Arkansas Specialty Court Impact and Outcome Evaluation *FY12 – FY14*

Summary of Findings and Recommendations:
Juvenile Drug Courts
DWI Courts

PROJECT DIRECTOR
Kristina Bryant, MBA
Tara L. Kunkel, MSW

PROJECT STAFF
Michelle Cern, MPA
Katherine Kimble, JD, MA

NATIONAL CENTER FOR STATE COURTS
April 2019

Acknowledgements

The National Center for State Court's (NCSC) project team gratefully acknowledges the Arkansas State Drug Court Coordinator Janet Hawley and the previous Drug Court Coordinator Kari Powers, for all of their assistance providing data and guiding the NCSC team in understanding Arkansas' Specialty Court programs. Additionally, we would like to express our appreciation to Diane Robinson, Administrative Office of the Courts, Director of the Office of Research and Justice. Further, we would like to express our appreciation to all the Arkansas Specialty Court judges and practitioners who allowed the NCSC evaluation team to attend staffing and court to better understand the programs. And finally, special thanks to the drug court practitioners and district clerks for taking time from their already overburdened schedules to assist with data collection efforts.

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Executive Summary

In 2017, the Arkansas Administrative Office of the Courts on behalf of the Specialty Court Program Advisory Committee (SCPAC) contracted with the National Center for State Courts (NCSC) to complete an impact evaluation of the juvenile drug courts and DWI courts operating in Arkansas to answer key impact questions related to Arkansas' specialty courts. To be included in the study, each juvenile drug court and DWI court had to be operational between July 2012 and June 2014, complete the program survey, and provide data on participants and a comparison group of probationers moving through the system in a business-as-usual manner. Juvenile drug court findings are limited to descriptive information provided through the survey due to data retention policies in the juvenile justice system. DWI court findings provide descriptive as well as outcome data on a cohort of participants and in comparison, to a business-as-usual cohort. Participant-level data were collected for the cohort actively participating in one of the DWI courts being studied directly from the DWI courts. Analyses focused on describing the juvenile drug courts, the DWI courts, and DWI court participant sample; assessing program completion rates in the DWI courts; and recidivism rates for DWI court participants compared to a matched business-as-usual (BAU) comparison group.

Key findings are summarized below.

Juvenile Drug Courts

- Program Structure
  - Twelve juvenile drug courts completed the program survey *(Table 2)* and are included in the following sections.
  - Two-thirds of programs had been in operation for at least six years at the time of the survey.
  - The average program had 23 participants and two-thirds of programs accept participants post-plea.
- Program Components
  - Most programs use formal risk/need assessment.
  - Most programs use a substance assessment tool; furthermore, over half of programs reported that participants must have a substance abuse disorder to be eligible.
  - Three-quarters of programs target only moderate-risk to high-risk offenders.
  - Three-quarters of programs exclude potential participants (1) whose current charge is violent, (2) whose charge involves a firearm, or (3) who is a sex offender.
- Juvenile Drug Court Team
  - The judge, prosecuting attorney, defense attorney, probation officer/coordinator, and probation officer regularly attend court in the majority of courts.
  - Nearly all juvenile drug court teams received a variety of training in the past three years.
  - All juvenile drug courts reported having access to both outpatient substance abuse treatment and residential substance abuse treatment services.
  - Only one-third of juvenile drug court programs reportedly always use manualized treatment; one-quarter of juvenile drug courts have at least one gender-specific

treatment group; nearly all juvenile drug courts reported treatment groups limited to program participants.

- All or nearly all programs reported access to a wide variety of available mental health services and ancillary services.
- All or nearly all programs observe specimen collection during drug testing and employ randomized drug testing.
- All programs reported use of graduated sanctions.

DWI Courts

- Program Structure
  - The majority of DWI courts accept participants post-plea.
  - Fewer than half of DWI courts use a substance abuse tool or use a formal risk/needs assessment.
  - Two-thirds of programs target only moderate- to high-risk offenders.
  - Three-quarters of DWI courts exclude potential participants whose current charge is a felony.
  - The judge, prosecuting attorney, law enforcement representative, probation officer/coordinator, defense attorney, probation officer, and substance abuse treatment provider attend court in the majority of programs.
  - Over two-thirds of DWI court programs have received training in the last three years in most topics surveyed.
  - All DWI court programs reported access to intensive outpatient substance abuse treatment and outpatient substance abuse treatment.
  - Approximately half or fewer than half of DWI programs reported at least one gender-specific treatment group, always using manualized treatment, and treatment groups limited to program participants.
  - Over two-thirds of programs reported access to individual counseling, co-occurring substance abuse and mental health treatment, mental health evaluation, and outpatient mental health treatment.
  - Over two-thirds of programs reported access to ancillary services including anger management, cognitive behavioral therapy, and family/couples counseling.
  - All DWI programs observe specimen collection and employ randomized testing; most programs receive drug testing results instantly and use dip stick/instant cup.
  - Nearly all DWI programs use graduated sanctions.
  - All DWI programs use community service and jail as a sanction, and nearly all programs use increased drug testing as a sanction.
- Demographics and Placement
  - The typical Arkansas DWI court participant was a white male and entered the DWI program on a DWI III.

- Approximately three-quarters of participants had at least one arrest prior to entering the DWI program and over half of DWI participants had at least one conviction prior to entry.

- Completion and Length of Stay
  - Over half of participants in the sample completed the program successfully; over one-third were terminated; and a small proportion exited for other reasons.
  - All participants, on average, spent slightly over one year in the program, with graduated participants spending significantly more time in the program compared to both terminated participants and other exiters.

- Recidivism
  - Significantly fewer graduates had an in-program arrest compared to non-graduates, and significantly fewer graduates had an in-program felony arrest or an in-program misdemeanor arrest compared to non-graduates. Proportions of graduates and non-graduates did not differ for in-program convictions.
  - Significantly fewer graduates had a post-program arrest compared to non-graduates.
  - Significantly fewer participants had a post-program DWI arrest compared to comparison probationers.
  - Although equal proportions of DWI court participants and comparison probationers had a recidivism arrest, fewer participants had a recidivism conviction compared to comparisons.

The NCSC evaluation team conducted further analysis to examine which program-level and participant-level variables predict successful program completion, arrest recidivism, and conviction recidivism.

- Completion Status: One individual-level variable significantly predicted successful program completion for participants – any conviction prior to entry.
- Arrest Recidivism: One individual-level variable significantly predicted arrest recidivism for participants – completion status.
- Conviction Recidivism: No variables predicted conviction recidivism.

Based on the results of the study, the NCSC evaluation team offers the following recommendations:

For all Specialty Courts

Recommendation 1: 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. 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.

For Juvenile Drug Courts

Recommendation 2: Institutionalize the evaluation approach for juvenile drug courts. Arkansas statutes establish required records expungement practices affecting the ability to complete a long-term outcome study on juvenile drug courts. Evaluation is a worthy practice to demonstrate to stakeholders outcomes of improved performance when providing services to the highest risk population of juvenile offenders. Future evaluations may require a shorter time period for reflection on participant recidivism outcomes. In addition to recidivism, data should be collected and reported on rates of completion and termination, educational enrollment, employment, prosocial activities, changes in youth behavior, and measures of family functioning (Juvenile Drug Treatment Guidelines, 2016).

Recommendation 3: Increase alignment with Arkansas Juvenile Drug Court Standards. In almost every area of the juvenile drug court practices assessed, the majority of the courts reported adhering to best practices standards. The Arkansas Juvenile Drug Court Standards were adopted in 2017. Juvenile drug courts are now accountable for identifying gaps in practice and seeking training and resources to improve adherence. Without a certification structure in place in the state, specialty court leadership can adopt a self-assessment approach with expectations that programs identify areas of improvement and develop an improvement plan.

For DWI Courts

Recommendation 4: Ensure that all DWI Courts adhere to the *Ten Guiding Principles of DWI Courts*. Nationally, DWI Courts follow the *Ten Guiding Principles of DWI Courts (National Center for DWI Courts, 2009)*. When these principles are deployed consistently, drug courts have better outcomes. The Specialty Court Program Advisory Committee should support consistent adherence to these foundational principles and guidelines 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.

Introduction and Background

The first drug court in the United States began operating over 20 years ago in response to increasing numbers of drug-related court cases entering and cycling through the criminal justice system. According to the National Institute of Justice, there were an estimated 3,142 problem-solving courts nationwide as of June 2015. Juvenile drug courts accounted for 409 and DWI courts represented an additional 284 (NIJ, Drug Court, 2018). Hybrid adult and DWI courts accounted for an additional 407 courts nationally (Marlowe, Hardin, & Fox, 2016).

A drug court is a specialized docket within the court system designed to treat non-violent, 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.

Arkansas Specialty Courts

Much like the growth of drug courts nationally, Arkansas' specialty courts developed locally in response to local needs. These courts are specially designed to reduce recidivism and substance abuse among nonviolent substance-abusing offenders and to increase the offenders' likelihood of successful habilitation through early, continuous, and intense judicially-supervised treatment; mandatory periodic drug testing; and use of appropriate sanctions.

Arkansas has implemented specialty courts for adults, juveniles, veterans, mentally ill, and DWI offenders. The specialty court models included in this report include juvenile and DWI courts. The following descriptions are drawn from the Annual Report of the Arkansas Judiciary (2018):

- **Juvenile Drug Courts** are located within the juvenile and family court system, a program to which selected delinquency cases, and in some instances status offenders, are referred for handling. The youths referred to this docket are identified as having problems with alcohol and/or other drugs.
- **DWI Courts** are an accountability court dedicated to changing the behaviors of hardcore DWI offenders. The goal of the DWI Court or DWI/Drug Court is to protect public safety by using the highly successful drug court model that uses accountability and long-term treatment.

Arkansas specialty courts are prevalent in the state covering every district. Juvenile drug courts represent 12 of the 85 specialty court programs operating in 12 circuits and are distributed geographically around the state. Twelve DWI/District treatment courts are located in ten circuits and are geographically focused in central and northern Arkansas.

Project Approach

In 2017, the Arkansas Administrative Office of the Court contracted with the National Center for State Courts (NCSC) to complete an impact evaluation that included the juvenile drug courts and DWI courts operating in Arkansas. As part of the process, a separate evaluation was completed on the adult drug courts, mental health courts, veteran treatment courts, Swift/HOPE courts, and alternative sentencing courts. The primary purpose of the evaluations 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)?

Due to data limitations, not all evaluation questions could be answered for both models.

Sources of Data

A variety of data collection techniques were employed to maximize the depth of the evaluation process. Program-level data was sought from all operating programs. Participant-level data was sought for the cohort who completed juvenile drug court or DWI court between July 2012 and June 2014.

Arkansas Supreme Court, Administrative Office of the Court

The Arkansas Administrative Office of the Court (AOC) administers Contexte, a web-based case management system. The NCSC evaluation team sought data for all specialty court exiters during the study period for available data elements.

In this report, the NCSC evaluation team is limited to answering questions that had the necessary data. Juvenile drug courts were unable to provide consistent participant-level data during the study period due in some instances to records expungement as provided for under Arkansas Confidentiality of Records § 9-27-309. DWI courts do not uniformly participate in Contexte, and data entry elements are not

consistent across the sites. The evaluation team sought a secondary data source for DWI court participant data.

District Court Clerk

District court clerks provided participant-level data on DWI exiters and a comparison group during the study period by reviewing individual files and entering information into an NCSC designed form. When available, service-level data was provided.

Conviction Data

The Arkansas Crime Information Center (ACIC) provided data on new in-program and post-program arrests and convictions of participants in the DWI courts.

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 100% of the juvenile drug courts and DWI courts completed the survey.

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 advises there is strong evidence that a relationship is not due simply to random chance or error. A more confident result is statistically significant. The smaller the *p*-value suggests a stronger confidence in the result as reliable. The conventional, accepted *p*-value of a statistically significant result is .05, although *p*-values between .051 and .10 are described in the report as approaching significance. *Table 1* provides an explanation for the *p*-values found throughout this report.

Table 1: Explanation of Statistical Significance

***p*-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%

Juvenile Drug Court Program Structure

There is substantial evidence that drug courts can be effective in producing positive outcomes relative to traditional practices. This body of literature has developed over the last 15 years and is focused on the characteristics of effective drug court programs with the strongest research centered on adult offenders. Juvenile drug court research has not developed at the same rate as the adult drug court model. As noted in the most recent publication, *Juvenile Drug Treatment Court Guidelines* (OJJDP, 2016), the evidence of effective practices in juvenile drug courts is inconclusive due in part to a lack of strong study design, inconsistency in the populations studied, and uncertainty about the treatment interventions. The *Juvenile Drug Treatment Court Guidelines* were developed to provide guidance based on the high-quality syntheses of available research on and applicable to the juvenile drug courts (OJJDP, 2016).

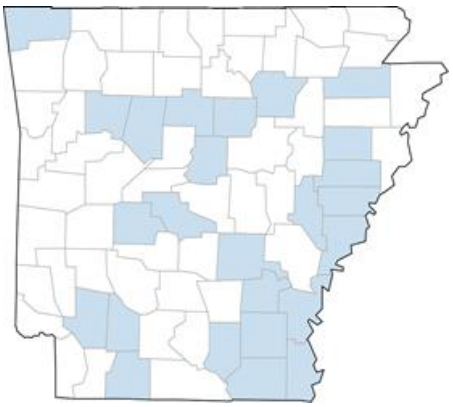
This section examines the present structure and design of Arkansas' juvenile drug courts. A brief overview regarding program operations and program capacity is provided, followed by a discussion of eligibility, assessment, staffing, treatment, infractions and sanctions, drug testing, and evaluation.

Twelve juvenile drug courts completed the program survey (*Table 2*) and are included in the following sections.

Table 2: Juvenile Drug Courts Included in the Report

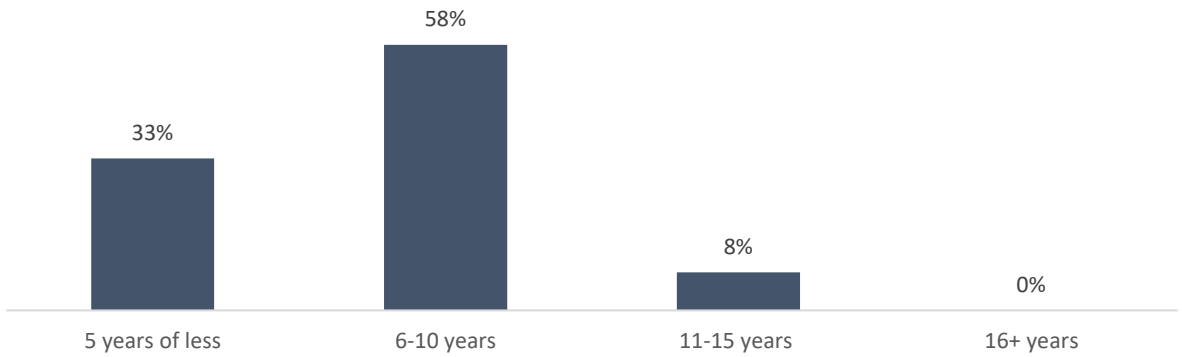
Circuit	Division	Court Name
1	5	St. Francis County Juvenile Drug Court
2	2	Craighead County Juvenile Drug Court
5	3	Pope County Juvenile Drug Court
8N	1	Hempstead County Juvenile Drug Court
10	5	Ashley County Juvenile Drug Court
11W	6	Jefferson County Juvenile Drug Court
13	5	Columbia County Juvenile Drug Court
16	3	Independence County Juvenile Drug Court
18E	2	Garland County Juvenile Drug Court
19W	3	Benton County Juvenile Drug Court
20	5	Faulkner County Juvenile Drug Court
22	1	Saline County Juvenile Drug Court

Figure 1: Juvenile Drug Court Location Map



The following section discusses the types of services delivered to participants enrolled in Arkansas' juvenile drug courts. *Figure 2* reflects the percentage of programs by number of years of operation. Seven programs, representing the majority (58%), have been in operation between six to ten years. Eleven of the 12 programs have been operating ten years or less.

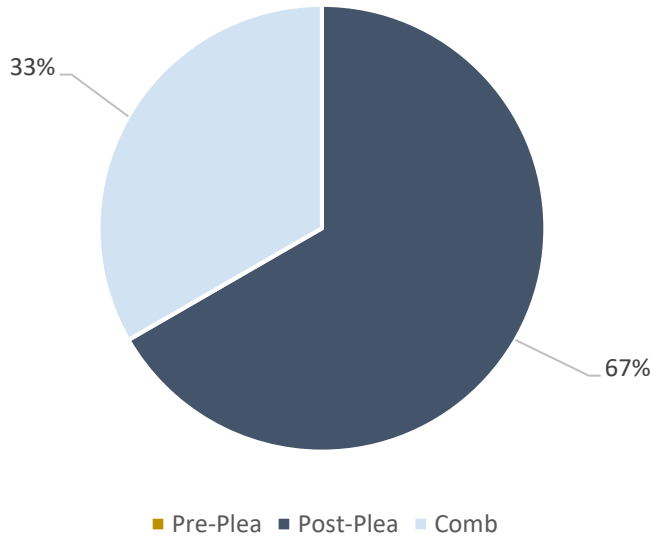
Figure 2: Number of Years the Program has been Operational



Program Capacity. Specialty courts in Arkansas are dynamic organizations that were developed to meet the needs of local constituents, and accordingly, all the JDC programs have a program capacity of 30 participants or less. The average program capacity was 23 participants across the 12 JDCs.

Program Point of Entry. Specialty courts in Arkansas are pre-adjudication, post-adjudication, or a combination of both types. *Figure 3* displays the percentage of courts that reported accepting participants pre-plea, post-plea, or at various points in the legal process. Approximately two-thirds of the JDC programs reported clients are accepted post-plea. The remaining 33% are a combination of post-plea and pre-plea.

