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Evaluation of Nebraska's Problem-Solving Courts

March 31, 2012

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EXECUTIVE SUMMARY

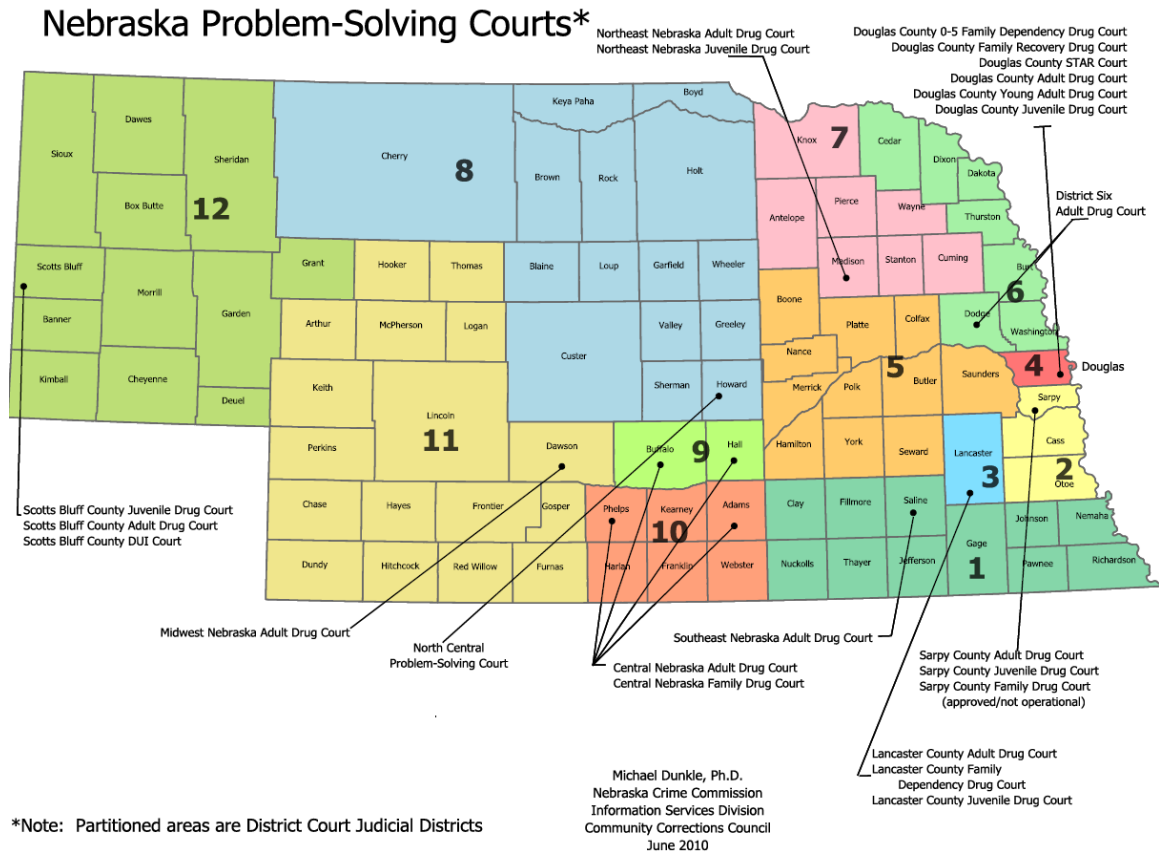
From March 2010 through December 2011, the University of Nebraska Public Policy Center conducted an evaluation of Nebraska's problem solving courts. Main findings include the following:

- Nebraska's problem solving courts are effectively operated, following the ten key components for drug courts, thereby reducing crime and addiction and improving the lives of participants
- Graduation rates for Nebraska drug courts match or exceed national drug court rates
- Costs for Nebraska programs are comparable to costs for drug courts across the country
- Nebraska drug court programs are cost efficient, saving between \$2,609,235 and \$9,722,920 in tax dollars per year
- Problem solving courts in Nebraska are serving moderate to high need offenders, the type of offenders most appropriate for drug court services
- Nebraska drug courts are serving a diversity of offenders, with few disparities based on race, ethnicity, and gender
- Education and employment skills are emphasized in problem solving courts, which lead to successful outcomes for participants
- Although the evaluation found Nebraska problem solving courts are operating effectively and efficiently, there are areas that can be improved:
 - Participants with higher criminal history risk could be accepted and effectively served in drug courts
 - Increased training in the 10 key drug court components and the Standardized Model for Delivery of Substance Abuse Services could benefit problem solving courts, particularly family drug courts
 - Review of admissions procedures for select courts could identify causes for racial/ethnic disparities; culturally competent approaches could improve services
 - Improvements could be made by ensuring full participation of county attorneys, defense attorneys, judges, law enforcement, and treatment providers in problem solving court teams
 - Drug court teams could benefit from additional training and team building
 - Additional funding would enhance key supports for drug courts including participant incentives, access to day reporting centers, and enhanced treatment
 - Programs could be improved through standardized procedures for reporting treatment progress and fidelity to evidence based practices

- Time between arrest and drug court admission could be reduced, thereby improving outcomes for participants
- The quality of problem solving courts could be improved through ongoing program evaluation

PURPOSE OF THE STUDY

The program evaluation was conducted by the University of Nebraska Public Policy Center under a contract with the state of Nebraska. There are 22 problem solving courts in Nebraska (10 adult courts, five juvenile courts, five family courts, one young adult court, and one Driving Under the Influence (DUI) Court).



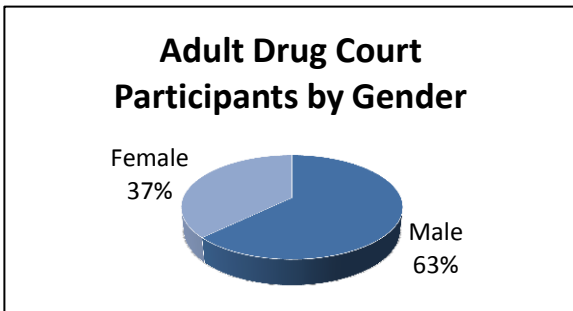
The purposes of the study included the following:

- Understand what is working well and what can be improved in Nebraska’s problem solving courts
- Understand who is being served through problem solving courts
- Understand how problem solving courts operate
- Understand what problem solving courts cost
- Understand how effective problem solving courts are in Nebraska and what factors are associated with positive outcomes
- Understand how problem solving courts can continuously evaluate and improve their services

WHO DO NEBRASKA PROBLEM SOLVING COURTS SERVE?

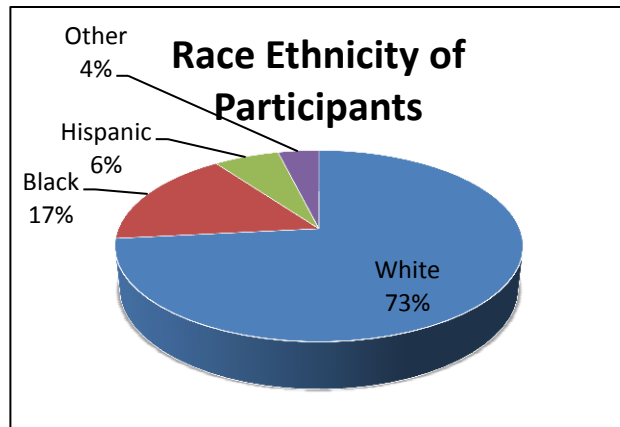
The evaluation focused on offenders who were served in Nebraska problem solving courts from January 2007 through April 2011. During this time period, at least 1862 individuals were served by Nebraska problems solving courts. About 80% were served in adult drug courts. Only one of the family dependency drug courts reported numbers served. As of July 30, 2011, 726 participants had graduated from drug court, 609 participants had been terminated, and 527 were currently active. The average age for adult drug court participants is 30.3 years of age, and the average for juveniles is 16.6. The average age for the young adult drug court is 19.7 years.

Type of Court	#
Adult Drug Courts	1482
Juvenile Drug Courts	292
Lancaster Family Court	34
Young Adult Court	31
DUI Court	23
Total	1862



Participants in Nebraska’s problem solving courts are predominately male: 63% of adult drug court participants and nearly 80% of juvenile court participants are male. Participants in the young adult court (65%) and DUI court (78.3%) are also mostly male, while participants in family court are mostly female (97%).

Most participants were white, although there were substantial racial/ethnic differences across courts, reflecting unique demographics across Nebraska communities. A comparison of drug court participants to probation participants revealed few racial/ethnic disparities, although one adult drug court included fewer racial minorities than anticipated. Nearly all juvenile and young adult court participants were single. Most adult court participants were also single (64%), while 14% were divorced, 12% were married, 7% were separated, 4% were cohabitating, and 9% were widowed. Most adult drug court participants were charged with a class 2 through 4 felony, while the majority of juvenile drug court participants were charged with juvenile offenses. Cannabis was the most common primary drug of choice for participants in both adult and juvenile drug courts.



KEY FINDINGS AND RECOMMENDATIONS

Problem Solving Courts in Nebraska Reduce Crime, Addiction and Costs

In this evaluation, we found Nebraska problem solving courts are following best practices for drug courts. National research has shown programs using best practices are effective in reducing recidivism and the effects of addiction for participants.

Rigorous studies have clearly demonstrated the effectiveness of adult drug courts in reducing crime and alcohol/drug use and in improving the lives of drug court participants (e.g., Lowenkamp, Holsinger, & Latessa, 2005). Preliminary findings also suggest juvenile drug courts and family dependency drug courts that adhere to best practices are likely effective in preventing recidivism (e.g., Boles, Young, Moore, & DiPirro-Beard, 2007; Henggeler, et. al, 2006).



In this evaluation we reviewed the operations of problem solving courts in Nebraska and found courts are following best practice standards and principles for drug courts, thereby operating effectively.

- Problem solving courts have regular, often interdisciplinary team meetings in which cases are reviewed, determinations are made about sanctions, incentives, or graduations, and new applications are reviewed. Team meetings regularly comprise prosecuting and defense attorneys, treatment representatives, law enforcement, the program coordinator and supervisors, and the judge. The judge usually presides over and manages all team meetings as the leader, but there were exceptions in some programs.
- During team meetings, judges showed an understanding and appreciation of treatment considerations for participants. Although judges may not have formal training in behavioral health or drug/alcohol treatment, they did show a significant understanding of the treatment process and valued the input of treatment professionals.
- Judges play the central role in hearings procedures. The judges discuss the progress of each participant on a one-on-one basis and with attorneys. The judges direct sanctions or incentives to individuals, and showed a good understanding of the importance of providing both positive and negative feedback to participants. Direct interaction during hearings with participants ranged from a few minutes per participant in some of the larger courts, to up to ten or more minutes in smaller programs; research indicates the more time judges interact with participants, the better the outcomes. In the juvenile court programs, judges also interacted with parents on a regular basis.

- Both case supervisors/probation officers and representatives from treatment providers play a critical role in team meetings by informing the rest of the team of the day to day progress of program participants. In all the team meetings observed, the judge and attorneys listened carefully to what supervisors and treatment representatives had to say about individual cases.
- Prosecuting attorneys were present in all hearings observed, and played a regular role in discussing the case progress of individual participants during actual hearings. Public defenders were not regularly present in hearings. In roughly half of the site visits we conducted, public defenders were not present during hearings.
- Interviews conducted with program coordinators indicated that most programs were aware of the ten key components of drug courts, and actively striving to incorporate those principles into regular activities. In practice, program coordinators indicated that structural issues sometimes impeded full implementation of all components. For example, a number of programs indicated that they needed more support and knowledge with evaluation (Key Component 8 - Monitoring and evaluation measure the achievement of program goals and gauge effectiveness).
- Most programs were in compliance with the Standardized Model for Delivery of Substance Abuse. A small minority of programs indicated they were unaware of specifics regarding this requirement.

Although Nebraska program are generally operating according to the ten key components, there are opportunities for improvement:

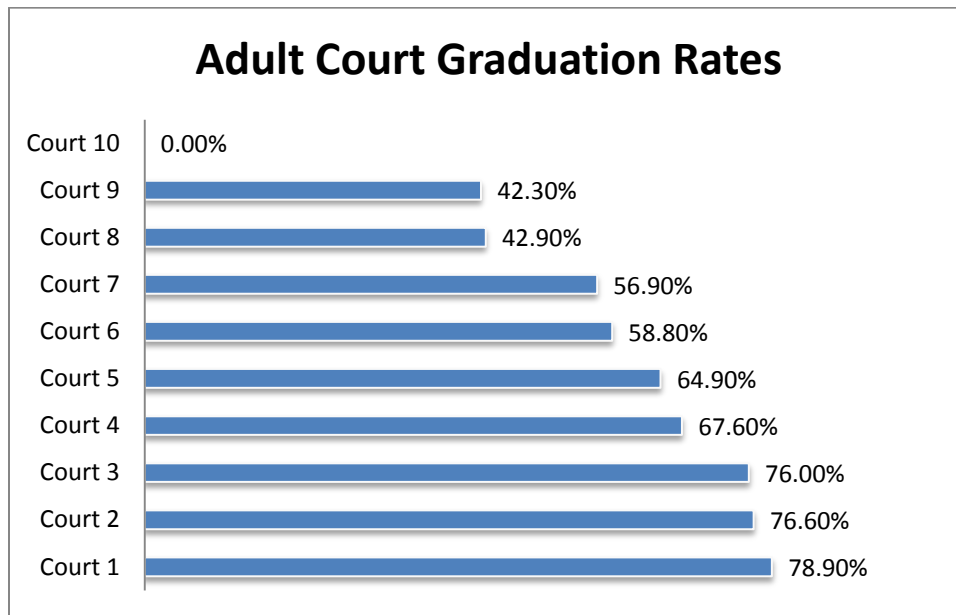
- Problem solving courts across the state vary considerably in terms of team dynamics, judicial interaction styles, the use of incentives and sanctions, and program admission characteristics. However, all programs adhere to core principles of problem solving courts. There is a balance that needs to be maintained between preserving the local characteristics of individual courts to ensure buy-in and participation by judges, attorneys, and communities; versus the importance of mandating a foundation of common principles and operational processes across all problem solving programs in Nebraska.
- There are a number of practices that have been found to improve outcomes for problem solving court participants. These practices include the amount of time the judge spends talking to each participant (outcomes are improved if the judge spends at least three minutes with each participant), the length of time participants spend in the problem solving court program (outcomes are improved if participants spend at least 12 months in problem solving court and have at least 90 days of clean drug tests before graduation), and the types of individuals on the problem solving court team (outcomes are improved if teams include law enforcement and treatment providers) (Carey, Finigan, & Mackin, 2011).

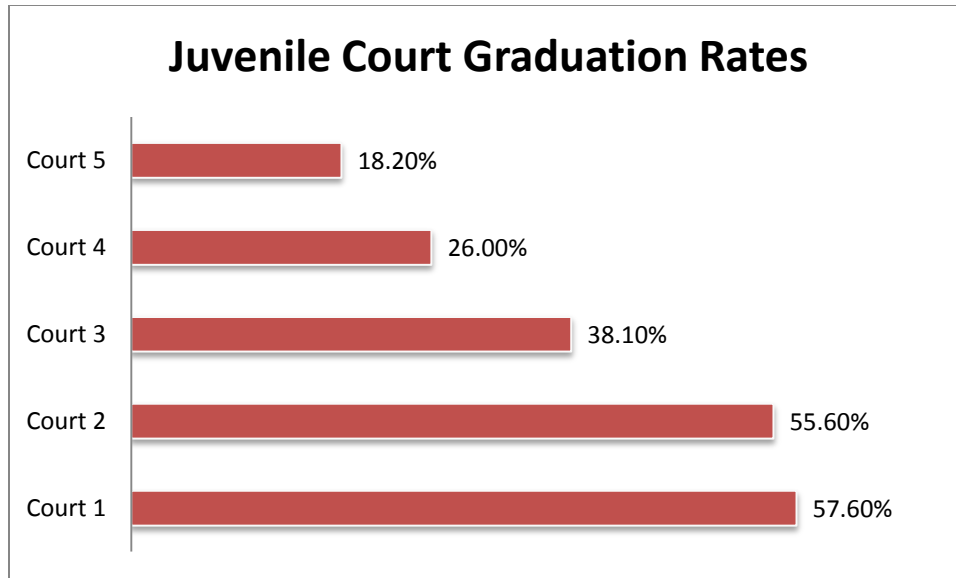
Ongoing evaluation can help assure Nebraska problem solving courts adhere to these evidence based practices.

- Efforts should be made to re-orient problem solving court team members to the requirements of the Standardized Model for Delivery of Substance Abuse Services, particularly with the family drug programs.

Problem Solving Courts in Nebraska Yield Effective Outcomes

The evaluation examined graduation rates and recidivism rates for Nebraska’s problem solving courts. The rates for Nebraska programs meet or exceed national averages. Apart from one rural drug court with no graduations during the study period, Nebraska adult court graduation rates range from 42.3% to 78.9%. Nationally, graduation rates range from about 40% to 65%, with an average rate of 57% (Huddleston & Marlowe, 2011). Graduation rates for Nebraska juvenile drug courts are lower than for adult drug courts, ranging from 18.2% to 57.6%, consistent with national averages. There were significant differences in graduation rates across courts; these graduation rate differences are likely due to differences in participant level of risk accepted by the programs rather than an indicator of quality.





Nebraska problem solving courts also have a relatively low rate of recidivism. As shown in the table below, the recidivism rate for adult drug court graduates is 4.5%. Problem solving court graduates are significantly less likely to recidivate than participants who do not complete the program, indicating drug courts are working in Nebraska.

Recidivism* Rates for Graduated and Terminated Participants in Nebraska Adult Drug Courts	Adult Drug Courts	
	Successful Completion (Graduated)	Unsuccessful Completion (Terminated)
Recidivated	27 4.5%	33 7.3%
Did Not Recidivate	577 95.5%	417 92.7%
Sample Size	604	450

* For adult courts, post-program recidivism is defined as an arrest that occurs after program exit for a new offense if, and only if, that arrest eventually results in a conviction for a felony, drug/alcohol-related misdemeanor, or DUI offense (excluding traffic offenses other than DUI). Participants were tracked for one year after drug court.

Problem Solving Courts in Nebraska Save Tax Dollars

The study included an estimate of costs for each problem solving court. For each program, we obtained costs for salaries, benefits and operations for the program, estimates of costs for judges and attorneys who participate in problem solving courts, program costs associated with client fees, treatment costs, and cost for time participants spent incarcerated. The average estimated per day cost for each drug court participant (including case management, treatment, fees and jail/detention) ranged from \$12.08 to \$45.81 for adult courts and from \$37.19 to \$88.19 for juvenile courts. The per participant average cost (per day cost multiplied by Average Length of Service in the program (ALOS)) ranges from \$7,707 to \$25,643 for adult drug courts and from \$15,545 to \$45,082 for juvenile courts.

Adult Drug Courts save between \$2,609,235 and \$9,722,920 in tax dollars per year in Nebraska.

It is difficult to meaningfully compare costs for Nebraska problem solving courts to national averages because of different methodologies used in different studies. Many of the national studies exclude treatment costs and the costs associated with judges and attorneys. However, relative to other studies using comparable methods and study parameters, Nebraska's problem solving courts were either similar in cost or less costly than programs in other jurisdictions (Carey & Finigan, 2003; Carey et al., 2009; Mackin et al., 2009).

**Average Costs for Adult Drug Courts
(including DUI and Young Adult Courts)**

	Per day	ALOS	Per Person Cost
Court 1	\$12.08	638	\$7,707.04
Court 2	\$18.30	536	\$9,808.80
Court 3	\$20.56	830	\$17,064.80
Court 4	\$21.48	661	\$14,198.28
Court 5	\$21.97	N/A	N/A*
Court 6	\$23.22	665	\$15,441.30
Court 7	\$23.72	765	\$18,145.80
Court 8	\$27.26	572	\$15,592.72
Court 9	\$30.34	790	\$23,968.60
Court 10	\$39.26	628	\$24,655.28
Court 11	\$40.13	639	\$25,643.07
Court 12	\$45.81	476	\$21,805.56

Average Costs for Juvenile Drug Courts

	Per Day	ALOS	Per Person Cost
Court 1	\$37.19	418	\$15,545.42
Court 2	\$42.11	394	\$16,591.34
Court 3	\$85.06	530	\$45,081.80
Court 4	\$88.19	378	\$33,335.82

Although the costs for Nebraska problem solving courts are estimates, these approximate costs can be used to provide a general idea of cost savings produced through these programs. For the 10 adult drug courts, the one young adult problem solving court and the DUI court, the estimated costs for one year are \$4,201,740. For the types of participants served through problem solving courts, the alternative if these programs were not available would be jail or prison. The estimate for serving the same number of individuals for one year in jail is \$6,810,975 (based on \$45/day) and the estimate for serving them in prison is \$13,924,660 (based on \$92/day). Hence, it is reasonable to estimate these 12 problem solving courts save between \$2,609,235 and \$9,722,920 per year. These are likely conservative estimates since the jail costs may not include ancillary costs such as treatment services. In addition, these savings estimates do not account for the reduction in future victim and societal costs resulting from lower recidivism rates.

While the cost study provided some general estimates for cost savings, we believe more thorough cost benefit and cost effectiveness studies could be conducted if better data collection processes were in place. A major challenge in collecting cost information is the lack of financial data maintained and reported by treatment providers. Many providers

had difficulty matching cost to individual drug court participants. A standardized, ongoing process for collecting this information would ensure a better understanding of the complete costs of problem solving courts and allow an evaluation of how cost are related to outcomes. The minimum financial data that should be collected for each problem solving court includes the following:

1. Operations costs including salaries and benefits of staff, rent/utilities, supplies/equipment, travel, training, and other operational costs
2. Costs of incentives and sanctions including costs of incarceration when used as a sanction
3. A systematic method to document the amount and cost of time dedicated by drug court team members who are not funded through the operational budget (e.g., judges, attorneys, law enforcement)
4. Costs of treatment and support services including substance abuse and mental health treatment, employment training services, educational services, parent training services, etc.
5. We recommend that costs be collected by funding source for each of the above categories.

Nebraska problem solving courts are a valuable resource in Nebraska that lead to improved outcomes and reduced criminal and juvenile justice costs. Additional funding could be used to enhance programs across the state by training new team members; often federal grant resources allowed initial team members to be trained, but as the original team members left, new team members have not had the same opportunities. Additional funding could also be used for incentives for problem solving court participants. In many programs, the judge or coordinator use their personal resources to purchase incentives. Day reporting centers are considered an important resource that improves drug court outcomes; however, in rural areas, these centers are lacking. In addition, treatment resources are lacking, particularly in rural areas; additional resources would provide for an increase in availability and accessibility of services. As shown in the cost analysis, investments in problem solving courts save resources over time.

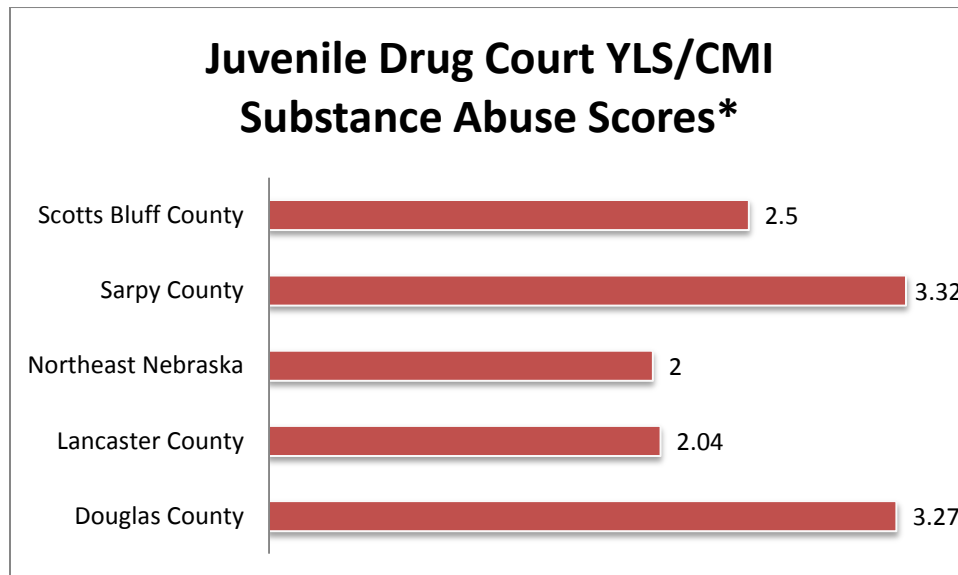
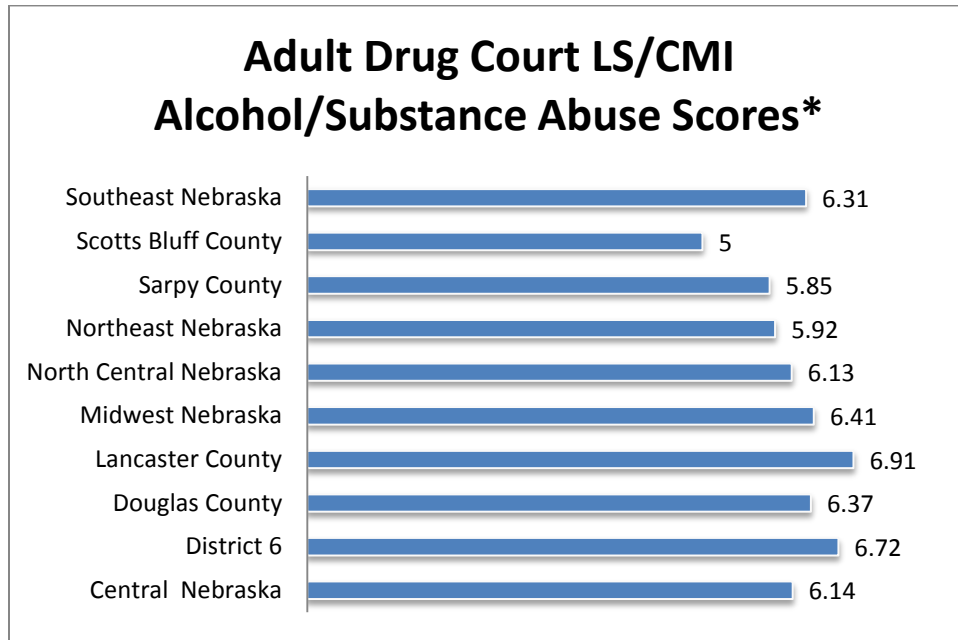
Problem Solving Courts in Nebraska Serve High Risk Offenders

There is an emerging national consensus that problem solving courts should be serving high risk/high need offenders. If drug courts are considered a scarce resource, they should be used for those offenders who receive the most benefit and produce the most cost savings. Cost effectiveness studies have shown these are offenders who have high need for substance abuse intervention and are at high risk for reoffending.

“Research has clearly demonstrated that intensive treatment services should be reserved for individuals with the most severe drug use problems. Providing intensive services to those with less severe problems is not only a waste of valuable resources (particularly since these individuals tend to do as well with less intensive intervention), but may actually make their drug use problem worse.”

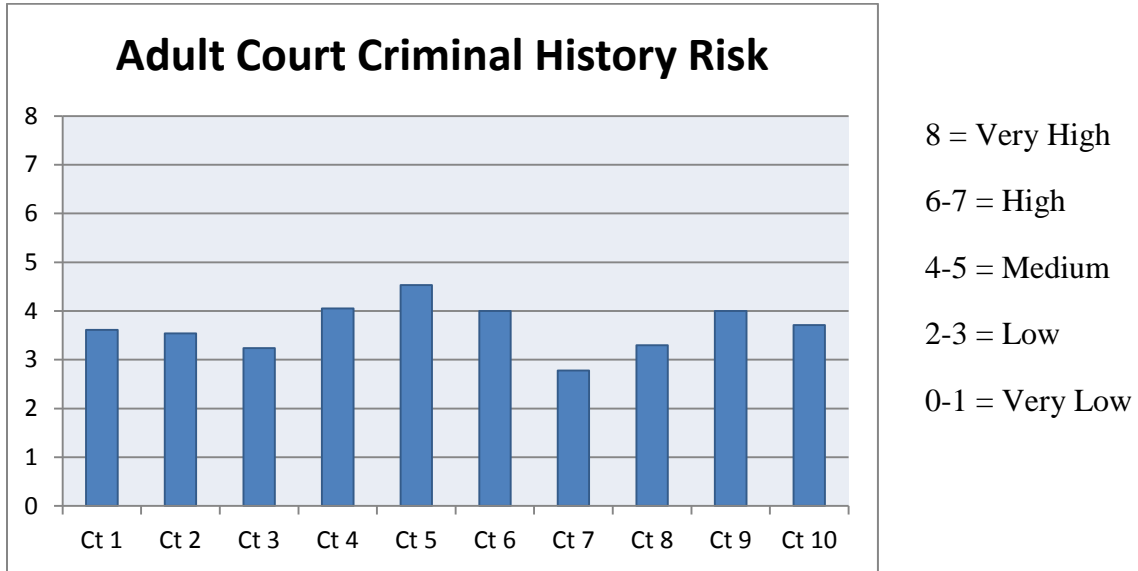
- Knight et al. (2008)

Nebraska problem solving courts are serving a high risk population. For example, adult drug courts are serving high to very high risk population based on the Alcohol/Drug Abuse Subscale of the Level of Service/Case Management Inventory (LS/CMI), and juvenile drug courts serve participants with a moderate to high level of risk based on the Youth Level of Risk/Case Management Inventory (YLS/CMI).



*Adult Alcohol/Drug Problem scores range from 1-8 with 1=very low and 7-8= very high. Juvenile Substance Abuse scores range from 0-5 with 0=low, 1-2=moderate, and 5= high.

Although Nebraska problem solving courts generally serve high risk population based on substance abuse risk, participants tend to score lower on criminal history risk. For example, participants in adult drug courts tend to be low to medium risk on the LS/CMI criminal history scale, and participants in juvenile drug courts tended to be in the low to moderate range of the Prior Criminal Offenses Scale of the YLS/CMI.



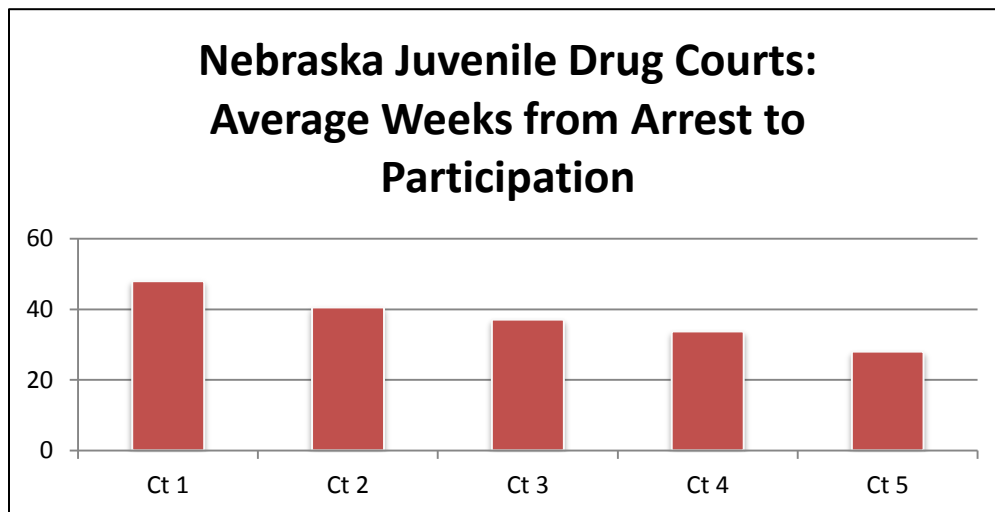
YLS/CMI Prior Criminal Offense	Douglas County	Lancaster County	Northeast Nebraska	Sarpy County	Scotts Bluff County
Mean	0.81	0.85	2.14	0.88	1.75
Sample Size	64	26	7	66	8

A number of coordinators thought their courts could serve higher risk offenders, but often other problem solving court team members were reluctant to serve offenders with high risk levels. Some team members, particularly prosecutors and law enforcement, believe the appropriate risk level for problem solving court is “moderate.” It would be useful to develop briefing materials to share with team members regarding the risk level of participants most appropriate for problem solving courts. Understanding that taking high risk offenders is the most cost effective approach may help team members in selecting participants. It may also be useful to administer screening tools prior to drug court acceptance to more thoroughly understand the risk level of potential candidates.

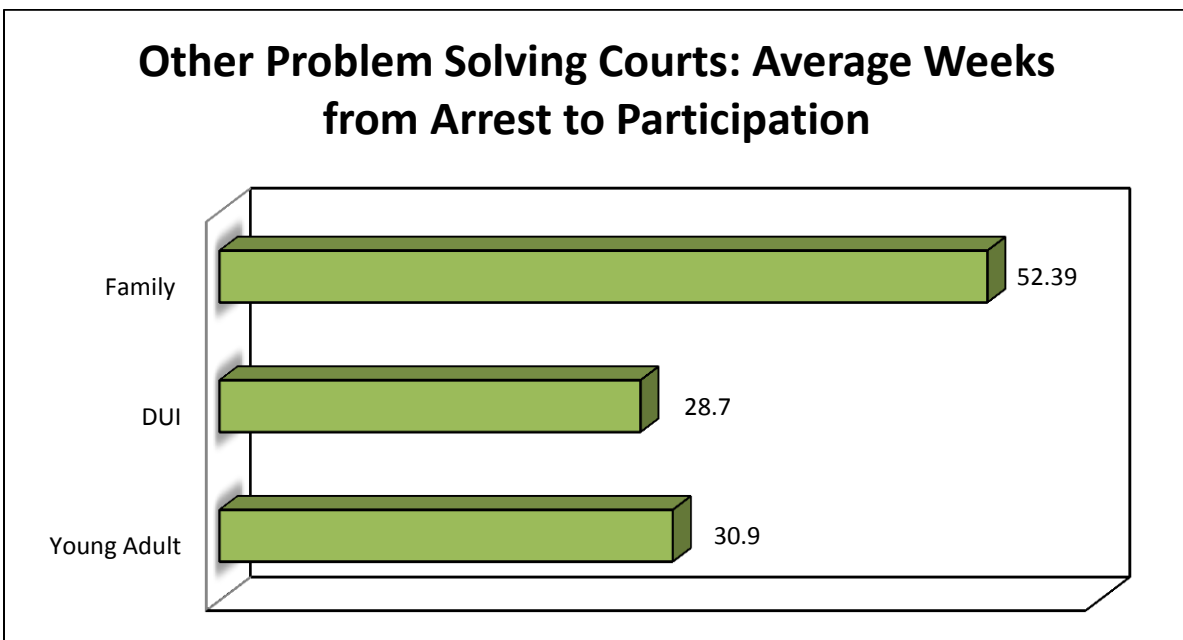
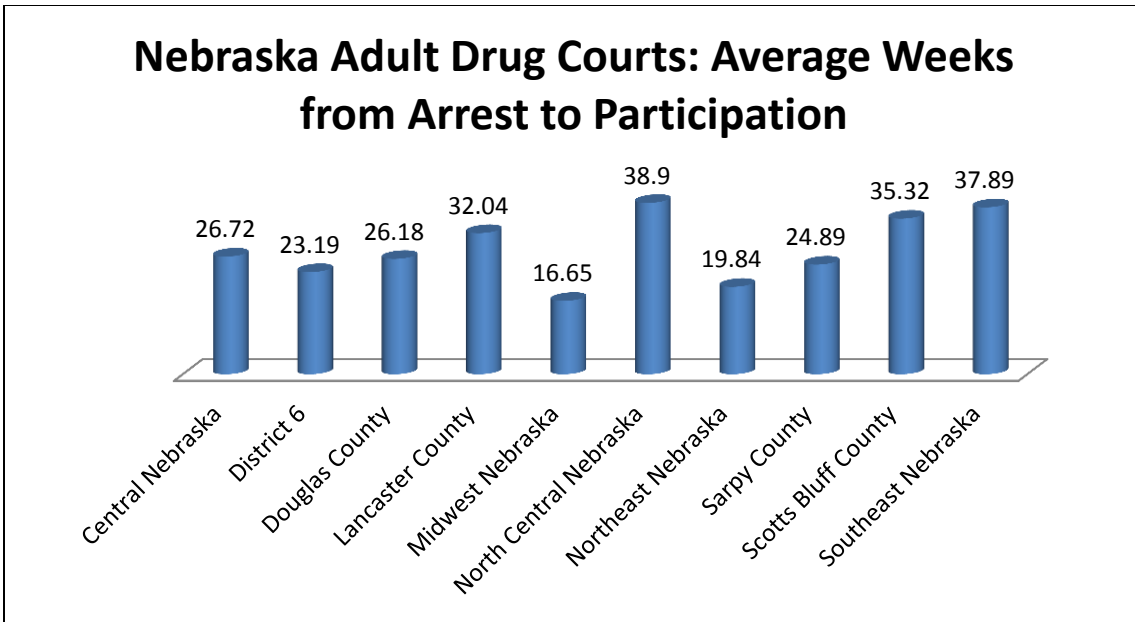
Problem Solving Courts in Nebraska Should Reduce the Length of Time Between Arrest and Enrollment

One of the key components of problem solving courts is, “eligible participants are identified early and promptly placed in the drug court program.” Best practices suggest that a shorter length of time between arrest and enrollment is important to ensure success of participants, and research suggests the time between entering drug court and receiving court-ordered services impacts graduation rates (Colorado Department of Public Safety, 1999; Meyer & Ritter, 2002).

Although there are differences across courts, the evaluation indicates participants have to wait many months from the time they are arrested until they are enrolled in problem solving courts. This is true for all types of problem solving courts. Likely reasons for this delay include lack of resources for drug courts to accept all offenders who are eligible, procedural issues that delay the time for a person to be referred to problem solving courts, and trying alternative programs (e.g., probation, diversion) first before offenders are sent to drug court.



It may be useful both at the state level and at the local court level to examine the Nebraska juvenile and criminal justice processes to determine if there are ways to decrease the time between arrest and enrollment.



Problem Solving Courts in Nebraska Should Enhance Educational and Employment Opportunities for Participants

Problem solving courts in Nebraska have emphasized the development of education and employment skills for participants. Currently, Nebraska problem solving courts emphasize education and employment skills for participants, and the evaluation confirms the need to continue this focus. The evaluation revealed that persons who are employed more hours and have higher levels of education tend to be more successful in problem solving courts, and increases in level of education predict success. Individuals with less

education and who work fewer hours at entry into problem solving court, tend to be less successful. These results suggest special emphasis is warranted to engage these types of participants and to develop strategies to raise education levels and to create successful employment experiences.

Adult Drug Court	Age at Program Start	Hours Worked Per Week	Education Level
Correlation with Program Completion Status	0.152*	0.114*	10.750* (Chi Square)
p-value	< .001	< .001	<.001
Sample size	1032	1006	945

Problem Solving Courts in Nebraska Should Enhance Drug and Alcohol Treatment for Participants in Problem Solving Court

Treatment is an invaluable component to the drug court process. Based on the evaluation, there are a number of ways to enhance substance abuse treatment for participants:

- We found the number of drugs participants used was a significant factor in predicting graduation. It is important then for service providers to use evidence based practices, particularly those practices shown to be effective in addressing poly-drug use.
- Coordinators, particularly in rural parts of the state, identified the lack of service providers as a major barrier to success for problem solving court participants. To address this issue, it is important for programs to work with state partners to increase the availability and accessibility of quality substance abuse services.
- A number of coordinators indicated that not all service providers were of the same quality. Some also expressed frustration that some providers provided minimal information about progress in treatment. It would be helpful to develop guidelines for providers to clearly report what evidence based practices they are using, why the practice is appropriate for the needs of particular individuals, how they are monitoring fidelity to the practice, and what objective measures they are using to track progress and improvement for participants.
- Most coordinators believe day reporting is a valuable component to participants; however, some programs, particularly in rural areas, have less access to and resources for, day reporting centers. As with many services in Nebraska, rural areas often have fewer treatment or community services available. So it is not surprising that rural problem solving courts have less access to day reporting

centers than urban courts. To enhance the availability of this important service, it is important to develop funding strategies to enhance access to day reporting centers.

Problem Solving Courts in Nebraska Should Develop Practices to Enhance Services to Racial Minorities

For adult courts, African Americans and Native Americans were found less likely to graduate than other populations. For juvenile courts, African Americans were also found less likely to graduate than other groups. This finding is not unique to Nebraska and is consistent with other studies indicating racial and ethnic minorities, particularly African Americans, do less well in problems solving courts than white/Caucasians (see Finigan (2009) for a summary of studies). Culturally competent approaches include matching evidence based practices to populations being served, conducting training in cultural and linguistic competence, and tailoring services and strategies to the unique cultural needs of participants. Unique culturally competent approaches for Native Americans have been developed that can be used as a resource (Tribal Law Institute, 2003). The evaluation also revealed racial disparities in one adult drug court; efforts should be made to assess systems and processes that may be contributing to this disparity.

Relationship of Race/Ethnicity to Graduation for Adult Drug Courts

Adult Drug Court	White/ Caucasian	Black/ African - American	Hispanic	Other
Percent Graduating	61.6%	40.9%	65.5%	44.9%
Group Size	760	193	58	49

F(3,1056) = 10.778, p < .001

Relationship of Race/Ethnicity to Graduation for Juvenile Drug Courts

Juvenile Drug Court	White/ Caucasian	Black/ African - American	Hispanic	Other
Percent Graduating	45.7%	18.8%	23.5%	33.3%
Group Size	151	32	17	15

F(3,211) = 3.527, p = .016

Nebraska Problem Solving Courts Should Enhance Program Evaluation Capacity and Quality Enhancement

We were able to access useful data for this evaluation, and we believe the analysis provides important direction for Nebraska problem solving courts. However, enhancing the program evaluation capacity will allow additional questions to be answered such as

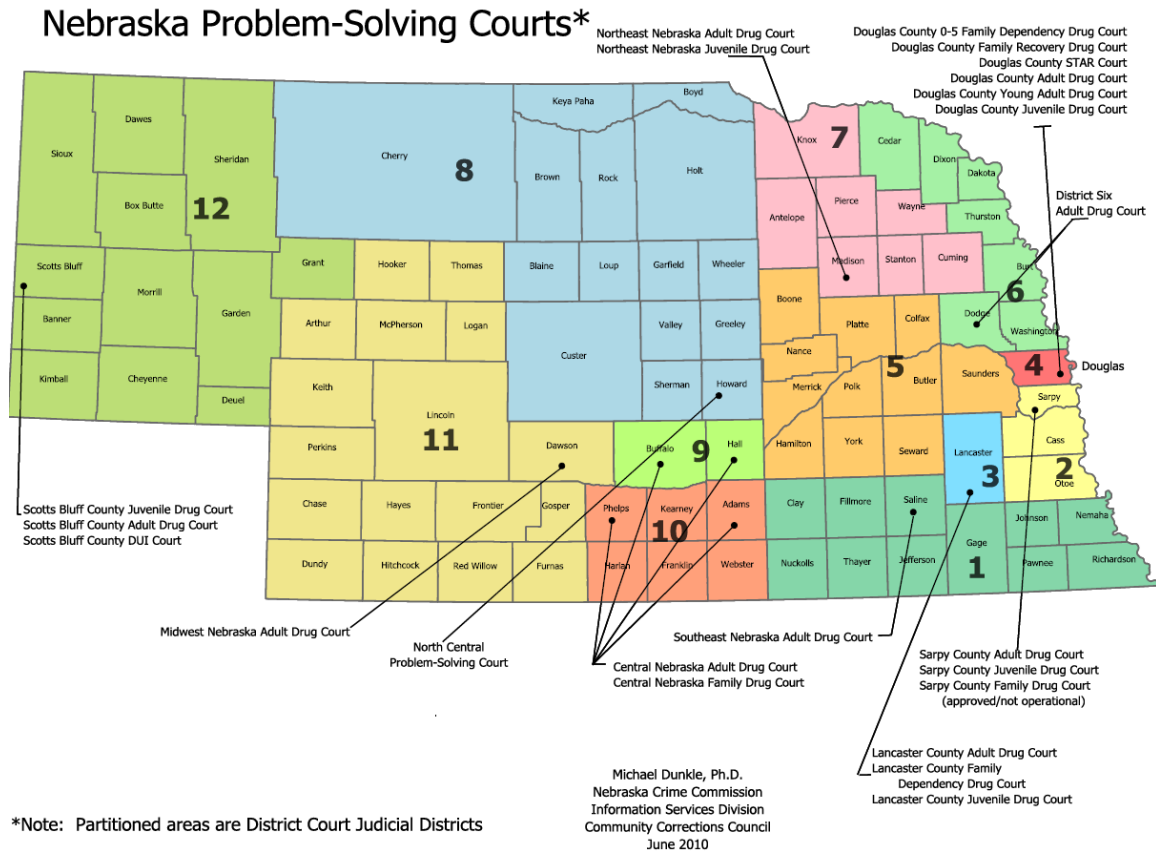
the relationship between costs and outcomes and the effectiveness of family dependency drug courts. Ongoing program evaluation allows programs to improve the quality of their operations and to make informed policy and programmatic decisions leading to better lives for participants.

Recommendations for increasing the evaluation capacity for problem solving courts include the following:

- Implement periodic peer practice reviews and a formal process for ongoing fidelity measurement and analysis
- Develop a data dictionary for the current Problem Solving Court Management Information System (PSCMIS)
- Provide additional resources to enhance the PSCMIS such as building in automated calculators and reports, adding fields to allow data collection over time, and reducing the number of fields for text information, and developing protocols to ensure the quality of data
- Work with family dependency drug courts to participate in the PSCMIS and to enhance their operations
- Continue the valuable statewide collaboration of problem solving court coordinators and increase training for local drug court teams and other stakeholders
- Ensure judges, law enforcement, treatment providers, and other key participants are actively involved on problem solving court teams

CHAPTER 1: INTRODUCTION

This evaluation is designed to examine problem solving courts in Nebraska. The Nebraska Problem Solving Courts are shown in Figure 1.1.



Project Design and Implementation

The evaluation was conducted by the University of Nebraska Public Policy Center under contract with the Administrative Office of the Courts. The Public Policy Center is a nationally recognized unit that regularly works with the judicial system in Nebraska (e.g., since 2001 it has served as the research lead and coordinator of the state’s Minority Justice initiative), collaborates with the National Center for State Courts (e.g., *How the Public Views the State Courts*, 1999) and serves as national evaluator on such diverse projects as the Centers for Disease Control’s *Public Engagement Pilot Project on Pandemic Influenza* (2005, chap. 6). The evaluation included a participatory program evaluation design, which is particularly useful for complex projects that are collaborative in nature (Greene, 1988; Mark & Shotland, 1985). Participatory evaluations provide stakeholders a greater role in the evaluation process, thus ensuring a greater understanding of the benefits of evaluation in the early stages of implementation. In addition, participation allows stakeholders to influence and share control over the implementation by influencing the parameters that guide the processes, decisions, and

resources. Stakeholder participation helps with the interpretation of data in the context of the system's actual work, and may generate additional evaluation questions based on the needs of the participating organizations. The Evaluation Team included problem solving court coordinators, judges, court administrative personnel, and service providers. The team assisted with development of protocols and selection of data collection procedures that maximize the utility of the information collected while minimizing the burden of data collection. The Evaluation Team also assisted in generating additional evaluation questions and interpreting data.

Evaluation Questions

The evaluation was both formative – designed to examine and improve current practices, and summative – designed to determine program outcomes. The evaluation attempted to answer the following major questions:

Questions related to participant characteristics:

1. How do offender characteristics compare to admission criteria, sentencing guidelines, and offenders not admitted to drug court (e.g., disparity in minority access)?
2. What are the issues related to accessing drug courts/substance abuse services?

Questions related to program implementation:

3. What are the program components (e.g., types and amounts of services/sanctions/court procedures) for each court, and how do they compare across courts?
4. How does practice compare to designed procedures (fidelity) and best practices?

Questions related to outcomes:

5. How do participant outcomes (e.g., post-program recidivism) match up to comparison group outcomes?
6. How are outcomes associated with client characteristics (e.g., severity of offense, demographics, treatment needs, sentencing guidelines), program implementation (e.g., treatment dosage), and costs?

Question related to evaluation capacity:

7. What is the increase in evaluation capacity at the state and local levels?

Evaluation Design

To answer these questions, we used a mixed methods design including qualitative and quantitative approaches. Quantitative data was accessed through the Nebraska Problem Solving Court Management Information System. All quantitative information was stored and analyzed using SPSS, a statistical software package for the social sciences. The evaluation also included qualitative information related to program access, process, and perceived outcomes. Qualitative information included reviews of each court's policies and procedures, direct observation of drug court proceedings, and interviews or focus groups with drug court coordinators. All tools and protocols (e.g., data collection, analysis scripts, interview questions) are made available and accessible to local and state court officials via inclusion in the evaluation report and through a toolkit developed as part of the evaluation.

Participant Information

The information examined pertaining to participants (and family members, where relevant) included characteristics such as demographics, needs, criminal history, eligibility factors, and risk factors. This information was acquired from the existing PSCMIS. A discrepancy analysis was used to compare participant demographic information (e.g., race, ethnicity, gender, age,) with demographics of the comparison group. This analysis was intended to identify whether racial/ethnic minorities and other demographic groups are being differentially served by Nebraska drug courts. We also examined education levels, employment levels, types of crimes committed, and types of substances abused to better understand the populations served by problem solving courts and to determine if there are differences across courts

Outcome Information

Criteria related to program success included number of participants successfully completing drug court, employment status upon program completion, educational attainment upon program completion, improvement in risk scores and post-program recidivism. The evaluation will identify outcomes by program (e.g., graduation versus termination) and conduct multivariate analyses to explore associations between outcomes and participant characteristics (e.g., demographic information, criminal offenses, Level of Service/Case Management Inventory (LS/CMI) information), and program characteristics (e.g., number of sanctions number of court hearings). The outcome analysis was conducted for graduates of drug courts, and for the comparison groups.

Program Information

Process variables that could be quantified include such factors as frequency of drug tests, number of court hearings, number of incentives, and number of sanctions imposed. Program information was compared across courts. Actual court practices were compared to evidence-based or promising practices as they are articulated in available literature. Qualitative data, including interviews with drug court participants, drug court staff, and treatment professionals and drug court observations, were used to understand how the processes function in the field. Interview questions and observation criteria were based on the 10 key drug court components and best practice guidelines. The observations of court proceedings and team meetings serve as a way to validate or explain court functions.

Data Elements

The evaluation included a review of the completeness and quality of information in the PSCMIS database. The primary focus of the quantitative analysis included the Statewide Performance Measures which were in the PSCMIS system, data was complete, and captured in a manner that allowed meaningful analysis. We worked with problem solving court coordinators to understand what types of data they were entering in the data fields and, in the absence of a standard statewide data dictionary, what definitions they were using for the data.

Through both examination of the database and discussions with PSC Coordinators, some modifications were identified which could make future evaluation and ongoing tracking of Statewide Performance Measures easier. Much of the data in the PSCMIS had to be recoded to be of use in the analysis. Data for comparison groups was obtained from the probation database. A summary of the data used in the quantitative analysis and a description of the methodology can be found in Appendix 3. There are some caveats to the data analysis. For some of the variables, the sample size was too low to analyze statistically. In many of these cases, we included the data in the tables so the reader could see the descriptive information; however, these low number variables were not included in the analysis. For all pairwise analyses, the level of significance we used is a p value less or equal to .05.

Report Structure

Following are the evaluation questions and where to find the results pertaining to those questions:

1. How do offender characteristics compare to admission criteria, sentencing guidelines, and offenders not admitted to drug court (e.g., disparity in minority access)?
2. What are the issues related to accessing drug courts/substance abuse services?

To understand the admission criteria of courts, we reviewed policies and procedures and conducted site visits to each court (see Chapter 3). To help understand who Nebraska problem solving courts are serving, we reviewed data pertaining to participant characteristics from the Problem Solving Court Management Information System ((PSCMIS), comparing participant characteristics across courts, to the literature and to admission criteria (see Chapter 4). To assess access to problem solving courts, we conducted a disparity analysis to determine whether certain groups were under-represented in each court (see Chapter 4), and examined length of time between arrest and admission into problem solving courts (see Chapter 5).

3. What are the program components (e.g., types and amounts of services/sanctions/court procedures) for each court, and how do they compare across courts?
4. How does practice compare to designed procedures (fidelity) and best practices?

To understand the programs and their components, we reviewed policies and procedures and conducted site visits for each court (see Chapter 1). To understand best practices, we reviewed the problem solving court literature (see Chapter 2). To understand the differences across courts, we used data from the PSCMIS to compare the different programs (see Chapter 5).

5. How do participant outcomes (e.g., post-program recidivism) match up to comparison group outcomes?

6. How are outcomes associated with client characteristics (e.g., severity of offense, demographics, treatment needs, sentencing guidelines), program implementation (e.g., treatment dosage), and costs?

To assess outcomes of problem solving court participants, we selected individuals who had successfully graduated from programs across the state and worked with the Nebraska Crime Commission to determine recidivism using a standard definition. We used a matched comparison of individuals on probation and compared these two groups. The data for this component of the evaluation are still being analyzed and will be reported when the analysis is complete (see Chapter 8).

7. What is the increase in evaluation capacity at the state and local levels?

To assess and enhance evaluation capacity at the state and local levels, we conducted a number of activities. During the site visits, we asked coordinators about their program evaluation efforts to better understand their knowledge and capacity (see Appendix 1). We also conducted two workshops on program evaluation, in which we examined a logic model framework and discussed how the logic model could be applied to the evaluation of individual problem solving courts in Nebraska. We reviewed the PSCMIS data system through a program evaluation lens, and provided recommendations below for enhancements that would improve the ability of the state and individual program to conduct program evaluations. Also, to allow replication of the current evaluation, we provide the evaluation tools (see Appendix 2) and a description of the methodology, which can be used for future evaluations (see Appendix 3). Finally, we developed a program evaluation tool kit which can be used by Nebraska problem solving courts (see Appendix 4).

CHAPTER 2: WHAT DO WE KNOW ABOUT PROBLEM-SOLVING COURTS?

Drug Courts and Best Practices

Since their inception, drug court programs have grown tremendously in the past two decades, and there are now over 2,100 such programs currently operating in the nation (Huddleston, Marlowe, & Casebolt, 2008). A number of studies have emerged indicating that drug courts are an effective intervention to reduce crime and improve addiction and substance abuse outcomes (Finigan, Carey, & Cox, 2007; GAO, 2005; Marlowe, DeMatteo, & Festinger, 2003). However, demonstrating the effectiveness of drug courts has been a development in progress. Earlier studies that featured randomized treatment and control groups were relatively rare (Whiteacre, 2004a). As more rigorous evaluation methodology has been employed with greater frequency, evidence has grown from randomized or quasi-experimental studies which does indicate the efficacy of drug court programming (Breckenridge, Winfree, Maupin, & Clason, 2000; Gottfredson & Exum, 2002; Gottfredson, Najaka, & Kearley, 2003; Gottfredson, Najaka, Kearley, & Rocha, 2006; Perry et al., 2009). However, there are also experimental or quasi-experimental studies which have shown no or minimal differences between treatment and control groups in drug court programs (Hepburn & Harvey, 2007; MacDonald, Morral, Raymond, & Eibner, 2007), and some commentators continue to question the methodological soundness of drug court evaluations generally (Gutierrez & Bourgon, 2009; Merrall & Bird, 2009). Additionally, some drug court studies have found that African Americans and other minorities, and certain types of drug users, are more likely to experience negative outcomes or fail than others (Banks & Gottfredson, 2003; Hickert, Boyle, & Tollefson, 2009; Listwan, Sundt, Holsinger, & Latessa, 2003; Roll, Prendergast, Richardson, Burdon, & Ramirez, 2005). Thus, although a significant weight of research does support the notion that drug court programs can and do work, there are at least areas for improvement in drug court programming, and a clear need to identify best practices (Lutze & van Wormer, 2007).

Drug Courts: A Basic Review

Drug court programs operate by using a court's legal authority to treat and change a participant's substance abuse behavior in exchange for dismissed or reduced criminal charges or sentences. The basis for this approach is grounded in the belief that drug and/or alcohol abuse is both a health and criminal justice problem, and that effective treatment of an underlying drug/alcohol problem will or might reduce criminal behavior (Lurigio, 2000; Vigdal, 1995). A typical drug court program involves the active participation of a judge who regularly monitors a participant's progress and dispenses sanctions or rewards with input from a prosecutor, defense attorney, and probation officials and treatment providers (GAO, 2005; Lowenkamp, Holsinger, & Latessa, 2005; NDCI & NCJFCJ, 2003). Although there is significant variation in drug court operations by jurisdiction and target population, the success of drug court programs has led to the

standardization of operating principles across drug courts, and a call for the use of evidence-based or evidence-informed practices in daily activities and provision of treatment.

Significant variation and trial-and-error characterized the experiences of earlier drug court programs. Courts experimented with drug case dockets in large cities starting in the 1950s, and limited forms of diversion programs or court processes existed, which emphasized screening, expedited processing, and other practices which laid the foundations for modern drug court programs (Belenko, 1998; Mahoney, 1994). In the first wave of modern drug courts in the early 1990s, most programs were mainly diversionary in nature, worked primarily with lower-level offenders in a pre-plea model, and operated without the benefit of knowing long-term recidivism rates (Cooper & Trotter, 1994; Huddleston, Marlowe, & Casebolt, 2008).

Since then, researchers have investigated programmatic components of drug courts to determine which aspects of the drug court process are most responsible for disposition and positive outcomes among participants. Studies have examined the role of the judge and judicial hearings (Festinger et al., 2002; Marlowe, Festinger, Dugosh, & Lee, 2005; Marlowe et al., 2003), drug or alcohol treatment (Banks & Gottfredson, 2003; Taxman & Bouffard, 2003), employment or other social support factors (Leukefeld et al., 2003; Mateyoke-Scriver, Webster, Staton, & Leukefeld, 2004) and personal characteristics of offenders (Garrity et al., 2008; Gray & Saum, 2005; Hartman, Listwan, & Shaffer, 2007; Roll, Prendergast, Richardson, Burdon, & Ramirez, 2005). Research has arrived at mixed results. Importantly, drug court professionals have begun moving towards developing best practices based on both the research evidence as well as from general principles of practice.

The Ten Key Components of Drug Courts

In 1997, the National Association of Drug Court Professionals (NADCP) established its 10 key components for drug courts, a move which drove national momentum towards standardizing operational principles for drug courts across the country (NADCP, 1997). The NADCP work identified the key components, their purposes, and a series of core benchmarks for achieving each component.

Key Component #1: Drug courts integrate alcohol and other drug treatment services with justice system case processing.

Key Component #2: Using a non-adversarial approach, prosecution and defense counsel promote public safety while protecting participants' due process rights.

Key Component #3: Eligible participants are identified early and promptly placed in the drug court program.

Key Component #4: Drug courts provide access to a continuum of alcohol, drug, and other related treatment and rehabilitation services.

Key Component #5: Abstinence is monitored by frequent alcohol and other drug testing.

Key Component #6: A coordinated strategy governs drug court responses to participants' compliance.

Key Component #7: Ongoing judicial interaction with each drug court participant is essential.

Key Component #8: Monitoring and evaluation measure the achievement of program goals and gauge effectiveness.

Key Component #9: Continuing interdisciplinary education promotes effective drug court planning, implementation, and operations.

Key Component #10: Forging partnerships among drug courts, public agencies, and community-based organizations generates local support and enhances drug court program effectiveness.

Generally, the components can be categorized as principles that address either drug court team dynamics (components 2, 6, 9, 10) or offender identification and screening processes (components 1, 3, 4, 5, 7) (Olson, Lurigio, & Albertson, 2001). Finally, there is also a key component (8) which specifically calls for integrating monitoring and evaluation mechanisms into overall court operations as well.

Case studies of the extent to which drug courts have effectively implemented the 10 key components into daily practices are mixed but largely positive. Whereas sentencing and other dispositional issues may have previously been determined by sentencing guidelines, criminal history, and the nature of the offense, drug court program decisions are based on a much larger scope of information. Drug court teams often review a wide range of information, including the offender's urine analysis results, treatment progress, mental health status, housing or community environment, education and employment, and family situation. This results in a greater amount of information that the team processes, and increased amounts of time, communication, and coordination among all drug court team members (Olson, Lurigio, & Albertson, 2001). Administering drug court programs are demanding and complex, and fully implementing all key components to an ideal level is often difficult to achieve. Challenges facing drug courts come from all directions. In a five-state survey of drug court judges and administrators, Nored and colleagues found that besides securing operating funds, the biggest perceived obstacles to administering drug court programs were lack of belief in drug courts by both offenders and law enforcement, lack of political support, and lack of interagency cooperation and communication (Nored, Carlan, & Goodman, 2009).

Still, drug courts have achieved significant levels of success despite challenges. Carey, Finigan, and Pukstas (2008) evaluated eighteen drug court programs and found that all 10 key components were implemented in some form in all programs. However, certain

specific forms of implementation were more common than others, and could thus be considered core practices of operational drug court programs (Carey, Finigan, & Pukstas, 2008). Other commentators have also identified core elements of drug court programming and areas of variation across jurisdictions (Casey and Rottman, 2005), prevalence and type of treatment services in drug courts (Taxman & Bouffard, 2002), and key functions of case management within the drug court program environment (Monchick, Scheyett, & Pfeifer, 2006).

Best Practices: Specific Areas

Overall Structural Administration of Programs

Because drug court programs span the criminal justice and health professions, finding areas in which there is successful communication and shared assumptions and objectives may be difficult to obtain in drug court programs (Olson, Lurigio, & Albertson, 2001). Drug court team members need to speak a shared language that will help them identify needs of offenders and coordinate effective strategies, and identify appropriate times to meet on a regular basis. Best practices that can be particularly effective for streamlining and improving team performance among drug court professionals include maintaining high staff to participant ratios, maintaining small caseloads for staff members, providing continual training and education for drug court personnel, and implementing individualized case management and treatment (Peters & Osher, 2004). These standards are, however, difficult to obtain and/or maintain in the context of most drug court programs and associated service providers. Treatment staff are often over-worked, underpaid, and experience high levels of stress and burn-out that can lead to high turnover rates (Gallon, Gabriel, & Knudsen, 2003; Woltmann et al., 2008). Drug court program coordinators should be prepared to continually seek funding streams that support a fully-functional program, and engage in ancillary activities that demonstrate program efficacy to potential supporters in the policymaking and philanthropic arena.

A comprehensive screening system should be developed at the point of entry, followed by continuing assessment and monitoring for participants. Principal screening criteria should be for drug use severity, mental health problems, motivation for treatment, and criminal thinking patterns (Knight, Flynn, & Simpson, 2008). Studies have indicated, generally, that drug courts are more successful for some types of offenders over others – with outcomes varying on criminal history, type and frequency of drug use, social and demographic characteristics, and other factors (Butzin, Saum, & Scarpitti, 2002; Hartley & Phillips, 2001; Schiff & Terry, 1997). Using standardized intake and assessment mechanisms, a proper screening and assessment system will either divert-out offenders who are likely to fail in drug court to more appropriate programs, or properly match incoming offenders into the most suitable drug court treatment track after entry (Johnson, Hubbard, & Latessa, 2000).

Cultural competency education should be integrated into trainings for drug court staff and associated service providers. Program coordinators should regularly assess cultural competency strengths and weaknesses. Although many drug court participants may share some socio-economic characteristics such as low levels of education and poverty-related

circumstances, studies have shown that African Americans and other minorities may have less positive drug court outcomes than whites (Brewster, 2001; Butzin, Saum, & Scarpitti, 2002; Dannerbeck, Harris, Sundet, & Lloyd, 2006). Women and young offenders also experience particular circumstances that might impose barriers to successful drug court outcomes. Women offenders may be more likely than men to have child care-taking responsibilities, less education, more employment problems, high rates of mental health problems, and be victims of sustained physical, emotional, or sexual abuse as adults or children (Dannerbeck, Sundet, & Lloyd, 2002; D'Angelo, & Wolf, 2002; Grella, 2008). Juvenile offenders may have motivational or anti-social problems that impede willingness to follow drug court orders and work with staff (Lutze & van Wormer, 2007; Whiteacre, 2004b; Winters, 1999). Drug court staff should regularly assess how a participant's cultural characteristics might impact their behavior and performance in the program (Osborne, 2008). Additionally, drug court staff, including judges, must be cognizant of the possibility that employing standard treatment regimens across populations with varying characteristics and backgrounds may lead to disparate results.

Role of the Judge and Issuing of Rewards/Sanctions

The judge plays a key role in drug court programming by regularly interacting with and monitoring the offender through treatment progress and drug monitoring, and issuing the applicable rewards or sanctions. Much research has been conducted on the importance of the judge and judicial hearings on drug court outcomes. Findings have been mixed in regards to the frequency with which judicial interaction or the number of judges involved in a single offender's case impacts outcomes (King & Pasquarella, 2009; National Institute of Justice, 2006). Nonetheless, there is a general consensus that frequent and regular involvement of a judge in monitoring offender progress and serving a leadership position within drug court teams is essential to programming success (Marlowe, Festinger, & Lee, 2004; Marlowe et al., 2003, 2008; National Institute of Justice, 2006). As the most visible and powerful authority figure within the drug court setting, the judge plays the critical role of issuing sanctions or rewards based upon the flow of information provided by treatment providers, probation officers, prosecutors, and defense attorneys. Positive reinforcement offered by judges is an important counterforce to relapse. Judges should strive to offer positive reinforcement when due, as well as recognize unsatisfactory behavior and areas that need improvement in judicial hearings. Praise from a judge can be particularly effective with individuals who have low self-esteem or have experienced hardships in their lives, and serves as a model for the rest of the drug court team (Stitzer, 2008). In addition, research indicates judicial involvement is particularly important for high risk participants (Marlowe, Festinger, & Lee, 2004).

