9*	1 - 211	9.4%

Table 58: In-Program Sobriety by Participant Closure Type for Specialty Court Participants

	Partic with ( More F Te	ipants Dne or Positive sts	Days to First Test (Rai	Positive 1ge)	Numb Positive (Ran	er of Tests ge)	Average Percent of All Tests Positive
	Ν	%	М	Range	М	Range	%
Terminated Participants (n=741)	664	89.6%	82.5***	1 – 1,002	10.2*	1 – 149	30.0%
Other Program Completers (n=19)	18	94.7%	138.7	1 - 386	8.2	1 – 53	18.9%

\*\*\* *p* < .001 \* *p* < .05

## **Program Completion**

Type of Program Exit. As shown in *Table 59,* 55% of the 1,903 specialty court participants exited successfully from their drug court program by means of graduation and 44% exited through termination. An additional 1% of the specialty court participants (22 participants) exited by other means.

### Table 59: Program Completion Rates by Completion Type

	Graduated	Terminated	Other Exit <sup>+</sup>
Specialty Court (N=1,903)	1,037 (54.5%)	844 (44.4%)	22 (1.2%)

<sup>+</sup>Specialty court participants designated as Other Exiters include 20 participants who died and two participants with exits labeled as Administrative Closures.

Reason for Program Termination. *Table 60* highlights the reasons for termination for the 844 specialty court participants who unsuccessfully completed the program. Failure to meet the terms of probation far outweighed any other reason for termination, accounting for 71% of the terminated population.

Table 60: Reasons for Program Termination

	Specialty Courts
Reason for Termination	(N=844)
Failure to Meet Terms of Probation	601 (71.2%)
Revoked – New Felony	87 (10.3%)
Revoked – New Misdemeanor	8 (0.9%)
Revoked – Technical	67 (7.9%)
Drug Court Sanction	19 (2.3%)
Waived Hearing/Outcome of Hearing	11 (1.3%)
Taking Up New Sentence	37 (4.4%)
Other*	14 (1.7%)

\*Other includes five Judicial Decisions In lieu of New Charges, four unknown Other, one Court (Probation) Order, three Other State Prison, and one Warrant Withdrawn.

Time in Program. On average, all program participants (graduates and non-graduates) remained in the specialty court programs 623.5 days (see *Table 61*). Graduates spent an average of 24 months (735 days) in the program. Non-graduates (terminated participants) spent an average of 16 months (489.4 days) in the program. Half of all non-graduates spent more than 8 months (240 days) in the program. Graduates spent significantly more time in the drug court program compared to non-graduates, assessed using univariate general linear models. Research has indicated that programs with set lengths of roughly 12 to

16 months tend to have higher success rates than programs of lesser or greater duration, and those of unstated duration (Shaffer, 2006; Latimer J. et al., 2006).

Table 61: Time in Program

	Average Length of Stay	Range
Specialty Court		
All Participants (N=1,903) <sup>+</sup>	623.5	1 – 2,072
Graduated Participants (n=1,037)	735.0*** *	1 – 2,072
Terminated Participants (n=844)	489.4***	6 – 1,984
Other Completers (n=22)	512.6*	28 – 1,510

\*\*\* *p* < .001 \* *p* < .05

<sup>+</sup>Twenty-three specialty court participants were removed from analyses because their length of stay was greater than three standard deviations above the mean. The average length of stay for the sample before removals was 647.9 days and the standard deviation was 492.51 days; the removed participants' lengths of stay ranged from 2,144 days to 3,865 days. Note: Although it is not possible that a graduated participant spent only one day in a program, participants often exited and re-

entered programs on the same date or within a few days. Participants who graduated and who have short lengths of stay most likely entered the program several months, if not years, earlier but the data is unavailable.

A sub-analysis of the amount of time between program entry and termination was conducted for the 844 specialty court terminations, as shown in *Figure 6*. Approximately 22% were terminated from the program within the first 180 days (six months) after acceptance and 24% were terminated between six months and one year after acceptance. Thirty-one percent (31%) were terminated during their second year in the program, and the remaining 23% were terminated two years or more after acceptance.



Figure 6: Number of Days from DC Program Entry to Termination

These data reflect that participants were not routinely terminated without having first been given ample time to succeed in the specialty court program. They also reflect that specialty courts are investing resources in participants that are, for the most part, terminated late in their programs. Given this investment, specialty courts should avoid termination, if at all possible.

Conclusion. Sobriety and program completion are short-term outcome measures for the Arkansas specialty courts. Eighty-two percent (82%) of the participants tested positive at least once during the program. Specialty court graduates were tested an average of 103 times in comparison to terminated clients at 55 times. Other exiters were tested an average of 73 times. Specialty court graduates also had significantly fewer positive tests (8.6, on average) compared to terminated participants (10.9, on average). The specialty courts graduated more participants than were terminated with the average length of stay for graduates being 24.5 months (735 days). The graduates' length of stay was a statistically significant finding in comparison to the average length of stay for terminated clients (16.3 months or 489 days). The participants terminated from the specialty courts were most often terminated for failure to meet the terms of probation.

# Predicting Successful Program Completion

Both the qualities of the programs and characteristics of the participants may influence outcomes such as successful program completion. To assess which program-level and individual-level variables predicted successful program completion, the NCSC evaluation team conducted a hierarchical binary logistic regression which first considered qualities of the program and then the characteristics of the participants.

Program Characteristics Examined. In order to examine which program-level variables predicted successful completion from the Arkansas specialty court programs, the NCSC evaluation team conducted hierarchical binary logistic regressions. The full models included the following program-level variables:

- program maturity, measured as younger than 10 years versus 10 years old and older;
- program capacity  $\geq$  120;
- program conducts risk assessment prior to entry;
- program's average length of stay ≥ 18 months;
- program accepts moderate- and high-risk participants only;
- program offers specialized tracks;
- program in which defense/attorney/public defender attends staffing;
- program in which law enforcement representative attends staffing;
- program in which defense/attorney/public defender attends court;
- program in which law enforcement representative attends court;
- program offers aftercare support;
- program offers relapse prevention groups;
- program offers medication assisted treatment;
- program offers peer recovery support/coaching;
- program offers access to psychotropic medication;
- program offers individual counseling;
- program offers family/couples counseling;
- program offers transportation;
- program has two or fewer treatment providers;
- program always uses manualized treatment;
- program offers at least one gender-specific treatment group;
- program uses matrix model;
- program uses MRT;
- program drug tests at least twice per week in Phase 1;

- program drug tests on evenings, weekends, and holidays;
- program received drug testing results instantly or within 24 hours;
- program uses onsite machine analyzer;
- program uses dip stick/instant cups;
- program gives written list of behaviors that lead to sanctions;
- program uses written sanction grid;
- program requires period of continuous sobriety to graduate;
- program's legal benefit of graduation: charge dismissed; and
- program's legal benefit of graduation: charges/convictions are expunged.

Additional information about these variables can be found in the *Technical Appendix: Detailed Analysis*.

Participant Level Variables Examined. In order to examine which participant-level variables predicted successful completion and/or recidivism, the NCSC evaluation team conducted hierarchical binary logistic regressions. The full model included the following participant-level variables:

- gender,
- age at entry,
- race,
- drug of choice,
- marital status at entry,
- employment status at entry (employment at exit for the three-year recidivism models),
- total number prior convictions,
- proxy risk score level, and
- length of stay in program.

Additional information about these variables can be found in the *Technical Appendix: Detailed Analysis*.

Predicting Successful Completion. As displayed in *Tables 62 and 63*, several program-level and participant-level variables significantly predicted successful program completion in the full model. Seven program-level variables significantly predicted successful program completion from specialty courts (see *Table 62*). Controlling for all other factors entered into the model, participants in programs that conducted risk assessment prior to entry, accepted moderate- and high-risk participants only, offered at least one gender-specific treatment group, gave a written list of behaviors that led to sanctions to participants, and used a written sanction grid were more likely to successfully complete the specialty court program. Alternatively, participants in programs that had an average length of stay of 18 months or greater and required a period of continuous sobriety to graduate were less likely to successfully complete the program. The full model including all variables is in the *Technical Appendix: Detailed Analysis*.

Table 62: Program Variables Significantly Predicting Successful Specialty Court Program Completion

		Significance Level
Program Variables	Impact	р
Risk Assessment Prior to Entry	Specialty court participants who participated in programs that conduct risk assessment prior to entry were 597.2% more likely to successfully complete the program compared to otherwise similar participants who participated in programs that did not conduct risk assessment prior to entry.	< .001
Average Length of Stay ≥ 18 Months	Specialty court participants who participated in programs with an average length of stay that was 18 months or greater were 70.6% less likely to successfully complete the program compared to otherwise similar participants who participated in programs with an average length of stay less than 18 months.	< .001
Accepts Moderate and High-Risk Participants Only	Specialty court participants who participated in programs that accept moderate and high-risk participants only were 67.1% more likely to successfully complete the program compared to otherwise similar participants who participated in programs that do not only accept moderate or high-risk participants.	.050
Offers at Least One Gender-Specific Treatment Group	Specialty court participants who participated in programs that offer at least one gender-specific treatment group were 216.9% more likely to successfully complete the program compared to otherwise similar participants who participated in programs that did not offer at least one gender-specific treatment group.	.015
Gives Written List of Behaviors that Lead to Sanctions	Specialty court participants who participated in programs that give written lists of behaviors that lead to sanctions were 117.7% more likely to successfully complete the program compared to otherwise similar participants who participated in programs that did not give written lists of behaviors that lead to sanctions.	.049
Program Uses Written Sanction Grid	Specialty court participants who participated in programs that use a written sanction grid were 117.8% more likely to successfully complete the program compared to otherwise similar participants who participated in programs that did not use a written sanction grid.	< .001
Requires Period of Continuous Sobriety to Graduate	Specialty court participants who participated in programs that require a period of continuous sobriety to graduate were 90.5% less likely to successfully complete the program compared to otherwise similar participants who participated in programs that did not require a period of continuous sobriety to graduate.	< .001

As shown in *Table 63*, five participant-level variables predicted successful program completion when included in the full binary logistic regression model. Participants who were female (compared to male), older than 21 years at entry (compared to 21 or younger), employed (compared to unemployed), low-risk (compared to medium-risk), and had a program length of stay longer than 544 days (compared to 544 or

fewer) were more likely to successfully complete the specialty court program compared to their counterparts.

		Significance Level
Participant Variables	Impact	p
Gender	Female specialty court participants were 45.6% more likely to successfully complete the program compared to otherwise similar male participants.	.015
Age at Entry: <21 years old v. 21 – 30 years old	Participants who were 21 to 30 years old at entry were 109.5% more likely to successfully complete the program compared to otherwise similar participants who were younger than 21 at entry.	.025
Age at Entry: <21 years old v. 31 – 40 years old	Participants who were 31 to 40 years old at entry were 175.9% more likely to successfully complete the program compared to otherwise similar participants who were younger than 21 at entry.	.005
Age at Entry: <21 years old v. 41 – 50 years old	Participants who were 41 to 50 years old at entry were 269.8% more likely to successfully complete the program compared to otherwise similar participants who were younger than 21 at entry.	.001
Age at Entry: <21 years old v. 51 – 60 years old	Participants who were 51 to 60 years old at entry were 312.5% more likely to successfully complete the program compared to otherwise similar participants who were younger than 21 at entry.	.002
Age at Entry: <21 years old v. >60 years old	Participants who were older than 60 years at entry were 426.5% more likely to successfully complete the program compared to otherwise similar participants who were younger than 21 at entry.	.030
Employment Status at Entry: Unemployed v. Employed	Participants who were employed at entry were 76.7% more likely to successfully complete the program compared to otherwise similar participants who were unemployed at entry.	.014
Proxy Risk Level: Medium v. Low	Participants who had low proxy risk at entry were 55.6% more likely to successfully complete the program compared to otherwise similar participants who had medium proxy risk at entry.	.012
Length of Stay in Program: ≤544 days v. >544 days	Participants whose length of stay in the program was greater than 544 days (18 months) were 570.8% more likely to successfully complete the program compared to otherwise similar participants whose length of stay was less than or equal to 544 days.	< .001

Table 63: Participant Variables Significantly Predicting Successful Specialty Court Program Completion

In addition, when controlling for length of stay, graduates of the specialty court had significantly more court appearances in relation to clients terminated or those categorized as "other" exiters. Specialty court graduates also had significantly more drug tests in comparison to terminated clients, when controlling for length of stay. Lastly, graduates of specialty courts received significantly more incentives compared to terminated participants beyond the effect of length of stay. During the study period, specialty courts had a 54.5% graduation rate.

Conclusion. Analysis revealed several program-level and participant-level variables predicted successful and unsuccessful program completion. Program-level variables that predicted successful completion included the use of a risk assessment prior to entry; accepting only moderate- and high-risk participants; offering at least one gender-specific treatment group; and providing the participant with a written list of behaviors that lead to sanctions. Program-level variables that predicted unsuccessful completion were having an average length of stay of eighteen months or greater and requiring a period of continuous sobriety to graduate. Five participant-level variables predicted successful program completion: participants who were female, older than 21 years at entry, employed, low-risk, and had a program length of stay longer than 544 days were more likely to successfully complete the specialty court program compared to their counterparts.

# Recidivism Rates of Participants by Program Completion Type

One of the most important outcomes of a specialty court program is the extent to which participants reoffend during and after the program. Recidivism information is provided in a variety of ways in this report to include reporting on new arrests, new convictions, and new incarcerations that occur both inprogram and during the three years following program exit. New offenses were categorized by offense level and type of offense (e.g., drug, property, violent, etc.). The recidivism analyses for this study includes only those specialty court participants (and later their business-as-usual (BAU) comparisons) who had sufficient time in the community from exit to recidivate, had criminal history data available, and were matched to a BAU comparison, which resulted in 1,551 specialty court participants included in the recidivism sample (794 graduates and 757 non-graduates).

## In-Program Outcomes

In Program Recidivism. *Figure 7* displays the in-program recidivism rates for specialty court graduates and non-graduates. During program participation, significantly fewer graduates (21.5%) had at least one in-program arrest compared to non-graduates (52.4%). The pattern was consistent for in-program convictions, such that significantly fewer graduates (6.9%) had at least one in-program conviction compared to non-graduates (21.5%), assessed using a chi-square analyses.



Figure 7: Specialty Court Graduates' and Non-Graduates' In-Program Recidivism Rates

## \*\*\* *p* < .001

Time to New Arrests and Convictions among Graduates and Non-Graduates. *Figure 8* shows the average number of days from entry to the first in-program arrest and first in-program conviction for specialty court graduates and non-graduates. The average time to the first new in-program arrest and conviction did not significantly differ between graduates and non-graduates.

Figure 8: Average Number of Days from Specialty Court Entry to First In-Program Arrest and First In-Program Conviction for Graduates versus Non-Graduates



Offense Severity of New Arrests and Convictions among Graduates and Non-Graduates. *Figure 9* breaks down the severity level of new in-program arrests. A significantly greater proportion of non-graduates (33.3%) had an in-program felony arrest compared to graduates (10.1%) and a significantly greater proportion of non-graduates (18.5%) had an in-program misdemeanor arrest compared to graduates (10.8%), assessed using a chi-square analyses.



Figure 9: Offense Severity for Most Severe In-Program Arrest for Graduates versus Non-Graduates

\*\*\*  $p \le .001$ 

*Figure 10* breaks down the severity level of new convictions among specialty court participants. More non-graduates (8.2%) had an in-program felony conviction compared to graduates (0.8%) and significantly more non-graduates (9.0%) had an in-program misdemeanor conviction compared to graduates (4.5%), assessed using a chi-square analyses.