Figure 3: Pre- or Post-Plea



Program Components. *Juvenile Drug Court Program Guidelines* state the role of the court in coordinating services should be clearly spelled out in a juvenile drug court policy manual (OJJDP, 2016). Additional research highlights program outcomes are significantly better when specialty courts specify their policies and procedures clearly in a participant manual or handbook (Carey et al., 2012) for team members and participants to communicate expectations and processes for the specialty court. These documents are particularly helpful during times of transition with team members and orientating new team members. Participants should have a 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. The role for each team member should be in writing and signed by each team member to ensure clarity about areas of responsibility (Gatowski et al., 2016). Defined roles allow JDCs to communicate and share information, which enhances effectiveness (Dickerson, Collins-Camargo, and Martin-Galijatovic, 2011; Shaffer and Latessa, 2002). Memorandums of agreement/understanding 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. Specialty courts in Arkansas vary to the extent to which they report using various program components, as displayed in *Table 3*. All JDCs report having a policy and procedure manual and participant handbook. The majority (83%) of programs report a memorandum of agreement/understanding is in place and half (50%) of the programs use a formal waiver of legal rights.

Table 3: Program Components

	JDC %	JDC #
Policy and procedure Manual	100%	12
Participant Handbook	100%	12
Memorandum of Agreement/Understanding	83%	10
Formal waiver of legal rights that participants sign	50%	6

Targeting, Eligibility, Screening and Assessment, and Program Entry. Several key principles are established in the *Juvenile Drug Treatment Court Guidelines* related to eligibility, screening and assessment (OJJDP, 2016). Specifically:

- Eligibility criteria should include youth with a substance use disorder, who are 14 years old or older, who have a moderate to high risk of reoffending (Guideline 2.1).
- Before providing treatment, the most effective juvenile justice programs use validated risk assessment instruments to assess risk for each participant (Guideline 2.2).
- All potential program participants should be screened and assessed for substance abuse using validated instruments (Guideline 2.3).
- Potential program participants who do not have a substance use disorder and are not assessed as moderate to high risk of reoffending should be diverted from the JDTC process (Guideline 2.4).
- Screening and assessment should also examine how parental substance use affects bonds with children, how parental role modeling influences youth behavior, and should also seek to identify more positive coping skills for both youth and parents (Hills, Shufelt, & Cocozza, 2009) (Guideline 4.1).

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 the youth will reoffend and needs assessments identify the youth'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 can't be changed such as age, criminal history, etc.) and dynamic (those that can be changed such as drug addiction, anti-social attitudes, etc.) risk factors.

The results of the screening and assessment process should determine who receives services and what services should be provided. 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 school, jobs, 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). Juvenile drug courts provide an intensity of services and supervision that should be reserved for moderate- to high-risk offenders. To increase the likelihood of successful completion of the juvenile drug court, a quality assessment should be used to provide information to determine eligibility and suitability for participation in the juvenile drug court, as well as identify appropriate treatment planning decisions (Hills, Shufelt, and Cocozza, 2009).

As shown in *Table 4*, the majority (75%) of Arkansas' juvenile drug courts reported using a risk/needs assessment. Moreover, 67% of JDCs reported using a substance abuse assessment tool as well. Of the programs that use a risk and/or needs assessment tool, the majority use the Structured Assessment of Violence Risk in Youth (SAVRY) to assess criminogenic risk factors and the Massachusetts Adolescent Screening Instrument (MAYSI) to assess for the presence of behavioral health needs to include a substance abuse disorder.

Table 4: Program Screening and Assessment Process

	JDC %	JDC #
Use a formal risk/needs assessment	75%	9
Use a substance abuse assessment tool	67%	8

In 100% of the JDCs that complete assessments, the assessment is completed prior to entry to the program. Drug courts that employ standardized assessment tools to determine a potential candidate's eligibility for the program have significantly better outcomes than drug courts that do not use standardized tools (Shaffer, 2011).

Program Eligibility and Exclusion Criteria. Arkansas juvenile drug courts have varying requirements for program eligibility and exclusion criteria. Eleven (92%) of the 12 JDCs require that participants reside in the community. Seven (58%) courts require the participants to have a substance use disorder to be eligible for the program.

Table 5: Program Eligibility

	JDC %	JDC #
Must reside in the community?	92%	11
Must have a substance use disorder to be eligible?	58%	7

A large body of research suggests that higher risk youth are more likely to experience reductions in recidivism than low-risk youth (Howell & Lipsey, 2012; Lowenkamp, Latessa, & Holsinger, 2005) and that older youth have higher success rates than younger youth perhaps due to increased motivation and maturity (Wilson, Olaghere, & Kimbrell, 2016; Eardley et al., 2004; Nestlerode, O'Connell, & Miller, 1998). Research on juvenile drug courts indicates that youth who have a substance use disorder have higher completion rates than those who merely use drugs or alcohol (Boghosian, 2006; Wilson, Olaghere, & Kimbrell, 2016). It then follows that targeting high-risk youth with substance use disorders greatly reduces recidivism (Howell & Lipsey, 2012; Lowenkamp, Latessa, & Holsinger, 2006; Lowenkamp & Latessa, 2004; Prendergast et al., 2013; University of Arizona, Southwest Institute for Research on Women, 2015).

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). Nine of the twelve JDCs report targeting only moderate- to high-risk offenders and no courts report serving low risk offenders (*Table 6*). It should be noted, as displayed in *Table 6* three courts do not use risk assessments.

Table 6: Program Target Population

	JDC %	JDC #
Target only moderate to high risk of reoffending	75%	9
Target low in addition to moderate or high risk of reoffending?	0%	0

As shown in *Table 7*, the reasons for clinical exclusion vary by court. The most frequently noted clinical exclusions are lack of motivation (50%) and refusal to participate (50%). Additional criteria used by more than one court are the presence of severe medical condition (33%), participant's mental health history (33%), and the defendant is on MAT and wants to continue (17%).

Table 7: Clinical Exclusion Criteria

	JDC %	JDC #
Lack of motivation	50%	6
Refusal to participate	50%	6
Presence of a severe medical condition	33%	4
Participant's mental health history	33%	4
Defendant is on MAT and wants to continue	17%	2
Illegal use of prescribed medications	8%	1
Substance abuse disorder too severe for available services to address	8%	1
Use of specific substance or drug of choice	8%	1
Other*	5%	1
Lack of sufficient community ties or other social connections	0%	0
Previous treatment failure	0%	0

*Other clinical exclusion criteria reported is cognitive functioning.

Besides clinical exclusion criteria, Arkansas' juvenile drug courts may also exclude participants for legal reasons, as displayed in *Table 8*. The most frequently sited legal exclusion criteria are current charge is violent (75%), current charge involves a firearm (75%), and the defendant is a sex offender (75%). Forty-two percent of responding courts noted defendants with prior violent convictions and current charge is a status offense as exclusion criteria. Four courts (33%) reported prosecutor discretion as a legal exclusion and three courts (25%) listed known gang member as exclusionary criteria.

Table 8: Legal Exclusion Criteria

	JDC %	JDC #
Current charge is violent	75%	9
Current charge involves a firearm	75%	9
Defendant is a sex offender	75%	9
Current charge is a status offense	42%	5
Defendant has prior violent convictions	42%	5
Prosecutor discretion	33%	4
Defendant is a known gang member	25%	3
Other*	25%	3
Defendant has pending criminal charges elsewhere	17%	2
Current charge is a misdemeanor	0%	0
Current charge is a non-drug charge	0%	0
Defendant is currently on probation for another charge	0%	0

*Other includes completed a prior Division of Youth Services placement; juvenile charged as an adult; and excessive restitution owed to victim.

Drug Court Team. Juvenile drug court research indicates that programs that develop a multidisciplinary team of stakeholders from the multiple involved systems, identify common goals, agree to share resources, and coordinate effectively have better outcomes (Belenko et al., 2009; Campie & Sokolsky, 2016; Carpenter et al., 2013; Green et al., 2009). To maximize effectiveness, staff roles should be defined in writing and signed by the team member (Dickerson, Collins-Camargo, &Martin-Galijatovic, 2011; Gatowski et al., 2016; Shaffer & Latessa, 2002; Wilson, Olaghere & Kimbrell, 2016). The adult drug court research has produced additional findings about specific roles being represented on the drug court team that have not been explored in the juvenile research. The presence of dedicated prosecutors and public defenders on the drug court team is also associated with reduced recidivism (Cissner et al., 2013).

As presented in *Table 9*, 100% of the courts reported the judge, prosecuting attorney, defense attorney/public defender, and probation officer/coordinator are present during the drug court session. A majority of the time, during court sessions, the probation officer (83%), substance abuse provider (75%), case manager (58%), mental health provider (58%), and school representative (58%) are also present. JDC case staffing is attended by the judge in eight of the 12 (67%) juvenile drug courts. The prosecutor and probation officer/coordinator are present in staffing in 100% of the courts. The public defender, probation officer, and substance abuse treatment provider are present in staffing in 92% of the courts. To a lesser extent, the following roles are present in court staffing: mental health treatment provider (58%), school representative (58%), and case manager (50%).

Table 9: Team Attendance in Staffing and Court

	Staffing		Court	
	JDC %	JDC #	JDC %	JDC #
Judge	67%	8	100%	12
Prosecuting Attorney	100%	12	100%	12
Defense Attorney/ Public Defender	92%	11	100%	12
Probation Officer/ Coordinator	100%	12	100%	12
Probation Officer	92%	11	83%	10
Other Probation Representative	42%	5	42%	5
Case Manager	50%	6	58%	7
Substance Abuse Treatment Provider	92%	11	75%	9
Mental Health Treatment Provider	58%	7	58%	7
Ancillary Service Provider	25%	3	8%	1
Law Enforcement	25%	3	33%	4
Mentor	25%	3	0%	3
Guardian ad Litem	0%	0	0%	0
School Representative	58%	7	58%	7

Juvenile drug courts in Arkansas also reported the types of training their team members have completed within the past three years, as reflected in *Table 10*. Drug testing practices and procedures training had been attended by 100% of the courts. Over 90% of the courts had team members who completed training in incentives and sanctions, screening and assessment, and attended the statewide Specialty Court Conference. Additionally, the majority of courts had attended training in best practices in treatment (83%), NADCP Conference (75%), cultural competence (67%), discipline specific training (58%), and case planning (58%).

Table 10: Team Training Participation in the Past Three Years

	JDC %	JDC #
Drug testing practices and procedures	100%	12
Incentives and sanctions	92%	11
Screening and assessment	92%	11
State Specialty Court conference	92%	11
Best practices in treatment	83%	10
NADCP Annual conference	75%	9
Cultural competence	67%	8
Discipline specific training	58%	7
Trauma-informed services	58%	7
Case planning	58%	7
Federal confidentiality requirements	42%	5

Substance Abuse Treatment Services. Objective 6 of the *Juvenile Drug Treatment Court Guidelines* focuses on the significance of referring youth to evidence-based substance use treatment, to other services, and for prosocial connections. Substance abuse treatment is an effective intervention for individuals with substance use disorders (National Institute of Drug Abuse [NIDA], 2014). As further outlined by the *Juvenile Drug Treatment Court Guidelines*:

- 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);
- Providers should administer treatment modalities that have been shown to improve outcomes for youth with substance use issues. 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));
- Service providers should deliver intervention programs with fidelity to the programmatic model;
- 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 should have access to and make appropriate use of evidence-based treatment services that address the risks and needs identified as priorities in the youth's case plan, including factors such as trauma, mental health, quality of family life, educations challenges and criminal thinking.

Table 11 lists the variety of substance abuse treatment services available to JDC participants. All JDCs reported outpatient substance abuse and residential substance abuse treatment is available for participants. In addition, 11 of the 12 courts have substance abuse case management available. To a lesser extent, JDCs reported aftercare support services (67%), intensive outpatient substance abuse (58%) and relapse prevention groups are available to participants.

Table 11: Available Substance Abuse Services

	JDC %	JDC #
Outpatient SA Txt	100%	12
Residential SA Txt	100%	12
SA case management	92%	11
Aftercare support services	67%	8
Intensive Outpatient SA groups	58%	7
Relapse prevention groups	50%	6

Evidence-Based Curriculum. The majority of the programs reported treatment groups for drug court participants are held separately and only include participants. To a much lesser extent, manualized treatment is always used (33%) and groups are gender specific (25%). Nine of the 12 juvenile drug courts reported that manualized treatment is used, but just four of the 12 reported that manualized treatment is always used.

Table 12: Programs Using Manualized Treatment

	JDC %	JDC #
Manualized treatment (always)	33%	4
At least 1 Txt group is gender specific	25%	3
Txt groups include only program participants	83%	10

Seventy-five percent (75%) of the juvenile drug courts reported using a variety of manualized treatments. The Matrix Model was cited most often (56%) and Motivational Enhancement Therapy only slightly lower (44%). Moral Reconation Therapy, Multidimensional Family Therapy and Functional Family Therapy were each noted by one-third of the courts as treatment modalities used with clients.

Table 13: Manualized Treatments by Type

	JDC %	JDC #
Matrix Model	56%	5
Motivational Enhancement Therapy (MET)	44%	4
Functional Family Therapy (FFT)	33%	3
Moral Reconation Therapy (MRT)	33%	3
Multidimensional Family Therapy (MDFT)	33%	3
Multi-systemic Therapy (MST)	22%	2
Creating Lasting Family Connections (CLFC)	11%	1
Dialectical Behavior Therapy (DBT)	11%	1
Adolescent Community Reinforcement Approach (ACRA)	0%	0
Criminal Conduct and Substance Abuse Treatment for Adolescents: Pathways to Self-Discovery and Change (CCSATA-PSDC)	0%	0
Multi-Systemic Therapy of Juvenile Offenders (MST-JO)	0%	0

Mental Health Services. Research show that 60%-90% of youth who come into contact with the juvenile justice system have at least one diagnosable mental health disorder. With mental health so prevalent among youth involved in the juvenile justice system, it is reasonable to see co-occurring disorders at a high rate in juvenile drug courts. *Table 14* highlights numerous mental health services available to participants of the JDCs. In 100% of the JDCs, the following mental health services are available to participants as reported by the sites: co-occurring substance abuse and mental health treatment, emergency psychiatric services, individual counseling, inpatient mental health treatment, integrated substance abuse and mental health treatment, mental health evaluation, and outpatient mental health treatment.

Table 14: Available Mental Health Services

	JDC %	JDC #
Co-occurring SA and MH Txt	100%	12
Emergency Psychiatric Service (crisis stabilization)	100%	12
Individual Counseling	100%	12
Inpatient MH Txt	100%	12
Integrated SA and MH Txt	100%	12
MH Evaluation	100%	12
Outpatient MH Txt	100%	12
MH Case Management	83%	10
Access to Psychotropic Medications	67%	8

Ancillary Services. Evaluations of juvenile drug courts show that programs are most effective when they provide complementary services to address protective and risk factors including trauma services

and family services. In order to be effective, these services must be evidence-based and implemented with fidelity to the model (Gurnell, Holmberg, & Yeres, 2014).

In addition to the substance abuse and mental health treatment services, the JDCs reported access to a range of ancillary services as shown in *Table 15*. Specifically, three-quarters or more of JDCs reported having access to the following ancillary services: family and couples therapy (92%), anger management (83%), education services (83%), life skills (83%), cognitive behavioral therapy (75%), GED-prep related classes (75%), and transportation (75%). Vocational training was present in 58% of the JDCs.

Table 15: Available Ancillary Services

	JDC %	JDC #
Family/Couples Counseling	92%	11
Anger Management	83%	10
Education Services	83%	10
Employment Services	83%	10
Life Skills (e.g. parenting)	83%	10
Cognitive Behavioral Therapy	75%	9
GED-prep Related Classes	75%	9
Transportation	75%	9
Vocational Training	58%	7

Court Appearances. The required court reporting schedule in Phase 1 varied across programs. One-third of the courts required participants to report two to three times a month; 58% required participants to report once a month and one JDC reported Phase 1 court attendance was required less than one time per month. During the judicial review hearings, the judge discusses the participant's progress in treatment and supervision directly with the participant.

Drug Testing. To be effective, drug testing should be:

- Random, observed, and frequent, as well as sensitive to any potential trauma the youth has experienced (Gatowski et al., 2016); and
- Conducted twice a week initially and then weekly during the program's latter stages (National Association of Drug Court Professionals, 2015; Robinson & Jones, 2000).

NCSC 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). A statewide analysis of Drug Court practices in New York, however, found no significant results from frequent drug tests within the first three months of the program on new arrests within three years (Cissner et al., 2013).

Table 16 summarizes the drug testing practices of Arkansas' juvenile drug courts. The majority of JDCs (67%) reported drug testing at least twice per week in Phase 1. Moreover, all JDCS observe specimen

collection and most employ randomized testing and have testing available in the evening. Fifty-eight percent of the juvenile drug courts test on the weekend, but only 33% reported testing on holidays.

Table 16: Drug Testing Program Practices

	JDC %	JDC #
Observe specimen collection	100%	12
Employ randomized testing	83%	10
Test in the evenings	83%	10
Test at least twice weekly in Phase 1	67%	8
Test on weekends	58%	7
Test on holidays	33%	4

In 100% of the JDCs, drug test results are instantly available and the task is most often completed by the probation staff (92%). In 100% of the JDCs, drug testing is completed using the dip stick or instant cup.

Table 17 outlines the types of drugs that are tested for on a regular basis within Arkansas' juvenile drug courts. Alcohol testing through urine (EtG) (92%), amphetamine (92%), benzodiazepines (92%), crack/cocaine (92%), opiates (92%), and marijuana (92%) are the most prevalent drugs of abuse tested routinely in the juvenile drug courts. In more than half of the courts MDMA (75%), prescription drugs (other than opiates), and methadone (67%) tests are routinely provided to participants.

Table 17: Drugs Routinely Tested For

	JDC %	JDC #
Amphetamine	92%	11
Benzodiazepines	92%	11
Crack/Cocaine	92%	11
Marijuana	92%	11
Opiates	92%	11
MDMA	75%	9
Prescription drugs (other than opiates)	75%	9
Methadone	67%	8
PCP	50%	6
Buprenorphine (Suboxone)	42%	5
Spice (synthetic marijuana)	42%	5
Alcohol by breath	25%	3
LSD	25%	3
Other*	25%	3
Bath salts	17%	2
Alcohol transdermally (SCRAM)	8%	1
Alcohol by urine (EtG)	92%	1
Alcohol by urine (non-EtG)	0%	0

*Other includes barbiturates, PPX, DXM, and Fentanyl

Table 18 outlines minimal testing requirements for clients by phase advancement. 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 majority (8 of 12 JDCs) reported testing two or more times a week in the initial phase of the program.