In issuing positive reinforcement, judges should clearly 1) identify target behaviors for the offender in question (i.e., regularly attend treatment or UA appointments, refrain from relapse, comply with probation orders); 2) identify reinforcements to incentivize improvements or positive behavior (i.e. verbal praise, gift cards); and 3) escalate schedules of incentives if warranted. Tangible incentives such as vouchers or prizes are

recommended and have been shown to support positive behavior change (Lussier, Heil, Mongeon, Badger, & Higgins, 2006; Stitzer, 2008; Stitzer & Petry, 2006).

Judges should also be equally clear in the issuing of sanctions. A lack of clarity or ambiguity in informing offenders about the consequences of negative behaviors in drug court can lead to misinterpretation or frustration that might undermine program objectives. Violations should be defined in as tangible a way as possible, such as in positive UA results, non-attendance of appointments or treatment sessions, failure to appear, etc. Clear notification of sanctions being issued for identified infractions will serve as a guide for offenders to improve their behavior (Marlowe, 2008; Marlowe, Festinger, Foltz, Lee, & Patapis, 2005; Marlowe & Kirby, 1999). Issuing of sanctions must be immediate upon awareness of violations. Thus, it is incumbent upon drug court staff to systematically monitor and document an offender's behavior and communicate progress to the rest of the drug court team. Regular UA procedures are essential for monitoring substance abuse, and procedures should be created for both regular and random, unexpected UA (Marlowe, 2008).

In the issuing of sanctions, it should be noted that offenders will react best when they understand why sanctions were administered and that they were administered as part of a fair process. Offenders should be treated with dignity, and given an opportunity to air their voice in response (Lindquist, Krebs, & Lattimore, 2006; Marlowe, 2008). This again illustrates the importance with which interaction with a judge is a critical component of the drug court process. Judges should be cognizant that some infractions may be deliberate violations with court orders, whereas others may be related to poor treatment progress. Judges should be prepared to make this distinction when considering sanctions and how to best respond to program violations (Arabia, Fox, Caughie, Marlowe, & Festinger, 2008; Marlowe, 2008).

Treatment

Drug courts should employ treatment programs known to have a theoretical and evidence-based basis for effectiveness. The employment of cognitive-behavioral approaches in treatment is one example of a treatment regimen commentators have recommended for use in drug court programs (Johnson, Hubbard, & Latessa, 2000). The National Institute of Justice specifically recognizes cognitive behavioral therapy as an effective approach for use in drug court programs (National Institute of Justice, 2006). Cognitive-behavioral approaches are widely varying and easily adaptable, and aim to build an offender's cognitive skills in areas that may contribute or lead to criminal or substance abuse behavior (Lipsey, Landenberger, & Wilson, 2007).

Studies have found that cognitive-behavioral strategies are effective in working with drug and alcohol abusers (Bouffard & Taxman, 2004; Taxman, & Bouffard, 2003). A particular variant – Relapse Prevention Therapy – is recommended as a theory-based form of treatment that has been successfully employed among offender populations (Marlatt, Parks, & Kelly, 2008; Porporino, Robinson, Millson, & Weekes, 2002). Cognitive-behavioral approaches might be particularly effective for certain types of populations, such as methamphetamine users (Lutze & van Wormer, 2007) and high-risk

offenders (Marlowe, D., 2003). They have also been shown to be generally effective in reducing recidivism and anti-social behavior (Beck & Fernandez, 1998; Welsh & Farrington, 2006). An NIJ assessment analyzing components of successful drug court programming concluded that cognitive skills-based treatment should be employed, and that programs which use incompatible forms of treatment, or a “scatter-shot” form of treatment (e.g. combining a 12-step approach with cognitive behavioral therapy), without a theoretical and evidence-based basis may be ineffective (National Institute of Justice, 2006).

Providing a continuum of care in court-ordered treatment is essential to drug court programming success. Treatment should be integrated into court operations, and treatment staff should consider providing training sessions to judges, prosecutors, public defenders, and probation officers so they have an understanding of the treatment process. Tying court room procedures to treatment outcomes is critical because program fidelity is structured around progress in treatment and the subsequent issuing of court-ordered rewards or sanctions (National Institute of Justice, 2006). Although flexibility should exist for individual offenders, general principles and guidelines should exist on a formal basis for courts to issue rewards or sanctions based on treatment outcomes. Formal agreements between drug court programs, treatment providers, and providers of ancillary services (vocational skills training, etc.) are helpful to institutionalize regular communication and tracking of program participants through treatment (National Institute of Justice, 2006).

Investigations into treatment efficacy continue. Henggeler and colleagues evaluated outcomes among juvenile offenders in four randomly assigned conditions to assess the effectiveness of evidence-based treatments: family court, drug court, drug court with multi-systemic therapy (MST), and drug court with multi-systemic therapy combined with contingency management (CM). They found that outcomes for criminal behavior were mixed, but that the drug court treatments combined with the increased use of evidence-based treatment regimens were most effective for reducing substance abuse. In other words, drug court with MST and CM was most effective, followed by drug court with MST, drug court, and finally, family court (Henggeler et al., 2006).

It should be noted that research does exist which supports the notion that gender-based treatment approaches may be successful for women. Women offenders often have high rates of co-occurring disorders, and/or have experienced significant levels of violence, abuse, or other forms of trauma which contribute to substance abuse and criminal behavior (Dannerbeck, Sundet, & Lloyd, 2002; D’Angelo, & Wolf, 2002; Grella, 2008). Women-centered treatment programs need to integrate pregnancy and child-caring needs, and address histories of trauma or abuse into programming and services. Additionally, because women may often have less education or employment-related skills than men, it is important that adequate educational and vocational skill trainings be integrated into treatment programs for female offenders (Bloom, Owen, & Covington, 2003; Fallot, & Harris, 2002; Grella, 2008).

Co-occurring disorders

Studies have indicated that individuals entering the criminal justice system have much higher levels of co-occurring disorders than the general population, which in turn can serve to inhibit compliance with legal orders, participation in treatment programs, and successful re-entry into communities (Abrams, & Teplin, 1991; Chandler, Peters, Field, & Juliano-Bult, 2004; Steadman et al., 1999). This heightens the importance with which drug court teams are able to understand the complex, and often highly-individualized relationships between an offender's substance abuse behavior, mental or emotional health state, criminal behavior or post-criminal behavior, and overall social situation (Peters & Osher, 2004). As many as a third of drug court participants may have co-occurring disorders (Peters, 2008).

Peters and Hills (1997) have suggested that screening for key mental health criteria are an important first step for determining whether or not an offender with co-occurring disorders should be admitted into a drug court program. Drug court programs may not be appropriate for offenders with delusions or paranoia, suicidal thoughts, inability to interact in group treatment environments, inability to comply with treatment regimens, and inability to interact effectively with drug court team members. However, drug courts can also be appropriate for some offenders with co-occurring disorders if the correct resources exist for them (Peters & Hills, 1997). Peters and Bartoi (1997) suggest bifurcating screening of participants into drug court programs and assessment after entry. At the point of screening for entry, drug court personnel should consider an offender's type and severity of co-occurring disorders, severity of criminal charges and criminal history, motivation for recovery and change, and availability of internal and external resources that would assist an offender to participate effectively in a drug court program, such as access to mental health services, case management, material needs, and social support (Peters & Bartoi, 1997; Peters & Osher, 2004). Continual assessment after entry gauges an offender's abilities to effectively participate in drug court programming, and what special needs or services are or are not required. Peters (2008) has recommended specific evidence-based instruments for both screening and assessment of co-occurring disorders for drug court participants.

Although individuals with co-occurring disorders may pose extra challenges for drug courts, drug court programs may be optimal environments for some offenders with co-occurring disorders, and many such offenders have successfully graduated from drug court programs (Peters, 2008). Drug courts should expect offenders with co-occurring disorders to form a significant portion of their program population, and adopt suitable guidelines and practices for them. Drug court programming has been established for such offenders (Redlich, Steadman, Monahan, Robbins, & Petrila, 2006; Sage, Judkins, & O'Keefe, 2004). Recommendations for drug courts include specialty training and education about mental health and co-occurring disorders to all staff; establishing communications with community mental health practitioners, agencies, and emergency or transitional housing agencies that work with mentally ill offenders; and a willingness to allow flexibility in the application of sanctions and rewards to individuals with co-occurring disorders.

CHAPTER 3: HOW DO PROBLEM SOLVING COURTS OPERATE IN NEBRASKA?

An Overview of Problem-Solving Courts in Nebraska

Methods for approaching program review

The evaluation team conducted individual reviews of all operational problem solving court programs in Nebraska from October 2010 to February 2011. A total of 22 programs were reviewed (see Table 3.1). The review process involved the following steps:

- **Document review.** Written policy and protocol manuals were reviewed by the evaluation team for a general synopsis of program parameters. Manuals were obtained either from the Office of the Statewide Problem solving Court Coordinator, or in one case directly from a program coordinator. Two programs did not have a comprehensive policy manual on hand, the Douglas County family Recovery Court and the Douglas County STAR Court.
- **Site visit.** The evaluation team contacted the designated program coordinator for each problem solving court program. Working with the coordinator, a site visit was scheduled for all the programs. The purpose of the site visits was to gather first hand observations and data from each of the programs individually. There were three components to each site visit. First, the evaluation team member asked to observe a scheduled drug court team meeting with the programs. Team meeting observations were completed for all programs except four of them. For those four programs, one was not operating at the time site visits were scheduled, and for the remaining three programs, program team members had reservations about client confidentiality and therefore the evaluation team did not request to sit in on the internal program team meeting. Secondly, the evaluation team member observed a formal hearing for each of the programs. Hearing observations were conducted for all programs with the exception of one program, which had recently shut down operations and had no scheduled hearings. Finally, a formal, audio-recorded interview was requested with all of the program coordinators using a predefined set of interview questions. Interviews were completed with all 22 program coordinators. Interviews were also conducted with two judges.
- **Program profiles.** Based on the written documentation and observations and information from the site visits, a program profile was developed for each of the operating problem solving court programs. After a draft of each profile was completed, it was then sent to each program coordinator to review for any program updates, changes, or corrections. Multiple drafts and revisions were completed for all program profiles. Coordinators were also specifically asked to provide information about how their programs complied with the Standardized Model for Delivery of Substance Abuse Services. Completed program profiles are contained in Appendix 1.

Table 3.1: Courts and Site Visit Dates

Problem Solving Court Document Review and Site Visits		
Program	Written Protocols/Manual	Site Visit
Central Nebraska Adult Drug Court	Yes	November 5, 2010
Central Nebraska Family Drug Court	Yes	December 7, 2010
District Six Adult Drug Court	Yes	December 6, 2010
Douglas County 0-5 Family Dependency Drug Court	Yes	February 22, 2010
Douglas County Adult Drug Court	Yes	November 17, 2010
Douglas County Family Recovery Court	No documents	October 19, 2010
Douglas County Juvenile Drug Court	Yes	January 24, 2011
Douglas County Young Adult Court	Yes	December 2, 2010
Douglas County STAR Court	No documents	October 12, 2010
Lancaster County Family Drug Court	Yes	November 8, 2010
Lancaster County Juvenile Drug Court	Yes	November 3, 2010
Lancaster County Adult Drug Court	Yes	November 19, 2010
Midwest Nebraska Drug Court	Yes	November 22, 2010
North Central Adult Drug Court	Yes	November 10, 2010
Northeast Nebraska Adult Drug Court	Yes	November 11, 2010
Northeast Nebraska Juvenile Drug Court	Yes	November 11, 2010
Sarpy County Adult Drug Court	Yes	November 1, 2010
Sarpy County Juvenile Drug Court	Yes	October 28, 2010 and January 27, 2010
Scottsbluff County Adult Drug Court	Yes	February 8, 2011
Scottsbluff County DUI Court	Yes	February 8, 2011
Scottsbluff County Juvenile Drug Court	Yes	February 8, 2011
Southeast Nebraska Adult Drug Court	Yes	October 18, 2010

Nebraska's Problem-solving Courts

Many similarities exist among the operating drug court programs in Nebraska. All problem solving court programs in Nebraska operate under the scope of the Nebraska Supreme Court Rules, particularly Chapter 6 , articles 12 (Problem-solving and drug courts) and 13 (Substance abuse services), which contain requirements for program operation and treatment protocols, respectively. All programs are required to comply with these basic program standards. Additionally, there is a statewide coordinator's office for the problem solving courts, as well as a variety of professional guidelines that exist (most notably the Ten Key Components of Drug Courts), which serve to provide a degree of uniformity and consistent practices among programs.

However, there are also unique characteristics specific to each program. Programs vary in terms of the number of people they serve, selection criteria, program team dynamics and partners, monitoring methods, program components, use of incentives or sanctions, overall judicial approaches, and other items.

There are three general categories of problem-solving courts currently operating in Nebraska: 1) Adult drug courts, including the Central Nebraska Adult Drug Court, District Six Adult Drug Court, Lancaster County Adult Drug Court, Midwest Nebraska Adult Drug Court, North Central Adult Drug Court, Northeast Nebraska Adult Drug Court, Sarpy County Adult Drug Court, Scottsbluff County Adult Drug Court, and Southeast Nebraska Adult Drug Court; 2) Juvenile drug courts, including the Douglas County Juvenile Drug Court, Lancaster County Juvenile Drug Court, Northeast Nebraska Juvenile Drug Court, Sarpy County Juvenile Drug Court, and Scottsbluff County Juvenile Drug Court ;and 3) Family drug courts, including the Central Nebraska Family Drug Court, Douglas County Zero to Three Family Dependency Drug Court, Douglas County Family Recovery Court, Douglas County STAR Court, and Lancaster County Family Drug Court. Additionally, there is a DUI court in Scottsbluff which meets concurrently with an adult drug court, and also a young adult court in Omaha.

These problem solving courts, both on an individual and systems level, are continually modifying their scope of operations, and in some cases, experiencing existential challenges. The family drug courts, for example, are in a state of flux due to the statewide child welfare privatization initiative. At the time when site visits were being conducted by the evaluation team, one family court had shut down operations due to uncertainties related to the privatization initiative. It should be noted that the family courts also operate with a different scope of operations, and were de facto being coordinated— largely, though not always—by family case managers who were employees of the Nebraska Department of Health and Human Services and not by state probation or county employees like the majority of problem solving courts in Nebraska. The family courts are therefore a step removed from the de facto scope of coordination of the Statewide Problem Solving Courts office, and uncertainties related to the privatization initiative has interfered with plans for integrating the family programs more closely with the other problem-solving programs.

Operational Characteristics of Nebraska's Problem-solving Courts

There are many general similarities in terms of how the state's problem solving courts are administered on a day to day basis. A summary of shared characteristics and experiences are discussed below.

Clients

Among all programs, there is pre-established criteria which define program entrance requirements. Those requirements typically include a post-disposition, plea of guilt for a non-violent criminal charge; a criminal history without major crimes of violence, sexual offenses, or drug manufacturing/trafficking charge; a diagnosed drug/alcohol dependency issue; and no outstanding obligations to other community corrections programs such as being on parole or participating in another problem-solving court program. These criteria exist to screen out violent offenders, or offenders with substantial and material criminal histories, and screen in individuals whose criminal activities would not put communities at high risk and are largely related to their drug dependencies. On an anecdotal level, most of the programs indicated that the majority of dependency issues among clients were related to methamphetamine and prescription drug abuse, followed by alcohol and marijuana. Clients also generally come from lower socio-economic backgrounds, and have long-term cognitive or behavioral health issues, though that is not always the case.

Assessment and Intake Procedures

Intake procedures of new participants among the state's problem-solving courts are generally similar. Referrals to programs are typically made through attorneys who work with the programs as team members. Applications for admission are made by an individual's attorney or public defender directly to a program's coordinator. Releases of information are provided by applicants. Some programs require the approval of a county attorney for an application for admission to proceed. Program coordinators then typically interview applicants, utilizing standardized assessment tools as required by Supreme Court rules, such as the Level of Service, Case Management Inventory and the Nebraska Simple Screening Instrument. Some programs use additional instruments as well. Coordinators orient the individual to the program, and sometimes ask or require applicants to sit in on a program court hearing so they can observe proceedings and understand program expectations. Formal drug/alcohol assessments of applicants are then conducted by an affiliated, state-registered substance abuse treatment provider for a determination on dependency and recommended level of care.

Upon meeting technical entrance requirements, problem-solving court teams typically vote on whether or not to admit an individual into their program during a team meeting. Judges usually have the final say on an application as the leader of the program team. Individuals who are accepted into a program are then required to plead guilty to the original charge, and are then formally bonded into a program at a subsequent hearing.

Team Meetings

All programs have regular staffing meetings. Staffing meetings typically involve at least the participation of the program's judge, coordinator, supervision officer(s), and

prosecuting attorneys. Most but not all programs also regularly included public defenders, law enforcement personnel, treatment providers, and other agency representatives in regular staff meetings. One program did not regularly include the Judge on team meetings, though he was available to participate in team meetings for difficult cases. All problem-solving programs have team meetings on at least a monthly basis, and more typically on a bi-weekly basis. Team meetings are usually convened on the same day or prior day to formal courtroom hearings.

Typical team staffing meetings include individual reviews of each participant's progress in programming and treatment, discussions of any incentives or sanctions, reviews of new applicants, and possible terminations of participants. At all the staffing meetings observed, judges led discussions of cases, and sought input from other team members about how the team should proceed with each client. Input and perspective from a client's specific supervision officer and/or treatment provider are particularly valued, yet all team members are asked for their input. Decisions on admissions or terminations were usually made by consensus or majority vote. The most time consuming discussions observed in team staffing meetings usually involved decisions about participants who had broken program guidelines, and what the most appropriate response should be from the Judge. In many cases, such discussions usually involved considerations about the participant's treatment progress and other therapeutic issues, the impact of the participant's behavior on other program participants, and the participant's immediate family or living situation. In most of the team meetings observed, in-depth focus was placed on therapeutic issues behind client behavior. If time allowed, teams spent considerable amounts of time discussing treatment issues related to particular clients.

Courtroom Hearings

The format of court hearings in Nebraska's problem-solving programs is generally quite similar. At all hearings observed, participants are called before the bench, and a summary of the participant's progress is provided either by that individual's supervision officer or by the participant directly. The Judge might then ask the participant for his/her input on their progress, and then indicate areas of concern or expectations about future behavior. The degree and style of interaction between participants and judges varied from program to program. In all the observed courtroom hearings, judges appeared to offer a mix of positive reinforcements, and expectations for improvement. Other items typically discussed at hearings included participants' job, education, or living situation, whether or not they were current with program fees/payments, and progress with substance abuse treatment. In the juvenile drug court programs, parents are required to attend hearings and are also asked to provide feedback to the judge and team about their children's progress in the program as well.

The actual duration of individual hearings varied widely. In some of the larger programs observed, an individual is before the bench for two to three minutes. In smaller programs, judges may spend up to ten minutes on one participant. Generally, the longest individual hearings observed occurred with the juvenile programs, where there was considerable interaction between program judge, juvenile participants, and parents, sometimes lasting fifteen or more minutes per case. The exception was one program, where there was no

defined interaction between participants and the judge. In that hearing, participants were called to sit before the bench, but provided no input to the court about their progress. Instead, the program coordinator summarized the participant's progress for the court while the participants sat quietly before the bench.

The tone of interaction between judges and participants varied widely, depending on the unique situation of each participant and the personality of the judges. In all hearings observed, judges offered defined expectations for future behavior, and stated clear reasons for why a particular incentive or sanction was being used. All the judges seemed to value interacting directly with participants with the exception of the one program discussed above.

In one hearing observed by the evaluation team, the program departed from the typical hearing format and instead conducted a less formal and more interactive discussion. In that particular hearing, the judge led a discussion about drug dependency and recovery with all participants, who seemed to enjoy the opportunity to talk such issues in a less formal context.

Program Phases and Monitoring

With the exception of one program, all of Nebraska's problem-solving courts use a phase system for programming. Programs typically have three to five phases or participation that individuals must successfully complete before they can graduate. Specific requirements and expectations vary among programs, but all the phased programs employ a structure where monitoring and also treatment are more intensive in the initial stages, and gradually taper down as the participant proceeds to graduation.

As required by the condition of their bond, participants are initially expected to adhere to a rigorous monitoring and treatment schedule in early stages designed to directly address the underlying substance dependency and achieve sobriety. Early phases might require random drug/alcohol testing anywhere from three to five times a week, frequent visits with supervision officers, intensive treatment, and frequent participation in 12-step groups. In later stages of the program, more emphasis is placed on social integration and maintaining long-term stability while keeping sober. Focus is placed on obtaining employment and/or a GED (for adults), positive school behavior (for juveniles, or adults if they are in school), housing and family stability, addressing long-term cognitive and behavioral issues, education for life skills, and social activities. Final program phases are geared towards preparing participants for long-term and permanent sobriety and change and self-reliance. In addition to long-term sobriety, at least two of the adult programs also require that participants have a full-time or near full-time job and a GED before they can graduate from the program.

Most of the programs evaluated use a telephone call-in process to manage drug/alcohol testing. For example, participants may be assigned to a color code upon entrance into the program. All participants are required to call in to a designated phone number early in the morning, which indicates whether or not their color is being called on for the day. If it is, they must go to a testing location and be tested that morning. As mentioned earlier,

monitoring is typically most intensive at earlier program phases, and then occur less frequently near the end of the program. However, some programs maintain a schedule of random and frequent drug/alcohol testing throughout the duration of the programming. Some programs augment testing at an assigned testing location with home visits, though this depends on the availability of program staff or law enforcement partners to conduct home visits.

Sanctions and Incentives

All written program guidelines reviewed by the evaluation team contain lists of sanctions and incentives that may be issued by the judge for participant behavior. Common sanctions include issuing jail time, increased testing and monitoring, return to a previous phase, and verbal warnings before the bench. Common incentives include small rewards (gift cards, movie tickets), praise and recognition before the bench, phase advancement, and allowances for travel.

All of the programs reviewed under this evaluation approached the use of sanctions and incentives with a high degree of flexibility. Decisions to issue sanctions and incentives were based on individual cases, the specific behavior at issue, and relevant contextual background. Programs maintained specific budgets for issuing incentives. In most cases, incentives such as gift cards are paid for out of participant program fees. In other cases, county funding augments an incentive fund, or community partners or businesses donate funds or gifts. In at least one case, program team members actually pay for program participants using their own income.

It should be mentioned that the availability of some sanctions might be dependent on the community context. For instance, the issuing of jail-time as a sanction is dependent on available jail space. In at least one of the adult drug programs, that jurisdiction's jail has the available space to house participants from time to time. This is not the case in other jurisdictions where jail space is more limited. Several of the Douglas County-based problem-solving programs benefit from having a day reporting center which can be used as a sanction, as well as for therapeutic opportunities. Those programs benefit from having a day reporting center in their jurisdiction, but other programs—particularly those in rural areas—do not enjoy the same access to such resources. This restricts options for programs.

Challenges/Areas of Concern

Access to Treatment

Securing adequate treatment for participants remains a consistent challenge among Nebraska's problem-solving courts, particularly because many clients have underlying behavioral or personal issues that drive their behavior and substance dependencies. Participants with mental health issues are especially challenging to work with:

“This problem we are dealing with is not a drug problem. It's a mental health problem. Just because they have stopped using drugs doesn't mean

they are out of the woods. Below the surface there is an iceberg of how they think and behave. It's a cognitive behavioral pattern.... It is family problems, money management problems, parenting issues, and a whole plethora of elements in one's life that our clients need help with. They don't have those skills."

Participants with dual diagnoses bring additional financial challenges. Financial resources are limited for substance abuse treatment, and even more so for mental health issues:

"I wouldn't say we have completely mentally ill participants, but we do have people with dual diagnoses.... It can be frustrating as well because they have to pay for both sets of services. They are not only paying for their alcohol or substance abuse treatment, but we work with them on the mental health side as well, because a lot of people suffer from depression. That is automatic. So what is frustrating is that they may have a little money to pay for the substance abuse side, but then they don't have money to pay for the mental health side."

The availability of adequate treatment resources in rural areas of the state are a major challenge for programs:

"I don't think that there are very many people out there who have a substance abuse issue who don't also have an underlying mental health issue as well. It varies throughout the participants, but many of them are basically self-medicating. I come from a counseling background. It is something I look for.... We try and find providers who are licensed to deal with people with dual diagnosis. But it's hard to find them in our district."

"If I had a wish list, it would be paying for mental health treatment and also medication evaluation. Our drug court pays for both of those but it's a challenge to find the money. It's hard. So many people, when they are depressed and have a problem, they go and see a general practitioner. Well, they can't go and see a psychiatrist for real treatment, and if they go through the region, we have had one participant here who was waiting six months for medication."

"It is very hard to get [clients] into short-term residential because of the cost factors. Overall we lack in services for the area. Especially if they are in areas further west, for intensive outpatient treatment, services are very scarce.... The other thing lacking with [clients] is the support for after treatment, such as structured living resources, specifically for females. It's just not available."

However, even in larger communities, there is a great deal of demand for limited treatment resources. One coordinator from an Omaha-based problem-solving court noted that waiting for spots to open among treatment facilities slows down the program and hampers progress among participants:

“A lot of times there are waiting lists for places, so often it delays the entire process. The lack of resources in the community is the problem.... The biggest waiting list is for residential treatment. I had one client get in within a week of applying, and that is really fast. I’ve also had clients wait 8-10 weeks.”

Standardized Model for Delivery of Substance Abuse Services and Fee for Service Voucher System

The implementation of Nebraska Supreme Court Rule chapter 6, article 13 (standardized model for treatment) has brought a uniform process for the delivery of treatment. By in large, coordinators believe that this new regimen provides needed structure to the treatment process:

“Since the standardized model came around, we had some squawks about it, and there being some standardized forms of evaluation. But overall it has been a good thing. It has brought people’s standards up to what it should be for drug and alcohol services. It has brought those standards up to snuff, so now we are all operating on the same platform as far as the components that need to be involved in a quality drug and alcohol treatment services operation. There are forms that we now need to fill out regularly. They are just seen as ‘have to’ forms. Maybe initially they were seen as above and beyond what we were doing. But now they are just forms we understand that need to be filled out, and we do.”

“It may have changed some of the outcomes. When we first started, we didn’t really lose a lot of sleep about where they went for treatment. Now we are obviously only working with agencies that follow the Standardized Model and really know what they are doing. The providers that are really good, solid providers follow the model’s requirements. The outcomes, graduation rates, and communication are all better. I can pick up the phone and talk to any one of the providers and be on the same page. The evaluations look much better. They are digging deeper and not just giving us a one page evaluation like it might have been in the past.”

The Standardized Model has, however, created some new issues for day to day administration. Coordinators of several programs have reported that they do not believe that all state-approved treatment providers provide quality care. Similarly, some providers have developed reputations for offering less challenging and rigorous treatment curriculums that attract some participants. Programs thus have to spend considerable time

and resources managing care for participants with providers that they feel may not be as effective as they could be:

“For example we just had an individual who came into our program, and he had done an evaluation and was in a treatment program with a certain provider. We’ve known that with this provider, the form of treatment is to sit down and watch a few videos to meet an hours requirement. We put this individual into an aftercare program run by a provider that we know does quality work, and to assess this person’s progress in recovery. If the person was not where he should be in aftercare, we would have moved him back into intensive outpatient treatment. We discuss these contingencies on a daily basis, and how to deal with situations like this.”

“I still think there are providers out there who are doing the bare minimum just to get on that list of providers to receive voucher money. Here we don’t tell people where to go, but we have identified a few providers who we feel does quality work, to do the majority of our work. We encourage them to go to places who we know do quality work. We will accept evaluations from any provider who is on the approved list, but if they ask us where we should go for treatment, we will encourage them to go to those quality agencies.”

“We try to use one agency to do our evaluations so they are consistent and accurate. _____ is our treatment provider. He is the one we try to use, but we can’t force a participant to use him. But we try to use him because we know that we will get good quality, accurate evaluations from him. . . . The Standardized Model has been good. I like it because there are some cases when participants are going to a provider that is not following the Standardized Model, and you can tell because their recommendations are not reflective of the actual situation. The key thing is knowing what agencies are not following it.”

Similarly, some of the approved treatment providers that serve program participants do not have the time or interest to maintain a regular relationship with the problem-solving courts. Several courts have a preferred provider or set of providers that regularly participate in program team meetings, and have generally good rapport with the courts. But other providers may not always be as involved as they could or should be. This can lead to a lack of effective communication between the program and treatment providers:

“Really there are not a lot of quality treatment providers for [our clients]. We have had very good luck with communication with [a preferred treatment provider]. They always provide a written weekly progress report. That is who we have been using. They are really good at getting us evaluations on time if someone needs an evaluation. They do a great job at doing that. Some of the providers are not that willing to come to the table and provide us with the progress reports that we need. So we have

narrowed it down to one, but if they do come in with another provider, we use them as well.”

“The flip side of the Standardized Model is that with having participants at different providers, but only having one local provider regularly sit-in on our team meetings and be a part of what is going on with the clientele, that is doing a disservice to the participants. Because we are utilizing other providers who might call and give you an update, or might return a call if you need an update, but other than that they are not regularly participating in the program in the way it is intended to be.”

Coordinators of programs for adult offenders believe that the fee for service voucher system has been of great benefit to participants who need the financial support for treatment. However, some coordinators think that the voucher system has created incentives for treatment providers that may not equate with the best or most efficient type of care that should be offered:

“The voucher system has some limitations. If for example a person keeps on doing well, they won’t keep giving them a voucher. Then that person has to go to private paying or sliding scale. For the first time we are seeing treatment saying “Oh they’re done,” when previously they wouldn’t have said that.... Sometimes they end their treatment a lot sooner. Because when a voucher runs out, they are done. If we could keep that funding in place, we could keep them in longer. Of course, I always try to keep them in longer because the research shows that the longer you keep a meth addict in, the more likely they will succeed. So we push a lot for them to stay in even though the voucher ends.... The biggest negative about the voucher system is that there is a huge push to put people in the higher levels of care, because that voucher is there. Before, a person was put in a lower level of care so you could see how they would do before putting them in residential. Now, treatment just knocks on the door and says ‘I want a voucher for this, I want this person in residential, I want a voucher for IOP,’ so now it’s like they just push a button and people get paid. The Standardized Model is to start people in lower levels of care, but when you know that bank is right there, they push harder for those higher levels of care.... But of course the good news about the voucher is that that funding is there.”

Training Needs for Program Staff

A number of program coordinators and staff expressed a desire for the state to provide more training or opportunities for professional development generally:

“We had training when we started the program [several] years ago. But people have moved on. We have different people on the team. The Judge is different now. We have different attorneys now. It would be very

refreshing to go back and have new training. It would be nice to have an opportunity to hear about new research or trends, and learn about what other programs are doing now. You come back very energized and refreshed. We've talked about how nice it would be to send all team members to training, but we have no resources right now."

"Some of us do communicate with each other via email or phone, but it would be nice to come together once in a while. I would love that. I'm eager for that sort of stuff. I love to improve myself...If there would be more financial resources for the majority of the team to attend the annual drug court conference, that would be great. I got the chance to attend a conference. It was a great experience to hear about the latest research, the current trends, what are other drug courts doing across the country. I think that would be great every year to have that opportunity, and just in general to have a training fund for the team members."

Coordinators stated that the area in which training needs are most pressing are in the PSCMIS database:

"We need some help in learning that reporting mechanism. It will take more than one day. Maybe it will be a week-long training, or two days a week for a month. I'd like to be able to use it to start pulling out some of the data to base decisions and changes on, but I can't pull it out...."

"It's a problem with the fact that there is not any money apparently to change the system. PSCMIS can either be an asset or a deficit. There are definite bugs."

"More Oracle training [is needed]. It's a quite difficult program. We need more of that. I'm pretty decent with computers, but I run queries and just get an error message. Just having a training every few months would be helpful."

Other coordinators noted that there are training needs in evaluation. Coordinator and staff priorities are typically dedicated to day to day management and/or emergency situations involving particular clients. The ability to structure and self-assess the program and make policy or program changes needs improvement and focus:

"I don't know how to do evaluation... It would be nice if we had some kind of training from the state that taught us, 'This is what you should look for.' I have no idea how to do this sort of thing. We just go day by day, but I am sure there are places we can improve. Are we doing it right? Are we doing it wrong? Every year the state should be out evaluating us. Here are some things you are doing well. Here are some things you need to work on."

“I’m going to be honest; I haven’t looked at a lot of the data. I get caught up in the day to day operation of the program. I do keep track of how many of them have GEDs, how many of them are working, how many have completed [a community program], and I track that. But I haven’t really paid a lot of attention to what it all means. That’s a training thing too, if you ask me. We need training on how to look at that, and what it all means.”

Funding for Participant Incentives/activities

Securing funding for treatment services, training, and other basic administrative activities is a continual priority among all problem-solving courts. Several program coordinators did however emphasize that finding funds to provide incentives or to support community integration or social activities for participants was a challenge. Several program staff members indicated that they pay out-of-pocket to fund such activities because they believed it was integral to participant success, though often times programs have little funds designated for such expenses:

“One of our huge concerns and hurdles is funding. As you know there is not a lot of funding for drug courts. The Supreme Court came out with a rule or statement saying that any employee or officer of the court can’t seek funding for incentives and that sort of stuff. So trying to find a way to seek funding for incentives and pro-social activities is a hurdle that we have not figured out how to climb yet.”

“I wish we could have more Governors or Senators come out and sit in and see this program, see that it works, and maybe we could get more funding. What if I did a fundraiser and raised \$10,000? They say we can’t do that. I have a very wealthy [family member] who would probably give me \$10,000, but I couldn’t use it.... It would be nice if we could accept money as a donation to help these people.”

“We have no funding. The Judge sometimes writes a check for a hundred bucks or so and goes out and gets gift cards to use. I’ve written checks and gotten gift cards. Some of the attorneys in our court will write a check. We have an attorney who went to a church and got a donation.”

CHAPTER 4: WHO DO PROBLEM SOLVING COURTS SERVE?

In this section, we attempt to answer six questions related to problem solving court participants, based on data in the Problem Solving Court Management Information System:

1. How many individuals do Nebraska Problem Solving Courts Serve?
2. What are the Demographic Characteristics of Participants?
3. What are the Crimes Committed and Drug Histories of Participants?
4. What are the Education and Employment Characteristics of Participants?
5. What are the Risk Levels of Participants?
6. Are there Demographic Disparities in Who is Accepted to Problem Solving Courts?

Data for this analysis was pulled from the Problem Solving Court Management Information System. We analyze and compare data for each of the different types of courts separately; so we compare the adult courts to each other and the juvenile courts to each other. Since only one of the family drug courts enters data in this system, the analysis for family courts only includes the Lancaster County Family Drug Court. Also, there is only one young adult court and one Driving Under the Influence (DUI) Court. For these three courts, there were no similar courts with which to compare; so we use the adult drug court in each jurisdiction for comparison: the Lancaster County Adult Drug Court as a comparison for the Lancaster County Family Court, the Douglas County Adult Drug Court as a comparison for the Douglas County Young Adult Drug Court, and the Scotts Bluff County Adult Drug Court as a comparison for the Scotts Bluff County DUI Court. We would not anticipate that each of the matched pairs would have the same characteristics or serve the same populations; however, we believe it instructive to note similarities and differences between these special problem solving courts and the more traditional model of adult drug court.

How many individuals do Nebraska problem solving courts serve?

Nebraska adult drug courts had enrolled 1482 participants between January 1, 2007 and April 30, 2011 (see Table 4.1). Enrollment ranged from 14 participants in the Scotts Bluff County Drug Court to 756 participants in the Douglas County Adult Drug Court. Table 4.1 also shows the number of people graduated and terminated from adult problem solving courts. The difference between the number of participants graduated and terminated and the number of participants enrolled is the number of participants active in each court on April 30, 2011. We believe the enrollment information from the Problem Solving Court Management Information System that we used for this analysis is accurate.

Table 4.1: Adult Drug Court Participants January 1, 2007 through April 30, 2011

	Central Nebraska	District 6	Douglas County	Lancaster County	Midwest Nebraska	North Central Nebraska	Northeast Nebraska	Sarpy County	Scotts Bluff County	Southeast Nebraska
Enrolled January 1, 2007 or After	195	60	756	223	35	19	44	77	14	59
Graduated	77	25	349	59	15	0	19	36	3	24
Terminated	54	12	264	84	4	2	6	11	4	13

Nebraska juvenile drug courts had enrolled 292 participants between January 1, 2007 and April 30, 2011 (see Table 4.2). Enrollment ranged from 12 in the Northeast Juvenile Drug Court to 105 in the Douglas County Juvenile Drug Court. Table 4.2 also shows the number of juveniles graduated and terminated from juvenile problem solving courts. As with the adult courts, the difference between the number of participants graduated and terminated and the number of participants enrolled is the number of juveniles active in each court on April 30, 2011.

Table 4.2: Juvenile Drug Court Participants January 1, 2007 through April 30, 2011

	Douglas County	Lancaster County	Northeast Nebraska	Sarpy County	Scotts Bluff County
Enrolled January 1, 2007 or After	105	80	12	79	16
Graduated	19	24	2	34	5
Terminated	54	39	9	25	4

The young adult court had enrolled 31 participants between January 1, 2007 and April 30, 2011 (see Table 4.3). For purposes of comparison, we have included the enrollment numbers for the Douglas County Adult Drug Court.

Table 4.3: Douglas Young Adult and Adult Participants January 1, 2007 through April 30, 2011

	Douglas County Adult Court	Douglas County Young Adult Court
Enrolled January 1, 2007 or After	756	31
Graduated	349	7
Terminated	264	5

The Scotts Bluff Driving Under the Influence (DUI) Court had enrolled 23 participants between January 1, 2007 and April 30, 2011 (see Table 4.4). The Scotts Bluff Adult Drug Court is shown for comparison purposes.

Table 4.4: Scotts Bluff DUI and Adult Court Participants January 1, 2007 through April 30, 2011

	Scotts Bluff County Adult Court	Scotts Bluff County DUI Court
Enrolled January 1, 2007 or After	14	23
Graduated	3	10
Terminated	4	6

The Lancaster County Family Court had enrolled 23 participants between January 1, 2007 and April 30, 2011 (see Table 4.5). The Lancaster County Adult Drug Court is shown for comparison. Other family courts do not enter data in the Problem Solving Court Management Information System (PSCMIS). Nebraska Problem Solving Courts had served at least 1862 participants between January 1, 2007 and April 30, 2011.

Table 4.5: Lancaster Family and Adult Court Participants January 1, 2007 through April 30, 2011

	Lancaster County Adult Court	Lancaster County Family Court
Enrolled January 1, 2007 or After	223	34
Graduated	84	18
Terminated	59	13

What are the Demographic Characteristics of Participants?

Demographic information across the courts included age, gender, race/ethnicity and marital status. In this section we describe similarities and differences in the demographic backgrounds of participants for adult courts, juvenile courts, the young adult court and the Driving Under the Influence Court. We believe the demographic information from the Problem Solving Court Management Information System that we used for this analysis is accurate.

Adult Courts

Age

There is no significant difference in the age of participants across adult drug courts ($F(9,1439) = 1.448, p = .163$). The average age of participants ranges from just under 28 years for the Northeast Nebraska Drug Court to nearly 33 years of age for the Midwest Nebraska Drug Court (see Table 4.6).

Table 4.6: Average Age for Adult Drug Court Participants

	Central Nebraska	District 6	Douglas County	Lancaster County	Midwest Nebraska	North Central Nebraska	Northeast Nebraska	Sarpy County	Scotts Bluff County	Southeast Nebraska
Age (Mean)	28.84	31.65	30.54	31.18	32.55	29.57	27.77	29.97	29.93	29.26
Sample Size	195	50	756	223	35	19	41	62	14	54

Gender

Contrary to expectations, adult drug courts differ in the proportion of men and women enrolled in their courts ($\chi^2(9) = 29.804, p < .001$). The District 6 Adult Drug Court has the highest percent of women enrolled, with women constituting over half of the participants in this court. District 6 does not differ significantly from Central Nebraska and Southeast Nebraska, in which women are just under half of the participants. The remaining courts have a significantly lower proportion of women enrolled, and do not differ from each other (see Table 4.7).

Table 4.7: Gender for Adult Drug Court Participants

	Central Nebraska	District 6	Douglas County	Lancaster County	Midwest Nebraska	North Central Nebraska	Northeast Nebraska	Sarpy County	Scotts Bluff County	Southeast Nebraska
Male	102 52.3%	27 45.0%	494 65.3%	151 67.7%	23 65.7%	16 84.2%	28 63.6%	50 64.9%	10 71.4%	30 50.8%
Female	93 47.7%	33 55.0%	262 34.7%	72 32.3%	12 34.3%	3 15.8%	16 36.4%	27 35.1%	4 28.6%	29 49.2%
Sample Size	195	60	756	223	35	19	44	77	14	59

Race/Ethnicity

Not surprisingly, there is a significant difference across courts in the race/ethnic background of participants ($\chi^2(27) = 212.575, p < .001$). Douglas County has the highest proportion of African-American participants, followed by Lancaster County. Midwest Nebraska and Scotts Bluff County have the highest proportion of Hispanic participants (see Table 4.8). These differences were expected based on differences in race/ethnicity across Nebraska communities.

Table 4.8: Race/Ethnicity of Adult Drug Court Participants

	Central Nebraska	District 6	Douglas County	Lancaster County	Midwest Nebraska	North Central Nebraska	Northeast Nebraska	Sarpy County	Scotts Bluff County	Southeast Nebraska
White/ Caucasian	164 84.1%	56 93.3%	490 64.9%	163 73.4%	24 68.6%	18 100%	37 84.1%	70 90.9%	9 64.3%	54 91.5%
Black/ African- American	4 2.1%	1 1.7%	201 26.6%	32 14.4%	0 0%	0 0%	2 4.5%	3 3.9%	0 0%	3 5.1%
Hispanic	19 9.7%	2 3.3%	38 5%	9 4.1%	11 31.4%	0 0%	3 6.8%	3 3.9%	5 35.7%	1 1.7%
Other	8 4.1%	1 1.7%	26 3.4%	18 8.1%	0 0%	0 0%	2 4.5%	1 1.3%	0 0%	1 1.7%
Sample Size	195	60	755	222	35	18	44	77	14	59

Marital Status

We did not anticipate there would be differences across courts with regard to marital status. In order to minimize zero-count cells for analysis, marital status categories were collapsed into Married/Cohabiting vs. Single/ Divorced/Separated/Widowed. There is a significant difference in participant marital status across adult drug courts ($\chi^2(9) = 20.253, p = .016$). North Central Nebraska has the highest proportion of married and cohabitating participants compared to the other courts. Midwest Nebraska, Northeast Nebraska, and Southeast Nebraska also have a relatively high proportion of married participants, and do not differ from North Central Nebraska (see Table 4.9).

Table 4.9: Marital Status of Adult Drug Court Participants

	Central Nebraska	District 6	Douglas County	Lancaster County	Midwest Nebraska	North Central Nebraska	Northeast Nebraska	Sarpy County	Scotts Bluff County	Southeast Nebraska
Cohabiting	19 9.7%	0 0%	23 3.0%	6 2.7%	2 5.7%	3 15.8%	1 2.3%	0 0%	0 0%	4 6.8%
Divorced	33 16.9%	9 15%	89 11.8%	30 13.5%	5 14.3%	3 15.8%	4 9.1%	14 18.2%	2 14.3%	6 10.2%
Married	14 7.2%	7 11.7%	77 10.2%	20 9.0%	6 17.1%	5 26.3%	8 18.2%	10 13%	1 7.1%	11 18.6%
Separated	12 6.2%	1 1.7%	30 4.0%	10 4.5%	2 5.7%	0 0%	5 11.4%	6 7.8%	1 7.1%	0 0%
Single	116 59.5%	32 53.3%	466 61.6%	129 57.8%	19 54.3%	8 42.1%	26 59.1%	45 58.4%	9 64.3%	35 59.3%
Widowed	1 0.5%	1 1.7%	3 0.4%	1 0.4%	1 2.9%	0 0%	0 0%	1 1.3%	1 7.1%	0 0%
Unknown*	0 0%	10 16.7%	68 9%	27 12.1%	0 0%	0 0%	0 0%	1 1.3%	0 0%	3 5.1%
Sample Size	195	60	756	223	35	19	44	77	14	59

*This category not included in analysis.

Juvenile Courts

Age

There is a significant difference in age of participants across juvenile drug courts ($F(4,285)=3.386, p = .010$). Although there were significant differences, the differences across courts were not large: the average age for participants in all courts was between 16 and 17 years. Lancaster County has the highest average age, and significantly differed from Douglas County and Northeast Nebraska Juvenile Drug Courts. No significant differences for participant age exist for Sarpy County and Scotts Bluff County Juvenile Drug Courts (see Table 4.10).

Table 4.10: Average Age of Juvenile Drug Court Participants

	Douglas County	Lancaster County	Northeast Nebraska	Sarpy County	Scotts Bluff County
Age (Mean)	16.46	16.94	16.19	16.71	16.46
Sample size	104	80	12	78	16

Gender

No significant differences in gender exist across juvenile drug courts ($\chi^2(4) = 3.007, p = .557$). Participants in Nebraska’s juvenile drug courts are predominantly male (see Table 4.11).

Table 4.11: Gender of Juvenile Drug Court Participants

	Douglas County	Lancaster County	Northeast Nebraska	Sarpy County	Scotts Bluff County
Male	84 80.0%	62 77.5%	8 66.7%	67 84.8%	12 75.0%
Female	21 20.0%	18 22.5%	4 33.3%	12 15.2%	4 25.0%
Sample Size	105	80	12	79	16

Race/Ethnicity

We anticipated there would be differences in the race/ethnicity of juvenile drug court participants given the differences in demographics across the state. There is a significant difference in ethnic background across juvenile drug courts ($\chi^2(12) = 75.997, p < .001$). Douglas County has the largest proportion of African-American participants, and Northeast Nebraska has the largest proportion of Hispanic participants. Three courts (Lancaster County, Northeast Nebraska, and Scotts Bluff County) also have a sizeable proportion of ‘Other’ ethnic groups represented in their courts. The ‘Other’ category consists largely of those of Native American and Asian ethnicity (see Table 4.12).

Table 4.12: Race/Ethnicity of Juvenile Drug Court Participants

	Douglas County	Lancaster County	Northeast Nebraska	Sarpy County	Scotts Bluff County
White/Caucasian	58 55.2%	56 70%	5 41.7%	68 86.1%	11 68.8%
Black/African-American	37 35.2%	7 8.8%	0 0%	4 5.1%	0 0%
Hispanic	9 8.6%	6 7.5%	5 41.7%	4 5.1%	4 18.8%
Other	1 1%	11 13.8%	2 16.7%	3 3.8%	2 12.5%
Sample Size	105	80	12	79	17

Marital Status

There is a significant difference for participant marital status across juvenile drug courts ($\chi^2(4)=71.540, p < .001$). All participants in Douglas County, Northeast Nebraska, and Scotts Bluff County Juvenile Drug Courts were identified as single; while at least 40% of participants in Lancaster County and Sarpy County are listed as ‘Unknown’ (see Table 4.13). It is likely the vast majority of those in the ‘Unknown’ category are single, given that they are juveniles. The differences in this analysis appear to have more to do with completion of data entry rather than differences in demographics across courts.

Table 4.13: Marital Status of Juvenile Drug Court Participants

	Douglas County	Lancaster County	Northeast Nebraska	Sarpy County	Scotts Bluff County
Single	105 100%	48 60%	12 100%	45 57%	16 100%
Unknown	0 0%	32 40%	0 0%	34 43%	0 0%
Sample Size	105	80	12	79	16

Young Adult Court

Age

Participants in the Adult Drug Court are older upon entrance than those in the Young Adult Drug Court, as expected ($F(1, 785) = 37.908, p < .001$) (see table 4.14).

Table 4.14: Average Age of Young Adult Court Participants

	Douglas County Adult Court	Douglas County Young Adult Court
Age (Mean)	30.54	19.74
Sample Size	756	31

Gender

There is no significant difference in the gender distribution across the Douglas County Adult Drug Court and the Douglas County Young Adult Drug Court ($\chi^2(1) = 1.035, p = .309$) (see Table 4.15).

Table 4.15: Gender of Young Adult Court Participants

	Douglas County Adult Court	Douglas County Young Adult Court
Male	494 65.34%	23 74.19%
Female	262 34.56%	8 25.81%
Sample Size	756	31

Race/Ethnicity

The Adult Drug Court has a significantly higher percentage of whites/Caucasians, and significantly fewer Blacks/African-Americans, than the Young Adult Drug Court ($\chi^2(3) = 10.628, p = .014$) (see Table 4.16).

Table 4.16: Race/Ethnicity of Young Adult Court Participants

	Douglas County Adult Court	Douglas County Young Adult Court
White/Caucasian	490 64.90%	15 48.39%
Black/African American	201 26.62%	16 51.61%
Hispanic	38 5.03%	0
Other	26 3.44%	0
Sample Size	755	31

Marital Status

To minimize zero-count cells for analysis, marital status categories were collapsed into Married/Cohabiting vs. Single/ Divorced/Separated/Widowed. Not surprisingly, all of those in the Douglas County Young Adult Drug Court are single, while those in the Adult Drug Court are more likely to be married/ cohabitating ($\chi^2(1) = 5.234, p = .022$) (see Table 4.17).

Table 4.17: Marital Status of Young Adult Court Participants

	Douglas County Adult Court	Douglas County Young Adult Court
Cohabiting	23 3.04%	0
Divorced	89 11.77%	0
Married	77 10.19%	0
Separated	30 3.97%	0
Single	466 61.64%	31 100%
Widowed	3 .40%	0
Unknown*	68 8.99%	0
Sample Size	756	31

**This category not included in analysis.*

Driving Under the Influence Court

Age

There is no significant difference in age for participants between the Scotts Bluff County Adult Drug Court and the Scotts Bluff County DUI Court ($F(1, 34) = 0.887, p = .353$) (see Table 4.18).

Table 4.18: Average Age of DUI Court Participants

	Scotts Bluff County Adult Court	Scotts Bluff County DUI Court
Age (Mean)	29.93	32.81
Sample Size	14	22

Gender

There is no significant difference in the gender distribution across the Scotts Bluff County Adult Drug Court and the Scotts Bluff County DUI Court ($\chi^2(1) = 0.221, p = .639$). Both courts serve primarily males (see Table 4.19).

Table 4.19: Gender of DUI Court Participants

	Scotts Bluff County Adult Court	Scotts Bluff County DUI Court
Male	10 71.43%	18 78.26%
Female	4 28.57%	5 21.74%
Sample Size	14	23

Race/Ethnicity

There is no significant difference in the distribution of race/ethnicity between participants in the Scotts Bluff County Adult Drug Court and the Scotts Bluff County DUI Court ($\chi^2(3) = 0.742, p = .696$). Both courts serve a majority of White/Caucasian participants with a substantial number of Hispanic participants (see Table 4.20)

Table 4.20: Race/Ethnicity of DUI Court Participants

	Scotts Bluff County Adult Court	Scotts Bluff County DUI Court
White/Caucasian	9 64.29%	13 56.52%
Black/African American	0	0
Hispanic	5 35.71%	9 39.13%
Other	0	1 4.35%
Sample Size	14	23

Marital Status

To minimize zero-count cells for analysis, marital status categories were collapsed into Married/Cohabiting vs. Single/ Divorced/Separated/Widowed. There is no significant difference across the Scotts Bluff County Adult Drug Court and the Scotts Bluff County DUI Court in the marital status of participants ($\chi^2(1) = 0.782, p = .377$). Most participants in both courts are single (see Table 4.21).

Table 4.21: Marital Status of DUI Court Participants

	Scotts Bluff County Adult Court	Scotts Bluff County DUI Court
Cohabiting	0	0
Divorced	2 14.29%	4 17.39%
Married	1 7.14%	4 17.39%
Separated	1 7.14%	0
Single	9 64.29%	15 65.22%
Widowed	1 7.14%	0
Sample Size	14	23

Family Court

Age

There is no significant difference in age for participants between the Lancaster County Adult Drug Court and the Lancaster County Family Court ($F(1, 255) = 1.058, p = .305$) (see Table 4.22).

Table 4.22: Average Age of Family Court Participants

	Lancaster County Adult Court	Lancaster County Family Court
Age (Mean)	31.18	29.44
Sample Size	223	34

Gender

There are significantly more women in the Lancaster Family Court than in the Adult Drug Court ($\chi^2(1) = 51.22, p < .001$) (see Table 4.23).

Table 4.23: Gender of Family Court Participants

	Lancaster County Adult Court	Lancaster County Family Court
Male	151 67.71%	1 2.94%
Female	72 32.29%	33 97.06%
Sample Size	223	34

Race/Ethnicity

There is no significant difference in the distribution of race/ethnic groups between the Lancaster County Adult Drug Court and the Lancaster County Family Court ($\chi^2(3) = 3.567, p = .312$). The majority of participants for both courts are White/Caucasian (see Table 4.24)

Table 4.24: Race/Ethnicity of Family Court Participants

	Lancaster County Adult Court	Lancaster County Family Court
White/Caucasian	163 73.42%	24 75%
Black/African American	32 14.41%	3 9.38%
Hispanic	9 4.05%	0
Other	18 8.11%	5 15.63%
Sample Size	222	32

Marital Status

To minimize zero-count cells for analysis, marital status categories were collapsed into Married/Cohabiting vs. Single/ Divorced/Separated/Widowed. There is no significant difference in the marital status of participants in the Lancaster County Adult Drug Court and the Lancaster County Family Court ($\chi^2(1) = 3.384, p = .066$) (see table 4.25).

Table 4.25: Marital Status of Family Court Participants

	Lancaster County Adult Court	Lancaster County Family Court
Cohabiting	6 2.69%	0
Divorced	30 13.45%	4 11.76%
Married	20 8.97%	7 20.59%
Separated	10 4.48%	1 2.94%
Single	129 57.85%	14 41.18%
Widowed	1 0.45%	0
Unknown*	27 12.11%	8 23.53%
Sample Size	223	34

*This category not included in analysis.

What are the Crimes Committed and Drug Histories of Participants?

We examined the types of crimes committed and the drug histories of participants in adult drug courts, juvenile drug courts, the young adult court, the Driving Under the Influence Court and the Lancaster County Family Court. Information for this analysis was obtained from the Problem Solving Court Management Information System. There were some data challenges for this analysis. We believe there was data entry or coding errors for some courts. For example, for adult drug courts there were 10 individuals identified as having a Felony 1 charge, seven of which plead to a Felony 1 charge. In discussions with coordinators, we do not believe that persons with Felony 1 charges would be accepted into adult drug court. Based on discussions with coordinators, we do not believe the number of inaccurate charges is large. Another data issue with regard to charged offense appears to be that in some courts as participants move from one level to the next, prosecutors will reduce the charges. Since there is no separate field in the PSCMIS to record this change, the court will enter this as the original or plead charge. Hence, when we examine charged or plead offense, the data may not reflect the original charge or plea.

Another issue is that we had missing data for a substantial number of participants. This is particularly noticeable in the drug of choice data in which over half the participants had missing data. In discussions with coordinators, we believe this is primarily the result of information not being converted from the Probation information system to the PSCMIS; therefore the data in this section is likely to reflect individuals who participated in problem solving courts since 2009. For a few courts, coordinators indicated the lack of information about primary drug of choice was a data entry issue and they intended to become more diligent about ensuring information gets entered into the PSCMIS.

Adult Courts

Charged Offense Class

There are significant differences in the highest charged offense class across adult drug courts in Nebraska ($F(9,992) = 7.659, p < .001$). Specifically, Lancaster County participants, on average, are charged with more serious offense classes than participants in other courts, and it is the only court without a majority of participants charged with Felony Class 4 offenses. Douglas County has participants with the second most severe charged offenses. The most common charged offense across courts was Felony 4 (see Table 4.26).

Table 4.26: Charged Offense Class for Adult Drug Court Participants

	Central Nebraska	District 6	Douglas County	Lancaster County	Midwest Nebraska	North Central Nebraska	Northeast Nebraska	Sarpy County	Scotts Bluff County	Southeast Nebraska
Felony Class 1C / 1D	0	2 3.4%	6 1.4%	0	0	0	0	1 1.7%	1 9.1%	0
Felony 2	6 3.8%	7 12.1%	60 14.0%	50 30.3%	1 3.3%	1 33.3%	0	3 5.1%	1 9.1%	4 7.7%
Felony 3 / 3A	45 28.7%	10 17.2%	126 29.4%	54 32.7%	5 16.7%	0	11 28.9%	19 32.2%	2 18.2%	17 32.7%
Felony 4	106 67.5%	39 67.2%	237 55.2%	61 37.0%	24 80.0%	2 66.7%	27 71.1%	34 57.6%	7 63.6%	31 59.6%
Misdemeanor	0	0	0	0	0	0	0	2 3.4%	0	0
Sample size	157	58	429	165	30	3	38	59	11	52

Admitted/Plead Offense Class

There are also significant differences across the admitted offense classes for participants in Nebraska Adult Drug Courts ($F(9,976) = 12.067, p < .001$). As with charged offense class, Lancaster County participants, on average, plead to more serious offense classes than participants in other courts, and it is the only court without a majority of participants admitting to Felony 4's. Douglas County has participants with the second most severe plead offenses. Only in Scotts Bluff County do a large proportion of the participants plead down to misdemeanor offenses (see Table 4.27). Curiously, some offenders in the adult juvenile court are listed as pleading to juvenile offenses.

Table 4.27: Admitted/Plead Offense Class for Adult Drug Court Participants

	Central Nebraska	District 6	Douglas County	Lancaster County	Midwest Nebraska	North Central Nebraska	Northeast Nebraska	Sarpy County	Scotts Bluff County	Southeast Nebraska
Felony 1C / 1D	0	1 2.0%	6 1.4%	0	0	0	0	0	0	0
Felony 2	5 3.2%	2 4.0%	59 13.8%	45 27.4%	1 3.3%	0	0	3 5.0%	0	3 6.0%
Felony 3 / 3A	40 25.5%	7 14.0%	125 29.1%	51 31.1%	4 13.3%	0	3 8.8%	15 25.0%	0	13 26.0%
Felony 4	112 71.3%	40 80.0%	237 55.2%	68 41.5%	25 83.3%	2 100%	31 91.2%	38 63.3%	5 50.0%	34 68.0%
Misdemeanor	0	0	0	0	0	0	0	3 5.0%	5 50.0%	0
Juvenile	0	0	2 0.5%	0	0	0	0	1 1.7%	0	0
Sample Size	157	50	429	164	30	2	34	60	10	50

Drug Use History

There is a significant difference in the number of different drugs used by participants prior to starting a drug court program across adult drug courts ($F(9,746) = 108.22, p < .001$). Lancaster County has participants who use the highest number of kinds of drugs, and is significantly different from all other drug courts. District 6 participants use the second largest number of kinds of drugs (see Table 4.28).

Table 4.28: Number of Drugs Used by Adult Court Participants

	Central Nebraska	District 6	Douglas County	Lancaster County	Midwest Nebraska	North Central Nebraska	Northeast Nebraska	Sarpy County	Scotts Bluff County	Southeast Nebraska
Number of Drugs Used (Mean)	1.08	3.20	1.53	5.42	1.00	1.73	1.22	1.62	1.00	2.12
Sample Size	87	20	420	146	17	15	9	21	4	17

Analysis of adult participants’ drug of primary choice reveals significant differences, ($X^2(36) = 92.532, p < .001$). Lancaster County has a significantly lower percentage of participants with depressants/alcohol as a drug of choice than Midwest Nebraska and Scotts Bluff County. Midwest Nebraska and Lancaster County have a lower proportion of participants with marijuana listed as their drug of choice than do Central Nebraska, Douglas County, North Central Nebraska, and Southeast Nebraska. Lancaster County has a higher proportion of participants with stimulants as their drug of choice than Central Nebraska, Douglas County, North Central Nebraska, Northeast Nebraska, and Southeast Nebraska. Midwest Nebraska and Northeast Nebraska have a higher percentage of participants who list opioids as their drug of choice, compared to the other courts(see Table 4.29).

Table 4.29: Drug of Choice for Adult Drug Court Participants

	Central Nebraska	District 6	Douglas County	Lancaster County	Midwest Nebraska	North Central Nebraska	Northeast Nebraska	Sarpy County	Scotts Bluff County	Southeast Nebraska
Opioid/ Narcotic	6 6.9%	1 5.0%	28 6.7%	11 7.5%	4 23.5%	1 6.7%	3 33.3%	3 14.3%	0	3 17.6%
Stimulant	35 40.2%	11 55.0%	176 41.9%	100 68.5%	9 52.9%	5 33.3%	2 22.2%	12 57.1%	2 50.0%	4 23.5%
Marijuana	39 44.8%	6 30.0%	178 42.4%	22 15.1%	1 5.9%	7 46.7%	3 33.3%	5 23.8%	1 25.0%	8 47.1%
Depressant (includes Alcohol)	7 8.0%	2 10.0%	31 7.4%	5 3.4%	3 17.6%	2 13.3%	1 11.1%	1 4.8%	1 25.0%	2 11.8%
Other [^]	0	0	7 1.7%	8 5.5%	0	0	0	0	0	0
Sample Size	87	20	420	146	17	15	9	21	4	17
No primary drug of choice reported*	108 55.4%	40 66.7%	336 44.4%	77 34.5%	18 51.4%	4 21.1%	35 79.5%	56 72.7%	10 71.4%	42 71.2%

[^]Primarily hallucinogens, with one Lancaster County participant choosing inhalants.

*This category not included in analysis.

Juvenile Courts

Charged Offense Class

There is a significant difference across the five juvenile drug courts in the highest offense class participants are charged with ($\chi^2(8) = 17.858, p = .022$). The majority of participants in all courts are charged with a Juvenile 1 offense class, although the proportion is significantly higher in Lancaster County than in the other courts. Higher proportions of participants in the other four courts are charged with various misdemeanor and lesser juvenile offenses (see Table 4.30).

Table 4.30: Charged Offense Class of Juvenile Drug Court Participants

Offense Class	Douglas County	Lancaster County	Northeast Nebraska	Sarpy County	Scotts Bluff County
Felony 3 / 4	2 3.2%	0	0	1 1.9%	1 7.7%
Juvenile 1	45 71.4%	49 98.0%	7 77.8%	44 83.0%	8 61.5%
Misdemeanor/ City Ordinance Juvenile 2 thru Juvenile 4 /	16 25.4%	1 2.0%	2 22.2%	8 15.1%	4 30.8%
Sample size	63	50	9	53	13

Admitted/Plead Offense Class

There is not a significant difference across the five juvenile drug courts in the highest offense class participants plead to ($\chi^2(8) = 15.304, p = .054$). As with the charged offenses, the majority of participants in all courts admit to a Juvenile 1 offense class (see Table 4.31).

Table 4.31: Admitted/Plead Offense for Juvenile Drug Court Participants

Offense Class	Douglas County	Lancaster County	Northeast Nebraska	Sarpy County	Scotts Bluff County
Felony 3 / 4	2 3.3%	0	0	0	0
Juvenile 1	44 72.1%	46 97.9%	7 77.8%	51 82.3%	10 76.9%
Misdemeanor/ City Ordinance Juvenile 2 thru Juvenile 4 /	15 24.6%	1 1.2%	2 22.2%	11 17.7%	23.1%
Sample size	61	47	9	62	13

Drug Use History

There is no significant difference in the total number of kinds of drugs used by participants in juvenile drug courts ($F(4,98) = 1.172, p = .328$) (see Table 4.32).

Table 4.32: Number of Drugs Used by Juvenile Drug Court Participants

	Douglas County	Lancaster County	Northeast Nebraska	Sarpy County	Scotts Bluff County
Number of Drugs Used (Mean)	1.35	1.14	1.00	1.48	.80
Court Sample Size	34	28	5	31	5

There is no significant difference in the primary drug of choice across juvenile drug courts ($X^2(16) = 21.630, p = .156$). However, a majority of participants have no primary drug of choice listed (see Table 4.33). Marijuana/cannabis was the largest category for all juvenile courts.

Table 4.33: Primary Drug of Choice for Juvenile Drug Court Participants

Drug	Douglas County	Lancaster County	Northeast Nebraska	Sarpy County	Scotts Bluff County
Opioid/ Narcotic	1 2.9%	1 3.6%	0	0	0
Stimulant	2 5.9%	1 3.6%	0	0	0
Marijuana	31 91.2%	16 57.1%	27 87.1%	27 87.1%	4 80.0%
Depressant (includes Alcohol)	0	9 32.1%	4 12.9%	4 12.9%	1 20.0%
Other	0	1^ 3.6%	0	0	0
Sample size	34	28	5	31	5
No primary drug of choice reported*	71 67.6%	52 65.0%	7 58.3%	48 60.8%	11 68.8%

^Hallucinogens

*This category not included in analysis.

Young Adult Court

Charged Offense Class

Participants in the Douglas County Adult Drug Court have more severe offense class charges than do those in the Douglas County Young Adult Drug Court ($\chi^2(4) = 192.288$, $p < .001$). Specifically, Douglas County Adult Court participants are charged with more Felony 4's than participants in the Young Adult Drug Court, while those in the Young Adult Drug Court are charged with more Misdemeanors (see Table 4.34).