Figure 10: Offense Severity for Most Severe In-Program Conviction for Graduates versus Non-Graduates

## \*\*\* $p \le .001$

Offense Category of New Arrests and Convictions among Graduates and Non-Graduates. *Figure 11* shows that the most common offense type of in-program arrests for both graduates and non-graduates was technical offenses; the second most common arrest offense type was drug offenses, followed by property offenses, person offenses, public order offenses, and other offenses. A significantly higher proportion of non-graduates had in-program arrests for technical offenses (16.4%), drug offenses (14.4%), property offenses (9.9%), person offenses (4.6%), and public order offenses (3.8%) compared to graduates (5.9%, 5.7%, 3.5%, 2.4%, and 1.8%, respectively), assessed using a chi-square analyses.





<sup>\*\*\*</sup> p < .001 \*\* p < .01 \* p < .05

*Figure 12* shows the proportion of specialty court graduates and non-graduates convicted of a new offense during program participation by offense category. Drug offenses and property offenses were the most commonly convicted offense types for both graduates and non-graduates. For graduates, technical

offenses was the third most common offense type in-program, followed by public order offenses, person offenses, and other offenses. For non-graduates, public order offenses was the third most commonly convicted offense type, followed by technical offenses, person offenses, and other offenses. Moreover, a significantly greater proportion of non-graduates had in-program convictions of a drug offense (6.9%), property offense (4.8%), person offense (1.7%), and public order offense (2.1%) compared to graduates (1.5%, 1.5%, 0.5%, and 0.6%, respectively), assessed using a chi-square analyses.



Figure 12: Offense Category for Most Severe In-Program Conviction for Graduates versus Non-Graduates

\*\*\* *p* < .001 \* *p* < .05

## Post-Program Outcomes

Post-Program Recidivism. *Figure 13* displays the post-program recidivism rates for specialty court graduates and non-graduates. In the three years following program participation (or the three years following the end of a sentence stemming from program placement and termination), significantly fewer graduates (39.9%) had at least one post-program arrest compared to non-graduates (60.1%). The pattern was consistent for post-program convictions, such that significantly fewer graduates (43.1%) had at least one post-program convictions, such that significantly fewer graduates (43.1%) had at least one post-program conviction compared to non-graduates (56.9%), assessed using a chi-square analyses.

Figure 13: Specialty Court Graduates' and Non-Graduates' Post-Program Recidivism Rates



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*** p ≤ .001
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Time to New Arrests and Convictions among Graduates and Non-Graduates. *Figure 14* shows the average number of days from exit to the first post-program arrest and first post-program conviction for specialty court graduates and non-graduates. Graduates and non-graduates did not significantly differ in the average number of days from program exit to first arrest or first conviction.



Figure 14: Average Number of Days to First Post-Program Arrest and First Post-Program Conviction

Offense Severity of New Arrests and Convictions among Graduates and Non-Graduates. *Figure 15* breaks down the severity level of post-program arrests. Significantly more non-graduates (21.1%) had a post-program felony arrest compared to graduates (11.8%). Interestingly, a significantly higher proportion of non-graduates had a post-program arrest of unknown severity (34.7%) compared to graduates (18.5%), assessed using a chi-square analyses.



Figure 15: Offense Severity for Most Severe Post-Program Arrest for Graduates versus Non-Graduates

\*\*\* p < .001

*Figure 16* breaks down the severity level of post-program convictions. Significantly fewer graduates (8.3%) had a post-program felony conviction compared to non-graduates (15.5%), assessed using a chi-square analyses. Graduates and non-graduates did not significantly differ in misdemeanor or unknown convictions.



Figure 16: Offense Severity for Most Severe Post-Program Conviction for Graduates versus Non-Graduates

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*** p < .001
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Offense Category of New Arrests and Convictions among Graduates and Non-Graduates. *Figure 17* shows that drug offenses was the most common type of post-program arrest for both graduates and non-graduates. For graduates, property offenses was the second most common arrest offense type, followed by technical offenses, person offenses, public order offenses, and other offenses. For non-graduates, technical offenses was the second most common post-program arrest offense type, followed by property offenses, person offenses, public order offenses, and other offenses. Moreover, a significantly greater proportion of non-graduates was arrested post-program for drug offenses (27.3%), technical offenses (26.0%), property offenses (20.6%), and public order offenses (8.5%) compared to graduates (19.3%, 11.2%, 12.6%, and 3.8%, respectively), assessed using a chi-square analyses.





### \*\*\* *p* < .001 \*\* *p* < .01 \* *p* < .05

*Figure 18* highlights that drug offenses and property offenses were the two most common post-program conviction offense types for both graduates and non-graduates. For graduates, technical offenses was the third most common offense type, followed by person offenses, other offenses, and public order offenses. For non-graduates, technical offenses was the third most common post-program arrest offense type, followed by person offenses. A significantly greater proportion of non-graduates were convicted of a post-program drug offense (14.0%) and public order offense (3.3%) compared to graduates (8.9% and 1.6%, respectively), assessed using a chi-square analyses.



Figure 16: Offense Category for Most Severe Post-Program Conviction for Graduates versus Non-Graduates

## \*\* *p* < .01 \* *p* < .05

New Incarceration, Post Program, Among Graduates and Non-Graduates. *Figure 19* displays the three-year post-program rate of active incarceration imposed for graduates and non-graduates. Specifically, a significantly higher proportion of non-graduates (15.3%) were sentenced to incarceration compared to graduates (11.0%), assessed using a chi-square analysis. Additionally, as shown in *Figure 20*, graduates and non-graduates did not significantly differ in the average length of sentence, although the difference approached conventional levels of significance.



Figure 17: New Incarcerations for Graduates and Non-Graduates Post-Program

#### \* *p* < .05





The last incarceration measure captures the time between program closure (or the date of post-program incarceration tied to a placement offense and unsuccessful discharge) and the first event of active incarceration. Graduates and non-graduates did not significantly differ in the number of days to first post-program incarceration



Figure 19: Number of Days Until First Incarcerated Sentence was Imposed for Specialty Court

Conclusion. Outcomes examine recidivism during in-program participation and three years' post exit from the specialty court measuring arrest, conviction, severity, and offense type. Graduates of the specialty courts performed significantly better on outcomes for in-program arrests and convictions than non-graduates as well as for post-program arrests and convictions. When arrested, non-graduates had a significantly higher percentage of felony arrests in comparison to graduates. Graduates and nongraduates had the majority of the in-program arrests in the technical category, but conviction rates differed as graduates were most often convicted for drug or property offenses and non-graduates were most often convicted for property offenses during the program. Post-program arrests for both graduates and non-graduates were most often drug offenses. Technical violations were significantly higher for nongraduates in comparison to graduates for post-program arrest rates. Post-program convictions were similar to arrests, as drug offenses accounted for the majority of the convictions.

# Recidivism Rates of Specialty Court Participants and Business-As-Usual Comparisons

In order to draw conclusions from the study sample regarding recidivism, the evaluation team selected a pool of probationers to use as a comparison group. The pool of potential business-as-usual (BAU) comparison group members included probationers who exited supervision between July 2012 to June 2014. Both the participant sample and the potential comparison pool included only unique probationer identifiers. For both participants and comparisons who exited supervision twice during the study, the evaluation team used the individual's first period of participation during the study period for analyses.

To match each participant with a comparable probationer, the NCSC team utilized propensity score matching (PSM) to select the comparison group. Participants and comparisons were matched within court on gender, age at entry, proxy risk level, race, and number of prior convictions. In some cases, an adequate matched comparison was not available for each participant in the study requiring the participant to be removed, resulting in a smaller sample size than the original specialty court sample. In total, 81.5% of participants were paired with a matched comparison probationer. Moreover, courts with fewer than 10 participant pairs were excluded from the recidivism study, resulting in a final recidivism study sample of 1,551 specialty court participant-comparison pairs. As previously stated, during this analysis, specialty court refers to adult drug court, veteran treatment court, mental health court, and Alternative Sentencing Court due to data limitations that did not allow for distinct identification of the specialty court model.

Full sample and recidivism sample totals by court are available in *Table 69* in the Appendix B.

# Specialty Courts: Participants v. Comparisons

*Figure 22* displays the three-year recidivism rates for specialty court participants and comparisons. Roughly equivalent proportions of specialty court participants and BAU comparisons had at least one postprogram arrest (44.0% and 46.4%, respectively) and at least one post-program conviction (22.6% and 24.5%, respectively). The groups did not significantly differ.



Figure 20: Specialty Court Participants versus BAU Post-Program Recidivism Rates

Time to New Arrests and Convictions among DC Participants and BAU Comparisons. *Figure* 23 shows the average number of days from entry to the first new post-program arrest and conviction for specialty court participants and BAU comparisons. The average time to first new post-program arrests and convictions did not significantly differ between specialty court participants and BAU comparisons.



Figure 21: Average Number of Days from Exit to First Post-Program Arrest and First Post-Program Conviction for Specialty Court Participants versus Comparisons

Offense Severity of New Arrests and Convictions among DC Participants and BAU

Comparisons. *Figure 24* shows that 29.9% of specialty court participants were re-arrested for a felony offense and 27.0% of BAU comparisons were re-arrested for a felony offense within three years of exit; the difference was not significant. Furthermore, significantly fewer specialty court participants (27.1%) were re-arrested for a misdemeanor offense compared to BAU comparisons (30.6%) within three years of exit, assessed using a chi-square analysis.



Figure 22: Offense Severity for Most Severe Post-Program Arrest for Specialty Court Participants versus BAU Comparisons

<sup>\*</sup> *p* < .05

*Figure 25* shows the proportions of specialty court participants and BAU comparisons with a post-program conviction by severity type. The proportions of specialty court participants and BAU comparisons convicted of a felony offense, misdemeanor offense, or unknown offense did not significantly differ.



Figure 23: Offense Severity for Most Severe Post-Program Conviction for Specialty Court Participants versus BAU Comparisons

Offense Category of New Arrests and Convictions among Specialty Court Participants and BAU Comparisons. *Figure 26* shows the offense categories of the most severe post-program arrests for specialty court participants and BAU comparisons. For both specialty court participants and BAU comparisons, the most common type of post-program arrest offense was drug offenses; the second most common arrest offense type was technical offenses, followed by property offenses, person offenses, public order offenses, and other offenses. Significantly more BAU comparisons (11.0%) were arrested for a person offense within three years of exit compared to DC participants (8.8%), assessed using a chi-square analysis.

Figure 24: Offense Category for Most Severe Post-Program Arrest for Specialty Court Participants versus BAU Comparisons



\* *p* < .05
*Figure 27* shows the offense categories of the most severe post-program conviction for specialty court participants and BAU comparisons. For both specialty court participants and BAU comparisons, the most common type of post-program conviction was drug offenses; the second most common conviction type was property offenses, followed by technical offenses, person offenses, public order offenses, and other offenses. The proportion of specialty court participants and BAU comparisons convicted of a new offense within three years of exit did not significantly differ for any offense category.



Figure 25: Offense Category for Most Severe Post-Program Conviction for Specialty Court Participants versus BAU Comparisons

New Incarcerations, Post-Program, Among Specialty Court Participants and BAU. *Figure 28* shows that 13.1% of the 1,551 specialty court participants were convicted of a new offense that resulted in an active period of incarceration at some point within three years of program completion in comparison to 14.1% of the BAU group. Additionally, as shown in *Figure 29*, specialty court participants and BAU comparisons did not significantly differ in the average length of sentence.





#### Figure 27: Post-Program Average Sentence for Specialty Court and BAU



The final measure examined was the time between program completion and the first sentence resulting in an active incarceration period. As displayed in *Figure 30*, on average, specialty court clients did not receive a sentence that included active incarceration for approximately 18.6 months (566.8 days). The BAU comparison group, on average, did not receive a sentence to include active incarceration for approximately 19.3 months (586.5 days).

Figure 28: Number of Days until First Incarceration Imposed



Specialty Court Participants (N=203)

Conclusion. Specialty court participants performed slightly better in comparison to the BAU participants in arrest and conviction rates, three-year post-program exit, although without a statistical significance. There was very little variance in the average number of days until first arrest and conviction between the two groups. Specialty court participants were arrested and convicted for felony offenses with no significant difference between participants in specialty courts and the BAU group, with the exception of arrests for misdemeanor charges that highlighted a statistically significant difference in favor of the specialty court performance. Arrest offense categories were similar for both groups with the three most common offenses being drug, technical, and property; while the most common offense types for convictions were drug, property, and technical. Outcome measures for new incarcerations had little variance between the two groups with findings not reaching a statistically significant outcome.

It should be noted that at the individual specialty court level in comparison to the matched BAU sample, several courts were identified with statistically significant recidivism findings.

BAU Comparisons (N=219)

### Predicting Recidivism

As with predicting successful program completion, the NCSC evaluation team examined which programlevel and individual-level variables predicted recidivism. The full analyses are in the *Technical Appendix: Detailed Analysis.* 

### Predicting Post-Program Arrests

As displayed in *Tables 64* and *65* below, one program-level variable and three individual-level variables significantly predicted three-year recidivism arrests in the full model. The one program-level variable that predicted arrests was participants who were in programs that reported utilizing MRT were less likely to have a post-program arrest for a new offense within three years of exit compared to participants in programs that did not report utilizing MRT.

Program Characteristics	Impact	Significance Level <i>P</i>
Program Utilizes MRT	Participants in programs that reported utilizing MRT were 41.8% times less likely to have a new arrest within three years of exit compared to otherwise similar participants in programs that did not reportedly utilize MRT.	.006

Three individual-level variables significantly predicted post-program arrests. Participants who had more than three prior convictions were more likely to have at least one post-program arrest; participants who had low proxy risk (compared to medium proxy risk) at entry were less likely to be arrested on a new offense within three years of program exit; and participants that spent more than 544 days in the program were less likely to be arrested on a new offense within three years of program exit; and participants that spent more than 544 days in the program were less likely to be arrested on a new offense within three years of program exit. The full model predicting three-year recidivism arrests can be found in the *Technical Appendix: Detailed Analysis*.

#### Table 65: Participant Characteristics Predicting Three-Year Recidivism: Arrests

Table 64: Program Characteristics Predicting Three-Year Recidivism: Arrests

Participant		Level
Characteristics	Impact	р
Total Number Prior Convictions: ≤3 v. >3	Participants who had more than three prior convictions were 38.3% more likely to have a new arrest within three years of exit compared to otherwise similar participants who had three or fewer prior convictions.	.024
Proxy Risk Level: Medium v. Low	Participants who had low proxy risk at entry were 27.9% less likely to have a new arrest within three years of exit compared to otherwise similar participants who had medium proxy risk at entry.	.035
Length of Stay in Program: ≤544 days v. >544 days	Participants whose length of stay in the program was greater than 544 days (18 months) were 26.4% less likely to have a new arrest within three years of exit compared to otherwise similar participants whose length of stay was less than or equal to 544 days.	.036

The NCSC team also conducted a binary logistic regression to examine the extent to which participant type (specialty court versus BAU) and proxy risk category predicted three-year recidivism arrests.

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Participant/comparison type did not predict post-program arrests within three years of exit. The full regression model is in the *Technical Appendix: Detailed Analysis*.