Table 18: Drug Testing Schedule

	Phase 1 *N=12*	Phase 2 *N-=11*	Phase 3 *N=11*	Phase 4 *N=11*	Phase 5 *N=2*
More than 3X a week	0%	0%	0%	0%	0%
3X a week	8%	0%	0%	0%	0%
2X a week	58%	55%	27%	18%	50%
1X a week	17%	18%	45%	36%	0%
2 to 3X a month	17%	27%	27%	45%	50%
1X a month or less	0%	0%	0%	0%	0%

Sanctions and Incentives

The use of sanctions and incentives is firmly grounded in scientific literature and can be found in the *Juvenile Drug Treatment Court Guidelines*. Within juvenile drug court programs, reinforcement (incentives) and punishment (sanctions) are used to increase desired behavior and should be applied consistently and in a graduated manner. Juvenile drug courts should implement a system of incentives and sanctions that are immediate, certain, consistent, fair, of appropriate intensity, goal orientated, graduated, individualized, and therapeutically sound (Gurnell, Holmberg, and Yeres, 2014).

Table 19 begins to display Arkansas' juvenile drug court practices. Participants are provided a written list of behaviors that lead to sanctions in 58% of the JDCs and a written list of possible sanctions in 83% of the courts. Additionally, 100% of the JDCs reported sanctions are graduated with repeat infractions. Ten (83%) of the 12 JDCs use a written grid to guide sanctioning.

Table 19: Sanction Practices – Juvenile Drug Courts

	JDC %	JDC #
With repeated infraction sanctions are graduated	100%	12
Participants are given a written list of possible sanctions	83%	10
The program uses a written sanction grid	83%	10
Participants are given a written list of behaviors that lead to sanctions	58%	7

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-effective when they use jail/detention sparingly. The *Juvenile Drug Treatment Court Guidelines* highlight the clear evidence that the use of detention increases the likelihood of recidivism and negatively impacts future employment and educational opportunities. Detention and length of detention are also related to juvenile drug court failure (Wilson, Olaghere, and Kimbrell, 2016). Detention should be used sparingly and only as a last resort as it is the least effective and most expensive way to affect changes in behavior (Borg et al., 2014).

The most commonly used sanctions by all (100%) JDCs were curfew restrictions, detention/jail, increased probation officer contact, and increased drug testing. A sample of the sanctions that are utilized by the courts is displayed in *Table 20* below.

Table 20: Sanctions Used by Arkansas Juvenile Drug Courts

	JDC %	JDC #
Curfew restrictions	100%	12
Detention/Jail	100%	12
Increased drug testing	100%	12
Increased probation officer contact	100%	12
Community service	92%	11
Electronic monitoring	92%	11
Essays/Homework assignments	92%	11
Verbal reprimand	92%	11
Home confinement	83%	10
Termination	83%	10
Increased monitoring/contact with team	58%	7
Bench Warrant	50%	6
Fines	50%	6
Phase demotion/ setback in time	50%	6
License suspension	42%	5
Increased court appearances	33%	4
Court observation (sit in traditional court to observe)	17%	2
Continuous alcohol monitoring (SCRAM)	17%	2
Jury box during court	8%	1

Incentives. Incentives are used in drug court and in other treatment settings to motivate participants 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. Two findings from empirical research on adolescent development are particularly pertinent to understanding the limitations of sanctioning and the power of incentives with adolescents. (National Research Council, 2013). Recent studies of adolescent development show a change in sensitivity to reward cues, suggesting that they have a unique influence on cognition during the adolescent years. These findings reveal an increased insensitivity to rewards that peaks between 13 and 17 and then declines. They also suggest that the immediacy of an incentive in response to a desired behavior is critical to determining the incentive's effectiveness.

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 drug court judge; a certificate for completion of a specific milestone of the program; or medallions that reward and acknowledge specific lengths of sobriety. Studies (e.g., Gendreau, 1996) have found that a 4:1 ratio of incentives to sanctions was associated with significantly better outcomes among participants. *Table 21* reflects the common incentives used by Arkansas' juvenile drug courts.

Table 21: Incentives Used by Arkansas Juvenile Drug Courts

	JDC %	JDC #
Graduation from the program	92%	11
Applause/verbal praise	83%	10
Extended curfew	83%	10
Phase promotion	83%	10
Praise from the judge	83%	10
Acknowledgement of clean time	75%	9
Certificates	75%	9
Gift cards	75%	9
Reduction in supervision requirements	67%	8
"Fast Pass" (called first on docket)	58%	7
Group events	58%	7
Monetary Gift	50%	6
Reduction in community service	50%	6
Reduction in court appearances	50%	6
Reduction in fees	50%	6
Movie tickets	42%	5
Fish Bowl Drawing	33%	4
Candy bars	25%	3
Token and/or medallions	25%	3
Bus passes	17%	2
Medical/Dental/Vision	17%	2
Lunch with a staff member	8%	1
Plaques	8%	1

Program Exit and Post-Graduation Services

Successful Completion.

Table 22 highlights graduation requirements as reported by the juvenile drug courts. Ten (83%) of the 12 courts require participants to complete treatment requirements to graduate, have a period of sobriety, and payment of restitution or a payment plan in place. Five of the programs require a period of 90 days or more of sobriety and an additional four require 56 days or more of continuous sobriety before graduation. Nine (75%) of the 12 courts report employment or enrollment in school and employment/vocational training as a requirement for graduation.

Table 22: Graduation Requirements

	JDC %	JDC #
Complete requirements of treatment	83%	10
Have a period of continuous sobriety	83%	10
Payment of restitution fees per payment plan	83%	10
Employed or enrolled in school	75%	9
Employment training/vocational requirement	75%	9
Obtain high school diploma or GED	67%	8
Pay court costs per payment plan	67%	8
Positive performance in school	67%	8
Complete exit status interview	58%	7
Have an aftercare plan	58%	7

	JDC %	JDC #
Be sanction-free for a specified period of time	50%	6
Payment of program fees/costs	50%	6
Have stable housing	33%	4
Pay drug testing fees per payment plan	33%	4
Perform community service	33%	4
Complete graduation application	25%	3

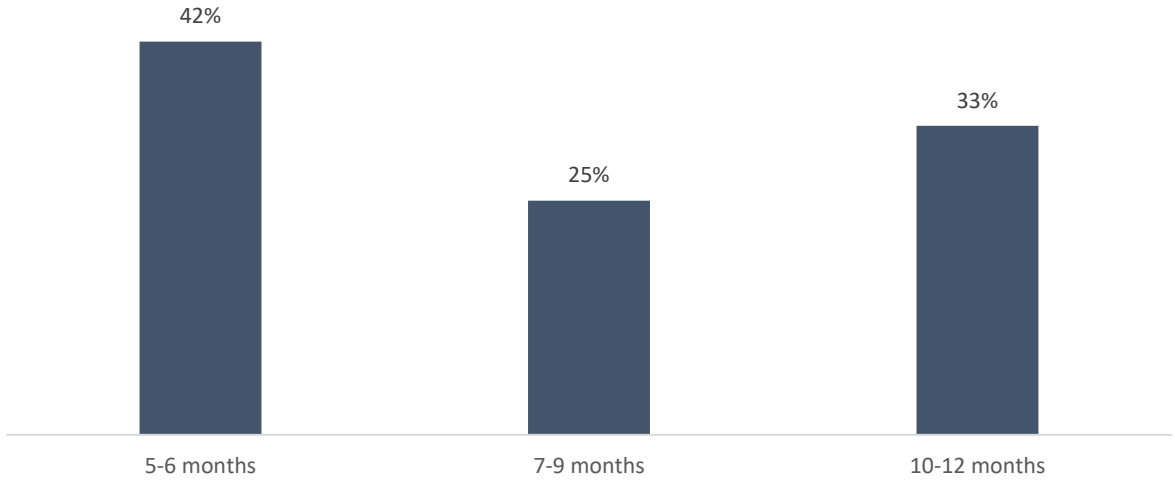
For the majority of JDCs, the legal benefits of participation include discharge from program (92%), discharge from probation (83%), and charge/conviction is expunged/record is sealed (75%). Sixty-seven percent (67%) of the programs reported the charge is dismissed at successful completion and 58% reported that fees/cost may be waived at successful completion. *Table 23* provides a full accounting of legal benefits for successful completion as reported by the 12 juvenile drug courts.

Table 23: Legal Benefits of Successful Completion

	JDC %	JDC #
Participant is discharged from program	92%	11
Participant is discharged from probation	83%	10
Charges and conviction are expunged/record sealed	75%	9
Charge is dismissed	67%	8
Fees/Cost waived	58%	7
Expedited settlement or placement	8%	1
Avoid detention/jail	8%	1
Charges and conviction stand with reduced/suspended disposition	0%	0
Charges are reduced	0%	0

Time in Program. As displayed in *Figure 4* juvenile drug court programs in Arkansas vary by the minimum number of months in the program before successful completion. Five (42%) of the 12 programs reported participants must engage for a minimum of six months, three (25%) reported seven to nine months, and 33% reported ten to twelve months as the minimum number of months of engagement for successful completion.

Figure 4: Minimum Time in Program



Reasons for Program Termination. Participants terminated from the juvenile drug court programs are most likely terminated due to a lack of progress in the program (75%). The other most reported reasons are lack of progress in treatment (67%), a new arrest for a felony (58%), and multiple failures to appear in court (58%). *Table 24* provides an accounting of behaviors that result in termination from the program as reported by JDCs in Arkansas.

Table 24: Behaviors that Result in Program Termination

	JDC %	JDC #
Lack of progress in the program	75%	9
Lack of progress in treatment	67%	8
Any new arrest for a felony	58%	7
Multiple failures to appear in court	58%	7
New arrest for violent offense	50%	6
New arrest for drug distribution/trafficking	42%	5
Repeatedly missing treatment sessions	33%	4
Repeatedly testing positive for drugs or alcohol	33%	4
Other*	17%	2
Any new arrest for a misdemeanor	8%	1
Dropping out of school	8%	1
New arrest for drug possession	8%	1
A single failure to appear in court with no excuse	0%	0
Excessive truancy	0%	0
New arrest for DWI	0%	0
Suspension from school	0%	0

Other includes conviction for a new violent offense and charged as an adult.

Conclusion. Twelve juvenile drug courts operate in Arkansas providing services to approximately 280 youth in the state. The majority of the JDCs have been in existence for five or more years and are considered post-plea in design. The use of risk/need assessment is common practice to determine eligibility and needed interventions. As intended, the JDCs target moderate- to high-risk youth and exclude youth with a charge of violence, firearm related, or identified as a sex offender. Juvenile drug court teams are well-rounded in membership from the major juvenile justice stakeholders and through team members having access to training on relevant drug court topics. Resources include a full continuum of substance abuse, mental health, and ancillary services for the youth and family. Manualized treatment is present but not maximized. Access to data for evaluation was a barrier that should be considered in the future.

DWI Court Program Structure

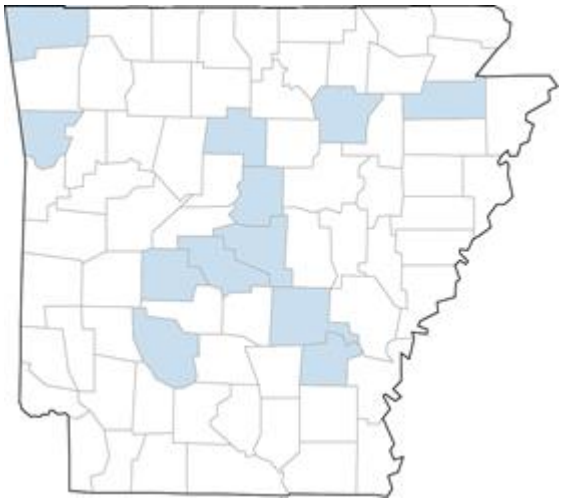
A DWI court is similar to a drug court and is a specialized docket within the court system designed to treat non-violent repeat DWI offenders and improve compliance with treatment. Completing substance abuse treatment reduces DWI reoffending significantly, but compliance with substance abuse treatment is poor for repeat DWI offenders (Cornish & Marlowe, 2003; Timken, 2002). A DWI 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 sobriety court program; but numerous other professionals such as probation and law enforcement officers play a vital role in making these programs successful.

Eleven DWI courts completed the program survey (*Table 25*) and are included in the following sections.

Table 25: Juvenile Drug Courts Included in the Report

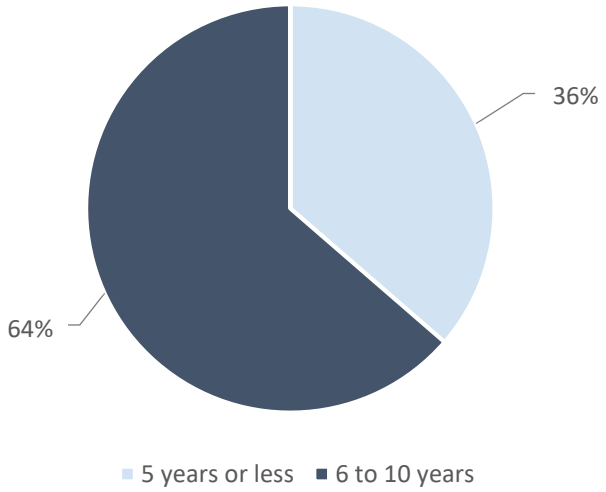
Circuit	Division	Court Name
2	District	Craighead County Sobriety Court
9E	District	Clark County DWI/Drug Court
6	District	Pulaski County/Sherwood DWI Court
6	District	Pulaski County DWI Court
11W	District	Jefferson County DWI Court
16	District	Independence County DWI Court
18E	District	Garland County District Court
19W	District	Benton County DWI Court
20	District	Faulkner County DWI Court
21	District	Crawford County DWI Court
22	District	Saline County DWI Court

Figure 5: DWI Court Location Map



The following section discusses the types of services delivered to participants enrolled in Arkansas' DWI courts operating in the district courts, as well as the types of incentives and sanctions imposed as a result of program compliance and non-compliance. *Figure 6* reflects the percentage of programs by number of years of operation. All 11 programs have been operating ten years or less.

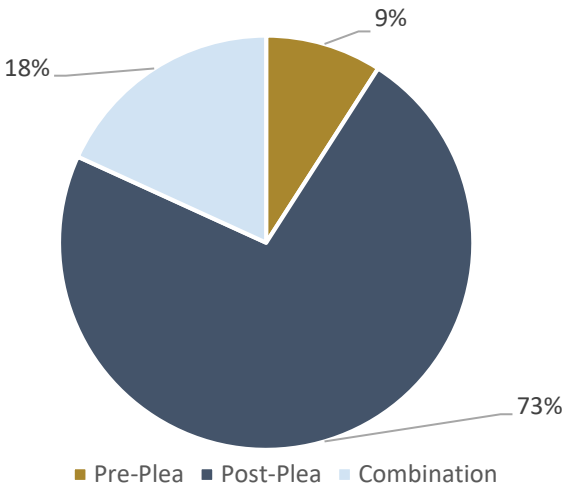
Figure 6: DWI Courts – Years of Operation



Program Capacity. Best practice data shows courts with a caseload of 125 or more produce poorer outcomes than courts with smaller caseloads (Carey et al., 2012). DWI courts in Arkansas were developed to meet the needs of local constituents. Nine (82%) of the 11 DWI courts operate with 30 participants or less. One DWI court has a capacity of 50 participants and one has no set limit.

Program Point of Entry. DWI courts in Arkansas are pre-adjudication, post-adjudication, or a combination of both types. Current drug court research does not suggest one method of entry is more effective than the other regarding program outcomes. However, the research does suggest the two groups of participants should not be mixed together (Shaffer, 2006). *Figure 7* displays the percentage of courts that reported accepting participants pre-plea, post-plea, or at various points in the legal process. Eight (73%) of the 11 DWI courts are the post-plea model, two (18%) are a combination of pre- and post-plea, and one (9%) is pre-plea.

Figure 7: DWI Point of Entry



Program Components. DWI courts in Arkansas vary to the extent to which they reported using various program components, as displayed in *Table 26*. The majority of the DWI courts reported having a policy and procedure manual and a participant handbook. Two of the DWI courts have memorandums of agreement/understanding in place, and five have a formal waiver of legal rights as part of regular operations.

Table 26: Program Components

	DWI %	DWI #
Participant Handbook	91%	10
Policy and procedure Manual	73%	8
Formal waiver of legal rights that participants sign	45%	5
Memorandum of Agreement/Understanding	18%	2

Drug courts are non-adversarial programs, meaning participants waive some of their legal rights as a condition of program entry in exchange for the opportunity to receive treatment and for a conviction on a lesser charge and diminished punishment. The non-adversarial approach does not mean prosecutors and defense attorneys relinquish their professional roles or responsibilities (Hora & Stalcup, 2008). NADCP Best Practice Standard VIII provides guidance for the roles of prosecutors and defense attorneys and how those team members manage their traditional roles with their roles on the drug court team (Hora & Stalcup, 2008; NADCP 2013; Best Practice Standard VIII). Policy and procedure manuals, memorandums of agreement/understanding, and waivers should provide guidance to the team and be reflective of best practice standards.

Program outcomes are significantly better when treatment 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 DWI court. Additionally, these documents are helpful during times of transition with team members and orientating new team members. Participants should have a participant 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 agreement/understanding provide leadership and team members with a clear understanding of each agency's responsibilities to include resources dedicated to the program, financial resources devoted to the program, and conflict management and resolution (Hardin & Fox, 2011).

Targeting, Eligibility, Screening and Assessment, and Program Entry. 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 can't be changed such as age, criminal history, etc.) and dynamic (those that can be changed such as drug addiction, anti-social attitudes, etc.) risk factors. Eligibility in a DWI court should be based on legal criteria, review of criminal history to identify repeat offending, a clinical assessment, and a review of client needs to be matched with available resources.

As shown in *Table 27*, three (27%) DWI courts reported using a risk/needs assessment. Additionally, five (45%) reported using a substance abuse assessment tool. Two of the three programs reported using a risk/needs assessment report and completing the assessment prior to entry, and one reported completing the assessment after entry.