Table 4.34: Charged Offense Class for Young Adult Court Participants

	Douglas County Adult Court	Douglas County Young Adult Court
Felony 1C / 1D	6 1.4%	0
Felony 2	60 14.0%	2 6.5%
Felony 3 / 3A	126 29.4%	12 38.7%
Felony 4	237 55.2%	4 12.9%
Misdemeanor	0	13 41.9%
Sample Size	429	31

Admitted/Plead Offense Class

Participants in the Douglas County Adult Drug Court also have more severe admitted/plead offense classes than do those in the Douglas County Young Adult Drug Court ($\chi^2(5) = 223.205, p < .001$). Douglas County Adult Court participants plead to more Felony 2's and Felony 4's than did Young Adult Drug Court participants, and Young Adult Court participants plead to more Misdemeanors (see Table 4.35).

Table 4.35: Admitted/Plead Offense Class for Young Adult Court Participants

	Douglas County Adult Court	Douglas County Young Adult Court
Felony 1C / 1D	6 1.4%	0
Felony 2	59 13.8%	0
Felony 3 / 3A	125 29.1%	12 38.7%
Felony 4	237 55.2%	4 12.9%
Misdemeanor	0	15 48.4%
Juvenile	2 0.5%	0
Sample Size	429	31

Drug Use History

Participants in the Adult Drug Court use significantly more drugs than those in the Young Adult Drug Court ($F(1, 433) = 6.044, p = .014$). This is not surprising since the young adult court is not exclusively a drug court (see Table 4.36).

Table 4.36: Number of Drugs Used by Young Adult Court Participants

	Douglas County Adult Court	Douglas County Young Adult Court
Number of Drugs Used (Mean)	1.53	0.93
Sample Size	420	15

There is a significant difference in the type of drugs selected as participant's drug of choice between the Douglas County Adult Drug Court and the Douglas County Young Adult Drug Court ($\chi^2(4) = 11.905, p = .018$). Participants in the Young Adult Court preferred marijuana more and stimulants less than participants in the Adult Drug Court (see Table 4.37).

Table 4.37: Primary Drug of Choice for Young Adult Court Participants

	Douglas County Adult Court	Douglas County Young Adult Court
Opioid/ Narcotic	28 6.7%	1 6.7%
Stimulant	176 41.9%	0
Marijuana	178 42.4%	12 80.0%
Depressant (Includes Alcohol)	31 7.4%	2 13.3%
Other	7^ 1.7%	0
Sample Size	420	15
No primary drug of choice reported*	336 (44.44%)	16 (51.61%)

^Hallucinogens

*This category not included in analysis.

Driving Under the Influence Court

Charged Offense Class

Participants in the Scotts Bluff County Adult Drug Court have more severe offense class charges than do those in the Scotts Bluff County DUI Court ($\chi^2(4) = 18.772, p = .001$). Those in the Scotts Bluff Adult Court are charged more often with Felony 4's, while those in the DUI court are charged more often with Misdemeanors (see Table 4.38).

Table 4.38: Charged Office Class for DUI Court Participants

	Scotts Bluff County Adult Court	Scotts Bluff County DUI Court
Felony 1C / 1D	1 9.1%	0
Felony 2	1 9.1%	0
Felony 3 / 3A	2 18.2%	5 23.8%
Felony 4	7 63.6%	2 9.5%
Misdemeanor	0	14* 66.7%
Sample Size	11	21

*Half (seven) are Misdemeanor Class W.

Admitted/Plead Offense Class

As with charged offense class, there is a difference in the highest admitted/plead offense class between those in the Scotts Bluff County Adult Drug Court and the Scotts Bluff County DUI Court ($\chi^2(2) = 10.026, p = .007$). Again, those in the Scotts Bluff Adult Court plead more often to Felony 4's than those in the DUI court. Unlike with charged offense class, there is no difference in rate of pleading to misdemeanors between the courts, due to participants in the Scotts Bluff County Adult Drug Court pleading down to misdemeanors (see Table 4.39).

Table 4.39: Admitted/Plead Offense Class for DUI Court Participants

	Scotts Bluff County Adult Court	Scotts Bluff County DUI Court
Felony 1C / 1D*	0	0
Felony 2*	0	0
Felony 3 / 3A	0	5 23.8%
Felony 4	5 50.0%	1 4.8%
Misdemeanor	5 50.0%	15^ 71.4%
Sample Size	10	21

[^]Ten are Misdemeanor Class W.

*These categories not included in analysis as all participants plead to a lower class offense.

Drug Use History

There is no significant difference in the number of drugs used when starting the program between participants in the Scotts Bluff County Adult Drug Court and the Scotts Bluff DUI Court ($F(1, 8) = 0.400, p = .545$) (see Table 4.40).

Table 4.40: Number of Drugs Used for DUI Court Participants

	Scotts Bluff County Adult Court	Scotts Bluff County DUI Court
Mean	1.00	0.67
Sample Size	4	6

There is no significant difference in the primary drug of choice used by those in the Scotts Bluff County Adult Court and the Scotts Bluff County DUI Court ($\chi^2(3) = 4.097, p = .251$) (see Table 4.41).

Table 4.41: Primary Drug of Choice for DUI Court Participants

	Scotts Bluff County Adult Court	Scotts Bluff County DUI Court
Opioid/ Narcotic [^]	0	0
Stimulant	2 50.0%	0
Marijuana	1 25.0%	2 33.3%
Depressant (Includes Alcohol)	1 25.0%	3 50.0%
Other	0	1 [^] 16.7%
Sample Size	4	6
No primary drug of choice reported*	10 71.43%	17 73.91%

[^]Inhalants

*This category not used in analysis.

Family Court

Charged Offense Class

Participants in the Lancaster County Adult Drug Court have more severe offense class charges than do those in the Lancaster County Family Court ($\chi^2(3) = 183.00, p < .001$). Specifically, those in the Lancaster County Adult Drug Court are more likely to have been charged with felonies, while all Lancaster County Family Court participants are charged with Juvenile 3A's (see Table 4.42).

Table 4.42: Charged Offense Class for Family Drug Court Participants

	Lancaster County Adult Court	Lancaster County Family Court
Felony 1C / 1D*	0	0
Felony 2	50 30.3%	0
Felony 3 / 3A	54 32.7%	0
Felony 4	61 37.0%	0
Misdemeanor*	0	0
Juvenile	0	18 [^] 100%
Sample Size	165	18

[^]All Juvenile Class 3A charges.

*These categories not used in analysis due to no participants in category.

Admitted/Plead Offense Class

As with charged offenses, participants in the Lancaster County Adult Drug Court plead to more severe offense classes than those in the Lancaster County Family Court ($\chi^2(3) = 182.00, p < .001$). Specifically, those in the Lancaster County Adult Drug Court are more likely to have plead to felonies, while all Lancaster County Family Court participants plead to Juvenile 3A's (see Table 4.43).

Table 4.43: Admitted/Plead Offense Class for Family Court Participants

	Lancaster County Adult Court	Lancaster County Family Court
Felony 1C / 1D*	0	0
Felony 2	45 27.4%	0
Felony 3 / 3A	51 31.1%	0
Felony 4	68 41.5%	0
Misdemeanor^	0	0
Juvenile	0	18^ 100%
Sample Size	164	18

^All Juvenile Class 3A charges.

*These categories not used in analysis due to no participants in category.

Drug Use History

Participants in the Lancaster County Adult Drug Court use significantly more kinds of drugs than those in the Lancaster County Family Court ($F(1, 153) = 22.834, p < .001$) (see Table 4.44).

Table 4.44: Number of Drugs Used by Family Drug Court Participants

	Lancaster County Adult Court	Lancaster County Family Court
Mean	5.42	1.44
Sample Size	146	9

Lancaster County Adult Drug Court participants do not have significantly different drugs of choice from the Lancaster County Family Dependency Court participants ($\chi^2(4) = 3.076, p = .545$) (see Table 4.45).

Table 4.45: Primary Drug of Choice for Family Drug Court Participants

	Lancaster County Adult Drug Court	Lancaster County Family Court
Opioid/ Narcotic	11 7.5%	2 22.2%
Stimulant	100 68.5%	6 66.7%
Marijuana	22 15.1%	1 11.1%
Depressant (Includes Alcohol)	5 3.4%	0
Other	8^ 5.5%	0
Sample Size	146	9
No primary drug of choice reported*	77 34.53%	25 73.53%

^Hallucinogens, with one participant preferring inhalants.

*This category not used in analysis.

What are the Education and Employment Characteristics of Participants?

We examined education and employment information for each of the five types of problem solving courts using data from the PSCMIS. A few courts noted that there were some data entry issues and not all of their education and employment data was being entered. They indicated they would be more diligent in the future to ensure complete data entry. Nevertheless, we believe the employment and education data is reasonably accurate.

Adult Courts

Education

There are no significant differences across courts in the grade completed by adult drug court participants by the time they start a drug court program ($F(9,1285) = 1.414, p = .177$). Participants in most adult drug courts had between an 11th and 12th grade level on average (see Table 4.46).

Table 4.46: Education Level of Adult Drug Court Participants

	Central Nebraska	District 6	Douglas County	Lancaster County	Midwest Nebraska	North Central Nebraska	Northeast Nebraska	Sarpy County	Scotts Bluff County	Southeast Nebraska
Completed Grade (Mean)	12.09	11.73	11.83	11.79	11.34	11.40	11.90	12.15	11.39	11.75
Sample Size	118	57	696	202	31	19	38	68	14	52

There is a significant difference among adult drug courts in the proportion of participants who start the court with a high school or GED diploma ($F(9,1285) = 3.011, p = .001$). Central Nebraska and Lancaster County have the highest percent of participants starting a drug court program with a high school or GED diploma, followed by Sarpy County and Lancaster County. These four courts differ significantly from Midwest Nebraska, which has the lowest percentage of participants starting the program with a high school or GED diploma (see Table 4.47).

Table 4.47: High School Degree/GED of Adult Drug Court Participants

	Central Nebraska	District 6	Douglas County	Lancaster County	Midwest Nebraska	North Central Nebraska	Northeast Nebraska	Sarpy County	Scotts Bluff County	Southeast Nebraska
Less than High School/GED	12 10.2%	14 24.6%	148 21.3%	27 13.4%	13 41.9%	6 31.6%	9 23.7%	14 20.6%	4 28.6%	13 25.0%
High School/GED or Greater	106 89.8%	43 75.4%	548 78.7%	175 86.6%	18 58.1%	13 68.4%	29 76.3%	54 79.4%	10 71.4%	39 75.0%
Sample Size	118	57	696	202	31	19	38	68	14	52

Employment

There is a significant difference among adult drug courts in the number of hours per week worked by participants when starting a drug court program ($F(9,1416) = 23.988, p < .001$). Central Nebraska and Lancaster County have participants working the most hours per week when starting a drug court program, and do not differ from each other. Douglas County and North Central Nebraska have participants who work the next highest number of hours per week. Northeast Nebraska follows, and does not differ significantly from North Central Nebraska. The remaining five courts have participants starting the program with significantly fewer hours worked per week, and do not differ from each other (see Table 4.48).

Table 4.48: Hours of Initial Employment for Adult Drug Court Participants

	Central Nebraska	District 6	Douglas County	Lancaster County	Midwest Nebraska	North Central Nebraska	Northeast Nebraska	Sarpy County	Scotts Bluff County	Southeast Nebraska
Work Hours per Week (Mean)	24.18	0.67	18.68	24.62	3.29	15.11	8.23	6.13	2.86	5.79
Sample Size	185	60	738	199	35	19	44	75	14	57

Juvenile Courts

Education

There is a significant difference across courts in the level of education completed by the time participants start a juvenile drug court program ($F(4,189) = 6.19, p < .001$). Juvenile drug court participants in Sarpy County, on average, have completed the highest grade in school, compared to the other courts. In contrast, those in Northeast Nebraska have completed the least grade in school; Northeast Nebraska is significantly different from all other drug courts except for Scotts Bluff County (see Table 4.49).

Table 4.49: Education Level of Juvenile Drug Court Participants

	Douglas County	Lancaster County	Northeast Nebraska	Sarpy County	Scotts Bluff County
Mean	9.77	9.79	8.27	10.16	8.81
Sample size	80	43	11	44	16

Employment

There is no significant difference in the number of hours juvenile drug court participants were employed weekly when entering a drug court program ($F(4,161) = .792, p < .532$) (see Table 4.50).

Table 4.50: Hours of Initial Employment for Juvenile Drug Court Participants

	Douglas County	Lancaster County	Northeast Nebraska	Sarpy County	Scotts Bluff County
Mean	0.42	1.44	2.08	0.98	0.0
Sample size	48	45	12	45	16

Young Adult Court

Education

Participants in the Adult Drug Court have completed more education on average upon entering the program than those in the Young Adult Drug Court ($F(1, 722) = 5.076, p = .025$). However, the average grade completed for both courts is between 11th and 12th grade (see Table 4.51).

Table 4.51: Education Level of Young Adult Court Participants

	Douglas County Adult Court	Douglas County Young Adult Court
Completed Grade (Mean)	11.83	11.20
Sample Size	696	28

There is no significant difference in education level (defined as completed high school or GED vs. did not complete high school or GED) at the beginning of the program between the Douglas County Adult Drug Court and the Douglas County Young Adult Drug Court ($F(1, 722) = 0.849, p = .357$) (see Table 4.52).

Table 4.52: High School Degree/GED of Young Adult Court Participants

	Douglas County Adult Court	Douglas County Young Adult Court
Less than High School/GED	148 21.26%	8 40%
High School or Equivalent or greater	548 78.74%	20 71.43%
Sample Size	696	28

Employment

There is no significant difference in the number of hours worked per week for participants in the Douglas County Adult Drug Court and the Douglas County Young Adult Drug Court ($F(1, 767) = 0.90, p = .343$) (see Table 4.53).

Table 4.53: Hours of Initial Employment for Young Adult Court Participants

	Douglas County Adult Court	Douglas County Young Adult Court
Work Hours Per Week (Mean)	18.68	22.06
Sample Size	738	31

Driving Under the Influence Court

Education

There is no significant difference in the grade completed at the start of the program for participants in the Scotts Bluff County Adult Drug Court and the Scotts Bluff County DUI Court ($F(1, 34) = 1.324, p = .258$) (see Table 4.54).

Table 4.54: Education Level for DUI Court Participants

	Scotts Bluff County Adult Court	Scotts Bluff County DUI Court
Completed Grade (Mean)	11.39	12.25
Sample Size	14	22

There is no difference in education level (defined as completed high school or GED vs. did not complete high school or GED) at the beginning of the program between the Scotts

Bluff County Adult Drug Court and the Scotts Bluff County DUI Court ($F(1, 722) = 0.849, p = .357$) (see Table 4.55).

Table 4.55: High School Degree/GED of DUI Court Participants

	Scotts Bluff County Adult Court	Scotts Bluff County DUI Court
Less than High School/GED	4 28.57%	4 18.18%
High School or Equivalent or greater	10 71.43%	18 81.82%
Sample Size	14	22

Employment

There is no significant difference in the number of hours worked per week for participants in the Scotts Bluff County Adult Drug Court and the Scotts Bluff County DUI Court ($F(1, 35) = 0.027, p = .871$) (see Table 4.56).

Table 4.56: Hours of Initial Employment for DUI Court Participants

	Scotts Bluff County Adult Court	Scotts Bluff County DUI Court
Work Hours Per Week (Mean)	2.86	3.48
Sample Size	14	23

Family Court

Education

There is no difference in the average grade completed by the start of the program for participants in the Lancaster County Adult Drug Court and the Lancaster County Family Court ($F(1, 209) = 0.606, p = .437$) (see Table 4.57).

Table 4.57: Education Level of Family Drug Court Participants

	Lancaster County Adult Court	Lancaster County Family Court
Completed Grade (Mean)	11.79	11.33
Sample Size	202	9

Participants in the Lancaster County Adult Drug Court are more likely to have a high school or GED diploma than those in the Lancaster County Family Court ($F(1, 209) = 6.790, p = .010$) (see Table 4.58).

Table 4.58: High School Degree/GED of Family Drug Court Participants

	Lancaster County Adult Court	Lancaster County Family Court
Less than High School/GED	27 13.37%	4 44.44%
High School/GED or Greater	175 86.63%	5 55.56%
Sample Size	202	9

Employment

Participants in the Lancaster County Adult Drug Court worked significantly more hours per week at the start of the program than those who are in the Lancaster County Family Court ($F(1, 207) = 21.35, p < .001$) (see Table 4.59).

Table 4.59: Hours of Initial Employment for Family Drug Court Participants

	Lancaster County Adult Court	Lancaster County Family Court
Work Hours Per Week (Mean)	24.62	0.00
Sample Size	199	10

What are the Risk Levels of Participants?

There is much discussion in the literature about who should be served by problem solving courts. Early evaluations found most problem solving courts serving moderate risk offenders (Belenko, 2001). Effectiveness studies provided some justification for this target population. Higher risk populations were found to do less well in drug courts than those at more moderate risk. For example, persons charged with misdemeanors are more likely to graduate from drug court than persons charged with felonies (Belenko, 2001); first time offenders are more likely to complete drug court than those with more offenses (Saum, Scarpitti, Butzin, Perez, Jennings, & Gray, 2002; Peters, Haas, & Murrin, 1999); and individuals with an extensive history of drug treatment do less well in drug court than persons who have not been to treatment as often (Miller & Shutt, 2001).

However, others have suggested drug courts should target higher risk offenders. They argue drug courts are a scarce resource, low to moderate risk offenders can be effectively served in lower intensity justice programs, research indicates drug courts are effective for high risk offenders, without drug court involvement high risk offenders are likely to cost society more to serve through recidivism and imprisonment, therefore drug courts should be reserved for higher risk offenders. As stated by Huddleston and Marlowe (2011), “Research identifies that the ‘High Risk/High Need’ population of offenders respond optimally to the Drug Court model and yield the greatest returns on investment.” (p. 17). Based on a review of the research, Knight, Flynn, and Simpson (2008) state, “Research

has clearly demonstrated that intensive treatment services should be reserved for individuals with the most severe drug use problems. Providing intensive services to those with less severe problems is not only a waste of valuable resources (particularly since these individuals tend to do as well with less intensive intervention), but may actually make their drug use problem worse.”

As part of the Nebraska Statewide Problem Solving Court Evaluation, we looked at risk level of participants across courts. We looked at a number of different indicators of risk.

1. Level of Service/Case Management Inventory (LS/CMI) – a screening device for adults that assesses risk and need including criminal history, education/employment, family/marital, leisure/recreation, companions, alcohol/drug problem, pro-criminal attitude, and antisocial patterns.
2. Youth Level of Service/Case Management Inventory (YLS/CMI) – a screening device for youth that assesses prior and current offenses, family circumstances, education/employment, peer relations, substance abuse, leisure/recreation, personality/behavior, and attitudes/orientation.
3. The criminal history/prior and current offenses subscales of the LS/CMI and YLS/CMI.
4. The alcohol/drug problems subscale of the LS/CMI and YLS/CMI.
5. The Simple Screening Instrument (SSI) – a component of the Nebraska standardized model for assessing substance abusing offenders
6. The Juvenile Screening Instrument (JSI)
7. Adolescent Chemical Dependency Inventory (ACDI)
8. The Standardized Risk Assessment Reporting Format – a tool used to give treatment providers an indication of the offenders risk of re-arrest.

The most complete information in the PSCMIS was for the LS/CMI and YLS/CMI. Although the SSI is used extensively, the only information in the PSCMIS is the risk level rather than the score, which limits the variability across participants.

Adult Courts

LS/CMI Level

Initial LSCMI level for adult drug courts show a significant difference among the courts ($F(9, 718) = 10.12, p < .001$). District 6 and Lancaster County participants have significantly higher LSCMI levels than all other adult drug courts, followed by a grouping of Douglas County, Southeast Nebraska, North Central Nebraska, and Midwest Nebraska courts. Scotts Bluff County participants have the lowest LSCMI scores compared to the other courts, but did not differ significantly from Sarpy County, Central Nebraska, and Northeast Nebraska. Means are based on a five point scale from 1 = very low to 5 = very high. The average score for participants for most courts fell in the medium to high range; for two courts, participant scores fell in the high to very high range (see Table 4.60).

Table 4.60: LS/CMI Levels for Adult Drug Court Participants

	Central Nebraska	District 6	Douglas County	Lancaster County	Midwest Nebraska	North Central Nebraska	Northeast Nebraska	Sarpy County	Scotts Bluff County	Southeast Nebraska
Very Low	0 0%	0 0%	0 0%	0 0%	0 0%	1 6.3%	0 0%	0 0%	0 0%	0 0%
Low	4 5.2%	1 1.8%	9 3.5%	1 0.8%	1 3.1%	0 0%	1 2.8%	5 7.6%	0 0%	2 3.5%
Medium	28 36.4%	3 5.4%	60 23.4%	13 10.2%	12 37.5%	4 25.0%	19 52.8%	19 28.8%	4 80.0%	14 24.6%
High	40 51.9%	26 46.4%	123 48.0%	56 44.1%	12 37.5%	7 43.8%	12 33.3%	33 50.0%	1 20.0%	27 47.4%
Very High	5 6.5%	26 46.4%	64 25.0%	57 44.9%	7 21.9%	4 25.0%	4 11.1%	9 13.6%	0 0%	14 24.6%
Mean	3.60	4.38	3.95	4.33	3.78	3.81	3.53	3.70	3.20	3.93

LS/CMI Total Score

The average risk level for all courts except one fell in the “high” level (20-29); the average risk level for participants in one court fell in the moderate range (11-19). There are significant differences among adult drug courts on the average initial LS/CMI Total Score ($F(9,721) = 11.647, p < .001$). District 6 and Lancaster County participants have significantly higher initial LS/CMI Total Scores than participants in all other courts, and do not differ from each other. Scotts Bluff County has participants with the lowest initial LS/CMI score, but is not significantly different from any courts except District 6 and Lancaster County, likely due to sample size constraints. Northeast Nebraska and Central Nebraska have participants with the second and third lowest initial LS/CMI score, and both are significantly lower than Douglas County and Southeast Nebraska, in addition to District 6 and Lancaster County (see Table 4.61).

Table 4.61: LS/CMI Total Score for Adult Drug Court Participants

	Central Nebraska	District 6	Douglas County	Lancaster County	Midwest Nebraska	North Central Nebraska	Northeast Nebraska	Sarpy County	Scotts Bluff County	Southeast Nebraska
Mean	20.29	28.04	23.96	27.68	22.63	22.69	19.69	21.86	18.80	22.71
Sample Size	77	57	257	127	32	16	36	66	5	58

LS/CMI Criminal History Sub-score (CH)

The Criminal History (CH) sub-score of the LSCMI also differed among adult drug courts ($F(9,721) = 3.326, p = .001$). Midwest Nebraska participants have the highest CH sub-scores among the courts, followed by a grouping of Lancaster County, North Central Nebraska, Scotts Bluff County, and Southeast Nebraska, which did not differ from Midwest Nebraska. Central Nebraska differed only from the courts with the highest (Midwest Nebraska) and lowest (Northeast Nebraska) CH sub-scores. District 6, Sarpy County, and Douglas County, differed from Midwest Nebraska, but did not differ from Northeast Nebraska, which has participants with the lowest CH sub-score. Criminal

history scores range from 1-8 with 1=very low and 8= very high. The average criminal history score for participants in most courts fell in the low to medium range, while average scores for participants in four courts were in the medium range (see Table 4.62).

Table 4.62: Criminal History Scores for Adult Drug Court Participants

	Central Nebraska	District 6	Douglas County	Lancaster County	Midwest Nebraska	North Central Nebraska	Northeast Nebraska	Sarpy County	Scotts Bluff County	Southeast Nebraska
Mean	3.61	3.54	3.24	4.05	4.53	4.00	2.78	3.30	4.00	3.71
Sample Size	77	57	257	127	32	16	36	66	5	58

LS/CMI Alcohol/Drug Problems Sub-score (ADP)

There are differences among adult drug courts on the average initial LS/CMI Alcohol/Drug Problems (ADP) sub-score ($F(9,721) = 4.364, p < .001$). Lancaster County participants have the highest initial ADP sub-scores, followed by District 6 and Midwest Nebraska adult drug courts, which do not differ significantly from Lancaster County. Douglas County, Southeast Nebraska, Central Nebraska, North Central Nebraska, and Northeast Nebraska participants have middle scores compared to the other courts, and do not differ significantly from each other. Sarpy County and Scotts Bluff County participants have the lowest ADP scores, and are significantly lower than Douglas County. Alcohol/drug problem scores range from 1-8 with 1=very low and 7-8= very high. The average alcohol/drug problem score for participants in most courts fell between the high and very high range, while average scores for participants in three courts were in the high range (see Table 4.63).

Table 4.63: Alcohol/Drug Problem Scores for Adult Drug Court Participants

	Central Nebraska	District 6	Douglas County	Lancaster County	Midwest Nebraska	North Central Nebraska	Northeast Nebraska	Sarpy County	Scotts Bluff County	Southeast Nebraska
Mean	6.14	6.72	6.37	6.91	6.41	6.13	5.92	5.85	5.00	6.31
Sample Size	77	57	257	127	32	16	36	66	5	58

SSI

There is a significant difference in SSI level among adult drug courts ($F(9,613) = 2.313, p = .015$). Follow-up comparisons indicate significant differences among adult drug courts. Central Nebraska and Lancaster County have participants with the highest SSI scores. North Central Nebraska has the lowest percent of participants scoring Moderate to High (77.8%) and the most scoring Minimal (22.2%) among all the courts, although did not differ from the other courts statistically, likely because of the low number of participants in North Central Nebraska with SSI scores. Midwest Nebraska and Sarpy County have participants with the lowest SSI scores compared to other adult drug courts. Scores on the SSI range from 1-3 with 1 indicating none to low risk of alcohol/drug abuse, 2 indicating minimal risk, and 3 indicating moderate to high risk. The average SSI score for participants in all adult courts fell near the moderate to high range (see Table

4.64) (note, while actual scores on the SSI range from 0-14, the only scores in the PSCMIS are the three categorical scores).

Table 4.64: SSI Levels for Adult Drug Court Participants

	Central Nebraska	District 6	Douglas County	Lancaster County	Midwest Nebraska	North Central Nebraska	Northeast Nebraska	Sarpy County	Scotts Bluff County	Southeast Nebraska
None to Low	0 0%	0 0%	8 2.8%	0 0%	1 4.3%	0 0%	0 0%	2 3.4%	0 0%	0 0%
Minimal	0 0%	2 3.8%	23 8.2%	0 0%	3 13.0%	2 22.2%	1 2.9%	6 10.2%	1 12.5%	4 7.8%
Moder- ate to High	25 100%	51 96.2%	250 89.0%	80 100%	19 82.6%	7 77.8%	33 97.1%	51 86.4%	7 87.5%	47 92.2%
Mean	3.00	2.96	2.86	3.00	2.78	2.78	2.97	2.83	2.88	2.92

SRARF

Analysis of SRARF level of risk for adult drug courts reveals a significant difference among courts ($F(9, 599) = 8.046, p < .001$). Significant between-court differences for SRARF level of risk were found. District 6 has participants with the highest SRARF level of risk. District 6 does not differ from Lancaster County, Scotts Bluff County, Sarpy County, North Central Nebraska, and Southeast Nebraska. Douglas County, Midwest Nebraska, and Central Nebraska tend to group together with participants having a lower SRARF level of risk than the previous six adult courts. SRARF level of risk for Northeast Nebraska participants is significantly lower than every other adult drug court ($p = .003$ or smaller). The average SRARF score for participants in most courts fell in the medium to high range; while average scores for participants in one court were in the low to medium range (see Table 4.65).

Table 4.65: SRARF Levels for Adult Drug Court Participants

	Central Nebraska	District 6	Douglas County	Lancaster County	Midwest Nebraska	North Central Nebraska	Northeast Nebraska	Sarpy County	Scotts Bluff County	Southeast Nebraska
Low	0 0%	3 5.8%	16 5.9%	8 10.1%	0 0%	0 0%	18 52.9%	2 3.4%	0 0%	3 5.9%
Medium	21 84.0%	11 21.2%	135 49.8%	21 26.6%	14 63.6%	4 44.4%	9 26.5%	23 39.7%	3 37.5%	20 39.2%
High	4 16.0%	38 73.1%	120 44.3%	50 63.3%	8 36.4%	5 55.6%	7 20.6%	33 56.9%	5 62.5%	28 54.9%
Mean	2.16	2.67	2.38	2.53	2.36	2.56	1.68	2.53	2.63	2.49

Juvenile Courts

YLS/CMI Level

There is a significant difference for the average initial YLSCMI Level across juvenile drug courts ($F(4,166) = 9.728, p < .001$). Douglas County and Sarpy County participants

have the highest initial YLS/CMI levels, and do not differ from each other. Lancaster County participants have the lowest initial YLS/CMI levels, on average. Northeast Nebraska and Scotts Bluff County participants fall between the highest and lowest courts, and are not significantly different from any of the other courts. The average criminal history score for participants in most courts fell in the moderate to high range, while average scores for participants in one court were in the low to moderate range (see Table 4.66).

Table 4.66: YLS/CMI Levels for Juvenile Drug Court Participants

	Douglas County	Lancaster County	Northeast Nebraska	Sarpy County	Scotts Bluff County
Low	1 1.6%	8 30.8%	2 28.6%	1 1.5%	2 25%
Moderate	33 51.6%	17 65.4%	2 28.6%	32 48.5%	3 37.5%
High	30 46.9%	1 3.8%	3 42.9%	33 50%	3 37.5%
Mean	2.45	1.73	2.14	2.48	2.13
Sample size	64	26	7	66	8

YLS/CMI Total Score

Based on YLS/CMI scores, the risk level for participants in all juvenile drug courts fell in the “moderate” range (9-22). There are significant differences in the average initial YLS/CMI Total Score across juvenile drug courts ($F(4,166) = 13.609, p < .001$). Sarpy County and Douglas County participants have the highest initial YLS/CMI scores, and do not differ from each other. Lancaster County participants have the lowest initial scores, on average, and are significantly different from Douglas County and Sarpy County (see Table 4.67).

Table 4.67: YLS/CMI Total Score for Juvenile Drug Court Participants

	Douglas County	Lancaster County	Northeast Nebraska	Sarpy County	Scotts Bluff County
Mean	20.28	11.65	16.29	20.61	16.25
Sample size	64	26	7	66	8

YLS/CMI Prior Criminal Offenses Sub-score (PCO)

There is a significant difference for the average YLS/CMI-PCO sub-score across juvenile drug courts in ($F(4, 166) = 3.362, p = .011$). Northeast Nebraska participants have the highest initial PCO sub-score, followed by Scotts Bluff County, which does not differ significantly from Northeast Nebraska. Participants in the other three courts (Douglas

County, Lancaster County, and Sarpy County) have significantly lower initial PCO sub-scores than Northeast Nebraska and Scotts Bluff County, and do not differ from each other. Prior and current offenses/disposition scores range from 0-5 with 0=low, 1-2=moderate, and 5= high. The average prior offense history score for participants in most juvenile courts fell in the low to moderate range, while average scores for participants in one court were in the moderate range and for another court in the moderate to high range (See Table 4.68). It should be noted that youth placed in diversion for prior offenses may have low Prior Criminal Offense sub-scores, since this sub-score is related toward prior convictions.

Table 4.68: Prior Offense Scores for Juvenile Drug Court Participants

	Douglas County	Lancaster County	Northeast Nebraska	Sarpy County	Scotts Bluff County
Mean	0.81	0.85	2.14	0.88	1.75
Sample Size	64	26	7	66	8

YLS/CMI Substance Abuse Sub-score (SA)

There are significant differences for the average initial YLS/CMI-SA sub-score across juvenile drug courts ($F(4,166) = 9.985, p < .001$). Sarpy County and Douglas County participants have the highest SA sub-scores, and do not differ from each other. Northeast Nebraska and Lancaster County participants have the lowest levels, on average, and are significantly different from Douglas County and Sarpy County. Scores from Scotts Bluff County juvenile drug court participants fall in the middle of the other courts, and differ significantly only from scores in Sarpy County. Substance abuse risk scores for juveniles range from 0-5 with 0=low, 1-2=moderate, and 5= high. The average substance abuse score for participants in two juvenile courts fell in the high range, while average scores for participants in three courts were in the moderate to high range (See Table 4.69).

Table 4.69: Substance Abuse Risk Scores for Juvenile Drug Court Participants

	Douglas County	Lancaster County	Northeast Nebraska	Sarpy County	Scotts Bluff County
Mean	3.27	2.04	2.00	3.32	2.50
Sample size	64	26	7	66	8

SSI Level

No significant difference exists for the average SSI Level score across juvenile drug courts ($F(3,92) = 1.576, p = .201$). Scores on the SSI range from 1-3 with 1 indicating none to low risk of alcohol/drug abuse, 2 indicating minimal risk, and 3 indicating moderate to high risk. The average SSI score for participants in all juvenile courts fell in the minimal to moderate/high range (see Table 4.70).

Table 4.70: SSI Levels for Juvenile Court Participants

	Douglas County	*Lancaster County	Northeast Nebraska	Sarpy County	Scotts Bluff County
None to Low	7 21.2%	-	0 0%	4 8%	0 0%
Minimal	7 21.2%	-	1 25%	8 16%	3 33.3%
Moderate to High	19 57.6%	-	3 75%	38 76%	6 66.7%
Mean	2.36	-	2.75	2.68	2.67
Sample size	33	0	4	50	9

*There are no participants with data for SSI Level in Lancaster County.

SRARF Level of Risk

No significant difference exists for the average SRARF level of risk across juvenile drug courts in Nebraska ($F(3,91) = 1.282, p = .285$). The average SRARF score for participants in all juvenile courts fell in the medium to high range (see Table 4.71).

Table 4.71: SRARF Levels for Juvenile Drug Court Participants

	Douglas County	*Lancaster County	Northeast Nebraska	Sarpy County	Scotts Bluff County
Low	3 9.1%	-	0 0%	2 4%	1 11.1%
Medium	12 36.4%	-	0 0%	21 42%	5 55.6%
High	18 54.5%	-	3 100%	27 54%	3 33.3%
Mean	2.45	-	3.00	2.50	2.22
Sample size	33	0	3	50	9

Juvenile Screening Instrument

There are no significant differences across juvenile drug courts in participant’s scores on the Juvenile Screening Instrument, either overall ($F(3,80) = 2.405, p = .074$), or for the two sub-scores (YLS: $F(3,80) = 1.373, p = .257$; SAD: $F(3,80) = 0.547, p = .651$) (see Table 4.72). Scotts Bluff County has no participants with a score on the Juvenile Screening Instrument, and may not use it. Most courts have fewer participants with a Juvenile Screening Instrument score than a YLS/CMI score (the exception is Lancaster County, which has about an equal number of participants with each score).

Table 4.72: Juvenile Screening Instrument Scores for Juvenile Drug Court Participants

	Douglas County	Lancaster County	Northeast Nebraska	Sarpy County	Scotts Bluff County
JSI Total Score	18.50	19.55	19.50	17.83	--
JSI YLS Score	17.82	19.24	19.50	20.86	--
JSI SAD Score	3.55	3.10	4.50	3.38	--
Sample size	22	29	4	29	0

ACDI

Only three of the juvenile courts have participants with an ACDI score listed (participants = 49 juveniles total). Across these three courts, there is not a significant difference in ACDI scores of participants ($F(14,82) = 0.781, p = .686$) (see Table 4.73).

Table 4.73: ACDI Sub-Scores for Juvenile Drug Court Participants

	Douglas County	Lancaster County	Northeast Nebraska	Sarpy County	Scotts Bluff County
ACDI Truth	53.18	--	--	43.26	69.00
ACDI Alcohol	26.29	--	--	36.68	58.00
ACDI Drugs	59.29	--	--	62.19	82.00
ACDI Violence	51.12	--	--	54.74	35.00
ACDI Distress	54.29	--	--	65.35	72.00
ACDI Adjustment	59.76	--	--	59.52	35.00
ACDI Stress	46.53	--	--	57.81	19.00
Sample size	17	0	0	31	1

Young Adult Court

LS/CMI Level [adults only]

Participants of the Douglas County Adult Drug Court have significantly higher initial LS/CMI levels than those in the Young Adult Drug Court ($F(1, 284) = 6.191, p = .013$). The average LS/CMI score for participants in the young adult court fell in the medium to high range (see Table 4.74).

Table 4.74: LS/CMI Levels for Young Adult Court Participants

	Douglas County Adult Court	Douglas County Young Adult Court
Very Low	0 0%	0 0%
Low	9 3.52%	4 13.33%
Medium	60 23.44%	6 2.0%
High	123 48.05%	19 63.33%
Very High	64 25%	1 3.33%
Mean	3.95	3.57

LS/CMI Total Score

The average LS/CMI score for participants in the Young Adult Court barely fell in the “high” range (20-29). Participants of the Douglas County Adult Drug Court have significantly higher initial LS/CMI total scores than those in the Young Adult Drug Court ($F(1, 285) = 7.685, p = .006$) (see Table 4.75).

Table 4.75: LS/CMI Scores for Young Adult Court Participants

	Douglas County Adult Court	Douglas County Young Adult Court
Mean	23.96	20.20
Sample Size	257	30

LS/CMI Criminal History Sub-score (CH)

Participants of the Douglas County Adult Drug Court have significantly higher criminal history sub-scores than those in the Young Adult Drug Court ($F(1, 285) = 6.89, p = .009$). Criminal history scores range from 1-8 with 1=very low and 8= very high. The average criminal history score for participants in the young adult court fell in the low range (see Table 4.76).

Table 4.76: Criminal History Scores for Young Adult Court Participants

	Douglas County Adult Court	Douglas County Young Adult Court
Mean	3.24	2.17
Sample Size	257	30

LS/CMI Alcohol/Drug Problems Sub-score (ADP)

Participants of the Douglas County Adult Drug Court have significantly higher LS/CMI alcohol/drug problem scores than those in the Young Adult Drug Court ($F(1, 285) = 104.254, p < .001$) (see Table 4.77). This may not be surprising since many of the young adult court participants are in the program for offenses other than substance abuse.

Table 4.77: Alcohol/Drug Abuse Scores for Young Adult Court Participants

	Douglas County Adult Court	Douglas County Young Adult Court
Mean	6.37	3.50
Sample Size	257	30

SSI

There is no significant difference in initial SSI levels between the Douglas County Adult Drug Court and the Douglas County Young Adult Drug Court ($F(1, 291) = 0.051, p = .822$). The average SSI score for participants in the young adult court courts fell near the moderate to high range (see Table 4.78).

Table 4.78: SSI Levels for Young Adult Court Participants

	Douglas County Adult Court	Douglas County Young Adult Court
None to Low	8 2.85%	0 0%
Minimal	23 8.19%	2 16.67%
Moderate to High	250 88.97%	10 83.33%
Mean	2.86	2.83

SRARF

There is no difference in initial SRARF levels between the Douglas County Adult Drug Court and the Douglas County Young Adult Drug Court ($F(1, 281) = 0.432, p = .512$). The average SRARF classification for participants in the young adult court fell between the medium and the high range (see Table 4.79).

Table 4.79: SRARF Levels for Young Adult Court Participants

	Douglas County Adult Court	Douglas County Young Adult Court
Low	16 5.90%	1 8.33%
Medium	135 49.82%	4 33.33%
High	120 44.28%	7 58.33%
Mean	2.38	2.50

Driving Under the Influence Court

LS/CMI Level and Criminal History Sub-score

There is no significant difference in initial LS/CMI levels between the Scotts Bluff County Adult Drug Court and the Scotts Bluff County DUI Court ($F(1, 10) = 0.891, p = .367$). Average LS/CMI levels for participants in the DUI court fall between medium and high (see Table 4.80).

Table 4.80: LS/CMI Levels for DUI Court Participants

	Scotts Bluff County Adult Court	Scotts Bluff County DUI Court
Very Low	0 0%	0 0%
Low	0 0%	0 0%
Medium	4 80%	4 57.14%
High	1 20%	2 28.57%
Very High	0 25%	1 14.29%
Mean	3.20	3.57

LS/CMI Total Score

The average score for participants in the DUI Court fell in the lower part of the “high” range (20-29) There is no significant difference in initial LS/CMI total score between the Scotts Bluff County DUI Court and the Scotts Bluff County Adult Drug Court ($F(1, 10) = 0.326, p = .581$) (see Table 4.81).

Table 4.81: LS/CMI Total Score for DUI Court Participants

	Scotts Bluff County Adult Court	Scotts Bluff County DUI Court
Mean	18.80	21.00
Sample Size	5	7

LS/CMI Criminal History Sub-score (CH)

Scotts Bluff County DUI Court participants have significantly higher criminal history sub-scores than those in the Scotts Bluff County Adult Drug Court ($F(1, 10) = 6.127, p = .033$). Average criminal history scores for participants in the DUI court fell between medium and high (see Table 4.82).

Table 4.82: Criminal History Scores for DUI Court Participants

	Scotts Bluff County Adult Court	Scotts Bluff County DUI Court
Mean	4.00	5.43
Sample Size	5	7

LS/CMI Alcohol/Drug Problems Sub-score (ADP)

There is no difference in LS/CMI alcohol/drug problem sub-scores between the Scotts Bluff County DUI Court and the Scotts Bluff County Adult Drug Court ($F(1, 10) = 1.62$, $p = .232$). Average alcohol/drug problems scores for participants in the DUI court fell in the high level (see Table 4.83).

Table 4.83: Alcohol/Drug Problem Scores for DUI Court Participants

	Scotts Bluff County Adult Court	Scotts Bluff County DUI Court
Mean	5.00	6.00
Sample Size	5	7

SSI

There is no significant difference in initial SSI levels between the Scotts Bluff County Adult Drug Court and the Scotts Bluff County DUI Court ($F(1, 21) = 1.957$, $p = .176$). All participants in the DUI court were in the moderate to high level (see Table 4.84).

Table 4.84: SSI Levels for DUI Court Participants

	Scotts Bluff County Adult Court	Scotts Bluff County DUI Court
None to Low	0 0%	0 0%
Minimal	1 12.5%	0 0%
Moderate to High	7 87.5%	15 100%
Mean	2.88	3.00

SRARF

There is no difference in initial SRARF levels between the Scotts Bluff County Adult Drug Court and the Scotts Bluff County DUI Court ($F(1, 21) = 0.785$, $p = .386$). The average SRARF risk level for participants in the DUI court fell in the medium to high level (see Table 4.85).

Table 4.85: SRARF Levels for DUI Court Participants

	Scotts Bluff County Adult Court	Scotts Bluff County DUI Court
Low	0 0%	0 0%
Medium	3 37.5%	3 20%
High	5 62.5%	12 80%
Mean	2.63	2.80

Are there Demographic Disparities in Who is Accepted to Problem Solving Courts?

For this analysis, we examined who gets into drug court in relation to who receives regular probation. To ensure the two groups were comparable (drug court participants vs. persons on probation), we matched persons on probation to problem solving court participants based on type and class of offense and level of risk base on the LS/CMI or YLS/CMI. We conducted this analysis for gender, race/ethnicity, age, and marital status. We found no significant differences for marital status; so these results are not included in the report. Separate analyses were conducted for each court. We have grouped the analyses by court type.

Adult Drug Courts vs. Probation Sample

For the comparison group, we selected an adult probation sample of individuals who met the following criteria:

1. Sentenced by district courts in the same counties covered by adult drug courts (38 counties covered by Adult Drug Courts: Adams, Antelope, Blaine, Boyd, Brown, Buffalo, Cherry, Cuming, Custer, Dawson, Dodge, Douglas, Fillmore, Furnas, Gage, Garfield, Gosper, Greeley, Hall, Holt, Howard, Jefferson, Keya Paha, Knox, Lancaster, Loup, Madison, Phelps, Pierce, Rock, Saline, Sarpy, Scotts Bluff, Sherman, Stanton, Valley, Wayne, Wheeler);
2. Had a probation sentence date of January 1, 2007 through April 30, 2011;
3. Initial LS/CMI level that matched the drug court participants of medium low, medium, medium high, high, or very high; and
4. Charged with drug felonies with an NCIC offense class of felony 2, 3, or 4.

Disparity analyses are run separately for each court compared to probationers from the same counties served by the court (see Table 4.86).

Table 4.86: Adult Drug Court Disparity Analysis Samples

Court	Covered Counties (and number of counties)	Problem-Solving Participants	Probation Sample
Central Nebraska	Adams, Buffalo, Hall, Phelps (4)	195	206
District 6	Dodge (1)	60	17
Douglas County	Douglas (1)	756	257
Lancaster County	Lancaster (1)	223	346
Midwest Nebraska	Dawson, Furnas, Gosper (3)	35	43
North Central Nebraska	Blaine, Boyd, Brown, Cherry, Custer, Garfield, Greeley, Holt, Howard, Keya Paha, Loup, Rock, Sherman, Valley, Wheeler (15)	19	19
Northeast Nebraska	Antelope, Cuming, Knox, Madison, Pierce, Stanton, Wayne (7)	44	57
Sarpy County	Sarpy (1)	77	153
Scotts Bluff County	Scotts Bluff (1)	14	61
Southeast Nebraska	Fillmore, Gage, Jefferson, Saline (4)	59	33

Only two courts were significantly different on any demographic variables when compared to the matched probation sample. The Central Nebraska Adult Drug Court has a higher proportion of women enrolled than are enrolled in probation in the same counties covered by the drug court.

Douglas County Adult Drug Court differs from those enrolled in probation in Douglas County in on two demographic variables: age and ethnicity. Participants in the drug court are younger than people who are given probation. Also, the drug court has a higher proportion of participants who are white/ Caucasian, and a lower proportion of participants who are black/ African-American, than does probation.

Central Nebraska Adult Drug Court

Gender

There is a significant difference between programs in Central Nebraska in the percent of men and women who enroll ($\chi^2(1) = 5.240, p = .022$). The Central Nebraska Adult Drug Court has a higher proportion of women entering the program than go into probation (see Table 4.87).

Table 4.87: Central Nebraska Adult Drug Court Disparity Analysis for Gender

	Central Nebraska Adult Drug Court	Probation
Male	102 52.3%	131* 63.6%
Female	93 47.7%	75* 36.4%
Sample size	195	206

* $p < .05$

Age

Age when starting a drug court or probation program does not significantly differ between Central Nebraska Adult Drug Court and probation ($F(1,399) = 1.919, p = .167$) (see Table 4.88).

Table 4.88: Central Nebraska Adult Drug Court Disparity Analysis for Age

	Central Nebraska Adult Drug Court	Probation
Age (Mean)	28.84	30.18
Sample size	195	206

Ethnicity

There is no significant difference in the ethnic background of participants entering the Central Nebraska Adult Drug Court or probation ($\chi^2(3) = 2.999, p = .392$). The majority of those enrolling in both programs are of white/ Caucasian ethnicity (see Table 4.89).

Table 4.89: Central Nebraska Adult Drug Court Disparity Analysis for Race/Ethnicity

	Central Nebraska Adult Drug Court	Probation
White/ Caucasian	164 84.1%	171 83.4%
Black/ African-American	4 2.1%	10 4.9%
Hispanic	19 9.7%	15 7.3%
Other	8 4.1%	9 4.4%
Sample size	195	205

District 6 Adult Drug Court

Gender

There is not a significant difference between programs in Dodge County in the percent of men and women who enroll ($\chi^2(1) = 1.014, p = .314$) (see Table 4.90).

Table 4.90: District 6 Adult Drug Court Disparity Analysis for Gender

	District 6 Adult Drug Court	Probation
Male	27 45.0%	10 58.8%
Female	33 55.0%	7 41.2%
Sample size	60	17

Age

Age when starting a drug court or probation program does not significantly differ between District 6 Adult Drug Court and probation ($F(1,65) = 3.405, p = .070$) (see Table 4.91).

Table 4.91: District 6 Adult Drug Court Disparity Analysis for Age

	District 6 Adult Drug Court	Probation
Age (Mean)	31.65	26.03
Sample size	50	17

Ethnicity

There is not a significant difference in the ethnic background of participants entering the District 6 Adult Drug Court or probation ($\chi^2(3) = 2.417, p = .491$). The majority of those enrolling in both programs are of white/ Caucasian ethnicity (see Table 4.92).

Table 4.92: District 6 Adult Drug Court Disparity Analysis for Race/Ethnicity

	District 6 Adult Drug Court	Probation
White/ Caucasian	56 93.3%	15 88.2%
Black/ African-American	1 1.7%	0 0.0%
Hispanic	2 3.3%	2 11.8%
Other	1 1.7%	0 0.0%
Sample size	60	17

Douglas County Adult Drug Court

Gender

There is not a significant difference between programs in Douglas County in the percent of men and women who enroll ($\chi^2(1) = 2.230, p = .135$). The majority of participants in both programs are men (see Table 4.93).

Table 4.93: Douglas County Adult Drug Court Disparity Analysis for Gender

	Douglas County Adult Drug Court	Probation
Male	494 65.3%	181 70.4%
Female	262 34.7%	76 29.6%
Sample size	756	257

Age

Douglas County Adult Drug Court participants are significantly younger than probation participants when they enroll ($F(1,1011) = 26.025, p < .001$) (see Table 4.94).

Table 4.94: Douglas County Adult Drug Court Disparity Analysis for Age

	Douglas County Adult Drug Court	Probation
Age (Mean)	30.54	34.27*
Sample size	756	257*

* $p < .001$

Ethnicity

There is a significant difference in the ethnic background of participants entering the Douglas County Adult Drug Court or probation ($\chi^2(3) = 14.013, p = .003$). Although the majority of those enrolling in both programs are of white/ Caucasian ethnicity, Douglas County Adult Drug Court has a higher proportion of white/Caucasian participants, and a lower proportion of black/ African-American participants, than probation (see Table 4.95).

Table 4.95: Douglas County Adult Drug Court Disparity Analysis for Race/Ethnicity

	Douglas County Adult Drug Court	Probation
White/ Caucasian	490 64.9%	137* 53.7%
Black/ African-American	201 26.6%	96* 37.6%
Hispanic	38 5.0%	17 6.7%
Other	26 3.4%	5 2.0%
Sample size	765	255

* $p < .05$

Lancaster County Adult Drug Court

Gender

There is not a significant difference between programs in Lancaster County in the percent of men and women who enroll ($\chi^2(1) = 0.883, p = .347$). The majority of participants in both programs are men (see Table 4.96).

Table 4.96: Lancaster County Adult Drug Court Disparity Analysis for Gender

	Lancaster County Adult Drug Court	Probation
Male	151 67.7%	221 63.9%
Female	72 32.3%	125 36.1%
Sample size	223	346

Age

Age when starting a drug court or probation program does not significantly differ between Lancaster County Adult Drug Court and probation ($F(1,567) = 1.221, p = .270$) (see Table 4.97).

Table 4.97: Lancaster County Adult Drug Court Disparity Analysis for Age

	Lancaster County Adult Drug Court	Probation
Age (Mean)	31.18	32.12
Sample size	223	346

Ethnicity

There is not a significant difference in the ethnic background of participants entering the Lancaster County Adult Drug Court or probation ($\chi^2(3) = 1.400, p = .706$). The majority of those enrolling in both programs are of white/ Caucasian ethnicity (see Table 4.98).

Table 4.98: Lancaster County Adult Drug Court Disparity Analysis for Race/Ethnicity

	Lancaster County Adult Drug Court	Probation
White/ Caucasian	163 73.4%	243 70.6%
Black/ African-American	32 14.4%	59 17.2%
Hispanic	9 4.1%	18 5.2%
Other	18 8.1%	24 7.0%
Sample size	222	344

Midwest Nebraska Adult Drug Court

Gender

There is not a significant difference between programs in counties covered by the Midwest Nebraska Adult Drug Court in the percent of men and women who enroll ($\chi^2(1) = 0.369, p = .544$). The majority of participants in both programs are men (see Table 4.99).

Table 4.99: Midwest Nebraska Adult Drug Court Disparity Analysis for Gender

	Midwest Nebraska Adult Drug Court	Probation
Male	23 65.7%	31 72.1%
Female	12 34.3%	12 27.9%
Sample size	35	43

Age

Age when starting a drug court or probation program does not differ significantly between Midwest Nebraska Adult Drug Court and probation ($F(1,76) = 2.589, p = .112$) (see Table 4.100).

Table 4.100: Midwest Nebraska Adult Drug Court Disparity Analysis for Age

	Midwest Nebraska Adult Drug Court	Probation
Age (Mean)	32.55	28.58
Sample size	35	43

Ethnicity

There is not a significant difference in the ethnic background of participants entering the Midwest Nebraska Adult Drug Court or probation ($\chi^2(3) = 7.035, p = .071$). The majority of those enrolling in both programs are of white/ Caucasian ethnicity. Also, a large proportion of those enrolling in both courts are Hispanic (see Table 4.101).

Table 4.101: Midwest Nebraska Adult Drug Court Disparity Analysis for Race/Ethnicity

	Midwest Nebraska Adult Drug Court	Probation
White/ Caucasian	24 68.6%	28 65.1%
Black/ African-American	0 0.0%	4 9.3%
Hispanic	11 31.4%	8 18.6%
Other	0 0.0%	3 7.0%
Sample size	35	43

North Central Adult Drug Court

Gender

There is not a significant difference between programs in counties covered by the North Central Adult Drug Court in the proportion of men and women who enroll ($\chi^2(1) = 0.175$, $p = .676$). The majority of participants in both programs are men (see Table 4.102).

Table 4.102: North Central Adult Drug Court Disparity Analysis for Gender

	North Central Adult Drug Court	Probation
Male	16 84.2%	15 78.9%
Female	3 15.8%	4 21.1%
Sample size	19	19

Age

Age when starting a drug court or probation program does not differ significantly between North Central Adult Drug Court and probation ($F(1,36) = 3.150$, $p = .084$) (see Table 4.103).

Table 4.103: North Central Adult Drug Court Disparity Analysis for Age

	North Central Adult Drug Court	Probation
Age (Mean)	29.57	35.80
Sample size	19	19

Ethnicity

There is not a significant difference in the ethnic background of participants entering the North Central Adult Drug Court or probation ($\chi^2(3) = 2.003, p = .367$). The vast majority of those enrolling in both programs are of white/ Caucasian ethnicity (see Table 4.104).

Table 4.104: North Central Adult Drug Court Disparity Analysis for Race/Ethnicity

	North Central Adult Drug Court	Probation
White/ Caucasian	18 100%	17 65.1%
Black/ African-American	0 0.0%	0 0.0%
Hispanic	0 0.0%	1 5.3%
Other	0 0.0%	1 5.3%
Sample size	18	19

Northeast Nebraska Adult Drug Court

Gender

There is not a significant difference between programs in counties covered by the Northeast Nebraska Adult Drug Court in the proportion of men and women who enroll ($\chi^2(1) = 0.255, p = .614$). The majority of participants in both programs are men (see Table 4.105).

Table 4.105: Northeast Adult Drug Court Disparity Analysis for Gender

	Northeast Nebraska Adult Drug Court	Probation
Male	28 63.6%	39 68.4%
Female	16 36.4%	18 31.6%
Sample size	44	57

Age

Age when starting a drug court or probation program does not differ significantly between Northeast Nebraska Adult Drug Court and probation ($F(1,96) = 1.312, p = .255$) (see Table 4.106).

Table 4.106: Northeast Adult Drug Court Disparity Analysis for Age

	Northeast Nebraska Adult Drug Court	Probation
Age (Mean)	27.77	29.99
Sample size	41	57

Ethnicity

There is not a significant difference overall in the ethnic background of participants entering the Northeast Nebraska Adult Drug Court or probation ($\chi^2(3) = 6.060, p = .109$). The majority of those enrolling in both programs are of white/ Caucasian ethnicity (see Table 4.107).

Table 4.107: Northeast Adult Drug Court Disparity Analysis for Race/Ethnicity

	Northeast Nebraska Adult Drug Court	Probation
White/ Caucasian	37 84.1%	36 63.2%
Black/ African-American	2 4.5%	10 17.5%
Hispanic	3 6.8%	6 10.5%
Other	2 4.5%	5 8.8%
Sample size	44	57

Sarpy County Adult Drug Court

Gender

There is not a significant difference between programs in Sarpy County in the proportion of men and women who enroll ($\chi^2(1) = 0.318, p = .573$). The majority of participants in both programs are men (see Table 4.108).

Table 4.108: Sarpy County Adult Drug Court Disparity Analysis for Gender

	Sarpy County Adult Drug Court	Probation
Male	50 64.9%	105 68.6%
Female	27 35.1%	48 31.4%
Sample size	77	153

Age

Age when starting a drug court or probation program does not differ significantly between the Sarpy County Adult Drug Court and probation ($F(1,213) = 0.332, p = .565$) (see Table 4.109).

Table 4.109: Sarpy County Adult Drug Court Disparity Analysis for Age

	Sarpy County Adult Drug Court	Probation
Age (Mean)	29.97	30.79
Sample size	62	153

Ethnicity

There is not a significant difference overall in the ethnic background of participants entering the Sarpy County Adult Drug Court or probation ($\chi^2(3) = 3.410, p = .333$). The vast majority of those enrolling in both programs are of white/ Caucasian ethnicity (see Table 4.110).

Table 4.110: Sarpy County Adult Drug Court Disparity Analysis for Race/Ethnicity

	Sarpy County Adult Drug Court	Probation
White/ Caucasian	70 90.9%	125 81.7%
Black/ African-American	3 3.9%	11 7.2%
Hispanic	3 3.9%	12 7.8%
Other	1 1.3%	5 3.3%
Sample size	77	153

Scotts Bluff County Adult Drug Court

Gender

There is not a significant difference between programs in Scotts Bluff County in the proportion of men and women who enroll ($\chi^2(1) = 0.282, p = .595$). The majority of participants in both programs are men (see Table 4.111).

Table 4.111: Scotts Bluff County Adult Drug Court Disparity Analysis for Gender

	Scotts Bluff County Adult Drug Court	Probation
Male	10 71.4%	39 63.9%
Female	4 28.6%	22 36.1%
Sample size	14	61

Age

Age when starting a drug court or probation program does not differ significantly between the Scotts Bluff County Adult Drug Court and probation ($F(1,73) = 0.065, p = .800$) (see Table 4.112).

Table 4.112: Scotts Bluff County Adult Drug Court Disparity Analysis for Age

	Scotts Bluff County Adult Drug Court	Probation
Age (Mean)	29.93	29.23
Sample size	14	61

Ethnicity

There is not a significant difference overall in the ethnic background of participants entering the Scotts Bluff County Adult Drug Court or probation ($\chi^2(3) = 2.226, p = .527$). The majority of those enrolling in both programs are of white/ Caucasian ethnicity (see Table 4.113).

Table 4.113: Scotts Bluff County Adult Drug Court Disparity Analysis for Race/Ethnicity

	Scotts Bluff County Adult Drug Court	Probation
White/ Caucasian	9 64.3%	37 60.7%
Black/ African-American	0 0.0%	3 4.9%
Hispanic	5 35.7%	16 26.2%
Other	0 0.0%	5 8.2%
Sample size	14	61

Southeast Nebraska Adult Drug Court

Gender

There is not a significant difference between programs in counties covered by the Southeast Nebraska Adult Drug Court in the proportion of men and women who enroll ($\chi^2(1) = 0.602, p = .438$) (see Table 4.114).

Table 4.114: Southeast Nebraska Adult Drug Court Disparity Analysis for Gender

	Southeast Nebraska Adult Drug Court	Probation
Male	30 50.8%	14 42.4%
Female	29 49.2%	19 57.6%
Sample size	59	33

Age

Age when starting a drug court or probation program does not differ significantly between the Southeast Nebraska County Adult Drug Court and probation ($F(1,85) = 3.775, p = .055$) (see Table 4.115).

Table 4.115: Southeast Nebraska Adult Drug Court Disparity Analysis for Age

	Southeast Nebraska Adult Drug Court	Probation
Age (Mean)	29.26	33.27
Sample size	54	33

Ethnicity

There is not a significant difference in the ethnic background of participants entering the Southeast Nebraska Adult Drug Court or probation ($\chi^2(3) = 2.782, p = .427$). The vast majority of those enrolling in both programs are of white/ Caucasian ethnicity (see Table 4.116).

Table 4.116: Southeast Nebraska Adult Drug Court Disparity Analysis for Race/Ethnicity

	Southeast Nebraska Adult Drug Court	Probation
White/ Caucasian	54 91.5%	31 100%
Black/ African-American	3 5.1%	0 0.0%
Hispanic	1 1.7%	0 0.0%
Other	1 1.7%	0 0.0%
Sample size	59	31

Juvenile Drug Courts vs. Probation Sample

The juvenile probation sample included juvenile offenders who met the following criteria:

1. They were sentenced by juvenile courts in the same counties covered by juvenile drug courts (5 counties: Douglas, Lancaster, Madison, Sarpy, and Scotts Bluff Counties);
2. They had a sentence date of January 1, 2007 through April 30, 2011;
3. The initial YLS/CMI level matched the YLS/CMI levels of juvenile drug court participants of moderate (including moderate low, moderate, and moderate high) or high (including high and very high); and
4. They were charged with drug charges with an NCIC offense class of Juvenile 1.

Disparity analyses are run separately for each court compared to probationers from the same county served by the court (see Table 4.117).

Table 4.117: Juvenile Drug Court Disparity Analysis Samples

Court	Covered Counties	Problem-Solving Participants	Probation Sample
Douglas County	Douglas	105	243
Lancaster County	Lancaster	80	133
Northeast Nebraska	Madison	12	15
Sarpy County	Sarpy	79	69
Scotts Bluff County	Scotts Bluff	16	11

Only one court is significantly different on any demographic variable when compared to the matched juvenile probation sample. The Scotts Bluff County Juvenile Drug Court has participants that are significantly older than those juveniles sentenced in Scotts Bluff County to probation.

Douglas County Juvenile Drug Court

Gender

Gender of juveniles starting a drug court or probation program does not differ between Douglas County Juvenile Drug Court and juvenile probation ($\chi^2(1) = 0.054, p = .816$). The majority of participants in both programs are male (see Table 4.118).

Table 4.118: Douglas County Juvenile Drug Court Disparity Analysis for Gender

	Douglas County Juvenile Drug Court	Probation
Male	84 80.0%	197 81.1%
Female	21 20.0%	46 18.9%
Sample size	105	243

Age

Age when starting a drug court or probation program does not differ between Douglas County Juvenile Drug Court and juvenile probation ($F(1,345) = 0.140, p = .709$) (see Table 4.119).

Table 4.119: Douglas County Juvenile Drug Court Disparity Analysis for Age

	Douglas County Juvenile Drug Court	Probation
Age (Mean)	16.46	16.41
Sample size	104	243

Ethnicity

There is not a significant difference in the ethnic background of participants entering the Douglas County Juvenile Drug Court or probation ($\chi^2(3) = 0.346, p = .951$). A slight majority of those enrolling in both programs are of white/ Caucasian ethnicity (see Table 4.120).

Table 4.120: Douglas County Juvenile Drug Court Disparity Analysis for Race/Ethnicity

	Douglas County Juvenile Drug Court	Probation
White/ Caucasian	58 55.2%	136 56.4%
Black/ African-American	37 35.2%	82 34.0%
Hispanic	9 8.6%	19 7.9%
Other	1 1.0%	4 1.7%
Sample size	105	241

Lancaster County Juvenile Drug Court

Gender

Gender of juveniles starting a drug court or probation program does not differ between Lancaster County Juvenile Drug Court and juvenile probation ($\chi^2(1) = 0.254, p = .614$). The majority of participants in both programs are male (see Table 4.121).

Table 4.121: Lancaster County Juvenile Drug Court Disparity Analysis for Gender

	Lancaster County Juvenile Drug Court	Probation
Male	62 77.5%	99 74.4%
Female	18 22.5%	34 25.6%
Sample size	80	133

Age

Age when starting a drug court or probation program does not differ between Lancaster County Juvenile Drug Court and juvenile probation ($F(1,211) = 0.188, p = .665$) (see Table 4.122).

Table 4.122: Lancaster County Juvenile Drug Court Disparity Analysis for Age

	Lancaster County Juvenile Drug Court	Probation
Age (Mean)	16.94	16.87
Sample size	80	133

Ethnicity

There is not a significant difference in the ethnic background of participants entering the Lancaster County Juvenile Drug Court or probation ($\chi^2(3) = 5.835, p = .120$). A majority of those enrolling in both programs are of white/ Caucasian ethnicity (see Table 4.123).

Table 4.123: Lancaster County Juvenile Drug Court Disparity Analysis for Race/Ethnicity

	Lancaster County Juvenile Drug Court	Probation
White/ Caucasian	56 70.0%	99 74.4%
Black/ African-American	7 8.8%	20 15.0%
Hispanic	6 7.5%	6 4.5%
Other	11 13.8%	8 6.0%
Sample size	80	133

Northeast Nebraska Juvenile Drug Court

Gender

Gender of juveniles starting a drug court or probation program does not differ between Northeast Nebraska Juvenile Drug Court and juvenile probation ($\chi^2(1) = 1.543, p = .214$). The majority of participants in both programs are male (see Table 4.124).

Table 4.124: Northeast Nebraska Juvenile Drug Court Disparity Analysis for Gender

	Northeast Nebraska Juvenile Drug Court	Probation
Male	8 66.7%	13 86.7%
Female	4 33.3%	2 13.3%
Sample size	12	15

Age

Age when starting a drug court or probation program does not differ between Northeast Nebraska Juvenile Drug Court and juvenile probation ($F(1,25) = 0.025, p = .876$) (see Table 4.125).

Table 4.125: Northeast Nebraska Juvenile Drug Court Disparity Analysis for Age

	Northeast Nebraska Juvenile Drug Court	Probation
Age (Mean)	16.20	16.26
Sample size	12	15

Ethnicity

There is not a significant difference in the ethnic background of participants entering the Northeast Nebraska Juvenile Drug Court or probation ($\chi^2(2) = 0.678, p = .712$) (see Table 4.126).