### Predicting Post-Program Convictions

As displayed in *Table 66*, two program-level variables significantly predicted three-year conviction recidivism in the full model. Controlling for all other factors entered into the model, participants who were in programs that reported always using manualized treatment and participants in programs that reported utilizing MRT were less likely to have a new conviction within three years of program exit. The full model predicting three-year recidivism is in the *Technical Appendix: Detailed Analysis.* 

		Significance Level
Program Characteristics	Impact	р
Program Always Uses Manualized Treatment	Participants in programs that reported always using manualized treatment were 102.6% more likely to have a new conviction within three years of exit compared to otherwise similar participants in programs that did not report always using manualized treatment.	.031
Program Utilizes MRT	Participants in programs that report utilizing MRT were 42.0% less likely to have a new conviction within three years of exit compared to otherwise similar participants in programs that did not report utilizing MRT.	.027

Table 66: Program Characteristics Predicting Three-Year Recidivism: Convictions

One individual-level variable significantly predicted post-program convictions. Participants who spent more than 544 days in the program were less likely to be convicted of a new offense within three years of program exit. The full model predicting three-year recidivism arrests can be found in the *Technical Appendix: Detailed Analysis.* 

Participant Characteristics	Impact	Significance Level p
Length of Stay in Program: ≤544 days v. > 544 days	Participants who stayed in the program for more than 544 days were 40.2% less likely to have a new conviction within three years of exit compared to otherwise similar participants whose length of stay was 544 days or less.	.002

The NCSC team also conducted a binary logistic regression to examine the extent to which participant characteristics, participant type (specialty court versus BAU), and proxy risk category predicted three-year conviction recidivism. Participant/comparison type did not predict post-program convictions within three years of exit. The full regression model is in the *Technical Appendix: Detailed Analysis.* 

Conclusion. The NCSC evaluation team identified program-level and individual-level variables that predicted post-program arrest and conviction. One program-level variable predicted arrest, three-years post exit: programs that report utilizing Moral Reconation Therapy. Additionally, three individual-level

variables significantly predicted three-year post program arrest: the number of prior convictions, proxy risk level, and the participant length of stay in the program.

Three-year post program conviction was significantly predicted by two program-level variables and one participant level variable. The two program-level variables were programs that always used manualized treatment and programs that used Moral Reconation Therapy. The one predictive participant-level variable was participant length of stay in the program.

### Conclusions and Recommendations

This evaluation reflects outcomes for the study sample of participants between July 2012 and June 2014. From this study, NCSC determined that the specialty courts operate in alignment with many of the best practice standards that produce strong, effective programs. The commitment of the Specialty Court Program Advisory Committee to providing leadership to the specialty courts is to be commended, and they have taken a number of steps in the last few years to strengthen the courts.

- In December 2015, the Arkansas Administration Office of the Courts (AOC) contracted with NPC Research to perform a statewide best practices assessment of Arkansas' specialty courts. The courts receiving this assessment included adult drug courts, DWI courts, veteran courts, juvenile drug courts, family drug courts, and Arkansas Swift and HOPE courts. Assessment activities included administration of an electronic assessment of all specialty court sites in Arkansas and brief follow-up telephone interviews with the program coordinator and other team members as needed to fill in any missing information or correct any illogical information. The online assessment examined the extent to which the specialty courts were implementing the 10 Key Components of Drug Courts as well as the national drug court best practice standards.
- In February 2017, Arkansas adopted best practice standards for each of the models of specialty court.
- The existing databases have been modified to collect additional information about each model of specialty court.

The NCSC evaluation team recognizes the efforts outlined above as important key steps to improving the courts, and future evaluations will help the state determine the impact of these efforts. The following recommendations are offered to further strengthen the specialty court programs in Arkansas.

Recommendation 1: All drug courts should adhere to the National Adult Drug Court Best Practice Standards, Volume I and Volume II (National Association of Drug Court Professionals). Over two decades of adult drug court research has been distilled into a series of best practice standards. When these practices are deployed consistently, drug courts have better outcomes. The Specialty Court Program Advisory Committee should support adoption and consistent adherence to the best practice standards by developing an intensive training and technical assistance program centered around program structure, target population, treatment, drug and alcohol testing, and incentives and sanctions. Delivering technical assistance and "certifying" courts that are in line with the standards can be highly effective approaches to supporting adoption. All specialty court programs receiving state funding should be encouraged to adopt the following best practices.

Program Structure:

- All specialty courts should have a written policy and procedure manual. Practices will drift from intended purpose without written documentation to assist during times of transition and changes in personnel. The manuals should be updated on an annual basis.
- Memorandums of Understanding/Agreement (MOU/A) should be executed between all partner agencies to clarify investment of time, role, communication, decision-making process, and conflict management. MOU/A should be updated on an annual basis.

- Team membership should include all core team members present for staffing and court on a consistent basis. Each role provides relevant information and representation that is necessary to benefit from the drug court multidisciplinary approach.
- Specialty courts should have a maximum capacity based on staffing levels and available treatment services. Probation Officer recommended caseloads for high-risk probationers is 30:1.
- Drug courts with over 125 participants should review caseload sizes, treatment capacity, and ability to meet the needs of the client while supporting improved public safety outcomes.

#### Target Population:

- Moderate- to high-risk cases should be the focus of drug court resources.
- Risk/need assessments should be completed prior to entry to use during eligibility determination.
- Substance abuse assessments should be completed on all clients to determine the intensity of services necessary to address substance dependence.

#### Treatment:

- Manualized treatment should be the core of treatment services provided to clients.
- Medically Assisted Treatment should be available and considered an acceptable treatment approach.

#### Drug and Alcohol Testing:

• Testing should be random and available on evenings, weekends, and holidays.

Incentives and Sanctions:

- Programs should provide a written list of non-compliant behaviors and possible sanction responses to participants.
- A written sanction grid, developed by the local team, should be used to increase consistency in responses to non-compliant behavior.
- Incentives should be prioritized to further motivate and recognize client progress.

#### Recommendation 2: Adopt a statewide risk-needs instrument.

A key aspect of the National Adult Drug Court Best Practice Standards is targeting a high-risk, high-need population. Although risk-needs assessment tools are being used across the state, it is not a uniform practice. To ensure court programs best identify and serve the high-risk/high-need population and reduce recidivism, NCSC recommends the adoption of a validated, statewide risk-needs assessment. The risk-needs assessment should be completed as part of determining program eligibility prior to program entry.

#### Recommendation 3: Develop and operationalize a case management system for specialty courts.

A substantial amount of information that is commonly collected by specialty courts in other states is not being collected in Arkansas on a consistent basis. Even where a system presently exists to collect information, the consistency with which the courts track information varies substantially across the many courts. This lack of consistent data collection greatly limited the evaluation team's ability to examine questions that are of interest to policymakers and funders. Data issues were identified with placement charge, entry and exit dates, exit type and the services received while in the program. The NCSC evaluation team recommends that Arkansas conduct an analysis of the long-term data collection needs of the specialty courts and invest in one of the many systems currently available on the market to track the performance of specialty courts.

# Recommendation 4: Explore attributes of high-performing drug courts to replicate and improve outcomes.

Although not explicitly identified in this report, the NCSC evaluation team identified several courts whose outcomes were quite positive. Studying these programs in depth and using them for peer-to-peer training may be an effective approach to strengthening the other courts.

The Arkansas Specialty Court Program Advisory Committee continues to show commitment to strengthening outcomes of the Arkansas specialty courts. This commitment includes advancing best practices for specialty courts in Arkansas through training, adoption of statewide standards, and providing feedback for operating these courts through evaluation. This practice should continue to include performing outcome evaluations in future years to provide stakeholders and the individual courts measurements of success and opportunities for improvement.

# Appendix A: Explanation of Offense Categories

Offense Category Examples of Offenses within this Category				
Drug Offenses	Controlled Substance Use/Possession Controlled Substance Manufacturing/Distribution Other Drug Offense			
Person Offenses	Assault Battery Robbery Endangering Welfare of Minor Kidnapping			
Property Offenses	Theft Burglary Fraud Trespass			
Public Order Offenses	Weapon Resisting Arrest Disorderly Conduct			
Technical Offenses	Failure to Appear			
Other Offenses	Conspiracy Contempt			
Unknown	Unknown			

#### **Table 68: Description of Offense Categories**

### Appendix B: Full Study and Recidivism Study Samples by Court

	Participant
Court	N
1 <sup>st</sup> Circuit	
Forrest City DC (St. Francis County Drug Court)	15
2 <sup>nd</sup> Circuit	
Jonesboro DC (Craighead County Drug Court)	33
Paragould DC	25
West Memphis DC (Crittenden County Drug Court)	13
3 <sup>rd</sup> Circuit	
Newport DC (Jackson County Drug Court)	16
Pocahontas DC	9
Walnut Ridge DC	8
4 <sup>th</sup> Circuit	
Washington County DC (Washington/Madison County Drug Court)	115
5 <sup>th</sup> Circuit	
Clarksville DC (Johnson County Drug Court)	31
Russellville DC (Pope County Drug Court)	43
6 <sup>th</sup> Circuit	
6 <sup>th</sup> Judicial Circuit DC (Pulaski County Drug Court)	504
7 <sup>th</sup> Circuit	
Malvern DC (Hot Springs Drug Court)	37
Malvern Swift Court*	8
8N Circuit	
Hope DC	23
Hope Swift Court*	4
8S Circuit	
Texarkana DC (8 <sup>th</sup> Judicial District South Drug Court)	29
9E Circuit	
Arkadelphia DC (9 <sup>th</sup> East Judicial District Drug Court)	27
9W Circuit	
Nashville DC (Howard County Drug Court)	25
10 <sup>th</sup> Circuit	
Monticello DC (10 <sup>th</sup> Judicial District Drug Court)	18
11E Circuit	
Stuttgart DC (Arkansas County Drug Court)	15
11W Circuit	
Pine Bluff DC (Jefferson County Drug Court)	49
12 <sup>th</sup> Circuit	
Fort Smith DC (Sebastian County Drug Court)	157
13 <sup>th</sup> Circuit	
Camden DC (Ouachita County Drug Court)	9
El Dorado DC (Union County Drug Court)	55

Table 69: Specialty Court Sample Sizes by Circuit and Court

	Participant
Court	N
El Dorado Swift Court*	7
Magnolia DC (Columbia County Adult Drug Court)	45
14 <sup>th</sup> Circuit	
Harrison DC (14 <sup>th</sup> Judicial Circuit Drug Court)	11
Mountain Home DC (Baxter County Drug Court)	5
15 <sup>th</sup> Circuit	
Booneville DC (Logan/Scott County Drug Court)	25
Danville DC (Yell County Drug Court)	8
Morrilton DC (Conway County Drug Court)	20
16 <sup>th</sup> Circuit	
Batesville DC (Independence County Drug Court)	33
Heber Springs DC (Cleburne County Drug Court)	26
Melbourne DC (Izard/Fulton County Drug Court)	11
Mountain View DC	23
17 <sup>th</sup> Circuit	
Searcy DC (White County Drug Court)	34
18E Circuit	
Hot Springs DC (Garland County Drug Court)	37
18W Circuit	
Mena DC	42
19E Circuit	
Berryville DC (Carroll County Drug Court)	10
19W Circuit	
Rogers (Bentonville) DC (Benton County Drug Court)	122
20 <sup>th</sup> Circuit	
Conway DC (20 <sup>th</sup> Judicial District Drug Court)	53
21 <sup>st</sup> Circuit	
Van Buren DC (Crawford County Drug Court)	68
22 <sup>nd</sup> Circuit	
Benton DC (Saline County Drug Court)	42
Saline County HOPE Court*	53
23 <sup>rd</sup> Circuit	
Lonoke DC	32
Total	1,975

\*Swift/HOPE Court.

		Comparison
Specialty Court/Comparison Probation	Participant N	N
1 <sup>st</sup> Circuit		
Forrest City DC/Forrest City Probation	15	15
2 <sup>nd</sup> Circuit		
Jonesboro DC/Jonesboro Probation	33	33
Paragould DC/Paragould Probation	25	25
West Memphis DC/West Memphis Probation	11	11
3 <sup>rd</sup> Circuit		
Newport DC/Newport Probation	14	14
Pocahontas DC/Pocahontas Probation <sup>+</sup>	9	9
Walnut Ridge DC/Walnut Ridge Probation <sup>+</sup>	7	7
4 <sup>th</sup> Circuit		
Washington County DC/Fayetteville P & P	109	109
5 <sup>th</sup> Circuit		
Clarksville DC/Clarksville Probation	23	23
Russellville DC/Russellville Probation	43	43
6 <sup>th</sup> Circuit		
6 <sup>th</sup> Judicial Circuit DC/Little Rock Probation	454	454
7 <sup>th</sup> Circuit		
Malvern DC/Malvern Probation	31	31
Malvern Swift Court/Malvern P & P*†	5	5
8N Circuit	-	-
Hope DC/Hope Probation	18	18
Hope Swift Court/Hope Probation*†	2	2
8S Circuit		
Texarkana DC/Texarkana P & P	28	28
9E Circuit		
Arkadelphia DC/Arkadelphia Probation	25	25
9W Circuit		
Nashville DC/Nashville Probation	21	21
10 <sup>th</sup> Circuit		
Monticello DC/Monticello Probation	16	16
11F Circuit	10	20
Stuttgart DC/Stuttgart Probation	13	13
11W Circuit	10	10
Pine Bluff DC/Pine Bluff Probation	46	46
12 <sup>th</sup> Circuit /21 <sup>st</sup> Circuit	-10	40
Fort Smith DC/Fort Smith Probation	106	106
13 <sup>th</sup> Circuit	100	100
Camden DC/Camden Probationt	7	7
El Dorado DC/El Dorado P & P	27	27
El Dorado Swift Court/El Dorado P & P*+	57	З/ Л
Magnelia DC/Magnelia Brebation	4	4
Magnolia DC/Magnolia Probation	32	32

 Table 70: Recidivism Specialty Court Sample Sizes by Circuit and Court (Matched Participants and Comparisons)

		Comparison
Specialty Court/Comparison Probation	Participant N	Ν
14 <sup>th</sup> Circuit		
Harrison DC/Harrison Probation	11	11
Mountain Home DC/Mountain Home Probation <sup>+</sup>	5	5
15 <sup>th</sup> Circuit		
Booneville DC/Booneville Probation	23	23
Danville DC/Danville Probation <sup>+</sup>	6	6
Morrilton DC/Morrilton Probation	19	19
16 <sup>th</sup> Circuit		
Batesville DC/Batesville Probation	31	31
Heber Springs DC/Heber Springs Probation	24	24
Melbourne DC/Melbourne P & P†	6	6
Mountain View DC/Mountain View Probation	23	23
17 <sup>th</sup> Circuit		
Searcy DC/Searcy Probation	33	33
18E Circuit		
Hot Springs DC/Hot Springs Probation	33	33
18W Circuit		
Mena DC/Mena Probation	33	33
19E Circuit		
Berryville DC/Berryville Probation <sup>†</sup>	9	9
19W Circuit		
Rogers (Bentonville) DC/Rogers (Bentonville) Probation	77	77
20 <sup>th</sup> Circuit		
Conway DC/Conway Probation	48	48
21 <sup>st</sup> Circuit		
Van Buren DC/Fort Smith Probation	32	32
22 <sup>nd</sup> Circuit		
Benton DC/Benton P & P	41	41
Saline County HOPE Court/ Saline P&P*	53	53
23 <sup>rd</sup> Circuit		
Lonoke DC/Lonoke Probation	23	23

\*Swift/HOPE Court.

<sup>+</sup>Court excluded from recidivism analysis because the matched sample size is fewer than ten participant-comparison pairs.

### Technical Appendix: Proxy Risk Scoring

Specialty Courts (including MHC, VTC, and Alternative Sentencing Court participants)

The cut-off points for each item are described in detail below.

**Current age (at the time of probation/drug court placement):** A value of 0, 1 or 2 was assigned based on the participant's age at placement, relative to the remainder of the population. A score of 2 was assigned to the youngest third of the population (anyone  $\leq 28.01$  years of age at the time of probation placement), a 1 was assigned to the middle third of the population (anyone between the ages of 28.02 and 37.90 years of age), and a 0 was assigned to oldest third of the population (anyone 37.91 years old or older).

**Age at first adult arrest:** A value of 3, 2 or 1 was assigned based on the participant's age at first arrest, relative to the remainder of the population. A score of 3 was assigned to the third of the population arrested at the youngest age (anyone first arrested before the age of 19.52), a 2 was assigned to the middle third of the population (anyone first arrested between the ages of 19.53 and 24.62 years of age), and a 1 was assigned to oldest third of the population (anyone first arrested between first arrested after the age of 24.63).

**Number of Prior Adult Arrests:** A value of 3, 2 or 1 was assigned based on the number of times a participant had been arrested as an adult. A score of 3 was assigned to the third of the population with the highest number of prior offenses (more than 6 prior arrests), a 2 was assigned to the middle third of the population (anyone with 3 to 6 prior arrests) and a 1 was assigned to the third of the population with fewer than 3 prior adult arrests.