Table 27: Program Screening and Assessment Process

	DWI %	DWI #
Use a substance abuse assessment tool	45%	5
Use a formal risk/needs assessment	27%	3

Program Eligibility and Exclusion Criteria. Best practices in drug courts focus target population on high risk and high need individuals requiring the intensity of services offered in a drug court environment. Focused target populations of high risk and high need reduce crime approximately twice as much as those servicing 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). As displayed in *Table 28*, three of the 11 DWI courts complete a risk/needs assessment and two of the three serve only moderate- and high-risk offenders. One court reported additionally serving low-risk offenders and has multiple tracks for participants based on risk.

Table 28: Program Target Population

	DWI %	DWI # N=3
Target only moderate to high risk of reoffending	67%	2
Target low in addition to moderate or high risk of reoffending?	33%	1
Multiple Tracks in the program	33%	1

Clinical and legal exclusions should be driven by the intended target population of the DWI court and the available treatment resources to meet the needs of the client. As shown in *Table 29*, the reasons for clinical exclusion vary by court with the most prevalent being the participant's refusal to participate (91%). The second most noted clinical reason for exclusion was the presence of a severe medical condition (45%).

Table 29: Clinical Exclusion Criteria

	DWI %	DWI #
Refusal to participate	91%	10
Presence of a severe medical condition	45%	5
Participants mental health history	36%	4
Lack of motivation	27%	3
Substance abuse disorder too severe for available services to address	27%	3
Defendant is on MAT and wants to continue	18%	2
Illegal use of prescribed medications	9%	1
Lack of sufficient community ties or other social connections	9%	1
Previous treatment failure	0%	0
Use of specific substance or drug of choice	0%	0

Besides clinical exclusion criteria, Arkansas DWI courts may also exclude participants for legal reasons, as displayed in *Table 30*. DWI courts reported eight of the 11 programs exclude individuals when the current charge is a felony (73%) and five courts exclude known sex offenders.

Table 30: Legal Exclusion Criteria

	DWI %	DWI #
Current charge is a felony	73%	8
Defendant is a sex offender	45%	5
Current charge is violent	36%	4
Current charge involves a firearm	27%	3
Defendant has prior violent convictions	27%	3
Prosecutor discretion	27%	3
Current charge is a non-drug charge	9%	1
Defendant has pending criminal charges elsewhere	9%	1
Defendant is a known gang member	9%	1
Defendant is currently on probation for another charge	0%	0

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 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, 2011). 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). The judge is the leader of the team and the role is considered significant to the success of the program.

The data in *Table 31,* reflects practices of the 11 Arkansas DWI courts. As noted, judges are present in staffing and court in all programs. Prosecuting attorneys, probation officers, probation officer/coordinators, case managers, substance abuse treatment providers, and law enforcement are present in court and staffing in at least three-fourths of the courts. Defense attorneys and mental health treatment providers are present in both court and staffing in at least half of the programs.

Table 31: Team Attendance in Staffing and Court

	Staffing		Court	
	DWI %	DWI #	DWI %	DWI #
Judge	100%	11	100%	11
Prosecuting Attorney	100%	11	100%	11
Law Enforcement	91%	10	91%	10
Probation Officer/ Coordinator	91%	10	91%	10
Defense Attorney/ Public Defender	91%	10	82%	9
Probation Officer	82%	9	82%	9
Substance Abuse Treatment Provider	82%	9	91%	10
Case Manager	64%	7	64%	7
Mental Health Treatment Provider	55%	6	55%	6
Other Probation Representative	36%	4	27%	3
Ancillary Service Provider	0%	0	0%	0
Mentor	0%	0	0%	0

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 60 drug courts found that annual attendance at training conferences was the greatest predictor of program effectiveness (Shaffer, 2006). *Table 32*, provides a summary of participation in training over the past three years, as reported by the DWI courts. Ten of the 11 DWI courts reported participation in drug testing practices and procedures (91%) and attendance at the NADCP Annual Conference (91%). To a lesser extent, more than half of the DWI courts reported attending training on incentives and sanctions (82%), best practices in treatment (82%), discipline specific training (82%), screening and assessment (73%), and the state specialty court conference (64%).

Table 32: Team Training Participation in the Past Three Years

	DWI %	DWI #
Drug testing practices and procedures	91%	10
NADCP annual conference	91%	10
Best practices in treatment	82%	9
Discipline specific training	82%	9
Incentives and sanctions	82%	9
Screening and assessment	73%	8
State specialty court conference	64%	7
Cultural competence	45%	5
Federal confidentiality requirements	45%	5
Trauma-informed services	27%	3
Case planning	18%	2

Probation Staffing. The NCSC was asked to explore probation staffing levels during the period of the study in comparison to present-day operations. Specifically, the comparison was made to the number of probation officers assigned during FY14 and FY18. Eight DWI courts were operating during the study

period and responded to the request for information. The following table highlights a decrease of one probation officer (-8%) between the two time periods.

Table 33: Probation Officer Staffing Levels Comparison FY14 to FY18

	FY14	FY18	Difference
DWI Court (N=8)	13	12	-1 (-8%)

Substance Abuse Treatment Services. Substance abuse treatment is an effective intervention for individuals with substance use disorders (NIDA, 2014). As defined in the *NADCP Best Practice Standards Volume I*, drug court substance abuse 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 34 lists the variety of substance abuse treatment services DWI courts reported can be accessed through public or private providers. All DWI courts reported access to outpatient substance abuse treatment and intensive outpatient substance abuse groups. The majority of DWI courts reported relapse prevention groups (82%), residential substance abuse treatment (82%), and peer recovery support/peer coaching (82%) are readily available in the community. Substance abuse case management is available in 73% of the DWI courts, and aftercare support is available in 64%.

Table 34: Available Substance Abuse Services

	DWI %	DWI #
Intensive Outpatient SA groups	100%	11
Outpatient SA Txt	100%	11
Peer recovery support/ peer coaching	82%	9
Relapse prevention groups	82%	9
Residential SA Txt	82%	9
SA case management	73%	8
Aftercare support services	64%	7
Medication Assisted Txt	45%	5

Evidence-Based Curriculum. 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). Five (45%) of the 11 Arkansas DWI courts reported exclusively using manualized treatment and four (36%) reported never using manualized treatment. More than half of the programs reported at least one treatment group is delivered in a gender-specific setting and less than half of the courts reported groups are limited to program participants only.

Table 35: Programs Using Manualized Treatment

	DWI %	DWI #
At least 1 Txt group is gender specific	55%	6
Manualized treatment (always)	45%	5
Txt groups include only program participants	45%	5

Mental Health Services. Numerous statewide and national drug court studies have found that substantial portions of drug court participants suffer from a serious co-occurring mental health disorder. DWI Court Guiding Principle 3 recognizes that a significant portion of the DWI population also suffers from a variety of mental health disorders. Access in the community through public and private providers is prevalent for individual counseling (82%), co-occurring substance abuse and mental health treatment (73%), mental health evaluation (73%), and outpatient mental health treatment (73%) as reported by the DWI courts. Four of the 11 DWI courts reported participant access to psychotropic medications (36%) and inpatient mental health treatment (36%). *Table 36* provides a full accounting of available mental health services.

Table 36: Available Mental Health Services

	DWI %	DWI #
Individual Counseling	82%	9
Co-occurring SA and MH Txt	73%	8
MH Evaluation	73%	8
Outpatient MH Txt	73%	8
Integrated SA and MH Txt	55%	6

	DWI %	DWI #
MH Case Management	45%	5
Access to Psychotropic Medications	36%	4
Inpatient MH Txt	36%	4
Emergency Psychiatric Service (crisis stabilization)	27%	3

Ancillary Services. In addition to the substance abuse and mental health treatment services, the DWI courts reported having access to a range of ancillary services as shown in *Table 37*. Specifically, eight of the 11 courts reported access to anger management (73%) and cognitive behavioral therapy (73%). Seven DWI courts reported access to family/couples counseling (64%); and six DWI courts reported education services (55%), employment services (55%), and life skills (55%) are readily accessible by clients.

Table 37: Available Ancillary Services

	DWI %	DWI #
Anger Management	73%	8
Cognitive Behavioral Therapy	73%	8
Family/Couples Counseling	64%	7
Education Services	55%	6
Employment Services	55%	6
Life Skills (e.g. parenting)	55%	6
GED-prep Related Classes	45%	5
Transportation	45%	5
Vocational Training	27%	3

Drug Testing. Drug and alcohol testing provides an accurate, timely, and comprehensive assessment of unauthorized substance use throughout a participant's enrollment in 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 when participants receive incentives for abstinence and sanctions or treatment adjustments for positive test results (Hawken & Kleiman, 2009). 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 *Adult Drug Court 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). The requirement that participants have no positive drug tests in the ninety days before program graduation is associated with improved outcomes (Carey et al., 2012).

Table 38 summarizes the drug testing practices of Arkansas' DWI courts. The majority of specialty courts reported conducting drug tests at least twice per week in Phase 1 (64%). Moreover, all DWI courts reported observing specimen collection and ten (91%) of the 11 DWI courts employ randomized testing. Almost three-fourths (73%) of courts test in the evenings and more than half (55%) test on the weekends. Three of the 11 courts (27%) reported testing on holidays.

Table 38: Drug Testing Program Practices

	DWI %	DWI #
Observe specimen collection	100%	11
Employ randomized testing	91%	10
Test in the evenings	73%	8
Test at least twice weekly in Phase 1	64%	7
Test on weekends	55%	6
Test on holidays	27%	3

As shown in *Table 39*, 73% of the DWI courts reported receiving drug test results instantly and an additional 27% received results within 24 hours. As shown in *Table 40*, drug testing in Arkansas' specialty courts is primarily conducted by the probation staff in 64% of DWI courts. Twenty-seven percent (27%) of DWI courts reported drug testing is primarily conducted by treatment staff and 9% reported the court collects the samples and sends them to a private lab for testing.

Table 39: Time to Receive Drug Testing Results

	DWI %	DWI #
Instantly	73%	8
Within 24 hours	27%	3
Two to three days	0%	0
Four to six days	0%	0
Seven days or longer	0%	0

Table 40: Drug/Alcohol Testing Staff

	DWI %	DWI #
Probation staff	64%	7
Treatment staff	27%	3
Other (Court)	9%	1
Law enforcement	0%	0
Private Lab	0%	0

Table 41: Drug/Alcohol Testing Methodology Used

	DWI %	DWI #
Dip stick/instant cup	82%	9
Independent Lab	9%	1
Onsite analyzer	9%	1
Sweat patches	0%	0
Oral swabs	0%	0
Hair tests	0%	0

As shown in *Table 41*, the most frequently used testing technologies across all Arkansas DWI courts are dip stick/instant cup (82%). In addition, one court uses an onsite analyzer and one uses an independent lab.

DWI 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 42 below outlines the types of drugs that are tested for on a regular basis within the Arkansas DWI courts included in this study. Alcohol testing by breath (91%) and marijuana (91%) were reported as routinely tested in ten of the 11 DWI courts. To a slightly lesser degree, amphetamines (82%), crack/cocaine (82%), and opiates (82%) are also regularly tested in nine of the 11 DWI courts. Additionally, eight of the DWI courts reported routinely testing for alcohol by urine (73%) and benzodiazepines (73%).

Table 42: Drugs Routinely Tested For

	DWI %	DWI #
Alcohol by breath	91%	10
Marijuana	91%	10
Amphetamine	82%	9
Crack/Cocaine	82%	9
Opiates	82%	9
Alcohol by urine (EtG)	73%	8
Benzodiazepines	73%	8
Prescription drugs (other than opiates)	36%	4
Methadone	27%	3
Alcohol transdermally (SCRAM)	18%	2
Spice (synthetic marijuana)	18%	2
Buprenorphine (Suboxone)	9%	1
MDMA	9%	1
PCP	9%	1
Alcohol by urine (non-EtG)	0%	0
Bath salts	0%	0
LSD	0%	0

Tables 43 outlines minimal testing requirements for clients by phase advancement. The most effective DWI courts perform drug testing at least twice per week for the first several months of the program (Carey et al., 2008). Additionally, DWI 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 program performing urine testing less frequently (Carey et al., 2012). Seven of the 11 DWI courts reported testing participants two or more times per week.

Table 43: Drug Testing Schedule for DWI Courts

	Phase 1 *N=11*	Phase 2 *N=9*	Phase 3 *N=9*	Phase 4 *N=7*
More than 3X a week	9%	0%	0%	0%
3X a week	27%	0%	0%	0%
2X a week	27%	22%	0%	0%
1X a week	27%	56%	44%	71%
2 to 3 X a month	0%	11%	33%	14%
1X a month or less	9%	11%	0%	14%

Sanctions and Incentives

The use of sanctions and incentives is firmly grounded in scientific literature and is a key component of DWI 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 DWI 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 DWI 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 courts that had a written schedule of predictable sanctions that was shared with participants and staff members (Zweig et al., 2012). The most effective 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).

Table 44 displays Arkansas' DWI court practices. Participants are provided a written list of behaviors that lead to sanctions and a written list of possible sanctions in 45% of the DWI courts. In 91% of the DWI courts, repeated infractions are met with graduated sanctions.

Table 44: DWI Sanction Practices

	DWI %	DWI #
With repeated infraction sanctions are graduated	91%	10
Participants are given a written list of behaviors that lead to sanctions	45%	5
Participants are given a written list of possible sanctions	45%	5
The program uses a written sanction grid	0%	0

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-effective when they use jail detention sparingly. One study found that 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, courts that tended to impose jail sanctions of longer than two weeks had 45% lower cost savings in the national studies.

The most commonly used sanctions, as self-reported by the Arkansas DWI courts, are community service (100%), jail (100%), increased drug testing (91%), bench warrant (82%), increased probation contact (82%), and verbal reprimand (82%). A sample of the sanctions that are utilized by the courts is displayed in *Table 45* below.

Table 45: Sanctions Used by Arkansas' DWI Courts

	DWI %	DWI #
Community service	100%	11
Jail	100%	11
Increased drug testing	91%	10
Bench Warrant	82%	9
Increased probation officer contact	82%	9
Verbal reprimand	82%	9
Continuous alcohol monitoring (SCRAM)	73%	8
Termination	73%	8
Curfew restrictions	64%	7
Electronic monitoring	64%	8
Essays/Homework assignments	64%	7
Increased court appearances	64%	7
Phase demotion/ setback in time	55%	6
Fines	36%	4
Home confinement	36%	4
Increased monitoring/contact with team	36%	4
Court observation (sit in traditional court to observe)	9%	1
License suspension	0%	0
Jury box during court	0%	0

Incentives. Incentives are used in DWI 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 DWI 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 DWI court judge; a certificate for completion of a specific milestone of the program; or medallions that reward and acknowledge specific lengths of sobriety. *Table 46* reflects the common incentives used by Arkansas DWI courts to include the most frequently noted as graduation (82%), applause/verbal praise (73%), acknowledgement of clean time (73%), and praise from the judge (73%).

Table 46: Incentives Used by Arkansas DWI Courts

	DWI %	DWI #
Graduation from the program	82%	9
Applause/verbal praise	73%	8
Acknowledgement of clean time	73%	8
Praise from the judge	73%	8
Certificates	55%	6
Reduction in fees	55%	6
Reduction in supervision requirements	55%	6
Phase promotion	45%	5
Reduction in court appearances	45%	5
Candy bars	27%	3
Gift cards	27%	3
Movie tickets	27%	3
Plaques	27%	3
Reduction in community service	27%	3
Fish Bowl Drawing	18%	2
Group events	18%	2
Bus passes	9%	1
"Fast Pass" (called first on docket)	9%	1
Lunch with a staff member	9%	1
Medical/Dental/Vision	9%	1
Extended curfew	0%	0
Monetary Gift	0%	0
Token and/or medallions	0%	0

Program Exit and Post-Graduation Services

Successful Completion.

Table 47 highlights graduation requirements, noting that 100% of the DWI courts require completion of treatment requirements. Eight of the 11 require participants to be employed or enrolled in school before graduation and seven of the 11 require a continuous period of sobriety ranging from 60 to 120 days.

Table 47: Graduation Requirements

	DWI %	DWI #
Complete requirements of treatment	100%	11
Employed or enrolled in school	73%	8
Have a period of continuous sobriety	64%	7
Payment of program fees/costs	55%	6
Complete graduation application	45%	5
Be sanction-free for a specified period of time	36%	4
Have stable housing	36%	4
Obtain high school diploma or GED	36%	4
Payment of restitution fees per payment plan	36%	4
Pay court costs per payment plan	27%	3
Have an aftercare plan	18%	2
Pay drug testing fees per payment plan	18%	2
Complete exit status interview	9%	1

	DWI %	DWI #
Employment training/vocational requirement	9%	1
Perform community service	9%	1
Positive performance in school	0%	0

For the majority of DWI courts, the legal benefit of participating in the program is avoid jail (82%) or fees/cost waived (82%). Additional benefits found in the majority of DWI courts include participant is discharged from the program (73%) and participant is discharged from probation (64%). *Table 48* provides a full accounting of legal benefits for successful completion.

Table 48: Legal Benefits of Successful Completion

	DWI %	DWI #
Avoid jail	82%	9
Fees/Cost waived	82%	9
Participant is discharged from program	73%	8
Participant is discharged from probation	64%	7
Charges and conviction stand with reduced/suspended disposition	27%	3
Charge is dismissed	9%	1
Charges are reduced	9%	1
Charges and conviction are expunged/record sealed	0%	0
Expedited settlement or placement	0%	0

Reasons for Program Termination. Participants terminated from the DWI courts are most likely adjudicated on their original charge and/or placed in jail/prison. *Table 49* below outlines the common reasons a participant may be terminated from the DWI court. The most common reasons are repeatedly missing treatment sessions (82%), multiple failures to appear in court (73%), new arrest for a felony (64%), new arrest for drug distribution/trafficking (64%), or new arrest for a violent offense (64%).

Table 49: Behaviors that Result in Program Termination

	DWI %	DWI #
Repeatedly missing treatment sessions	82%	9
Multiple failures to appear in court	73%	8
Any new arrest for a felony	64%	7
New arrest for drug distribution/trafficking	64%	7
New arrest for violent offense	64%	7
Lack of progress in the program	55%	6
New arrest for DWI	55%	6
Repeatedly testing positive for drugs or alcohol	55%	6
Lack of progress in treatment	36%	4
Any new arrest for a misdemeanor	27%	3
New arrest for drug possession	27%	3
Other*	18%	2
A single failure to appear in court with no excuse	0%	0

Other includes perjury, falsifying records, and lying in court.