Table 4.126: Northeast Nebraska Juvenile Drug Court Disparity Analysis for Race/Ethnicity

	Northeast Nebraska Juvenile Drug Court	Probation
White/ Caucasian	5 41.7%	8 53.3%
Black/ African-American	0 0.0%	0 0.0%
Hispanic	5 41.7%	4 26.7%
Other	2 16.7%	3 20.0%
Sample size	12	15

Sarpy County Juvenile Drug Court

Gender

Gender of juveniles starting a drug court or probation program does not differ between Sarpy County Juvenile Drug Court and juvenile probation ($\chi^2(1) = 1.536, p = .215$). The majority of participants in both programs are male (see Table 4.127).

Table 4.127: Sarpy County Juvenile Drug Court Disparity Analysis for Gender

	Sarpy County Juvenile Drug Court	Probation
Male	67 84.8%	53 76.8%
Female	12 15.2%	16 23.2%
Sample size	79	69

Age

Age when starting a drug court or probation program does not differ between Sarpy County Juvenile Drug Court and juvenile probation ($F(1,145) = 1.162, p = .283$) (see Table 4.128).

Table 4.128: Sarpy County Juvenile Drug Court Disparity Analysis for Age

	Sarpy County Juvenile Drug Court	Probation
Age (Mean)	16.71	16.91
Sample size	78	69

Ethnicity

There is not a significant difference in the ethnic background of participants entering the Sarpy County Juvenile Drug Court or probation ($\chi^2(3) = 3.273, p = .351$). The majority of juveniles in both programs are of white/Caucasian ethnicity (see Table 4.129).

Table 4.129: Sarpy County Juvenile Drug Court Disparity Analysis for Race/Ethnicity

	Sarpy County Juvenile Drug Court	Probation
White/ Caucasian	68 86.1%	63 91.3%
Black/ African-American	4 5.1%	1 1.4%
Hispanic	4 5.1%	1 1.4%
Other	3 3.8%	4 5.8%
Sample size	79	69

Scotts Bluff County Juvenile Drug Court

Gender

Gender of juveniles starting a drug court or probation program does not differ between the Scotts Bluff County Juvenile Drug Court and juvenile probation ($\chi^2(1) = 0.18, p = .895$). The majority of participants in both programs are male (see Table 4.130).

Table 4.130: Scotts Bluff County Juvenile Drug Court Disparity Analysis for Gender

	Scotts Bluff County Juvenile Drug Court	Probation
Male	12 75.0%	8 72.7%
Female	4 25.0%	3 27.3%
Sample size	16	11

Age

Age when starting a drug court or probation program is significantly different between Scotts Bluff County Juvenile Drug Court and juvenile probation ($F(1,25) = 4.923, p = .036$). Juveniles in probation are nearly a year younger, on average, than the juveniles in the juvenile drug court (see Table 4.131).

Table 4.131: Scotts Bluff County Juvenile Drug Court Disparity Analysis for Age

	Scotts Bluff County Juvenile Drug Court	Probation
Age (Mean)	16.46	15.64*
Sample size	16	11

* $p < .05$

Ethnicity

There is not a significant difference in the ethnic background of participants entering the Scotts Bluff County Juvenile Drug Court or probation ($\chi^2(2) = 1.057, p = .589$) (see Table 4.132).

Table 4.132: Scotts Bluff County Juvenile Drug Court Disparity Analysis for Race/Ethnicity

	Scotts Bluff County Juvenile Drug Court	Probation
White/ Caucasian	11 68.8%	6 54.5%
Black/ African-American	0 0.0%	0 0.0%
Hispanic	3 18.8%	4 36.4%
Other	2 12.5%	1 9.1%
Sample size	16	11

Scotts Bluff Driving Under the Influence (DUI) Court vs. Probation Sample

The comparison sample for the Scotts Bluff County DUI Court consisted of a DUI probation sample that met the following criteria:

1. They were sentenced in Scotts Bluff County;
2. They had a sentence date of January 1, 2007 through April 30, 2011;
3. The initial SSI level matched the level of DUI Court participants of moderate to high, with and without the 'refer to substance abuse' notation; and
4. They were charged with any offense class of Driving Under the Influence of Liquor.

Disparity analyses are run for the DUI court compared to probationers from the same county served by the court (see Table 4.133).

Table 4.133: DUI Court Disparity Analysis Samples

Court	Covered Counties	Problem-Solving Participants	Probation Sample
Scotts Bluff DUI Court	Scotts Bluff	23	259

There are no demographic differences between Scotts Bluff County DUI Court participants and those charged with driving under the influence of alcohol but sentenced to probation in Scotts Bluff County.

Gender

Gender of those enrolling does not differ between Scotts Bluff County DUI Court and probation ($\chi^2(1) = 0.101, p = .751$). The majority of participants in both programs are male (see Table 4.134).

Table 4.134: Scotts Bluff County DUI Court Disparity Analysis for Gender

	Scotts Bluff County DUI Court	Probation
Male	18 78.3%	195 75.3%
Female	5 21.7%	64 24.7%
Sample size	23	259

Age

Age when starting a program does not differ between Scotts Bluff County DUI Court and probation ($F(1,279) = 0.054, p = .816$) (see Table 4.135).

Table 4.135: Scotts Bluff County DUI Court Disparity Analysis for Age

	Scotts Bluff County DUI Court	Probation
Age (Mean)	32.81	32.26
Sample size	22	259

Ethnicity

There is not a significant difference in the ethnic background of participants entering the Scotts Bluff County DUI Court or probation ($\chi^2(3) = 1.301, p = .729$). A majority of those enrolling in both programs are of white/ Caucasian ethnicity. Also, a large proportion of those enrolling in both courts are Hispanic (see Table 4.136).

Table 4.136: Scotts Bluff County DUI Court Disparity Analysis for Race/Ethnicity

	Scotts Bluff County DUI Court	Probation
White/ Caucasian	13 56.5%	173 66.8%
Black/ African-American	0 0.0%	1 0.4%
Hispanic	9 39.1%	73 28.2%
Other	1 4.3%	12 4.6%
Sample size	23	259

CHAPTER 5: WHAT DO PROBLEM SOLVING COURT PARTICIPANTS RECEIVE?

Time from Arrest to Participation

A number of scholars have suggested that offenders should be accepted into drug court as soon as possible after they are arrested. A recommended performance indicator for Nebraska is the number of days between arrest and admission into drug court (National Center for State Courts, 2009). This measure reflects on the timeliness of processing. We examined the time between arrest and entry into the program across courts.

Adult Courts

There are significant mean differences across adult drug courts in the number of weeks from arrest to program start date ($F(9, 954) = 4.642, p < .001$). North Central Nebraska has the highest average number of weeks from arrest to program start, although it is not significantly different from the other courts, likely because the sample size for this court is low for this analysis. Southeast Nebraska, Scotts Bluff County, and Lancaster County form a group that has significantly higher average weeks from arrest to program start than the remaining six courts. Midwest Nebraska has the lowest average weeks from arrest to program start, and does not differ significantly from District 6, Northeast Nebraska, or Sarpy County (see Table 5.1).

Table 5.1: Time from Arrest to Participation for Adult Drug Court Participants

	Central Nebraska	District 6	Douglas County	Lancaster County	Midwest Nebraska	North Central Nebraska	Northeast Nebraska	Sarpy County	Scotts Bluff County	Southeast Nebraska
Mean	26.72	23.19	26.18	32.04	16.65	38.90	19.84	24.89	35.32	37.89
Sample size	156	48	416	165	29	3	37	50	11	47

Juvenile Courts

There are significant differences across juvenile drug courts in the number of weeks from arrest to program start date ($F(4, 178) = 3.672, p = .007$). Douglas County has the highest average number of weeks from arrest to program start, followed by Lancaster County and Northeast Nebraska, which are not significantly different from the other courts. Sarpy County and Scotts Bluff County have the lowest average number of weeks from arrest to program start, and differ significantly from Douglas County, but not from each other (see Table 5.2).

Table 5.2: Time from Arrest to Participation for Juvenile Drug Court Participants

	Douglas County	Lancaster County	Northeast Nebraska	Sarpy County	Scotts Bluff County
Mean	47.96	40.48	37.03	33.71	27.97
Sample size	59	50	9	52	13

Douglas County Young Adult Court

There is no difference in the number of weeks between arrest and program start date for the Douglas County Adult Drug Court and the Douglas County Young Adult Drug Court ($F(1, 445) = 1.95, p = .163$) (see Table 5.3).

Table 5.3: Time from Arrest to Participation for Young Adult Court Participants

	Douglas County Adult Court	Douglas County Young Adult Court
Mean (Weeks from arrest to program start)	26.18	30.90
Sample Size	416	31

Family Drug Court

Participants in the Lancaster County Family Court had significantly more weeks between their arrest and the program start date than participants in the Lancaster County Adult Drug Court ($F(1, 181) = 5.76, p = .017$) (see Table 5.4).

Table 5.4: Time from Arrest to Participation for Family Drug Court Participants

	Lancaster County Adult Court	Lancaster County Family Court
Mean (Weeks from arrest to program start)	32.04	52.39
Sample Size	165	18

Driving Under the Influence Court

There is no difference in the number of weeks between arrest and program start date for the Scotts Bluff County Adult Drug Court and the Scotts Bluff County DUI Court ($F(1, 29) = 2.14, p = .154$) (see Table 5.5).

Table 5.5: Time from Arrest to Participation for DUI Court Participants

	Scotts Bluff County Adult Court	Scotts Bluff County DUI Court
Mean (Weeks from arrest to program start)	35.32	28.70
Sample Size	11	20

Number of Problem Solving Court Hearings

We looked at the average number of hearings held for each person who graduated or was terminated from adult, juvenile, young adult, DUI, and Family Courts. Research indicates an interaction between types of offenders included in drug courts and drug court procedures. High risk offenders, such as those diagnosed with antisocial personality disorder or who have a previous treatment failure, performed better in drug court programs in terms of drug screenings when required to attend bi-weekly status hearings (more intensive than the standard dose). However, low risk offenders performed equally well regardless of the “dosage of hearings” (Marlow, Fesinger, Lee, Dugosh, & Benasutti, 2006; Marlowe, Festinger, & Lee, 2004).

Adult Drug Courts

There is a significant difference in the average number of problem-solving court (PSC) hearings across adult drug courts ($F(9,965) = 11.992, p < .001$). Lancaster County has significantly more PSC hearings per month than the other courts. Scotts Bluff County has the lowest number of PSC hearings per participant, but also has only one participant with data in this field. Northeast Nebraska and Sarpy County also have a significantly lower number of PSC hearings per month than the other courts (see Table 5.6).

Table 5.6: Number of Hearings for Adult Drug Court Participants

	Central Nebraska	District 6	Douglas County	Lancaster County	Midwest Nebraska	North Central Nebraska	Northeast Nebraska	Sarpy County	Scotts Bluff County	Southeast Nebraska
Mean	2.01	1.07	1.52	3.31	0.72	1.40	0.18	0.39	0.14	1.01
Sample Size	131	26	586	143	16	2	25	23	1	22

Juvenile Drug Courts

There is not a significant difference in the number of problem-solving court hearings per month across juvenile drug courts ($F(3,101) = 1.216, p = .308$) (see Table 5.7).

Table 5.7: Number of Hearings for Juvenile Drug Court Participants

	Douglas County	Lancaster County	Northeast Nebraska	Sarpy County	Scotts Bluff County
Mean	1.11	1.63	1.32	1.15	--
Sample size	33	35	11	26	0

Young Adult Court

There is no significant difference in the number of problem-solving court (PSC) hearings per month between the Douglas County Young Adult Drug Court and the Douglas County Adult Drug Court ($F(1, 593) = 0.811, p = .368$) (see Table 5.8).

Table 5.8: Number of Hearings for Young Adult Court Participants

	Douglas County Adult Court	Douglas County Young Adult Court
Mean (Hearings per month)	1.52	0.87
Sample Size	586	9

Driving Under the Influence Court

Data for the total number of problem-solving court hearings per month for the Adult Drug Court and the DUI Court are unable to be analyzed because there is only one participant from each court that participated in problem-solving court hearings (see Table 5.9).

Table 5.9: Number of Hearings for DUI Court Participants

	Scotts Bluff County Adult Court	Scotts Bluff County DUI Court
Mean (Hearings per month)	0.14	0.43
Sample Size	1	1

Family Drug Court

Participants in the Lancaster County Adult Drug Court have significantly more problem-solving court hearings per month than participants in the Lancaster County Family Court ($F(1, 253) = 9.601, p = .002$) (see Table 5.10).

Table 5.10: Number of Hearings for Family Drug Court Participants

	Lancaster County Adult Court	Lancaster County Family Court
Mean (Hearings per month)	13.17	1.66
Sample Size	222	33

Incentives and Sanctions

Incentives are an important part of the drug court experience. Receiving encouragement in the courtroom (Goldkamp, White, & Robinson, 2002; Saum et al., 2002) serves as a powerful motivator for achievement (Goldkamp, White, & Robinson, 2002). Similarly, Senjo and Leip (2001) noted that participants who received more supportive comments during court monitoring were more likely to graduate from the program than those

participants who received fewer supportive comments. Sanctions also appear to be a critical component of drug courts (Gottfredson, Kearley, Najaka, & Rocha 2007).

Adult Drug Courts

Sanctions

There is a significant difference across adult drug courts in the number of sanctions per month ($F(9,639) = 2.528, p = .007$). Lancaster County, District 6, and Douglas County give more sanctions per month than do the other courts (see Table 5.11).

Table 5.11: Average Sanctions/Month for Adult Drug Court Participants

	Central Nebraska	District 6	Douglas County	Lancaster County	Midwest Nebraska	North Central Nebraska	Northeast Nebraska	Sarpy County	Scotts Bluff County	Southeast Nebraska
Mean	0.17	0.58	0.54	0.64	0.09	0.20	0.12	0.03	0.01	0.12
Sample Size	97	27	333	94	17	2	23	28	6	22

Incentives

There is a significant difference across adult drug courts in the number of incentives per month ($F(9,641) = 30.621, p < .001$). Lancaster County gives significantly more incentives per month than do all of the other courts, except District 6 which has the next highest rate of incentives and does not differ from Southeast Nebraska and Scotts Bluff County. Southeast Nebraska also gives significantly more incentives per month than six of the remaining seven courts (the exception being Scotts Bluff County). There are no other differences among the courts (see Table 5.12).

Table 5.12: Average Incentives/Month for Adult Drug Court Participants

	Central Nebraska	District 6	Douglas County	Lancaster County	Midwest Nebraska	North Central Nebraska	Northeast Nebraska	Sarpy County	Scotts Bluff County	Southeast Nebraska
Mean	0.00	0.51	0.01	0.61	0.13	0.00	0.11	0.12	0.25	0.33
Sample Size	97	29	333	94	17	2	23	28	6	22

Juvenile Drug Courts

Sanctions

There is a significant difference in the number of sanctions per month across juvenile drug courts ($F(4,105) = 8.285, p < .001$). Lancaster County and Northeast Nebraska give the highest number of sanctions per month, and do not differ significantly from each other. Douglas County and Scotts Bluff County give the fewest sanctions per month, and do not differ from each other (see Table 5.13).

Table 5.13: Average Sanctions/Month for Juvenile Drug Court Participants

	Douglas County	Lancaster County	Northeast Nebraska	Sarpy County	Scotts Bluff County
Mean	0.03	0.31	0.31	0.19	0.04
Sample size	31	36	10	25	8

Incentives

There is a significant difference in the number of incentives per month across juvenile drug courts ($F(4,105) = 18.660, p < .001$). Sarpy County Juvenile Drug Court gives significantly more incentives than the other four juvenile drug courts (see Table 5.14).

Table 5.14: Average Incentives/Month for Juvenile Drug Court Participants

	Douglas County	Lancaster County	Northeast Nebraska	Sarpy County	Scotts Bluff County
Mean	0.001	0.14	0.14	0.86	0.27
Sample size	31	36	10	25	8

Young Adult Court

Sanctions

There is no significant difference in the number of sanctions per month between the Douglas County Adult Drug Court and the Douglas County Young Adult Drug Court ($F(1, 338) = 0.911, p = .340$) (see Table 5.15).

Table 5.15: Average Sanctions/Month for Adult Drug Court Participants

	Douglas County Adult Court	Douglas County Young Adult Court
Mean (Sanctions per month)	0.64	0.03
Sample Size	333	7

Incentives

There is no difference between the Douglas County Adult Drug Court and the Douglas County Young Adult Drug Court in the number of incentives given to participants per month ($F(1, 338) = 0.118, p = .731$) (see Table 5.16).

Table 5.16: Average Incentives/Month for Adult Drug Court Participants

	Douglas County Adult Court	Douglas County Young Adult Court
Mean (Incentives per month)	0.01	0.02
Sample Size	333	7

Driving Under the Influence Court

Sanctions

There is no difference in the total number of sanctions given per month between the Scotts Bluff County Adult Drug Court and the Scotts Bluff County DUI Court ($F(1, 15) = 0.226, p = .642$) (see Table 5.17).

Table 5.17: Average Sanctions/Month for Adult Drug Court Participants

	Scotts Bluff County Adult Court	Scotts Bluff County DUI Court
Mean (Sanctions per month)	0.11	0.02
Sample Size	6	11

Incentives

There is no difference in the number of incentives given to participants per month between the Scotts Bluff County Adult Drug Court and the Scotts Bluff County DUI Court ($F(1, 15) = 0.009, p = .925$) (see Table 5.18).

Table 5.18: Average Incentives/Month for Adult Drug Court Participants

	Scotts Bluff County Adult Court	Scotts Bluff County DUI Court
Mean (Incentives per month)	0.25	0.26
Sample Size	6	11

Family Drug Court

Sanctions

Participants in the Lancaster County Adult Drug Court receive significantly more sanctions per month than those in the Lancaster County Family Court ($F(1, 188) = 8.64, p = .004$) (see Table 5.19).

Table 5.19: Average Sanctions/Month for Family Drug Court Participants

	Lancaster County Adult Court	Lancaster County Family Court
Mean (Sanctions per month)	2.98	0.00
Sample Size	173	17

Incentives

Participants in the Lancaster County Adult Drug Court receive significantly more incentives per month than those in the Lancaster County Family Court ($F(1, 188) = 6.50, p = .012$) (see Table 5.20).

Table 5.20: Average Incentives/Month for Adult Drug Court Participants

	Lancaster County Adult Court	Lancaster County Family Court
Mean (Incentives per month)	8.31	0.00
Sample Size	173	17

Number of Drug Tests

Adult Drug Courts

There is a significant difference across adult drug courts in the number of drug tests per participant ($F(9,982) = 50.046, p < .001$). Lancaster County gives significantly more drug tests per month than all of the other courts, followed by Central Nebraska, which gives significantly more drug tests than the remaining eight courts. District 6 gives significantly more drug tests than Northeast Nebraska, Southeast Nebraska, Sarpy County, and Scotts Bluff County. None of the other courts differ from each other (see Table 5.21).

Table 5.21: Number of Drug Tests for Adult Problem Solving Court Participants

	Central Nebraska	District 6	Douglas County	Lancaster County	Midwest Nebraska	North Central Nebraska	Northeast Nebraska	Sarpy County	Scotts Bluff County	Southeast Nebraska
Mean	7.86	4.88	3.14	9.25	2.77	4.48	2.35	1.88	1.02	2.27
Sample Size	130	26	596	143	17	2	23	28	6	21

Juvenile Drug Courts

There is a significant difference in the number of drug tests per month across juvenile drug courts ($F(4,144) = 6.216, p < .001$). Douglas County gives significantly more drug tests per month than Scotts Bluff County, Sarpy County, and Lancaster County (see Table 5.22).

Table 5.22: Number of Drug Tests for Juvenile Problem Solving Court Participants

	Douglas County	Lancaster County	Northeast Nebraska	Sarpy County	Scotts Bluff County
Mean	6.07	2.11	3.32	2.51	2.65
Sample size	69	36	10	26	8

Young Adult Court

There is no significant difference between the Douglas County Adult Drug Court and the Douglas County Young Adult Drug Court in the number of drug tests given to participants per month ($F(1, 601) = 2.525, p = .113$) (see Table 5.23).

Table 5.23: Number of Drug Tests for Young Adult Problem Solving Court Participants

	Douglas County Adult Court	Douglas County Young Adult Court
Mean (Drug tests per month)	3.14	0.48
Sample Size	596	7

Driving Under the Influence Court

There is no difference in the number of drug tests given to participants per month between the Scotts Bluff County Adult Drug Court and the Scotts Bluff County DUI Court ($F(1, 28) = 1.08, p = .308$) (see Table 5.24).

Table 5.24: Number of Drug Tests for DUI Problem Solving Court Participants

	Scotts Bluff County Adult Court	Scotts Bluff County DUI Court
Mean (Drug tests per month)	27.78	9.59
Sample Size	13	17

Family Drug Court

Participants in the Lancaster County Adult Drug Court receive significantly more drug tests per month than those in the Lancaster County Family Court ($F(1, 163) = 106.433, p < .001$) (see Table 5.25).

Table 5.25: Number of Drug Tests for Family Problem Solving Court Participants

	Lancaster County Adult Court	Lancaster County Family Court
Mean (Drug tests per month)	9.25	2.85
Sample Size	143	22

Time in Program

Adult Drug Courts

Time in Program (Graduated/Terminated Only)

There are significant differences across adult drug courts ($F(9, 1016) = 17.389, p < .001$). The following sections examine these differences separately for graduated participants and terminated participants (see Table 5.26).

Table 5.26: Time in Program for Adult Drug Court Participants

	Central Nebraska	District 6	Douglas County	Lancaster County	Midwest Nebraska	North Central Nebraska	Northeast Nebraska	Sarpy County	Scotts Bluff County	Southeast Nebraska
Mean	16.48	20.02	12.41	13.55	19.28	5.05	19.02	24.44	16.30	23.61
Sample Size	131	26	608	143	19	2	25	32	7	33

Time in Program (Graduated Only)

There is a significant mean difference across adult drug courts in the number of months graduated participants spent in programs ($F(8,582) = 18.857, p < .001$). Sarpy County has the highest average amount of time in program for graduates, followed by Southeast Nebraska, which did not differ significantly from Sarpy County. Midwest Nebraska differs only from Douglas County, which has the fewest number of months spent in program by graduates. A middle group formed by Central Nebraska, District 6, Lancaster County, and Northeast Nebraska differed significantly from the courts with the longest (Sarpy County and Southeast Nebraska) and shortest (Douglas County) spent in program by graduates. Scotts Bluff County may be in this group as well, but has too few graduates in this analysis to be significantly different from any other court. Some of these differences between courts may be programmatic (see Table 5.27).

Table 5.27: Time in Program for Graduated Adult Drug Court Participants

	Central Nebraska	District 6	Douglas County	Lancaster County	Midwest Nebraska	*North Central Nebraska	North-east Nebraska	Sarpy County	Scotts Bluff County	South-east Nebraska
Mean	21.27	20.93	15.88	22.02	22.18	--	19.05	26.33	21.31	25.50
Months in program										
Less Than 3 Mos.	0 0%	0 0%	0 0%	0 0%	0 0%	--	0 0%	0 0%	0 0%	0 0%
3 to 6 Months	0 0%	0 0%	0 0%	0 0%	0 0%	--	0 0%	0 0%	0 0%	0 0%
6 to 9 Months	0 0%	0 0%	0 0%	0 0%	0 0%	--	0 0%	0 0%	0 0%	0 0%
9 Mos. to 1 Year	0 0%	0 0%	53 15.2%	0 0%	0 0%	--	0 0%	0 0%	0 0%	0 0%
1 Yr to 15 Mos.	0 0%	0 0%	148 42.5%	0 0%	0 0%	--	0 0%	0 0%	0 0%	0 0%
15 to 18 Months	7 9.1%	6 31.6%	70 20.1%	0 0%	4 26.7%	--	5 26.3%	2 7.4%	2 66.7%	0 0%
18 to 21 Months	40 51.9%	5 26.3%	49 14.1%	28 47.5%	5 33.3%	--	11 57.9%	2 7.4%	0 0%	2 8.3%
21 Mos. to 2 Yrs.	13 16.9%	2 10.5%	21 6%	19 32.2%	2 13.3%	--	2 10.5%	8 29.6%	0 0%	10 41.7%
2 Years or More	17 22.1%	6 31.6%	7 2%	12 20.3%	4 26.7%	--	1 5.3%	15 55.6%	1 33.3%	12 50%
Sample Size	77	19	348	59	15	0	19	27	3	24

*North Central Nebraska did not have any participants who graduated with data for this analysis.

Time in Program (Terminated Only)

There is a significant difference among adult drug courts in the number of months terminated participants spent in the program ($F(9, 425) = 5.59, p < .001$). Northeast Nebraska had the highest average number of months spent in programs, followed by Southeast Nebraska and District 6. North Central Nebraska had the lowest average number of months spent in program by terminated participants, but did not differ from the remaining six courts (see Table 5.28).

Table 5.28: Time in Program for Terminated Adult Drug Court Participants

	Central Nebraska	District 6	Douglas County	Lancaster County	Midwest Nebraska	North Central Nebraska	North-east Nebraska	Sarpy County	Scotts Bluff County	South-east Nebraska
Mean	9.65	17.54	7.78	7.60	8.42	5.05	18.93	14.23	12.55	18.59
Months in program										
Less Than 3 Months	13 24.1%	0 0%	60 23.1%	25 29.8%	1 25%	0 0%	0 0%	1 20%	0 0%	0 0%
3 to 6 Months	9 16.7%	1 14.3%	63 24.2%	22 26.2%	0 0%	2 100%	0 0%	0 0%	1 25%	1 11.1%
6 to 9 Months	9 16.7%	0 0%	48 18.5%	12 14.3%	1 25%	0 0%	1 16.7%	0 0%	0 0%	2 22.2%
9 Months to 1 Year	7 13%	1 14.3%	31 11.9%	7 8.3%	0 0%	0 0%	0 0%	1 20%	1 25%	1 11.1%
1 Yr to 15 Mos.	3 5.6%	0 0%	24 9.2%	6 7.1%	2 50%	0 0%	1 16.7%	1 20%	1 25%	0 0%
15 to 18 Months	2 3.7%	2 28.6%	20 7.7%	1 1.2%	0 0%	0 0%	1 16.7%	0 0%	0 0%	1 11.1%
18 to 21 Months	6 11.1%	0 0%	9 3.5%	4 4.8%	0 0%	0 0%	1 16.7%	1 20%	0 0%	1 11.1%
21 Mos. to 2 Yrs.	3 5.6%	1 14.3%	2 0.8%	4 4.8%	0 0%	0 0%	0 0%	0 0%	1 25%	0 0%
2 Years or More	2 3.7%	2 28.6%	3 1.2%	3 3.6%	0 0%	0 0%	2 33.3%	1 20%	0 0%	3 33.3%
Sample Size	54	7	260	84	4	2	6	5	4	9

Juvenile Drug Courts

Time in Program (Graduated/Terminated Only)

There are no significant differences for the average number of months juvenile drug court participants spent in programs across all juvenile drug courts ($F(4,209) = 1.695, p = .152$) (see Table 5.29).

Table 5.29: Time in Program for Juvenile Drug Court Participants

	Douglas County	Lancaster County	Northeast Nebraska	Sarpy County	Scotts Bluff County
Mean	13.74	11.48	9.68	12.92	12.09
Sample Size	72	63	11	59	9

Time in Program (Graduated Only)

There is a significant mean difference for the number of months juvenile drug court graduates spent in programs across juvenile drug courts, ($F(4,79) = 3.557, p = .010$). Douglas County Juvenile Drug Court has the highest average number of months spent by drug court graduates, only significantly differing from Lancaster County and Sarpy County, which had the two lowest average numbers of months. No significant differences exist for Northeast Nebraska and Scotts Bluff County Drug Courts (see Table 5.30).

Table 5.30: Time in Program for Graduated Juvenile Drug Court Participants

	Douglas County	Lancaster County	Northeast Nebraska	Sarpy County	Scotts Bluff County
Mean	17.68	12.60	13.93	13.15	15.43
Months in Program					
Less Than 3 Months	0 0%	0 0%	0 0%	1 2.9%	0 0%
3 to 6 Months	0 0%	0 0%	0 0%	2 5.9%	0 0%
6 to 9 Months	1 5.3%	2 8.3%	0 0%	5 14.7%	0 0%
9 Months to 1 Year	2 10.5%	11 45.8%	0 0%	6 17.6%	0 0%
1 Year to 15 Months	3 15.8%	5 20.8%	2 100%	8 23.5%	3 60%
15 to 18 Months	5 26.3%	6 25%	0 0%	6 17.6%	1 20%
18 to 21 Months	2 10.5%	0 0%	0 0%	2 5.9%	1 20%
21 Months to 2 Years	3 15.8%	0 0%	0 0%	4 11.8%	0 0%
2 Years or More	3 15.8%	0 0%	0 0%	0 0%	0 0%
Sample size	19	24	2	34	5

Time in Program (Terminated Only)

No significant differences among juvenile drug courts exist for the average number of months in program spent by terminated drug court participants, $F(4,125)=1.083, p = .368$ (see Table 5.31).

Table 5.31: Time in Program for Terminated Juvenile Drug Court Participants

	Douglas County	Lancaster County	Northeast Nebraska	Sarpy County	Scotts Bluff County
Mean	12.32	10.79	8.73	12.61	7.92
Months in Program					
Less Than 3 Months	8 15.1%	4 10.3%	1 11.1%	2 8%	0 0%
3 to 6 Months	7 13.2%	6 15.4%	2 22.2%	3 12%	1 25%
6 to 9 Months	6 11.3%	10 25.6%	2 22.2%	3 12%	1 25%
9 Months to 1 Year	6 11.3%	3 7.7%	2 22.2%	2 8%	2 50%
1 Year to 15 Months	2 3.8%	3 7.7%	1 11.1%	6 24%	0 0%
15 to 18 Months	14 26.4%	6 15.4%	1 11.1%	5 20%	0 0%
18 to 21 Months	5 9.4%	5 12.8%	0 0%	1 4%	0 0%
21 Months to 2 Years	2 3.8%	2 5.1%	0 0%	2 8%	0 0%
2 Years or More	3 5.7%	0 0%	0 0%	1 4%	0 0%
Sample size	53	39	9	25	4

Young Adult Court

Time in Program (Graduated/Terminated Only)

Participants in the Douglas County Young Adult Drug Court were in the program longer than those in the Douglas County Adult Court on average ($F(1, 618) = 15.624, p < .001$) (see Table 5.32).

Table 5.32: Time in Program for Young Adult Court Participants

	Douglas County Adult Court	Douglas County Young Adult Court
Mean	12.41	22.40
Sample Size	608	12

Time in Program (Graduated Only)

On average, participants who graduated in the Douglas County Young Adult Drug Court were in the program longer than those who graduated in the Douglas County Adult Drug Court ($F(1, 354) = 14.869, p < .001$) (see Table 5.33).

Table 5.33: Time in Program for Graduated Young Adult Court Participants

	Douglas County Adult Court	Douglas County Young Adult Court
Mean	15.88	27.65
Months In Program		
Less Than 3 Months	0	0
3 to 6 Months	0	0
6 to 9 Months	0	0
9 Months to 1 Year	53 15.2%	0
1 Year to 15 Months	148 42.5%	0
15 to 18 Months	70 20.1%	0
18 to 21 Months	49 14.1%	1 14.3%
21 Months to 2 Years	21 6.0%	2 28.6%
2 Years or More	7 2.0%	4 57.1%
Sample Size	348	7

Time in Program (Terminated Only)

Terminated participants in the Douglas County Young Adult Drug Court were in the program longer than those in the Douglas County Adult Court on average ($F(1, 263) = 5.015, p = .026$) (see Table 5.34).

Table 5.34: Time in Program for Terminated Young Adult Court Participants

	Douglas County Adult Court	Douglas County Young Adult Court
Mean	7.78	15.05
Months In Program		
Less Than 3 Months	60 23.1%	2 40.0%
3 to 6 Months	63 24.2%	0
6 to 9 Months	48 18.5%	0
9 Months to 1 Year	31 11.9%	0
1 Year to 15 Months	24 9.2%	1 20.0%
15 to 18 Months	20 7.7%	0
18 to 21 Months	9 3.5%	0
21 Months to 2 Years	2 0.8%	1 20.0%
2 Years or More	3 1.2%	1 20.0%
Sample Size	260	5

Driving Under the Influence Court

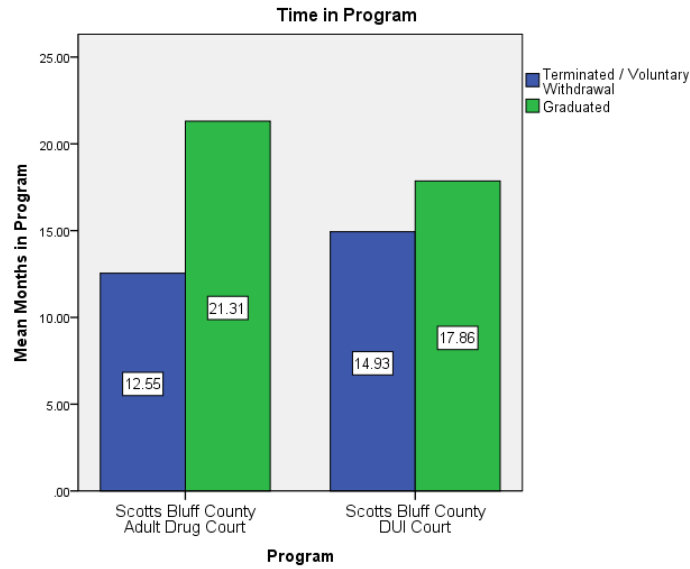
Time in Program (Terminated/Graduated Only)

There is no significant difference in the in the total number of months participants were in the Scotts Bluff County Adult Drug Court and the Scotts Bluff County DUI Court programs ($F(1, 20) = 0.046, p = .833$) (see Table 5.35 and Figure 5.1).

Table 5.35: Time in Program for DUI Court Participants

	Scotts Bluff County Adult Court	Scotts Bluff County DUI Court
Mean (Months)	16.30	16.88
Sample Size	7	15

Figure 5.1: Time in Program



Time in Program (Graduated Only)

There is no significant difference in the total number of months spent in the Scotts Bluff County Adult Drug Court and the Scotts Bluff County DUI Court programs for graduated participants ($F(1, 11) = 1.285, p = .281$) (see Table 5.36).

Table 5.36: Time in Program for DUI Court Participants

	Scotts Bluff County Adult Court	Scotts Bluff County DUI Court
Mean	21.31	17.86
Months In Program		
Less Than 3 Months	0	0
3 to 6 Months	0	0
6 to 9 Months	0	0
9 Months to 1 Year	0	0
1 Year to 15 Months	0	3 30.0%
15 to 18 Months	2 66.7%	3 30.0%
18 to 21 Months	0	2 20.0%
21 Months to 2 Years	0	2 20.0%
2 Years or More	1 33.3%	0
Sample Size	3	10

Time in Program (Terminated Only)

There is no significant difference in the in the total number of months terminated participants were in the Scotts Bluff County Adult Drug Court and the Scotts Bluff County DUI Court ($F(1, 7) = 0.296, p = .603$) (see Table 5.37).

Table 5.37: Time in Program for DUI Court Participants

	Scotts Bluff County Adult Court	Scotts Bluff County DUI Court
Mean	12.55	14.93
Months In Program		
Less Than 3 Months	0	0
3 to 6 Months	1 25.0%	0
6 to 9 Months	0	1 20.0%
9 Months to 1 Year	1 25.0%	0
1 Year to 15 Months	1 25.0%	1 20.0%
15 to 18 Months	0	2 40.0%
18 to 21 Months	0	0
21 Months to 2 Years	1 25.0%	1 20.0%
2 Years or More	0	0
Sample Size	4	5

Family Drug Court

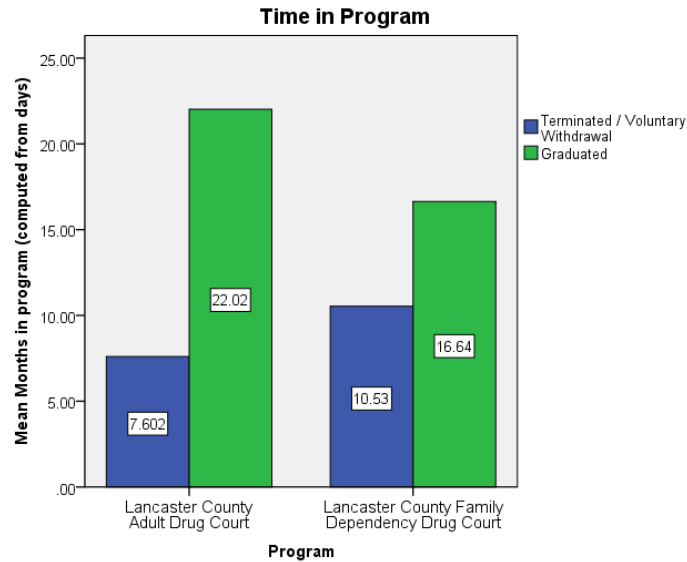
Time in Program (Terminated/Graduated Only)

There is no significant difference in the in the total number of months participants were in the Lancaster County Adult Drug Court and the Lancaster County Family Court ($F(1, 172) = 0.069, p = .793$) (see Table 5.38 and Figure 5.2).

Table 5.38: Time in Program for Family Drug Court Participants

	Lancaster County Adult Court	Lancaster County Family Court
Mean	13.55	13.09

Figure 5.2: Time in Program



Time in Program (Graduated Only)

On average, participants who graduated in the Lancaster County Adult Drug Court were in the program longer than those who graduated in the Lancaster County Family Court ($F(1, 70) = 22.040, p < .001$) (see Table 5.39).

Table 5.39: Time in Program for Family Drug Court Participants

	Lancaster County Adult Court	Lancaster County Family Court
Mean	22.02	16.64
Months In Program		
Less Than 3 Months	0	0
3 to 6 Months	0	0
6 to 9 Months	0	0
9 Months to 1 Year	0	3 23.1%
1 Year to 15 Months	0	3 23.1%
15 to 18 Months	0	2 15.4%
18 to 21 Months	28 47.5%	2 15.4%
21 Months to 2 Years	19 32.2%	2 15.4%
2 Years or More	12 20.3%	1 7.7%
Sample Size	59	13

Time in Program (Terminated Only)

There is not a significant difference in the in the total number of months terminated participants were in the Lancaster County Adult Drug Court and the Lancaster County Family Court ($F(1, 100) = 2.713, p = .103$) (see Table 5.40).

Table 5.40: Time in Program for Family Drug Court Participants

	Lancaster County Adult Court	Lancaster County Family Court
Mean	7.60	10.53
Months In Program		
Less Than 3 Months	25 29.8%	1 5.6%
3 to 6 Months	22 26.2%	6 33.3%
6 to 9 Months	12 14.3%	2 11.1%
9 Months to 1 Year	7 8.3%	2 11.1%
1 Year to 15 Months	6 7.1%	4 22.2%
15 to 18 Months	1 1.2%	1 5.6%
18 to 21 Months	4 4.8%	0
21 Months to 2 Years	4 4.8%	1 5.6%
2 Years or More	3 3.6%	1 5.6%
Sample Size	84	18

CHAPTER 6: WHAT DO PROBLEM SOLVING COURTS COST?

Overview of Problem-Solving Court Cost Studies

A number of cost studies have previously been conducted of problem-solving courts, though scope, methods, and data included for examination have varied extensively. It should be noted that all cost studies we examined assume certain parameters based on the availability and accuracy of data, and assumptions about the significance of program elements to program costs. The methods employed by researchers to estimate program costs are typically dependent on the availability of data, and judgments made about their accuracy. Almost all cost studies we reviewed excluded costs data if it was judged to be inaccurate, unavailable, or too difficult to obtain relative to their potential value in estimating a final program cost estimate and/or predicting program outcomes. A proper cost study identifies cost components examined, and limitations that should be kept in mind when interpreting the presented data. Several cost studies are outlined herein to provide an overall context for our Nebraska problem-solving court cost study.

The Washington State Institute for Public Policy conducted a costs-benefits study of five adult drug courts operating in the state from 1998-1999 (Barnowski & Aos, 2003). The study included a total estimate of average per participant cost for being in a drug court program. Total expenditures were calculated based on courtroom processing costs derived from a review of each court's weekly hearing calendar, drug court program costs related to monitoring and treatment reported by each program, and sanctions costs for jail-time and community supervision. Study authors concluded that the average total cost of a drug court participant for courtroom processing was \$3,206.00, costs for monitoring and treatment were \$4,427.00, and sanctions costs were \$3,594.00. The total average cost for a participant in one of the five drug courts was \$11,227.00.

A more recent 2011 study conducted of seven Oregon adult drug courts found that total program costs per participant ranged from \$3,411.00 to \$24,692.00 per program. The average cost per person in one of the seven studied programs was \$16,411.00 (Carey & Waller, 2011). Costs examined in this study included the costs of court hearings, case management, treatment and testing, and jail sanctions. The large variation in costs across programs was due to differing practices among programs (e.g., frequency of hearings, length of program, differing costs of living, and different treatment protocols). The same researchers conducted a study of seven Maryland adult drug courts in 2009 using similar methodologies and examining the same costs data (Mackin et al., 2009). The study found that total program costs per participant ranged from \$9,529.00 to \$34,647.00. The average total program cost for participants within the examined programs was \$23,114.00.

Several studies have been conducted using a cost per day analysis. Costs per day analysis are derived from studies in which a one year timeline is identified as the scope of the study. Although some participants enroll, and are graduated or terminated from programs

within one year, it should be noted that most programs graduate participants in durations lasting longer than a year.

In a study for the New Mexico Children, Youth and Families Department, the University of New Mexico Institute for Social Research conducted a costs per program and cost per day study for the state's drug courts for fiscal years 1999 and 2000 (Guerin & Banihashemi, 2002). Fifteen courts were contacted as part of the study, and six were able to provide viable data. Data quality and availability varied with each court. Expenses data was missing for some courts, and treatment service costs were not collected for some providers within the requested time frames. Some programs were too new to collect data from a full cohort of participants. Expenditure information collected included salaries and benefits, treatment, and indirect costs. This information was collected through a combination of surveys and examination of budgetary information. Ultimately, the study was able to arrive at an estimated program cost (total expenditures) and cost per day (total expenditures divided by client days) for two juvenile drug courts for fiscal years 1999 and 2000. In 1999, those annual costs respectively for each of the two courts were program costs of \$316,280.00 and \$287,203.00, and costs per day of \$49.76 and \$21.22. In 2000, annual program costs were \$456,791.86 and \$380,304.77, and costs per day of \$73.21 and \$27.00.

The Institute for Social Research at the University of New Mexico also conducted a costs per program and costs per day study for the Metropolitan DWI-Drug Court in Bernalillo County (Albuquerque), New Mexico, for fiscal years 2005-2008 (Cathey, Guerin & Adams, 2009). Expenditures used to calculate costs included salaried and donated time of drug court teams, indirect costs (rent) and treatment. This information was collected through a combination of surveys and examination of budgetary information. Costs per program for fiscal years 2005, 2006, 2007 and 2008, respectively, were \$1,419,923.00, \$1,534,841.00, \$1,536,759.00, and \$1,616,205.00. Costs per day for fiscal years 2005, 2006, 2007 and 2008, respectively, were \$13.22, \$11.72, \$15.71, and \$11.68.

A 2001 study of the Polk County, IA, adult drug court was conducted by the Iowa Department of Human Rights (Stageberg, Wilson, & Moore, 2001). Costs information examined included salaries of team members, case management time, administrative time, and treatment, but did not include sanctions related costs. The study found average costs per day of participants to be \$17.27. A 2003 study of the Multnomah County (Portland) adult drug court used prospective study methods in which researchers identified a sub-sample of eligible drug court participants, and followed them through the drug court process to identify time spent in various drug court activities (Carey & Finigan, 2003). Expenses included as part of their cost study included court processing costs, court hearings, jail time sanctions, and treatment. The study found the cost per day of participants in the court to be \$16.24. A 2009 cost study of rural Rutland County Adult Drug Court in Vermont estimated average costs per day of a graduate at \$57.99 with 376 total days in the program (Carey et al., 2009). Costs examined included court hearings, case management, participant treatment, and jail sanctions.

Recent cost per day studies have been completed for several Maryland drug court programs. The average cost per day of graduated participants in Montgomery County (Washington D.C. metropolitan area) Adult Drug Court was determined to be \$64.42, with average length in the program for graduates 525 days (Mackin et al., 2010a). Costs examined included court hearings, case management, treatment, monitoring, and jail sanctions. The average cost per day of graduated participants in the Baltimore County Juvenile Drug Court was estimated at \$100.94, with average duration in the program 471 days (Mackin et al., 2010b). Costs examined included court hearings, case management, participant treatment, family treatment sessions, monitoring, and youth residential and detention costs. In contrast, the rural St. Mary's County Juvenile Drug Court average cost per day for a graduate was estimated at \$79.78, and average length of stay in the program 358 days (Mackin et al., 2010c). Costs examined included court hearings, case management, participant treatment, monitoring, and youth residential housing and detention costs.

Methods for Nebraska Cost Study

Scope and Cost Elements

Cost studies conducted in other jurisdictions have primarily been either retrospective or prospective in nature. Retrospective studies typically require the collection of information for costs that have already been incurred based on financial records and/or estimates from program staff. Prospective studies typically involve the collection of cost information as individuals proceed through the duration of a problem-solving court program. Prospective studies are less common, and can be difficult to conduct due to the extensive resources required to track participants and programming on a day-to-day basis.

We used both a one year retrospective scope and participant cost per day analysis to estimate costs for Nebraska's problem solving courts. The retrospective scope was chosen for several reasons. First, fiscal year costs data was available from the Office of the Statewide Coordinator for Problem-Solving Courts for several key costs components, including A) fee for service voucher funds used for all participants in adult problem solving courts; B) administrative fee information paid to the state for adult problem solving courts; C) number of days that all participants were enrolled in both adult and juvenile problem solving programs; D) and salary and benefits information for adult and juvenile problem solving program team members.

We elected to focus primarily on salary and benefits information, collected fees, and treatment costs for participants, as the basis for our costs study. Based on previous cost studies conducted in other jurisdictions, we knew that program team salary costs and participant treatment costs would likely serve to be the majority of all program costs, an assumption that was proven to be correct in our assessment of costs for Nebraska's programs. The available data thus served as a good basis for our analysis.

We identified fiscal year 2009-10 for the scope of the retrospective study (July 1, 2009 to June 30, 2010) as it was the most recent fiscal year data existed preceding the initiation of

our cost study. Additionally, we chose to use a retrospective costs study because it is far less intrusive for both problem-solving programs and participants than a prospective costs study, which would have involved tracking all costs-related transactions that occurred within a program for all participants. Although tracking a sub-sample of participants might have been an option for a prospective costs study, such an approach would still have had potentially intrusive implications for both individual clients and program staff, and required a substantial amount of time and resources for the evaluation team.

Similarly, we choose to use a participant cost per day analysis as opposed to a total cost per participant in a program analysis. Although many successful participants typically take longer than one full year to graduate from a program, the fiscal year framework was the most convenient to use given the availability of fiscal year data for fee for service voucher funding and program team member salaries. Costs per day per participant served equals the total costs affiliated with a program within the one-year costs study time frame divided by the total number of days in which that program served clients within that same year (i.e. person/days).

There were some significant limitations to our study that must be noted. First, outside of fee for service voucher funding available from the Office of the Statewide Coordinator for Problem-Solving Courts, none of the programs in our study had collected treatment related costs for participants. Secondly, salary and benefits information from the Office of the Statewide Coordinator only existed for select problem-solving team members, typically the program coordinator and probation/supervision staff. For purposes of our cost study, we considered these employees to be “core” team members. Salary and benefits information for judges, attorneys, and ancillary team members such as treatment providers, or representatives from law enforcement agencies, had not been collected in a systematic fashion. We considered these individuals to be “extended” team members for purposes of the cost study.

To collect missing salary and benefits costs for these “extended” team members, we 1) asked team members to both estimate salary and benefits information and time spent dedicated to the program for FY 2009-10 using a 40 hour work week FTE calculation; and 2) we contacted the respective county agencies or the State of Nebraska Department of Administrative Services for salary and benefits information for public employees (i.e. judges, county attorneys, public defenders). If team members did not provide salary or FTE estimates, we asked problem solving court program coordinators to estimate the time for those extended team members. Thus, with the exception of salary and benefits information available from public sources, the salary and benefits information for these extended team members should only be considered as estimates. We calculated costs for both “core” and “extended” team members (if available) for our cost study, with the “core” costs representing real costs paid to program coordinators and probation/supervision officers, and “extended” costs representing both “core” team member salary and benefit information and information which was largely based on estimates .

Collecting retrospective treatment costs for FY 2009-10 posed a challenge since such information had not been previously collected by either the Office of the Statewide Coordinator for Problem-Solving Courts or individual programs. We asked program coordinators to contact treatment providers for all clients served within the FY 2009-10 and provide real cost figures for those individuals. We did not differentiate between costs paid for differing types or levels of treatment services. Some adult programs reported having no treatment related costs for individuals outside of the fee for service voucher system. Most adult programs, however, did have considerable costs not paid for through the voucher system, and had to rely on cost figures provided by treatment agencies. It must be noted that these costs are derived solely from treatment agencies, and there is no independent verification for the accuracy of those costs. However, we have no reason to believe that the costs information provided by these treatment agencies is not accurate. In the future, we recommend that the state institute a system so that treatment costs paid for problem solving court clients to treatment providers, regardless of payment source, be systematically tracked by the state for future cost assessments.

Additionally, we asked individual program coordinators to calculate the aggregate number of days that individuals were enrolled in their programs for the FY 2009-10 (i.e. “person/days”). Although these figures were provided through the Office of the Statewide Coordinator for Problem-Solving Courts, after reviewing the data and consulting with the Office of the Statewide Coordinator, we had reason to believe that individual program coordinators would be able to provide a more accurate count of person/days for their program.

Total costs used to estimate a cost per day per participant served consist of salary and benefits costs plus treatment costs incurred by programs, and jail/detention time cost estimates if available. Fee information was deducted from total costs with the assumption that fees paid by participants are used to support programming. Total costs were then divided by total person/days to arrive at a cost per day per each participant served in the program. A cost per day per participant based on core team members represents the costs per day of the core functioning staff behind the program. Costs per day based on extended team members are more representative of costs associated with courtroom infrastructure and the overall justice and community corrections system because it includes salary information of judges and associated attorneys, as well as law enforcement and treatment agency representatives who are part of wider program teams. However, because there is more certainty with costs based around core team members, we recommend relying on core team costs per day as an estimate of the minimal costs necessary to administer a problem-solving court program.

Table 6.1 (Estimated Costs for Adult Programs Based on Staffing and Treatment Costs) presents costs per day figures for Nebraska’s adult problem-solving courts, and Table 6.2 (Estimated Costs for Juvenile Programs Based on Staffing and Treatment Costs) presents costs per day figures for the state’s juvenile problem-solving courts. Also presented for purposes of comparison are cost figures from the studies of adult and juvenile drug court programs in other jurisdictions reviewed above, as well as a cost per day (\$69.37) for incarcerating an individual in state prison in Nebraska based on 2001 U.S. Department of

Justice figures (Bureau of Justice Statistics, 2004), the last year in which such data was available from the Justice Department.

Some sources of data are not included in our study. Electronic tracking and monitoring costs are not included unless they were identified through fees data. Likewise, costs of incentives provided to program participants for good behavior such as gift cards, movie tickets, etc., were also not included in our cost study. Our review of previous cost studies indicated that such costs are very small compared to salary/benefits and treatment data. Administrative overhead costs for photo copying, office equipment, and rent were also not included due to both concerns that calculating such costs would have proven too difficult to assemble from individual programs, and that such components play minimal roles in program outcomes when compared to treatment or time spent by problem solving court staff dedicated to the program.

Jail/Detention Costs

We also contacted the Nebraska Crime Commission for assistance with estimating the costs of jail in Nebraska. Problem solving court programs typically utilize jail/detention time for participants as a sanction for program infractions. Costs incurred for jail/detention time are real costs, and are thus included in our analysis. Based on figures provided to the Nebraska Crime Commission by the US Marshall's Service, we used a statewide estimate of county jail cost per day of \$45 throughout Nebraska. We assume that juvenile detention facilities cost at least that amount per day. Thus, a \$45 estimate was used for both adult and juvenile programs.

Figures for jail/detention time incurred were available for most, though not all, of the programs examined, and derived from the state's Problem Solving Court Management Information System. Table 6.3 (Estimated Jail/Detention Costs) presents two figures: average days in jail/detention per month per participant for the Nebraska programs we examined in the 2007-2011 timeframe, and an estimate of an average total jail/detention cost for each program within a year within the 2007-2011 timeframe. The yearly estimate was calculated by multiplying average days in jail/detention per month per participant by .033 (1/30) to arrive at a daily figure, which was then multiplied by the total number of person/days for each program, and then multiplied again by 45 to arrive at an estimate of total jail/detention costs within a single year between 2007-2011.

It should be recognized that statistical outliers can account for a high average days in jail/detention per month per participant figure. In other words, many participants in a drug court program may incur no jail/detention time during their time in the program, but a small number of individuals with a large number of days in jail/detention could increase the overall average figure, particularly if the program had a small number of participants. Table 6.4 (Estimated Costs for Adult Programs Based on Staffing, Treatment and Jail/Detention Costs) and Table 6.5 (Estimated Costs for Juvenile Programs Based on Staffing, Treatment and Jail/Detention Costs) present program cost information with jail/detention time factored into total costs.

As a limitation to our estimate of jail/detention costs, it should be noted that a \$45 jail/detention cost per day across all facilities in Nebraska should be considered an estimate for purposes of this study only, and that there will be variation in actual costs of detention based on services rendered, location, and other items. Additionally, because of discrepancies we encountered within the Problem Solving Court Management Information System, we cite these jail/detention time figures with caution.

Cost Study Limitations

We strongly caution against using our program cost estimate data as a means to compare the quality or effectiveness of individual programs. Program cost estimates can vary widely due to differences in salaries of team members, the numbers and risk levels of program participants and their overall needs, differing policies in program intensity and length, and the availability and costs of treatment in the various communities served by Nebraska's problem solving court programs. Most importantly, a cost figure should not be considered a measure of program success, or program efficiency, without a deeper examination of program policies, and all the program and contextual factors that impact an individual's success or failure in a problem-solving court program.

As a final note, our costs study was restricted to the traditional adult and juvenile probation or county based programs. It does not include Nebraska's family-based courts due to a lack of systematic data collection by those programs.

Cost Study Profiles of Nebraska Programs

Central Nebraska Adult Drug Court

The amount of person-days reported by the program was 37,424. Total salary information for the program was \$226,667.92, a sum of \$152,830 of state problem-solving court funds supporting the salaries of the program coordinating staff, as well as \$73,837.92 in costs from outside the problem-solving court budget which represented time spent by extended team members including judges, attorneys, law enforcement and corrections officers, and treatment providers who regularly participated in team meetings and played significant and regular roles in the program. Core team members included a coordinator and two supervision officers. Percent of FTE dedicated to the program for extended team members was based on an estimate of time by the program coordinator. Additionally, the total amount of fees collected from the program as reported by the state was \$87,719, of which \$70,000 was used to support salaries and thus deducted from costs. Treatment costs were provided by the program coordinator. Total treatment costs were \$208,042.06, which was a sum of \$135,801.40 in fee-for-service voucher funding, \$67,494.69 in Medicaid costs, and \$4,745.97 in fees paid by participants directly out of pocket or through private insurance. Total costs from these sources amounted to \$452,428.98. The total cost based on core team members was \$378,591.06.

Aggregated costs estimate (core team): \$378,591.06

Costs per person -day (core team): \$10.11

Aggregated costs estimate (extended team): \$452,428.98

Costs per person -day (extended team): \$12.08

District 6 Adult Drug Court

The amount of person-days reported by the program was 8685. Total salary information for the program was \$117,589.60, a sum of \$98,755.44 of state problem-solving court funds supporting the salaries of the core program coordinating staff, as well as \$18,834.16 in costs from outside the problem-solving court budget which represented time spent by extended team who regularly participated in team meetings and played significant and regular roles in the program. Core team members include the program's coordinator and a supervision officer. Extended team members include a judge, prosecuting attorney, and defense attorney. Percent of FTE dedicated to the program for these team members were either based on an estimate of time by the program coordinator, or estimates provided by those team members directly. Salary information was either provided by team members directly or via public records.

The total amount of fees collected from the program as reported by the state was \$13,106 to support various administrative costs. Total treatment costs were \$203,644.78, a sum of fee-for-service voucher funding of \$115,337.40 provided by the state, and \$88,307.38 financed through the behavioral health region in the program's jurisdiction. Additionally, another \$21,000 in county funding supports testing, incentives, and other program costs.

Total costs from all these sources amounted to \$329,128.38. The total cost based on core team members was \$310,294.22.

Aggregated costs estimate (core team): \$310,294.22

Costs per person -day (core team): \$35.72

Aggregated costs estimate (extended team): \$329,128.38

Costs per person -day (extended team): \$37.89

Douglas County Adult Drug Court

The amount of person-days reported by the program in the study time frame was 36,083. Total salary information for the program was \$711,415, a sum of \$400,00 of state problem-solving court funds supporting the salaries of the core program coordinating staff, as well as \$311,415 in costs from outside the problem-solving court budget which represented time spent by extended team who regularly participated in team meetings and played significant and regular roles in the program. Core team members include the program's coordinator, supervision officers, and several administrative staff. Extended team members include the judge, attorneys and law enforcement and treatment provider representatives. Percent of FTE dedicated to the program for these team members were based on estimates of time made by those team members or the program coordinator. A total of \$90,618 in participant fees was also assessed by the program. Total treatment costs amounted to \$1,014,569.5, a sum of \$463,682.10 in fee-for-service voucher funding, and \$550,887.40 financed through insurance, Medicaid, or out-of-pocket costs. It should be noted that the latter figure may not be accurate because of the fifteen

treatment provider agencies that we requested costs from, only fourteen actually provided costs, and one treatment provider was unable or unwilling to provide those costs. However, we have reason to believe that the missing costs may be minimal compared to the information already gathered.

Total costs from all these sources amounted to \$1,635,366.50. The total cost based on core team members was \$1,323,951.50.

Aggregated costs estimate (core team): \$1,323,951.50

Costs per person -day (core team): \$36.69

Aggregated costs estimate (extended team): \$1,635,366.50

Costs per person -day (extended team): \$45.32

Douglas County Juvenile Drug Court

The amount of person-days reported by the state for this program was 3,471. However, based on entry and exit dates within the PSCMIS data available to the evaluation team, the amount of person-days for the program during the study time frame was 8,367. The latter (larger) figure was therefore used to calculate costs.

Total salary information for the program was \$258,006.21, a sum of \$165,599.85 of state problem-solving court funds supporting the salaries of the core program coordinating staff, as well as \$92,406.36 in costs from outside the problem-solving court budget which represented time spent by extended team members who regularly participated in team meetings and played significant and regular roles in the program. Core team members include the program's coordinator, and two supervision officers. Extended team members include the judge, attorneys and other representatives. Percent of FTE dedicated to the program for these team members were based on estimates of time made by those team members or the program coordinator. Total treatment costs amounted to \$453,174.28.

Total costs from all these sources amounted to \$711,180.49. The total cost based on core team members was \$618,774.13.

Aggregated costs estimate (core team): \$618,774.13

Costs per person -day (core team): \$73.95

Aggregated costs estimate (extended team): \$711,180.49

Costs per person -day (extended team): \$84.99

Douglas County Young Adult Court

The amount of person-days reported by the program was 7,103. Total salary information for the program was \$111,984.73, a sum of \$59,127.23 of state problem-solving court funds supporting the salaries of the core program coordinating staff, as well as \$52,857.5 in costs from outside the problem-solving court budget which represented time spent by extended team who regularly participated in team meetings and played significant and regular roles in the program. Core team members included the program coordinator. Extended team members included a judge, multiple attorneys, a drug tech, and corrections officers. Percent of FTE dedicated to the program for these team members

was based on an estimate of time by the program coordinator, as well as salary information estimated or collected by the coordinator. Additionally, the total amount of fees collected from the program as reported by the coordinator was \$2,131 to support testing and various administrative costs. Treatment costs for the program were \$30,573, a combination of fee-for-service voucher funding of \$17,723 and insurance or out of pocket costs of \$12,850. Total costs from all these sources amounted to \$144,688.73. The total cost based on core team members was \$91,831.23.

Aggregated costs estimate (core team): \$91,831.23
Costs per person -day (core team): \$12.93
Aggregated costs estimate (extended team): \$144,688.73
Costs per person -day (extended team): \$20.37

Lancaster County Adult Drug Court

The amount of person-days reported by the program was 22,486. Total salary information for the program was \$300,465.98, a sum of \$238,517 of county and state problem-solving court funds supporting the salaries of the core program coordinating staff, as well as \$61,948.98 in costs from outside the problem-solving court budget which represented time spent by extended team who regularly participated in team meetings and played significant and regular roles in the program. Core team members include the program's coordinator, two supervision officers, an administrative assistant, and part-time drug testing technician. Extended team members include two judges who rotate on a bi-weekly basis, a prosecuting attorney, and defense attorney. Percent of FTE dedicated to the program for these team members were based on an estimate of time by the program coordinator.

The total amount of fees collected from the program as reported by the program was \$43,283, but is not used to defer program administrative costs. Total treatment costs were \$147,370.31, a sum of \$77,407.88 financed through the behavioral health region in the program's jurisdiction, \$17,994 financed by Medicaid, and \$51,968.43 in other treatment costs charged by providers.

Total costs from all these sources amounted to \$447,836.29. The total cost based on core team members was \$385,887.31.

Aggregated costs estimate (core team): \$385,887.31
Costs per person -day (core team): \$17.16
Aggregated costs estimate (extended team): \$447,836.29
Costs per person -day (extended team): \$19.91

Lancaster County Juvenile Drug Court

The amount of person-days reported by the state for this program was 3,630. Total salary information for the program was \$166,034.53, a sum of \$107,495.78 of state problem-solving court funds supporting the salaries of the core program coordinating staff, as well as \$58,538.75 in costs from outside the problem-solving court budget which represented time spent by extended team who regularly participated in team meetings and played

significant and regular roles in the program. Core team members include the program's coordinator, and a supervision officer. Extended team members include the judge, attorneys, and a representative from the treatment agency that serves the program's clients. Percent of FTE dedicated to the program for these team members were based on estimates of time made by those team members. Total treatment costs amounted to \$146,845.

Total costs from all these sources amounted to \$312,879.53. The total cost based on core team members was \$254,340.78.

Aggregated costs estimate (core team): \$254,340.78

Costs per person -day (core team): \$70.06

Aggregated costs estimate (extended team): \$312,879.53

Costs per person -day (extended team): \$86.19

Midwest NE Adult Drug Court

The amount of person-days reported by the program was 6,911. Total salary information for the program was \$143,427.14, a sum of \$122,735.89 of state problem-solving court funds supporting the salaries of the core program coordinating staff, as well as \$20691.25 in costs from outside the problem-solving court budget which represented time spent by extended team who regularly participated in team meetings and played significant and regular roles in the program. Core team members include the program's coordinator and supervision officer. Extended team members included the judge, a prosecuting attorney, defense attorney, and representatives from law enforcement agencies and treatment providers. Percent of FTE dedicated to the program for these team members were based on estimates of time by those individuals or by the program coordinator.

The total amount of fees collected from the program as reported by the program was \$22,030. Total treatment costs were \$29,391.80, paid through fee-for-service voucher funding provided by the state.

The total cost from all these sources amounted to \$150,788.94. The total cost based on core team members was \$130,097.69.

Aggregated costs estimate (core team): \$130,097.69

Costs per person -day (core team): \$18.82

Aggregated costs estimate (extended team): \$150,788.94

Costs per person -day (extended team): \$21.81

North Central Adult Drug Court

The time frame for the North Central Adult Drug Court cost study was the 2010-2011 fiscal year, as the program was only initiated in early 2010. The amount of person-days reported by the program in that time frame was 4,731. Total salary information for the program was \$61,095.59 to cover the cost of core coordinating staff. Extended team member salaries were not collected for this program as both the scope and level of activity for the North Central Adult Drug Court changed significantly within the time

frame of the cost study. Fees amounted to \$125 for the previous fiscal year, an amount used as a proxy figure for the cost study time frame. Total treatment costs for the program were \$35,192.30, composed exclusively of funding through the fee-for-service voucher system. The total costs estimate amounted to \$96,162.89.

It should be noted that the North Central Adult Drug Court is the newest drug court program in the state, and is still in the process of developing its programming. Since its formation, the program has shifted the location of its regular hearings and is still in flux. The costs estimate should thus not be considered representative of a fully matured program. Similarly, extended team costs were not identified as the program is still in the process of establishing its infrastructure.

Aggregated costs estimate (core team): \$96,162.89
Costs per person -day (core team): \$20.32

Northeast Nebraska Adult and Juvenile Drug Courts

The Northeast Nebraska Adult and Juvenile Drug Court programs are coordinated by the same program coordinator and supervision officer. There is thus some sharing of both costs for administrative time and funds received at a county level for overhead. The amount of person-days reported was 9,413 for the Adult Drug Court and 2,273 for the Juvenile Drug Court.

The programs received \$22,890 in funds at the county level to support overhead, of which \$15,538.75 was dedicated to the Adult Drug Court program and \$7,351.25 dedicated to the Juvenile Drug Court program based on estimates by the program coordinator.