*Tables 71 and 72* show the distribution of proxy risk across the DC sample matched to BAU comparison samples and the distribution of proxy risk across both matched BAU comparison groups, as well as recidivism rates for all groups by proxy risk score.

Proxy Score	N	Distribution of Sample	Three-Year Recidivism Rate: Arrests	Three-Year Recidivism Rate: Convictions	Risk Level
2	113	7.3%	24 (21.2%)	8 (7.1%)	Low
3	218	14.1%	68 (31.2%)	28 (12.8%)	Low
4	226	14.6%	94 (41.6%)	49 (21.7%)	Low
5	357	23.0%	161 (45.1%)	86 (24.1%)	Low
6	363	23.4%	197 (54.3%)	107 (29.5%)	Medium
7	210	13.5%	128 (61.0%)	60 (28.6%)	Medium
8	64	4.1%	43 (67.2%)	26 (40.6%)	High

Table 71: Proxy Risk Scores and Recidivism Rates of the Matched Adult Drug Court Sample

Proxy Score	N	Distribution of	Three-Year Recidivism Rate: Arrests	Three-Year Recidivism Rate: Convictions	Risk Level
2	144	9.3%	28 (19.4%)	10 (6.9%)	Low
3	205	13.2%	69 (33.7%)	35 (17.1%)	Low
4	266	17.2%	117 (44.0%)	57 (21.4%)	Low
5	322	20.8%	143 (44.4%)	76 (23.6%)	Low
6	356	23.0%	197 (55.3%)	105 (29.5%)	Medium
7	215	13.9%	147 (68.4%)	78 (36.3%)	Medium
8	43	2.8%	31 (72.1%)	14 (32.6%)	High

Table 72: Proxy Risk Scores and Recidivism Rates of the Matched BAU Comparison Court Sample (Matched to DC)

# Technical Appendix: Detailed Analysis

Program Variable	Description
Program Maturity	Programs operational < 10 years = 0
с ,	Programs operation $\geq$ 10 years = 1
Program Capacity > 120	Programs with capacity $\leq 120 = 0$
	Programs with capacity > 120 participants = 1
Conducts Risk Assessment Prior to	Programs that do not conduct risk assessment prior to entry=0
Entry	Programs that conduct risk assessment prior to entry=1
Average Length of Stay ≥ 18 Months	Programs with average length of stay < 18 months =0
	Programs with average length of stay ≥ 18 months=1
Accepts Moderate and High-risk	Programs that do not accept only moderate and high-risk
Participants Only	participants=0
	Programs that accept only moderate and high-risk
	participants=1
Program has Specialized Tracks	Program does not have specialized tracks=0
	Program has specialized tracks=1
Defense Attorney/Public Defender	Programs in which attorneys do not attend staffing = 0
Attends Staffing	Programs in which attorneys attend staffing = 1
Law Enforcement Representative	Programs in which law enforcement does not attend staffing = 0
Attends Staffing	Programs in which law enforcement attends staffing = 1
Defense Attorney/Public Defender	Programs in which attorneys do not attend court = 0
Attends Court	Programs in which attorneys attend court = 1
Law Enforcement Representative	Programs in which law enforcement does not attend court = 0
Attends Court	Programs in which law enforcement attends court = 1
Services Available:	Program does not offer aftercare support=0
Aftercare Support Services	Program others aftercare support=1 Program does not offer relates provention groups =0
Services Available: Belance Brovention Groups	Program obes not other relapse prevention groups =0
Services Available:	Program does not offer medication assisted treatment=0
Medication Assisted Treatment	Program offers medication assisted treatment-1
Services Available:	Program does not offer peer recovery support/peer coaching-0
Peer Recovery Support/Peer Coaching	Program offers neer recovery support/peer coaching=0
Services Available:	Program does not offer access to psychotronic medication=0
Access to Psychotropic Medication	Program offers access to psychotropic medication=1
Services Available:	Program does not offer individual counseling=0
Individual Counseling	Program offers individual counseling=1
Services Available:	Program does not offer family/couples counseling=0
Family/Couples Counseling	Program offers family/couples counseling=1
Services Available:	Program does not offer transportation=0
Transportation	Program offers transportation=1
Two or Fewer Treatment Providers	Programs with three or more treatment providers = 0
	Programs with two or fewer treatment providers = 1
Manualized Treatment	Program does not always use manualized treatment=0
	Program always uses manualized treatment=1
Offers At Least One Gender-Specific	Program does not offer at least one gender-specific treatment
Treatment Group	group=0
	Program offers at least one gender-specific treatment group=1
Utilizes Matrix Mode	Program does not utilize Matrix Model=0

#### Table 73: Program Variables included in Models

Program Variable	Description
	Program utilize Matrix Model=1
Utilizes MRT	Program does not utilize MRT=0
	Program utilize MRT=1
Drug Tests Twice Weekly in Phase 1	Program does not test for drugs twice weekly in Phase 1 =0 Program tests for drugs twice weekly in Phase 1 = 1
Drug Tests on Evenings, Weekends, and Holidays	Program does not drug test on evenings, weekends, and holidays=0
	Program does drug test on evenings, weekends, and holidays=1
Program Receives Drug Testing Results Instantly or Within 24 Hours	Program does not receive drug testing results instantly or within 24 hours=0
	Program received drug testing results instantly or within 24 hours=1
Program Uses Onsite Machine Analyzer	Program does not use onsite machine analyzer=0
	Program uses onsite machine analyzer=1
Program Uses Dipstick/Instant Cup Tests	Program does not use dipstick/instant cup tests=0 Program uses dipstick/instant cup tests=1
Program Gives Written List of Behaviors that Lead to Sanctions	Program does not give written list of behaviors that lead to sanctions=0
	Program gives written list of behaviors that lead to sanctions=1
Program Uses a Written Sanction Grid	Program does not use a written sanction grid=0 Program uses a written sanction grid=1
Program Requires Period of Continuous Sobriety to Graduate	Program does not require continuous period of sobriety to graduate=0 Program requires continuous period of sobriety to graduate=1
Benefit of Successful Completion: Charge is Dismissed	Program does not offer dismissal benefit upon graduation=0 Program offers dismissal benefit upon graduation=1
Benefit of Successful Completion:	Charges and convictions are not expunged upon graduation=0
Charges and Convictions are Expunged	Charges and convictions are expunged upon graduation=1

Participant Factors	Explanation
Gender	Male=0
	Female=1
Age at Entry	<21= 0
	21 – 30=1
	31 - 40=2
	41 – 50=3
	51 - 60=4
	>60= 5
Race	White=0
	Black=1
	Other/Unknown=2
Substance of Choice	None/Unknown=0
	THC/Marijuana=1
	Amphetamine/Methamphetamine=2
	Opioids=3
	Cocaine/Crack=4
	Alcohol=5
	Other=6
Marital Status	Not Married=0
	Married=1
	Other/Unknown=2
Employment Status at Entry	Unemployed=0
	Employed=1
	Other/Unknown=2
Employment Status at Exit	Unemployed=0
	Employed=1
	Other/Unknown=2
Total Number Prior Convictions	Below Median (3 or fewer)=0
Dereve Disk	Above Median (>3)=1
ριοχή κιδκ	
	LOW=1
Longth of Story	High=2 Delaw Median (E44 days at favor) 0
Length of Stay	Below Median (544 days or fewer)=0
	Above Median (>544 days)=1

#### Table 74: Demographic Variables Included in Regression Models

Table 75: Chi-Square Analyses Assessing Which Program-Level Variables Are Related to Successful Specialty CourtProgram Completion

	Completion					
-	Non-Gr	aduates	Gradu	lates	Total	
Program Variables	#	%	#	%	#	%
Program Maturity ≥ 10 Years in 2014						
<i>X</i> <sup>2</sup> (1, N=1,903) = 2.33, <i>p</i> = .127						
No	110	41.2%	157	58.8%	267	100.0%
Yes	756	46.2%	880	53.8%	1,636	100.0%
Program Capacity ≥ 120						
Significant: X <sup>2</sup> (1, N=1,903) = 40.08, <i>p</i> < .001						
No	442	39.5%	678	60.5%	1,120	100.0%
Yes	424	54.2%	359	45.8%	783	100.0%
Risk Assessment Prior to Entry						
<i>Significant: X</i> <sup>2</sup> (1, N=1,903) = 277.61, <i>p</i> < .001						
No	469	71.8%	184	28.2%	653	100.0%
Yes	397	31.8%	853	68.2%	1,250	100.0%
Length of Stay $\geq$ 18 Months						
Significant: $X^2$ (1, N=1,903) = 37.94, $p < .001$	520	53 404	400	47.00/	4 04 0	400.00/
NO	530	52.1%	488	47.9%	1,018	100.0%
Yes	336	38.0%	549	62.0%	885	100.0%
Accepts Moderate and High-risk Only						
Significant: $X^2$ (1, N=1,903) = 50.07, $p < .001$	4.40	24.40/	222	60.6%	474	400.00/
NO	148	31.4%	323	68.6%	4/1	100.0%
Yes	718	50.1%	714	49.9%	1,432	100.0%
Offers Specialized Tracks						
Significant: $X^{-}(1, N=1,903) = 175.92, p < .001$	700		C 4 4		1 110	100.00/
NO	/69	54.4%	644	45.6%	1,413	100.0%
res	97	19.8%	393	80.2%	490	100.0%
Staffing						
$Y^2(1 \text{ N} = 1.903) = 0.26 \text{ p} = .608$						
No	110	44 0%	140	56.0%	250	100.0%
Ves	756	45.7%	207	54.3%	1 653	100.0%
Law Enforcement Representative Attends	750	45.770	037	54.570	1,055	100.076
Staffing						
Significant: $X^2$ (1, N=1.903) = 87.41, $p < .001$						
Νο	664	53.2%	583	46.8%	1.247	100.0%
Yes	202	30.8%	454	69.2%	656	100.0%
Defense Attornev/Public Defender Attend						
Court						
X <sup>2</sup> (1, N=1,903) = 1.70, <i>p</i> = .193						
No	113	41.9%	157	58.1%	270	100.0%
Yes	753	46.1%	880	53.9%	1,633	100.0%
Law Enforcement Representative Attends						
Court						
<i>Significant: X</i> <sup>2</sup> (1, N=1,903) = 85.96, <i>p</i> < .001						
No	645	53.6%	559	46.4%	1,204	100.0%

	Completion						
-	Non-G	raduates	Gradu	ates	Total		
Program Variables	#	%	#	%	#	%	
Yes	221	31.6%	478	68.4%	699	100.0%	
Services Available: Aftercare Support							
<i>Significant: X</i> <sup>2</sup> (1, N=1,903) = 32.90, <i>p</i> < .001							
No	111	31.7%	239	68.3%	350	100.0%	
Yes	755	48.6%	798	51.4%	1,553	100.0%	
<b>Services Available: Relapse Prevention Groups</b> Significant: $X^2$ (1, N=1,903) = 43.38, $p < .001$							
No	84	28.1%	215	71.9%	299	100.0%	
Yes	782	48.8%	822	51.2%	1,604	100.0%	
Services Available: Medication Assisted Treatment $X^2$ (1, N=1.903) = 1.38, p = .240							
Νο	219	43.3%	287	56.7%	506	100.0%	
Yes	647	46.3%	750	53.7%	1.397	100.0%	
Services Available: Peer Recovery Support/Coaching Significant: X <sup>2</sup> (1, N=1,903) = 182.79, p < .001	-				,		
No	538	62.5%	323	37.5%	861	100.0%	
Yes	328	31.5%	714	68.5%	1,042	100.0%	
Services Available: Access to Psychotropic Medication X <sup>2</sup> (1, N=1,903) = 1,21, p = .272							
No	78	41.7%	109	58.3%	187	100.0%	
Yes	788	45.9%	928	54.1%	1,716	100.0%	
Services Available: Individual Counseling $X^2$ (1, N=1,903) = 3.53, $p$ = .060							
No	67	53.6%	58	46.4%	125	100.0%	
Yes	799	44.9%	979	55.1%	1,778	100.0%	
Services Available: Family/Couples Counseling Significant: $X^2$ (1, N=1,903) = 204.90, $p < .001$							
No	504	65.3%	268	34.7%	772	100.0%	
Yes	362	32.0%	769	68.0%	1,131	100.0%	
Services Available: Transportation $X^2$ (1, N=1,903) = 0.54, $p$ = .462							
No	207	44.0%	263	56.0%	470	100.0%	
Yes	659	46.0%	774	54.0%	1,433	100.0%	
<b>Two or Fewer Treatment Providers</b> $X^2$ (1, N=1,903) = 0.01, <i>p</i> = .940							
No	76	45.8%	90	54.2%	166	100.0%	
Yes	790	45.5%	947	54.5%	1,737	100.0%	
Always Uses Manualized Treatment Significant: X <sup>2</sup> (1, N=1,903) = 102.74, p < .001							
No	586	56.0%	461	44.0%	1,047	100.0%	
Yes	280	32.7%	576	67.3%	856	100.0%	
Offers at Least One Gender-Specific Treatment							

		C	ompletion				
—	Non-G	raduates	Gradu	uates	Total		
Program Variables	#	%	#	%	#	%	
Group							
<i>Significant: X</i> <sup>2</sup> (1, N=1,903) = 114.52, <i>p</i> < .001							
No	760	52.3%	693	47.7%	1,453	100.0%	
Yes	106	23.6%	344	76.4%	450	100.0%	
Utilizes Matrix Model							
Significant: X <sup>2</sup> (1, N=1,903) = 5.86, p = .016							
No	708	46.9%	801	53.1%	1,509	100.0%	
Yes	158	40.1%	236	59.9%	394	100.0%	
Utilizes MRT							
Significant: X <sup>2</sup> (1, N=1,903) = 68.34, <i>p</i> < .001							
No	649	52.4%	589	47.6%	1,238	100.0%	
Yes	217	32.6%	448	67.4%	665	100.0%	
<b>Drug Tests at Least Twice Per Week in Phase 1</b> <i>X</i> <sup>2</sup> (1, N=1,903) = 3.47, <i>p</i> = .063							
No	42	56.0%	33	44.0%	75	100.0%	
Yes	824	45.1%	1,004	54.9%	1,828	100.0%	
<b>Tests on Evenings, Weekends, &amp; Holidays</b> Significant: $X^2$ (1, N=1,903) = 29.61, $p < .001$							
No	721	48.8%	755	51.2%	1,476	100.0%	
Yes	145	34.0%	282	66.0%	427	100.0%	
<b>Receives Drug Testing Results Instantly or</b> <b>Within 24 Hours</b> <i>Significant: X</i> <sup>2</sup> (1, N=1,903) = 7.48, $p = .006$							
Νο	117	38.4%	188	61.6%	305	100.0%	
Yes	749	46.9%	849	53.1%	1.598	100.0%	
<b>Drug Testing Method: Onsite Machine Analyzer</b> $X^2$ (1, N=1.903) = 0.99, $p = .321$					_,		
Νο	122	42.8%	163	57.2%	285	100.0%	
Yes	744	46.0%	874	54.0%	1,618	100.0%	
<b>Drug Testing Method: Dip Stick/Instant Cups</b> $X^{2}$ (1 N=1 903) = 0.23 $p = 629$							
Νο	736	45.7%	873	54.3%	1.609	100.0%	
Yes	130	44.2%	164	55.8%	294	100.0%	
Gives Written List of Behaviors that Lead to Sanctions				001070			
<i>Significant: X</i> <sup>2</sup> (1, N=1,903) = 10.40, <i>p</i> = .001							
No	47	32.6%	97	67.4%	144	100.0%	
Yes	819	46.6%	940	53.4%	1,759	100.0%	
<b>Program Uses Written Sanction Grid</b> Significant: X <sup>2</sup> (1, N=1,903) = 175.71, p < .001							
No	606	59.6%	410	40.4%	1,016	100.0%	
Yes	260	29.3%	627	70.7%	887	100.0%	
Requires Period of Continuous Sobriety to Graduate							
Significant: $X^{2}$ (1, N=1,903) = 73.34, $p < .001$							