Conclusion. Arkansas DWI court programs are less than ten years old and accept participants at varying points in the procedural process. Most programs use a policy and procedural manual and participant handbook, while fewer programs have a memorandum of agreement/understanding or a formal waiver of legal rights signed by participants. Few programs use a formal risk/needs assessment and fewer than half use a substance abuse assessment tool. Approximately two-thirds of programs target moderate- and high-risk participants. Most programs have a fairly broad range of substance abuse treatment services available. Programs are split regarding whether they always use manualized treatment and the participants included in gender-specific treatment groups or DWI court-only treatment sessions. DWI court participants are tested for a variety of substances by most courts and have a range of sanctions and incentives available during the program. At successful completion, more than 80% of programs reported participants avoid jail and fees/cost are waived. The vast majority of the programs will terminate participants for repeatedly missing a treatment session.

DWI Court Short-Term Outcomes

The following section reviews short-term outcomes for the Arkansas DWI courts after presenting participant-level data. The data is reflective of individuals that exited the DWI court between July 2012 and June 2014. Data was gathered from the individual court clerk's office. Eight courts were operating during this time period. Seven DWI courts contributed data on participant characteristics totaling 177 participants.

Demographics. 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 DWI 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.

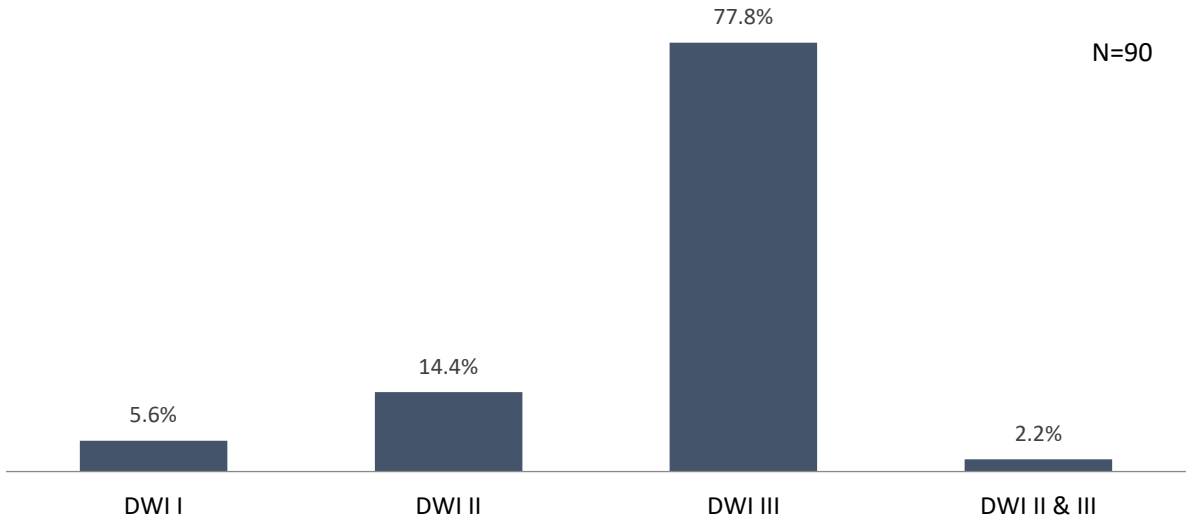
As displayed in *Table 50*, the majority of the participants were male (79.1%). Data was not consistently available on age and race from the participating courts.

Table 50: Demographics of DWI Court Participants

Demographics	DWI/District % of Participants N=177
Gender	
Male	140 (79.1%)
Female	32 (18.1%)
Unknown	5 (2.8%)
Age	
<21	7 (4.0%)
21-30	21 (11.9%)
31-40	14 (7.9%)
41-50	8 (4.5%)
51-60	4 (2.3%)
>60	1 (0.6%)
Unknown	122 (68.9%)
Race	
White	75 (42.4%)
Black	21 (11.9%)
Hispanic/Latino	2 (1.1%)
Unknown	79 (44.6%)

Placement Offense. Arkansas' DWI courts accept DWI I, II, and III placement offenses. *Figure 8* shows the types of DWI placement offenses entering Arkansas' DWI courts for which data was available. The most common placement offense type was DWI III offenses, with 77.8% of participants entering on said offense. DWI II was the second most common DWI placement offense level, with 14.4% of participants entering on said offense; 5.6% of DWI court participants entered on a DWI I offense and 2.2% of participants entered on a DWI II and DWI III offense.

Figure 8: Placement Offense Type



*The following courts reported placement offense at entry data: Bentonville, Craighead County, Independence, Jefferson County, Saline County, and Sherwood.

Criminal History. The criminal history of DWI court participants can also affect the success of DWI court participants in terms of reducing the probability of future criminal behavior. *Table 51* displays the extent to which participants had prior involvement with the adult criminal justice system at the time they entered the DWI court. It is important to note that 141 of 177 DWI court participants, or 79.7% of the full DWI court participant sample, had criminal history data available. Most (75.2%) DWI court participants for whom criminal history data was available had at least one prior misdemeanor or felony arrest; 34.8% of participants had at least one prior felony arrest and 66.7% had at least one prior misdemeanor arrest. Similarly, over half (57.4%) of DWI court participants for whom criminal history data was available had at least one prior misdemeanor or felony conviction, 43.3% of participants had at least one prior felony conviction, and 30.5% had at least one prior misdemeanor conviction. 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 51: Prior Felony and Misdemeanor Arrests and Convictions of Participants

Number of DWI court participants with...	DWI/District % of Participants
At Least One Prior Arrest (N=141)	106 (75.2%)
Felony	49 (34.8%)
Misdemeanor	94 (66.7%)
At Least One Prior Conviction (N=141)	81 (57.4%)
Felony	61 (43.3%)
Misdemeanor	43 (30.5%)

Type of Program Exit. *Table 52* exhibits that 54.8% of the 177 DWI court participants exited successfully from their DWI court program by means of graduation and 37.9% exited through termination. An additional 13 (7.3%) of the DWI court participants exited by other means, including opted out (10), jailed by another agency (1), moved out of state (1), and unknown (1).

Table 52: Type of Program Exit

	Graduated	Terminated	Other Exit
DWI Court (N=177)	97 (54.8%)	67 (37.9%)	13 (7.3%)

Reason for Program Termination. DWI courts have significantly poorer outcomes and are considerably less cost-effective when they terminate participants for drug or alcohol use. In a multisite study, DWI courts that had a policy of terminating participants for positive drug tests or new arrests for drug possession offenses had 50% higher criminal recidivism and 48% lower cost savings than drug courts that responded to new drug use by increasing treatment or applying sanctions of lesser severity (Carey et al., 2012). *Table 53* displays the reasons for termination for the 67 DWI court participants who were terminated from DWI court. The reason for the majority of terminations was simply denoted as revoked, unsuccessful, or terminated (97.0%).

Table 53: Reasons for Program Termination

Reason for Termination	DWI (N=67) (%)
Revoked/Unsuccessful/Terminated	65 (97.0%)
Deceased	1 (1.5%)
New DWI	1 (1.5%)

*The following courts reported data on program completion status: Bentonville, Clark County, Craighead County, Independence, Jefferson County, Saline County, and Sherwood.

Time in Program. On average, all program participants (graduates, terminated participants, and other exiters) remained in the DWI programs 12.5 months (380.8 days) (see *Table 54*). Graduates spent an average of 15 months (455.8 days) in the program. Terminated participants spent approximately 9.4 months (285.6 days) in the program. 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 54: Time in Program

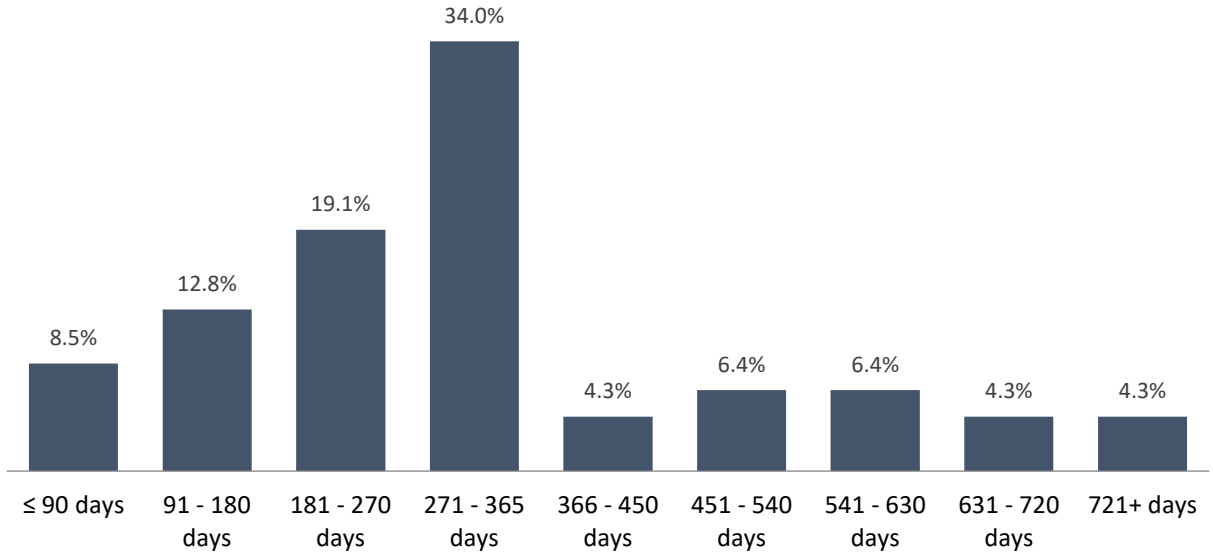
	Average Length of Stay (months)	Range
DWI Court		
All Participants (N=175)	12.5	0.0 – 35.7
Graduated Participants (n=95)	15.0*** **	2.1 – 35.6
Terminated Participants (n=67)	9.4***	0.0 – 34.3
Other Exiters (n=13)	10.6**	0.7 – 19.8

*** $p < .001$, ** $p < .01$

Note: One participant was missing both entry and exit date data and one participant had an entry date that was post exit date.

A sub-analysis of the amount of time between program entry and termination was conducted, as shown in *Figure 9,* for the 67 terminated DWI court participants. Approximately 21.3% were terminated from the program within the first 180 days (six months) after acceptance and 53.1% were terminated between six months and one year after acceptance. Over 25% were terminated during year two of programming.

Figure 9: Number of Days from DWI Program Entry to Termination



These data reflect that the majority of terminations occur within the first year of participation. It appears, however, that most participants are not routinely terminated without first having been given ample time to succeed in DWI court, with nearly 60% of terminations occurring on or after day 271 of participation. They also reflect that DWI courts are investing resources in participants that are, for the most part, terminated late in their DWI court programs.

Court Appearances. *Table 55* provides a summary of the mean and median number of court appearances made by DWI court participants (both graduates, non-graduates, and other exiters) for the DWI courts that reported court appearance data. On average, DWI participants appeared before the court 26.5 times over the course of their participation in DWI court with graduates having significantly more scheduled court appearances (31.2) than terminated participants (21.0), although this difference is explained by length of stay. Among all participants in the study, the number of DWI court appearances ranged from 0 to 123.

Table 55: Scheduled Court Appearances by Participant

	Mean # of Court Appearances	Median # of Court Appearances	Range of Court Appearances
DWI Courts			
All Participants (N=82)*	26.5	24.0	0 – 123
Graduated Participants (n=45)	31.2	25.0	5 – 123
Terminated Participants (n=33)	21.0	20.0	0 – 109
Other Exiters (n=4)	20.0	12.5	2 – 53

*The following courts reported court appearance data: Bentonville, Craighead County, Jefferson County, Saline County, and Sherwood.

Sobriety. Sobriety, both during and after DWI court participation, is a goal of all DWI courts because it fosters rehabilitation, public safety, and accountability. The DWI court programs conducted over 4,971 drug or alcohol tests during the evaluation period, with an average of 76.5 drug or alcohol screens per

participant (see *Table 56*). Graduates had, on average, 95.4 drug/alcohol screens in the program (ranging from 0 to 404 tests) while terminated participants had an average of 51.8 drug/alcohol screens while in the program (ranging from 0 to 181 tests). Graduates received significantly more drug/alcohol screens during their tenure in the program compared to terminated participants; this difference, however, is explained by program length of stay.

Table 56: Average Number of Drug/Alcohol Tests Administered

	Mean # of Drug/Alcohol Tests	Median # of Drug/Alcohol Tests	Range of Drug/Alcohol Tests
DWI Courts			
All Participants (N=65)*	76.5	78.0	0 – 404
Graduated Participants (n=37)	95.4	83.0	0 – 404
Terminated Participants (n=24)	51.8	48.0	0 – 181
Other Exiters (n=4)	50.0	50.0	3 – 85

*The following courts reported drug/alcohol testing data: Bentonville, Jefferson County, Saline County, and Sherwood.

Table 57 shows that approximately half (50.8%) of DWI court participants tested positive for drugs and/or alcohol at some point in the program. Considering all participants for whom drug/alcohol testing data was available, participants who were terminated from the program had more positive tests and percentage of positive tests (2.1 tests; 8.6% of tests), on average, compared to graduated participants (1.0 test; 1.4% of tests) and other exiters (2.0 tests; 3.3% of tests). Any significant differences between groups was explained by length of stay in the program.

Table 57: In-Program Sobriety by Participant Closure Type for DWI Participants

Type of Program Completion	Participants with One or More Positive Tests		Number of Positive Tests (Range)		Percent of All Tests Positive
	N	%	M	Range	%
All Participants (N=65)	33	50.8%	1.5	0 – 9	4.2%
Graduated Participants (n=37)	15	40.5%	1.0	0 – 7	1.4%
Terminated Participants (n=24)	15	62.5%	2.1	0 – 9	8.6%
Other Exiters (n=4)	3	75.0%	2.0	0 – 3	3.3%

Sanctions and Incentives. The evaluation team assessed the differences between graduated participants and terminated participants regarding the total number of incentives and sanctions received while controlling for length of stay. NCSC found that participants who graduated received significantly more incentives and sanctions compared to terminated participants. It is possible that since graduates had longer lengths of stay than terminated participants, the difference in the number of incentives and sanctions received was due simply to the increased time in the program. This possibility was assessed, and the evaluation team found these differences remained when length of stay was controlled showing that the significant difference between graduated and terminated participants was not completely explained by length of stay.

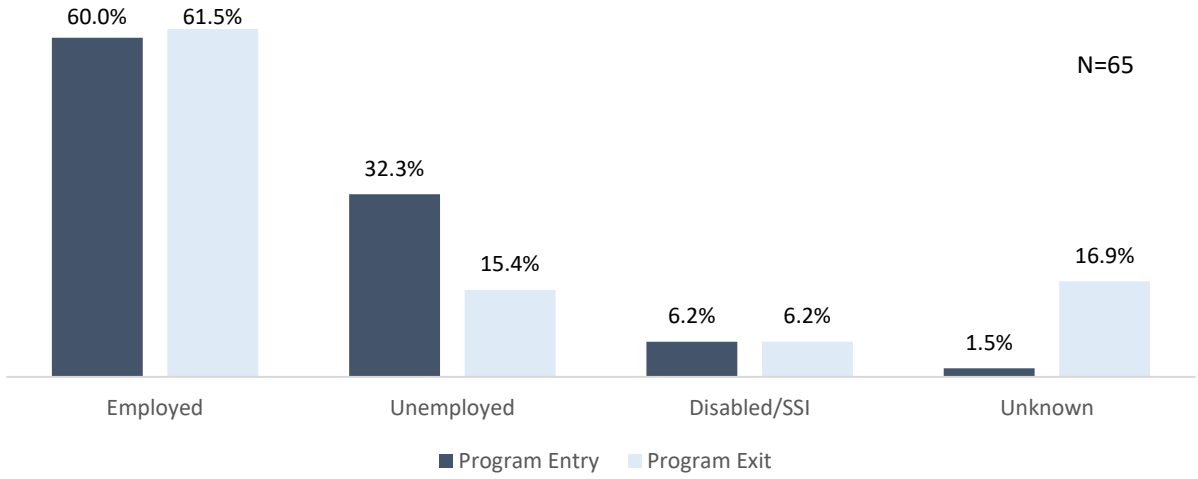
Table 58: Number of Incentives and Sanctions Given to DWI Courts

	Number (%) of Participants Who Received at Least One	Average # (Range) per Participant†
Incentives		
All Participants (N=82)	40 (48.8%)	2.9 (0 – 13)
Graduated Participants (n=45)	28 (62.2%)	3.9 (0 – 13)
Terminated Participants (n=33)	12 (36.4%)	1.9 (0 – 12)
Other Exiters (n=4)	0 (0.0%)	0 (N/A)
Sanctions		
All Participants (N=82)	48 (58.5%)	1.6 (0 – 8)
Graduated Participants (n=45)	19 (42.2%)	0.9 (0 – 5)
Terminated Participants (n=33)	26 (78.8%)	2.5 (0 – 8)
Other Exiters (n=4)	3 (75.0%)	1.5 (0 – 3)

*The following courts reported sanction/incentive data: Bentonville, Craighead County, Jefferson County, Saline County, and Sherwood.

Employment. *Figure 10* examines gains in employment, a key interim outcome area for participants in DWI court. Sixty percent (60.0%) of all participants entered the DWI court program employed, while 61.5% of participants left the DWI court employed. Moreover, fewer participants were unemployed at exit (15.4%) compared to 32.3% at entry; the percentage of DWI court participants who were disabled at entry and exit remained consistent at 6.2%. The percentage of participants whose employment status was unknown, however, increased between entry (1.5%) and exit (16.9%).

Figure 10: Percent of DWI Court Participants Employed at Program Entry and Program Completion



Among DWI court graduates, the impact is more pronounced. Nearly sixty percent (59.5%) of participants who went on to graduate from the DWI court program were employed at entry and 75.7% were employed at program exit (see *Figure 11*). Moreover, *Figure 12* shows the percentages of graduates, terminated participants, and other exiters in each employment status category at program exit.