The programs received a total of \$108,793.17 to support the salaries of the core program coordinating staff. Of the \$108,793.17 amount, core program staff dedicated an estimated 70% of their time to the Adult Drug Court and the remaining 30% of their time to the Juvenile Drug Court, representing costs of \$76,155.22 and \$32,637.95 respectively.

For the adult program, extended team members included a judge, attorneys, probation, treatment provider representative, and drug tech. The combined value of time spent dedicated to the adult program by these extended team members was \$57,142.81, based on estimates of FTE by the program coordinator and team members themselves. Total salary information representing time spent on the adult program amounted to \$133,298.03. Total treatment costs for the adult program were \$89,082.70, a combination of \$67,833.65 in fee-for-service voucher funds and \$21,249.05 paid from a combination of Medicaid or other sources. Total fees for the adult program as reported by the state were \$14,921. Total costs of the adult program were \$252,840.48. The total cost for the adult program based on core team members was \$195,697.67.

Aggregated costs estimate (core team): \$195,697.67
Costs per person -day (core team): \$20.79

Aggregated costs estimate (extended team): \$252,840.48
Costs per person -day (extended team): \$26.86

For the juvenile program, extended team members included a judge, attorneys, probation, treatment provider representative, and drug tech. The combined value of time spent dedicated to the adult program by these extended team members was \$16,484.79, based on estimates of FTE by the program coordinator. Total salary information representing time spent on the adult program amounted to \$49,122.74. Total treatment costs for the juvenile program was \$28,066.88. Total costs of the juvenile program were \$84,540.87. The total cost for the juvenile program based on core team members was \$68,056.08.

Aggregated costs estimate (core team): \$68,056.08
Costs per person -day (core team): \$29.94
Aggregated costs estimate (extended team): \$84,540.87
Costs per person -day (extended team): \$37.19

Sarpy County Adult and Juvenile Drug Courts

The Sarpy County Adult and Juvenile Drug Courts are coordinated by the same program staff, though there is not complete overlap among all team personnel. The amount of person-days reported by the adult program in the study time frame was 8,739. Total salary information for the program was \$201,397.30, a sum of \$146,311 of county and state problem-solving court funds supporting the salaries of the core program coordinating staff, as well as \$55,086.30 in costs from outside the problem-solving court budget which represented time spent by extended team who regularly participated in team meetings and played significant and regular roles in the program. Core team members include the program's coordinator, supervision officer, part-time administrative assistant, and part-time drug testing technician. Extended team members include the judge, attorneys and law enforcement and treatment provider representatives. Percent of FTE dedicated to the program for these team members were based on estimates of time made by those team members or the program coordinator. Additional administrative costs included \$14,500 supported through county funding. A total of \$13,457.27 in participant fees was also assessed by the program. Total treatment costs amounted to \$58,577, a sum of \$32,283 in fee-for-service voucher funding, and \$26,294 financed through insurance, Medicaid, or out-of-pocket costs.

Total costs from all these sources amounted to \$261,017.03. The total cost based on core team members was \$205,930.73.

Aggregated costs estimate (core team): \$205,930.73
Costs per person -day (core team): \$23.56
Aggregated costs estimate (extended team): \$261,017.03
Costs per person -day (extended team): \$29.86

The amount of person-days reported by the juvenile program in the study time frame was 7,164. Total salary information for the program was \$157,786.80, a sum of \$92,399 of county and state problem-solving court funds supporting the salaries of the core program

coordinating staff, as well as \$65,387.80 in costs from outside the problem-solving court budget which represented time spent by extended team who regularly participated in team meetings and played significant and regular roles in the program. Core team members include the program's coordinator, supervision officer, part-time administrative assistant, and part-time drug testing technician. Extended team members included two judges who each manage their own dockets, attorneys and treatment provider representatives. Percent of FTE dedicated to the program for these team members were based on estimates of time made by those team members or the program coordinator. Additional administrative costs included \$9,560 supported through state funding. Total treatment costs amounted to \$133,948, a sum of \$20,000 in county funding, and \$113,948 financed through insurance, Medicaid, or out-of-pocket costs.

Total costs from all these sources amounted to \$301,294.80. The total cost based on core team members was \$235,907.

Aggregated costs estimate (core team): \$235,907

Costs per person -day (core team): \$32.92

Aggregated costs estimate (extended team): \$301,294.80

Costs per person -day (extended team): \$42.05

Scottsbluff Adult, DUI and Juvenile Drug Courts

The Scottsbluff Adult, DUI and Juvenile drug court programs are administered by the same core staff, but there is not complete overlap in team personnel across all three programs. Additionally, the adult drug court program and DUI program (which only serves adults) hold court hearings for participants concurrently. To arrive at estimated salary costs for each of these programs, state problem-solving court funds supporting the salaries of coordinating staff were equally distributed among the three programs.

The amount of person-days reported by the juvenile program in the study time period was 1,713. Total salary information for the program was \$39,901.96, consisting of state problem-solving court funds supporting the salaries of the program coordinating staff. However, due to lack of information on treatment costs, calculating a total costs estimate for the juvenile program was not possible.

The adult drug court program reported 1,220 person-days for the study time period. The DUI court program was over twice as large as the adult program, and reported 2,736 person-days in the study time frame. Total salary information for each program was also \$39,901.96, consisting of state problem-solving court funds supporting the salaries of the program coordinating staff. Salary information for key extended team members was not provided. The combined adult/dui program collected a total of \$520 in fees during the study time frame, an amount which was equally distributed between both programs. Fee-for-service voucher funding amounted to \$8669.20 for the adult drug court program, and \$5,911 for the dui program. Additionally, treatment providers charged participants in the dui program \$876, for a total treatment cost of \$6,787 for the dui court. One known treatment provider which serves clients in both the adult and dui programs did not provide an estimate of treatment costs for those served in the study time frame, so a total

estimate of treatment costs is not possible. However, treatment costs for the vast majority of participants in both programs are financed by the fee-for-service voucher system. Thus, there is reason to believe that identified treatment costs do reflect actual treatment costs.

Total costs from all these sources based on core team members amounted to \$48,311.16 for the adult program, and \$46,428.96 for the dui program.

Aggregated costs estimate (core team): \$48,311.16 (adult program) and \$46,428.96 (dui program).

Costs per person -day (core team): \$39.59 (adult program) and \$16.96 (dui program).

Southeast Nebraska Adult Drug Court

The amount of person-days reported by the program was 10,146. Total salary information for the program was \$149,514.73, a sum of \$112,889.73 of state problem-solving court funds supporting the salaries of the program coordinating staff, as well as \$36,625 in costs from outside the problem-solving court budget which represented time spent by extended team members including the program judge and attorneys who regularly participated in team meetings and played significant and regular roles in the program. Core team members included a coordinator, supervision officer, and a part-time drug technician. Extended team members included a judge and attorneys. Percent of FTE dedicated to the program for all team members was based on an estimate of time by the program coordinator or estimates provided directly by team members. Additionally, the total amount of fees collected from the program as reported by the state was \$10,100, and counties that fell within the court's jurisdiction also provided \$12,396.46 to the program to support general administrative expenses. All participants in the program received fee-for-service voucher funding that amounted to \$55,174.25 in costs. Total costs from these sources amounted to \$227,185.44. The total costs based on core team members was \$190,560.44.

Aggregated costs estimate (core team): \$190,560.44

Costs per person -day (core team): \$18.78

Aggregated costs estimate (extended team): \$227,185.44

Costs per person -day (extended team): \$22.39

Table 6.1: Estimated Costs for Adult Programs Based on Staffing and Treatment Costs

Adult Programs	Estimated Costs	Cost parameters
State Prison in Nebraska in 2001 (Bureau of Justice Statistics, 2004)	\$69.73 per inmate per day (2001)	n/a
Bernalillo Co., NM (Cathey, Guerin & Adams, 2009)	\$13.22 per participant per day (2005) \$11.72 per participant per day (2006) \$15.71 per participant per day (2007) \$11.68 per participant per day (2008)	Case management, indirect costs, treatment
Montgomery Co., MD (Mackin et al., 2010)	\$64.42 per graduated participant per day Total duration 525 days	Case management, participant treatment, jail
Multnomah Co, OR (Carey & Finigan, 2003)	\$16.24 per participant per day	Case management, treatment, jail, fees
Polk Co., IA (Stageberg, Wilson & Moore, 2001)	\$17.27 per participant per day	Case management, treatment, fees
Rutland Co, VT (Carey et al., 2009)	\$57.99 per graduated participant per day Total duration 376 days	Case management, participant treatment, jail
Central Nebraska Adult Drug Court	37,424 person-days Aggregated cost estimate (core): \$378,591.06 \$10.11 per person-day (core) Aggregated cost estimate (extended): \$452,428.98 \$12.08 per person-day (extended)	Case management, treatment, fees
District Six Adult Drug Court	8685 person-days Aggregated cost estimate (core): \$310,294.22 \$35.72 per person-day (core) Aggregated cost estimate (extended): \$329,128.38 \$37.89 per person-day (extended)	Case management, treatment, fees
Douglas County Adult Drug Court	36083 person-days Aggregated cost estimate (core): \$1,323,951.5 \$36.69 per person-day (core) Aggregated cost estimate (extended): \$1,635,366.5 \$45.32 per person-day (extended)	Case management, treatment, fees
Douglas County Young Adult Court	7103 person-days Aggregated cost estimate (core): \$12.93 per person-day (core) Aggregated cost estimate (extended): \$20.37 per person-day (extended)	Case management, treatment, fees
Lancaster County Adult Drug Court	22846 person-days Aggregated cost estimate (core): \$385,887.31 \$17.16 per person-day (core) Aggregated cost estimate (extended): \$447,836.29 \$19.91 per person-day (extended)	Case management, treatment, fees

Midwest Nebraska Adult Drug Court	6911 person-days Aggregated cost estimate (core): \$130,097.69 \$18.82 per person-day (core) Aggregated cost estimate (extended): \$150,788.94 \$21.81 per person-day (extended)	Case management, treatment, fees
Northeast Nebraska Adult Drug Court	9413 person-days Aggregated cost estimate (core): \$195,697.67 \$20.79 per person-day (core) Aggregated cost estimate (extended): \$252,840.48 \$26.86 per person-day (extended)	Case management, treatment, fees
North Central Adult Drug Court	4731 person-days Aggregated cost estimate (core): \$96,162.89 \$20.32 per person-day (core)	Case management, treatment, fees
Sarpy County Adult Drug Court	8739 person-days Aggregated cost estimate (core): \$205,930.73 \$23.56 per person-day (core) Aggregated cost estimate (extended): \$261,017.03 \$29.86 per person-day (extended)	Case management, treatment, fees
Scottsbluff County Adult Drug Court	1220 person/days Aggregated cost estimate (core): \$48,311.16 \$39.59 per person-day (core)	Case management, treatment, fees
Scottsbluff County DUI Court	2736 person-days Aggregated cost estimate (core): \$46,428.96 \$16.96 per person-day (core)	Case management, treatment, fees
Southeast Nebraska Adult Drug Court	10146 person-days Aggregated cost estimate (core): \$190,560.44 \$18.78 per person-day (core) Aggregated cost estimate (extended): \$227,185.44 \$22.39 per person-day (extended)	Case management, treatment, fees

Table 6.2: Estimated Costs for Juvenile Programs Based on Staffing and Treatment Costs

Juvenile Programs	Estimated Costs	Cost parameters
State Prison in Nebraska in 2001 (Bureau of Justice Statistics, 2004)	\$69.73 per inmate per day (2001)	n/a
Baltimore Co., MD (Mackin et al., 2010)	\$100.94 per graduated participant per day Total duration 471 days	Case management, participant treatment, family treatment sessions, monitoring, and youth housing and detention costs
New Mexico Juvenile Court 1 (Guerin & Banhashemi, 2002)	\$49.76 per participant per day (1999) \$73.21 per participant per day (2000)	Case management, indirect costs, treatment
New Mexico Juvenile Court 2 (Guerin & Banhashemi, 2002)	\$21.22 per participant per day (1999) \$27.00 per participant per day (2000)	Case management, indirect costs, treatment
Douglas County Juvenile Drug Court	8367 person-days Aggregated cost estimate (core): \$618,774.13 \$73.95 per person-day (core) Aggregated cost estimate (extended): \$711,180.49 \$84.99 per person-day (extended)	Case management, treatment
Lancaster County Juvenile Drug Court	3630 person-days Aggregated cost estimate (core): \$254,340.78 \$70.06 per person-day (core) Aggregated cost estimate (extended): \$312,879.53 \$86.19 per person-day (extended)	Case management, treatment
Northeast Nebraska Juvenile Drug Court	2273 person-days Aggregated cost estimate (core): \$68,056.08. \$29.94 per person-day (core) Aggregated cost estimate (extended): \$84,540.87 \$37.19 per person-day (extended)	Case management, treatment
Sarpy County Juvenile Drug Court	7164 person-days Aggregated cost estimate (core): \$235,907 \$32.92 per person-day (core) Aggregated cost estimate (extended): \$301,294.80 \$42.05 per person-day (extended)	Case management, treatment
Scottsbluff County Juvenile Drug Court	n/a	n/a

Table 6.3: Estimated Jail/Detention Costs

Program	Average number of days in jail/detention per month	Person-days	Total jail/detention costs incurred per year
Adult Programs			
Central Nebraska Adult Drug Court	0*	37,424	0*
District Six Adult Drug Court	.92	8,685	\$11,865.44
Douglas County Adult Drug Court	.33	36,083	\$17,682.47
Douglas County Young Adult Court	.13	7,103	\$1,371.23
Lancaster County Adult Drug Court	1.04	22,486	\$35,283.36
Midwest Nebraska Adult Drug Court	.95	6,911	\$9,749.69
Northeast Nebraska Adult Drug Court	.27	9,413	\$3,774.14
North Central Adult Drug Court	1.11	4,731	\$7,798.34
Sarpy County Adult Drug Court	.32	8,739	\$4,152.77
Scottsbluff County Adult Drug Court	.37	1,200	\$659.34
Scottsbluff County DUI Court	.90	2,736	\$3,656.66
Southeast Nebraska Adult Drug Court	.90	10,146	\$13,560.12
Juvenile Programs			
Douglas County Juvenile Drug Court	.11	3,471	\$566.98
Lancaster County Juvenile Drug Court	1.35	3,630	\$7,277.24
Northeast Nebraska Juvenile Drug Court	0*	2,273	0*
Sarpy County Juvenile Drug Court	.04	7,164	\$425.54
Scottsbluff County Juvenile Drug Court	.89	1,713	\$2,263.98
<p>*Average monthly jail/detention time figures for Central Nebraska Adult Drug Court and Northeast Nebraska Juvenile Drug Court were zero. It is unclear if this is because no jail/detention was incurred by participants in those programs, data was entered by program staff in a different system than the Problem Solving Court Management Information System, errors with the Problem Solving Court Management Information System, or other reasons.</p>			

Table 6.4: Estimated Costs for Adult Programs Based on Staffing, Treatment and Jail/Detention Costs

Adult Programs	Estimated Costs	Cost parameters
State Prison in Nebraska in 2001 (Bureau of Justice Statistics, 2004)	\$69.73 per inmate per day (2001)	n/a
Bernalillo Co., NM (Cathey, Guerin & Adams, 2009)	\$13.22 per participant per day (2005) \$11.72 per participant per day (2006) \$15.71 per participant per day (2007) \$11.68 per participant per day (2008)	Case management, indirect costs, treatment
Montgomery Co., MD (Mackin et al., 2010)	\$64.42 per graduated participant per day Total duration 525 days	Case management, participant treatment, jail
Multnomah Co, OR (Carey & Finigan, 2003)	\$16.24 per participant per day	Case management, treatment, jail, fees
Polk Co., IA (Stageberg, Wilson & Moore, 2001)	\$17.27 per participant per day	Case management, treatment, fees
Rutland Co, VT (Carey et al., 2009)	\$57.99 per graduated participant per day Total duration 376 days	Case management, participant treatment, jail
Central Nebraska Adult Drug Court	37,424 person-days Aggregated cost estimate (core): \$378,591.06 \$10.11 per person-day (core) Aggregated cost estimate (extended): \$452,428.98 \$12.08 per person-day (extended)	Case management, treatment, fees, Jail/detention time*
District Six Adult Drug Court	8685 person-days Aggregated cost estimate (core): \$322,159.66 \$37.09 per person-day (core) Aggregated cost estimate (extended): \$340,993.82 \$39.26 per person-day (extended)	Case management, treatment, fees, Jail/detention time
Douglas County Adult Drug Court	36083 person-days Aggregated cost estimate (core): \$1,341,633.97 \$37.18 per person-day (core) Aggregated cost estimate (extended): \$1,653,048.97 \$45.81 per person-day (extended)	Case management, treatment, fees, Jail/detention time
Douglas County Young Adult Court	7103 person-days Aggregated cost estimate (core): \$93,192.46 \$13.12 per person-day (core) Aggregated cost estimate (extended): \$146,059.96 \$20.56 per person-day (extended)	Case management, treatment, fees, Jail/detention time
Lancaster County Adult Drug Court	22846 person-days Aggregated cost estimate (core): \$421,170.67 \$18.73 per person-day (core) Aggregated cost estimate (extended): \$483,119.65 \$21.48 per person-day (extended)	Case management, treatment, fees, Jail/detention time

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Midwest Nebraska Adult Drug Court	6911 person-days Aggregated cost estimate (core): \$139,847.38 \$20.23 per person-day (core) Aggregated cost estimate (extended): \$160,538.63 \$23.22 per person-day (extended)	Case management, treatment, fees, Jail/detention time
Northeast Nebraska Adult Drug Court	9413 person-days Aggregated cost estimate (core): \$199,471.81 \$21.19 per person-day (core) Aggregated cost estimate (extended): \$256,614.62 \$27.26 per person-day (extended)	Case management, treatment, fees, Jail/detention time
North Central Adult Drug Court	4731 person-days Aggregated cost estimate (core): \$103,961.23 \$21.97 per person-day (core)	Case management, treatment, fees, Jail/detention time
Sarpy County Adult Drug Court	8739 person-days Aggregated cost estimate (core): \$210,083.50 \$24.03 per person-day (core) Aggregated cost estimate (extended): \$265,169.80 \$30.34 per person-day (extended)	Case management, treatment, fees, Jail/detention time
Scottsbluff County Adult Drug Court	1220 person/days Aggregated cost estimate (core): \$48,970.50 \$40.13 per person-day (core)	Case management, treatment, fees, Jail/detention time
Scottsbluff County DUI Court	2736 person-days Aggregated cost estimate (core): \$50,085.62 \$18.30 per person-day (core)	Case management, treatment, fees, Jail/detention time
Southeast Nebraska Adult Drug Court	10146 person-days Aggregated cost estimate (core): \$204,120.56 \$20.11 per person-day (core) Aggregated cost estimate (extended): \$240,745.56 \$23.72 per person-day (extended)	Case management, treatment, fees, Jail/detention time

**As previously noted, there were no recorded or available jail/detention time costs for the Central Nebraska Adult Drug Court.*

Table 6.5: Estimated Costs for Juvenile Programs Based on Staffing, Treatment and Jail/Detention Costs

Juvenile Programs	Estimated Costs	Cost parameters
State Prison in Nebraska in 2001 (Bureau of Justice Statistics, 2004)	\$69.73 per inmate per day (2001)	n/a
Baltimore Co., MD (Mackin et al., 2010)	\$100.94 per graduated participant Total duration 471 days	Case management, participant treatment, family treatment sessions, monitoring, and youth housing and detention costs
New Mexico Juvenile Court 1 (Guerin & Banhashemi, 2002)	\$49.76 per participant per day (1999) \$73.21 per participant per day (2000)	Case management, indirect costs, treatment
New Mexico Juvenile Court 2 (Guerin & Banhashemi, 2002)	\$21.22 per participant per day (1999) \$27.00 per participant per day (2000)	Case management, indirect costs, treatment
Douglas County Juvenile Drug Court	8367 person-days Aggregated cost estimate (core): \$619,341.11 \$74.02 per person-day (core) Aggregated cost estimate (extended): \$711,747.47 \$85.06 per person-day (extended)	Case management, treatment, Jail/detention time
Lancaster County Juvenile Drug Court	3630 person-days Aggregated cost estimate (core): \$261,618.02 \$72.07 per person-day (core) Aggregated cost estimate (extended): \$320,156.77 \$88.19 per person-day (extended)	Case management, treatment, Jail/detention time
Northeast Nebraska Juvenile Drug Court	2273 person-days Aggregated cost estimate (core): \$68,056.08. \$29.94 per person-day (core) Aggregated cost estimate (extended): \$84,540.87 \$37.19 per person-day (extended)	Case management, treatment, Jail/detention time*
Sarpy County Juvenile Drug Court	7164 person-days Aggregated cost estimate (core): \$236,332.54 \$32.98 per person-day (core) Aggregated cost estimate (extended): \$301,720.34 \$42.11 per person-day (extended)	Case management, treatment, Jail/detention time
Scottsbluff County Juvenile Drug Court	1713 person-days Costs estimate unavailable	n/a
<i>*As previously noted, there were no recorded or available jail/detention time costs for the Northeast Nebraska Juvenile Drug Court.</i>		

CHAPTER 7: WHAT ARE THE OUTCOMES OF PROBLEM SOLVING COURTS?

In this section we review five indicators of success or in-program progress:

1. Program Completion: Graduation/termination rates
2. Recidivism Rates
3. Change in education levels
4. Change in employment levels
5. Change in positive drug tests
6. Change in risk scores

Program Completion

Adult Courts

Program Completion

There is a significant difference among adult drug courts in the percent of graduated and terminated participants ($\chi^2(9) = 35.272, p < .001$). Some of these differences may be related to the length of time courts have been in operation, as some courts have had time for very few people to either graduate or terminate from the program. Of participants who are no longer in the program, Midwest Nebraska has the highest percentage of graduates, followed by Sarpy County, Northeast Nebraska, District 6, and Southeast Nebraska, which are not significantly different from each other. Central Nebraska and Douglas County have the next highest percentage of graduates, and differ from Lancaster County (see Table 7.1).

Table 7.1: Graduation Rates for Adult Drug Court Participants

	Central Nebraska	District 6	Douglas County	Lancaster County	Midwest Nebraska	*North Central Nebraska	Northeast Nebraska	Sarpy County	Scotts Bluff County	Southeast Nebraska
Graduated	77 58.8%	25 67.6%	349 56.9%	59 41.3%	15 78.9%	0 0%	19 76.0%	36 76.6%	3 42.9%	24 64.9%
Terminated/ Voluntary Withdrawal	54 41.2%	12 32.4%	264 43.1%	84 58.7%	4 21.1%	2 100%	6 24.0%	11 23.4%	4 57.1%	13 35.1%
Sample Size	131	37	613	143	19	2	25	47	7	37

Program Status Termination Reason

Non-compliance with program requirements is the predominant reason for Adult Drug Court termination status. (This analysis was run with only those with a completion status of terminated) (see Table 7.2).

Table 7.2: Termination Reason for Adult Drug Court Participants

	Central Nebraska	District 6	Douglas County	Lancaster County	Midwest Nebraska	North Central Nebraska	Northeast Nebraska	Sarpy County	Scotts Bluff County	Southeast Nebraska
No Answer	33 61.1%	4 33.3%	158 59.8%	39 46.4%	0 0%	0 0%	1 16.7%	6 54.5%	0	1 7.7%
Medical	0 0%	0 0%	1 0.4%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%
New Law Violation	2 3.7%	1 8.3%	11 4.2%	8 9.5%	2 50.0%	0 0%	0 0%	1 9.1%	1 25.0%	1 7.7%
Non-Compliance with Program Requirements	19 35.2%	7 58.3%	94 35.6%	37 44.0%	2 50.0%	2 100%	5 83.3%	4 36.4%	3 75.0%	11 84.6%
Sample Size	54	12	264	84	4	2	6	11	4	13

Juvenile Courts

Program Completion

There is a significant difference among juvenile drug courts in the percent of graduated and terminated participants ($\chi^2(4) = 16.820, p = .002$). Sarpy County has the highest percentage of graduates, and does not differ from Scotts Bluff County. The remaining three courts do not differ from each other (see Table 7.3).

Table 7.3: Graduation Rates for Juvenile Drug Court Participants

	Douglas County	Lancaster County	Northeast Nebraska	Sarpy County	Scotts Bluff County
Graduated	19 26.0%	24 38.1%	2 18.2%	34 57.6%	5 55.6%
Terminated/ Voluntary Withdrawal	54 74.0%	39 61.9%	9 81.8%	25 42.4%	4 44.4%
Sample Size	73	63	11	59	9

Program Status Termination Reason

The reason most frequently cited for termination from Nebraska’s juvenile drug courts is non-compliance with program requirements. However, all courts except Northeast Nebraska have a large number of participants for which no reason is listed (see Table 7.4).

Table 7.4: Termination Reason for Juvenile Drug Court Participants

	Douglas County	Lancaster County	Northeast Nebraska	Sarpy County	Scotts Bluff County
No Answer	32 59.3%	24 61.5%	0 0%	14 56.0%	1 25.0%
Reached Age of Majority	3 5.6%	0 0%	0 0%	0 0%	0 0%
New Law Violation	0 0%	0 0%	3 33.3%	0 0%	1 25.0%
Non-Compliance with Program Requirements	19 35.2%	15 38.5%	6 66.7%	11 44.0%	2 50.0%
Sample Size	54	39	9	25	4

Young Adult Court

Program Completion

There is no difference between the two types of courts in the amount that graduated or were terminated from the program ($\chi^2(1) = 0.923, p = .583$) (see Table 7.5) .

Table 7.5: Graduation Rates for Young Adult Court Participants

	Douglas County Adult Court	Douglas County Young Adult Court
Terminated/Voluntary Withdrawal	264 43.07%	5 41.67%
Graduated	349 56.93%	7 58.33%
Sample Size	613	12

Program Status Termination Reason

The reason most frequently used for termination from both the Douglas County Adult and Young Adult Drug Courts is non-compliance with program requirements, followed by violations of new laws. However, for the Adult Drug Court, no reason was provided for more than half of those terminated from the program (see Table 7.6).

Table 7.6: Termination Status for Young Adult Court Participants

	Douglas County Adult Court	Douglas County Young Adult Court
No Answer	158 58.7%	0 0%
Medical	1 0.4%	0 0%
New Law Violation	11 4.2%	2 40.0%
Non-Compliance with Program Requirements	97 36.1%	3 60.0%
Sample Size	264	5

DUI Court

There is no difference between the two types of courts in the amount that graduated or were terminated from the program ($\chi^2(1) = 0.765, p = .382$) (see Table 7.7).

Table 7.7: Graduation Rates for Adult Drug Court Participants

	Scotts Bluff County Adult Court	Scotts Bluff County DUI Court
Terminated/Voluntary Withdrawal	4 57.14%	6 37.5%
Graduated	3 42.86%	10 62.5%
Sample Size	7	16

Program Status Termination Reason

The most frequently cited reason for termination from both Scotts Bluff DUI Court and Adult Drug Court is non-compliance with program requirements, followed by new law violations (see Table 7.8).

Table 7.8: Termination Status for Adult Court Participants

	Scotts Bluff County Adult Court	Scotts Bluff County DUI Court
New Law Violation	1 25.0%	1 16.7%
Non-Compliance with Program Requirements	3 75.0%	5 83.3%
Sample Size	4	6

Family Drug Court

There is no difference between the two types of courts in the amount that graduated or were terminated from the program ($\chi^2(1) = .005, p = .945$) (see Table 7.9).

Table 7.9: Graduation Rates for Adult Drug Court Participants

	Lancaster County Adult Court	Lancaster County Family Court
Terminated/Voluntary Withdrawal	84 58.74%	18 58.06%
Graduated	59 41.26%	13 41.94%
Sample Size	143	31

Program Status Termination Reason

The reason most frequently used for termination from the program was non-compliance with program requirements (see Table 7.10).

Table 7.10: Termination Status for Family Court Participants

	Lancaster County Adult Court	Lancaster County Family Court
No Answer	39 46.4%	14 77.8%
New Law Violation	8 9.5%	0 0%
Non-Compliance with Program Requirements	37 44.0%	4 22.2%
Sample Size	84	18

Recidivism Rates

All of the following analyses were conducted using only those who graduated or were terminated from a problem-solving court. Recidivism was defined as those who were arrested within one year of leaving a problem-solving court program, and were subsequently convicted of a felony or drug-related misdemeanor. DUI convictions were included as a “drug-related misdemeanor”. The good news is recidivism rates are low across all Nebraska problem solving courts. However, because recidivism rates are low, it is difficult to draw meaningful conclusions about differences across courts based on statistical analyses.

Adult Drug Courts

We examined recidivism for all participants in adult drug court (graduated and terminated), and conducted a separate analysis for only those who graduated. Across all adult drug courts, less than 6% of participants recidivate in the first year after leaving the program. There is not a significant difference across courts in the rate of recidivism ($\chi^2(9) = 8.359, p = .498$) (see Table 7.11). Across all adult drug courts, less than 5% of graduates recidivate in the first year after leaving the program. There is not a significant difference across courts in the rate of recidivism ($\chi^2(8) = 8.969, p = .345$) (see Table 7.12).

Table 7.11: Recidivism Rates for Graduated/Terminated Participants in Adult Drug Courts

	Central Nebraska	District 6	Douglas County	Lancaster County	Midwest Nebraska	North Central Nebraska	Northeast Nebraska	Sarpy County	Scotts Bluff County	Southeast Nebraska	Total Across Courts
Recid-ivated	4 3.1%	1 2.7%	40 6.5%	10 7.0%	0 0%	0 0%	1 4.0%	4 8.5%	0 0%	0 0%	60 5.7%
Did Not Recidivate	127 96.8%	36 97.3%	573 93.0%	133 93.0%	19 100%	2 100%	24 96.0%	43 91.5%	7 100%	37 100%	1001 94.3%
Sample Size	131	37	613	143	19	2	25	47	7	37	1061

Table 7.12: Recidivism Rates for Graduates Only in Adult Drug Courts

	Central Nebraska	District 6	Douglas County	Lancaster County	Midwest Nebraska	North Central Nebraska*	Northeast Nebraska	Sarpy County	Scotts Bluff County	Southeast Nebraska	Total Across Courts
Recidivated	1 1.3%	0 0%	19 5.4%	5 8.5%	0 0%	0	0 0%	2 5.6%	0 0%	0 0%	27 4.4%
Did Not Recidivate	76 98.7%	25 100%	330 94.6%	54 91.5%	15 100%	0	19 100%	34 94.4%	3 100%	24 100%	580 95.6%
Sample Size	77	25	349	59	15	0	19	36	3	24	607

*North Central Nebraska has no graduates listed in PSCMIS.

Juvenile Drug Courts

We examined recidivism for all participants in juvenile drug court (graduated and terminated), and conducted a separate analysis for only those who graduated. There is not a significant difference across juvenile drug courts in recidivism rate ($\chi^2(4) = 4.686, p = .321$). The overall recidivism rate across all juvenile drug courts is 7% (see Table 7.13). Looking at only juveniles who graduated from drug court, there is not a significant difference across juvenile drug courts in recidivism rate ($\chi^2(4) = 1.290, p = .863$). The overall recidivism rate of graduates across all juvenile drug courts is 6% (see Table 7.14).

Table 7.13: Recidivism Rates for Graduated/Terminated Participants in Juvenile Drug Courts

	Douglas County	Lancaster County	Northeast Nebraska	Sarpy County	Scotts Bluff County	Total Across Courts
Recidivated	3 4.1%	5 7.9%	0 0%	7 11.9%	0 0%	15 7.0%
Did Not Recidivate	70 95.9%	58 92.1%	11 100%	52 88.1%	9 100%	200 93.0%
Sample Size	73	63	11	59	9	215

Table 7.14: Recidivism Rates for Graduates Juvenile Drug Courts

	Douglas County	Lancaster County	Northeast Nebraska	Sarpy County	Scotts Bluff County	Total Across Courts
Recidivated	2 10.5%	1 4.2%	0 0%	2 5.9%	0 0%	5 6.0%
Did Not Recidivate	17 89.5%	23 95.8%	2 100%	32 94.1%	5 100%	79 94.0%
Sample Size	19	24	2	34	5	84

Douglas County Young Adult Court

There is not a significant difference between the Douglas County Young Adult and Adult Drug Courts in rate of recidivism ($\chi^2(1) = 1.931, p = .165$) (see Table 7.15). There is no difference between the Douglas County Young Adult and Adult Drug Courts in rate of recidivism for graduates ($\chi^2(1) = 1.012, p = .314$) (see Table 7.16).

Table 7.15: Recidivism Rates for Graduated/Terminated Participants in Young Adult Court

	Douglas County Young Adult Drug Court	Douglas County Adult Drug Court
Recidivated	2 16.7%	40 6.5%
Did Not Recidivate	10 83.3%	573 93.5%
Sample Size	12	613

Table 7.16: Recidivism Rates for Graduates of Young Adult Court

	Douglas County Young Adult Drug Court	Douglas County Adult Drug Court
Recidivated	1 14.3%	19 5.4%
Did Not Recidivate	6 85.7%	330 94.6%
Sample Size	7	349

Scotts Bluff County DUI Court

No one in either the Scotts Bluff County DUI or Adult Drug Courts has recidivated within one year after leaving the program. A statistical comparison between these two courts cannot be computed because of the small sample sizes. There is no difference between the Scotts Bluff County DUI Court and all adult drug courts combined ($\chi^2(1) = 0.958, p = .328$) (see Table 7.17).

Table 7.17: Recidivism Rates for Scottsbluff DUI and Adult Drug Court

	Scotts Bluff County DUI Court	Scotts Bluff County Adult Drug Court	All Adult Drug Courts Combined
Recidivated	0 0%	0 0%	60 5.7%
Did Not Recidivate	16 100%	7 100%	1001 94.3%
Sample Size	16	7	1061

Lancaster County Family Court

There is not a significant difference between the Lancaster County Family Dependency and Adult Drug Courts in rate of recidivism ($\chi^2(1) = 0.611, p = .435$) (see Table 7.18). Similarly there were no significant differences in recidivism for graduates of Lancaster County Family and Adult Drug Court (see Table 7.19).

Table 7.18: Recidivism Rates for Graduated/Terminated Participants in Lancaster County Family and Adult Drug Court

	Lancaster County Family Dependency Court	Lancaster County Adult Drug Court
Recidivated	1 3.2%	10 7.0%
Did Not Recidivate	30 96.8%	133 93.0%
Sample Size	31	143

Table 7.19: Recidivism Rates for Graduated Participants in Lancaster County Family and Adult Drug Court

	Lancaster County Family Dependency Court	Lancaster County Adult Drug Court
Recidivated	0 0%	5 8.5%
Did Not Recidivate	13 100%	54 91.5%
Sample Size	13	59

Education and Employment

All of the following analyses were conducted using only those who graduated or were terminated from the program.

Education

There is no effect of time in program (start vs. end) on grade completed for adult participants ($F(1,935) = 0.680, p = .410$). There are also no differences across drug courts in the grade completed by participants overall ($F(9,935) = 0.715, p = .695$). There is no interaction of court with time ($F(9,935) = 0.871, p = .551$) (see Table 7.20). We should interpret these data with caution. We believe in some cases the grade completion entered at intake is overwritten over time; hence the data do not accurately reflect changes in education over time.

Table 7.20: Highest Grade Completed for Adult Drug Court Participants

	Central Nebraska	District 6	Douglas County	Lancaster County	Midwest Nebraska	North Central Nebraska	Northeast Nebraska	Sarpy County	Scotts Bluff County	Southeast Nebraska
Start of Program: Grade Completed	11.91	11.51	11.75	11.86	11.56	13	11.69	12.01	12	11.93
End of Program: Grade Completed	12.02	11.51	11.85	11.92	11.59	13	11.69	12.01	12	11.93
Sample Size	71	37	579	132	16	2	24	43	7	34

For those starting an adult drug court program without a high school or GED diploma, there is a significant main effect across time on grade completed ($F(1,194) = 5.502, p = .020$). Overall, participants completed additional education while they were in a drug court program.

There is no difference across drug courts in the grade completed by participants overall ($F(7,194) = 1.725, p = .105$). There is also no interaction of court with time ($F(7,194) = 1.553, p = .152$) (see Table 7.21). We should interpret these data with caution. We believe in some cases the grade completion entered at intake is overwritten over time; hence the data do not accurately reflect changes in education over time.

Table 7.21: Highest Grade Completed for Adult Drug Court Participants without a High School or GED Diploma

	Central Nebraska	District 6	Douglas County	Lancaster County	Midwest Nebraska	North Central Nebraska	Northeast Nebraska	Sarpy County	Scotts Bluff County	Southeast Nebraska
Start of Program: Grade Completed	10.10	9.46	9.99	9.65	10.14	9.29	10.13	9.67	10.10	9.46
End of Program: Grade Completed	10.80	9.46	10.41	10.18	10.21	9.29	10.13	9.67	10.80	9.46
Sample Size	10	13	134	17	7	7	8	6	10	13

There is not a significant difference across time in whether adult participants had a high school or GED diploma from the time they entered a program to the time they left ($F(1,935) = 1.115, p = .291$). There is also not a significant interaction of court with time ($F(9,935) = 0.945, p = .485$).

There is, however, a significant difference across adult drug courts in the percent of participants with a high school or GED diploma overall ($F(9,935) = 2.811, p = .003$). District 6 and Midwest courts have a significantly lower proportion of participants with a high school or GED diploma, whether when starting or completing the program, than the other courts (see Table 7.22).

Table 7.22: High School/GED Completed for Adult Drug Court Participants

	Central Nebraska	District 6	Douglas County	Lancaster County	Midwest Nebraska	North Central Nebraska	Northeast Nebraska	Sarpy County	Scotts Bluff County	Southeast Nebraska
Start of Program: Completed HS/GED	85.9%	64.9%	76.9%	87.1%	56.3%	100%	70.8%	81.4%	100%	82.4%
End of Program: Completed HS/GED	90.1%	64.9%	82.2%	90.9%	62.5%	100%	70.8%	81.4%	100%	82.4%
Sample Size	71	37	579	132	16	2	24	43	7	34

Employment

There is a significant difference between the start and end of drug court programs in the number of weekly employment hours worked ($F(1,991) = 9.724, p = .002$). Participants on average increased the number of hours they worked per week. There is also a significant main effect of court on the number of hours worked per week ($F(9,991) = 31.402, p < .001$). Central Nebraska and Lancaster County have participants that work more hours per week than other courts, and do not differ from each other. Douglas County has participants with the next highest number of hours worked compared to the other courts. The remaining seven courts do not differ significantly from each other.

There is a significant interaction of time in program (start vs. end) and court ($F(9,991) = 2.790, p = .003$). There is no change in number of hours worked for the North Central Nebraska and Sarpy County courts. There are significant moderate increases in the number of hours worked by participants in the Central Nebraska, Lancaster County, and Southeast Nebraska courts. Participants in District 6, Douglas County, Midwest Nebraska, Northeast Nebraska, and Scotts Bluff County courts demonstrated significant and large increases in the number of hours worked per week (see Table 7.23).

Table 7.23: Hours Worked/Week for Adult Drug Court Participants

	Central Nebraska	District 6	Douglas County	Lancaster County	Midwest Nebraska	North Central Nebraska	Northeast Nebraska	Sarpy County	Scotts Bluff County	Southeast Nebraska
Start of Program: Hours worked per week	28.72	1.08	19.15	26.82	4.21	0	3.00	2.67	5.71	1.14
End of Program: Hours worked per week	32.42	7.84	25.88	28.10	12.47	0	12.20	2.67	12.57	2.29
Sample Size	121	37	591	119	19	2	25	45	7	35

Juvenile Courts

All of the following analyses were conducted using only those who graduated or were terminated from the program.

Education

There is a significant difference across time in grade level for juvenile drug court participants who completed the program ($F(1,100) = 5.796, p = .018$). Overall, juvenile participants do advance in grade while in the drug court program.

There is a significant difference overall across juvenile courts in the grade level of participants ($F(4,100) = 3.181, p = .017$). Participants in Sarpy County had a significantly higher grade level overall

There is an interaction of time in program (start vs. end) and juvenile drug court ($F(4, 100) = 2.471, p = .049$). Participants in Lancaster County advanced significantly more grades over time than did participants in the other juvenile drug courts. Participants in Douglas and Sarpy County advanced somewhat, while participants in Northeast Nebraska and Scotts Bluff County did not advance in grade. This may relate to the length of each program (see Table 7.24). As with the adult courts, we should interpret these data with caution. We believe in some cases the grade completion entered at intake is overwritten over time; hence the data do not accurately reflect changes in education over time.

Table 7.24: Highest Grade Completed for Juvenile Drug Court Participants

	Douglas County	Lancaster County	Northeast Nebraska	Sarpy County	Scotts Bluff County
Start of Program: Grade Completed	9.91	9.23	9.40	10.81	9.56
End of Program: Grade Completed	10.31	11.44	9.50	11.63	9.56
Sample size	34	26	10	26	9

Employment

There is not a significant difference across time in the number of hours worked per week by participants in Nebraska’s juvenile drug courts ($F(1,87)=2.496, p = .118$). There is also not a significant difference overall across courts ($F(4,87) = .0605, p = .660$). There is not a significant interaction between time (start vs. end of program) and court ($F(4, 87) = 1.848, p = .127$) (see Table 7.25).

Table 7.25: Hours Worked/Week for Juvenile Drug Court Participants

	Douglas County	Lancaster County	Northeast Nebraska	Sarpy County	Scotts Bluff County
Start of Program: Hours worked per week	1.18	1.07	2.27	1.48	0.00
End of Program: Hours worked per week	1.18	4.82	2.27	2.78	0.00
Sample size	17	28	11	27	9

Young Adult Court

All of the following analyses were conducted using only those who graduated or were terminated from the program.

Education

There is no difference overall in the grades completed by participants between the Douglas County Adult Drug Court and the Douglas County Young Adult Drug Court ($F(1, 586) = 0.030, p = .862$). There is also no significant change across time for the participants in these courts overall ($F(1,586) = 1.897, p = .169$). There is no interaction of type of court and time on the grade completed ($F(1,586) = 0.004, p = .169$) (see Table 7.26).

Table 7.26: Highest Grade Completed for Young Adult Court Participants

	Douglas County Adult Court	Douglas County Young Adult Court
Start of Program: Grade Completed	11.75	11.67
Ending of Program: Grade Completed	11.85	11.79
Sample Size	579	9

For those without a high school or GED diploma when starting a drug court program, there is no difference overall in the grades completed by participants between the Douglas County Adult Drug Court and the Douglas County Young Adult Drug Court ($F(1, 133) = 0.041, p = .839$). There is also no significant change across time for the participants in these courts overall ($F(1,133) = 0.234, p = .630$). There is no interaction of type of court and time on the grade completed ($F(1,133) = 0.234, p = .630$) (see Table 7.27).

Table 7.27: Highest Grade Completed for Young Adult Court Participants without a High School or GED Diploma

	Douglas County Adult Court	Douglas County Young Adult Court
Start of Program: Grade Completed	9.99	10.00
Ending of Program: Grade Completed	10.41	10.00
Sample Size	134	1

There is no difference in the education level (defined as high school/GED vs. no high school/GED) attained by participants overall between the Douglas County Adult Drug Court and the Douglas County Young Adult Drug Court ($F(1,586) = 0.520, p = .471$). There is also no significant change overall in education level attained between the start and end of the programs ($F(1,586) = 0.507, p = .477$), and no interaction of court type with time ($F(1,586) = .0507, p = .477$) (see Table 7.28).

Table 7.28: High School/GED Completed for Young Adult Court Participants

	Douglas County Adult Court	Douglas County Young Adult Court
Start of Program: Completed HS/GED	76.86%	88.89%
End of Program: Completed HS/GED	82.21%	88.89%
Sample Size	579	9

Employment

There is a significant difference between the Douglas County Adult Drug Court and the Douglas County Young Adult Drug Court in the hours per week worked by participants overall ($F(1,601) = 5.128, p < .001$). Participants in the Adult Drug Court work significantly more hours than participants in the Young Adult Drug Court.

There is not a significant difference across time in the number of hours worked per week ($F(1,601) = 2.845, p = .092$). There is also not a significant interaction of type of court and time ($F(1,601) = 1.034, p = .310$) (see Table 7.29).

Table 7.29: Hours Worked/Week for Young Adult Court Participants

	Douglas County Adult Court	Douglas County Young Adult Court
Start of Program: Hours worked per week	19.15	10.67
End of Program: Hours worked per week	25.88	12.33
Sample Size	591	12

Driving Under the Influence Court

All of the following analyses were conducted using only those who graduated or were terminated from the program.

Education

There is no significant difference in overall grade completed between the Scotts Bluff County Adult Drug Court and DUI Court ($F(1,21) = 0.212, p = .650, Mse = 10.118$). Analyses comparing the courts across time could not be conducted because there is no change in grade completed across time (see Table 7.30).

Table 7.30: Highest Grade Completed for DUI Court Participants

	Scotts Bluff County Adult Court	Scotts Bluff County DUI Court
Start of Program: Grade Completed	12.00	12.47
Ending of Program: Grade Completed	12.00	12.47
Sample Size	7	16

Analysis of change in grade over time for those starting the program without a high school or GED diploma could not be conducted because there are no participants in the Scotts Bluff County Adult Drug Court who started the program without this diploma (see Table 7.31).

Table 7.31: Highest Grade Completed for DUI Court Participants without a High School or GED Diploma

	Scotts Bluff County Adult Court	Scotts Bluff County DUI Court
Start of Program: Grade Completed	--	9.00
Ending of Program: Grade Completed	--	9.00
Sample Size	0	2

There is no significant difference overall education level (high school or GED diploma vs. no high school or GED diploma) overall between the Scotts Bluff County Adult Drug Court and DUI Court ($F(1,21) = 0.913, p = .350$). Analyses comparing the courts across time could not be conducted because there is no change in grade completed across time (see Table 7.32).

Table 7.32: High School/GED Completed for DUI Court Participants

	Scotts Bluff County Adult Court	Scotts Bluff County DUI Court
Start of Program: Completed HS/GED	100%	87.5%
End of Program: Completed HS/GED	100%	87.5%
Sample Size	7	16

Employment

There is no difference between the Scotts Bluff County Adult Drug Court and the Scotts Bluff County DUI Court overall ($F(1,21) = 1.460, p = .240$) or over time ($F(1,21) = 2.435, p = .134$). Also, there is no difference between the initial and final LS/CMI levels across courts (i.e, no interaction; $F(1,21) = 2.435, p = .134$) (see Table 7.33).

Table 7.33: Hours Worked/Week for DUI Court Participants

	Scotts Bluff County Adult Court	Scotts Bluff County DUI Court
Start of Program: Hours worked per week	5.71	2.50
End of Program: Hours worked per week	12.57	2.50
Sample Size	7	16

Family Drug Court

All of the following analyses were conducted using only those who graduated or were terminated from the program.

Education

There is no difference overall in the grades completed by participants between the Lancaster County Adult Drug Court and the Lancaster County Family Dependency Court ($F(1, 136) = 2.200, p = .140$). There is also no significant change across time for the participants in these courts overall ($F(1,136) = 0.170, p = .681$). There is no interaction of type of court and time on the grade completed ($F(1,136) = 0.170, p = .681$) (see Table 7.34).

Table 7.34: Highest Grade Completed for Family Drug Court Participants

	Lancaster County Adult Court	Lancaster County Family Court
Start of Program: Grade Completed	11.86	11.17
Ending of Program: Grade Completed	11.92	11.17
Sample Size	132	6

For those without a high school or GED diploma when starting a drug court program, there is no difference overall in the grades completed by participants between the Lancaster County Adult Drug Court and the Lancaster County Family Dependency Court ($F(1, 18) = 0.326, p = .575$). There is also no significant change across time for the participants in these courts overall ($F(1,18) = 0.746, p = .399$). There is no interaction of type of court and time on the grade completed ($F(1,18) = 0.746, p = .399$) (see Table 7.35).

Table 7.35: Highest Grade Completed for Family Drug Court Participants without a High School or GED Diploma

	Lancaster County Adult Court	Lancaster County Family Court
Start of Program: Grade Completed	9.65	10.33
Ending of Program: Grade Completed	10.18	10.33
Sample Size	17	3

There is a difference in the education level (defined as high school/GED vs. no high school/GED) attained by participants overall between the Lancaster County Adult Drug Court and the Lancaster County Family Dependency Court ($F(1,136) = 9.030, p = .003$). Those in the Adult Drug Court are more likely to have a high school or GED diploma than those in the Family Dependency Court.

There is no significant change overall in education level attained between the start and end of the programs ($F(1,136) = 0.233, p = .630$), and no interaction of court type with time ($F(1,136) = 0.233, p = .630$) (see Table 7.36).

Table 7.36: High School/GED Completed for Family Drug Court Participants

	Lancaster County Adult Court	Lancaster County Family Court
Start of Program: Completed HS/GED	86.63%	55.56%
End of Program: Completed HS/GED	90.09%	55.56%
Sample Size	132	6

Employment

There is a significant difference in the number of hours worked per week overall between participants in the Lancaster County Adult Drug Court and the Lancaster County Family Dependency Court ($F(1,124) = 21.812, p < .001$). Those in the Adult Drug Court work more hours per week than those in the Family Dependency Court.

There is no significant change overall in hours worked per week between the start and end of the programs ($F(1,124) = 0.115, p = .735$), and no interaction of court type with time ($F(1,124) = 0.115, p = .735$) (see Table 7.37).

Table 7.37: Hours Worked/Week for Family Drug Court Participants

	Lancaster County Adult Court	Lancaster County Family Court
Start of Program: Hours worked per week	26.82	0.00
End of Program: Hours worked per week	28.101	0.00
Sample Size	119	7

Change in Drug Tests

Adult Drug Courts

Drug Tests

There is a significant difference across adult drug courts in the percent of positive drug tests per participant ($F(9,990) = 31.815, p < .001$). Douglas County and North Central Nebraska have participants with significantly higher rates of positive drug tests than do the other courts, but do not differ from each other (see Table 7.38).

Table 7.38: Positive Drug Test Results for Adult Drug Court Participants

	Central Nebraska	District 6	Douglas County	Lancaster County	Midwest Nebraska	North Central Nebraska	Northeast Nebraska	Sarpy County	Scotts Bluff County	Southeast Nebraska
Percent Positive Drug Tests	2.49%	0.67%	25.76%	5.42%	1.21%	36.61%	2.66%	0.34%	0.00%	6.93%
Sample Size	130	29	601	143	17	2	23	28	6	21

Comparison of Positive Drug Tests in First Three Versus Last Three Months

There is a significant decrease in the number of positive drug tests between the first 3 months and last 3 months of adult drug court programs ($F(1,796) = 9.072, p = .003$). There is also a significant main effect of court on the overall positive drug tests ($F(9,796) = 9.034, p < .001$). North Central Nebraska participants have the most positive drug tests in both the first and last three months of the program, followed by Douglas County, and then by Lancaster County and Southeast Nebraska.

There is a significant interaction of court with time in program (first 3 months vs. last 3 months; $F(9,796) = 3.368, p < .001$). Given that North Central Nebraska participants had the most positive drug tests in the first three months, they had the biggest room for improvement, and they did achieve the largest drop in positive drug tests between the

first 3 and last 3 months in the program. The next biggest decreases were seen in the other courts that started with the highest number of positive drug tests: Douglas County, Lancaster County, and Southeast Nebraska (see Table 7.39).

Table 7.39: Positive Drug Test Results for Adult Drug Court Participants

	Central Nebraska	District 6	Douglas County	Lancaster County	Midwest Nebraska	North Central Nebraska	Northeast Nebraska	Sarpy County	Scotts Bluff County	Southeast Nebraska
First 3 Months: Positive Drug Tests	1.32	0.54	3.73	2.85	0.38	9.00	1.00	0.14	0.00	2.33
Last 3 Months: Positive Drug Tests	0.14	0.04	0.86	0.44	0.00	2.00	0.14	0.05	0.00	0.60
Sample Size	109	26	488	106	13	1	22	22	4	15

Juvenile Drug Courts

Drug Tests

There is not a significant difference in the percentage of positive drug tests per participant across juvenile drug courts in Nebraska ($F(4,144) = 0.556, p = .695$) (see Table 7.40).

Table 7.40: Positive Drug Test Results for Juvenile Drug Court Participants

	Douglas County	Lancaster County	Northeast Nebraska	Sarpy County	Scotts Bluff County
Percent Positive Drug Tests	4.04%	7.61%	4.20%	3.43%	4.41%
Sample size	69	36	10	26	8

Comparison of Positive Drug Tests in First Three Versus Last Three Months

There is a significant effect of time (first 3 months vs. last 3 months) on the number of positive drug tests ($F(1,102) = 4.203, p = .043$). Participants have significantly fewer positive drug tests in their last 3 months in the program than in their first three months.

There is not a significant difference across courts in the number of positive drug tests ($F(4, 102) = 1.605, p = .179$). There is also not a significant interaction of time and court ($F(4,102) = 1.667, p = .164$) (see Table 7.41).

Table 7.41: Positive Drug Test Results for Juvenile Drug Court Participants

	Douglas County	Lancaster County	Northeast Nebraska	Sarpy County	Scotts Bluff County
First 3 Months: Positive Drug Tests	0.68	0.53	1.43	0.83	0.00
Last 3 Months: Positive Drug Tests	0.66	0.37	0.29	0.04	0.00
Sample size	53	19	7	23	5

Young Adult Court

Drug Tests

Participants in the Douglas County Adult Drug Court have a higher percentage of positive drug tests than participants in the Douglas County Young Adult Drug Court ($F(1,606) = 7.198, p = .007$). This is because no one in the young adult court with drug test result information has any positive drug tests (see Table 7.42).

Table 7.42: Positive Drug Test Results for Young Adult Court Participants

	Douglas County Adult Court	Douglas County Young Adult Court
Average Percent	2.58%	0%
Sample Size	601	7

Comparison of Positive Drug Tests in First Three Versus Last Three Months

There is a significant difference between the Douglas County Adult Drug Court and the Douglas County Young Adult Drug Court in positive drug tests overall ($F(1,493) = 5.818, p = .016$). Participants in the Adult Drug Court have significantly more positive drug tests than participants in the Young Adult Drug Court.

There is not a significant difference across time in the number of positive drug tests ($F(1,493) = 2.643, p = .105$). There is also not a significant interaction of type of court and time ($F(1,493) = 2.643, p = .105$) (see Table 7.43).

Table 7.43: Positive Drug Test Results for Young Adult Court Participants

	Douglas County Adult Court	Douglas County Young Adult Court
First 3 Months: Positive Drug Tests	3.73	0.00
Last 3 Months: Positive Drug Tests	0.86	0.00
Sample Size	488	7

DUI Court

Analysis of both the percent of positive drug tests across courts, and change in positive drug tests from the first 3 to the last 3 months in program is unavailable because the 10 total participants in the two courts with drug test result data have no positive drug tests.

Family Drug Court

Drug Tests

Lancaster County Adult Drug Court and Lancaster County Family Dependency Court participants did not differ in the percent of positive drug tests they had during the program ($F(1, 163) = 0.890, p = .347$) (see Table 7.44).

Table 7.44: Positive Drug Test Results for Family Drug Court Participants

	Lancaster County Adult Court	Lancaster County Family Court
Average Percent	5.42%	2.83%
Sample Size	143	22

Comparison of Positive Drug Tests in First Three Versus Last Three Months

There is no difference overall in the positive drug tests between the Lancaster County Adult Drug Court and the Lancaster County Family Dependency Court ($F(1,115) = 1.063, p = .305$). There is also no significant change across time in positive drug tests for the participants in these courts overall ($F(1,115) = 2.836, p = .095$). There is no interaction of type of court and time on positive drug tests ($F(1,115) = 0.578, p = .443$) (see Table 7.45).

Table 7.45: Positive Drug Test Results for Family Drug Court Participants

	Lancaster County Adult Court	Lancaster County Family Court
First 3 Months: Positive Drug Tests	2.85	1.09
Last 3 Months: Positive Drug Tests	0.44	0.18
Sample Size	106	11

Change in Risk Levels

Adult Drug Courts

LS/CMI

For those with data for more than one LS/CMI administration time, the initial and final levels were compared. There is a significant difference in LS/CMI level overall across

courts ($F(8,224) = 4.676, p < .001$). Lancaster County participants have the highest average LS/CMI level both at initial and final testing. District 6 has the next highest average score, and does not differ significantly from Lancaster County. The other eight courts group together.

Across all adult courts, there is a significant decrease in LS/CMI level ($F(1,224) = 136.485, p < .001$). There is no significant interaction of court by LS/CMI level across time ($F(8,224) = 1.663, p = .109$). All courts show a decrease in LS/CMI level (see Table 7.46).

Table 7.46: Change in Risk Level for Adult Drug Court Participants

	Central Nebraska	District 6	Douglas County	Lancaster County	Midwest Nebraska	*North Central Nebraska	Northeast Nebraska	Sarpy County	Scotts Bluff County	Southeast Nebraska
Initial Mean	3.41	3.95	3.79	4.23	3.79	--	3.35	3.58	3.33	3.76
Final Mean	2.53	2.90	2.56	3.40	2.86	--	2.50	2.12	2.67	2.88
Sample Size	17	20	78	30	14	0	20	26	3	25

*North Central Nebraska did not have any participants with data for this analysis.

LS/CMI Total Score

For those with data for more than one LS/CMI administration time, the initial and final total scores were compared. Across all adult courts, there is a significant decrease in LS/CMI score ($F(1,233) = 168.428, p < .001$).

There is a significant difference in LS/CMI score overall across courts ($F(8,233) = 4.698, p < .001$). Lancaster County participants have the highest average LS/CMI score both at initial and final testing. There is also a significant interaction of court by LS/CMI score across time ($F(8,233) = 2.047, p = .042$). Sarpy County participants experience the largest decrease in LS/CMI score, on average, followed by Douglas County. Southeast Nebraska participants experience the smallest decrease in LS/CMI scores, followed by Lancaster County. Participants in the other six courts tend have about the same average decrease in LS/CMI score (see Table 7.47).

Table 7.47: Change in Risk Score for Adult Drug Court Participants

	Central Nebraska	District 6	Douglas County	Lancaster County	Midwest Nebraska	*North Central Nebraska	Northeast Nebraska	Sarpy County	Scotts Bluff County	Southeast Nebraska
Initial Mean	18.88	24.41	22.08	26.07	22.14	--	18.45	20.27	21.00	20.97
Final Mean	11.18	14.77	12.00	19.47	13.79	--	10.95	8.88	13.00	15.22
Sample Size	17	22	78	30	14	0	20	26	3	32

*North Central Nebraska does not have any participants with data for this analysis.

Juvenile Courts

YLS/CMI

For those with data for more than one YLS/CMI administration time, the initial and final levels were compared. There is a significant difference in YLS/CMI level overall across juvenile courts ($F(4,85) = 3.742, p = .007$). Scotts Bluff County has participants with the highest YLS/CMI levels overall, and does not differ from Douglas County and Northeast Nebraska. Sarpy County has participants with the second lowest YLS/CMI levels compared to the other juvenile courts. Participants in Lancaster County have the lowest YLS/CMI levels.

There is not a significant difference overall between initial and final YLS/CMI levels ($F(1,85) = 1.377, p = .244$). However, there is an interaction between court and time of administration (initial or final) ($F(4,85) = 5.516, p = .001$). Participants' YLS/CMI levels decreased in the Douglas County, Lancaster County, and Sarpy County juvenile drug courts. In Northeast Nebraska, there is no change in YLS/CMI level, and in Scotts Bluff County, the YLS/CMI level increased. These latter two courts, along with Lancaster County, have few participants with more than one YLS/CMI administration time, and may not be representative of all participants in these courts (see Table 7.48).

Table 7.48: Change in Risk Level for Juvenile Drug Court Participants

	Douglas County	Lancaster County	Northeast Nebraska	Sarpy County	Scotts Bluff County
Initial Mean	2.47	1.83	2.00	2.56	2.40
Final Mean	2.30	1.67	2.00	1.76	2.80
Sample size	30	6	4	45	5

YLS/CMI Total Score

For those with data for more than one YLS/CMI administration time, the initial and final total scores were compared. There is a significant difference in YLS/CMI score overall across juvenile courts ($F(4,86) = 4.103, p = .004$). Scotts Bluff County has participants with the highest YLS/CMI scores overall, and does not differ from Douglas County. Participants in Lancaster County have significantly lower YLS/CMI scores than Scotts Bluff County, Douglas County, and Sarpy County juvenile drug courts.

There is not a significant difference overall between initial and final YLS/CMI scores ($F(1,8586) = 0.968, p = .328$). However, there is a significant interaction between court and time of administration (initial or final; $F(4,86) = 4.909, p = .001$). Participants' YLS/CMI scores decreased in Sarpy County more than in the other juvenile drug courts. In Lancaster County, there is no change in YLS/CMI score, and in Scotts Bluff County and Northeast Nebraska, the YLS/CMI score increased. These latter two courts, along with Lancaster County, have few participants with more than one YLS/CMI

administration time, and may not be representative of all participants in these courts (see Table 7.49).

Table 7.49: Change in Risk Score for Juvenile Drug Court Participants

	Douglas County	Lancaster County	Northeast Nebraska	Sarpy County	Scotts Bluff County
Initial Mean	19.80	11.17	14.25	21.13	19.67
Final Mean	16.27	11.33	16.00	12.62	23.17
Sample size	30	6	4	45	6

Young Adult Court

LS/CMI

Analysis of initial and final LS/CMI level for the Adult Drug Court and the Young Adult Drug Court shows that there is no difference between the two types of drug courts in LS/CMI levels, either overall ($F(1,78) = 0.566, p = .454, Mse = 1.272$) or across time ($F(1,78) = 0.899, p = .346, Mse = 0.579$). However, there is a difference between the initial and final LS/CMI levels for both courts ($F(1,78) = 5.043, p = .028, Mse = 0.579$). The initial levels were significantly higher than final levels (see Table 7.50).

Table 7.50: Change in Risk Level for Young Adult Court Participants

	Douglas County Adult Court	Douglas County Young Adult Court
Initial Mean	3.79	3.00
Final Mean	2.56	2.50
Sample Size	78	2

LS/CMI Total Score

There is no difference between the Douglas County Adult Drug Court and the Young Adult Drug Court in LS/CMI score overall ($F(1,78) = 0.531, p = .468$), or across time ($F(1,78) = 1.511, p = .223$). However, in both courts there is a significant difference over time in the LS/CMI score ($F(1,78) = 4.162, p = .045$). The initial scores are significantly higher than final scores in these courts (see Table 7.51).

Table 7.51: Change in Risk Score for Young Adult Court Participants

	Douglas County Adult Court	Douglas County Young Adult Court
Initial Mean	22.08	15.00
Final Mean	12.00	12.50
Sample Size	78	2

Driving Under the Influence Court

LS/CMI

There is no difference between the Scotts Bluff County Adult Drug Court and the Scotts Bluff County DUI Court overall ($F(1,7) = 1.132, p = .323$) or over time ($F(1,7) = 1.000, p = .351$). Also, there is no difference between the initial and final LS/CMI levels across courts ($F(1,7) = 2.778, p = .140$). The low number of participants in this analysis may have contributed to the lack of significant findings (see Table 7.52).

Table 7.52: Change in Risk Level for DUI Court Participants

	Scotts Bluff County Adult Court	Scotts Bluff County DUI Court
Initial Mean	3.33	3.67
Final Mean	2.67	3.50
Sample Size	3	6

LS/CMI Total Score

There is no difference between the two types of drug courts in LS/CMI scores, either overall ($F(1,7) = 0.514, p = .497$) or across time ($F(1,7) = 0.944, p = .364$). There is also not a significant difference between the initial and final LS/CMI scores ($F(1,7) = 2.866, p = .134$) (see Table 7.53).

Table 7.53: Change in Risk Score for DUI Court Participants

	Scotts Bluff County Adult Court	Scotts Bluff County DUI Court
Initial Mean	21.00	21.33
Final Mean	13.00	19.17
Sample Size	3	6

CHAPTER 8: HOW EFFECTIVE ARE PROBLEM SOLVING COURTS?

Although not one of the primary evaluation questions, we examined recidivism for problem solving courts in Nebraska. For this analysis, we used the following definition of recidivism:

Recidivism must occur after program exit. This performance measure counts the *incidence* of post-program recidivism (i.e., whether recidivism occurred, yes or no) and not the number of recidivistic events. For adult courts, post-program recidivism is defined as an arrest that occurs after program exit for a new offense if, and only if, that arrest eventually results in a conviction for a felony, drug/alcohol-related misdemeanor, or DUI offense (excluding traffic offenses other than DUI).

For practical purposes and to get a large enough sample size, we used a one year time frame for arrest after a person left a problem solving court. For comparison groups, we used individuals on probation who were matched based on criminal offense and risk level within four jurisdictions; Douglas County, Lancaster County, Sarpy County, and rural courts (counties served by all other adult drug courts). It should be noted that the comparison groups are not ideal. There are likely factors for which we could not match, that resulted in some offenders being placed on probation and others being accepted into drug court. In addition, even though we tried to match the two groups based on level of risk, the drug court participants averaged a higher risk level than the individuals on probation. Therefore, we urge caution in interpreting the results of the recidivism component of the evaluation. Given the differences between the drug court and comparison group, we would not anticipate equivalent recidivism rates. Nevertheless, we believe it beneficial to examine similarities and differences between the two groups.

All of the following analyses were conducted using only adults who either successfully or unsuccessfully completed adult drug court or probation (in the same counties served by problem-solving courts). Recidivism was defined as those who were arrested within one year of leaving a problem-solving court program, and were subsequently convicted of a felony or drug-related misdemeanor. DUI convictions were included as a “drug-related misdemeanor”.