	Completion					
-	Non-Gr	raduates	Graduates		Тс	otal
Program Variables	#	%	#	%	#	%
No	79	24.1%	249	75.9%	328	100.0%
Yes	787	50.0%	788	50.0%	1,575	100.0%
Legal Benefit of Graduation: Charge is Dismissed Significant: X <sup>2</sup> (1, N=1,903) = 280.21, p < .001						
No	503	70.1%	215	29.9%	718	100.0%
Yes	363	30.6%	822	69.4%	1,185	100.0%
<b>Legal Benefit of Graduation:</b> <b>Charges/Convictions are Expunged</b> <i>Significant: X</i> <sup>2</sup> (1, N=1,903) = 6.38, <i>p</i> = .012						
No	135	39.4%	208	60.6%	343	100.0%
Yes	731	46.9%	829	53.1%	1,560	100.0%

As a result of the above analysis, NCSC included all independent variables that had a significant chi-square into the regression model (although some were later excluded for collinearity). Program-level variables entered included:

- Program Capacity  $\geq$  120
- Risk Assessment Prior to Entry
- Length of Stay ≥ 18 Months
- Accepts Moderate and High-risk Only
- Offers Specialized Tracks
- Law Enforcement Representative Attends Staffing
- Law Enforcement Representative Attends Court
- Services Available: Aftercare Support
- Services Available: Relapse Prevention Groups
- Services Available: Peer Recovery Support/Coaching
- Services Available: Family/Couples Counseling
- Always Uses Manualized Treatment
- Offers at Least One Gender-Specific Treatment Group
- Utilizes Matrix Model
- Utilizes MRT
- Tests on Evenings, Weekends, & Holidays
- Receives Drug Testing Results Instantly or Within 24 Hours
- Gives Written List of Behaviors that Lead to Sanctions
- Program Uses Written Sanction Grid
- Requires Period of Continuous Sobriety to Graduate
- Legal Benefit of Graduation: Charge is Dismissed
- Legal Benefit of Graduation: Charges/Convictions are Expunged

	В	S.E.	р	Exp(B
Program-Level Variables				
Program Capacity ≥ 120	.465	.324	.150	1.593
Risk Assessment Prior to Entry	1 942	454	000	6 972

Table 76: Full Regression Model Predicting Successful Specialty Court Program Completion

Program Capacity ≥ 120	.465	.324	.150	1.593	59.3%
Risk Assessment Prior to Entry	1.942	.454	.000	6.972	597.2%
Length of Stay ≥ 18 Months	-1.224	.326	.000	.294	70.6%
Accepts Moderate and High-risk Only	.514	.262	.050	1.671	67.1%
Offers Specialized Tracks	731	.582	.209	.481	51.9%
Law Enforcement Representative					
Attends Staffing	.625	.747	.403	1.869	86.9%
Law Enforcement Representative Attends Court	736	.753	.328	.479	52.1%
Services Available: Aftercare Support	374	.332	.259	.688	31.2%
Services Available: Relapse Prevention Groups	.235	.347	.498	1.265	26.5%
Services Available: Peer Recovery					
Support/Coaching	113	.376	.764	.893	10.7%
Services Available: Family/Couples Counseling	.379	.301	.208	1.461	46.1%
Always Uses Manualized Treatment	217	.282	.441	.805	19.5%
Offers at Least One Gender-Specific					
Treatment Group	1.153	.475	.015	3.169	216.9%
Utilizes Matrix Model	144	.268	.590	.866	13.4%
Utilizes MRT	.303	.230	.188	1.354	35.4%
Tests on Evenings, Weekends, & Holidays	339	.282	.229	.713	28.7%
Receives Drug Testing Results Instantly					
or Within 24 Hours	.216	.402	.590	1.241	24.1%
Gives Written List of Behaviors that Lead to			• • •		
Sanctions	.778	.395	.049	2.177	117.7%
Program Uses Written Sanction Grid	.779	.207	.000	2.178	117.8%
Requires Period of Continuous Sobriety to	2 255	FOC	000	005	00 59/
Graduate	-2.355	.506	.000	.095	90.5%
Charge is Dismissedt	531	276	054	1 701	70 1%
Legal Benefit of Graduation: Charges/Convictions	.551	.270	.054	1.701	70.170
are Expunged	267	.271	.325	.766	23.4%
Individual-Level Variables					
Gender (compared to Male)	376	154	015	1 456	45.6%
Age at Entry (compared to $< 21$ )	.570	.134	.019	1.450	43.070
Age at Entry: 21 – 30	740	220	025	2 005	100 5%
Age at Entry: 31 – 40	1 015	.550	.025	2.055	175 0%
Age at Entry: $41 - 50$	1.015	.504	.005	2.755	260.9%
Age at Entry: $51 - 50$	1.508	.407	.001	5.098	209.8%
Age at Entry $>60$	1.417	.467	.002	4.125	312.5%
Age at Littly. 200	1.661	.764	.030	5.265	426.5%
	070	105	.558		7 00/
Race: Black	073	.195	.709	.930	7.0%
	.446	.451	.323	1.562	56.2%
Drug of Choice (compared to None/Unknown)			.312		
Drug of Choice: THC/Marijuana	.140	.261	.592	1.150	15.0%
Drug of Choice:	259	.267	.334	.772	22.8%

%

	В	S.E.	р	Exp(B)	%
Amphetamine/Methamphetamine					
Drug of Choice: Opioids	317	.381	.405	.728	27.2%
Drug of Choice: Cocaine/Crack	185	.344	.590	.831	16.9%
Drug of Choice: Alcohol	516	.401	.198	.597	40.3%
Drug of Choice: Other†	752	.452	.096	.472	52.8%
Marital Status (compared to Unmarried)			.590		
Marital Status: Married	.200	.221	.367	1.221	22.1%
Marital Status: Other/Unknown	.153	.241	.525	1.165	16.5%
Employment Status at Entry					
(compared to Unemployed)			.000		
Employment Status at Entry: Employed	.570	.233	.014	1.767	76.7%
Employment Status at Entry: Other/Unknown	1.220	.217	.000	3.386	238.6%
Total Number Prior Convictions					
(Median: compared to ≤3)	058	.161	.717	.943	5.7%
Proxy Risk Level (compared to Medium)			.015		
Proxy Risk Level: Low	.443	.176	.012	1.557	55.7%
Proxy Risk Level: High	340	.346	.326	.712	28.8%
Length of Stay in Program					
(Median: compared to ≤544 days)	1.903	.171	.000	6.708	570.8%
Constant (N=1,346)	-3.964	.715	.000	.019	

Table 77: Chi-Square Analyses Assessing Which Program-Level Variables Are Related to Specialty Court In-Program Arrests

	In-Program Arrests					
	Non-Re	ecidivists	Recid	ivists	Total	
Program Variables	#	%	#	%	#	%
Program Maturity ≥ 10 Years in 2014						
<i>Significant: X</i> <sup>2</sup> (1, N=1,551) = 11.72, <i>p</i> = .001						
No	156	73.9%	55	26.1%	211	100.0%
Yes	827	61.7%	513	38.3%	1,340	100.0%
<b>Program Capacity ≥ 120</b> Significant: X <sup>2</sup> (1, N=1,551) = 8.20, <i>p</i> = .004						
No	606	66.3%	308	33.7%	914	100.0%
Yes	377	59.2%	260	40.8%	637	100.0%
<b>Risk Assessment Prior to Entry</b> <i>Significant: X</i> <sup>2</sup> (1, N=1,551) = 6.46, <i>p</i> = .011						
No	338	59.3%	232	40.7%	570	100.0%
Yes	645	65.7%	336	34.3%	981	100.0%
Length of Stay $\ge$ 18 Months X <sup>2</sup> (1, N=1,551) = 0.21, p = .645						
No	535	62.9%	316	37.1%	851	100.0%
Yes	448	64.0%	252	36.0%	700	100.0%
<b>Accepts Moderate and High-risk Only</b> $X^{2}$ (1, N=1,551) = 0.39, <i>p</i> = .532						
No	214	64.8%	116	35.2%	330	100.0%
Yes	769	63.0%	452	37.0%	1,221	100.0%
<b>Offers Specialized Tracks</b> X <sup>2</sup> (1, N=1,551) = 0.02, p = .888						
No	748	63.3%	434	36.7%	1,182	100.0%
Yes	235	63.7%	134	36.3%	369	100.0%
Defense Attorney/Public Defender Attend Staffing $X^2$ (1, N=1.551) = 0.42, $p$ = .519						
No	136	65.4%	72	34.6%	208	100.0%
Yes	847	63.1%	496	36.9%	1.343	100.0%
Law Enforcement Representative Attends Staffing $X^2$ (1, N=1,551) = 0.21, p = .649					_,	
No	643	63.0%	378	37.0%	1,021	100.0%
Yes	340	64.2%	190	35.8%	530	100.0%
<b>Defense Attorney/Public Defender Attend</b> <b>Court</b> $X^2$ (1, N=1,551) = 1.13, $p$ = .288						
No	151	66.5%	76	33.5%	227	100.0%
Yes	832	62.8%	492	37.2%	1,324	100.0%
Law Enforcement Representative Attends Court $X^2$ (1, N=1.551) = 1.67, p = .196						
No	608	62.2%	370	37.8%	978	100.0%

	In-Program Arrests					
	Non-R	ecidivists	Recid	ivists	Total	
Program Variables	#	%	#	%	#	%
Yes	375	65.4%	198	34.6%	573	100.0%
Services Available: Aftercare Support						
<i>Significant: X</i> <sup>2</sup> (1, N=1,551) = 7.89, <i>p</i> = .005						
No	190	70.9%	78	29.1%	268	100.0%
Yes	793	61.8%	490	38.2%	1,283	100.0%
<b>Services Available: Relapse Prevention Groups</b> <i>Significant: X</i> <sup>2</sup> (1, N=1,551) = 11.75, <i>p</i> = .001						
No	179	73.1%	66	26.9%	245	100.0%
Yes	804	61.6%	502	38.4%	1,306	100.0%
Services Available: Medication Assisted Treatment						
Significant: $X^2$ (1, N=1,551) = 11.04, $p$ = .001	207	70.20/	422	20.0%	400	100.00/
NO	287	/0.2%	122	29.8%	409	100.0%
Yes	696	60.9%	446	39.1%	1,142	100.0%
Services Available: Peer Recovery Support/Coaching Significant: X <sup>2</sup> (1, N=1,551) = 6.21, p = .013						
No	434	60.1%	288	39.9%	722	100.0%
Yes	549	66.2%	280	33.8%	829	100.0%
Services Available: Access to Psychotropic Medication Significant: $X^2$ (1, N=1,551) = 4.84, p = .028						
No	98	72.1%	38	27.9%	136	100.0%
Yes	885	62.5%	530	37.5%	1.415	100.0%
Services Available: Individual Counseling $X^2$ (1, N=1,551) = 2.66, $p$ = .103						
No	79	70.5%	33	29.5%	112	100.0%
Yes	904	62.8%	535	37.2%	1,439	100.0%
<b>Services Available: Family/Couples Counseling</b> <i>X</i> <sup>2</sup> (1, N=1,551) = 1.14, <i>p</i> = .285						
No	407	61.9%	251	38.1%	658	100.0%
Yes	576	64.5%	317	35.5%	893	100.0%
<b>Services Available: Transportation</b> <i>Significant: X</i> <sup>2</sup> (1, N=1,551) = 9.16, <i>p</i> = .002						
No	257	70.0%	110	30.0%	367	100.0%
Yes	726	61.3%	458	38.7%	1,184	100.0%
<b>Two or Fewer Treatment Providers</b> $X^2$ (1, N=1,551) = 0.01, <i>p</i> = .933						
No	93	63.7%	53	36.3%	146	100.0%
Yes	890	63.3%	515	36.7%	1,405	100.0%
<b>Always Uses Manualized Treatment</b> Significant: X <sup>2</sup> (1, N=1,551) = 19.63, p < .001						
No	502	58.5%	356	41.5%	858	100.0%
Yes	481	69.4%	212	30.6%	693	100.0%
Offers at Least One Gender-Specific Treatment						

	In-Program Arrests						
	Non-Re	ecidivists	Recid	ivists	Total		
Program Variables	#	%	#	%	#	%	
Group							
<i>Significant: X</i> <sup>2</sup> (1, N=1,551) = 7.15, <i>p</i> = .007							
No	738	61.6%	460	38.4%	1,198	100.0%	
Yes	245	69.4%	108	30.6%	353	100.0%	
Utilizes Matrix Model							
$X^2$ (1, N=1,551) = 3.71, $p$ = .054							
No	768	62.2%	467	37.8%	1,235	100.0%	
Yes	215	68.0%	101	32.0%	316	100.0%	
Utilizes MRT							
<i>X</i> <sup>2</sup> (1, N=1,551) = 2.30, <i>p</i> = .129							
No	636	62.0%	389	38.0%	1,025	100.0%	
Yes	347	66.0%	179	34.0%	526	100.0%	
<b>Drug Tests at Least Twice Per Week in Phase 1</b> X <sup>2</sup> (1, N=1,551) = 0.97, p = .324							
No	32	57.1%	24	42.9%	56	100.0%	
Yes	951	63.6%	544	36.4%	1,495	100.0%	
<b>Tests on Evenings, Weekends, &amp; Holidays</b> $X^{2}$ (1, N=1,551) = 3.72, $p$ = .054							
No	795	64.6%	436	35.4%	1,231	100.0%	
Yes	188	58.8%	132	41.3%	320	100.0%	
Receives Drug Testing Results Instantly or							
Within 24 Hours							
<i>Significant: X</i> <sup>2</sup> (1, N=1,551) = 22.53, <i>p</i> < .001							
No	208	75.9%	66	24.1%	274	100.0%	
Yes	775	60.7%	502	39.3%	1,277	100.0%	
Drug Testing Method: Onsite Machine Analyzer							
<i>X</i> <sup>2</sup> (1, N=1,551) = 0.01, <i>p</i> = .905							
No	126	63.0%	74	37.0%	200	100.0%	
Yes	857	63.4%	494	36.6%	1,351	100.0%	
<b>Drug Testing Method: Dip Stick/Instant Cups</b> <i>X</i> <sup>2</sup> (1, N=1,551) = 0.01, <i>p</i> = .905							
No	857	63.4%	494	36.6%	1,351	100.0%	
Yes	126	63.0%	74	37.0%	200	100.0%	
Gives Written List of Behaviors that Lead to							
Sanctions							
<i>Significant: X</i> <sup>2</sup> (1, N=1,551) = 6.70, <i>p</i> = .010							
No	96	73.8%	34	26.2%	130	100.0%	
Yes	887	62.4%	534	37.6%	1,421	100.0%	
<b>Program Uses Written Sanction Grid</b> Significant: X <sup>2</sup> (1, N=1,551) =7.96 , p = .005							
No	521	60.3%	343	39.7%	864	100.0%	
Yes	462	67.2%	225	32.8%	687	100.0%	
Requires Period of Continuous Sobriety to			-				
Graduate							

	In-Program Arrests					
	Non-R	ecidivists	Recidivists		Total	
Program Variables	#	%	#	%	#	%
<i>X</i> <sup>2</sup> (1, N=1,551) = 1.00, <i>p</i> = .317						
No	168	66.1%	86	33.9%	254	100.0%
Yes	815	62.8%	482	37.2%	1,297	100.0%
Legal Benefit of Graduation: Charge is Dismissed Significant: X <sup>2</sup> (1, N=1,551) = 33.52, p < .001						
No	341	54.7%	282	45.3%	623	100.0%
Yes	642	69.2%	286	30.8%	928	100.0%
Legal Benefit of Graduation: Charges/Convictions are Expunged X <sup>2</sup> (1, N=1,551) = 0.21, p = .646						
No	184	64.6%	101	35.4%	285	100.0%
Yes	799	63.1%	467	36.9%	1,266	100.0%