Figure 11: Percent of DWI Court Graduates Employed at Program Entry and Program Completion

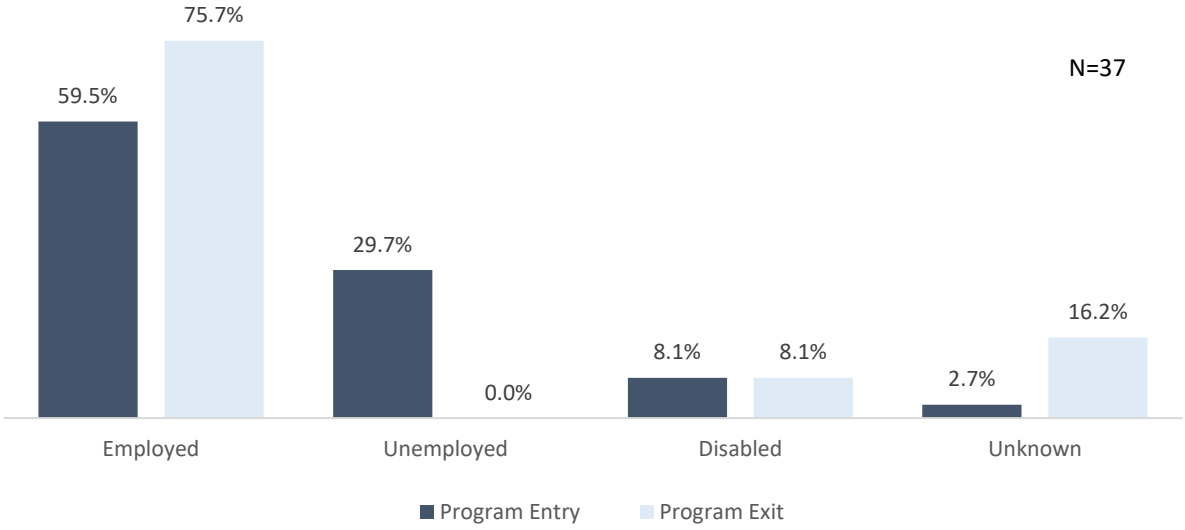
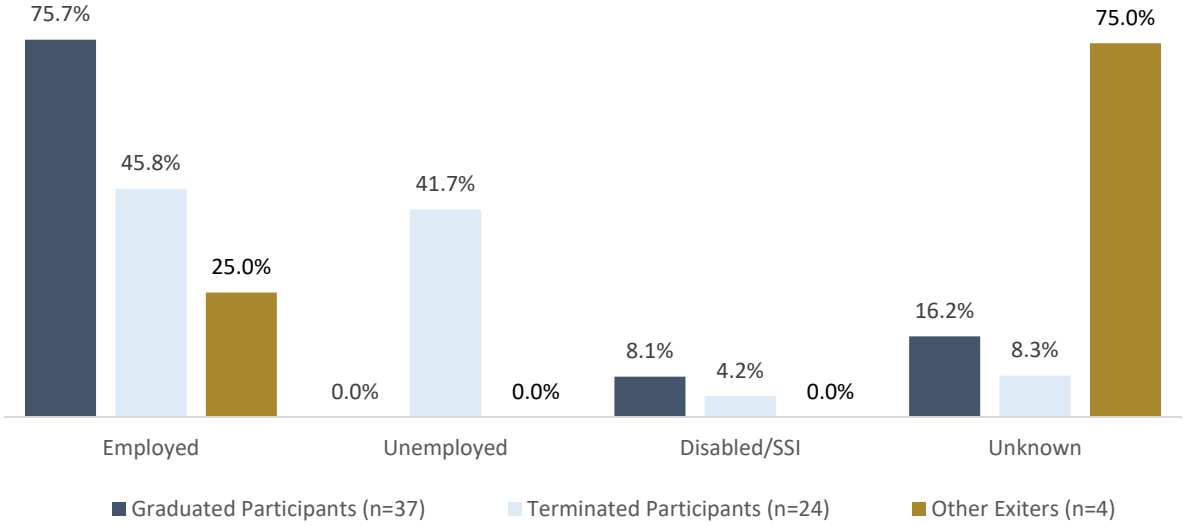


Figure 12: Percent of DWI Court Graduates and Non-Graduates Employed at Program Exit



Conclusion. The vast majority of individuals served by the DWI courts were male and entered the program on a DWI II offense. The majority of participants had a least one previous arrest and conviction. More than half of the participants successfully graduated from the program. Over half of Arkansas DWI court participants for whom drug testing data was available tested positive on at least one occasion during their participation in the program, with non-graduates having a higher percentage of positive tests than graduates. Fewer participants who went on to successfully complete their DWI court program: (1) tested positive at least once during the program compared to non-graduates, and (2) had fewer positive drug tests during the program compared to non-graduates. Furthermore, successful participants experienced gains in employment between entry and exit more often than non-graduates.

Predicting Successful Program Completion from DWI Court

Participant-Level Variables Examined

In order to examine which participant-level variables predict successful completion from DWI court, the NCSC evaluation team conducted hierarchical binary logistic regressions. The full model included the following participant-level variables:

- gender;
- race;
- DWI placement charge type (I, II, III);
- arrest prior to entry;
- conviction prior to entry;
- participant type (participant or comparison);
- completion status (graduate, non-graduate); and
- length of stay.

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

Both qualities of the programs and characteristics of the participants may influence outcomes, such as successful program completion. To assess which program-level and participant-level variables predict 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. First, chi-square analyses, which assess the goodness-of-fit between expected and observed values, determined which program-level variables were related to program completion; program-level variables that were significantly related to program completion were included in the full model. The full chi-square analyses are in the *Technical Appendix: Detailed Analysis.* The program-level variables identified in the chi-square analyses and all individual-level variables were then included in the hierarchical binary logistic regression. Some program-level variables were fairly consistent across programs and therefore were not good predictors of program completion. Not all program-level variables appear in the full models because when program-level variables were very similar across programs, they were excluded.

As displayed in *Table 59 below*, one participant-level variable predicted successful program completion when included in the full model. Participants who had at least one conviction prior to program entry were less likely to successfully complete the DWI court program compared to otherwise similar counterparts. Zero program-level variables significantly predicted successful program completion in the full model.

Table 59: Participant Variables Significantly Predicting Successful Program Completion

Participant Variables	Impact	Significance Level *p*
Any Conviction Prior to Entry	DWI participants who had at least one conviction prior to program entry were 52.3% less likely to successfully complete the DWI court program compared to their otherwise similar counterparts.	.026

Conclusion. Using hierarchical binary logistic regression, one individual-level variable predicted successful or unsuccessful program completion – any conviction prior to entry.

Long-Term Outcomes: Recidivism Rates of Participants by Program Completion Type

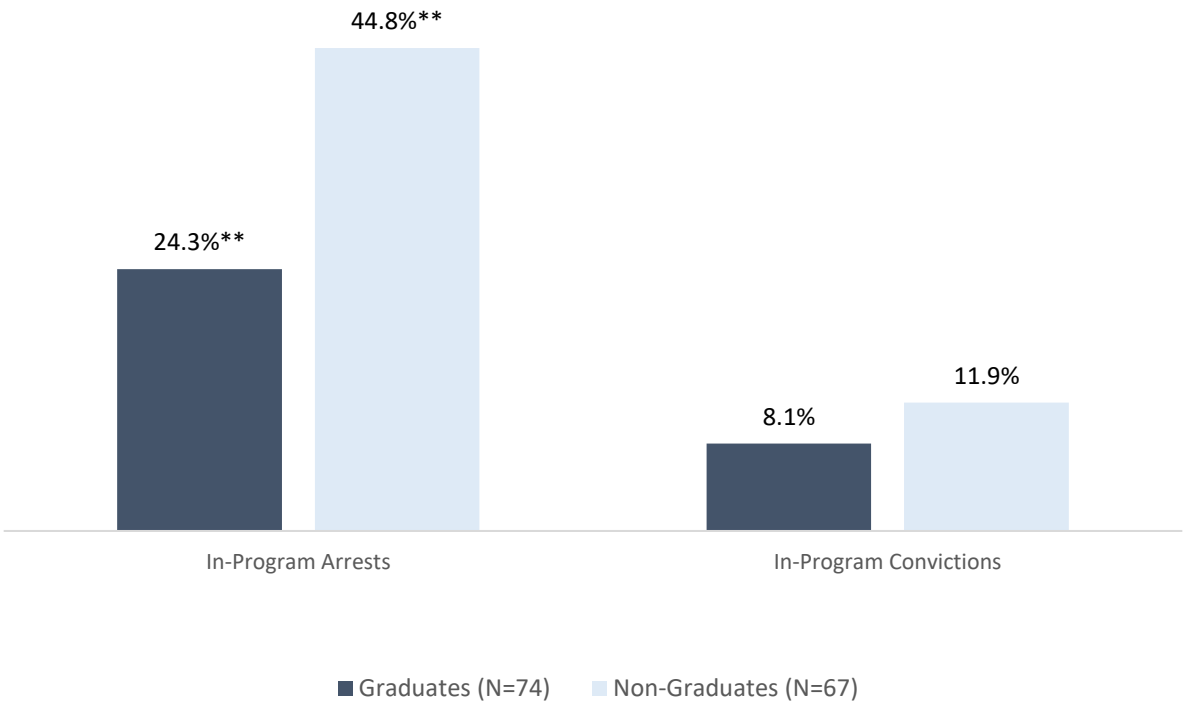
One of the most important outcomes of a specialty court program is the extent to which participants reoffend during and after the program. Recidivism information is provided in a variety of ways in this report to include reporting on new arrests, new convictions, and new incarcerations that occur both in-program and during the three years following program exit. New offenses were categorized by offense level and type of offense (e.g., DWI and non-DWI). The recidivism analyses for this study includes only those specialty court participants (and later their business-as-usual (BAU) comparisons) who had criminal history data available, which resulted in 141 DWI court participants included in the recidivism sample (74 graduates and 67 non-graduates).

In-Program Outcomes

In Program Recidivism.

Figure 13 displays the in-program recidivism rates for DWI court graduates and non-graduates. During program participation, significantly fewer graduates (24.3%) had at least one in-program arrest compared to non-graduates (44.8%). The pattern was consistent for in-program convictions, such that fewer graduates (8.1%) had at least one in-program conviction compared to non-graduates (11.9%), although the difference between groups was not significant.

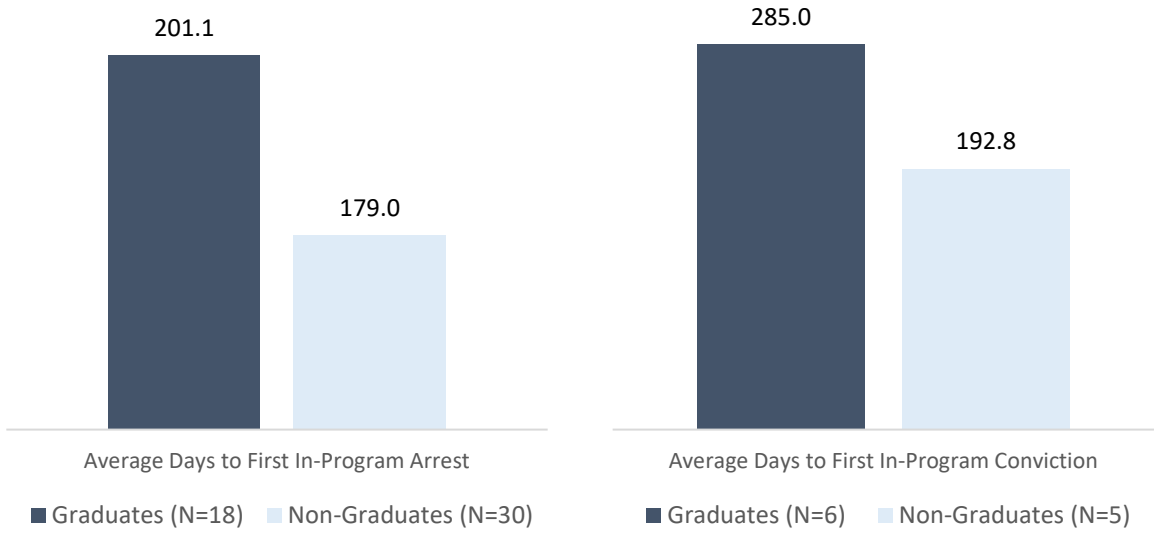
Figure 13: DWI Court Graduates' and Non-Graduates' In-Program Recidivism Rates



** $p \leq .01$

Time to New Arrests and Convictions among Graduates and Non-Graduates. *Figure 14* shows the average number of days from entry to the first in-program arrest and first in-program conviction for DWI 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, although graduates had a longer time to first arrest and first conviction compared to non-graduates.

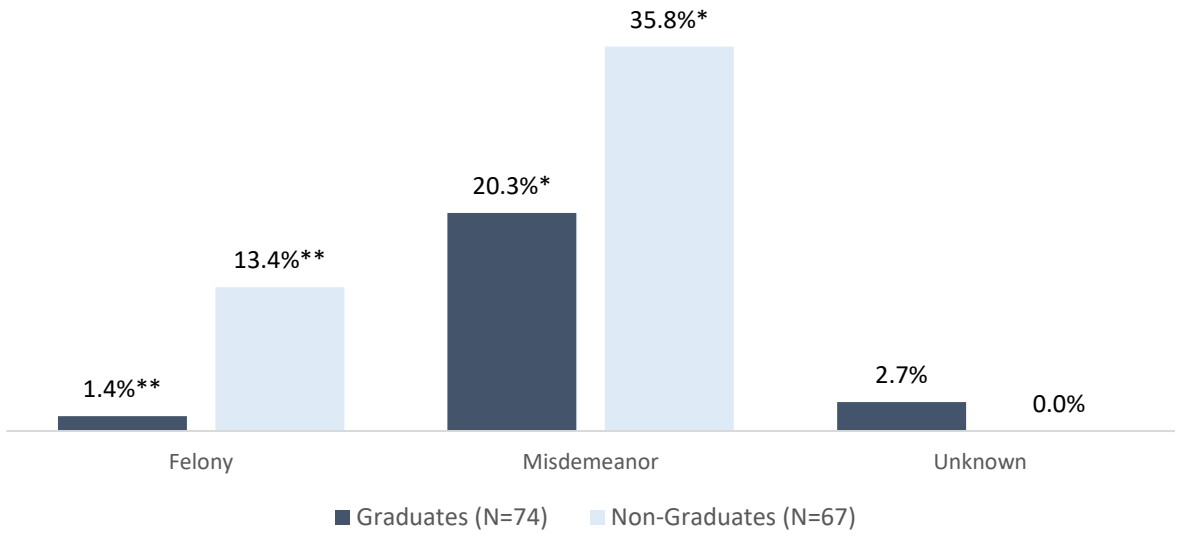
Figure 14: Average Number of Days from DWI Court Entry to First In-Program Arrest and First In-Program Conviction for Graduates versus Non-Graduates



Offense Severity of New Arrests and Convictions among Graduates and Non-Graduates. *Figure 15* breaks down the severity level of new in-program arrests. Suggested rewording:

Using a chi-square analysis assessment, a significantly greater proportion of non-graduates (13.4%) had an in-program felony arrest compared to graduates (1.4%); and a significantly greater proportion of non-graduates (35.8%) had an in-program misdemeanor arrest compared to graduates (20.3%).

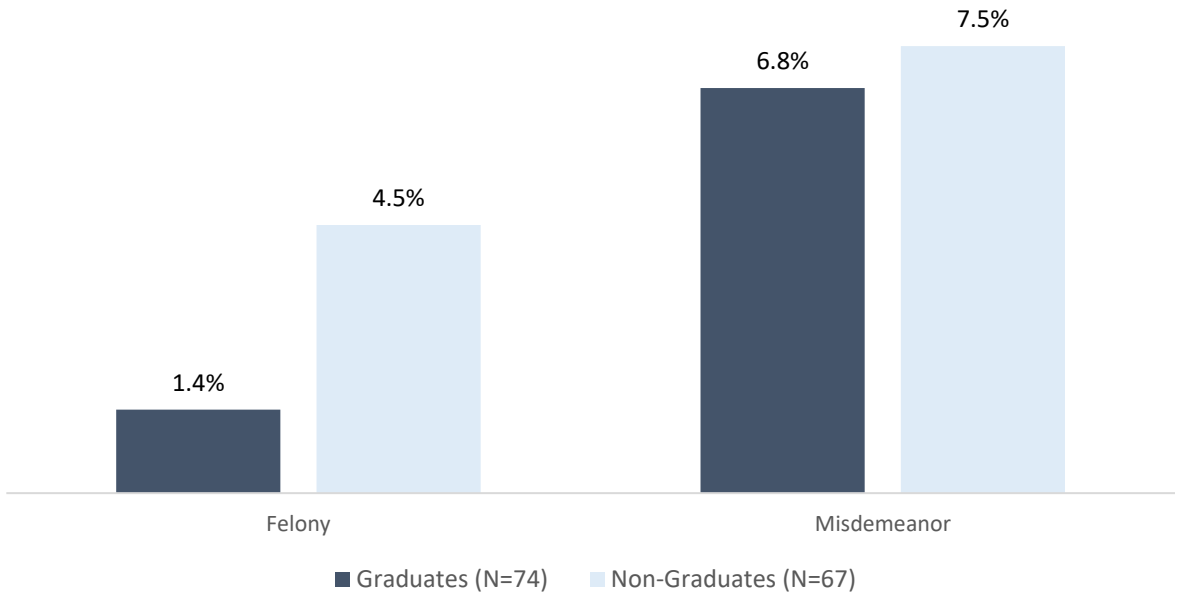
Figure 15: Offense Severity for Most Severe In-Program Arrest for Graduates versus Non-Graduates



** $p \leq .01$ * $p \leq .05$

Figure 16 breaks down the severity level of new convictions among DWI court participants. More non-graduates (4.5%) had an in-program felony conviction compared to graduates (1.4%) and a larger proportion of non-graduates (7.5%) had at least one in-program misdemeanor conviction compared to graduates (6.8%), although there were no significant differences between the groups.