The probation sample is the same as that used in the Disparity Study. Recidivism for probationers was identified using the same method as that described earlier for problem-solving court participants, except that driver’s license number was not available to use for identifying recidivists. This means that fewer recidivists are likely to have been identified for the probation sample than if driver’s license number had been available. This may lead to a lower apparent recidivism rate for the probation sample than if driver’s license number were available.

Adult Drug Courts

Because of the sample sizes available, it is not possible to compare individual problem-solving courts to probation in the same geographic area. Therefore, all adult drug courts are compared to all adult probationers selected for this study.

Given that drug courts typically target a higher risk population than probation, an ANOVA was performed to determine whether the adult drug court participants had a higher initial LS/CMI level than probationers in this sample. Despite selection of probationers scoring at an LS/CMI level of Medium or higher to match the predominant levels present in the drug court sample, adult drug court participants still had a significantly higher initial LS/CMI score than the probation participants ($M = 3.91$ for adult drug courts; and $M = 3.78$ for probation; $F(1,916) = 5.279$, $p = .022$).

There is a difference between the two types of courts in recidivism rate when successful vs. unsuccessful completion is taken into account. For adult drug court participants, those who successfully completed the program were less likely to recidivate than those who did not graduate ($\chi^2(1) = 3.938$, $p = .047$). For the probationers, successful completion of the program had no impact on recidivism ($\chi^2(1) = 1.052$, $p = .305$) (see Table 10.1). An exact comparison cannot be made between recidivism rates for adult drug courts in Nebraska and national recidivism results because recidivism studies use different populations and different measures of recidivism. However, it does appear that Nebraska recidivism rates appear to be roughly consistent with national estimates.

Table 8.1: Recidivism Rates for Adult Drug Court Participants and Individuals on Probation

	Adult Drug Courts		Probation	
	Successful Completion (Graduated)	Unsuccessful Completion (Terminated)	Successful Completion	Unsuccessful Completion
Recidivated	27 4.5%	33 7.3%	11 4.1%	18 6.0%
Did Not Recidivate	577 95.5%	417 92.7%	258 95.9%	283 94.0%
Sample Size	604	450	269	301

Scotts Bluff County DUI Court

A sample of DUI offenders in Scotts Bluff County who entered and completed probation during the study period were examined, and recidivists identified. The Scotts Bluff County DUI Court does not have enough participants to allow for statistical comparison to this probation DUI sample. Recidivism rates are presented in Table 10.2.

Table 8.2: Recidivism Rates for Scotts Bluff DUI Court Participants and DUI Offenders on Probation

	Scotts Bluff County DUI Court		Scotts Bluff County Probation – DUI Offenders	
	Successful Completion (Graduated)	Unsuccessful Completion (Terminated)	Successful Completion	Unsuccessful Completion
Recidivated	0 0%	0 0%	8 4.5%	8 6.2%
Did Not Recidivate	10 100%	6 100%	258 95.5%	121 93.8%
Sample Size	10	6	178	129

Sample sizes for Juvenile Drug Courts, Young Adult Court, and Family Drug Court were not large enough to conduct statistical analyses.

CHAPTER 9: WHAT FACTORS PREDICT SUCCESS FOR PROBLEM SOLVING COURTS?

Predictive Analysis for Adult Drug Courts

We examined factors in the Problem Solving Court Management Information System that could be associated with success and failure in adult problem solving courts. The purpose of this analysis is not to identify groups to exclude from problem solving courts, but rather to identify groups that may currently be less successful in an attempt to identify possible strategies that may be more effective. The primary dependent variables (indicators of success) were 1) whether a participant graduated from drug court and 2) whether a participant reoffended after leaving problem solving court. Therefore, we only included individuals in the analysis who graduated or terminated/withdrew from drug court.

We used the following independent variables (predictors) for this analysis (for many of the variables, we needed to collapse categories to have a sufficient number of participants in each category):

- Demographics and social functioning:
 - Age;
 - Gender;
 - Race/ Ethnicity (White, African American, Hispanic, Other);
 - Marital Status (married/cohabitating vs. single/divorced/separated/widowed);
 - Grade level attained at start of program (high school degree/GED vs. no degree or GED);
 - Hours worked per week
- Assessments and Drug History:
 - Initial Level of Service/Case Management Inventory (LS/CMI) Level total score, and sub-scores;
 - Count of total drugs used;
 - Primary drug of choice (depressants, opioids/narcotics, stimulants, and marijuana)
- Program Variables:
 - Total number of problem solving court hearings;
 - Sanctions per Month;
 - Incentives per Month;
 - Drug Tests per Month;
 - Number of months in program
- Indicators of Success:
 - Change in education level;
 - Change in hours of employment;
 - Change in LS/CMI level or sub-scores;
 - Percent of drug tests positive;
 - Change in positive drug tests from first 3 months to last 3 months

PREDICTORS OF GRADUATION

Predictive Analysis for Adult Drug Courts

Demographics and Social Functioning

Both age when starting a drug court program, and hours worked per week, are significantly related to program completion status. The older a person is when starting a drug court program, the more likely they are to graduate ($r(1031) = 0.152, p < .001$). This finding confirms previous research (e.g., Butzin, Saum, & Scarpitti, 2002). Also, the more hours per week a person works when starting a program, the more likely they are to graduate ($r(1005) = 0.114, p < .001$) (see Table 9.1).

Table 9.1: Age and Hour/Week as Predictors of Graduation for Adult Court Participants

	Age at Program Start	Hours Worked Per Week
Correlation with Program Completion Status	0.152*	0.114*
p-value	< .001	< .001
Sample size	1032	1006

**Significant relationship*

Although some national studies have found females more likely to succeed in drug court than males (Marlowe et al. 2005; Polakowski, Hartley, & Bates, 2008), we did not find a relationship between gender and outcomes. Education level when entering a drug court program has a significant relationship with program completion status ($\chi^2(1) = 10.705, p = .001$). Those who have a high school or GED diploma when starting a program are more likely to graduate. Gender and marital status when entering a program are not related to program completion (see Table 9.2).

Table 9.2: Gender, Marital Status and Education Level as Predictors of Graduation for Adult Court Participants

	Gender		Marital Status		Education Level	
	Male	Female	Not Married/ Cohabiting	Married/ Cohabiting	No High School or GED Diploma	High School or GED Diploma
Percent Graduating	57.2%	57.2%	56.9%	62.3%	49.0%	61.8%
p-value	.988		.219		.001*	
Sample size	1061		986		945	

**Significant relationship*

Ethnicity does have a significant relationship with program completion ($F(3,1056) = 10.778, p < .001$). Those of white/Caucasian and Hispanic ethnicities are more likely to graduate than those of black/ African-American ethnicity or other ethnicity groups (see Table 9.3).

Table 9.3: Race/Ethnicity as Predictors of Graduation for Adult Court Participants

	White/ Caucasian	Black/ African-American	Hispanic	Other*
Percent Graduating	61.6%	40.9%	65.5%	44.9%
Group Size	760	193	58	49

** The 'Other' category is approximately half Native American, 15% Asian, and 35% unidentified ethnicity groups.*

Charges and Drug History

The greater the number of kinds of drugs used by the start of an adult drug court program, the more likely a person is to not graduate ($r(476) = -0.209, p < .001$). Neither charged nor admitted offense class relate to program completion status (see Table 9.4).

Table 9.4: Offense Class and Drugs Used as Predictors of Graduation for Adult Court Participants

	Charged Offense Class Severity	Admitted/Plead Offense Class Severity	Number of Drugs Used
Correlation with Program Completion Status	-0.014	-0.001	-0.209*
p-value	.724	.978	<.001
Sample size	628	630	477

Drug of choice is not significantly related to program completion status ($F(4,472) = 1.824, p = .123$) (see Table 9.5). This finding is in accordance with some research (e.g., Koetzle Schaffer, Hartman, Johnson Listwan, Howell, & Latessa, 2011) but conflicts with other research (e.g., Miller & Shutt, 2001; Taxman & Bouffard, 2003).

Table 9.5: Drug of Choice as Predictor of Graduation for Adult Court Participants

	Opioid/Narcotic	Stimulant	Depressant	Marijuana	Other*
Percent Graduating	40.6%	56.4%	69.0%	60.3%	37.5%
Group Size	32	234	29	174	8

*Includes primarily those who prefer Hallucinogens.

Initial Assessments

Several of the initial assessments are related to program completion status. SRARF level of risk, but not SSI level, is related to program completion ($r(336) = -0.313, p < .001$). Both LS/CMI Total Score, and Level, are related to program completion, as are all sub-scores except Leisure/Recreation (LR; see table below for correlations and p-values) (see Table 9.6).

Table 9.6: Initial SSI, SRARF, and LS/CMI Scores as Predictors of Graduation for Adult Court Participants

	SSI Level	SRARF Level Of Risk	LS/CMI Level	LS/CMI Score	LS/CMI CH Score	LS/CMI EE Score	LS/CMI FM Score	LS/CMI LR Score	LS/CMI CO Score	LS/CMI ADP Score	LS/CMI PA Score	LS/CMI AP Score
Correlation with Program Completion Status	-.021	-.313*	-.417*	-.468*	-.184*	-.390*	-.216*	-.051	-.314*	-.286*	-.374*	-.388*
p-value	.695	<.001	<.001	<.001	<.001	<.001	<.001	.336	<.001	<.001	<.001	<.001
Sample size	341	337	352	355	355	355	355	355	355	355	355	355

Program Characteristics

Several programming components are related to successful program completion. The number of PSC hearings, sanctions, incentives, and drug tests per month are all negatively correlated with program completion status. The more of these components per month, the less likely a person is to graduate (see table below for correlations and p-values). Also, the longer a person is in the program, the more likely they are to graduate ($r(1025) = 0.543, p < .001$) (see Table 9.7). We believe the primary reason for the relationship between these factors and outcomes is that the number of hearings, sanctions, incentives, and drug tests tend to be more frequent early in the program; since terminated persons spend less time in the program, they do not experience the gradual reduction in these factors in the same way as individuals who graduate.

Table 9.7: Time to Start, PSC Hearings, Sanctions, Incentives, and Drug Tests as Predictors of Graduation for Adult Court Participants

	Weeks - Arrest to Program Start	PSC Hearings per Month	Sanctions per Month	Incentives per Month	Drug Tests per Month	Months in Program
Correlation with Program Completion Status	0.009	-0.338*	-0.344*	-0.190*	-0.275*	0.543*
p-value	.827	< .001	< .001	< .001	< .001	< .001
Sample size	592	975	649	651	992	1026

Indicators of Success

Change in education level is significantly related to program completion status. Those who get a high school or GED diploma while in a drug court program are more likely to graduate ($r(944) = 0.111, p = .001$).

Also, the percent of positive drug tests while in a drug court program is significantly related to program completion status. The fewer positive drug tests a person has, the more likely they are to graduate ($r(999) = -0.326, p < .001$). Change in positive drug tests from the first three to the last three months in the program does not relate to program completion status (see Table 9.8).

Table 9.8: Education, Hours Worked, Positive Drug Tests as Predictors of Graduation for Adult Court Participants

	Change in Education Level	Change in Hours Worked Per Week	Percent of Positive Drug Tests	Change in Positive Drug Tests
Correlation with Program Completion Status	0.111*	0.035	-0.326*	-0.066
p-value	.001	.265	< .001	.060
Sample size	945	1001	1000	806

Change in both the LS/CMI level and LS/CMI total score are related to program completion status. The more a person’s LS/CMI level or score decreases, the more likely they are to graduate. Also, three LS/CMI sub-scores have this same relationship with program completion status: Alcohol and Drug Problems (ADP), Antisocial Patterns (AP), and Leisure/Recreation (LR) (see Table 9.9).

Table 9.9: Change in LS/CMI and Sub-Scores as Predictors of Graduation for Adult Court Participants

Change IN:	LS/CMI Level	LS/CMI Score	LS/CMI CH Score	LS/CMI EE Score	LS/CMI FM Score	LS/CMI LR Score	LS/CMI CO Score	LS/CMI ADP Score	LS/CMI PA Score	LS/CMI AP Score
Correlation with Program Completion Status	-0.281*	-0.293*	-0.125	-0.091	-0.058	-0.343*	-0.124	-0.343*	-0.029	-0.171*
p-value	<.001	<.001	.052	.160	.367	<.001	.054	<.001	.652	.008
Sample size	233	242	242	242	242	242	242	242	242	242

Predictive Analysis for Juvenile Drug Courts

We examined factors in the Problem Solving Court Management Information System (PSCMIS) that could be associated with success and failure in juvenile problem solving courts. As with the analysis for adult courts, the purpose of this analysis for juvenile courts is not to identify groups to exclude from problem solving courts, but rather to identify groups that may currently be less successful in an attempt to identify possible strategies that may be more effective. The dependent variable (indicator of success) for this analysis was whether a participant graduated from drug court. Therefore, we only included individuals in the analysis who graduated or terminated/withdrew from drug court.

We used the following independent variables (predictors) for this analysis (for many of the variables, we needed to collapse categories to have a sufficient number of participants in each category):

- Demographics and social functioning:
 - Age;
 - Gender;
 - Race/ Ethnicity (White, African American, Hispanic, Other);
 - Marital Status;
 - Grade level attained at start of program (high school degree/GED vs. no degree or GED);
 - Hours worked per week
- Assessments and Drug History:
 - Initial Youth Level of Service/Case Management Inventory (YLS/CMI) Level, total score and sub-scores;
 - Count of total drugs used;
 - Primary drug of choice (depressants, opioids/narcotics, stimulants, and marijuana)
- Program Variables:
 - Weeks from arrest to program start;
 - Total number of problem solving court hearings;
 - Sanctions per Month;
 - Incentives per Month;
 - Drug Tests per Month;
 - Number of months in program
- Indicators of Success:
 - Change in education level;
 - Change in hours of employment;
 - Change in YLS/CMI level, total score and sub-scores;
 - Percent of drug tests positive;
 - Change in positive drug tests from first 3 months to last 3 months

Demographics and Social Functioning

For juveniles, grade at the start of a drug court program is significantly related to program completion status. The higher a juvenile's grade when starting a drug court program, the more likely they are to graduate ($r(104) = 0.273, p = .005$) (see Table 9.10).

Table 9.10: Age, Grade, and Hour/Week as Predictors of Graduation for Juvenile Drug Court Participants

	Age at Program Start	Grade	Hours Worked Per Week
Correlation with Program Completion Status	0.040	0.273*	-0.008
p-value	.559	.005	.903
Sample size	214	105	215

*Significant relationship

Gender is not related to program completion status. Marital status was not analyzed for juveniles because all juveniles are single (see Table 9.11).

Table 9.11: Gender as Predictor of Graduation for Juvenile Drug Court Participants

	Gender	
	Male	Female
Percent Graduating	38.3%	38.3%
p-value	.902	
Sample size	215	

*Significant relationship

Race/Ethnicity does have a significant relationship with program completion ($F(3,211) = 3.527, p = .016$). Juveniles of white/Caucasian ethnicity are more likely to graduate than juveniles of black/ African-American ethnicity. There are no other differences among ethnic groups (see Table 9.12).

Table 9.12: Race/Ethnicity as Predictor of Graduation for Juvenile Drug Court Participants

	White/ Caucasian	Black/ African-American	Hispanic	Other*
Percent Graduating	45.7%	18.8%	23.5%	33.3%
Group Size	151	32	17	15

*The 'Other' category is approximately half Native American, 15% Asian, and 35% un-identified ethnicity groups.

Charges and Drug History

Charged or admitted offense class, and number of kinds of drugs used prior to starting a drug court program, do not relate to program completion status (see Table 9.13).

Table 9.13: Offense Class and Drugs Used as Predictors of Graduation for Juvenile Drug Court Participants

	Charged Offense Class Severity	Admitted/Plead Offense Class Severity	Number of Drugs Used
Correlation with Program Completion Status	0.039	0.042	-0.043
p-value	.669	.637	.752
Sample size	121	128	56

Drug of choice is not significantly related to program completion status ($F(4,51) = 0.673$, $p = .614$). This is possibly due to a lack of range of preferred drugs in the juvenile sample (see Table 9.14). It is also likely due to the small sample size. Much of the data prior to 2009 was apparently not converted to the new system; hence the sample size we had available for analysis was low.

Table 9.14: Drug of Choice as Predictor of Graduation for Juvenile Drug Court Participants

	Opioid/ Narcotic	Stimulant	Depressant*	Marijuana	Other
Percent Graduating	0.0%	0.0%	41.9%	44.4%	0.0%
Group Size	1	2	43	9	1

*Includes alcohol

Initial Assessments

None of the initial SSI, SRARF, Juvenile Screening Instrument, or ACDI assessments is related to program completion status (see Table 9.15 for correlations and p-values).

Table 9.15: SSI, SRARF, JSI, and ACDI scores as Predictors of Graduation for Juvenile Drug Court Participants

	SSI Level	SRARF Level Of Risk	JSI Total Score	ACDI Truth	ACDI Alcohol	ACDI Drugs	ACDI Violence	ACDI Distress	ACDI Adjustment	ACDI Stress
Correlation with Program Completion Status	-0.048	-0.211	-0.104	0.056	0.243	0.291	-0.301	-0.369	-0.378	-0.299
p-value	.693	.080	.483	.789	.241	.159	.143	.070	.062	.146
Sample size	71	70	48	25	25	25	25	25	25	25

Both the initial YLS/CMI level and total score are significantly related to program completion status. Juveniles with lower initial scores for either are more likely to graduate. Several of the YLS/CMI sub-scores have the same relationship with program completion status including Education (EE), Family (FCP), Personality/Behavior (PB), Leisure/Recreation (LR) and Attitudes/Orientation (AO). The initial score related to Family was a particularly strong indicator of graduation. Only Prior and Current Offenses (PCO), Peers (PR), and, interestingly, Substance Abuse (SA) are not related to program completion (see Table 9.16).

Table 9.16: Initial YLS/CMI and Sub-Scores as Predictors of Graduation for Juvenile Drug Court Participants

	YLS/CMI Level	YLS/CMI Score	YLS/CMI PCO Score	YLS/CMI FCP Score	YLS/CMI EE Score	YLS/CMI PR Score	YLS/CMI SA Score	YLS/CMI LR Score	YLS/CMI PB Score	YLS/CMI AO Score
Correlation with Program Completion Status	-0.280*	-0.280*	-0.105	-0.316*	-0.215*	-0.039	-0.062	-0.183*	-0.182*	-0.240*
p-value	.002	.002	.256	< .001	.018	.669	.499	.045	.046	.008
Sample size	120	120	120	120	120	120	120	120	120	120

Program Characteristics

Several programming components are related to successful program completion. The number of PSC hearings and sanctions per month are negatively correlated with program completion status. The more of these components per month, the less likely a person is to graduate (see table below for correlations and p-values).

For juveniles, the more incentives per month, the more likely they are to graduate ($r(109) = 0.339, p < .001$). Also, the longer a juvenile is in the program, the more likely they are to graduate ($r(213) = 0.202, p = .003$) (see Table 9.17).

Table 9.17: Time to Start, PSC Hearings, Sanctions, Incentives, Drug Tests and Months in Program as Predictors of Graduation for Juvenile Drug Court Participants

	Weeks - Arrest to Program Start	PSC Hearings per Month	Sanctions per Month	Incentives per Month	Drug Tests per Month	Months in Program
Correlation with Program Completion Status	-0.054	-0.196*	-0.239*	0.339*	-0.157	0.202*
p-value	.565	.045	.012	< .001	.056	.003
Sample size	116	105	110	110	149	214

Indicators of Success

Also, the percent of positive drug tests while in a drug court program is significantly related to program completion status. The fewer positive drug tests a person has, the more likely they are to graduate ($r(148) = -0.190, p = .021$). Change in positive drug tests from the first three to the last three months in the program does not relate to program completion status (see Table 9.18).

Table 9.18: Change in grade, Hour/Week, and Positive Drug Tests as Predictors of Graduation for Juvenile Drug Court Participants

	Change in Grade	Change in Hours Worked Per Week	Percent of Positive Drug Tests	Change in Positive Drug Tests
Correlation with Program Completion Status	-0.099	0.103	-0.190*	-0.113
p-value	.317	.329	.021	.249
Sample size	105	92	149	107

Change in the YLS/CMI total score, but not the YLS/CMI level, is related to program completion status. The more a juvenile’s YLS/CMI score decreases, the more likely they are to graduate. Also, six YLS/CMI sub-scores have this same relationship with program completion status: Prior and Current Offenses (PCO), Peers (PR), Substance Abuse (SA), Leisure/Recreation (LR), Personality/Behavior (PB), and Attitudes/ Orientation (AO) (see Table 9.19). The Peer score had the strongest relationship to outcomes.

Table 9.19: Change in YLS/CMI and Sub-Scores as Predictors of Graduation for Juvenile Drug Court Participants

Change IN:	YLS/CMI Level	YLS/CMI Score	YLS/CMI PCO Score	YLS/CMI FCP Score	YLS/CMI EE Score	YLS/CMI PR Score	YLS/CMI SA Score	YLS/CMI LR Score	YLS/CMI PB Score	YLS/CMI AO Score
Correlation with Program Completion Status	-0.190	-0.340*	-0.239*	-0.108	-0.052	-0.408*	-0.234*	-0.249*	-0.263*	-0.329*
p-value	.072	.001	.023	.307	.622	< .001	.025	.017	.012	.001
Sample size	90	91	91	91	91	91	91	91	91	91

Predictive Analysis for Douglas County Young Adult Problem-Solving Court

Only those who have completed drug court, either graduated or terminated/withdrew, are used in the following analyses. The maximum possible sample size for each analysis is 12. The variables were the same as those used in the Adult Drug Court Analysis. The results should be viewed with caution as the sample size is very low. As the young adult court has more participants, future analyses may reveal more variables that predict graduation.

Demographics and Social Functioning

None of the demographic and social functioning variables analyzed have a significant relationship with program completion status. Marital status was not analyzed for juveniles because all participants in the Young Adult court are single (see Tables 9.20, 9.21, and 9.22).

Table 9.20: Age and Hour/Week as Predictors of Graduation for Young Adult Court Participants

	Age at Program Start	Hours Worked Per Week
Correlation with Program Completion Status	0.277	0.485
p-value	.384	.110
Sample size	12	12

**Significant relationship*

Table 9.21: Gender and Education Level as Predictors of Graduation for Young Adult Court Participants

	Gender		Education Level	
	Male	Female	No High School or GED Diploma	High School or GED Diploma
Percent Graduating	57.1%	60.0%	0.0%	62.5%
p-value	.921		.236	
Sample size	12		9	

*Significant relationship

Table 9.22: Race/Ethnicity as Predictors of Graduation for Young Adult Court Participants

	White/ Caucasian	Black/ African-American
Percent Graduating	50.0%	62.5%
Group Size	4	8

Charges and Drug History

Those with a lower admitted/plead offense class are more likely to graduate than those with a more severe admitted offense ($r(11) = 0.729$, $p = .007$). Number of drugs used and drug of choice cannot be analyzed because there are too few participants with data in these fields (see Tables 9.23 and 9.24).

Table 9.23: Offense Class and Drugs Used as Predictors of Graduation for Young Adult Court Participants

	Charged Offense Class Severity	Admitted/Plead Offense Class Severity	Number of Drugs Used
Correlation with Program Completion Status	0.394	0.729*	--
p-value	.205	.007	--
Sample size	12	12	2

Table 9.24: Drug of Choice as Predictor of Graduation for Young Adult Court Participants

	Opioid/ Narcotic	Marijuana
Percent Graduating	0.0%	0.0%
Group Size	1	1

Initial Assessments

Both LS/CMI total score and LS/CMI level are related to program completion. A participant with a lower initial LS/CMI score or level is more likely to graduate. The Antisocial Pattern (AP) sub-score has this same relationship with program completion status (see Table 9.25).

SSI and SRARF levels in relation to program completion status cannot be analyzed because there are too few participants with data for these assessments.

Table 9.25: SSI, SRARF, and LS/CMI as Predictors of Graduation for Young Adult Court Participants

	SSI Level	SRARF Level Of Risk	LS/C MI Level	LS/C MI Score	LS/C MI CH Score	LS/C MI EE Score	LS/C MI FM Score	LS/C MI LR Score	LS/CMI CO Score	LS/C MI ADP Score	LS/C MI PA Score	LS/C MI AP Score
Correlation with Program Completion Status	--	--	-.753*	-.646*	-.187	-.489	-.271	.346	-.516	-.468	-.447	-.637*
p-value	--	--	.007	.032	.583	.127	.421	.297	.104	.147	.168	.035
Sample size	2	2	11	11	11	11	11	11	11	11	11	11

Program Characteristics

None of the analyzed program characteristics relate significantly to program completion status (see Table 9.26).

Table 9.26: Time to Start, PSC Hearings, Sanctions, Incentives, and Drug Tests as Predictors of Graduation for Young Adult Court Participants

	Weeks - Arrest to Program Start	PSC Hearings per Month	Sanctions per Month	Incentives per Month	Drug Tests per Month	Months in Program
Correlation with Program Completion Status	0.411	-0.470	-0.602	0.540	0.333	0.519
p-value	.185	.202	.153	.211	.466	.084
Sample size	12	9	7	7	7	12

Indicators of Success

Change in hours worked per week does not relate significantly to program completion status in the Douglas County Young Adult Drug Court (see Tables 9.27). All other indicators cannot be analyzed because there are too few participants with data on these variables (see Table 9.28).

Table 9.27: Education Level, Hours Worked, and Drug Tests as Predictors of Graduation for Young Adult Court Participants

	Change in Education Level	Change in Hours Worked Per Week	Percent of Positive Drug Tests	Change in Positive Drug Tests
Correlation with Program Completion Status	--	0.110	--	--
p-value	--	.734	--	--
Sample size	9	12	7	7

Table 9.28: LS/CMI and Sub-Scores as Predictors of Graduation for Young Adult Court Participants

Change IN:	LS/CMI Level	LS/CMI Score	LS/CMI CH Score	LS/CMI EE Score	LS/CMI FM Score	LS/CMI LR Score	LS/CMI CO Score	LS/CMI ADP Score	LS/CMI PA Score	LS/CMI AP Score
Correlation with Program Completion Status	--	--	--	--	--	--	--	--	--	--
p-value	--	--	--	--	--	--	--	--	--	--
Sample size	2	2	2	2	2	2	2	2	2	2

Predictive Analysis for Scotts Bluff Driving Under the Influence Court

Only those who have completed the Scotts Bluff DUI court, either graduated or terminated/withdrew, are used in the following analyses. The maximum possible sample size for each analysis is 16. Variables were the same as those used in the Adult Drug Court Analysis. The results should be viewed with caution as the sample size is very low. As the DUI court has more participants, future analyses may reveal more variables that predict graduation.

Demographics and Social Functioning

Age when starting the DUI Court program is significantly related to program completion status. The older a person is when starting the DUI Court program, the more likely they are to graduate ($r(14) = 0.619, p = .014$) (see Table 9.29).

Table 9.29: Age and Hour/Week as Predictors of Graduation for DUI Court Participants

	Age at Program Start	Hours Worked Per Week
Correlation with Program Completion Status	0.619*	-0.333
p-value	.014	.207
Sample size	15	16

*Significant relationship

Gender and marital status, and education level when entering a program are not related to program completion (see Table 9.30).

Table 9.30: Gender, Marital Status, and Education Level as Predictors of Graduation for DUI Court Participants

	Gender		Marital Status		Education Level	
	Male	Female	Not Married/ Cohabiting	Married/ Cohabiting	No High School or GED Diploma	High School or GED Diploma
Percent Graduating	61.5%	66.7%	58.3%	75.0%	0.0%	71.4%
p-value	.869		.551		.051	
Sample size	16		16		16	

*Significant relationship

Ethnicity does not have a significant relationship with DUI Court program completion ($F(2,13) = 1.477, p = .264$) (see Table 9.31).

Table 9.31: Race/Ethnicity as Predictor of Graduation for DUI Court Participants

	White/ Caucasian	Hispanic	Other*
Percent Graduating	77.8%	50.0%	0.0%
Group Size	9	6	1

*The 'Other' category is approximately half Native American, 15% Asian, and 35% un-identified ethnicity groups.

Charges and Drug History

Neither charged nor admitted offense class relate to program completion status in the DUI Court (see Table 9.32). Number of drugs used, and drug of choice, cannot be analyzed because there are too few participants with data on these variables (see Table 9.33).

Table 9.32: Offense Class and Number of Drugs as Predictors of Graduation for DUI Court Participants

	Charged Offense Class Severity	Admitted/Plead Offense Class Severity	Number of Drugs Used
Correlation with Program Completion Status	-0.268	-0.195	--
p-value	.335	.487	--
Sample size	15	15	2

Table 9.33: Drug of Choice as Predictor of Graduation for DUI Court Participants

	Marijuana	Other*
Percent Graduating	100%	0.0%
Group Size	1	1

*Includes primarily those who prefer Hallucinogens.

Initial Assessments

SRARF level of risk, but not SSI level, is related to program completion ($r(13) = -0.548$, $p = .043$). The lower the initial SRARF level, the more likely a participant is to graduate. None of the other initial assessments have a significant relationship with program completion status (see Table 9.34).

Table 9.34: SSI, SRARF, and LS/CMI as Predictors of Graduation for DUI Court Participants

	SSI Level	SRARF Level Of Risk	LS/C MI Level	LS/C MI Score	LS/C MI CH Score	LS/C MI EE Score	LS/C MI FM Score	LS/C MI LR Score	LS/C MI CO Score	LS/C MI ADP Score	LS/C MI PA Score	LS/C MI AP Score
Correlation with Program Completion Status	--	-.548*	-.510	-.483	-.283	-.697	-.484	-.198	.240	<.001	.167	-.600
p-value	--	.043	.243	.272	.538	.082	.271	.670	.604	1.000	.721	.154
Sample size	14	14	7	7	7	7	7	7	7	7	7	7

Program Characteristics

None of the program components analyzed have a significant relationship with program completion status (see Table 9.35).

Table 9.35: Time to Start, PSC Hearings, Sanctions, Incentives, Drug Tests, and Time in Program as Predictors of Graduation for DUI Court Participants

	Weeks - Arrest to Program Start	PSC Hearings per Month	Sanctions per Month	Incentives per Month	Drug Tests per Month	Months in Program
Correlation with Program Completion Status	0.041	--	-0.157	0.592	0.153	0.335
p-value	.888	--	.645	.055	.673	.223
Sample size	14	1	11	11	10	15

Indicators of Success

There is not enough variation in the data to analyze relationship to program completion status for change in education level, change in hours worked per week, percent of positive drug tests, and change in positive drug tests (see Table 9.36).

Table 9.36: Change in Education, Hours Worked, and Drug Tests as Predictors of Graduation for DUI Court Participants

	Change in Education Level	Change in Hours Worked Per Week	Percent of Positive Drug Tests	Change in Positive Drug Tests
Correlation with Program Completion Status	--	--	--	--
p-value	--	--	--	--
Sample size	16	16	10	6

Change in the LS/CMI Procriminal Attitude/Orientation (PA) is significantly related to program completion status ($r(5) = -0.905, p = .013$). DUI Court participants who start the program with a lower PA score are more likely to graduate (see Table 9.37).

Table 9.37: LS-CMI and Sub-Scores as Predictors of Graduation for DUI Court Participants

Change IN:	LS/CMI Level	LS/CMI Score	LS/CMI CH Score	LS/CMI EE Score	LS/CMI FM Score	LS/CMI LR Score	LS/CMI CO Score	LS/CMI ADP Score	LS/CMI PA Score	LS/CMI AP Score
Correlation with Program Completion Status	-0.728	-0.499	-0.156	0.132	-0.218	-0.469	-0.545	-0.616	-0.905*	-0.447
p-value	.101	.314	.768	.802	.678	.349	.263	.193	.013	.374
Sample size	6	6	6	6	6	6	6	6	6	6

Predictive Analysis for Lancaster County Family Dependency Court

Individuals in this analysis included only those who have completed the Lancaster County Family Dependency Court, either graduated or terminated/withdrew. The maximum possible sample size for each analysis is 31. The results should be viewed with caution as the sample size is very low. As the family drug court has more participants graduate or terminate, future analyses may reveal more variables that predict graduation.

Demographics and Social Functioning

Age at when entering the Lancaster County Family Court is significantly related to program completion status ($r(30) = 0.416, p = .020$). The older a participant is when entering the court, the more likely they are to graduate (see Table 9.38).

Table 9.38: Age and Hour/Week as Predictors of Graduation for Family Drug Court Participants

	Age at Program Start	Hours Worked Per Week
Correlation with Program Completion Status	0.416*	--
p-value	.020	--
Sample size	31	7

*Significant relationship

Gender, marital status, and education level did not predict outcomes (see Table 9.39).

Table 9.39: Gender, Marital Status, and Education Level as Predictors of Graduation for Family Drug Court Participants

	Gender		Marital Status		Education Level	
	Male	Female	Not Married/ Cohabiting	Married/ Cohabiting	No High School or GED Diploma	High School or GED Diploma
Percent Graduating	100.0%	40.0%	33.3%	60.0%	33.3%	66.7%
p-value	.232		.280		.414	
Sample size	31		23		6	

*Significant relationship

Ethnicity does not have a significant relationship with program completion in the Lancaster Family Court ($F(2,26) = 1.030, p = .371$) (see Table 9.40).

Table 9.40: Race/Ethnicity as Predictor of Graduation for Family Drug Court Participants

	White/ Caucasian	Black/ African-American	Other*
Percent Graduating	40.9%	0.0%	60.0%
Group Size	22	2	5

* 'Other' category is approximately half Native American, 15% Asian, and 35% un-identified ethnicity groups.

Charges and Drug History

Offense Class, number of drugs used and drug of choice are not significantly related to program completion in the Lancaster Family Court (see Tables 9.41 and 9.42). This result was likely influenced by the small sample size; the PSCMIS only had number of drugs used data for eight participants who had graduated or terminated from drug court. With higher numbers, this will likely be a predictor in the future.

Table 9.41: Offense Class and Number of Drugs as Predictors of Graduation for Family Drug Court Participants

	Charged Offense Class Severity	Admitted/Plead Offense Class Severity	Number of Drugs Used
Correlation with Program Completion Status	--	--	0.577
p-value	--	--	.134
Sample size	17	17	8

Table 9.42: Drug of Choice as Predictor of Graduation for Family Drug Court Participants

	Opioid/ Narcotic	Stimulant	Marijuana
Percent Graduating	0.0%	66.7%	0.0%
Group Size	1	6	1

Initial Assessments

No one in the Lancaster Family Dependency Court has data in PSCMIS for the SSI, SRARF, or LS/CMI assessments.

Program Characteristics

The number of PSC hearings per month is negatively correlated with program completion status. The more PSC hearings per month, the less likely a person is to graduate. Also, the longer a person is in the program, the more likely they are to graduate ($r(30) = 0.435$, $p = .014$) (see Table 9.43).

Table 9.43: Time to Entry, PSC Hearings, Sanctions, Incentives, Drug Tests, and Time in Program as Predictors of Graduation for Family Drug Court Participants

	Weeks - Arrest to Program Start	PSC Hearings per Month	Sanctions per Month	Incentives per Month	Drug Tests per Month	Months in Program
Correlation with Program Completion Status	-0.097	-0.590*	--	--	-0.114	0.435*
p-value	.712	.001	--	--	.612	.014
Sample size	17	30	16	16	22	31

Indicators of Success

Neither the percent of positive drug tests while in a drug court program, or change in positive drug tests from the first three to the last three months, are significantly related to program completion status in the Lancaster Family Dependency Court (see Table 9.44).

Table 9.44: Change in Education Level, Hours Worked and Positive Drug Tests as Predictors of Graduation for Family Drug Court Participants

	Change in Education Level	Change in Hours Worked Per Week	Percent of Positive Drug Tests	Change in Positive Drug Tests
Correlation with Program Completion Status	--	--	-0.288	-0.060
p-value	--	--	.194	.860
Sample size	6	7	22	11

PREDICTORS OF RECIDIVISM

Criteria for identifying problem-solving court participants (either graduated or terminated from the program) were provided to the Nebraska Commission on Law Enforcement and Criminal Justice, who identified participants who recidivated within one year of leaving the problem-solving program. The definition of recidivism used was the same as that identified in the Development of Statewide Drug Court Performance Measures document, with follow-up limited to a one year time period. This was necessary in order to have data available on conviction, as noted in the definition (“an arrest that occurs after program exit for a new offense if, and only if, that arrest eventually results in conviction...”).

Variables provided in order to identify participants were: name, gender, birth date, driver’s license number, and all available case and docket numbers. Program leave date was also provided in order to establish recidivism within a one year time frame. Because

of the relatively low number of recidivists during the study period, there are fewer variables that predicted recidivism in comparison to variables that predicted graduation.

Predictive Analysis for Adult Drug Courts

Selected Participants

Only those who have completed drug court, either graduated or terminated/withdrew, are used in the following analyses. The maximum possible sample size for each analysis is 1061.

Demographics and Social Functioning

Age when starting a drug court program is significantly related to recidivism. The younger a person is when starting a drug court program, the more likely they are to recidivate ($r(1031) = -0.071, p = .022$) (see Table 9.45).

Table 9.45: Age and Hours Worked as Predictors of Recidivism for Adult Drug Court Participants

	Age at Program Start	Hours Worked Per Week
Correlation with One-Year Recidivism	-0.071*	0.038
p-value	.022	.228
Sample size	1032	1006

**Significant relationship*

Marital status when entering a drug court program has a significant relationship with one-year recidivism ($\chi^2(1) = 4.195, p = .041$). Those who are married or cohabitating are less likely to recidivate. Although males had a higher recidivism rate than females and persons with lower education levels had higher recidivism rates than individuals with more education, these differences were not statistically significant. (see Table 9.46).

Table 9.46: Gender, Marital Status and Education Level as Predictors of Recidivism for Adult Drug Court Participants

	Gender		Marital Status		Education Level	
	Male	Female	Not Married/ Cohabiting	Married/ Cohabiting	No High School or GED Diploma	High School or GED Diploma
Percent Recidivating	6.6%	3.9%	6.1%	2.0%	7.9%	5.1%
p-value	.065		.041*		.128	
Sample size	1061		986		945	

*Significant relationship

Ethnicity does not have a significant relationship with post-program recidivism (F(3,1056) = 1.148, p = .329) (see Table 9.47).

Table 9.47: Race/Ethnicity as Predictors of Recidivism for Adult Drug Court Participants

	White/ Caucasian	Black/ African-American	Hispanic	Other*
Percent Recidivating	6.4%	4.1%	3.4%	2.0%
Group Size	760	193	58	49

* 'Other' category is approximately half Native American, 15% Asian, and 35% un-identified ethnicity groups.

Charges and Drug History

Neither charged nor admitted offense class relate significantly to one-year recidivism. The number of drugs used prior to starting a drug court program is also not significantly related to recidivism (see Table 9.48).

Table 9.48: Offenses and Number of Drugs as Predictors of Recidivism for Adult Drug Court Participants

	Charged Offense Class Severity	Admitted/Plead Offense Class Severity	Number of Drugs Used
Correlation with One-Year Recidivism	0.005	-0.016	-0.003
p-value	.892	.694	.956
Sample size	628	630	477

Drug of choice is not significantly related to program completion status ($F(4,472) = 0.188, p = .298$) (see Table 9.49).

Table 9.49: Drug of Choice as Predictor of Recidivism for Adult Drug Court Participants

	Opioid/ Narcotic	Stimulant	Depressant	Marijuana	Other*
Percent Recidivating	0%	4.3%	10.3%	3.4%	0%
Group Size	32	234	29	174	8

*Includes primarily those who prefer Hallucinogens.

Initial Assessments

Of the initial assessments, only the Companions (CO) sub-score of the LS/CMI is significantly related to one-year recidivism. The lower a participant’s initial CO score, the more likely they are to recidivate within one year of leaving an adult drug court ($r(354) = -0.171, p = .001$) (see Table 9.50). It should be noted the Procriminal Attitude/Orientation (PA) sub-score was just short of reaching statistical significance; conducting this study in the future with a larger sample size may find this variable predicts recidivism.

Table 9.50: SSI, SRARF, and LS/CMI as Predictors of Recidivism for Adult Drug Court Participants

	SSI Level	SRARF Level Of Risk	LS/C MI Level	LS/C MI Score	LS/C MI CH Score	LS/C MI EE Score	LS/C MI FM Score	LS/C MI LR Score	LS/CMI CO Score	LS/C MI ADP Score	LS/C MI PA Score	LS/C MI AP Score
Correlation with One-Year Recidivism	.016	.008	-.006	-.033	.049	.026	.042	-.002	-.171*	-.043	-.104	-.023
p-value	.770	.889	.908	.539	.360	.630	.426	.968	.001	.424	.051	.662
Sample size	341	337	352	355	355	355	355	355	355	355	355	355

*Significant relationship

Program Characteristics

None of the programming components examined are related to one-year recidivism. See table for correlations and p-values (see Table 9.51).

Table 9.51: Time to Admission, Hearings, Sanctions, Incentives, Number of Drug Tests and Length in Program as Predictors of Recidivism for Adult Drug Court Participants

	Weeks - Arrest to Program Start	PSC Hearings per Month	Sanctions per Month	Incentives per Month	Drug Tests per Month	Months in Program
Correlation with One-Year Recidivism	-0.019	0.003	0.060	-0.062	0.007	-0.030
p-value	.649	.929	.128	.113	.829	.333
Sample size	592	975	649	651	992	1025

Indicators of Success

Changes in the social functioning variables of education level and hours worked per week are not significantly related to one-year recidivism. Also, neither the percent of positive drug tests while in a drug court program, nor change in positive drug tests over time, are significantly related to recidivism (see Table 9.52).

Table 9.52: Changes in Education Level, Hours Worked, and Positive Drug Tests as Predictors of Recidivism for Adult Drug Court Participants

	Change in Education Level	Change in Hours Worked Per Week	Percent of Positive Drug Tests	Change in Positive Drug Tests
Correlation with One-Year Recidivism	0.039	0.029	0.061	-0.026
p-value	.233	.365	.054	.457
Sample size	945	1001	1000	806

Change in LS/CMI level, LS/CMI total score, and all LS/CMI sub-scores is not significantly related to one-year recidivism. Table 9.53 shows correlations and p-values for the LS/CMI level, total score and sub-scores.

Table 9.53: Changes in LS/CMI as Predictors of Recidivism for Adult Drug Court Participants

Change IN:	LS/CMI Level	LS/CMI Score	LS/CMI CH Score	LS/CMI EE Score	LS/CMI FM Score	LS/CMI LR Score	LS/CMI CO Score	LS/CMI ADP Score	LS/CMI PA Score	LS/CMI AP Score
Correlation with One-Year Recidivism	0.082	0.094	0.047	0.055	0.004	0.059	0.088	0.061	0.046	0.031
p-value	.211	.146	.465	.397	.950	.362	.174	.341	.478	.630
Sample size	233	242	242	242	242	242	242	242	242	242

Graduated vs. Terminated Status

Across all adult drug court programs, graduates are less likely to recidivate within one year of leaving the program than are those who were terminated ($\chi^2(1) = 3.873$, $p = .049$) (see Table 9.54).

Table 9.54: Graduation Status as Predictor of Recidivism for Adult Drug Court Participants

	Graduated	Terminated
Recidivated	27 4.4%	33 7.3%
Did Not Recidivate	580 95.6%	421 92.7%
Sample Size	607	454

Predictive Analysis for Juvenile Drug Courts

Selected Participants

The number of juvenile recidivists is too low to conduct a meaningful statistical analysis. Table 9.55 compares graduated vs. terminated juvenile drug court participants on one-year recidivism rates. Across all juvenile drug court programs, there is no difference between graduated and terminated participants in the rate of recidivism ($\chi^2(1) = 0.223$, $p = .637$).

Table 9.55: Graduation Status as Predictor of Recidivism for Juvenile Drug Court Participants

	Graduated	Terminated
Recidivated	5 6.0%	10 7.6%
Did Not Recidivate	79 94.0%	121 92.4%
Sample Size	84	131

Predictive Analyses for Other Courts: Douglas County Young Adult; Scotts Bluff DUI; and Lancaster Family Dependency

The sample sizes for these three courts are too small to evaluate potential predictive factors on one-year recidivism. Sample sizes are: 12 for the Douglas County Young Adult Drug Court; 16 for the Scotts Bluff DUI Court; and 31 for the Lancaster County Family Dependency Court.

CHAPTER 10: HOW CAN NEBRASKA PROBLEM SOLVING COURTS BE IMPROVED?

In this Chapter we summarize evaluation results for each of the original evaluation questions and provide recommendations for improving problem solving courts in Nebraska. We group the findings and recommendations into four categories: participant characteristics, program implementation, outcomes and evaluation capacity.

PARTICIPANT CHARACTERISTICS

The original evaluation questions related to participant characteristics were:

Questions related to participant characteristics:

1. How do offender characteristics compare to admission criteria, sentencing guidelines, and offenders not admitted to drug court (e.g., disparity in minority access)?
2. What are the issues related to accessing drug courts/substance abuse services?

To understand the admission criteria of courts, we reviewed policies and procedures and conducted site visits to each court (see Chapter 3). To help understand who Nebraska problem solving courts are serving, we reviewed data pertaining to participant characteristics from the Problem Solving Court Management Information System ((PSCMIS), comparing participant characteristics across courts, to the literature and to admission criteria (see Chapter 4). To assess access to problem solving courts, we conducted a disparity analysis to determine whether certain groups were under-represented in each court (see Chapter 4), and examined length of time between arrest and admission into problem solving courts (see Chapter 5).

Generally, Nebraska problem solving courts have admission criteria that exclude offenders from drug court who have criminal histories of major crimes of violence, sexual offenses, or drug manufacturing or trafficking. These criteria are designed to screen out offenders whose criminal histories would put communities at undue risk. Courts use standardized screening instruments such as the Level of Service/Case Management Inventory (LS/CMI) and the Simple Screening Instrument (SSI) to screen potential participants and help the team decide who to accept into the program. Some screening measures are mandated by Supreme Court rules, whereas others are employed at the discretion of individual drug court programs. Typically, problem solving court teams vote on whether to admit individuals, with judges usually having the final say. Teams across the state, and members within each team, have different perspectives on the level of participant risk they are willing to accept. Some courts are willing to accept offenders who may have sold drugs to support their habits or offenders who have some history of violence, while other courts are less willing to accept these types of offenders. The quantitative analysis reflects this variability; there are substantial differences in risk levels, including class of crimes committed, and level of substance abuse, of participants across the problem solving courts.

There are other differences in offender characteristics across the problem solving courts. Not surprisingly, race and ethnicity varied across courts; but generally these differences reflect the characteristics of the communities where the court is located. There is also a significant difference in the ages of participants across courts, and for adult courts, a significant difference in participant marital status. Participants tend to be lower income and have less education than the general population, and there are significant differences in hours worked and level of education across the courts.

In the disparity analysis, drug court participants were compared to offenders on probation matched on level of offense and risk factors; in most courts there were no disparities in demographic characteristics between the two groups. One of the exceptions is the Douglas County Adult Drug Court, in which black/African American participants appear to be underrepresented. The Douglas County program also serves participants who are younger than matched persons on probation, and the Central Nebraska Adult Drug Court serves more women than the comparison group. The evaluation also found access issues for all courts regarding the length of time from arrest to admission. The time period ranges from about 20 to 39 weeks for adult drug courts and 28 to 48 weeks for juvenile drug courts. The Young Adult Court, Family Court, and DUI court have similar times from arrest to admission. Although the PSCMIS does not capture reliable data on mental health needs, coordinators indicated that participants with co-occurring mental health and substance abuse disorders were a challenge for drug court programs.

Findings Related to Problem Solving Court Participants

Key Finding: Problem solving court participants tend to have a moderate to high level of risk; they tend to be higher risk based on addiction issues rather than criminal history. Research indicates offenders who are most appropriate for problem solving courts are higher risk offenders.

Although there are substantial differences across adult courts, most adult drug courts accepted offenders who on average scored at high risk on the LS/CMI; however, with regard to criminal history, courts tended to take low to medium risk offenders. Juvenile drug courts tended to accept moderate risk offenders based on YLS/CMI scores and low to moderate risk offenders based on prior criminal history sub-scores. Risk for participants in the young adult drug court fell in the lower end of the high range for LS/CMI total score, and in the low range based on the criminal history sub-score. Risk for participants in the Driving Under the Influence (DUI) Court fell in the lower end of the high range for their LS/CMI total score, and in the medium to high range based on criminal history. Although most courts indicated they would not accept dealers, some will take those with intent to deliver or distribution cases if it was apparent that dealing was done on a minor level to support an addiction. Some courts that serve multiple counties indicated that there is variation by county: some counties may accept persons who deal drugs based on individual circumstances, while others will not even consider accepting dealers.

Many courts will not take offenders who have a history of violence such as domestic abuse or assault; however some courts indicated they consider each offender on a case by case basis. A number of coordinators thought their courts could serve higher risk offenders, but often other problem solving court team members were reluctant to serve offenders with high risk levels. Some team members, particularly prosecutors and law enforcement, believe the appropriate risk level for problem solving court is “moderate.”

Recommendation: Provide training problem solving court teams on appropriate risk level for programs.

It would be useful to develop briefing materials to share with team members regarding the risk level of participants most appropriate for problem solving courts. Understanding that taking high risk offenders is the most cost effective approach may help team members in selecting participants. It also may be useful to discuss operationalization of risk level at the state level and set revised guidelines for selecting participants. It might be particularly helpful to direct training towards partners in law enforcement and county attorneys. Coordinators in some programs indicated that these partners tend to be the most hesitant to admit higher risk offenders into problem solving programs.

Some courts do not administer the LS/CMI or the YLS/CMI until after the person is accepted into drug court. Administering these instruments to potential candidates would allow drug court teams to have an objective measure of risk level as they consider whether candidates are appropriate for problem solving court.

Key Finding: For the most part, there are few disparities between persons who participate in problem solving courts and those who are placed on probation.

Only two adult courts were significantly different on any demographic variables when compared to the matched probation sample. The Central Nebraska Adult Drug Court has a higher proportion of women enrolled than are enrolled in probation in the same counties covered by the drug court.

The Douglas County Adult Drug Court differs from those enrolled in probation in Douglas County on two demographic variables: age and ethnicity. Participants in the drug court are younger than people who are given probation. Also, the drug court has a higher proportion of participants who are white/ Caucasian, and a lower proportion of participants who are black/ African-American, than does probation.

Only one juvenile court is significantly different on any demographic variable when compared to the matched juvenile probation sample. The Scotts Bluff County Juvenile Drug Court has participants that are significantly older than those juveniles sentenced in Scotts Bluff County to probation.

Recommendation: Continue monitoring disparities between problem solving court participants and wider populations in the justice system statewide.

We recommend continued monitoring of disparities on a statewide basis.

Recommendation: Examine possible causes behind the racial disparity in the Douglas County Adult Court.

It is not clear why more white/Caucasians and fewer black/African Americans are enrolled in the Douglas County Adult Drug Court given that the samples were matched on criminal offenses and level of risk. We recommend an examination to determine if there are barriers in the criminal justice/judicial processes that may be a cause for the disparity.

Key Finding: There is a substantial length of time from arrest to enrollment in problem solving courts.

One of the key components of problem solving courts is, “eligible participants are identified early and promptly placed in the drug court program.” Although there are differences across courts, the evaluation indicates participants tend to wait many months from the time they are arrested until they are enrolled in problem solving courts. This is true for all types of problem solving courts. Although the length of time between arrest and enrollment did not predict success in Nebraska problem solving courts, it may be that the average time for any participant to enter drug court is so long that all participants are equally disadvantaged. In other words, it may not make a difference if someone waits two months or four months or six months to enter problem solving court, but it might make a difference if someone enters within a few weeks compared to someone who enters in a few months. .

Recommendation: Efforts should be made to reduce time between arrest and enrollment.

It may be useful both at the state level and at the local court level to examine the Nebraska juvenile and criminal justice processes to determine if there are ways to decrease the time between arrest and enrollment.

PROGRAM IMPLEMENTATION

The original evaluation questions related to program implementation were:

Questions related to program implementation:

3. What are the program components (e.g., types and amounts of services/sanctions/court procedures) for each court, and how do they compare across courts?
4. How does practice compare to designed procedures (fidelity) and best practices?

To understand the programs and their components, we reviewed policies and procedures and conducted site visits for each court (see Chapter 1). To understand best practices, we

reviewed the problem solving court literature (see Chapter 2). To understand the differences across courts, we used data from the PSCMIS to compare the different programs (see Chapter 5).

All courts are attempting to adhere to the 10 key drug court components. In all programs, teams meet regularly to review progress for each participant, discuss sanctions and incentives, and review material on prospective participants. Although teams typically involve the judges, coordinator, supervising officer and prosecuting attorneys, there are differences across programs in whether they regularly involve public defenders, law enforcement, treatment providers, and other agency representatives. Court hearings across programs tend to be similar, although there are differences across the courts in the amount of time the judge spends talking to each participant; less time for each participant is generally spent in larger courts. There are significant differences in the frequency of hearings across adult programs, but not for juvenile drug courts.

All programs except one use a phase system, typically three to five phases that participants must progress through to graduation. Programs rely on frequent drug testing and use sanctions and incentives to try to mold behavior. Funding for incentives is an issue; in some programs, incentives such as gift cards are actually paid for by team members. There are significant differences across courts in the average number of incentives and sanctions given to each participant; however, these differences may be due to differences in the types of incentives and sanctions entered into the PSCMIS. There are also significant differences across adult drug courts and across juvenile drug courts in the number of drug tests given to each participant.

There are significant differences across adult drug courts and across juvenile drug courts in the amount of time from admission to graduation; the average number of months in program for graduates ranged from about 16 months to over 26 months, and the average time for juvenile programs ranged from about 13 months to about 18 months. A number of programs, particularly juvenile drug courts, graduate participants in less than 12 months.

Coordinators indicated day reporting centers and treatment services are scarce in rural areas. A number of coordinators also believe the quality of treatment providers varies substantially in each area and across the state. Coordinators indicated the standardized model has enhanced substance abuse evaluation and services in Nebraska. However, some coordinators thought that participation by some services providers could be higher, and expressed the desire to have more meaningful reports on what was being done in treatment and how the participant was progressing. Coordinators also indicated that teams often have to address concerns they may have with the quality of service among some treatment providers.

Many coordinators expressed the desire to continue or enhance statewide coordination and training for coordinators, and for problem solving court team members. Some indicated that although the original team members had received training at the start of the

program, many of those team members had left, and new team members do not have the knowledge and experience with the drug court model.

Findings Related to Problem Solving Court Operations

Key Finding: Persons who are employed more hours and have higher levels of education tend to be more successful in problem solving courts, and increases in level of education predict success.

Recommendation: Continue to stress educational achievement and employment as a condition of graduation.

Problem solving courts in Nebraska have emphasized the development of education and employment skills for participants. The evaluation confirms the need to continue this focus. However, with court hearings, drug testing, supervision, attending treatment and self-help groups, in addition to ensuring participants receive education and employment services, there is an increased need for coordination of services. Hall, Williams & Reedy (2008) provide recommendations for enhancing case management in problem solving courts:

- Conduct thorough assessments to determine needs in multiple domains including needs related to substance abuse, mental health, education, employment/vocation, social support including family and peers, recreation, physical health, financial and legal.
- Planning based on individual needs that incorporate strategies in accordance with the cultural background of the participant and the participant's family. The planning is based on a team approach with the participant as an integral member.
- Linking the participant to high quality services and supports that can fulfill the strategies in the plan of care.
- Monitoring the implementation of the participant plan of care, and ensuring both the services are provided and the strategies employed are meeting the participant's needs. This allows for modifying the plan when progress is not occurring.
- Communicating progress across team members so everyone understands their part of the participant plan of care while understanding the big picture.
- Advocating for benefits and services, and assisting in navigating the myriad systems involved in the participant's life.

Recommendation: Examine alternative approaches to persons with lower educational levels and lack of employment.

For juveniles, the grade level at entry, but not age, predicted success. Presumably then, youth who were at lower grade levels in relation to their age are at risk of not graduating, and strategies should be developed to enhance educational achievement.

Key Finding: For both adult and juvenile offenders, the fewer sanctions received, the more likely they are to graduate. For juvenile offenders, the more incentives they receive, the more likely they are to graduate.

Recommendation: Monitor the use of incentives and sanction.

One explanation for these results is that more sanctions simply mean the participant is violating conditions more often, and more incentives mean the participant is progressing well. On the other hand, it is possible, at least with juveniles, that recognizing their progress with more incentives actually increases their chances of success. With sanctions, inappropriate use or overuse may actually produce negative side effects (Marlowe, 2008). Regardless of the cause, the results indicate that when participants are receiving more sanctions and fewer incentives, they are at risk of not graduating. Therefore, monitoring sanctions and incentives for each participant is useful.

Research indicates incentives are a powerful reinforcement of desirable behavior in problem solving courts (Stitzer, 2008). Best practices include incorporating incentives into all aspects of problem solving courts, providing reports to the judge that focus on the success and accomplishments of each participant, ensuring the judge delivers verbal praise whenever warranted, and providing monetary incentives (e.g., gift cards, prizes) when warranted. It is also a good idea to celebrate successes such as graduation from problem solving court and advancement across levels.

It is also important to use sanctions appropriately. Marlowe provides some guidelines for the use of sanctions:

- Provide a clear explanation of the behavior that gives rise to the sanction; ambiguity reduces the effectiveness of the sanction. Participants should understand up front, what behaviors give rise to what sanctions.
- Be consistent with sanctions; if they are not applied uniformly, participants will perceive the process to be unfair and sanctions will have less effect. Although sanctions may be individualized, similar levels of sanctions should be given for similar types of unacceptable behavior.
- There should be certainty of receiving a sanction for specified behaviors. Second chances should be avoided.
- Sanctions should be imposed as soon as possible after the behavior to maximize effectiveness. Problem solving courts that allow team members such as treatment providers, probation officers, and educators are more likely to be effective than if sanctions are only applied at court hearings. It is important, however, to communicate among team members when sanctions are imposed.
- Moderate sanctions tend to be more effective than severe or minimal sanctions.
- Sanctions should always be administered with the ultimate outcome in mind – shaping the behavior of the participant. It should be kept in mind that sanctions

only provide a mechanism for teaching participants what not to do and must be combined with incentives to encourage positive behaviors.

In addition, some scholars suggest participants should be sanction free, or at least no positive drug tests, 90 days before they are allowed to graduate from problem solving courts (Carey, et al., 3011). It is recommended Nebraska problem solving courts adopt this standard.

Key Finding: Additional funding could be used to enhance participant incentives and activities.

Some coordinators indicated they lacked funding for participant incentives; coordinators and judges sometimes use their own funds for incentives, gas money for participants to get to treatment, and other essentials. In rural areas, travel to participate in required services is an issue. Participants may struggle with having funds to drive to treatment appointments or step program meetings.

Recommendation: Develop strategies to enhance financial resources for each problem solving court.

There are a number of strategies that can be used to increase resources for problem solving courts (Reilly & Pierre-Lawson, 2008). These include the following:

- Developing client fee systems in which participants pay a portion of the costs for drug testing, incentives, and supervision, which assist in teaching participants about responsibility and accountability. Strategies include assessing a minimal flat fee for all participants or basing fees on a sliding basis in accordance with each individual's ability to pay; some courts assess fees for positive drug test or missing appointments which helps reduce bad behavior. Reduction or waiver of participant fees may be used as an incentive for progress in meeting expectations of the problem solving court.
- Some problem solving courts develop local partnerships with coalitions, community foundations, non-profit organizations, and local human service agencies and work together on fundraising, grant writing, marketing, and identification of other funding sources.
- Some problem solving courts have been successful in accessing local public funding for court functions such as incentives. These funding streams can include county or city tax revenues or a portion of public fees.
- Conduct outreach towards policymakers or elected officials. Demonstrate the efficacy of problem solving court programs, and success cases in order to build support for funding.
- Develop a media strategy for problem-solving courts. Partner with local media outlets to facilitate a public outreach and visibility plan.

- Develop a statewide strategic approach to accessing federal funds. Some coordinators noted that currently programs from different parts of the state compete against one another by going after the same federal grant dollars. Working collectively might result in an approach that targets the greatest need and benefits all programs in Nebraska.
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Key Finding: Best practices promote judges, law enforcement, and treatment providers being members of the problem solving court team; Yet some teams do not have regular attendance from these sectors.

Some problem solving teams do not have regular attendance by treatment professionals, law enforcement and even judges. Best practice standards indicate representatives from these professional disciplines are critical for effective operation (E.g., Carey, Finigan, & Mackin, 2011).

Recommendation: Encourage participation of key stakeholders in problem solving court teams.

It may be helpful to share lessons learned among problem solving programs regarding how to engage key professionals in the team process. It may also be helpful to develop champions from these professions who can explain the importance of team involvement to their colleagues.

Key Finding: Best practices suggest judges spend no less than three minutes for participant during the problem solving court hearing. Judges in larger courts tend to spend less time with participants.

There is some evidence that the more time the judge spends with participants, the more likely participants may have positive outcomes. Commentators suggest that judges spend at least three minutes with each participant during hearings (Carey, et al. 2011). Some judges, particularly in larger problem solving courts in Nebraska, spend less than the recommended time per participant. In one court, there was almost no interaction between judge and the participants.

Recommendation: Judges should make efforts to spend sufficient time interacting with each participant during drug court hearings.

We recognize that judges are busy, particularly in larger courts; however, since spending more time with participants is likely to produce better outcomes, it appears to be worth the extra effort.

Key Finding: Most coordinators believe day reporting is a valuable component to participants; however, some programs, particularly in rural areas, have less access to and resources for, day reporting centers.

As with many services in Nebraska, rural areas often have fewer treatment or community services available. So it is not surprising that rural problem solving courts have less access to day reporting centers than urban courts.

Recommendation: Use funding strategies to enhance access to day reporting centers.

Key Finding: Some problem solving courts graduate participants in less than 12 months.

Best practices suggest participants spend a minimum of 12 months and preferably longer in drug court prior to graduation, and participants should have 90 or more days of clean drug tests before graduation (e.g., Carey, et al., 2011).

Recommendation: Review problem solving court procedures to ensure appropriate length of participation.

Most coordinators indicated that while some participants may have shorter periods of participation in the past, recently graduated participants have spent more time in the program.

Findings Related to Problem Solving Court Statewide Coordination and Improvement

Key Finding: Problem Solving Courts could benefit from additional training, coordination, and quality improvement efforts.

A number of problem solving court coordinators indicated they appreciated previous trainings conducted in Nebraska such as the training on incentives and sanctions conducted last year. They recognized that resources are needed to continue these types of training, but felt the information helped them improve the quality of their courts. A number of coordinators felt in-state trainings were particularly helpful for problem solving court team members in increasing their knowledge about best practices, and to help build team identity and cohesiveness. For those courts which received federal grants, they thought the national trainings were very useful and helped raise the level of knowledge of their problem solving court team. Since there is ongoing turnover of team members, there is thus a need for continual training to orient new team members to the drug court model, expose them to current research, and network with more experienced practitioners and coordinators.

Another recommendation proposed by one coordinator involves drug court team members who attend national trainings, bringing back information from those trainings to share with others in Nebraska on a state and local level. Using this approach, those programs which have grant funding and are able to afford to send people to training could share state of the art drug court information with programs that cannot send people to training. This process could be facilitated if prior to the training, programs could discuss the types of information of most interest to courts in Nebraska.

Recommendation: Continue to host problem solving court trainings in Nebraska on an annual basis, if not more frequently if possible.

Trainings were viewed as a tool to enhance knowledge of team members about evidence based practices, build team unity, and to exchange information with other problem solving courts in Nebraska.

Recommendation: Continue to meet regularly as coordinators

Although coordinators recognized the time challenges in meeting on a regular basis, most thought that it is important to meet as a group with state leaders to address issues and to continue to map the future for problem solving courts in the state. Coordinators recognized the efficiency of meeting by conference call and video conferencing; however, some coordinators thought that some face to face meetings were important to develop cohesion among coordinators and grow as a statewide team. Coordinators appreciated leadership at the state level and some saw the need for more uniformity and higher standards. Some suggested that state leaders visit their courts more often and possibly rotate statewide coordinator meetings around to the problem solving courts across the state so peer observation and learning could occur. One coordinator suggested starting with the 10 drug court principles and working to operationalize these in more detail for Nebraska.

Recommendation: Develop additional methods to share lessons learned across problem solving courts.

Many of the coordinators have developed an informal network with other coordinators which allow sharing of ideas and trouble shooting. A number of coordinators thought it might be useful to have additional tools to share information across courts. One option might be to develop a members-only link on the existing Problem Solving Court web site with a chat function and a place to upload resources such as professional papers, participant surveys, policies and procedures, evaluation tools, and service review reports (discussed later). For example, one coordinator was interested in finding out what other courts did to get graduates of problem solving courts to mentor current participants in drug courts. A web site where questions and answers could be posted and materials archived could assist in sharing best practices around selected topics. A number of coordinators thought that the curriculum being developed would be helpful.

Recommendation: Periodically review the needs of problem solving courts.

Some coordinators thought it would be valuable to assess the statewide needs of problem solving courts from the perspective of the local courts. This could be done through variety of methods including anonymous web-based survey of problem solving court members, coordinator group meetings, and state visits to local courts.

Recommendation: Standardize some practices across problem solving courts.