As a result of the above analysis, NCSC included all independent variables that had a significant chi-square into the regression model (although some were later excluded for collinearity). Program-level variables entered included:

- Program Maturity ≥ 10 Years in 2014
- Program Capacity  $\geq$  120
- Risk Assessment Prior to Entry
- Services Available: Aftercare Support
- Services Available: Relapse Prevention Groups
- Services Available: Medication Assisted Treatment
- Services Available: Peer Recovery Support/Coaching
- Services Available: Access to Psychotropic Medication
- Services Available: Transportation
- Always Uses Manualized Treatment
- Offers at Least One Gender-Specific Treatment Group
- Receives Drug Testing Results Instantly or Within 24 Hours
- Gives Written List of Behaviors that Lead to Sanctions
- Program Uses Written Sanction Grid
- Legal Benefit of Graduation: Charge is Dismissed

	В	S.E.	р	Exp(B)	%
Program-Level Variables					
Program Maturity ≥ 10 Years in 2014 <sup>+</sup>	.687	.389	.078	1.987	98.7%
Program Capacity ≥ 120	172	.282	.541	.842	15.8%
Risk Assessment Prior to Entry	.814	.311	.009	2.256	125.6%
Services Available: Aftercare Support	595	.383	.120	.551	44.9%
Services Available: Relapse Prevention Groups	1.053	.408	.010	2.865	186.5%
Services Available: Medication Assisted Treatment	.348	.355	.327	1.416	41.6%
Services Available: Peer Recovery Support/Coaching	496	.307	.106	.609	39.1%
Services Available:					
Access to Psychotropic Medication	261	.371	.482	.770	23.0%
Services Available: Transportation	156	.420	.711	.856	14.4%
Always Uses Manualized Treatment	037	.287	.899	.964	3.6%
Offers at Least One Gender-Specific					
Treatment Group	110	.270	.685	.896	10.4%
Receives Drug Testing Results Instantly					
or Within 24 Hours	.728	.282	.010	2.070	107.0%
Gives Written List of Behaviors that Lead	601	200	070	500	40 40/
to Sanctions (	681	.386	.078	.506	49.4%
Program Uses Written Sanction Grid	294	.189	.121	.745	25.5%
Legal Benefit of Graduation: Charge is Dismissed	292	.352	.406	./46	25.4%
Individual-Level Variables					/
Gender (compared to Male)	351	.141	.013	.704	29.6%
Age at Entry (compared to < 21)			.181		
Age at Entry: 21 – 30	219	.303	.469	.803	19.7%
Age at Entry: 31 – 40	280	.331	.397	.755	24.5%
Age at Entry: 41 - 50	448	.376	.234	.639	36.1%
Age at Entry: 51 – 60	938	.430	.029	.391	60.9%
Age at Entry: >60	-1.345	.860	.118	.261	73.9%
Race (compared to White)			.787		
Race: Black	112	.166	.498	.894	10.6%
Race: Other/Unknown	080	.413	.846	.923	7.7%
Drug of Choice (compared to None/Unknown)			.276		
Drug of Choice: THC/Marijuana	119	.225	.598	.888	11.2%
Drug of Choice: Amphetamine/Methamphetamine	.061	.243	.802	1.063	6.3%
Drug of Choice: Opioids	151	.330	.648	.860	14.0%
Drug of Choice: Cocaine/Crack	.424	.306	.166	1.529	52.9%
Drug of Choice: Alcohol†	.594	.347	.087	1.812	81.2%
Drug of Choice: Other	106	.420	.800	.899	10.1%
Marital Status (compared to Unmarried)			.761		
Marital Status: Married	099	.200	.622	.906	9.4%
Marital Status: Other/Unknown	-,129	.211	.542	.879	12.1%
Employment Status at Entry					
(compared to Unemployed)			.000		
Employment Status at Entry: Employed	237	.194	.222	.789	21.1%

#### Table 78: Full Regression Model Predicting Specialty Court In-Program Arrests

Employment Status at Entry: Other/Unknown	653	.180	.000	.521	47.9%
Total Number Prior Convictions (Median: compared					
to ≤3)	.296	.143	.039	1.344	34.4%
Proxy Risk Level (compared to Medium)			.213		
Proxy Risk Level: Low <sup>+</sup>	264	.155	.089	.768	23.2%
Proxy Risk Level: High	.047	.287	.870	1.048	4.8%
Length of Stay in Program					
(Median: compared to ≤544 days)	099	.136	.466	.906	9.4%
Constant (N=1,181)	122	.713	.864	.885	

Table 79: Chi-Square Analyses Assessing Which Program-Level Variables Are Related to Specialty Court In-Program Convictions

	In-Program Convictions						
	Non-Re	ecidivists	Recidivists			otal	
Program Variables	#	%	#	%	#	%	
Program Maturity ≥ 10 Years in 2014							
<i>Significant: X</i> <sup>2</sup> (1, N=1,551) = 11.13, <i>p</i> = .001							
No	197	93.4%	14	6.6%	211	100.0%	
Yes	1,136	84.8%	204	15.2%	1,340	100.0%	
<b>Program Capacity ≥ 120</b> Significant: X <sup>2</sup> (1, N=1,551) = 8.36, <i>p</i> = .004							
No	805	88.1%	109	11.9%	914	100.0%	
Yes	528	82.9%	109	17.1%	637	100.0%	
<b>Risk Assessment Prior to Entry</b> X <sup>2</sup> (1, N=1,551) = 3.24, <i>p</i> = .072							
No	478	83.9%	92	16.1%	570	100.0%	
Yes	855	87.2%	126	12.8%	981	100.0%	
Length of Stay ≥ 18 Months $X^2$ (1, N=1,551) = 0.25, p = .619							
No	728	85.5%	123	14.5%	851	100.0%	
Yes	605	86.4%	95	13.6%	700	100.0%	
Accepts Moderate and High-risk Only Significant: X <sup>2</sup> (1, N=1,551) = 4.13, p = .042							
No	295	89.4%	35	10.6%	330	100.0%	
Yes	1,038	85.0%	183	15.0%	1,221	100.0%	
<b>Offers Specialized Tracks</b> <i>X</i> <sup>2</sup> (1, N=1,551) = 1.11, <i>p</i> = .292							
No	1,022	86.5%	160	13.5%	1,182	100.0%	
Yes	311	84.3%	58	15.7%	369	100.0%	
Defense Attorney/Public Defender Attend Staffing							
$N^{-}(1, N=1,551) = 0.25, p = .052$	101	87.0%	27	13.0%	208	100.0%	
Voc	1 152	Q5 Q%	101	1/ 2%	1 2/12	100.0%	
Law Enforcement Representative Attends Staffing Significant: X <sup>2</sup> (1, N=1,551) = 9.97, p = .002	1,132	83.870	191	14.270	1,545	100.076	
No	857	83.9%	164	16.1%	1,021	100.0%	
Yes	476	89.8%	54	10.2%	530	100.0%	
<b>Defense Attorney/Public Defender Attend</b> <b>Court</b> $X^2$ (1, N=1,551) = 0.65, $p$ = .419							
No	199	87.7%	28	12.3%	227	100.0%	
Yes	1,134	85.6%	190	14.4%	1,324	100.0%	
Law Enforcement Representative Attends Court Significant: $X^2$ (1, N=1,551) = 10,63, n = ,001							
Νο	819	83.7%	159	16.3%	978	100.0%	

	In-Program Convictions						
	Non-R	ecidivists	Recio	divists	Тс	Total	
Program Variables	#	%	#	%	#	%	
Yes	514	89.7%	59	10.3%	573	100.0%	
Services Available: Aftercare Support							
<i>X</i> <sup>2</sup> (1, N=1,551) = 0.81, <i>p</i> = .367							
No	235	87.7%	33	12.3%	268	100.0%	
Yes	1,098	85.6%	185	14.4%	1,283	100.0%	
Services Available: Relapse Prevention Groups X <sup>2</sup> (1, N=1,551) = 2.86, p = .091							
No	219	89.4%	26	10.6%	245	100.0%	
Yes	1,114	85.3%	192	14.7%	1,306	100.0%	
Services Available: Medication Assisted Treatment							
$X^{2}$ (1, N=1,551) = 0.01, $p$ = .932	0.54	05.00/				400.00/	
NO	351	85.8%	58	14.2%	409	100.0%	
Yes	982	86.0%	160	14.0%	1,142	100.0%	
Services Available: Peer Recovery Support/Coaching Significant: X <sup>2</sup> (1, N=1,551) = 6.58, p = .010							
No	603	83.5%	119	16.5%	722	100.0%	
Yes	730	88.1%	99	11.9%	829	100.0%	
Services Available: Access to Psychotropic Medication $X^2$ (1, N=1,551) = 1.75, p = .186							
No	122	89.7%	14	10.3%	136	100.0%	
Yes	1,211	85.6%	204	14.4%	1,415	100.0%	
Services Available: Individual Counseling							
<i>X</i> <sup>2</sup> (1, N=1,551) = 0.41, <i>p</i> = .524							
No	94	83.9%	18	16.1%	112	100.0%	
Yes	1,239	86.1%	200	13.9%	1,439	100.0%	
<b>Services Available: Family/Couples Counseling</b> <i>X</i> <sup>2</sup> (1, N=1,551) = 0.93, <i>p</i> = .336							
No	559	85.0%	99	15.0%	658	100.0%	
Yes	774	86.7%	119	13.3%	893	100.0%	
<b>Services Available: Transportation</b> $X^2$ (1, N=1,551) = 0.92, $p$ = .337							
No	321	87.5%	46	12.5%	367	100.0%	
Yes	1,012	85.5%	172	14.5%	1,184	100.0%	
<b>Two or Fewer Treatment Providers</b> Significant: $X^2$ (1, N=1,551) = 5.62, $p$ = .018							
No	116	79.5%	30	20.5%	146	100.0%	
Yes	1,217	86.6%	188	13.4%	1,405	100.0%	
<b>Always Uses Manualized Treatment</b> Significant: X <sup>2</sup> (1, N=1,551) = 9.89, p = .002							
No	716	83.4%	142	16.6%	858	100.0%	
Yes	617	89.0%	76	11.0%	693	100.0%	
Offers at Least One Gender-Specific Treatment							

	In-Program Convictions							
	Non-R	ecidivists	Reci	divists	Total			
Program Variables	#	%	#	%	#	%		
Group								
<i>Significant: X</i> <sup>2</sup> (1, N=1,551) = 4.83, <i>p</i> = .028								
No	1,017	84.9%	181	15.1%	1,198	100.0%		
Yes	316	89.5%	37	10.5%	353	100.0%		
Utilizes Matrix Model								
<i>X</i> <sup>2</sup> (1, N=1,551) = 0.07, <i>p</i> = .797								
No	1,060	85.8%	175	14.2%	1,235	100.0%		
Yes	273	86.4%	43	13.6%	316	100.0%		
Utilizes MRT								
<i>Significant: X</i> <sup>2</sup> (1, N=1,551) = 3.98, <i>p</i> = .046								
No	868	84.7%	157	15.3%	1,025	100.0%		
Yes	465	88.4%	61	11.6%	526	100.0%		
Drug Tests at Least Twice Per Week in Phase 1								
<i>X</i> <sup>2</sup> (1, N=1,551) = 3.64, <i>p</i> = .056								
No	53	94.6%	3	5.4%	56	100.0%		
Yes	1,280	85.6%	215	14.4%	1,495	100.0%		
Tests on Evenings, Weekends, & Holidays								
<i>X</i> <sup>2</sup> (1, N=1,551) = 0.03, <i>p</i> = .860								
No	1,057	85.9%	174	14.1%	1,231	100.0%		
Yes	276	86.3%	44	13.8%	320	100.0%		
<b>Receives Drug Testing Results Instantly or</b>								
Within 24 Hours								
<i>Significant: X</i> <sup>2</sup> (1, N=1,551) = 8.83, <i>p</i> = .003								
No	251	91.6%	23	8.4%	274	100.0%		
Yes	1,082	84.7%	195	15.3%	1,277	100.0%		
<b>Drug Testing Method: Onsite Machine Analyzer</b> $X^2$ (1, N=1.551) = 0.46, $p$ = .498								
Νο	175	87.5%	25	12.5%	200	100.0%		
Yes	1.158	85.7%	193	14.3%	1.351	100.0%		
Drug Testing Method: Dip Stick/Instant Cups $Y^{2}(1, N=1, 551) = 0.46, p = .498$	_,				_,			
Νο	1 1 5 8	85 7%	193	14 3%	1 351	100.0%		
Yes	175	87.5%	25	12 5%	200	100.0%		
Gives Written List of Behaviors that Lead to	1/5	07.370	23	12.570	200	100.076		
Sanctions								
$X^{2}$ (1, N=1,551) = 3.68, $p$ = .055	440	04 50/		0.5%	420	4.0.0.00/		
NO	119	91.5%	11	8.5%	130	100.0%		
Yes	1,214	85.4%	207	14.6%	1,421	100.0%		
<b>Program Uses Written Sanction Grid</b> $X^2$ (1, N=1,551) = 1.24, $p$ = .266								
No	735	85.1%	129	14.9%	864	100.0%		
Yes	598	87.0%	89	13.0%	687	100.0%		
<b>Requires Period of Continuous Sobriety to</b>								
Graduate								
X <sup>2</sup> (1, N=1,551) = 0.28, p = .594								

	In-Program Convictions					
	Non-R	ecidivists	Recidivists		Тс	otal
Program Variables	#	%	#	%	#	%
No	221	87.0%	33	13.0%	254	100.0%
Yes	1,112	85.7%	185	14.3%	1,297	100.0%
Legal Benefit of Graduation: Charge is Dismissed Significant: X <sup>2</sup> (1, N=1,551) = 11.18, p = .001						
No	513	82.3%	110	17.7%	623	100.0%
Yes	820	88.4%	108	11.6%	928	100.0%
Legal Benefit of Graduation: Charges/Convictions are Expunged $X^2$ (1, N=1,551) = 1.26, p = .262						
No	239	83.9%	46	16.1%	285	100.0%
Yes	1,094	86.4%	172	13.6%	1,266	100.0%

As a result of the above analysis, NCSC included all independent variables that had a significant chi-square into the regression model (although some were later excluded for collinearity). Program-level variables entered included:

- Program Maturity ≥ 10 Years in 2014
- Program Capacity  $\geq$  120
- Accepts Moderate and High-risk Only
- Law Enforcement Representative Attends Staffing
- Law Enforcement Representative Attends Court
- Services Available: Peer Recovery Support/Coaching
- Two or Fewer Treatment Providers
- Always Uses Manualized Treatment
- Offers at Least One Gender-Specific Treatment Group
- Utilizes MRT
- Receives Drug Testing Results Instantly or Within 24 Hours
- Legal Benefit of Graduation: Charge is Dismissed