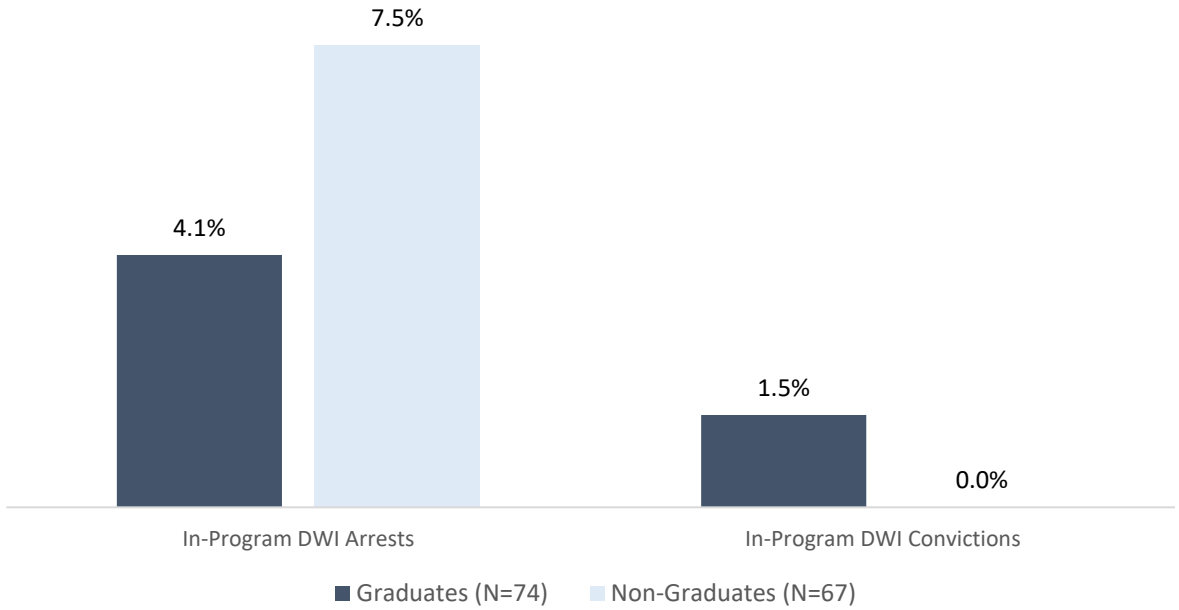
Figure 16: **Offense Severity for Most Severe In-Program Conviction for Graduates versus Non-Graduates**



Offense Category of New Arrests and Convictions among Graduates and Non-Graduates.

Figure 17 shows that a small proportion of DWI court graduates had an in-program arrest for a DWI offense (4.1%) compared to non-graduates (7.5%). The proportion of graduates and non-graduates did not significantly differ for in-program DWI arrests or convictions.

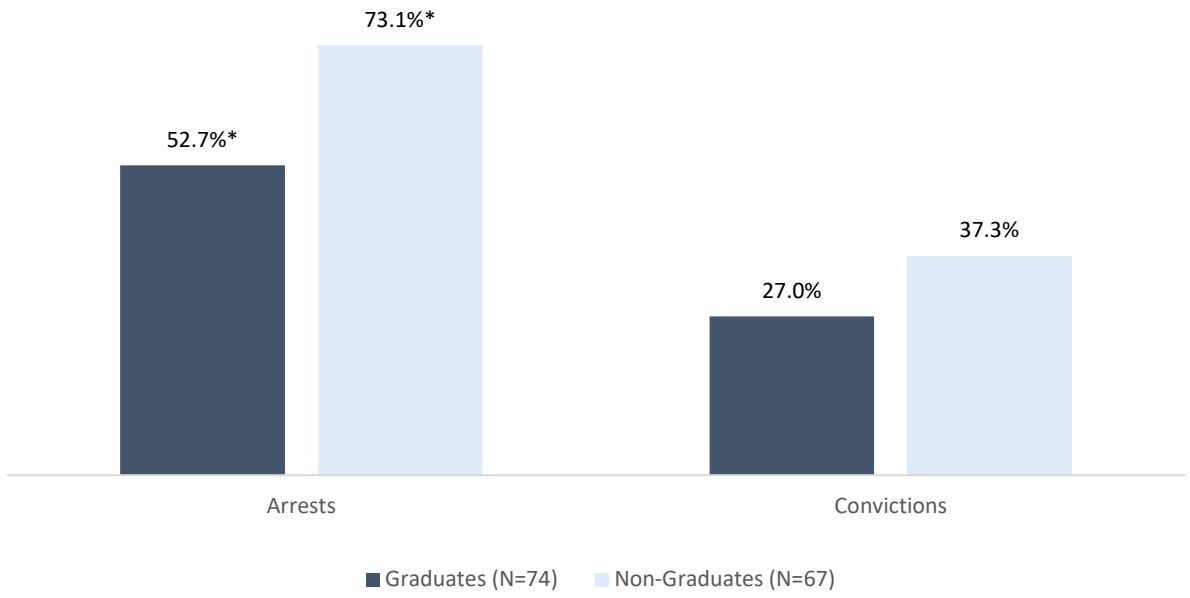
Figure 17: Proportion of Graduates and Non-Graduates with In-Program Arrests and Convictions for DWI



Post-Program Outcomes

Figure 18 displays the three-year recidivism rate for both DWI court graduates and non-graduates. Within three years of program exit, significantly fewer graduates (52.7%) had at least one post-program arrest compared to non-graduates (73.1%). The pattern remained the same for post-program convictions, such that fewer graduates (27.0%) had at least one post-program conviction compared to non-graduates (37.3%), although the difference between groups was not significant.

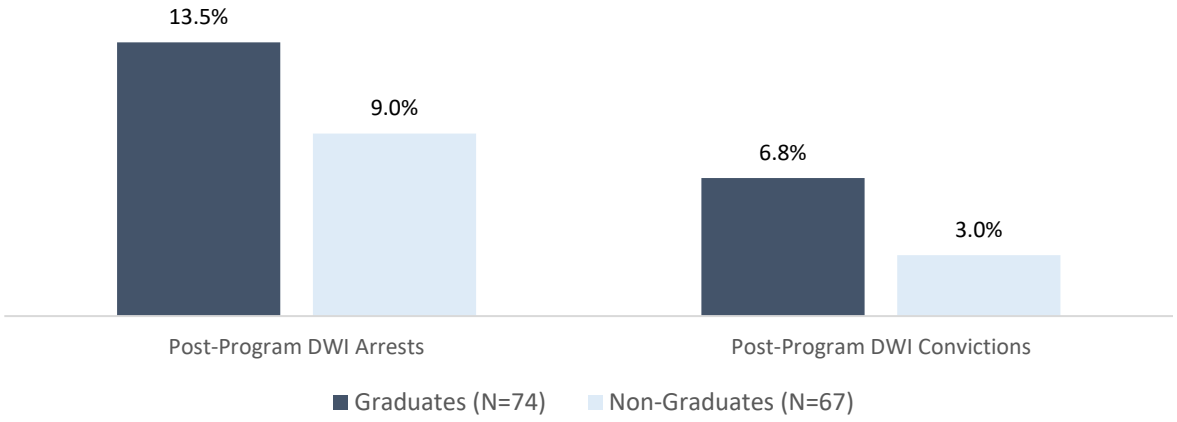
Figure 18: **DWI Court Graduates' and Non-Graduates' General Recidivism Rates within Three Years**



*Significant p = .012

Figure 19 displays that a larger proportion of DWI court graduates had at least one post-program arrest and at least one post-program conviction for a DWI offense compared to non-graduates, although the difference was not statistically significant for either arrests or convictions.

Figure 19: **Proportion of Graduates and Non-Graduates with Post-Program Arrests and Convictions for DWI**



Time to New Conviction Among Graduates and Non-Graduates. *Figure 20* shows that more non-graduates had at least one new arrest within one year of program exit (19.4%) compared to graduates (12.2%). The pattern continued for post-program arrests within two and three years of exit, such that more non-graduates are consistently re-arrested compared to graduates. No differences between the graduate and non-graduate groups, however, were statistically significant.

Figure 20: **Time from Exit to New Arrest for Graduates versus Non-Graduates**

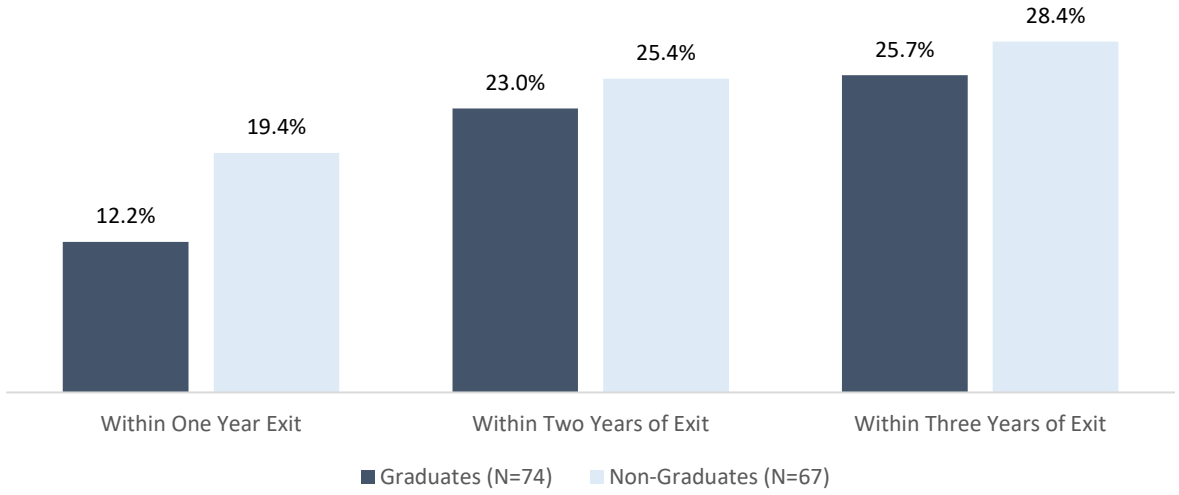
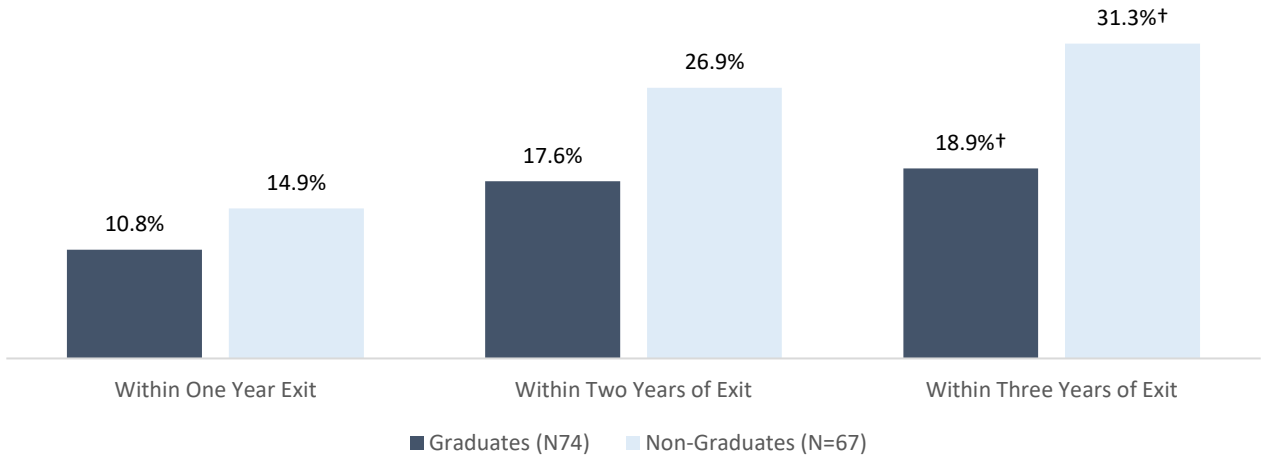


Figure 21 shows post-program conviction recidivism rates for DWI court graduates and non-graduates within three years of program exit. Consistent with the pattern for arrests, more non-graduates had at least one new conviction within one year of program exit (14.9%) compared to graduates (10.8%). The pattern continued for post-program convictions within two and three years of exit, such that more non-graduates are consistently re-arrested compared to graduates. No differences between the graduate and non-graduate groups, however, were statistically significant, although the difference approached significance at three years post-program.

Figure 21: **Time from Exit to New Conviction for Graduates versus Non-Graduates**



† $p < .10$

Conclusion. The evaluation team assessed long-term outcomes, specifically recidivism, of DWI court participants. Regarding in-program recidivism, DWI court graduates had significantly fewer in-program arrests compared to non-graduates, as well as fewer in-program convictions, although the difference in proportion of participants by completion type with at least one in-program conviction was not significantly different. Moreover, graduates had more days on average to their first in-program arrest and in-program conviction compared to non-graduates. Significantly fewer graduates had a felony or misdemeanor in-program arrest compared to non-graduates; fewer graduates had a felony or misdemeanor in-program conviction compared to non-graduates, although not significantly. A larger proportion of non-graduates also had at least one in-program arrest for a DWI offense and a larger proportion of non-graduates recidivated (with an arrest and/or conviction) within three years of exit.

Post-program, the proportion of graduates and non-graduates who had at least one post-program DWI arrest or DWI conviction did not differ significantly. Graduates and non-graduates did not differ significantly for the time to which they had a post-program arrest or conviction, although more non-graduates had at least one conviction within three years of exit compared to graduates at a level approaching significance.

Recidivism Rates of Specialty Court Participants Compared to Business-As-Usual

In order to draw conclusions regarding recidivism about the study sample, the evaluation team selected a matched comparison sample of probationers to compare to the study sample. Like the study sample, the pool of potential comparisons included regular probationers who exited supervision July 2012 to June 2014.

In order to match as many DWI court participants to comparable probationers as possible while also taking into account the small sample size and limited variables for matching, the NCSC team used case control matching to select the comparison group. Participants and comparisons were matched within the court on race, gender, DWI charge type, and whether the participant/probationer had any conviction prior to entry. Because of the small sample sizes and small number of variables for matching, only perfect matches were kept for the final sample. The matching resulted in a final recidivism study sample of 34 participants and 34 comparisons.

Full sample and recidivism sample totals by court are in *Table 65* in the *Appendix*.

Figure 22 displays the recidivism rates for DWI court participants and their BAU comparisons. Only participants who had a matched comparison person were included in the following analyses. Equal proportions of DWI court participants and comparisons had a recidivism arrest, while a larger proportion of comparisons had a recidivism conviction compared to DWI court participants, although this difference was not significant.

Figure 22: **Recidivism Rates for DWI Court Participants and Comparison Group**

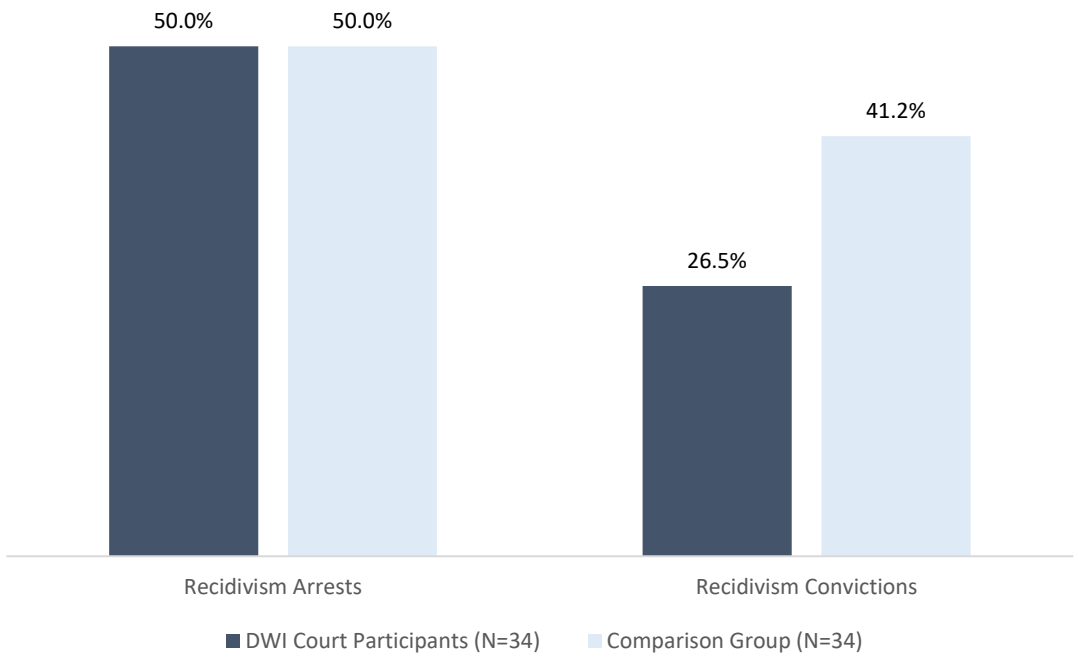
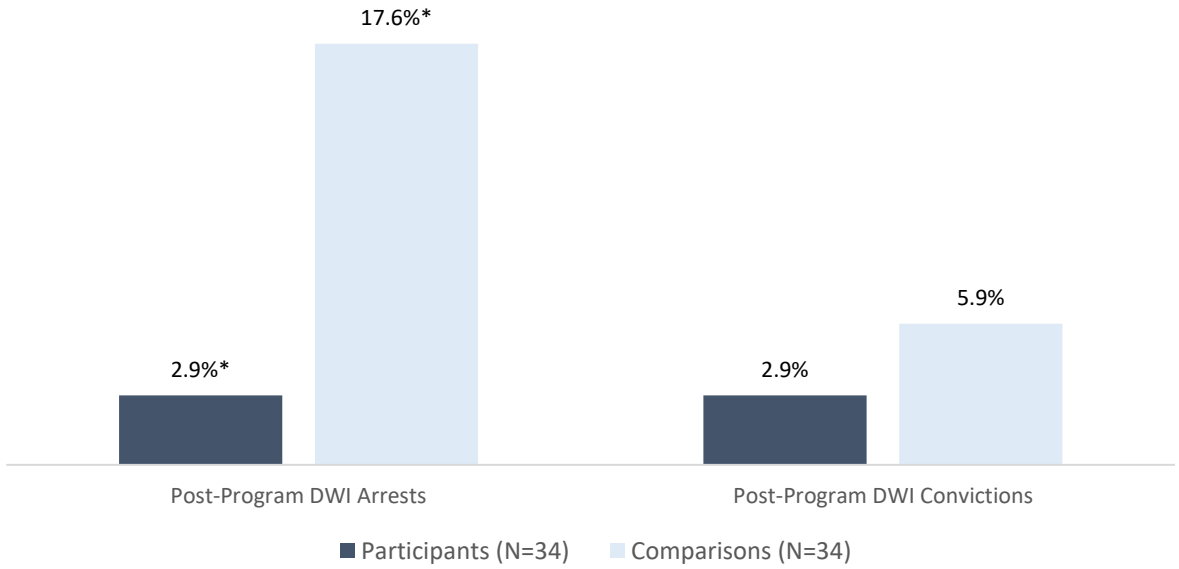


Figure 23 shows that a significantly larger proportion of comparison participants had a post-program arrest for a DWI offense (17.6%) compared to DWI court participants (2.9%). The proportion of DWI court participants and comparison participants did not significantly differ for post-program DWI convictions.