There appear to be differences among some individual problem solving court programs when it comes to general court hearing practices, and overall approaches to the drug court model and potential due process concerns. These differences could be addressed by specialized trainings, or clarifications of state court rules. Although individual programs do enjoy a degree of discretion and autonomy in implementing problem solving programs, there should be a baseline of consistent practices that are required in all courts in adherence with state court rules and best practices for problem solving courts. At the very least, programs should review participant contracts used at the bond-in process to ensure that all program and hearing expectations, rules, and parameters are made clear to participants, adults/guardians, and their legal representatives prior to their entrance into a problem solving court program.

Key Finding: Family drug courts are struggling due in part to the challenging environment in a changing child welfare system.

The struggles of the child welfare system as it has moved toward privatization have been well documented. This transformation of the system has had an adverse impact on family drug courts.

Recommendation: Provide additional support to family drug courts.

It is recommended that the Administrative Office of the Courts and problem solving court coordinators provide additional outreach and offer assistance to family drug courts as they move through the system transition. The Administrative Office of the Courts could work with the Nebraska Department of Health and Human Services to jointly establish roles and responsibilities for support of family drug courts. Family drug court coordinators were unclear about key components of drug courts, and the applicability of Supreme Court rules such as the standardized model for treatment. Additionally, there does not seem to be a comprehensive or coordinated approach to data gathering among family courts. There is a need to fill this vacuum in overall direction and support.

Recommendation: Work with broader coalition to assist in addressing Nebraska's child welfare issues.

A number of entities including the Nebraska Legislature are working to improve the state's response to children in state custody. The problem solving court state coordinator

and local coordinators have expertise that could be tapped to help find solutions to the current situation.

Findings Related to Treatment

Key Finding: Type of drug does not predict success in problem solving courts; however, the number of substances used by participants is associated with graduation.

The greater the number of kinds of drugs used at the start of an adult drug court program, the more likely a person is to not graduate. This same relationship was not found for juveniles.

Recommendation: Ensure treatments are evidence based, particularly for adults who use multiple substances.

There are a number of evidence based practices for substance abuse treatment, including abuse of multiple substances. A potential starting resource to identify evidence based practices for substance abuse is the National Registry of Evidence-Based Practices and Programs. Some of the evidence based practices include the following:

Evidence Based Practices for Adolescents:

- Adolescent Community Reinforcement Approach (A-CRA): The Adolescent Community Reinforcement Approach (A-CRA) to alcohol and substance use treatment is a behavioral intervention that seeks to replace environmental contingencies that have supported alcohol or drug use with pro-social activities and behaviors that support recovery.
- Chestnut Health Systems - Bloomington Adolescent Outpatient (OP) and Intensive Outpatient (IOP) Treatment Model: The Chestnut Health Systems-Bloomington Adolescent Outpatient (OP) and Intensive Outpatient (IOP) Treatment Model is designed for youth between the ages of 12 and 18 who meet the American Society of Addiction Medicine's criteria for Level I or Level II treatment placement.
- Family Support Network (FSN): Family Support Network (FSN) is an outpatient substance abuse treatment program targeting youth ages 10-18 years. FSN includes a family component along with a 12-session, adolescent-focused cognitive behavioral therapy--called Motivational Enhancement Therapy/Cognitive Behavioral Therapy (MET/CBT12)--and case management.
- Multidimensional Family Therapy (MDFT): Multidimensional Family Therapy (MDFT) is a comprehensive and multisystemic family-based outpatient or partial hospitalization (day treatment) program for substance-abusing adolescents, adolescents with co-occurring substance use and mental disorders, and those at

high risk for continued substance abuse and other problem behaviors such as conduct disorder and delinquency.

- Multisystemic Therapy With Psychiatric Supports (MST-Psychiatric): Multisystemic Therapy With Psychiatric Supports (MST-Psychiatric) is designed to treat youth who are at risk for out-of-home placement (in some cases, psychiatric hospitalization) due to serious behavioral problems and co-occurring mental health symptoms such as thought disorder, bipolar affective disorder, depression, anxiety, and impulsivity.
- Phoenix House Academy: Phoenix House Academy (formerly known as Phoenix Academy) is a therapeutic community (TC) model enhanced to meet the developmental needs of adolescents ages 13-17 with substance abuse and other co-occurring mental health and behavioral disorders.
- Residential Student Assistance Program (RSAP): The Residential Student Assistance Program (RSAP) is designed to prevent and reduce alcohol and other drug (AOD) use among high-risk multi-problem youth ages 12 to 18 years who have been placed voluntarily or involuntarily in a residential child care facility (e.g., foster care facility, treatment center for adolescents with mental health problems, juvenile correctional facility).
- SITCAP-ART: SITCAP-ART (Trauma Intervention Program for Adjudicated and At-Risk Youth) is a program for traumatized adolescents 13-18 years old who are on probation for delinquent acts. These youth, who are court ordered to attend the program, are at risk for problems including dropping out of school, substance abuse, and mental health issues.
- Moral Reconciliation Therapy: Moral Reconciliation Therapy (MRT) is a systematic treatment strategy that seeks to decrease recidivism among juvenile and adult criminal offenders by increasing moral reasoning. Its cognitive-behavioral approach combines elements from a variety of psychological traditions to progressively address ego, social, moral, and positive behavioral growth.
- Multidimensional Treatment Foster Care (MTFC): Multidimensional Treatment Foster Care (MTFC) is a community-based intervention for adolescents (12-17 years of age) with severe and chronic delinquency and their families. It was developed as an alternative to group home treatment or State training facilities for youths who have been removed from their home due to conduct and delinquency problems, substance use, and/or involvement with the juvenile justice system.
- Multisystemic Therapy (MST) for Juvenile Offenders: Multisystemic Therapy (MST) for juvenile offenders addresses the multidimensional nature of behavior problems in troubled youth. Treatment focuses on those factors in each youth's social network that are contributing to his or her antisocial behavior.
- Project MAGIC (Making A Group and Individual Commitment): Project MAGIC (Making A Group and Individual Commitment) is an alternative to juvenile

detention for first-time offenders between the ages of 12 and 18. The program's goals include helping youths achieve academic success; modifying attitudes about alcohol, tobacco, and other drugs; and enhancing life skills development and internal locus of control.

Evidence Based Practices for Adults:

- **Brief Marijuana Dependence Counseling** Brief Marijuana Dependence Counseling (BMDC) is a 12-week intervention designed to treat adults with a diagnosis of cannabis dependence. Using a client-centered approach, BMDC targets a reduction in the frequency of marijuana use, thereby reducing marijuana-related problems and symptoms.
 - **Brief Strengths-Based Case Management for Substance Abuse**: Brief Strengths-Based Case Management (SBCM) for Substance Abuse is a one-on-one social service intervention for adults with substance use disorders that is designed to reduce the barriers and time to treatment entry and improve overall client functioning.
 - **Contracts, Prompts, and Reinforcement of Substance Use Disorder Continuing Care (CPR)**: Contracts, Prompts, and Reinforcement of Substance Use Disorder Continuing Care (CPR) is an aftercare intervention for adults that begins in the final week of residential substance abuse treatment.
 - **Interim Methadone Maintenance**: Interim Methadone Maintenance, also known as Interim Maintenance or IM, is a simplified methadone treatment program for opioid-dependent adults who are on waiting lists for comprehensive methadone treatment.
 - **Motivational Interviewing**: Motivational Interviewing (MI) is a goal-directed, client-centered counseling style for eliciting behavioral change by helping clients to explore and resolve ambivalence. The operational assumption in MI is that ambivalent attitudes or lack of resolve is the primary obstacle to behavioral change, so that the examination and resolution of ambivalence becomes its key goal.
 - **Say It Straight (SIS)**: Say It Straight (SIS) is a communication training program designed to help students and adults develop empowering communication skills and behaviors and increase self-awareness, self-efficacy, and personal and social responsibility.
 - **Moral Reconciliation Therapy**: Moral Reconciliation Therapy (MRT) is a systematic treatment strategy that seeks to decrease recidivism among juvenile and adult criminal offenders by increasing moral reasoning. Its cognitive-behavioral approach combines elements from a variety of psychological traditions to progressively address ego, social, moral, and positive behavioral growth.
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Key Finding: Substance abuse services are lacking.

Recommendation: Work with state partners to increase availability and accessibility of quality substance abuse services.

Reilly and Pierre-Lawson (2008) recommend a number of options for expanding treatment for participants in problem solving courts:

- Work with a broader coalition of behavioral health stakeholders to identify the need for substance abuse services in the state and develop strategies to seek additional resources. In Nebraska this could include state agencies such as the Nebraska Department of Health and Human Services Division of Behavioral Health, regional entities such as the Nebraska Behavioral Health Regions, and statewide provider organizations such as the Nebraska Association of Behavioral Health Organizations.
- Work with the state Legislature to explore additional appropriations for substance abuse treatment through general funds, tobacco or liquor taxes or settlement funds, or statewide use of court fees.
- Work with the state Medicaid agency (Nebraska Department of Health and Human Services Division of Medicaid and Long Term Care) to address Medicaid funding issues related to participants in problem solving courts.
- Work with the state welfare agency (Nebraska Department of Health and Human Services Child and Family Services Division) to address access to substance abuse services for youth who are wards of the state and for parents of those youth.

Key Finding: The quality of treatment providers is not uniform and there is a lack of communication between courts and some providers.

A number of coordinators indicated that not all service providers were of the same quality. Some also expressed frustration that some providers provided minimal information about progress in treatment. At the same time, coordinators also reported feeling that spending time in quality assurance of treatment providers was not their role, and detracted from their main responsibilities of managing their programs. There is a need to potentially re-examine the overall statewide approach to the relationship between problem solving courts and treatment providers on a comprehensive level. At a minimum, treatment providers should be obligated to use evidence based practices for program participants, and document such use on a regular basis.

Recommendation: Develop guidelines for providers to clearly report what evidence based practices they are using, why the practice is appropriate for the needs of particular individuals, how they are monitoring fidelity to the practice, and what objective measures they are using to track progress and improvement for participants.

Service providers have a responsibility to ensure their practices conform to evidence based practices, to use appropriate fidelity and outcome measures, and to communicate these metrics to problem solving courts. Generally, researchers who have developed evidence based models have also created measure, and procedures to ensure fidelity to these models. In addition, there are a number of outcome feedback processes available to measure progress in treatment (e.g., Bickman, in press; Burlingame, Wells, & Lambert, 2004; Harmon, Lambert, Smart, Hawkins, Nielsen, Slade, & Lutz, 2007; Hawkins, Lambert, Vermeersch, Slade, & Tuttle, 2004; Lambert, Hansen, & Finch, 2001; Lambert, Whipple, Vermeersch, Smart, Hawkins, Nielsen, & Goates, 2002; Slade, Lambert, Harmon, Smart, & Bailey, 2008; Whipple, Lambert, Vermeersch, Smart, Nielsen, & Hawkins, 2003).

OUTCOMES

The original evaluation questions related to outcomes were:

Questions related to outcomes:

5. How do participant outcomes (e.g., post-program recidivism) match up to comparison group outcomes?
6. How are outcomes associated with client characteristics (e.g., severity of offense, demographics, treatment needs, sentencing guidelines), program implementation (e.g., treatment dosage), and costs?

To assess outcomes of problem solving court participants, we selected individuals who had successfully graduated from programs across the state and worked with the Nebraska Crime Commission to determine recidivism using a standard definition. We used a matched comparison of individuals on probation and compared these two groups. Although the two groups are not equivalent (e.g., problem solving court participants are higher risk than individuals on probation), they did have equivalent recidivism rates (see Chapter 8).

We were also interested in progress indicators for the courts (e.g., increase in hours employed, change in risk scores); we collected these data from the PSCMIS and compared measures across the different problem solving courts (see Chapter 7). To understand what participant characteristics and what program features predict outcomes, we conducted an analysis of these variables as they relate to whether a participant graduates and whether the participant recidivates after leaving the program (see Chapter 9). We had intended to examine how costs were related to outcomes; however, we were not able to gather cost data by individual for problem solving courts. We were able to estimate reported costs by program and by types of costs for those courts (see Chapter 6).

We found significant differences in graduation rates across adult courts and across juvenile courts. There were also differences in change in hours worked and in educational achievement; however, these differences are likely due to variation in how data is

reported. Other significant differences across programs include change in positive drug tests and change in risk levels. Factors that are associated with successfully completing problem solving court include age of the participant, race/ethnicity, hours worked per week, initial education level as well as change in education level, number of drugs used prior to program involvement, risk levels and change in risk levels, number of hearings each month, sanctions per month, incentives per month, number of drug tests per month, and change in percent of positive drug tests. For adults, changes in three sub-scores on the LS/CMI predicted graduation: Alcohol and Drug Problems, Leisure/Recreation, and Antisocial Patterns. For juveniles, changes in five sub-scores of the YLS/CMI predicted successful completion of drug court: Education (EE), Family (FCP), Personality/Behavior (PB), Leisure/Recreation (LR) and Attitudes/Orientation (AO). Factors that were not found to be associated with graduation include gender, marital status, charged offense class, drug of choice, and time from arrest to participation. For adults, age and marital status predicted post program recidivism; younger participants are more likely to recidivate, and participants who are married or cohabitating are less likely to recidivate. Not surprisingly, participants who graduate from problem solving courts are less likely to commit criminal offenses than participant who are terminated.

The cost study has significant limitations. We were not able to obtain some types of costs such as the cost of day reporting and electronic monitoring since use of these services in not maintained in the PSCMIS. There was difficulty in collecting other types of cost data; for example, there is no consistent system for collecting costs from different funding sources for treatment services. We had mixed success in obtaining treatment cost information from substance abuse service providers. Because of these and other limitation, we urge caution in interpreting cost results. Per day, per participant costs ranged from \$12.80 to \$39.59 for adult drug courts and from \$37.19 to \$86.19 for juvenile drug courts.

Findings Related to Outcomes

Key Finding: Both initial LS/CMI and YLS/CMI and improvement in these measures predict success.

Both LS/CMI Total Score, and Level, are related to program completion, as are all sub-scores except Leisure/Recreation. Also, change in both the LS/CMI level and LS/CMI total score are related to program completion status: The more a person's LS/CMI level or score decreases, the more likely they are to graduate. Also, three LS/CMI sub-scores have this same relationship with program completion status: Alcohol and Drug Problems (ADP), Antisocial Patterns (AP), and Leisure/Recreation (LR). Both the initial YLS/CMI level and total score are significantly related to program completion status. Juveniles with lower initial scores for either are more likely to graduate. Several of the YLS/CMI sub-scores have the same relationship with program completion status. Only Prior and Current Offenses (PCO), Peers (PR), and, interestingly, Substance Abuse (SA), are not related to program completion. Change in the YLS/CMI total score, but not the YLS/CMI level, is related to program completion status. The more a juvenile's YLS/CMI score

decreases, the more likely they are to graduate. Also, six YLS/CMI sub-scores have this same relationship with program completion status: Prior and Current Offenses (PCO), Peers (PR), Substance Abuse (SA), Leisure/Recreation (LR), Personality/Behavior (PB), and Attitudes/ Orientation (AO). For young adult court, both LS/CMI total score and LS/CMI level are related to program completion. A participant with a lower initial LS/CMI score or level is more likely to graduate. The Antisocial Pattern (AP) sub-score also predicts program completion status. For the DUI court, the change in the LS/CMI Procriminal Attitude/Orientation (PA) is significantly related to program completion status.

Recommendation: Continue to use LS/CMI and YLS/CMI to measure progress.

Special attention should be given to total scores and the ADP, AP, and LR subscales. Participants who are not progressing on these subscales are at risk of not graduating. Reviewing changes in these scores may allow the drug court team to develop specific strategies to address individualized needs.

Recommendation: Use initial LS/CMI and YLS/CMI scores to individualize approaches.

All subscales on the LS/CMI but one (recreation and leisure) predict whether a problem solving court participant will graduate. Therefore, it should be useful for problem solving court teams to review the initial LS/CMI and the subscales to individualize strategies for each participant. These results reinforce the value of taking a holistic approach to addressing the needs of offenders. For adults, since the initial levels or change in levels of all LS/CMI sub-scores predicted success, it is important as a problem court team to plan for preventing criminal behavior and reducing pro-criminal attitudes, addressing substance abuse treatment needs, enhancing education and employment, addressing family and marital issues, attending to recreational and leisure needs, ensuring the participant associates with appropriate companions, and addressing antisocial behavior patterns. One strategy to individualize drug court interventions supported by research is to hold more frequent judicial hearings for high risk offenders; Marlowe, et al. (2006), found high risk adult drug court participants receiving bi-weekly judicial hearings did better than high risk participants receiving a more traditional hearing schedule.

Similarly for juveniles, since the initial levels or changes in the YLS/CMI and all sub-scores predict graduation, teams should focus on substance abuse, criminal behavior, education, family issues, personality/behavior, peers, leisure and recreation, and attitudes and orientation. The initial family sub-score and the change in peer sub-scores were the two strongest predictors; therefore special focus should be on enhancing family relationships and ensuring juvenile participants associate with appropriate peers. This is supported by research. Schaeffer, Henggeler, Chapman, Halliday-Boykins, Cunningham, Randall, and Shapiro (2010) found that interventions designed to enhance parent supervision and to reduce association with delinquent peers were the critical factors in achieving success with juvenile drug court participants. Research also indicates that juvenile drug court participants tend to be more successful when family members attend court sessions (Salvatore, Henderson, Hiller, White, & Samuelson, 2010). Studies have

shown that drug courts that actively acknowledge the contributions of peer relationships to adolescent functioning yield greater success for offenders' ability to adhere to court-mandated sanctions (Linden, Cohen, Cohen, Baden, & Magnani, 2010). Ives and colleagues (2010) also report that adolescents with cases in juvenile drug court were not only less likely to interact with delinquent peers and had higher caregiver involvement and supervision than counterparts with cases in a family drug court.

Key Finding: For all adult participants in adult drug courts, the young adult court, and one family drug court, age was a significant predictor of graduation. For adult courts, age was a significant predictor of recidivism.

The evaluation revealed the older the participant, the more likely they are to graduate. This was true for both adult and juvenile drug courts as well as for the Driving Under the Influence Court. This finding is also in accordance with national research (Belenko, 2001).

Recommendation: Special attention should be given to younger participants.

Problem solving courts should recognize that younger offenders are more challenging and their risk for failure is higher. Therefore, problem solving courts should monitor their successes with young offenders and develop lessons learned for strategies that work. Programs should consider using mentoring opportunities with younger participants, and providing more attention in general to younger participants.

Key Finding: African Americans and other racial ethnic groups including Native Americans do less well in problem solving court.

For adult courts, African Americans and Native Americans were found less likely to graduate than other populations. For juvenile courts, African Americans were also found less likely to graduate than other groups. This finding is consistent with other studies indicating racial and ethnic minorities, particularly African Americans, do less well in problems solving courts than white/Caucasians (see Finigan, 2009 for a summary of studies; see also Belenko, 2001; Roll, Pendergast, Richardson, Burdon, & Ramirez, 2005); although the reasons are not clear.

Recommendation: Develop culturally competent approaches to in drug court procedures and treatment.

Osborne (2008) makes a number of recommendations for enhancing cultural competency for problem solving courts including the following:

- Assess the court and service providers for cultural competency strengths and weaknesses.
- Forge relationships with culturally based organizations within the community.

- Review the treatment environment to ensure it matches the culture of the target population.
- Ensure treatment services are evidence based for the populations being served.
- Examine the composition of the drug court team in relation to the race/ethnicity of the population served.
- Develop a training plan to develop cultural and linguistic competence.
- Assess effectiveness and cultural competency from the perspective of participants.
- Assess accessibility of treatment, employment, education, recreation, reporting, supervision and other services in terms of geographic location, hours of operation, and other factors.
- Review the needs for bilingual staff and treatment providers and ensure essential written materials are in languages of participants.
- Examine the extent to which problem solving courts are able to tailor strategies to meet the unique cultural needs of participants, as opposed to using a single approach.
- Continue to monitor the demographics of the participant population to assess disparities in who enters problem solving court.

For Native American drug court participants, it may be useful to review the monograph by the Tribal Law Institute (2003), which outlines how the 10 key drug court components can be tailored to more effectively serve this population. This approach promotes a healing model that helps put individuals on the journey of spiritual wellness in a culturally appropriate way that helps reduce alcohol and drug dependence.

Key Finding: Accurate cost data is not routinely collected by Nebraska problem solving courts.

Some information that can be used to calculate costs by participant is collected by some programs and entered in the current PSCMIS (e.g., days of incarceration); however, there is no information in the PSCMIS for other types of services such as electronic monitoring and use of day reporting centers. Of particular challenge was obtaining cost data pertaining to treatment since treatment events are not entered into the PSCMIS, and many service providers used by problem solving courts apparently do not maintain records in a way to allow easy and accurate reporting.

Recommendation: Develop a system for collecting cost information.

If developing accurate cost models and conducting useful cost effectiveness and cost benefit analyses are important to the state of Nebraska and to individual programs, then developing a system for collecting reliable and valid cost information is necessary. One component is to ensure the PSCMIS collects event data for relevant services (e.g, day reporting use, treatment service units) and accurate data is entered into the PSCMIS. A

second strategy is to make cost reporting by provider agencies a condition of accepting voucher funds for problem solving court participants; to provide a more comprehensive picture of total treatment costs, the requirement should include all treatment services provided to participant, including those funded by other sources (e.g. Medicaid, insurance, Health and Human Services). The minimum financial data that should be collected for each problem solving court includes the following:

1. Operations costs including salaries and benefits of staff, rent/utilities, supplies/equipment, travel, training, and other operational costs
2. Costs of incentives and sanctions including costs of incarceration when used as a sanction
3. A systematic method to document the amount and cost of time dedicated by drug court team members who are not funded through the operational budget (e.g., judges, attorneys, law enforcement)
4. Costs of treatment and support services including substance abuse and mental health treatment, employment training services, educational services, parent training services, etc.
5. We recommend that costs be collected by funding source for each of the above categories.

EVALUATION CAPACITY

The original evaluation questions related to evaluation capacity were:

Question related to evaluation capacity:

7. What is the increase in evaluation capacity at the state and local levels?

To assess and enhance evaluation capacity at the state and local levels, we conducted a number of activities. During the site visits, we asked coordinators about their program evaluation efforts to better understand their knowledge and capacity (see Appendix 1). We also conducted two workshops on program evaluation, in which we examined a logic model framework and discussed how the logic model could be applied to the evaluation of individual problem solving courts in Nebraska. We reviewed the PSCMIS data system through a program evaluation lens, and provide recommendations below for enhancements that would improve the ability of the state and individual program to conduct program evaluations. Also, to allow replication of the current evaluation, we provide the evaluation tools (see Appendix 2) and a description of the methodology, which can be used for future evaluations (see Appendix 3). Finally, we developed a program evaluation tool kit which can be used by Nebraska problem solving courts (see Appendix 4). We have distributed the full tool kit with links and attachments to each of the Nebraska programs. We found wide variation across the programs in their understanding and implementation of program evaluation. As discussed below, the training conducted as part of this evaluation appears to have increased knowledge about

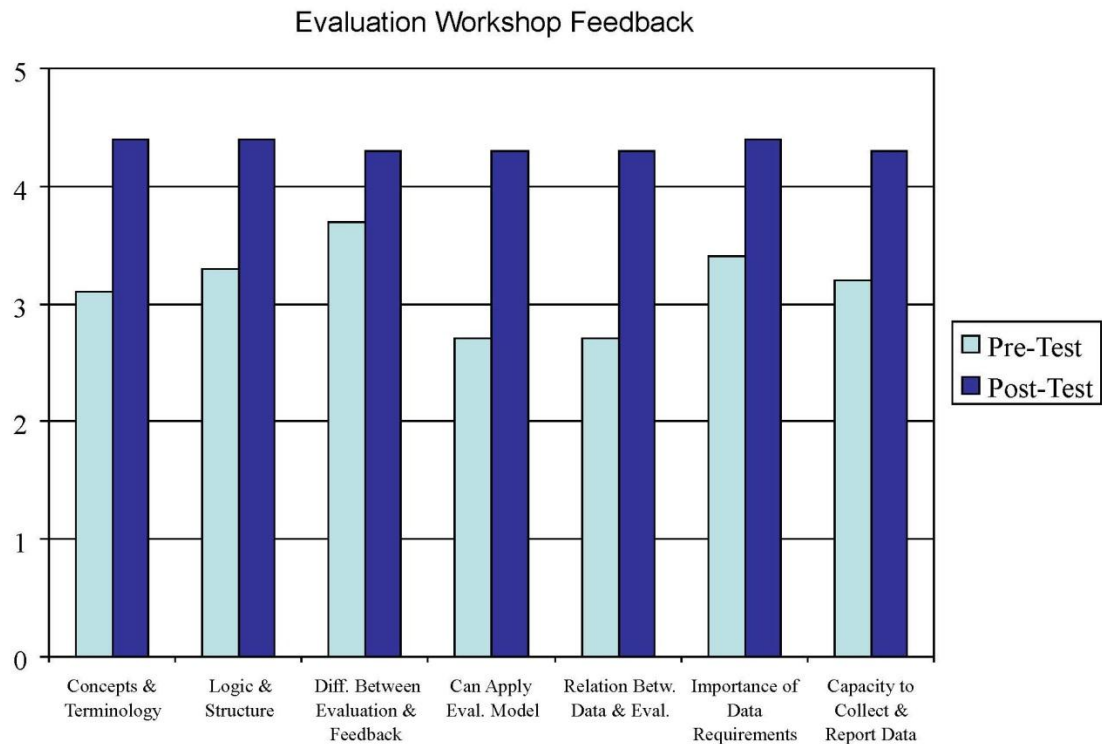
program evaluation. Also, reviewing data with coordinators reinforced to some the value of complete data collection; some coordinators indicated that because of the evaluation, they and their staff were becoming more diligent in entering data into the PSCMIS. The key findings and recommendations for program evaluation in general and the PSCMIS specifically, are described below.

Findings Related to Program Evaluation

Key Finding: Coordinators could benefit from increased assistance in program evaluation

Introductory training on program evaluation was provided to coordinators, many of whom thought their knowledge of program evaluation had improved as a result of the training (see Figure 10.1).

Figure 10.1



Recommendation: Develop an evaluation tool kit that can be used by problem solving courts for their evaluation needs.

As part of the program evaluation, the Public Policy Center developed an evaluation tool kit that can be used by coordinators to enhance their evaluation capacity.

Key Finding: Problem solving courts could benefit from periodic external practice reviews.

A number of coordinators indicated they would find it helpful for others to view their courts and make recommendations from an objective, outside perspective. Some of these coordinators also thought it would be valuable to visit and observe other courts so they could learn about their overall practices and approaches.

Recommendation: Implement periodic peer practice reviews.

Service practice reviews can be implemented inexpensively by using existing coordinators and problem solving court team members to conduct reviews. Practice reviews can be useful, cost effective means to increase peer to peer learning. Typically teams of two or three persons conduct reviews and use a fidelity assessment tool or interview protocol while visiting other programs. Examples of interview questions and fidelity assessment tools are included in the evaluation tool kit. These tools, however, should be used to guide rather than dictate the process. The key to successful and useful practice reviews is to structure reviews around issues of importance to the court being reviewed. This could be particularly helpful given that levels of experience differ among program coordinators, and more experienced coordinators can be excellent resources for newer ones.

Generally, reviews last a day, and involve review of policies and procedures, observation of the problem solving court team meeting and the problem solving court hearing, and interviews with individual problem court team members or group discussion. Reviews generally focus on what the problem solving court does well and challenges it faces. Peer reviewers from other courts operate from the perspective that they are not the experts with all the answers; rather they are peers that can share insight from their own courts or what they have learned through their experience. Peer reviewers may learn as much from the review process as the court being reviewed, and can use this information in analyzing their own court procedures. Generally, peer reviewers are within the same type of problem solving court (i.e., juvenile drug court team members conduct reviews of other juvenile drug courts); but it may also be valuable to do cross-court reviews to gain additional perspectives. Another option is to include state leaders on the peer review team to share their insights from a state and national perspective and to apply that knowledge to local courts.

Findings related to the Problem Solving Court Management Information System

Key Finding: The Problem Solving Court Management Information System (PSCMIS) provides an opportunity to improve management and evaluation of Nebraska problem solving courts with key enhancements.

A review of the Problem Solving Court Management Information System (PSCMIS) revealed challenges with data collection, storage, retrieval and use. The following strategies are suggested to enhance the information management functions, thereby improving the ability to evaluate and manage problem solving courts in Nebraska.

Recommendations: Develop a data dictionary to ensure consistent data entry across courts.

A data dictionary is a "centralized repository of information about data such as meaning, relationships to other data, origin, usage, and format." (IBM, 1993). Data dictionaries provide standardized definitions for terms and guidance for how data should be entered into an information system. Currently there is no data dictionary for the PSCMIS, which created inconsistencies in data entry and interpretation. For example, courts currently have different interpretations of "intake date" in the data base; some use the screening date, some the date a participant is accepted into the program, some use the referral date, and others use the date when a participant is oriented to the program. Another example is "appointment date." Some courts use this field to identify all appointments while others use it only for recording court dates. A third example is "drug of choice." Some courts enter any drug they have ever tried while other courts only enter one drug (the primary drug of choice) even if the participant has used multiple drugs. We recommend development of a data dictionary that provides clear guidance for the meaning of all options for all data fields within the PSCMIS. The data dictionary should be regularly updated as the PSCMIS changes or as practices change.

Once the data dictionary is developed, it is important to conduct training on the data dictionary to ensure consistency in data entry and interpretation. In addition, it would be useful to conduct ongoing training on using Oracle, the software program for the PSCMIS. If automated reports are created, training could occur on these as well.

Recommendation: Collect the performance measure outlined in the Nebraska Statewide Technical Assistance Project: Development of Statewide Drug Court Performance Measures.

The National Center for State Courts consulted with the state of Nebraska and worked with stakeholders to identify performance measures that could be used for all Nebraska problem solving courts and incorporated into the Problem Solving Court Management Information System (PSCMIS) (National Center for State Courts, 2009). Collection of these performance measures provide the basis for understanding how well problem

solving courts work, who they serve, and how they can be improved. While the current PSCMIS captures many of these performance measures, there are a number of measures that are currently not collected. For example, one of the recommended performance measures is time between referral to the problem solving court and admission to the program; however, there is currently no field to collect the date of referral. As we discuss below, some courts collect this information, but not in a way useful for program evaluation (e.g., some are maintaining this data in a separate spreadsheet, while others are entering the data in case notes). Therefore, we recommend modifying the PSCMIS to include all the recommended performance measures in a structure that allows their use for program evaluation and management.

A separate issue is that many of the family problem solving courts are not using the current PSCMIS at all. To be able to assess the family drug courts and to improve the quality of these programs requires collection of consistent performance data. Therefore, we recommend that all family problem solving courts use the PSCMIS.

Recommendation: Decide if all the measures are valuable to collect (e.g., incentives and sanctions).

Courts varied greatly on whether and how they captured data on incentives and sanctions. Some courts entered minimal data, and indicated that they had limited staff and time to do so on a regular basis. Others entered data, but differed in what they entered. Some entered only sanctions that were substantial or incentives with monetary value such as gift cards; while others entered verbal praise or reprimands. It may be valuable for coordinators to decide what information should be entered into the PSCMIS and what should be excluded. Coordinators indicated they or other spend a substantial amount of time entering data now, but that much of the data was not being used. As one coordinator said, “There is too much data entry and not enough output.” A recommendation is to prioritize small number of performance indicators that are most important, decide how these indicators will be used to enhance court functions, and develop processes to ensure high quality and utility of these metrics. This could include developing standard and clear definitions, creating standard reporting forms, ensuring complete and accurate data entry, and monitoring quality of the data.

Recommendation: Modify the information system to collect data over time.

For program evaluation and management purposes, it is valuable to track historic data over time. However, some of the data fields in the PSCMIS are structured to collect only the most recent status of a performance measure, and does not allow tracking over time. For example, for driver’s license status (which is one of the identified performance measures), entry of a new status over-writes the previous status, so only the most current status data is available, not the initial and current statuses. Therefore, we recommend modifying the PSCMIS to capture at least initial status, current status and exit status for relevant performance measures. In addition, it appears that even when there are separate fields for intake and graduation/termination data entry, in some cases data is re-entered in the intake field over time because the field is not locked (e.g., education status, hours employed). Locking this field after the initial entry would resolve this problem. Similarly,

allowing only one entry for the exit status and locking this field would allow comparison between intake and exit.

Recommendation: Develop automated processes to calculate performance measures.

Some of the data in the PSCMIS is collected at multiple time periods and does allow calculating changes over time; however, to calculate many of these performance measures requires exporting the data to a separate spreadsheet or statistical package, and time-consuming recoding of the data. The utility of the PSCMIS could be enhanced if these calculations could be made within the data system itself or integrated into standard reports. Some examples of the performance measures that could be automatically calculated include the following:

- Time in program
- Percent positive drug tests
- Period of longest continuous sobriety
- Number of sessions/hours/days of treatment services and ancillary services
- Hours of community services
- Number of drug court hearings
- Average number of drug court case manager/probation officer contacts
- Number of days of continuous alcohol monitoring
- Time between precipitating event and sanctions
- Time between precipitating event and incentives
- Time between child removal date and admission
- Time between admission and treatment entry
- Time to permanency

Recommendation: Modify the information system to reduce performance measures in text fields.

For information to be useful for program evaluation and program management, it should be in numerical form, which allows data to be tracked over time and easily accessible. However, for some of the performance measures, information in the PSCMIS is entered in case notes as text, which requires time-consuming manual extraction and coding to be useful. For example, one of the recommended performance measures is tracking units of services such as substance abuse and mental health services (e.g., emergency service sessions, assessment services, hours of non-residential services, days of residential services) and ancillary services (e.g., days of housing services, sessions of employment services, sessions of educational services, medical/dental sessions, life skills sessions, parenting sessions). However, some of this information is entered only in case notes. In addition, many of the dates needed to calculate other performance measures such as period of sobriety, days between events and sanctions, and days between events and sanctions, are entered in case notes. We recommend that fields be developed in the

PSCMIS to capture units and dates of each type of service identified in the recommended performance measures. We also recommend that fields be developed to collect dates for performance measures such as time between event and sanctions.

Recommendation: Develop a series of automated reports that would be useful for coordinators at the state and local levels.

Standardized reports are helpful in conducting local program evaluations and improving the quality of problem solving courts. These reports could be pre-programmed in the information system to produce performance measures and other critical data on a statewide basis, for each problem solving court, and for each participant.

Recommendation: Develop ongoing processes to monitor and improve quality of the Problem Solving Court Management Information System.

There are a number of methods that could help improve the overall quality and utility of the PSCMIS. One method would be to conduct information audits to track accuracy and completeness of data entry. Procedures could be as simple as periodic review of data samples from each court to identify data outliers (e.g., birthdates that fall outside selected ranges). Some auditing features could be automated by only allowing entry of numerical data within a certain range.

A second method to improve utility of the data-base is to develop a user group. User groups are useful in developing or improving technological systems such as management information systems. They bring together data entry personnel, data managers and programmers, and data users to trouble shoot problems and to enhance the system as information needs change. The user group provides a focus for continuously monitoring the data needs for problem solving courts and a forum for sharing best practices and lessons learned. Meeting minutes help to document decisions such as changes in definition, software modifications, or changes in reporting requirements.

A third method for quality improvement is to conduct periodic surveys to assess utility of the information system. These surveys could be used to assess ease of data entry, ease of extracting relevant information, utility of standardized reports, information needs of relevant stakeholder groups, and identification of enhancements to the data-base to meet emerging evaluation needs.

Recommendation: Collect data on other key indicators.

In addition to the performance measures, there are other key indicators that would be useful to collect. Many coordinators indicated that mental health issues were a challenge for their courts. It would have been useful for the evaluation to examine indicators of mental health need. However, this information is not consistently collected and entered by problem solving courts. Another useful piece of information to collect might be veteran status. There have been some suggestions that Nebraska should develop a veterans' problem solving court. Again, we thought it would be useful as part of the

evaluation to know how many veterans are currently in Nebraska problem solving courts and to better understand their needs. Again, however, this information is not currently collected in the PSCMIS.

Recommendation: Work with family drug courts to collect data in the PSCMIS.

As discussed previously, family drug courts are experiencing a major system transformation. Only one family drug court is currently entering data in the PSCMIS. All family courts should be required to enter data into the PSCMIS to better understand who family drug courts are serving, what services they are providing, what outcomes they are producing, and how participant characteristics and services relate to outcomes.

Recommendation: Allow coordinators to enter corrected data in the PSCMIS and improve the transfer of data from the Probation information system to the PSCMIS.

There was a problem with conversion of data from the old system to the PSCMIS which occurred in 2009. One option is to open the PSCMIS so coordinators can enter historical data that did not migrate from the old system. Also, some coordinators indicated they were frustrated with entering data into the PSCMIS that is also in the Probation information system. This double entry of data is time consuming. A policy should be developed to streamline data entry and/or coordinate migration or export/import with other relevant databases used in the justice system generally.

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APPENDIX 1: COURT PROFILES

Court: Central Nebraska Adult Drug Court (CNADC)

Start Date: 2001

Approximate size: There are typically 75-85 participants within the CNADC at one time.

Summary: The Central Nebraska Drug Court is an adult post-adjudicatory program that is multijurisdictional, serving both the 10th and 11th judicial districts of Nebraska (Adams, Buffalo, Hall, and Phelps counties). Six district court judges preside over this program with three staffing teams meeting weekly.

The program has an inter-local agreement with the Nebraska Supreme Court. Funding sources secured to operate the court include: the Nebraska Supreme Court, an Office of Justice implementation grant, the Nebraska State Patrol, a Justice Assistance grant for the City of Grand Island, a Meth Hot Spots grant, the Nebraska Crime Commission, Keno funds, the Nebraska Department of Correctional Services, Hall/Adams/Buffalo/Phelps counties, Phelps County Community Foundation, STOP funding, and participant fees.

Staffing Structure: The CNADC has a full-time program coordinator who coordinates the program. The coordinator schedules and runs all meetings, maintains program data, and liaisons with all team members and treatment providers. There are also two supervision officers who manage all cases on a day to day basis as well. The program coordinator and case managers conduct drug testing of participants three to four mornings per week in a two to three county area.

Screening Instruments: Level of Services/Case Management Inventory (LS/CMI), Simple Screening Instrument (SSI), Standardized Risk Assessment Reporting Format for Substance Abusing Offenders (SRARF), and a drug/alcohol evaluation.

Entrance Procedures: Upon arrest, the county attorney screens the arrest reports and prior record of the defendant. The target population of the CNADC is adult offenders charged with felony drug or drug-related offenses, non-violent, who admit to having a substance abuse problem or screen as drug dependent. Eligibility for participation will be determined by the county attorney's office.

The county attorney notifies the defendant and counsel of possible eligibility to participate in the drug court. Defendant and counsel review the participant contract and notify the county attorney of their willingness to participate in the drug court. The drug court staffing team determines whether to accept the defendant into the program. If the defendant is accepted, the defendant and counsel appear in the district court for arraignment and enter a plea of guilty to the charges filed.

Program Activities: There are four phases of the program: Phase I lasts a minimum of three months, Phase II is a minimum of six months, Phase III is a minimum of six months, and Phase IV is a minimum of three months.

Phase I begins after participants are admitted into the program following the screening and evaluation process. Participants must comply with at least three substance and alcohol tests a week, appear in court weekly, and begin attending support groups and other activities as directed by the drug court team. Phase II emphasizes treatment, employment stability, structured plans for child support, and payment of court fees and other financial responsibilities. Phase III emphasizes maintenance of sobriety and preparation for less supervision and contact with the program. Phase IV prepares the participant to have autonomy over their own lives and treatment decisions, and is followed – if successful – by graduation and dismissal of charges. Very rarely does a participant make it through the program in eighteen months. There is usually at least one relapse or other violation which sets the participant back several months in the program.

Each phase has gradually diminishing requirements for drug testing, support group and/or MRT meetings, and other supervision. Types of testing include breathalyzers, oral testing, urine presumptive testing (on-sites testing), urine lab testing, and use of a sweat patch.

Typical sanctions employed include increased treatment, testing, or supervision, demotion in phases, electronic monitoring, jail time, or termination from the program. Incentives employed can include decreased treatment, testing, or supervision, reduction in court fees, verbal encouragement, and graduation.

Fees: \$25 per week, not to exceed a total program fee of \$2,300.

Adherence to Standardized Model of Treatment: Participation in the program begins with an intake interview and assessment by utilizing the Simple Screening Instrument (SSI), Level of Services/Case Management Inventory (LS/CMI), and the Standardized Risk Assessment Reporting Format for Substance Abusing Offenders (SRARF). Collateral information is provided confidentially to an approved provider for the drug/alcohol evaluation. The program does make use of the state probation fee for service voucher system for completion of each level of care recommended. Treatment progress for participants is discussed and reviewed at weekly staffing meetings. Participants finish treatment once they have obtained the appropriate amount of time in sobriety and satisfactorily meet treatment goals.

Statement of Compliance with Standardized Model of Treatment: Yes.

Evaluation Activities: The program coordinator runs reports on participants on a regular basis, and shares that information with team members internally. Additionally, the coordinator presents and provides information on program outcomes to the county boards of counties covered within the court's jurisdiction. Information presented includes how

many participants are served by the court, success rates, recidivism rates, and similar data.

Team and Courtroom Dynamics: Several different teams compose the overall program, depending on the participating county. Team meetings generally consist of 1) the Judge or Judges, 2) program coordinator, 3) supervision officer(s), 4) representative from the county attorney's office, 5) representative from the public defender's office, 6) local law enforcement representatives, 7) Nebraska State Patrol representative, 8) treatment provider representative(s). Meetings consist of reviews of each case, with input provided by all team members and discussions of sanctions and incentives. Consensus is reached on program decisions about participants, with the Judge having a final say.

Hearings across participating jurisdictions are similar in format and tone. Participants are called before the bench and asked to provide an update about their progress in treatment and other areas, such as employment, education, and family lives. Supervision officers also offer relevant information about the participant. Individual case reviews can last between five to ten or more minutes with participants, depending on the complexity of the case and the Judge. Judges clearly define expectations in treatment or program steps, and rationale behind any sanctions. Applause, certificates, and handshakes offered to reward significant progress or phase advancement.

Program Experiences and Lessons Learned: Although the Central Nebraska Adult Drug Court has multiple courts and teams, there is a uniformity among outcomes and processes, largely due to lengthy planning and opportunities for training:

“If you were to go watch the other courts of the CNDC, it will feel very similar. The staffing team members on the other teams don't see the other courts, so sometimes a member of one staffing team will verbalize that “our” court is really tough. In reality all of our courts are very similar. And I think that this is because CNADC had several months of planning prior to implementation. The judges and I spent a lot of time traveling and visiting other drug courts, and so the judges and the planning committee had a unified approach of what they wanted the CNADC to look like. The courts operate very similar however differences can occur due to the different personalities of the Judges. However, even considering the different personalities of the judges involved, there are no real differences in outcomes. So it stays very consistent.”

Team meetings in all the programs are composed of representatives from: 1) the local police; 2) a Nebraska State Patrol representative; 3) a representative from the county attorney's office; 4) representatives from treatment providers; 5) the program coordinator; 6) probation supervisors; and 7) the Judge or judges. Over time, team meetings have become more dynamic without domination by a single personality:

“It took a while, even a couple of years for our team members to speak up, because some of our judges have strong personalities, so whatever direction the Judge went, the rest of the team would go. But our team has sat together now for

many years, so now when you are sitting there, you are hearing people speak pretty freely. Now staffing team members are very verbal in front of the judges even if they disagree with them. I think we have very strong staffing teams with members who share freely however, at the end of the day we are all very aware that the Judge has final say.

In addition to lower risk offenders, the program has also had good outcomes with higher-risk individuals. However, it has been a challenge for the program to admit these individuals into the program, though it has mitigated over time:

“Our Court struggles with what offender should be served by the Court. Our Court has consistently had law enforcement representation at all staffing meetings since the implementation of the Court. However, at times the representative of law enforcement will want the lower risk offender admitted. I personally feel that if law enforcement has worked a case on a chronic drug user they may feel that person is owed the consequence of incarceration. I have made a concentrated effort in each county to take the high risk offenders’. Our offenders who have been in prison seem to make significant progress and at times do as well as the participant with a limited criminal history.”

The introduction of a new reporting center in Kearney has been an added benefit for participants who are residents of Buffalo County. It is not yet known what outcomes will result from the new center, though they are likely to be positive:

“We have a reporting center in Kearney and the relationship we share with Probation is appreciative. We make numerous referrals to the different programs offered there. We conduct our MRT classed at the DRC weekly. We also refer participants for GED classes, financial planning, pre-treatment programming. Our participants in Kearney benefit from having said classes and we see significant results in how fast a participant earns their GED.”

The program also experiences its fair share of challenges with dual-diagnoses clients:

“Every court has a couple of people who really struggle with mental health issues. We have good relationships with treatment providers, and we try and hook them up with treatment right away, but it’s a challenge. There has never been a time when a person is terminated because of a mental illness, however there is so much time spent on that person that it is a real challenge.... These are often the people who end up in the half-way house programs and other community supported programs. Because this is the individual who can’t, say, get to court or to testing in the morning, because they are not as able to problem-solve and organize a ride and things like that. So we just pour lots of attention and time to the offender who struggles with mental health issues....”

A sense of local autonomy and independence has made the program very successful, and allowed the teams and judges to structure the programs in ways they think best fit their clients and jurisdictions:

“I think why we feel successful is because we have a lot of local control. The Judges think and feel that this is their drug court.... The state has always allowed each drug court to be unique, so it allows us to do what we feel will work. That is what allows drug courts to work, where you can do what is best for your program.”

Court: Douglas County Adult Drug Court (DCADC)

Start Date: April 1997

Approximate size: Maximum capacity for the court is one hundred and fifty participants. At any one time, the court has approximately one hundred and fifty to one hundred and eighty participants.

Summary: The Douglas County Adult Drug Court, a division of the District Court of Nebraska, 4th Judicial District, became the first drug court in the state in 1997. The court's objective is to divert non-violent, substance-abusing felony offenders from incarceration to a judicially supervised program of substance abuse treatment, case-management activities, and educational and employment objectives. A reduction in substance abuse is intended to lead to a decrease in the commission of drug-related criminal offenses and, correspondingly, a reduction of the offender incarceration costs incurred by state and local government entities. The Court's ultimate goal is to restore each participant to productive citizenry in the community.

Due to the size of the court, there are four separate judges who rotate and hear drug court hearings twice a week.

The DCADC has two funding sources at the present time. Douglas County pays for about half of the overall Adult Drug Court operating budget. The Administrative Office of the Nebraska Supreme Court provides funding for the rest of the program's operating budget through an interlocal agreement with Douglas County.

Staffing Structure: The DCADC has a full-time program coordinator who coordinates the program. The coordinator schedules and runs all meetings, maintains program data, and liaisons with all team members and treatment providers. The program coordinator also teaches a pre-treatment class for all incoming participants, and coordinates the use of drug testing facilities for several other Douglas County drug court programs as well. There are three case supervisors who manage all cases on a day to day basis as well, including also the responsibility of facilitating a transition class one time a week, and performing drug and alcohol evaluations one new participants. The DCADC also possesses a full-time Treatment Coordinator who is a liaison between the behavioral healthcare system and the court. This position is responsible for assessing, in coordination with the Drug Court Case Supervisors, what treatment/placement level is to be initiated and supported. Other duties include but are not limited to the daily placement/tracking responsibilities with each service provider. This position also facilitates a relapse prevention class one time a week at the Drug Court office.

Screening Instruments: Simple Screening Instrument (SSI), Level of Service-Case Management Inventory (LS/CMI), Standardized Risk Assessment Reporting Format for Substance Abusing Offenders (SRARF), Substance Abuse Subtle Screening Inventory (SASSI).

Entrance Procedures: To be eligible for participation, an individual must be charged with an offense that is related to a substance abuse/dependence lifestyle, such as possession of a controlled substance, admit to having a substance related problem, and agree to complete all requested treatment services.

To enter into the program the process starts with the felony offender's written application/petition and approval by the Douglas County Attorney after a review of the offender's criminal history; review of the circumstances of the charged offense; and approval by the Judge. Offenders admitted into the court are required to formally enter a plea of guilty on their charge(s). Once admitted, the new participant is provided with an orientation/intake before they are moved into Phase I of a three-phase system, and assigned a case supervisor who will be responsible for the overall care and supervision. The case supervisor is dually credentialed as both a Licensed Drug and Alcohol Counselor (LADC) and a licensed Mental Health Practitioner (LMHP).

Program Activities: Each participant meets frequently with his/her supervisor in correspondence with the court's phase system. At the case-management meetings, the counselor verifies the participant's progress and makes sure the pertinent program expectations are occurring within appropriate timelines and that the participant is adhering to the prescribed therapeutic program goals. Typical items discussed include, but are not limited to: a healthy lifestyle; education expectations are being adhered to; employment expectations; changes that have occurred since the last visit; and the participant's drug screening log is reviewed. The counselor will also refer the participant to other appropriate agencies for social services, medical care, and other participant needs. Other items open for review is one's self-help group attendance; as well as compliance with agreed upon employment objectives; and monthly fee payment issues are covered as well.

Therapeutically, the phase system is set-up to provide a structured platform requiring phase one participants with a high degree of structure, and compliance objectives when they require it most. Requirements include weekly court hearings and random drug testing, four attendances per week of support groups, weekly case supervision appointments, weekly participation in a "Transition to Treatment" class at the drug court office, start of treatment, and initiation of plan to obtain a driver's license, GED, and full employment. Phase I is where access to formal treatment is provided.

Phase II is where a continuation of structured living/supervision is often times expected. The Drug Court participant while in Phase II experiences only a minimal lowering of the prescribed structure and compliance objectives as he/she experienced in Phase I. Requirements include bi-weekly case supervision appointments and court hearings, two to three attendances of support groups per week, compliance with all treatment/supportive living activities, regular random drug testing, and compliance with their plan to obtain legitimate employment, education, and other social needs. With the exception of those participants having entered restrictive treatment levels, within three months of entrance into the program, participants are required to have obtained an approximately forty hour a week job.

Phase III is the individuation phase. Participants experience a high reduction in drug court structure, and a lowering of previously experienced compliance objectives. In Phase III each participant has earned, through responsible functioning over the previous two phases, a level of independence. Requirements include full payment of program fees, a minimum of once a month court hearings and appointments with case supervisors, a valid driver's license, completion of education, and maintenance of full-time employment. Frequent weekly drug testing still remains as an expectation of this phase, and does not decrease as the participant draws nearer to commencement.

Graduation of Phase III participants requires six months of negative drug tests up to commencement, payment of all fees, completion of GED or other education, a valid driver's license, and full time employment. Participants who have successfully graduated are encouraged to attend alumni groups, future drug court graduations, and other activities.

Drug screening procedures include the use of the PassPoint Substance Abuse Screening System, a pupillometer, which measures the eye's involuntary reflex reactions to light and identifies recent substance use, as well as a breathalyzer. Participants are randomly called down to the drug testing center to use the PassPoint machine, and if required, provide a urine sample for confirmation of use. The PassPoint machine thus pre-screens participants before requiring a more costly urinalysis screening.

The program employs various sanctions which are intended to provide program participants with appropriate learning experiences for promoting long-term behavioral change. Sanctions are imposed for infractions such as, but not limited to: failure to appear in court, missing appointments with the treatment provider; treatment coordinator; counselor; or drug testing technician, re-arrests, or positive or tampered with urinalysis. Sanctions might include verbal warnings, increased testing, drug screen fees charged for all refusals, no shows, walk outs or positive urinalysis, increased treatment, phase set-back, community service, service with the city parks and recreation department, jail-time, and termination from the program.

Fees: There is a \$40 monthly program fee, as well as a \$10 fee for positive drug or alcohol tests, missed tests, or tampered tests (refusals, dilutions, no shows, or sample leakage).

Adherence to Standardized Model of Treatment: The Douglas County Adult Drug Court (DCADC) is in full compliance with the Standardized Model that was implemented in Nebraska in 2002. All Drug court clients receive a Simple Screening Instrument (SSI) at the point of admission into the program. A Substance Abuse evaluation follows the admission, typically two to six weeks after program admission has occurred, and the evaluations are typically performed by our Drug Court personnel who are fully licensed.

If the substance abuse evaluation is performed by an outside source, they are always performed by a State qualified approved provider who as well follows the Addiction

Severity Index (ASI) format. There is regular contact with the outside evaluator making sure they have all pertinent reports/data on the justice client they are evaluating.

When treatment recommendations are made within the body of the substance abuse evaluation by either the drug court staff or an outside evaluator, the client has several providers with whom to choose from. Only qualified treatment providers (those on the approved provider list) are utilized.

Statement of Compliance with Standardized Model of Treatment: Yes.

Evaluation Activities: Currently, the program coordinator provides the judges with a monthly report of volume, phase status, and key points on a quarterly basis, including total graduates to date, and total babies born drug free to drug free mothers in drug court. The coordinator provides the District Court Administrator with monthly revenue-in reports, and expenditures-out reports. Additionally, the coordinator is currently tracking the status of a BJA 2009 enhancement grant the program received which specifically focuses on the monthly UA volume and their related costs.

Team and Courtroom Dynamics: Team meetings consist of 1) the Judge, 2) the program coordinator, 3) 3-credentialed case supervisors, 4) a representative from the county attorney's office, and 5) a treatment coordinator. Each court day, all cases are reviewed with all team members, providing an update about each participant's treatment progress and related case management matters. Case managers make recommendations about individual cases to the rest of the team, and input is provided by all team members. In case review sessions and particularly in cases involving major program infractions, potential program terminations, or related challenges, the Judge retains a final say on all decisions, and makes sure there is a fundamental consensus among the team about each participant's status in the program prior to the hearing beginning.

During hearings, each participant approaches the bench before the Judge. The Judge reviews treatment progress and other relevant information with the participant, and asks for any input from participants about their treatment and progress in the program. Positive support is provided by the Judge to participants who have made significant progress. The size of the program docket is large, and individual reviews of each case last approximately two to three minutes.

Program Experiences and Lessons Learned:

Prior to each hearing, the hearing judge, program coordinator, representative from the county attorney's office, drug court case supervisors and the treatment coordinator, meet to review cases who will appear in court that day. During meetings, there is a great deal of deferment by the Judge to the case supervisors. Because of the size of the court's docket, the case supervisors are critical team members:

“The judges do a fantastic job of letting the supervisors and treatment coordinator contribute to the decision of what will actually happen in the court.... The Judge

has the ultimate decision... But it's a two way street. It's the case supervisors who are seeing the client sometimes two times a week, working with clients up to a year or more. They are the ones who are talking to the mother, the sister, the grandma, the neighbor. They know the intricacies and family dynamics of these clients more so than the judges know. The judges know that, and that is why they listen to what the case supervisors are saying, and empower their involvement in the team meetings. Our case supervisors know that, and are very appreciative of the fact that the judges do that. That is one of the key elements of any drug court team, working and having that mutual respect for what each team member brings to the table. The judges make the ultimate decision, but they don't have much information if it weren't for the supervisors doing their jobs."

The majority of DCADC participants are in a high-risk category:

"Generally, most of our clients are high-risk.... 'High-risk' to us is someone who dropped out of school and never obtained their GED, they have anywhere from fifty to one hundred criminal entries on their local county record, they've lost their driver's license or its been revoked up to five times, they don't have a stable living environment, they have no job, they are in dependent relationships ... They don't have a high degree of appropriate social skills. Low risk for us is someone who has a job, they have employment, have had the same job for five years, a decent salary, a high school diploma, maybe a year in college, a driver's license that has never been revoked, maybe never been in jail.... If I look back at all the time I have written 'high-risk' or 'low-risk' on their screenings, I guarantee you that 'high-risk' would be way up. It's not that we don't take lower risk clients, because we do. It's more that the low-risk offender has a cleaner record and therefore an easier time of probably receiving a lesser sentence, so by-passing the drug court is more easily obtained."

The program benefits from a great deal of support from the county attorney. The county attorney's office reviews all eligible clients and works with program staff to refer qualified offenders into the program:

"The County Attorney is an elected official. He knows who I am and I know who he is. We are all client advocates. We want clients to succeed. They want them to succeed. If they graduate, we are all winners. They pretty much give us free reign to do what we do. They are very supportive. We wouldn't have a program if they didn't support us."

The program has implemented several unique elements. All case supervisors with the court are dually-credentialed as Licensed Mental Health Practitioners (LMHPs) and Licensed Alcohol and Drug Counselors (LADCs). The supervisors' qualifications are necessary given the relatively high-risk population that the court routinely serves, and their experience and education assists the team and overall program goals. The program coordinator is also a credentialed LMHP/LADC, and teaches a cognitive-behavioral course for particularly high-risk clients:

“Hiring dually credentialed staff has been a plus for our court. Many courts would like to hire credentialed staff, but being able to pay them is a challenge.... Our county and district court was willing to up the ante to hire those types of individuals. We have what we call a ‘Transition to Treatment’ group for new participants, an hour a week group that we have for twelve to fifteen weeks, where participants get lecturing, drug education, videos, self-help and peer support. I even do a group every week for an hour for those clients who have relapsed, or for those individuals who are being considered for a higher level of care. The group is cognitive behavioral and aside from it being educational and informational for the participants, it helps the case supervisors flush out whether they think the participant requires a higher level of care or not.”

Recently, the program has begun requiring that all participants find full-time employment in order to participate in the program. After program entrance, participants have three months to find an approved job that will employ them roughly 40 hours a week. The requirement improves social connectedness, encourages pro-social behavior, and also provides a steady income for participants:

“For years we let people say they were looking for employment. Sometimes after admission, seven or eight months down the road they were still looking for a job. We graduate participants in a minimum of twelve months, but we require that they have a legitimate, full-time job in their last six months. You’re not going to get out of drug court unless you have that full-time job. If you can work, you need to be working. So one way to get that going is all new clients now get three months to seek employment. It’s a drop dead date. If they don’t have that job in three months, we discharge them. At first we were reluctant to draw that line in the sand because sometimes people are really looking for a job, and they had clean UAs, and were always on time, and had good attitudes. We were thinking ‘Gee, what if we have to terminate somebody only because they didn’t have a job?’ We started doing this just in June, and have terminated three people now, and it’s tough. But you have to ask yourself, ‘What are you trying to establish? Are you trying to establish a bar of performance?’ Not everybody is going to meet it. But that’s OK. It’s life. It’s reality. If you want it, you have to work at it.... This also comes from having a lot of people showing deficits in their fees. They accrue six or seven hundred dollars of drug court fees, and then we have to kick them out of drug court for some non-compliance, as well as being unemployed, and we end up sitting there without the six hundred dollars that taxpayers expect us to have. The goal is to change. Not to try and change.”

Participants are required to report to the program office on a regular basis for drug testing. Testing includes the use of PassPoint technology to pre-screen all clients, followed by a urinalysis if necessary. The program does not conduct home visits for testing. Successful clients are expected to develop the self-motivation to stop using drugs or alcohol, and that sobriety will be reflected in negative test results:

“I want there to be free will built into the program. We don’t go to job sites and drop urine there. We don’t go to people’s homes and drop urine there. We have you come down here. You come here on a random basis anywhere from zero to five times a week and do PassPoint, and drop urine accordingly. We feel that is a pretty good system. Is it a perfect system? No it’s not. But there needs to be built in free will. They need to have that option of ‘Do you really want this?’ Because if you don’t, we can’t force you into changing your life. You’ve got to want that change in your life.”

Court: District Six Adult Drug Court (D6ADC)

Start Date: December 2007

Approximate size: The court has approximately twenty five participants enrolled in the program.

Summary: The District Six Adult Drug Court (D6ADC) is a court specifically designated to supervise eligible participants who are convicted of non-violent felonies and who participate in a comprehensive program of drug treatment and rehabilitation services. The D6ADC has a non-adversarial courtroom atmosphere where a judge and a dedicated team of court officers, representatives of treatment providers, and drug court professionals work together toward a common goal of breaking the cycle of drug abuse and criminal behavior.

The program operates via an interlocal agreement between the Nebraska State Office of Probation Administration and Dodge County. Funding is provided mainly by state probation and also Dodge County. The program's jurisdiction is currently limited to Dodge County, though it may be expanded to other portions of district six at a later point.

Staffing Structure: The D6ADC has a full-time program coordinator who coordinates the program. The coordinator schedules and runs all meetings, maintains program data, and liaisons with all team members and treatment providers. There is also a single treatment officer who manages the majority of program cases on a day to day basis. The program coordinator also manages a share of cases as well.

Screening Instruments: Level of Service/Case Management Inventory (LS/CMI), Simple Screening Instrument (SSI), Standardized Risk Assessment Reporting Format for Substance Abusing Offenders (SRARF), a Mental Health Screening Form, and a drug and alcohol evaluation.

Entrance Procedures: In order for a defendant to be eligible for the D6ADC, s/he must be found guilty of a drug offense or non-violent property crime which is a felony and not an excluded offense.

When an application is received from defense counsel on behalf of their client, a copy is forwarded to the county attorney's office to collect the applicant's criminal history and court records for the applicant's file.

In order to determine whether a defendant is eligible and suitable for D6ADC, s/he must also be screened. When the court receives an application, defense counsel is contacted by the court with a screening appointment.

During the screening interview, the drug court coordinator uses the evaluation tools to assist in determining the applicant's suitability for the program. If it is revealed during the screening process that the applicant has previously been to alcohol/drug treatment or

had a mental health evaluation, release forms must be signed to make this information available to the drug court.

Program Activities: D6ADC participants will progress through four phases. During each phase, participants are required to progress through an Individual Case Plan (ICP) in order to move from phase to phase and ultimately to graduation. The phases are Phase 1: program orientation/preparedness for change/treatment, Phase II: physical and emotional stability, Phase III: recovery enhancement, and Phase IV: social stability and productive citizenship.

The minimum number of total weeks each participant is required to stay in the program is eighteen months. Unless granted special permission of the drug court judge, no one graduates in less than eighteen months.

Possible sanctions include detoxification, one or more days in jail, curfew, increased drug testing, increased level of treatment, phase return, having a written essay on the participant's behavior read in drug court, complete a number of community service hours, increased drug court appearances, increased community support meeting attendance, increased meetings with supervision officer, one or more days in jail, or program termination

Rewards include earning activity points, phase advancement, lower program intensity, fewer drug tests, fewer drug court sessions, fewer attendance of community support meetings, not having to fill out weekly schedule for a number of days, weekly or monthly name in the hat gift drawings for community rewards such as movie passes or gift certificates, or relaxed program activity requirements.

Fees: A \$30 one-time administrative fee, a monthly programming fee of \$25, and a weekly drug court participant fee of \$6 are assessed.

Adherence to Standardized Model of Treatment: The Level of Service/Case Management Inventory (LS/CMI), Simple Screening Instrument (SSI), and Standardized Risk Assessment Reporting Format for Substance Abusing Offenders (SRARF) are used during the initial screening process in conjunction with the pre-sentence or pre-disposition investigation. Results of the screening and other relevant criminal history information is provided to an approved and licensed provider selected by the participant in a confidential manner. Providers selected by the offender recommend an applicable level of care for the participant which falls within the adult continuum of care guidelines. Treatment provider representatives regularly attend team staffing meetings to present reports with the team about the participant's progress. The team makes requests for additional treatment information or re-evaluations if deemed necessary. All treatment and screening information is entered into the PSCMIS.

Statement of Compliance with Standardized Model of Treatment: Yes.

Evaluation Activities: The program coordinator enters participant activities into the PSCMIS on a regular basis. Data on program outcomes, graduation, and recidivism rates are reviewed informally by the coordinator and team, and also shared periodically with stakeholders in the community.

Team and Courtroom Dynamics: Team meetings are composed of 1) the Judge, 2) program coordinator, 3) treatment officer, 4) prosecuting attorney, 5) defense attorney, 6) treatment provider representative. There was not an opportunity for evaluators to observe the program staffing meeting.

During hearings, the participants are called before the bench and provide an update to the court about their treatment progress, job or education status, and other relevant information to the court that might be of interest. Participants are asked to read written assignments to the Judge and court and discuss their implications. There is significant interaction between the Judge and participant, and other team members are also asked to provide any input about the participant's progress and any concerns. Individual case reviews last between five to fifteen minutes. To reward significant progress, gift certificates are provided to the participants at the end of their individual hearing.

Program Experiences and Lessons Learned: The D6ADC encourages all its participants to be active throughout the week either in employment or community service, as well as being involved in treatment or program activities. The program requires employment or community service on a weekly level to encourage pro-social integration:

“Some key components that we have found to be beneficial for the participants is that if they are not working, they have to complete twenty five hours of community service each week to give back to the community. We have found that has been a huge motivator for them to start looking for a job. Some of them are not that motivated. When you have them giving back to the community, it gives them energy to start looking for jobs....Let's say they are working but not working twenty five hours, then they have to do the rest of those hours in community service. So basically, they either have to be working, or doing community service, for a minimum of twenty five hours a week. It's been very helpful, and if they don't work those hours, then there will be a sanction. There would be no reason why they couldn't get that done. Twenty five hours in a week is not that hard, and there are plenty of places for them do it. There are two participants who have been doing their community service at county court, just doing filing, and that has been a huge self-esteem builder for them. Some of these people have never done anything stable in their whole lives. Doing consistent community service hours in one place that allows them to be around positive people makes them realize, 'Hey, I can give back.' So we have seen huge success in that.”

The program strives to begin treatment services immediately for all participants, and structure twelve step programs in a way so they align with program phases:

“We’ve decided – after two years into the program – that it was really important that they finish certain steps of the twelve steps within certain program phases. Say in Phase four, we didn’t want them to just start working the twelve steps. We wanted them to start that right away to really get a good recovery program going.... When they enter drug court, they are starting treatment right away. In some cases - say they are appropriate for residential treatment and there is waiting list but they are in jail when they bonded in - then they will stay in jail until they can go to residential treatment because we want them to be successful. And if they don’t have the tools and we let them out, how successful are they going to be? So we have found that starting them out with treatment immediately is huge.”