	В	S.E.	р	Exp(B)	%
Program-Level Variables					
Program Maturity ≥ 10 Years in 2014 <sup>+</sup>	.797	.423	.060	2.218	121.8%
Program Capacity ≥ 120	.375	.375	.317	1.456	45.6%
Accepts Moderate and High-risk Only <sup>+</sup>	.555	.319	.082	1.743	74.3%
Law Enforcement Representative Attends Staffing	.994	1.179	.399	2.701	170.1%
Law Enforcement Representative Attends Court	-1.189	1.121	.289	.304	69.6%
Services Available: Peer Recovery Support/Coaching	.095	.283	.738	1.099	9.9%
Two or Fewer Treatment Providers	915	.365	.012	.400	60.0%
Always Uses Manualized Treatment	128	.322	.690	.879	12.1%
Offers at Least One Gender-Specific Treatment	633	.358	.077	.531	
Group†					46.9%
Utilizes MRT	662	.289	.022	.516	48.4%
Receives Drug Testing Results Instantly or Within 24	.577	.367	.116	1.780	70.00/
Hours	274	221	407	1 216	78.0%
	.274	.551	.407	1.510	31.6%
	422	100	020	C40	
Age at Entry (compared to < 21)	455	.199	.030	.049	35.1%
Age at Entry (compared to $< 21$ )	206	200	.550	751	24.00/
Age at Entry 21 – 50	200	.599	.475	./51	24.9%
Age at Entry: $31 - 40$	011	.438	.103	.543	45.7%
Age at Entry 51 CO	027	.504	.215	.554	46.6%
Age at Entry: 51 – 60	-1.319	.048	.042	.207	73.3%
Age at Entry. >00	059	1.1/5	.474	.452	56.8%
	690	222	.012	507	40.00/
	000	.232	.005	.507	49.3%
Race. Other/Offkhown	391	.051	.546	.070	32.4%
Drug of Choice (compared to None/Onknown)	254	207	.509	776	<b>00 1</b> 0/
Drug of Choice: THC/Marijuana	254	.307	.407	.//0	22.4%
Drug of Choice: Amplietamine/Methamplietamine	.122	.517	.099	1.150	13.0%
Drug of Choice: Opiolas	557	.447	.451	1 266	28.6%
Drug of Choice: Alcohol	.312	.415	2450	1.500	36.6%
Drug of Choice: Alconol	.497	.420	.245	1.044	64.4%
Marital Status (compared to Upmarried)	.049	.520	.920	1.050	5.0%
Marital Status (compared to omnamed)	170	264	.479	1 107	40 70/
Marital Status: Other/Unknown	.172	.204	.515	1.107	18.7%
Employment Status at Entry	200	.200	.540	.705	23.5%
(compared to Uperployed)			.005		
Employment Status at Entry: Employed	210	.244	.389	.811	18.9%
Employment Status at Entry: Other/Unknown	712	.234	.002	.490	51 0%
Total Number Prior Convictions	.422	.194	.030	1.524	51.070
(Median: compared to ≤3)					52.4%
Proxy Risk Level (compared to Medium)			.497		
Proxy Risk Level: Low	164	.211	.437	.849	15.1%

Table 80: Full Regression Model Predicting Specialty Court In-Program Convictions

	В	S.E.	р	Exp(B)	%
Proxy Risk Level: High	.259	.348	.458	1.295	29.5%
Length of Stay in Program	124	.182	.497	.883	
(Median: compared to ≤544 days)					11.7%
Constant (N=1,181)	-1.524	.839	.069	.218	
Table 81: Chi-Square Analyses Assessing Which Program-Level Variables Are Related to Specialty Court Post-Program Arrests

	Post-Program Arrests					
	Non-R	ecidivists	Reci	divists	otal	
Program Variables	#	%	#	%	#	%
<b>Program Maturity ≥ 10 Years in 2014</b> $X^{2}$ (1 N=1 551) = 1 35 $p = 246$						
No	126	59.7%	85	40.3%	211	100.0%
Yes	743	55.4%	597	44.6%	1.340	100.0%
<b>Program Capacity ≥ 120</b> Significant: X <sup>2</sup> (1, N=1,551) = 3.85, <i>p</i> = .050					,	
No	146	61.9%	90	38.1%	914	100.0%
Yes	723	55.0%	592	45.0%	637	100.0%
<b>Risk Assessment Prior to Entry</b> Significant: X <sup>2</sup> (1, N=1,551) = 11.79, p = .001						
No	287	50.4%	283	49.6%	570	100.0%
Yes	582	59.3%	399	40.7%	981	100.0%
Length of Stay $\geq$ 18 Months Significant:X <sup>2</sup> (1, N=1,551) = 12.80, $p < .001$						
No	442	51.9%	409	48.1%	851	100.0%
Yes	427	61.0%	273	39.0%	700	100.0%
<b>Accepts Moderate and High-risk Only</b> X <sup>2</sup> (1, N=1,551) = 0.41, p = .523						
No	190	57.6%	140	42.4%	330	100.0%
Yes	679	55.6%	542	44.4%	1,221	100.0%
<b>Offers Specialized Tracks</b> X <sup>2</sup> (1, N=1,551) = 0.26, <i>p</i> = .609						
No	658	55.7%	524	44.3%	1,182	100.0%
Yes	211	57.2%	158	42.8%	369	100.0%
<b>Defense Attorney/Public Defender Attend</b> <b>Staffing</b> Significant: $X^2$ (1 N=1 551) = 5 39 $p$ = 020						
No	132	63.5%	76	36.5%	208	100.0%
Yes	737	54.9%	606	45.1%	1.343	100.0%
Law Enforcement Representative Attends Staffing Significant : X <sup>2</sup> (1, N=1,551) = 7.90, p = .005					,	
No	546	53.5%	475	46.5%	1,021	100.0%
Yes	323	60.9%	207	39.1%	530	100.0%
<b>Defense Attorney/Public Defender Attend</b> <b>Court</b> <i>Significant: X</i> <sup>2</sup> (1, N=1,551) = 6.65, <i>p</i> = .010						
No	145	63.9%	82	36.1%	227	100.0%
Yes	724	54.7%	600	45.3%	1,324	100.0%
<b>Law Enforcement Representative Attends</b> <b>Court</b> <i>Significant: X</i> <sup>2</sup> (1, N=1,551) = 9.42, <i>p</i> = .002						
No	519	53.1%	459	46.9%	978	100.0%

	Post-Program Arrests					
	Non-R	ecidivists	Reci	divists	Т	otal
Program Variables	#	%	#	%	#	%
Yes	350	61.1%	223	38.9%	573	100.0%
Services Available: Aftercare Support						
<i>X</i> <sup>2</sup> (1, N=1,551) = 3.02, <i>p</i> = .082						
No	163	60.8%	105	39.2%	268	100.0%
Yes	706	55.0%	577	45.0%	1,283	100.0%
Services Available: Relapse Prevention Groups X <sup>2</sup> (1, N=1,551) = 1.50, p = .221						
No	146	59.6%	99	40.4%	245	100.0%
Yes	723	55.4%	583	44.6%	1,306	100.0%
Services Available: Medication Assisted Treatment						
Significant: X <sup>2</sup> (1, N=1,551) = 4.79, p = .029						
No	248	60.6%	161	39.4%	409	100.0%
Yes	621	54.4%	521	45.6%	1,142	100.0%
Services Available: Peer Recovery Support/Coaching Significant: X <sup>2</sup> (1, N=1,551) = 12.54, p < .001						
No	370	51.2%	352	48.8%	722	100.0%
Yes	499	60.2%	330	39.8%	829	100.0%
Services Available: Access to Psychotropic Medication $X^2$ (1, N=1,551) = 0.04, p = .828						
No	75	55.1%	61	44.9%	136	100.0%
Yes	794	56.1%	621	43.9%	1,415	100.0%
Services Available: Individual Counseling Significant: $X^2$ (1, N=1,551) = 4.94, $p$ = .026						
No	74	66.1%	38	33.9%	112	100.0%
Yes	795	55.2%	644	44.8%	1,439	100.0%
Services Available: Family/Couples Counseling Significant: X <sup>2</sup> (1, N=1,551) =18.60, p < .001						
No	327	49.7%	331	50.3%	658	100.0%
Yes	542	60.7%	351	39.3%	893	100.0%
<b>Services Available: Transportation</b> <i>X</i> <sup>2</sup> (1, N=1,551) = 3.00, <i>p</i> = .084						
No	220	59.9%	147	40.1%	367	100.0%
Yes	649	54.8%	535	45.2%	1,184	100.0%
<b>Two or Fewer Treatment Providers</b> <i>X</i> <sup>2</sup> (1, N=1,551) = 5.35, <i>p</i> = .021						
No	95	65.1%	51	34.9%	146	100.0%
Yes	774	55.1%	631	44.9%	1,405	100.0%
<b>Always Uses Manualized Treatment</b> Significant: X <sup>2</sup> (1, N=1,551) = 19.33, p < .001						
No	438	51.0%	420	49.0%	858	100.0%
Yes	431	62.2%	262	37.8%	693	100.0%
Offers at Least One Gender-Specific Treatment						

	Post-Program Arrests					
	Non-R	ecidivists	Reci	divists	Т	otal
Program Variables	#	%	#	%	#	%
Group						
<i>Significant:X</i> <sup>2</sup> (1, N=1,551) = 11.03, <i>p</i> = .001						
No	644	53.8%	554	46.2%	1,198	100.0%
Yes	225	63.7%	128	36.3%	353	100.0%
Utilizes Matrix Model						
X <sup>2</sup> (1, N=1,551) = 3.61, <i>p</i> = .058						
No	677	54.8%	558	45.2%	1,235	100.0%
Yes	192	60.8%	124	39.2%	316	100.0%
Utilizes MRT						
<i>Significant: X</i> <sup>2</sup> (1, N=1,551) = 19.91, <i>p</i> < .001						
No	533	52.0%	492	48.0%	1,025	100.0%
Yes	336	63.9%	190	36.1%	526	100.0%
<b>Drug Tests at Least Twice Per Week in Phase 1</b> $X^{2}$ (1 N=1 551) = 0.99 $p = 320$						
No	35	62.5%	21	37.5%	56	100.0%
Yes	834	55.8%	661	44.2%	1.495	100.0%
Tests on Evenings, Weekends, & Holidays		00.070	001		_,	
$X^2$ (1, N=1,551) = 0.95, p = .330						
No	682	55.4%	549	44.6%	1,231	100.0%
Yes	187	58.4%	133	41.6%	320	100.0%
Receives Drug Testing Results Instantly or						
Within 24 Hours						
Significant: $X^2$ (1, N=1,551) = 13.59, $p < .001$						
No	181	66.1%	93	33.9%	274	100.0%
Yes	688	53.9%	589	46.1%	1,277	100.0%
<b>Drug Testing Method: Onsite Machine Analyzer</b> $X^2$ (1, N=1,551) = 1.86, $p$ = .172						
No	121	60.5%	79	39.5%	200	100.0%
Yes	748	55.4%	603	44.6%	1,351	100.0%
<b>Drug Testing Method: Dip Stick/Instant Cups</b> $Y^{2}(1, N=1, 551) = 1, 86, n = 172$						
No	7/8	55 1%	603	11.6%	1 351	100.0%
Ves	121	60.5%	70	20.5%	200	100.0%
Gives Written List of Behaviors that Lead to	121	00.376	75	39.370	200	100.076
Sanctions						
Significant: $X^2$ (1, N=1.551) = 5.04, p = .025						
No	85	65.4%	45	34.6%	130	100.0%
Yes	784	55.2%	637	44.8%	1 421	100.0%
Program Uses Written Sanction Grid	701	33.270	037	11.070	1,121	100.070
$X^2$ (1. N=1.551) = 1.82. $p$ = .178						
Νο	471	54.5%	393	45.5%	864	100.0%
Yes	398	57.9%	289	42,1%	687	100.0%
Requires Period of Continuous Sobriety to	220	27.370	_00	/ 0	507	_00.070
Graduate						
<i>X</i> <sup>2</sup> (1, N=1,551) = 2.18, <i>p</i> = .140						

		Post-Program Arrests					
	Non-Recidivists		Reci	Recidivists		otal	
Program Variables	#	%	#	%	#	%	
No	153	60.2%	101	39.8%	254	100.0%	
Yes	716	55.2%	581	44.8%	1,297	100.0%	
Legal Benefit of Graduation: Charge is Dismissed Significant: X <sup>2</sup> (1, N=1,551) = 19.26, p < .001							
No	307	49.3%	316	50.7%	623	100.0%	
Yes	562	60.6%	366	39.4%	928	100.0%	
Legal Benefit of Graduation: Charges/Convictions are Expunged X <sup>2</sup> (1, N=1,551) = 0.24, p = .627							
No	156	54.7%	129	45.3%	285	100.0%	
Yes	713	56.3%	553	43.7%	1,266	100.0%	

As a result of the above analysis, NCSC included all independent variables that had a significant chi-square into the regression model (although some were later excluded for collinearity). Program-level variables entered included:

- Program Capacity ≥ 120
- Risk Assessment Prior to Entry
- Length of Stay ≥ 18 Months
- Defense Attorney/Public Defender Attend Staffing
- Law Enforcement Representative Attends Staffing
- Defense Attorney/Public Defender Attend Court
- Law Enforcement Representative Attends Court
- Services Available: Medication Assisted Treatment
- Services Available: Peer Recovery Support/Coaching
- Services Available: Individual Counseling
- Services Available: Family/Couples Counseling
- Always Uses Manualized Treatment
- Offers at Least One Gender-Specific Treatment Group
- Utilizes MRT
- Receives Drug Testing Results Instantly or Within 24 Hours
- Gives Written List of Behaviors that Lead to Sanctions
- Legal Benefit of Graduation: Charge is Dismissed

	В	S.E.	р	Exp(B)	%
Program-Level Variables					
Program Capacity ≥ 120	102	.231	.658	.903	9.7%
Risk Assessment Prior to Entry	.206	.292	.481	1.228	22.8%
Length of Stay ≥ 18 Months	215	.246	.382	.807	19.3%
Defense Attorney/Public Defender Attend Staffing	068	.666	.918	.934	6.6%
Law Enforcement Representative Attends Staffing	160	.690	.816	.852	14.8%
Defense Attorney/Public Defender Attend Court	.225	.644	.726	1.253	25.3%
Law Enforcement Representative Attends Court	.106	.693	.879	1.111	11.1%
Services Available: Medication Assisted Treatment	.281	.291	.335	1.325	32.5%
Services Available: Peer Recovery Support/Coaching	.127	.243	.602	1.135	13.5%
Services Available: Individual Counseling	.190	.331	.567	1.209	20.9%
Services Available: Family/Couples Counseling	158	.276	.568	.854	14.6%
Always Uses Manualized Treatment	.058	.250	.818	1.059	5.9%
Offers at Least One Gender-Specific Treatment Group	122	.285	.668	.885	11.5%
Utilizes MRT	541	.198	.006	.582	41.8%
Receives Drug Testing Results Instantly or Within	.189	.244	.438	1.208	20.8%
24 Hours					
Gives Written List of Behaviors that Lead to Sanctions	.430	.337	.202	1.538	53.8%
Legal Benefit of Graduation: Charge is Dismissed	.101	.252	.690	1.106	10.6%
Individual-Level Variables					
Gender (compared to Male)	138	.139	.321	.871	12.9%
Age at Entry (compared to < 21)			.006		
Age at Entry: 21 – 30	.218	.306	.476	1.244	24.4%
Age at Entry: 31 – 40	371	.335	.268	.690	31.0%
Age at Entry: 41 - 50	385	.379	.310	.681	31.9%
Age at Entry: 51 – 60	326	.420	.438	.722	27.8%
Age at Entry: >60	-1.280	.862	.138	.278	
Race (compared to White)			.674		
Race: Black	.078	.165	.637	1.081	8.1%
Race: Other/Unknown	302	.416	.469	.740	26.0%
Drug of Choice (compared to None/Unknown)			.600		
Drug of Choice: THC/Marijuana	200	.226	.375	.818	18.2%
Drug of Choice: Amphetamine/Methamphetamine	.221	.241	.358	1.248	24.8%
Drug of Choice: Opioids	108	.324	.738	.897	10.3%
Drug of Choice: Cocaine/Crack	.186	.311	.549	1.205	20.5%
Drug of Choice: Alcohol	.105	.345	.761	1.111	11.1%
Drug of Choice: Other	089	.412	.828	.915	8.5%
Marital Status (compared to Unmarried)			.991		
Marital Status: Married	.026	.197	.895	1.026	2.6%
Marital Status: Other/Unknown	004	.211	.986	.996	0.4%
Employment Status at Exit (compared to Unemployed)			.000		
Employment Status at Exit: Employed	109	.195	.575	.897	10.3%
Employment Status at Exit: Other/Unknown	905	.198	.000	.405	59.5%