Figure 23: **Proportion of Participants and Comparisons with Post-Program Arrests and Convictions for DWI**



* $p < .05$

Conclusion. The evaluation team also assessed participants to a matched comparison group and found that the groups were equivalent in the proportion of individuals who had a recidivism arrest, but fewer DWI court participants had a recidivism conviction compared to the comparison group although not at a statistically significant level. Significantly fewer participants had at least one post-program DWI arrest compared to their matched comparison group.

Predicting Recidivism

As with predicting successful program completion, the NCSC evaluation team conducted two hierarchical binary logistic regressions to assess which program-level and participant-level variables predict recidivism. First, chi-square analyses determined which program-level variables were related to recidivism; program-level variables that were significantly related to recidivism were included in the full models. The full chi-square analyses are in the *Technical Appendix: Detailed Analysis.* The program-level variables identified in the chi-square analyses and all individual-level variables were then included in two hierarchical binary logistic regressions – one predicting recidivism arrests and one predicting recidivism convictions. Because some program-level variables were extremely consistent across programs and therefore not good predictors, it was not uncommon for program-level variables to drop out of the models due to collinearity. Moreover, while the sample size of participants used in the recidivism models is large enough to conduct the evaluation analysis, a larger sample size may result in more robust findings.

DWI Court Recidivism: Arrests

As displayed in *Table 60* below, one individual-level variable significantly predicted recidivism in the full model. Controlling for all other factors entered into the model, participants who successfully completed the DWI court program were less likely to have a recidivism arrest within three years of disposition. No program-level variables significantly predicted recidivism arrests. The full model predicting arrest recidivism is in the *Technical Appendix: Detailed Analysis.*

Table 60: Participant Characteristics Predicting Arrest Recidivism

Participant Characteristics	Impact	Significance Level *p*
Completion Status	DWI participants who successfully completed the DWI court program were 52.3% less likely to have a recidivating arrest within three years of exit compared to their otherwise similar counterparts.	.039

Recidivism: DWI Court versus Comparisons

To assess the extent to which participant type (DWI court participants versus BAU comparison) predict arrest recidivism, the NCSC evaluation team also conducted two binary logistic regressions that included participant type, race, gender, and DWI entry charge for both recidivism arrests and recidivism convictions. The NCSC team found that none of the model variables significantly predicted arrest recidivism or conviction recidivism. The full models including participants and comparisons can be found in the *Technical Appendix: Detailed Analysis.*

Conclusion: The evaluation team examined the data to establish program or participant characteristics that predicted recidivism with a new arrest or conviction of the program participants. One participant characteristic significantly predicted arrest, specifically the participants that successfully completed the program were significantly less likely to have an arrest within three years.

Recommendations

This report reflects descriptive measures of the Arkansas Juvenile Drug Court and descriptive and outcome measures for the study sample of participants between July 2012 and June 2014 for the DWI Court. From this study, NCSC determined that both models of 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 NCSC evaluation team recognizes the efforts outlined above as important key steps to improving outcomes of the specialty 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.

Specialty Courts:

Recommendation 1: 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. 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.

Juvenile Drug Courts

Recommendation 2: Institutionalize the evaluation approach for juvenile drug courts. Arkansas statutes establish required records expungement practices affecting the ability to complete a long-term outcome study on juvenile drug courts. Evaluation is a worthy practice to demonstrate to stakeholders outcomes of improved performance when providing services to the highest risk population of juvenile offenders. Future evaluations may require a shorter time period for reflection on participant recidivism outcomes. In addition to recidivism, data should be collected and reported on rates of completion and termination, educational enrollment, employment, prosocial activities, changes in youth behavior, and measures of family functioning (Juvenile Drug Treatment Guidelines, 2016).

Recommendation 3: Increase alignment with Arkansas Juvenile Drug Court Standards. In almost every area of the juvenile drug court practices assessed, the majority of the courts reported adhering to best practices standards. The Arkansas Juvenile Drug Court Standards were adopted in 2017. The juvenile drug courts are now accountable to identify gaps in practice and seek training and resources to improve adherence. Without a certification structure in place in the state, specialty court leadership can adopt a self-assessment approach with expectations that programs identify areas of improvement and develop an improvement plan.

DWI Courts

Recommendation 4: Ensure that all DWI Courts adhere to the *Ten Guiding Principles of DWI Courts*. Nationally, DWI Courts follow the *Ten Guiding Principles of DWI Courts (National Center for DWI Courts, 2009)*. When these principles are deployed consistently, drug courts have better outcomes. The Specialty Court Program Advisory Committee should support consistent adherence to these foundational principles and guidelines 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.

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Appendix A: Full Study and Recidivism Study Samples by Court

Table 61: DWI Court Sample Sizes by Circuit and Court

Court	Participant N
Bentonville	13
Clark County	76
Craighead County	17
Independence County	19
Jefferson County	7
Saline County	18
Sherwood	27
Total	**177**

Table 62: Recidivism Specialty Court Sample Sizes by Circuit and Court (Matched Participants and Comparisons)

Specialty Court/Comparison Probation	Participant N	Comparison N
Bentonville	8	8
Craighead County	14	14
Jefferson County	2	2
Saline County	9	9
Sherwood	1	1
Total	**34**	**34**

Table 63: Program Variables included in Models

Program Variable	Description
Program Capacity > 20	Programs with capacity ≤ 20 = 0 Programs with capacity > 20 participants = 1
Policy and Procedure Manual	Programs without policy and procedural manual = 0 Programs with policy and procedural manual = 1
Participant Handbook	Programs without participant handbook = 0 Programs with participant handbook = 1
Manualized Treatment	Program does not always use manualized treatment = 0 Program always uses manualized treatment=1
Tests at Least Twice Weekly in Phase 1	Programs that do not test twice weekly in Phase 1 = 0 Programs that test twice weekly in Phase 1 = 1
Randomized Testing	Programs that do not use randomized drug testing = 0 Programs that use randomized drug testing = 0
Receive Test Results Instantly	Programs that do not receive test results instantly = 0 Programs that receive test results instantly = 1
Formal Risk Assessment	Programs that do not use formal risk assessment = 0 Programs that use formal risk assessment = 1
Accept Only Moderate- or High-Risk Participants	Programs that do not accept only moderate- or high-risk participants = 0 Programs that accept only moderate- or high-risk participants = 1
Require Period of Continuous Sobriety for Graduation	Programs that do not require period of continuous sobriety for successful completion = 0 Programs that require period of continuous sobriety for successful completion = 1
Program Median Length of Stay	Programs with lengths of stay below the median (364.5) = 0 Programs with lengths of stay at or above the median (364.5) = 1

Table 64: Demographic Variables

Participant Factors	Explanation
Gender	Male = 0 Female = 1
Race	White = 0 Black/Other Non-White = 1
Employment at Entry	Unemployed = 0 Employed = 1
Employment at Exit	Unemployed = 0 Employed = 1
Placement Offense Category (DWI I, II, III)	DWI I/DWI II/DWI Unknown = 0 DWI III = 1
Prior Convictions	No prior convictions = 0 Prior convictions = 1
Completion Status	Terminated/Other Exiters = 0 Graduated = 1
Length of Stay (Median Split)	Below Median = 0 Above Median = 1

Table 65: Chi-Square Analyses Assessing Which Program-Level Variables Are Related to Successful Program Completion

	Completion					
Program Variables	**Non-Graduates**		**Graduates**		**Total**	
Program Capacity > 20	**#**	**%**	**#**	**%**	**#**	**%**
X^2 (1, N=144) = 3.05, p = .081						
No	21	42.0%	29	58.0%	50	100.0%
Yes	26	27.7%	68	72.3%	94	100.0%
Policy and Procedure Manual						
X^2 (1, N=144) = 0.00, p = .963						
No	25	32.5%	52	67.5%	77	100.0%
Yes	22	32.8%	45	67.2%	67	100.0%
Participant Handbook						
Significant: X^2 (1, N=144) = 7.74, p = .005						
No	8	17.0%	39	83.0%	47	100.0%
Yes	39	40.2%	58	59.8%	97	100.0%
Manualized Treatment Always						
Significant: X^2 (1, N=144) = 7.11, p = .008						
No	16	22.2%	56	77.8%	72	100.0%
Yes	31	43.1%	41	56.9%	72	100.0%
Tests at Least Twice Weekly in Phase 1						
Significant: X^2 (1, N=144) = 7.11, p = .008						
No	16	22.2%	56	77.8%	72	100.0%
Yes	31	43.1%	41	56.9%	72	100.0%
Randomized Testing						
X^2 (1, N=144) = N/A						
No	0	0.0%	0	0.0%	0	0.0%
Yes	47	32.6%	97	67.4%	144	100.0%
Receive Test Results Instantly						
Significant: X^2 (1, N=144) = 4.01, p = .045						
No	17	45.9%	20	54.1%	37	100.0%
Yes	30	28.0%	77	72.0%	107	100.0%
Formal Risk Assessment						
X^2 (1, N=144) = 1.67, p = .196						
No	31	36.9%	53	63.1%	84	100.0%
Yes	16	26.7%	44	73.3%	60	100.0%
Accept Only Moderate or High Risk Participants						
X^2 (1, N=144) = 2.31, p = .129						
No	33	29.5%	79	70.5%	112	100.0%
Yes	14	43.8%	18	56.3%	32	100.0%
Require Period of Continuous Sobriety for Graduation						
X^2 (1, N144=) = 3.31, p = .069						
No	18	43.9%	23	56.1%	41	100.0%
Yes	29	28.2%	74	71.8%	103	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:

- Participant Handbook
- Manualized Treatment Always
- Tests at Least Twice Weekly in Phase 1
- Receive Test Results Instantly

Table 66: Chi-Square Analyses Assessing Which Program-Level Variables Are Related to Arrest Recidivism

	Arrest Recidivism					
Program Variables	**Non-Graduates**		**Graduates**		**Total**	
Program Capacity > 20	**#**	**%**	**#**	**%**	**#**	**%**
X^2 (1, N=141) = 0.45, p = .501						
No	16	42.1%	22	57.9%	38	100.0%
Yes	37	35.9%	66	64.1%	103	100.0%
Policy and Procedure Manual						
X^2 (1, N=141) = 2.38, p = .123						
No	28	32.6%	58	67.4%	86	100.0%
Yes	25	45.5%	30	54.5%	55	100.0%
Participant Handbook						
Significant: X^2 (1, N=141) = 5.78, p = .016						
No	15	25.9%	43	74.1%	58	100.0%
Yes	38	45.8%	45	54.2%	83	100.0%
Manualized Treatment Always						
X^2 (1, N=141) = 3.10, p = .078						
No	22	30.6%	50	69.4%	72	100.0%
Yes	31	44.9%	38	55.1%	69	100.0%
Tests at Least Twice Weekly in Phase 1						
X^2 (1, N=141) = 3.10, p = .078						
No	22	30.6%	50	69.4%	72	100.0%
Yes	31	44.9%	38	55.1%	69	100.0%
Randomized Testing						
X^2 (1, N=141) = N/A						
No	0	0.0%	0	0.0%	0	0.0%
Yes	53	37.6%	88	62.4%	141	100.0%
Receive Test Results Instantly						
X^2 (1, N=141) = 3.42, p = .065						
No	19	50.0%	19	50.0%	38	100.0%
Yes	34	33.0%	69	67.0%	103	100.0%
Formal Risk Assessment						
Significant: X^2 (1, N=141) = 3.91, p = .048						
No	32	45.7%	38	54.3%	70	100.0%
Yes	21	29.6%	50	70.4%	71	100.0%
Accept Only Moderate or High Risk Participants						
X^2 (1, N=141) = 0.06, p = .810						
No	45	37.2%	76	62.8%	121	100.0%
Yes	8	40.0%	12	60.0%	20	100.0%
Require Period of Continuous Sobriety for Graduation						
X^2 (1, N=141) = 3.67, p = .056						
No	20	50.0%	20	50.0%	40	100.0%
Yes	33	32.7%	68	67.3%	101	100.0%

As a result of the above analysis, NCSC planned to include all independent variables that had a significant chi-square into the regression model (although some were later excluded for collinearity). Program-level variables significantly related to recidivism arrests are:

- Participant Handbook
- Formal Risk Assessment

Table 67: Chi-Square Analyses Assessing Which Program-Level Variables Are Related to Conviction Recidivism

	Conviction Recidivism					
Program Variables	**Non-Graduates**		**Graduates**		**Total**	
Program Capacity > 20	**#**	**%**	**#**	**%**	**#**	**%**
X^2 (1, N=141) = 0.13, p = .722						
No	25	65.8%	13	34.2%	38	100.0%
Yes	71	68.9%	32	31.1%	103	100.0%
Policy and Procedure Manual						
X^2 (1, N=141) = 0.89, p = .344						
No	56	65.1%	30	34.9%	86	100.0%
Yes	40	72.7%	15	27.3%	55	100.0%
Participant Handbook						
X^2 (1, N=141) = 1.64, p = .200						
No	36	62.1%	22	37.9%	58	100.0%
Yes	60	72.3%	23	27.7%	83	100.0%
Manualized Treatment Always						
X^2 (1, N=141) = 0.14, p = .712						
No	48	66.7%	24	33.3%	72	100.0%
Yes	48	69.6%	21	30.4%	69	100.0%
Tests at Least Twice Weekly in Phase 1						
X^2 (1, N=141) = 0.14, p = .712						
No	48	66.7%	24	33.3%	72	100.0%
Yes	48	69.6%	21	30.4%	69	100.0%
Randomized Testing						
X^2 (1, N=141) = N/A						
No	0	0.0%	0	0.0%	0	0.0%
Yes	96	68.1%	45	31.9%	141	100.0%
Receive Test Results Instantly						
X^2 (1, N=141) = 0.21, p = .646						
No	27	71.1%	11	28.9%	38	100.0%
Yes	69	67.0%	34	33.0%	103	100.0%
Formal Risk Assessment						
X^2 (1, N=141) = 3.72, p = .054						
No	53	75.7%	17	24.3%	70	100.0%
Yes	43	60.6%	28	39.4%	71	100.0%
Accept Only Moderate or High Risk Participants X^2 (1, N=141) = 0.70, p = .402						
No	84	69.4%	37	30.6%	121	100.0%
Yes	12	60.0%	8	40.0%	20	100.0%
Require Period of Continuous Sobriety for Graduation						
Significant: X^2 (1, N=141) = 5.34, p = .021						
No	33	82.5%	7	17.5%	40	100.0%
Yes	63	62.4%	38	37.6%	101	100.0%

As a result of the above analysis, NCSC planned to include all independent variables that had a significant chi-square into the regression model (although some were later excluded for collinearity). Program-level variables significantly related to recidivism arrests are:

- Require Period of Continuous Sobriety

Table 68: Full Regression Model Predicting Successful Program Completion

Variables	B	S.E.	*p*	Exp(B)	%
Program Variables					
Participant Handbook	.292	.627	.641	1.339	-
Always Use Manualized Treatment	-.144	.966	.882	.866	-
Receive Test Results Instantly	-.206	.654	.753	.814	-
Individual Variables					
Gender (effect of Female)	-.239	.416	.566	.788	-
Employment at Entry (effect of Employed)	-.177	.534	.740	.838	-
Race (effect of White)	.075	.490	.878	1.078	-
DWI Entry Charge (effect of DWI III)	.552	.778	.478	1.737	-
Any Conviction Prior to Entry* (compared to Prior Convict)	**-.741**	**.332**	**.026**	**.477**	**52.3%**
Length of Stay (Median Split)	.643	.710	.365	1.903	-
Constant (N=175)	-.075	.636	.906	.928	-

*Significant $p < .05$

Table 69: Full Regression Model Predicting Arrest Recidivism

Variables	B	S.E.	*p*	Exp(B)	%
Program Variables					
Participant Handbook	-.401	1.088	.712	.670	-
Uses Formal Risk Assessment	-.088	.706	.901	.916	-
Individual Variables					
Gender (effect of Female)	.946	.556	.089	2.574	-
Employment at Exit (effect of Employed)	-.155	.496	.754	.856	-
Race (effect of White)	.526	.556	.343	1.693	-
DWI Entry Charge (effect of DWI III)	-.817	.678	.228	.442	-
Completion Status* (effect of Graduated)	**-.805**	**.389**	**.039**	**.447**	**52.3%**
Length of Stay (Median Split)	.015	.533	.977	1.015	-
Constant (N=139)	1.311	1.101	.234	3.708	-

*Significant $p < .05$

Table 70: Full Regression Model Predicting Arrest Recidivism: Participants and Comparisons

Variables	B	S.E.	*p*	Exp(B)	%
Participant Type (effect of DWI Court Participant)	.462	.471	.326	1.587	-
Race (effect of White)	.331	.462	.474	1.392	-
Gender (effect of Female)	.335	.612	.585	1.397	-
DWI Entry Charge (effect of DWI III)	-.090	.487	.854	.914	-
Constant	-.210	.455	.645	.811	-

Table 71: Full Regression Model Predicting Conviction Recidivism: Participants and Comparisons

Variables	B	S.E.	*p*	Exp(B)	%
Participant Type (effect of DWI Court Participant)	-.103	.476	.829	.902	-
Race (effect of White)	.413	.483	.393	1.511	-
Gender (effect of Female)	.115	.595	.847	1.122	-
DWI Entry Charge (effect of DWI III)	-.151	.492	.759	.860	-
Constant	-.631	.473	.182	.532	-