## Table 82: Full Regression Model Predicting Specialty Court Post-Program Arrests

	В	S.E.	р	Exp(B)	%
Total Number Prior Convictions	.324	.144	.024	1.383	38.3%
(Median: compared to ≤3)					
Exit Status (compared to Terminated)	.192	.172	.264	1.212	21.2%
Proxy Risk Level (compared to Medium)			.108		
Proxy Risk Level: Low	327	.155	.035	.721	27.9%
Proxy Risk Level: High	096	.295	.744	.908	9.2%
Length of Stay in Program (Median: compared to ≤544 days)	307	.146	.036	.736	26.4%
Constant (N=1,181)	231	.634	.716	.794	

 

 Table 83: Chi-Square Analyses Assessing Which Program-Level Variables Are Related to Specialty Court Post-Program Convictions

	Completion					
	Non-Re	ecidivists	Reci	divists	otal	
Program Variables	#	%	#	%	#	%
Program Maturity ≥ 10 Years in 2014						
<i>X</i> <sup>2</sup> (1, N=1,551) = 1.35, <i>p</i> = .246						
No	126	59.7%	85	40.3%	211	100.0%
Yes	743	55.4%	597	44.6%	1,340	100.0%
Program Capacity ≥ 120						
Significant: X <sup>2</sup> (1, N=1,551) = 3.85, <i>p</i> = .050						
No	146	16.0%	90	9.8%	914	100.0%
Yes	723	113.5%	592	92.9%	637	100.0%
Risk Assessment Prior to Entry						
<i>Significant: X</i> <sup>2</sup> (1, N=1,551) = 11.79, <i>p</i> = .001						
No	287	50.4%	283	49.6%	570	100.0%
Yes	582	59.3%	399	40.7%	981	100.0%
Length of Stay $\geq$ 18 Months						
Significant: $X^2$ (1, N=1,551) = 12.80, $p < .001$	440	F1 00/	400	40 10/	054	100.00/
No	442	51.9%	409	48.1%	851	100.0%
Yes	427	61.0%	273	39.0%	700	100.0%
$X^{2}$ (1, N=1,551) = 0.41, p = .523						
No	190	57.6%	140	42.4%	330	100.0%
Yes	679	55.6%	542	44.4%	1,221	100.0%
<b>Offers Specialized Tracks</b> $X^{2}$ (1, N=1,551) = 0.26, p = .609						
Νο	658	55.7%	524	44.3%	1,182	100.0%
Yes	211	57.2%	369	100.0%	369	100.0%
Defense Attorney/Public Defender Attend Staffing						
<i>Significant: X</i> <sup>2</sup> (1, N=1,551) = 5.39, <i>p</i> = .020						
No	132	63.5%	76	36.5%	208	100.0%
Yes	737	54.9%	606	45.1%	1,343	100.0%
Law Enforcement Representative Attends Staffing Significant: $X^2$ (1, N=1,551) = 7,90, $p = 0.05$						
No	546	53.5%	475	46.5%	1.021	100.0%
Yes	323	60.9%	207	39.1%	530	100.0%
Defense Attorney/Public Defender Attend	020	001070	207	0011/0	550	1001070
<b>Court</b> Significant: $X^2$ (1, N=1,551) = 6.65, p = .010						
No	145	63.9%	82	36.1%	227	100.0%
Yes	724	54.7%	600	45.3%	1,324	100.0%
Law Enforcement Representative Attends Court Significant: $X^2$ (1, N=1,551) = 9.42, $n = 0.02$						
No	519	53.1%	459	46.9%	978	100.0%

	Completion					
	Non-Re	cidivists	Recio	divists Total		tal
Program Variables	#	%	#	%	#	%
Yes	350	61.1%	223	38.9%	573	100.0%
Services Available: Aftercare Support $X^2$ (1, N=1,551) = 3.02, $p$ = .082						
No	163	60.8%	105	39.2%	268	100.0%
Yes	706	55.0%	577	45.0%	1,283	100.0%
Services Available: Relapse Prevention Groups $X^2$ (1, N=1,551) = 1.50, $p$ = .221						
No	146	59.6%	99	40.4%	245	100.0%
Yes	723	55.4%	583	44.6%	1,306	100.0%
Services Available: Medication Assisted Treatment						
<i>Significant: X</i> <sup>2</sup> (1, N=1,551) = 4.79, <i>p</i> = .029	~	60.64		<b>22 4 2 4 3 4 4 3 4 4 4 4 4 4 4 4 4 4</b>		100.00/
NO	248	60.6%	161	39.4%	409	100.0%
Yes	621	54.4%	521	45.6%	1,142	100.0%
Services Available: Peer Recovery Support/Coaching Significant: X <sup>2</sup> (1, N=1,551) = 12.54, p < .001						
No	370	51.2%	352	48.8%	722	100.0%
Yes	499	60.2%	330	39.8%	829	100.0%
Services Available: Access to Psychotropic Medication $X^2$ (1, N=1,551) = 0.05, $p$ = .828						
No	75	55.1%	61	44.9%	136	100.0%
Yes	794	56.1%	621	43.9%	1,415	100.0%
Services Available: Individual Counseling						
<i>Significant: X</i> <sup>2</sup> (1, N=1,551) = 4.94, <i>p</i> = .026						
No	74	66.1%	38	33.9%	112	100.0%
Yes	795	55.2%	644	44.8%	1,439	100.0%
Services Available: Family/Couples Counseling Significant: X <sup>2</sup> (1, N=1,551) = 18.60, p < .001						
No	327	49.7%	331	50.3%	658	100.0%
Yes	542	60.7%	351	39.3%	893	100.0%
<b>Services Available: Transportation</b> $X^2$ (1, N=1,551) = 2.99, $p$ = .084						
No	220	59.9%	147	40.1%	367	100.0%
Yes	649	54.8%	535	45.2%	1,184	100.0%
<b>Two or Fewer Treatment Providers</b> Significant: X <sup>2</sup> (1, N=1,551) = 5.35, p = .021						
No	95	65.1%	51	34.9%	146	100.0%
Yes	774	55.1%	631	44.9%	1,405	100.0%
Always Uses Manualized Treatment Significant: X <sup>2</sup> (1, N=1,551) = 19.33, p < .001						
No	438	51.0%	420	49.0%	858	100.0%
Yes	431	62.2%	262	37.8%	693	100.0%
Offers at Least One Gender-Specific Treatment						

	Completion						
	Non-Re	cidivists	Recio	divists	Total		
Program Variables	#	%	#	%	#	%	
Group							
<i>Significant: X</i> <sup>2</sup> (1, N=1,551) = 11.03, <i>p</i> = .001							
No	644	53.8%	554	46.2%	1,198	100.0%	
Yes	225	63.7%	128	36.3%	353	100.0%	
Utilizes Matrix Model							
X <sup>2</sup> (1, N=1,551) = 3.61, <i>p</i> = .058							
No	677	54.8%	558	45.2%	1,235	100.0%	
Yes	192	60.8%	124	39.2%	316	100.0%	
Utilizes MRT							
Significant: X <sup>2</sup> (1, N=1,551) = 19.91, p < .001.							
No	533	52.0%	492	48.0%	1,025	100.0%	
Yes	336	63.9%	190	36.1%	526	100.0%	
<b>Drug Tests at Least Twice Per Week in Phase 1</b> $X^{2}$ (1, N=1,551) = 0.99, $p = .320$							
Νο	35	62.5%	21	37.5%	56	100.0%	
Yes	834	55.8%	661	44.2%	1,495	100.0%	
Tests on Evenings, Weekends, & Holidays					,		
$X^2$ (1, N=1,551) = 0.95, p = .330							
No	682	55.4%	549	44.6%	1,231	100.0%	
Yes	187	58.4%	133	41.6%	320	100.0%	
Receives Drug Testing Results Instantly or							
Within 24 Hours							
<i>Significant: X</i> <sup>2</sup> (1, N=1,551) = 13.59, <i>p</i> < .001							
No	181	66.1%	93	33.9%	274	100.0%	
Yes	688	53.9%	589	46.1%	1,277	100.0%	
Drug Testing Method: Onsite Machine Analyzer							
<i>X</i> <sup>2</sup> (1, N=1,551) = 1.86, <i>p</i> = .172							
No	121	60.5%	79	39.5%	200	100.0%	
Yes	748	55.4%	603	44.6%	1,351	100.0%	
<b>Drug Testing Method: Dip Stick/Instant Cups</b> $X^2$ (1, N=1,551) = 1.86, p = .172							
No	748	55.4%	603	44.6%	1,351	100.0%	
Yes	121	60.5%	79	39.5%	200	100.0%	
Gives Written List of Behaviors that Lead to							
Sanctions							
<i>Significant: X</i> <sup>2</sup> (1, N=1,551) = 5.04, <i>p</i> = .025							
No	85	65.4%	45	34.6%	130	100.0%	
Yes	784	55.2%	637	44.8%	1,421	100.0%	
Program Uses Written Sanction Grid $\chi^2$ (1 N=1 551) = 1.82 n = 178							
Νο	471	54 5%	202	45 5%	864	100.0%	
Ves	200	57 0%	280	/0.570	697	100.0%	
Requires Deriod of Continuous Sobriety to	330	57.5%	209	42.170	007	100.0%	
Graduate							

	Completion					
	Non-Recidivists		Recidivists		Total	
Program Variables	#	%	#	%	#	%
<i>X</i> <sup>2</sup> (1, N=1,551) = 2.18, <i>p</i> = .140						
No	153	60.2%	101	39.8%	254	100.0%
Yes	716	55.2%	581	44.8%	1,297	100.0%
Legal Benefit of Graduation: Charge is Dismissed Significant: X <sup>2</sup> (1, N=1,551) = 19.26, p < .001						
No	307	49.3%	316	50.7%	623	100.0%
Yes	562	60.6%	366	39.4%	928	100.0%
<b>Legal Benefit of Graduation:</b> <b>Charges/Convictions are Expunged</b> $X^2$ (1, N=1,551) = 0.24, p = .627						
No	156	54.7%	129	45.3%	285	100.0%
Yes	713	56.3%	553	43.7%	1,266	100.0%

As a result of the above analysis, NCSC included all independent variables that had a significant chi-square into the regression model (although some were later excluded for collinearity). Program-level variables entered included:

- Program Capacity  $\geq$  120
- Risk Assessment Prior to Entry
- Length of Stay  $\geq$  18 Months
- Defense Attorney/Public Defender Attend Staffing
- Law Enforcement Representative Attends Staffing
- Defense Attorney/Public Defender Attend Court
- Law Enforcement Representative Attends Court
- Services Available: Medication Assisted Treatment
- Services Available: Peer Recovery Support/Coaching
- Services Available: Individual Counseling
- Services Available: Family/Couples Counseling
- Two or Fewer Treatment Providers
- Always Uses Manualized Treatment
- Offers at Least One Gender-Specific Treatment Group
- Utilizes MRT
- Receives Drug Testing Results Instantly or Within 24 Hours
- Gives Written List of Behaviors that Lead to Sanctions
- Legal Benefit of Graduation: Charge is Dismissed

	В	S.E.	р	Exp(B)	%
Program-Level Variables			-		
Program Capacity ≥ 120	267	.274	.329	.766	23.4%
Risk Assessment Prior to Entry	012	.404	.976	.988	1.2%
Length of Stay ≥ 18 Months	350	.294	.234	.705	29.5%
Defense Attorney/Public Defender Attend Staffing	-1.175	1.143	.304	.309	69.1%
Law Enforcement Representative Attends Staffing	-1.347	.866	.120	.260	74.0%
Defense Attorney/Public Defender Attend Court	2.115	1.113	.057	8.288	728.8%
Law Enforcement Representative Attends Court	1.152	.843	.172	3.164	216.4%
Services Available: Medication Assisted Treatment	.453	.419	.280	1.572	57.2%
Services Available: Peer Recovery Support/Coaching	.341	.311	.273	1.406	40.6%
Services Available: Individual Counseling	293	.400	.463	.746	25.4%
Services Available: Family/Couples Counseling	.029	.372	.937	1.030	3.0%
Two or Fewer Treatment Providers	354	.460	.442	.702	29.8%
Always Uses Manualized Treatment	.706	.327	.031	2.026	102.6%
Offers at Least One Gender-Specific Treatment Group	558	.348	.109	.572	42.8%
Utilizes MRT	545	.246	.027	.580	42.0%
Receives Drug Testing Results Instantly or Within 24 Hours	.996	.363	.006	2.708	170.8%
Gives Written List of Behaviors that Lead to Sanctions	369	.435	.396	.692	30.8%
Legal Benefit of Graduation: Charge is Dismissed	061	.332	.855	.941	5.9%
Individual-Level Variables					
Gender (compared to Male)	258	.162	.113	.773	22.7%
Age at Entry (compared to < 21)			.004		
Age at Entry: 21 – 30	.288	.364	.428	1.334	33.4%
Age at Entry: 31 – 40	268	.398	.500	.765	23.5%
Age at Entry: 41 - 50	481	.456	.292	.618	38.2%
Age at Entry: 51+ <sup>†</sup>	728	.502	.147	.483	51.7%
Race (compared to White)			.216		
Race: Black	064	.189	.736	.938	6.2%
Race: Other/Unknown	982	.567	.083	.374	62.6%
Drug of Choice (compared to None/Unknown)			.037		
Drug of Choice: THC/Marijuana	377	.268	.159	.686	31.4%
Drug of Choice: Amphetamine/Methamphetamine	.252	.279	.367	1.287	28.7%
Drug of Choice: Opioids	378	.391	.333	.685	31.5%
Drug of Choice: Cocaine/Crack	.610	.347	.078	1.841	84.1%
Drug of Choice: Alcohol	.324	.393	.410	1.383	38.3%
Drug of Choice: Other	131	.476	.784	.878	12.2%
Marital Status (compared to Unmarried)			.649		
Marital Status: Married	219	.237	.354	.803	19.7%
Marital Status: Other/Unknown	042	.246	.863	.959	4.1%
Employment Status at Exit (compared to Unemployed)			.047		
Employment Status at Exit: Employed	048	.210	.818	.953	4.7%
Employment Status at Exit: Other/Unknown	443	.218	.042	.642	35.8%
Total Number Prior Convictions (Median: compared to $\leq$ 3)	.209	.163	.201	1.232	23.2%

 Table 84: Full Regression Model Predicting Specialty Court Post-Program Convictions

	В	S.E.	р	Exp(B)	%
Exit Status (compared to Terminated)	.455	.205	.026	1.576	57.6%
Proxy Risk Level (compared to Medium)			.575		
Proxy Risk Level: Low	069	.178	.699	.933	6.7%
Proxy Risk Level: High	.274	.304	.368	1.315	31.5%
Length of Stay in Program (Median: compared to ≤544 days)	515	.170	.002	.598	40.2%
Constant (N=1,181)	-1.593	.822	.053	.203	

 Table 85: Predicting Post-Program Arrests for Specialty Court Participants v. Comparisons

	В	S.E.	p	Exp(B)	%
Participant Type (compared to Comparisons)	121	0.74	.101	.886	11.4%
Proxy Risk Level (compared to Medium)			.000		
Proxy Risk Level: Low	815	.077	.000	.443	55.7%
Proxy Risk Level: High	.375	.212	.077	1.455	45.5%
Constant (N=3,102)	.335	.070	.000	1.398	39.8%

 Table 86: Predicting Post-Program Convictions for Specialty Court Participants v. Comparisons

	В	S.E.	р	Exp(B)	%
Participant Type (compared to Comparisons)	122	.086	.156	.886	11.4%
Proxy Risk Level (compared to Medium)			.000		
Proxy Risk Level: Low	639	.088	.000	.528	47.2%
Proxy Risk Level: High	.332	.210	.114	1.394	39.4%
Constant (N=3,102)	776	.077	.000	.460	54.0%

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