The program has both monthly and weekly drawings for gifts and prizes for participants. It has placed more emphasis on weekly drawings for participants. One of the main reasons for the change was to provide more timely incentives to reward positive participant behavior:

“One of the things we have implemented after attending the incentives and sanctions training in Lexington is the weekly drawing. We have always done the ‘name in the hat’. If you have had a good week, you put your name in the hat, and at the end of the month, we would draw a name and there would be maybe three winners. Well, what we were finding is that the people’s names who were being drawn maybe had previous good weeks, but maybe they were getting sanctioned that specific day....They may have had good weeks prior which was great, but they were getting sanctioned that day....Or that people weren’t present. So we decided that the weekly drawing should only be for the people present in court that day. And the gifts are non-monetary ones just to let them know they are doing a good job that week. So it’s more of an immediate reward.... We get money from the county board for incentives. They have been huge supporters of the drug court.”

Court: Lancaster County Adult Drug Court (LCADC)

Start Date: June 2001

Approximate size: The program was designed with a capacity of sixty participants, although it frequently ran over that capacity, until the end of 2010, but it has recently received an expansion grant to increase participant capacity to one hundred and five in 2011.

Summary: The mission of the LCADC is to increase public safety by providing a program that facilitates access to treatment and implements intensive case management; decrease substance abuse; and return law-abiding, productive and responsible citizens to their families and community. The LCADC targets nonviolent felony offenders who are in the criminal justice system as a result of their drug addiction and in need of a highly structured, intensively supervised program to address their addiction and become drug free, law abiding and responsible citizens. Currently, two judges share the drug court docket and alternate every two months. The program coordinator and both judges regularly share case information so there is a seamless process for monitoring the progress of cases.

The program has an interlocal agreement in place with the Nebraska Administrative Office of the Courts. Funding is currently provided by the State of Nebraska, Lancaster County, and a joint federal grant from the Substance Abuse and Mental Health Services Administration and Bureau of Justice Assistance.

Staffing Structure: The LCADC has a full-time program coordinator who coordinates the program. The coordinator schedules meetings, maintains program data, and liaisons with all team members and treatment providers. There are three full-time supervision officers who are employees of Lancaster County that manage program participants and assist the coordinator.

Screening Instruments: The Simple Screening Instrument (SSI), Mental Health Screening Form III, Substance Abuse Subtle Screening Inventory (SASSI), GAIN-Short Screener (GAIN-SS), and Level of Service / Case Management Inventory (LSCMI).

Entrance Procedures: The central eligibility component is being found guilty of a drug offense or a non-violent property crime which is a felony. Additionally, the defendant should have a history of substance abuse supported by an approved screening tool; be a resident of Lancaster County; not have a criminal sexual assault or child abuse/neglect history; no violent criminal history; not be on parole or be a current or previous participant of another drug court program; and not be on probation or have a pending criminal matter in another jurisdiction.

When an application is received from defense counsel, the LCADC collects the applicant's criminal history and court records. Defense counsel is contacted by the LCADC with a screening appointment. Failure to make the screening appointment results

in non-admission. During the screening process, the drug court coordinator uses the current evaluation tools and measures in compliance with the Standardized Model Rule of the Supreme Court of the State of Nebraska.

Application review is once a month. Attendees include the drug court judges, a representative of the county attorney's office, representative of the public defender's office, and the applicant's defense counsel if not represented by the public defender, and the drug court coordinator. The group discusses eligibility, objections, and other issues related to the application, and an applicant is accepted or rejected. If there is no consensus then the drug court judges make the final decision.

Program Activities: Participation in LCADC is no less than eighteen months unless terminated. The program is divided into five phases: 1) Phase I: Program Orientation/Preparedness for Change; 2) Phase II: Treatment/Physical & Emotional Stability; 3) Phase III: Recovery Enhancement; 4) Phase IV: Social Stability & Productive Citizenship; and 5) Phase V: Long Term Change. Each participant has an Individual Program Plan (IPP) for each phase. The IPP sets forth the requirements for the participant for each phase. The IPP requirements are based on the standardized risk/needs instrument results; substance use screens and evaluations; ancillary assessments; prior medical, mental health, education, criminal records; intake information; treatment reports; and work history and employment status. The entire drug court program is a minimum of seventy eight weeks.

Participants are subject to intensive supervision that includes random and frequent drug/alcohol testing, frequent drug court appearances, home visits, office visits, and treatment. Treatment is designed to fit each individual's specific needs. Some treatment component is in place for every participant for the first four phases (one year minimum) of the program. Minimum treatment for the typical participant is sixteen weeks for the intensive outpatient portion followed by a weekly treatment group through Phase IV.

Sanctions may include jail time; curfew adjustment; house arrest/electronic monitoring; increased drug testing; return to an earlier phase; sitting in the jury box during court; cognitive work and reports; preparation of a gratitude list; increased court appearances; community service; increased community support meetings; increased supervision; or termination from the program. There is a schedule of presumptive sanctions that are to be imposed for violations (but they may be altered per the discretion of the team to best suit a participant's needs).

Rewards are the drug court team's response to participant successes. Rewards may be administered at any time and may be given by the Judge, supervision officers, or program coordinator. Examples include: cash prizes or gift certificates, public recognition, advancement to the next phase, reduced supervision, fewer number of drug tests, fewer or shorter court appearances, LCADC debt forgiveness, name in the hat, key rings, medallions, later curfew, and graduation.

Fees: Program fees are required and are \$20 a month. The program will determine the participant's ability to pay, and may waive fees in extreme cases. The participant's are charged for positive drug/alcohol tests that they did not admit to.

Adherence to Standardized Model of Treatment: Program staff initially screen the offender using the Simple Screening Instrument (SSI). The offender is then referred to a contract provider on the registered list of approved providers for a substance abuse evaluation. The SSI results and any necessary criminal background information is provided to the provider as collateral information in a confidential manner. The program relies significantly on the Matrix Treatment model, which is an evidence-based practice but it uses a format that diverges from the definition of intensive outpatient treatment as defined in the model's continuum of care guidelines. The use of this model has been approved by the state's problem solving courts' office. The Matrix Model results in a greater amount of treatment being provided to participants over a longer span of time.

Statement of Compliance with Standardized Model of Treatment: Yes.

Evaluation Activities:

Treatment satisfaction surveys are conducted on a quarterly basis with participants, and also at the point of termination or graduation. Additionally, the program coordinator periodically analyzes trends among program participants and shares this information with the other team members. Team members also try and keep up to date on best practices and peer-reviewed research from journals, conferences, and the National Association of Drug Court Professionals.

Team and Courtroom Dynamics: Team meetings consist of 1) the Judge, 2) program coordinator, 3) three supervision officers, 4) mental health case manager, 5) representative from the county attorney's office, 6) representative from the public defender's office, 7) treatment providers. Supervision officers provide updates about each case, followed by input by treatment providers and the representatives from the offices of the county attorney or public defender. The Judge leads discussion and seeks input from all team members about possible sanctions and incentives.

In additional to formal hearings as part of the court's regular programming and requirements, on a periodic basis the drug court judges conduct learning and discussion forums with all participants in a group setting. At these sessions, which occur in court during formal hearing times, the judges engage participants in discussions about addiction, responsibility, and recovery. The sessions are structured in a way to encourage thoughtful, open dialogue about these issues, and the sharing of participant experiences in an informal and non-judgmental manner. In one such session, court staff played a music video by a popular rap artist which focused on the theme of that musician's drug addiction and recovery. Participants discussed the song's lyrics, its relevance to their lives, and how it aligned with their overall treatment and recovery process.

Program Experiences and Lessons Learned:

The program has recently revamped its entire set of activities in order to accommodate higher risk participants into the program. This included both extending the duration of treatment, as well as offering evidence-based treatment programs they had previously not employed:

“About three years ago, all the research was showing that twelve months in the program was not enough, especially with methamphetamine, to sustain a life-long change. At that point we went to the team and basically got approval to move to an eighteen month instead of a twelve month program. The way that we did that without impacting our capacity is by creating a post-drug court phase where there is still some accountability, some testing, and some other requirements, so we moved to a five phase program.... With the men we are providing the matrix model of treatment on our own. We are not using the voucher program for that. We got the county board’s approval to contract with a therapist to provide the matrix model. The rationale for that is that right now the working definition of intensive outpatient treatment doesn’t seem to make a lot of sense. It’s six weeks of ten hours a week of treatment. When you look at some of the research on recovery, that is a lot of cognitive behavioral stuff you are giving them at an early stage. We really searched for several years to find a good alternative, and the only real evidence-based model we found that worked is the matrix model.... It’s a full year long program, but the primary piece is sixteen weeks instead of six. So they come in and do relapse prevention starting with day one, and then they start transitioning into social support. That will carry them through the first year of drug court. The one key part we really like about the matrix model is the required family education piece. There are twelve weeks where they are required to bring in a family member, a sponsor, or someone who is supportive to learn about how their addictions are affecting the participant. This has been a huge change. Prior to that we were working with participants in isolation. Now we are working with their families. It has made a huge difference.... We are already using the trauma-based treatment for women. The matrix model might be too much in its entirety to fit into that treatment model. We negotiated with St. Monica’s about what the best type of treatment would be for women who have experienced a significant amount of trauma, and so they will continue to use the trauma-based model, but they are also getting that family education component of the matrix model.... We do charge a fee to off-set the costs to pay for the Matrix Model. It’s dirt cheap. We charge them \$650 to be treated with that model the entire time they are in drug court. It’s probably the cheapest form of treatment in town. Basically they are told it’s a \$650 cost for the treatment. But they are able to access it for the rest of their lives, even after graduating from drug court.”

The program strives to include former participants in programming activities. Regular, sober social activities occur on a periodic basis, with former graduates actively participating to offer peer support. Past graduates also attend regular court hearings to offer support to program participants. Even graduates who were terminated from the

program, but who maintain a good relationship with the program, continue to be involved:

“There are people from this program who were terminated, but who are probably as successful as they will ever be. They have made life-changing moves, but for whatever reason drug court didn’t fit for them. There was one woman who was terminated three years ago, but she still comes to our groups, and still comes to our dinners and activities. She speaks to our people, telling them what worked for her and what didn’t, and what pitfalls to avoid, and some of that real peer interaction. Even though she was terminated, she has been a real success.”

The program has been fortunate enough to secure grant-related funding to assist with social events and activities for participants. These pro-social activities are considered a large factor contributing to participant success:

“The social aspects are just huge. Providing opportunities for participants to go out and sit down for a dinner, go to the movies, and have a sober experience. A lot of these ideas were originally based out of the delta model in Colorado. They were providing volunteer mentors and funding for people to go fishing, go to the movies, enjoy the outdoors, and so on.... Basically, for those people who seem to be really struggling and need some extra help. We’ll work with somebody who has graduated from drug court or some sponsors and be able to provide them with a mentor and some resources, like a golf club so they can go and play golf. I think this is something that all the drug courts are doing to some level, but we are lucky enough to have some funding to pay for it. Those peer-based social activities, they really work.”

Additionally, the program partners with other community assets to offer needed services to high-risk participants with mental health needs. This partnership has also been successful:

“Probably the most unique thing we do is – the mental health center has what they call jail diversion workers. When we have identified some really high-risk individuals with mental health issues, we work with them and get one of these workers to be assigned to that participant. They help with medicine management, they can physically transport participants from A to B. It is basically another case manager for that participant. Instead of having seven different people work with them, we just have this worker consistently work with that participant.”

Court: Midwest Nebraska Adult Drug Court (MNADC)

Start Date: July 2006

Approximate size: Program capacity of approximately 40 participants.

Summary: The Mission of the Midwest Nebraska Adult Drug Court is to promote abstinence from substance use and abuse by providing evidence based drug treatment, life skills services, intensive community supervision, and judicial monitoring combined with incentives and sanctions. The long term goals of the program are to reduce crime and recidivism, reunite families, create safer communities, and result in graduates leading law-abiding, pro-social lives.

The MNADC is a voluntary program where defendants are referred by the county attorney for participation as an alternative to incarceration. If the defendant successfully completes all of the program requirements, he or she earns the opportunity to have their felony conviction dismissed.

The MNADC was established by the Dawson County District Court and operates through an interlocal agreement made and entered into by and between the County of Dawson, the Nebraska Supreme Court, and the Office of Probation Administration.

Staffing Structure: The MNADC has a full-time program coordinator who coordinates the program. The coordinator schedules and runs all meetings, maintains program data, and liaisons with all team members and treatment providers. There is also a single probation officer who manages all cases on a day to day basis as well.

Screening Instruments: Level of Service/Case Management Inventory (LS/CMI), Standardized Risk Assessment Reporting Format for Substance Abusing Offenders (SRARF), and Simple Screening Instrument (SSI).

Entrance Procedures: The MNADC accepts participants on a post-plea basis and does not use a voting process to select individuals for admission. Instead, the county attorney determines which cases should be referred to the program. After reviewing the merits of the case and the individual's history, the county attorney will notify the individual's defense attorney or public defender about their eligibility for drug court, who in turn consult with the individual about the program. Prior to acceptance into the program, the program coordinator interviews the individual, reviews program requirements, and conducts an additional background check. At this point, if it is determined that the individual is not an appropriate candidate, the offer of participation is withdrawn. If a formal offer for program participation is extended, then the individual and his/her counsel agree to waive the preliminary hearing in county court and are bound over to district court. The individual then pleads guilty to the felony charge, and subsequently enters the program after signing the drug court contract. Only individuals with non-violent felonies such as possession of a controlled substance, prescription drug fraud, or similar offenses at the discretion of the county attorney are eligible for the drug court program.

Program Activities: The MNADC employs a four phase treatment process where participants progress through each of the phases based on their own successful performance. Each phase requires a number of tasks the participant must fulfill. This includes: submitting to scheduled and random drug testing, appearing in court as directed, attending weekly substance abuse support groups, completing the “Breaking Barriers” pre-treatment educational program, completing Moral Reconciliation Therapy, seeking/maintaining employment, attending cognitive programming groups (the “Change Companies”) and other life-skills sessions, paying all program fees, and complying with all other directives of the program team.

In Phase I (three months minimum), participants are provided with an orientation/overview of the program. Problems and needs are assessed through the development of an individualized case plan. Home visits are both scheduled and random, and participants must appear in court weekly, attend three peer support groups a week, and submit to a minimum of three drug tests a week. In Phase II (three months minimum), an updated supervision and treatment plan is developed, with a focus placed on identifying triggers and preventing relapse. Participants must appear in court a minimum of once every two weeks, attend three peer support groups a week, and submit to a minimum of two drug tests a week. Moral Reconciliation Therapy is initiated. In Phase III (nine months minimum), participants concentrate on addressing ongoing recovery needs and maintaining total abstinence from all drugs and alcohol. Focus is also placed on life skills, vocational and educational training, and the provision of support for the individual’s return to the community as a productive and responsible member. Participants must appear in court a minimum of once every month, attend at least one peer support group a week, and submit to a minimum of one drug test a week. In the fourth and final phase (three months minimum), the program anticipates graduation and re-entry into the community. Focus is placed on maintenance of sobriety, development of pro-social support, and continuation of employment and/or education. Participants attend court as needed, attend two peer support groups a week, and complete Moral Reconciliation Therapy. Obtaining a GED is a requirement of graduation.

Fees: A \$25 weekly fee is assessed.

Adherence to Standardized Model of Treatment: Every program participant is assessed with the SSI, SRARF, and LS/CMI by the program coordinator. Using required confidentiality protocols, assessment results and criminal history are provided to a registered treatment provider for a substance abuse evaluation. The individual is placed with a provider of choice under the recommended level of care. Treatment vouchers are obtained if necessary. The program coordinator and team closely monitor the progress of the participant in treatment. Treatment provider representatives regularly complete treatment progress reports and participate in the weekly team meetings.

If resources are not available in the community for a participant’s recommended level of care, the drug court team try and obtain the best possible alternative that is closest to the

recommended level of care. This is a particular challenge since services for Spanish-speaking participants are lacking.

Statement of Compliance with Standardized Model of Treatment: Yes.

Evaluation Activities: Data is inputted regularly into the PSCMIS and reviewed informally by the program coordinator. Trends are discussed with other team members and the Judge on a periodic, yet informal level.

Team and Courtroom Dynamics: Regular team meetings consist of 1) the Judge, 2) program coordinator, 3) probation officer, 4) a representative from the county attorney's office, 5) a representative from the public defender's office, 6) a county sheriff's representative, 7) a representative from the Lexington police department, 8-13) up to five or more representatives from treatment agencies. Team meetings are led by the Judge. Updates are provided by the probation officer, followed by the treatment staff, about the participant's treatment progress, job and education status, and any applicable family or personal situations. The program coordinator and other team members also provide insight and input into each case discussed. A consensus is reached about each individual case, though the Judge retains final say in any decisions made.

During the hearing, the probation officer introduces each case with an update about treatment and program progress. Participants are called to the bench and also provide an update about their progress. There is significant interaction between the Judge and participant, with individual case reviews lasting approximately ten to fifteen minutes. The Judge offers significant amounts of positive encouragement to participants. Participants are also asked to read written assignments, such as letters and journal entries, to the court and other participants in the session. Gift cards and other incentives are provided to participants who show significant progress.

Program Experiences and Lessons Learned:

The program highly values social activities for program participants, and encourages participants to take the initiative and create and plan social events on their own. The social events also create visibility for the program within the community:

“At least twice a month we have pro-social activities. We have bowling nights, or game nights or movie nights. We want them to be participating in that, and they actually formulate what they do. We don't direct that.... We have them collectively come up with some ideas, and it helps get them more engaged in the program.... We are doing a community appreciation dinner next week. The drug court participants are serving meals. The participants are family members, or they could be employers – employers who are giving them time off to participate in drug court – it's a fabulous way for the program participants to thank community members who are supporting them.... We're in a rural area. We don't have a movie theater here. It's a challenge to do these sorts of things. That's why we try and think up all of these social things for them to do.”

The program works closely with the community day reporting center, where program participants regularly attend classes or peer support groups. The program coordinator has developed a strong, collaborative partnership with the day reporting center and affiliated programs so that the drug court program and its activities have become a resource for similar programs in the area:

“We have a reporting center here. I work very closely with the reporting center. I like to think of it as a partnership.... We worked together to bring a cognitive behavioral class here. I didn’t want only drug court participants to benefit from that class. I really wanted for everyone in probation to benefit from federal grant dollars we were able to receive. So now everyone in probation who makes use of the reporting center benefits from the ‘Breaking Barriers’ class we purchased through the federal grant: drug court, everyone on probation, and substance abuse services.”

The program regularly makes use of a pre-treatment curriculum for participants in Phase I of programming. Since the program has begun using pre-treatment, on an anecdotal level they have seen higher levels of success among participants:

“‘Breaking Barriers’, the pre-treatment program we do, I love. It is cognitive-based, though not evidence-based because it is a small company.... It is getting you ready for treatment. It is getting you ready to accept treatment. It is self-imagery psychology. It is a simple program but what I like about it is that it is using the written word, a work book, and videos. There is homework and also group work, and it looks deeply into your habits, attitudes, and beliefs, and how they have been working for you over the long haul. How you think causes behavior. It’s a powerful program.... It has changed lives, it is a hell of a program.”

Because lack of transportation and poverty in general is a consistent problem experienced by many drug court participants, the program purchased bicycles for participants to use. Having the bicycles available has proven to be a very useful resource:

“A lot of them lose their license. We used a federal grant and bought a few bikes, so if they don’t have transportation we give them a bike, so they can bike around for counseling, and to look for employment.”

Court: North Central Adult Drug Court (NCADC)

Start Date: June 2010

Approximate size: The NCADC is new and still determining its overall capacity. Currently, a capacity of 15-20 participants is planned for the program.

Summary: The North Central Adult Drug Court targets non-violent offenders who are in the criminal justice system as a result of their alcohol and/or drug addiction and in need of a highly structured, intensively supervised program to address their addiction. The mission of the NCADC is to reduce substance abuse and increase public safety by providing a program that facilitates access to treatment and implements intensive case management, thereby returning law-abiding, productive and responsible citizens to their families and communities.

Currently, the Court serves Judicial District 8, covering 15 counties in the region: Blaine, Boyd, Brown, Cherry, Custer, Garfield, Greeley, Holt, Howard, Keya Paha, Loup, Rock, Sherman, Valley, and Wheeler. The Court currently holds court in Ainsworth, Broken Bow, and O'Neill, and alternates between court locations.

The original program coordinator recently left the position, creating some challenges for this new court. Activities are in flux as the program establishes a solid foundation.

Screening Instruments: Level of Service/Case Management Inventory (LS/CMI), Simple Screening Instrument (SSI), Standardized Risk Assessment Reporting Format for Substance Abusing Offenders (SRARF), and a drug and alcohol evaluation.

Entrance Procedures: Initial referrals for participation in the NCADC are made by the county attorney's office. Upon arrest, the county attorney screens the arrest reports and prior record of the defendant. The county attorney, if applicable, notifies the defendant and counsel of possible eligibility to participate in the program. The defendant and counsel review the participant contract and notify the county attorney of their willingness to participate in the program. Acceptance into the program is determined by the staffing team. If accepted for the program, the participant enters NCADC once the participant, the county attorney, and the defense attorney have agreed to the conditions of the court. Upon successful program completion (minimum of eighteen months) the plea of guilty by the participant is vacated.

To be eligible for the program, an individual must have a history of substance abuse or dependency supported by a drug/alcohol evaluation, no history of criminal assault, no history of child abuse or neglect, no history of assaultive behavior or other crimes of violence, and must voluntarily consent to all conditions of the program.

Program Activities: There are four phases in NCADC. In Phase I (minimum of three months), the participant is acquainted with supervision and treatment staff. Problems and needs are assessed and an initial treatment plan is developed. There is strict monitoring of

the participant in this phase. Detoxification and preparing for longer term treatment are the goals of Phase I. Phase II (minimum of three months) focuses on treatment, counseling, stabilization, and assessment of other needed services and skills relevant to education, social support, health, and related items. Phase III (minimum of nine months) addresses ongoing recovery needs, including maintaining total abstinence from drugs and alcohol. Focus is placed on daily living skills, vocational or educational training, and consistent attendance in twelve step meetings. Phase IV (minimum of three months) is designed to help participants with on-going needs, development of relapse prevention plans, and graduation.

Each phase has gradually decreasing levels of supervision. Promotion through the program requires maintenance of sobriety, adherence to the program's requirements, full payment of fees, and no unexcused absences or positive tests for significant periods.

Continued positive urinalysis tests may result in a higher level of treatment, a higher level of supervision, jail time, and or termination from the program.

Fees: There is an enrollment fee of \$30, and a program fee of \$100 per month.

Adherence to Standardized Model of Treatment: The program has only recently begun. The program coordinator recently left the position, and there has been little opportunity to grow the program beyond establishing the basic foundation for services. Approved screening tools and providers were used in compliance with the Standardized Model, but operations are currently in flux as a new coordinator is hired.

Evaluation Activities: Because the program was only begun in 2010, no participants have yet to proceed beyond Phase II. Thus, there is no data on graduation rates, recidivism, or other outcomes. Programming is still being structured, with additional changes in programming possibly pending.

Program Experiences and Lessons Learned: Team meetings consist of 1) a representative from the local law enforcement or Sheriff's office; 2) a representative from the County Attorney's office; 3) a representative from the Public Defender's office; 4) representatives from treatment providers; 5) the program coordinator; and 6) the Judge. Community support workers may also sit in on team meeting as well from time to time.

The program holds hearings in Ainsworth, Broken Bow, and O'Neill largely because of both the degree of support in those communities, and because those areas are where the bulk of the program's clientele originate from. Both because the program is relatively new, and because each court location has a different team, overall program dynamics vary from location to location:

“Each of the teams are very unique. It's an interesting dynamic because we are working with three different judges.... The location and the approach to the issues at hand differ. You can really see a division.... The approach by public defenders, county attorneys, and law enforcement towards the clientele really differs.... It's

more casual in the _____ court... whereas in _____ it's pretty serious and formal, so the courts are all run a little differently.”

There have been some significant changes in programming since the program got started. The admissions policy was altered, as were the number of court hearing locations:

“The majority of clientele are in the program because of possession of controlled substance charges. Initially, we had opened up the program to probation violations, because we were concerned about numbers, but we have come to realize that having enough numbers is not going to be a problem, so we are no longer accepting probation violations, but we still do have two participants who are in on probation violations. The drugs of choice are alcohol, marijuana, and meth, in all three areas.”

“Initially we had planned to have five separate courts in the district. We have come to the conclusion that people will have a better chance of success if we make the courts larger and not have so many. It is important to bring people together so we can build team camaraderie among the participants. By having larger groups at fewer courts we hope that camaraderie is built up among participants.... For them to be able to talk to each other and not feel so isolated, sometimes they can work through things on their own as a group.”

One of the major challenges facing the program is the lack of certified treatment resources in the region. Participants have to travel long distances to obtain qualified treatment, including twelve step meetings. The problem is compounded by poverty and some participants' lack of transportation:

“Treatment has been a huge challenge in our district. We only have six state approved providers within the entire district, and we have no in-patient services in our district, so that has been a huge obstacle in our district. So what I do is I give the participants the names that are available within our district, and if they want to go outside the district, I just give them names of providers outside the district if they want to see them.”

“Currently we have two of our participants in extreme rural counties, and neither of them have driving licenses. Getting them to where they should be going is a challenge. It is something we are struggling with. We encourage them to try and find rides, try and build that support network, help each other out. We also go to their places to do testing. It is a real challenge.”

The ability to actively monitor and supervise participants is also a challenge. The program coordinator often has to conduct testing at participants' houses. Additionally, partners in law enforcement are crucial to the program's monitoring integrity:

“Location makes it difficult for some of the individuals as far as being able to supervise them to the extent that they need to be supervised, particularly when

you get to the extreme rural parts of our area. Law enforcement isn't able to effectively monitor all participants all the time because they are covering such a large area, and it's just the sheriff and he doesn't have any deputies available to help."

Court: Northeast Nebraska Adult Drug Court (NNDC)

Start Date: December 2005

Approximate size: There is a program capacity of thirty participants. Currently, the program has about seventeen individuals enrolled.

Summary: The Northeast Nebraska Drug Court is a post-plea adult drug court. The drug court is operated through an interlocal agreement between Nebraska State Probation and the County of Madison, Nebraska. Funding for the program is provided by Madison County. The staff are hired and supervised by Nebraska State Probation. Court proceedings are held in Madison County, Nebraska. The Northeast Nebraska Drug Court includes all counties in the 7th Judicial District. The target population is felony drug offenders without histories of violence or charges of intent to deliver.

Staffing Structure: The NNDC has a full-time program coordinator who also coordinates the juvenile drug court program. The coordinator schedules and runs all meetings, maintains program data, and liaisons with all team members and treatment providers. A probation officer works with the program coordinator to supervise cases and assist the coordinator.

Screening Instruments: Level of Service/Case Management Inventory (LS/CMI), Standardized Risk Assessment Reporting Format for Substance Abusing Offenders (SRARF), and Simple Screening Instrument (SSI).

Entrance Procedures: Acceptance into the program is determined by the admissions staffing team from information collected by the coordinator in an initial screening. If accepted for the court, the participant begins the program once he/she has agreed to its conditions. Upon successful program completion (minimum of eighteen months) the conviction(s) against the participant are vacated. Termination or withdrawal from the program will result in sentencing.

Eligible participants must provide a chemical dependency evaluation, completed within the past twelve months, by an approved provider, and voluntarily consent to all conditions of the drug court program.

Program Activities: There are four program phases. In Phase I (minimum three months) the participant is acquainted with supervision and treatment staff and provided with an orientation/overview of the drug court. Problems and needs are assessed and a treatment plan developed. Phase requirements include weekly court appearances, three weekly drug tests, three group AA or NA meetings, and compliance with all other supervision and treatment requirements. The goal of Phase I is detoxification, orientation, and development of a treatment plan and social support system.

In Phase II (minimum three months) an updated treatment plan is developed by the participant and supervision/treatment staff to identify goals and objectives. Counseling

and meetings focus on problem areas and identifying ways of coping with stressful situations. Phase requirements include a minimum of bi-weekly court appearances, a minimum of two weekly drug tests, three group AA or NA meetings, and compliance with all other supervision and treatment requirements. The goal of Phase II is stabilization, continued treatment, relapse prevention, and assessment of other needed services (education, mental health, etc.).

In Phase III (minimum of nine months) ongoing recovery needs including maintaining total abstinence from all drugs and alcohol is addressed. Focus is on daily living skills, the application of vocational and educational training, and consistent attendance in twelve step meetings. This period is designed to support the participant in return to the community as a productive and responsible member. Phase requirements include a minimum of one monthly court appearance, a minimum of one weekly drug test, three group AA or NA meetings, completion of moral reconnection therapy, and compliance with all other supervision and treatment requirements. The goal of the phase is maintenance of sobriety, establishment of long term recovery goals, and development of a recovery support system.

The fourth and final phase (minimum three months) is designed to help with on-going needs. The program remains as a support to the participant in anticipation of their involvement as a role-model for other drug court participants and the community. Phase requirements include a minimum of two monthly drug tests, attendance with support groups and alumni meetings, and compliance with all other supervision and treatment requirements. The goals of this phase are maintenance of sobriety and community/social supports, payment of all fees due to the program, and ultimately – withdrawal of plea and graduation from the program.

Sanctions for program violations may include increased treatment requirements, increased supervision requirements, increased drug testing, demotion in phases, community service, restitution or fines, electronic monitoring, jail-time, or termination from the program.

Incentives may include decreased treatment requirements, decreased supervision requirements, decreased drug testing, promotion in phase program, reduction in program fees, verbal encouragement, and graduation.

Law violations could result in being terminated from the program and consequently being sentenced to the original charge(s). Other violations which could result in termination include, but are not limited to: consistently missing drug tests, failing to progress in treatment, non-compliance with conditions of supervision, exhibiting violence or tendencies towards violence, or failing to obey directives of the drug court team.

Fees: Drug court participants are required to pay \$80 per month for the duration of the program. Promotion to subsequent phases will occur only when participants have a \$0 balance. Probation enrollment fee of \$30 and \$25 per month will be paid from collected fees, as required by the Interlocal Agreement between Madison County and the

Administrative Office of the Courts. In the event of financial hardship, participants may be allowed to complete community service hours and be credited \$8 per hour toward their balance. Participants enrolled in GED, high school or college may receive credit towards their balances for approved grades.

Adherence to Standardized Model of Treatment: At the screening stage, the LS/CMI, SRARF and SSI are completed for each individual. The participant is provided with the list of registered providers and is able to choose their preferred provider. The results of the participant's LS/CMI, SRARF, and SSI, and relevant legal history is provided to the treatment provider with the consent of the participant, who then conducts an alcohol/drug evaluation and any other needed evaluations, and recommends a level of care for the participant. The participant is again consulted with and chooses a registered provider for treatment at the appropriate level of care. The participant's provider remains in regular contact with the drug court program and communicates the necessary information about the participant's progress to the drug court staff, as well as at other times as necessary (i.e. a positive or tampered UA, missed appointments, etc.). Participants are reassessed every six months with the LS/CMI until graduation or termination. All data is inputted into the PSCMIS. Participants who are eligible for treatment vouchers obtain them.

Statement of Compliance with Standardized Model of Treatment: Yes.

Evaluation Activities: The current program coordinator has only been in the position for several months and has not yet conducted significant evaluation activities. The bulk of the coordinator's attention has been focused on sustaining the program.

Team and Courtroom Dynamics:

The program coordinator works regularly with the Judge and representatives of the county attorney and public defender to refer offenders into the program. For a period of time from April 2010 to October 2010, referrals were not made to the NNDC so program components related to due process issues could be reviewed and changed.

During hearings, participants are called before the bench with an overview provided by drug court personnel. There is brief interaction between the Judge and participant, with the participant being asked to provide an update about their progress in treatment and the program generally. Individual case reviews last approximately five minutes.

Program Experiences and Lessons Learned:

The program coordinator has implemented several measures to address due process program issues that team members felt were important to make, including developing a policy for sanctions administered through the program. Additionally, the drug court contract with participants has been altered to recognize the concerns with potential ex parte communication. Federal-level consultants have also provided assistance so due process concerns could be successfully addressed:

“We have implemented a termination policy. We have also implemented a sanctioning policy so that due process requirements are met. I called the Bureau of Justice Assistance and set up a technical support date for them to come in and meet the Judge and our team.”

Team staffing meetings are led by the Judge, and a focus is placed on arriving at individualized program decisions for participants:

“Our judges do an excellent job of allowing the team to come to a consensus on sanctions. The judge may throw out an idea of a sanction to begin the discussion, but if someone else comes up with a more creative therapeutic approach they welcome any ideas until, we, as a group decide what is in the best interest of the participant.”

Because the program is multi-jurisdictional, the coordinator dedicates a lot of time to working with county attorneys throughout the program’s coverage area:

“Each district has its own challenges. However, when you cover seven different counties you have to pay special attention to each of your referring sources. This includes educating each county attorney about changes in policies, etc., to keep them up to speed. It is prudent to know the preference of each County Attorney regarding keeping them informed of their clients since not all seven county attorneys attend staffing. Some of the attorneys, once they place someone in drug court, are fine with allowing the program to make the decisions needed on a case by case basis. Other attorneys want to know when someone is going to be sanctioned because based on the reason for the sanction they may want to begin the termination process and prosecute.”

The program coordinator is currently attempting to strengthen peer support connections among program participants. One goal is to develop an alumni group for graduates to provide support to other graduates and current program participants:

“I think there needs to be an alumni program set up. Our program lacks support among participants. If someone messes up, no one says, ‘Hey, what I can do to help you?’ or tries to pick them up. Or if someone is doing really well, there is no pat on the back. So it kind of leaves all the accountability on me. I talked about this last week. I asked them, ‘Why can’t you guys support each other? It’s not like you are just here to listen to each other’s life story. Because you are in the program at the same time, you should build support for each other.’... We recently had a few participants experience deaths in their families. They were both car accidents. But because they didn’t feel as if they knew each other well enough, they didn’t reach out and support each other. So I would love to have an alumni program so people have an extra piece of support.”

The NNDC is also looking at options to add new program components and potentially revise its curriculum. Possible changes include introducing a drug court journal for participants to complete and a relapse prevention component:

“We are currently looking at making some changes in programming to include relapse prevention and a drug court journal. The drug court journal would be utilized by new participants. It is a written journal which will be accessed through the ‘Change Companies’. It would allow the participant to become more educated on the purpose and philosophy of drug court while also having them identify their own needs and risks. The relapse prevention would be tentatively utilized in Phase II of the program. We are looking at obtaining the ‘Staying Quit’ curriculum which is provided by Correctional Counseling, Inc. This would help to expound on the treatment they have already received in Phase I and continue to help them build a relapse plan.”

Court: Sarpy County Adult Drug Court (SCADC)

Start Date: Established late 2005. First participant intake and hearings began in February 2006.

Approximate size: Approximately 28-30 participants are typically in SCADC at any given time.

Summary: The mission of the Sarpy County Adult Drug Court is to provide a therapeutic setting combining rehabilitation with incentives and sanctions resulting in reduced crimes, reduced expenditure of resources, increased hope among offenders, increased community confidence, and enhanced public safety.

Staffing Structure: The SCADC has a full-time program coordinator who coordinates both the adult and juvenile dockets. The coordinator schedules and runs all meetings, maintains program data, and liaisons with all team members and treatment providers. There are also two probation officers who manage all cases on a day to day basis as well.

Screening Instruments: Motivational interviewing is used along with the Level of Service/Case Management Inventory (LS/CMI), Mental Health Screening form three, Simple Screening Instrument (SSI), Substance Abuse Questionnaire (SAQ), and Standardized Risk Assessment Reporting Format for Substance Abusing Offenders (SRARF) along with a chemical dependency evaluation.

Entrance Procedures: The county attorney reviews police reports and files formal changes. If the offender screens eligible for SCADC, the county attorney will then notify the public defender or private counsel regarding the offender's initial screening for the program, as well as the Judge at bond setting, that the offender may be eligible for the program.

The coordinator reviews the offender's criminal history to check for warrants, past assaults, and any drug-related entries. A copy of the pretrial interview, criminal history, and LS/CMI, SSI, SAQ, risk assessment and dependency evaluation results are forwarded to the coordinator and team to determine their acceptance into the program.

Program Activities: Case management practices and strategies are based upon the underlying objectives of supervision, those being: 1) to monitor and facilitate participant compliance with the drug court contract, and 2) to facilitate a positive change in participant anti-social attitudes, beliefs, and feelings that translate into criminal behavior. There are four phases of the Sarpy County Adult Drug Court: Phase I) weeks one to fifteen, Phase II) weeks sixteen to thirty, Phase III) weeks thirty one to fifty two, and Phase IV) weeks fifty three to seventy nine. Pre-treatment begins in Phase I at the Sarpy County Day Reporting Center, followed by a treatment program, including initiation of a moral reconnection therapy program. An aftercare program is initiated in Phase II.

In each phase, an appropriate level of supervision is identified for the participant, a supervision case plan is developed, an appropriate level of treatment is identified, and the participant is monitored for compliance through targeted face-to-face activities.

When participants are consistently cooperative and do well in treatment, the Judge may offer one or more of the following: food coupons, tickets to local events, early case calls in court, early graduation to next phase, dismissal of a portion of fees or community service hours, dismissal of some of criminal charges upon graduation, and/or any other incentive the Judge deems appropriate.

If a participant fails to comply with drug court contract requirements and/or treatment requirements, the Judge may order one or more of the following sanctions: immediate court appearance, increased court appearances, phase adjustment, electronic monitoring, jail time, community service, report writing, early curfews, increased twelve step meetings, increased chemical testing, therapeutic tasks, and/or any other sanction the court deems necessary.

Fees: Participants make a get well contribution of \$1 per day while in drug court. Participants are required to pay a one-time \$30 administrative fee as well as a monthly \$25 supervision fee. Participants also pay \$9 per month for drug testing fees. Treatment costs are the responsibility of the participant. If the participant can demonstrate that they fall below federal poverty guidelines, they may be eligible for the fee for service program.

Adherence to Standardized Model of Treatment: All participants have a chemical dependency evaluation prior to entering the program with a licensed provider, either prior to meeting the program coordinator or shortly thereafter. The Addiction Severity Index (ASI) is typically used by the registered treatment provider. Following the screening interview by the drug court program coordinator, results of the SSI, SRARF, and mental health screening form are provided to the treatment provider as collateral information so an appropriate level of care can be recommended.

The program then refers to the participant to their chosen provider with the recommended level of treatment. If it becomes apparent that the level of treatment is not adequate for the participant, then the team may refer the individual back to a provider for another evaluation. Treatment providers participate regularly on team meetings, and can add addendums to the level of care as need be. The program requires that both intensive outpatient and aftercare last no less than twenty weeks each at a minimum. Outpatient services and aftercare last a minimum of ten weeks. Some participants are referred to pre-treatment for up to six to eight weeks prior to formal treatment beginning, which is not required by the standardized model. The purpose of pre-treatment is to prepare the participant for more intensive services.

Statement of Compliance with Standardized Model of Treatment: Yes.

Evaluation Activities: The program coordinator conducts exit surveys with all participants. The program has not yet conducted widespread outreach to communicate program results, though that information is provided to the Judge to communicate to the county board:

“Obviously, I share data with the team and provide that information to the Judge when he has to go before the county board. How many drug-free babies were born into the program, what our recidivism rate was, how many drug tests were conducted, how many were positive, as well as one interesting statistic that I do keep, which is the participant’s income when they come into the program, versus when they graduated, and how much it has increased. The last time I ran that, we were at about an \$1100 increase in monthly income per participant. So that information is available to the team, and the county board, but not the public.”

Team and Courtroom Dynamics: The drug court team meets weekly to discuss the progress of program participants. The team includes up to twelve individuals, and typically includes 1) the Judge; 2) the program coordinator; 3) a Bellevue police representative; 4) a Sarpy County Sheriff’s representative; 5) La Vista Police Department representative; 6) a representative from the county attorney’s office; 7-8) two representatives from the public defender’s office; 9-10) the probation supervision officers; and 11-14) up to three representatives from local treatment providers. The team reviews the status and progress of each case individually, and make decisions jointly about participant progress and the issuing of any sanctions or incentives. The team benefits from have a significant number of treatment representatives present at the meeting to provide insight and information about each case.

During the hearing, individual cases are brought before the bench with progress review provided by the probation officer. The Judge offers a mix of positive encouragement and warnings to each participant as their case is reviewed. Interaction between the participant and Judge is kept relatively short, with most cases reviewed in under five minutes. The Judge typically asks all participants to provide an update about their job or education status, and other relevant information. The Judge frequently connects with participants on an individual level because of personal experiences with recovery. Jail time sanctions are implemented immediately, with violators being taken into custody during the hearing session.

Program Experiences and Lessons Learned: The program has benefited from having consistency in team staffing over time, with the team’s composition remaining relatively stable since its inception. All members are committed to the program:

“When we got started we were in the middle of a meth epidemic. It was huge. Everybody on the team saw that something needed to change.... The Judge spearheaded the program. The county attorney’s office was on board, the Judge was obviously on board, probation was on board, the public defender’s office was obviously on board.... We have four law enforcement agencies represented, and they really have the same agenda, they don’t see this as ‘oh we have to nail ‘em

and jail ‘em’ – they really see the value of the program.... The entire team has been together since the beginning, with the exception of one person who passed away. That has been huge. We communicate well. It’s been a huge part of the program’s success.”

The Judge is an integral part of the SCADC program, and his experiences are a highly valued part of the program because of his personal experiences with recovery. Participants are aware of the Judge’s personal background with recovery, which adds a valued element to the participant relationship with him:

“The Judge has twenty six years of sobriety, so he knows what the participants are going through and some of the hurdles and challenges that they face. His knowledge of the AA community is huge, and he can relate to where they are at and what they are going through.... The relationship he has with the clients is the biggest, most integral part. What we have found in our exit surveys is that the clients are very appreciative of that... The Judge’s relationship with the participants has been huge.”

The program regularly refers participants to the county’s day reporting center, which has been a very useful resource:

“The day reporting center is located in Bellevue. That is also where the supervision officer’s office is located. That is where the MRT group occurs.... We have the Goodwill over there, where they do job skills, do mock interviews, write resumes, help them find jobs. She does a budgeting class. Also we have an individual to help them work on their GED. They do anger management. We’ve done pro-social activities over there. There is just a litany of things that go on over there.... It has been a huge asset to our program.... We would love to have one for juveniles but the money is just not there.”

Generally, younger participants in SCADC face more challenges than older ones:

“The older ones are probably generally a little more successful from a longer term perspective. We have noticed that those in the age range of 19-23, those individuals do struggle more in the program, probably because they are in their ‘party years’ so to speak.”

Additionally, individuals with co-occurring disorders are also more likely to struggle in the program. However, the active participation of a treatment provider in weekly team meetings knowledgeable of co-occurring disorders helps the team understand that individual’s behavior, and that information is incorporated into decisions about sanctions for that participant. Provider input is highly valued in the team setting:

“Those individuals with diagnosed mental health illnesses tend to struggle a bit more.... It’s pretty typical to have individuals with co-occurring disorders.... It’s really helpful to have a treatment provider who is part of the team who comes and

educates us about these issues.... They will bring to the table, ‘yeah, these behaviors are typical, and this is what needs to be done to correct those behaviors,’ so they educate the team on why they believe people are struggling.... If it’s someone who did something and they might have been manic at the time, instead of giving them a harsher sentence, the Judge will explain to them that this is an individual program, due to some extenuating circumstances you are going to get community service or whatever it may be, just from what the treatment provider has brought to the table.”

Court: Scottsbluff County Adult Drug and DUI Court

Start Date: The Adult Drug Court started in January 2007, and the DUI Court started in October 2008.

Approximate size: Each docket has a capacity of fifteen participants. Both dockets meet together with the same Judge and team and adhere to the same general guidelines. The combined court thus has a total capacity of thirty participants.

Summary: Adult Drug Court: The Scottsbluff County Adult Drug and DUI courts currently meet together. The adult drug is a court-supervised comprehensive treatment program for nonviolent offenders who have been diagnosed, by a registered provider, to be dependent on a controlled substance court. There is no promise of a reduction of charges upon graduation. All participants are placed on probation and completion of drug court is part of the probation order. Any mandatory jail time required by law is served up front.

DUI Court: The court serves first, second, and third offense DUI offenders on a post-sentence, guilty basis. All offenders are expected to serve a mandatory minimum jail term at the beginning of the DUI court program. The program does not promise or advocate for a reduction of charges prior to entering the program or upon completion. Participants are required to wear an alcohol monitoring device (CAM) at the beginning of the program. Individuals with a fourth DUI offense or more are not eligible for the program. In addition to having a first, second, or third DUI offense, individuals must also have a chemical dependency as well to be eligible for participation. Jurisdiction is restricted to Scottsbluff County. Both programs operate on the basis of an inter-local agreement between Scottsbluff County and the Nebraska Office of Probation Administration.

Staffing Structure: The Scottsbluff County adult drug and DUI programs are coordinated by a full-time probation officer who oversees and coordinates both programs, as well as maintains other probation responsibilities. The coordinator schedules and runs all meetings, maintains program data, and liaisons with all team members and treatment providers. All case management is done by the coordinator and a probation officer, though the probation officer has recently left the job and the position remains unfilled.

Screening Instruments: Both courts: The Level of Service/Case Management Inventory (LS/CMI) and Level of Service Inventory – Revised: Screening Version (LSI-R:SV).

Entrance Procedures:

Both courts: All referrals are initially presented to the coordinator. The coordinator will then speak with the county attorney about any objections they may have with the case entering the program. Once approval is received by the county attorney, the coordinator verifies the client has a recent and valid evaluation and the charges attached to the court case are appropriate. If all of the appropriate items are in place, the coordinator approaches the team with the new referral. The drug court team will give final approval or denial after having had a chance to discuss the new referral. Once a decision has been

made, the coordinator will notify the referral source of the team's decision. This will be done through a written notification. The entire process should not take longer than two weeks, if the evaluation is current and valid. The Judge then orders the individual into the applicable program as a condition of their probation. DUI Court participants must serve the mandatory minimal jail sentence that comes with their conviction prior to entering the program.

Program Activities: Once a person is admitted to one of the programs, the participant's progress in the program is assessed at weekly team meetings attended by all team members. Team meetings consist of the program coordinator, Judge, probation officer, treatment provider representative(s), law enforcement officer(s), and a RISE (Rural Improvement for Schooling and Employment) worker. Both courts operate under a four phase process and are case managed by a probation officer. All participants progress through each phase based on their successful performance. Participants can be moved back to the previous phase as a sanction for failure to comply with their contract. Upon completion of the program, probation-based participants are eligible to be released from probation. All releases are preapproved by the sentencing judge.

The first appointment with the probation officer occurs following the sentencing of the participant. The appropriate drug court contract is reviewed and the program expectations are explained. Drug and alcohol testing procedures will be outlined and a drug/alcohol test will be collected. A listing of available twelve step meetings will be given to each participant and the frequency of attendance will be explained. Each participant shall be provided with a participant packet which details the requirements and expectations of the program. The packet explains possible sanctions for non-compliance with the terms of the program and situations which result in termination from the program.

If a participant fails to comply with the drug court contract and/or treatment requirements, the team may suggest one or more of the following sanctions: immediate court appearance, increased court appearances, phase adjustment, electronic monitoring, jail/detention time, community service, report writing, curfew implementation or adjustment, increased twelve step meeting attendance, increased chemical testing, therapeutic tasks, and/or any other sanction the court deems appropriate and necessary to aid in the participant's rehabilitation.

When a participant is consistently cooperative and is doing well in treatment, the team may offer one or more of the following: food coupons, tickets to local events, call that participant's case first and allow them to leave early, early movement to the next phase, dismissal of a portion of fees or community service hours, and/or any other incentive the team feels is appropriate.

Fees: Both courts: A \$25 program fee is assessed each month, though it may be waived or reduced if deemed necessary by the Judge. A \$10 fee is assessed for every positive drug/alcohol test.

Adherence to Standardized Model of Treatment: Participants are provided with the list of registered providers to choose from for evaluation and treatment. Treatment vouchers are readily used for eligible participants and treatment. Representatives from treatment providers regularly sit in on team meetings, or otherwise communicate on a regular basis with the team via phone. Treatment progress reports adhere to the standardized model's requirements and are provided on a regular basis.

Statement of Compliance with Standardized Model of Treatment: Yes.

Evaluation Activities: Participant data is entered on a regular basis by program staff and reviewed on a periodic and informal level by the program coordinator and shared with team staff members.

Team and Courtroom Dynamics: Team meetings consist of 1) the Judge, 2) program coordinator, 3) treatment provider representative, 4) RISE coordinator (Rural Improvement for Schooling and Employment), and 5) police representative from the Western Nebraska Intelligence and Narcotics Group. The program coordinator currently oversees all program cases as the probation officer has recently retired. Additionally, the program has a new Judge as the former Judge recently retired. The coordinator provides an update about each individual case. Treatment progress and other relevant information about the individual's employment, education, or family life are discussed. Written assignments from participants are also reviewed by the team and discussed. Other team members provide input about the case and a consensus is reached about each participant, with the Judge having a final say about sanctions or incentives.

Adult and DUI program participants are mixed into the same hearing. Participants are called before the bench, and the program coordinator provides an update about the individual's progress in treatment and related items. The Judge asks the participant to also provide their perspectives on treatment, employment or education, family life, and discuss any problems they may be experiencing. There is significant interaction between the Judge and participant, with individual case reviews lasting between ten and fifteen minutes.

Program Experiences and Lessons Learned:

The Scottsbluff DUI Court is the only DUI Court in Nebraska. As a condition of participation in the program, all offenders must serve the mandatory amounts of jail time that they were sentenced to as part of their conviction. There is thus no reduction or removal in charges or waiver of sentencing. The founding Judge and program coordinator have enforced this requirement since the program began:

“The Supreme Court was very gracious in giving us the opportunity to present our facts and tell them why we believed we truly needed a DUI court out here. My perception is that the justice system is somewhat afraid of aggravating groups like Mothers Against Drunk Drivers, that we are being too lenient. So we went to them and said we are not going to do away with convictions. It will be like our

drug court where there will be a conviction and you will be in the program as a probationer with a conviction. We had to be very clear that we would not make deals in the county attorney's office like 'If you put him in drug court we will reduce the charge from a third to a second.' All deals are done without any knowledge of us. We are not involved. We get them all after the fact. So I think that some of the controversy had to do with how all other drug courts are run across the country and in Nebraska, where charges are dismissed if you do well. Drunk driving is our biggest offense in Nebraska. That is our biggest issue. So I think the fear was that communities were thinking we were actually going to erase the offense they committed.... We assured them that was not how we were going to run the DUI court....

"It was an agreement with the Supreme Court that if they gave us permission to do the DUI court, then any mandatory sentence that came with their first, second, or third offense – or a super offense, which means it is over a .15 BAC – you have a mandatory jail sentence, a mandatory minimum. Whatever sentence given to you by the Judge at the time of sentencing has to be served up front. You can't serve that as part of the DUI court. This is actually beneficial after having seen it now after a year or two. People dry up. People come out ready for change, especially if they have to do sixty days, or thirty change. They have had that time to work through things and get clean in their head."

Despite the fact that there is not an incentive in the DUI program to reduce or remove charges, successful participants find motivation in the support that the program and its team provides:

"You get better. That was a question the Supreme Court asked us. As silly as it sounds, you get better. You want it. You're tired of the cycle. You're tired of being in the system. And that is what we really push. We don't use an incentive as in 'Here is a carrot, do you want to do this program?' Instead, they need this program and a Judge orders them to do it, and they do it. If they don't do it, they go back to court on a motion to revoke probation.... You are ordered as part of your probation to do the program....

"They finally see that you really do care. It might take the first six weeks when they are really fighting you. You keep telling them, 'You didn't do this, and you didn't do that. But we are really happy that you did this.' I think it is because you always point out a positive. It's not always negative. They finally see that it is a supportive system. You are not there because you make six figures a year. You are there because you care and you believe that they can be successful.... We don't give up after their second or third or fourth screw-up, and we don't have a set limit where everybody can only have four screw-ups and then they are out of the program. It is a case by case basis.... I know that evaluators and others get stuck on, 'What is the incentive?' But for me, I wonder if there has to be one other than just for someone to want to get better? To me that is their incentive, to want to get better. I want to get better. I don't want to do this anymore."

Many of the participants access the fee for service voucher system to pay for treatment. However, access to these funds is dependent upon number of accumulated charges. Adjusting the criteria for access to the fee for service vouchers would enable more participants to receive support for treatment:

“I would like more money for treatment for those people who don’t qualify for treatment under the voucher system and standardized model that we currently have. You have to have a third offense DUI. But there are a lot of second offense DUIs who need a lot of treatment. I would like treatment expanded to all DUIs unless it’s a true first offense.... To be eligible for a voucher under the standardized model, you have to have a third DUI offense. Well, what if you have a second DUI offense and it is really your true fourth DUI? Obviously you have issues with alcohol. But you are not eligible so you have to pay for that treatment. So paying for treatment and expanding the current voucher system would be beneficial... They have to pay for treatment themselves. If they are ordered to do counseling, they have to pay for it. It would be nice for all probationers to have help paying for treatment, whether its mental health, drug or alcohol. That is my biggest wish. It is not salary increases. It is getting people the resources they need to get where they need to go.... The Judge can waive the program fee, but they typically don’t. Which is frustrating because the participants pay into this programming fee which goes towards vouchers and other programming resources. So if you are a second offense DUI the Judge says, ‘You will pay \$25 a month for probation,’ you are paying that, but you cannot access that money. Sometimes people don’t get that, but we get that, and it is not fair. If they are paying in, they should be allowed to access that money if they have the need. If they don’t have the need that is one thing, but if they have the need and they can’t pay for those services, then we should pay for those services because this person is paying us. So that is kind of frustrating about the standardized model. That would be my one wish, that everyone who needs services could get them paid for.”

Court: Southeast Nebraska Adult Drug Court (SENADC)

Start Date: Established May, 2007. The first hearing was held in October of 2007.

Approximate size: There are approximately twenty to forty participants in the program at any one time.

Summary: The Southeast Nebraska Adult Drug Court supervises eligible adult participants who are addicted to drugs and have entered a plea of guilty or been convicted of non-violent felony offenses. The program encompasses Saline, Gage, Jefferson and Fillmore counties in Southeast Nebraska. Inter-local agreements were signed with these counties and the Nebraska probation system. The mission of the program is to rehabilitate individuals, restore families, and promote safety in communities. The goal of the program is to support lasting change in addiction and the behaviors that interfere with individual and family functioning.

Staffing Structure: The SENADC has a full-time program coordinator who coordinates the program. The coordinator schedules and runs all meetings, maintains program data, and liaisons with all team members and treatment providers. The coordinator and one other probation officer share day to day case management of all participants. The program also employs a half-time drug technician.

Screening Instruments: Level of Service/Case Management Inventory (LS/CMI) and Nebraska Simple Screening Instrument (SSI).

Entrance Procedures: In order for a defendant to be eligible for participation in the SENADC, he/she must be charged with a non-violent felony, and have a history of substance abuse and/or dependency. A DUI charge, charge of manufacturing or delivering a controlled substance beyond doing so to support a personal habit, or history of criminal sexual assault or child neglect/abuse disqualify an individual for the program. Certain cases of child neglect/abuse due to addiction related factors may still be considered for participation. Charges more severe than a Class II Felony are not eligible. Other factors are also considered in admissions, such as motivation to change, and degree of cognitive functioning.

If a defendant meets the eligibility criteria and would like to apply for the program, a written application must be submitted to the drug court coordinator by his/her legal counsel. Currently, the county attorney in each county must approve the offender's application to the drug court program prior to submission to the coordinator. Upon receipt of the screening form from the representing attorney, a criminal history is gathered by the drug court coordinator. This history will include a NCJIS report, a NCIC report, and a detailed report of JUSTICE entries. If preliminary approval is gained by the drug court team, a screening interview is then scheduled with the defendant.

During the screening interview, an LS/CMI and Nebraska Standardized Model Substance Abuse SSI are completed. A Mental Health Assessment will also be utilized. These are

completed and scored by the drug court coordinator. Following the interview, a written assessment is completed with the inclusion scoring in the LS/CMI individual domains and overall risk level, all prior criminal history, the SSI and the Mental Health Screen, as well as the level of change the applicant seems to be operating in and other pertinent information. This information will be available and presented to the drug court team for discussion and review. If the defendant is accepted in the SENADC, he or she is presented the drug court advisement form, signs it to acknowledge acceptance of program conditions, and enters a plea of guilty in the county of their originating charge. Drug court participants are bonded into the program following a drug court session on the fourth Monday of each month.

Program Activities: The drug court team consists of a drug court judge, representative from the county attorney and a defense attorney, the drug court coordinator, the drug court supervision officer and a representative from the treatment providers. While the ultimate decision-making authority resides with the presiding drug court judge, the team works in collaboration toward the common goal of rehabilitation of the drug court participant.

The program is a minimum of eighteen months in length with a maximum of thirty-six months. It is designed with five phases. Phase I is the most restrictive in requirements and is based on teaching the participant about choices in continuing in addictive behavior or complying with the drug court program. The initial phase is a minimum of three months in length. A commitment of approximately eighteen hours during the week in drug court activities is required to be successful.

Phase II is designed to challenge the participant's thinking and behavior patterns. It is a minimum of three months. An average of eleven hours during the week in drug court activities is expected in this phase.

Phase III is nine months at a minimum and focuses on maintaining abstinence and behavior changes. Approximately six hours a week in required drug court activities is characteristic of this phase. This period is designed to support the participant in his/her self-sufficiency and return to their families and community.

In Phase IV, the participant is acting as a role-model and mentor in the alumni program and maintaining sobriety with minimal support or supervision. Phase IV is a minimum of three months and an average of one hour a week in drug court activities is expected.

Phase V is designed as a maintenance phase with no minimum participation timeframe and is active until the date of the withdrawal of guilty plea and graduation. This is simply a monitoring phase with less supervision than Phase IV. However, the participant is still subject to random drug testing and regular record checks until completion.

Participants are required to attend at least two community support meetings per week and have verification of attendance. In phases II and III of the program, the participant is

required to attend Moral Reconciliation Therapy (MRT) group and complete the modules prior to advancement to Phase IV.

The incentives utilized by the Judge may include decreased drug testing, phase advancement, verbal encouragement, grab bag items, gift certificates, and less restrictive curfews, among others. Sanctions may include verbal admonishment, increased supervision or testing, community service, essays or reports, jail time, or termination.

When the participant successfully completes the program and graduates, the guilty plea is withdrawn and the felony charge dismissed.

Fees: Participants are required to pay a one-time \$30 enrollment fee and a monthly fee of \$40. \$30 of the fee is set aside for Nebraska Probation for programming and drug testing. \$10 of the monthly fee is returned to the SENADC for programming and incentives. Individuals may also be required to make restitution. A process for waiving fees if or when necessary has been adopted by the team.

Adherence to Standardized Model of Treatment: During the screening process, the program coordinator utilizes the LS/CMI and SSI to assess the offender. The individual is referred to an approved treatment provider to conduct a substance dependency evaluation. The appropriate release forms and protocol are used to provide the treatment provider with assessment results and criminal history information. Evaluation costs are provided via the fee for service voucher system with a sliding scale fee. Results from the substance dependency evaluation and all other information is presented to the drug court team for a decision on admission. If admitted, the individual is referred to the prescribed level of treatment with an approved provider of their choice. The drug court team monitors treatment progress on a regular basis and requires participation of a provider representative at weekly meetings and via regular written reports. Re-evaluations and increasing levels of care are done if deemed necessary.

Statement of Compliance with the Standardized Model of Treatment: Yes.

Evaluation Activities: All data is entered in PSCMIS on a weekly basis, including correspondence and treatment compliance.

The program coordinator reports on program trends, outcomes, graduation statistics, drug-free babies born, GED completions, and other educational and employment achievements of participants to county boards of supervisors within the program's jurisdiction:

“We work very closely with the law enforcement community and our stakeholders so they understand what we are doing and how we are doing. Every year, I report to the county supervisors because they ultimately determine our funding. I let them know how our program has been doing in the past year, our successes, where we need to work more, how it benefits them, and how much money it saves them. We try and let them know what we are doing for these

individuals. We don't just work on the treatment or the sobriety piece. We work on job skills and getting the community involved in that, and the whole picture."

Long-term trends and outcomes are looked at regularly. Graduates are also routinely contacted after a year to check-up on their status, NCJIS and JUSTICE are also reviewed periodically to check-up on the status of graduates. Program staff believe that further PSCMIS and Oracle training would be helpful to understand and interpret program data.

Team and Courtroom Dynamics: Team meetings consist of 1) the Judge, 2) the program coordinator, 3) the prosecuting attorney, 4) defense attorney, 5-6) supervision officers, 7) treatment provider representative. The evaluators did not have an opportunity to observe the team staffing meeting, but did sit in on the court hearing.

During the hearing, participants approach the bench and provide an update about their treatment and progress in the program. The Judge reviews treatment progress and notes from the staffing team with the participant. The participant dialogues with the Judge about treatment activities, education or job progress, and their family or peer situation. Incentives such as gift cards and public acknowledgment and applause are provided to participants who have made significant progress. On the contrary, clear warnings and expectations are communicated by the Judge to participants whose performance needs to be improved. Individual reviews for each participant before the bench last between five and ten minutes. Sanctions involving jail time are executed immediately, with participants being taken into custody during the hearing process.

Program Experiences and Lessons Learned:

The Judge, prosecuting attorney, public defender or defense attorney, treatment provider representative, and both program supervisors are present at the team staffing meeting and courtroom hearing. The team meets weekly to discuss cases. A form of consensus is usually reached among team members about program cases:

"Usually the prosecuting attorney recommends sanctions, or the Judge asks us as supervision officers what we think would be appropriate because we handle these cases day to day, and know what pushes their buttons. Then we have a discussion and a voting process. Ultimately if we can't decide, the Judge makes the final decision."

Both methamphetamine and prescription drugs are the main drugs of choice among participants. The program emphasizes long term sobriety with participants:

"We really preach long term success and sobriety, especially in the third and fourth phases. Where are they going to be in ten years? We look at the whole individual, their family situation... The LS/CMI just tells us what we need to look at when they come in... The big picture is - what is their support system? What do they have going for them when they come in? What might help them succeed?"

The bulk of participants tend to be younger female adults, which appears to be a characteristic of the drug-using community in the area:

“We attribute it to a lot of women working for the dealers. They help dealers distribute or help bring them clients in exchange for their drugs. A lot of times the males are dealers and they don’t qualify for our drug court. The women are kind of the pawns, and usually end up getting charged with possession, and that is how they come in.”

The program faces challenges with lack of treatment resources, as well as transportation for clients to treatment providers:

“Being rural, we don’t have a lot of options for treatment. It is a challenge. We have Blue Valley Behavioral Health and they do a great job. But if the participants want to go to Lincoln they can. We just don’t have a lot of resources for treatment here, and if they do want to go to Lincoln, then transportation becomes an issue.... We have had more AA and NA meetings growing in the area, and that is helpful.... Transportation is always an issue. It is not a short drive for some people. If there were more transportation resources, or a way to bring other treatment opportunities to rural areas, that would be what we would want. But I understand funding is always an issue.”

Over time, the program has made moves to try and accelerate the drug court admissions process for participants:

“One of the things we have done recently is try and speed up the application process - trying to get these folks into drug court as quickly as possible. In the past there have been some delays. We’ve tried to speed that up without jeopardizing the information we need to make a decision about admissions. What I had been noticing is that attorneys were constantly asking for continuances based on drug court applications, but I had not seen an application. So I try and keep that process moving along.... If applications are out there in constant continuances, it’s a waste of people’s tax dollars. We try and speed that up.”

Program team members try and keep active with the latest research on drug use and testing, a practice which has reaped positive results:

“One thing we do is try and stay on top of the latest drug testing, and the latest trends in drug use. Sometimes it’s easy for a rural drug court to get left behind on those sorts of things. I try and stay active on that stuff. We have had a recent series of incidents with K-2.... Up until a few months ago we haven’t had a test for it. We now work with Redwoods Labs in California. We now know we had at least six people who were using it.... For us, it’s been a huge component for us – staying on top of testing trends and technologies.”

Court: Douglas County Juvenile Drug Court (DCJDC)

Start Date: January 2001

Approximate size: The program has a capacity to serve up to forty individuals (twenty participants per supervision officer).

Summary: The mission of the Douglas County Juvenile Drug Court is to reduce substance abuse by holding offenders accountable through intensive supervision and graduated sanctions and improving pro-social functioning by prescribing competent, strength-based services. Target populations for the program are persons aged 13-17 adjudicated who are diagnosed as substance abusers or chemically dependent and who are exhibiting problems in juvenile justice history, school, family cohesion/support, peer relations, pro-social activities, or mental health. Successful completion of the program can lead to a sealing of the individual's juvenile criminal record.

Staffing Structure: The DCJDC has a full-time program coordinator who coordinates the program. The coordinator schedules and runs all meetings, maintains program data, and liaisons with all team members and treatment providers. There are two Drug Court Treatment Officers who manage all cases on a day to day basis as well.

Screening Instruments: Problem Solving Court Screening Instrument (PSCSI), Comprehensive Addiction Severity Index (CASI), and Youth Level of Services/Case Management Index (YLS/CMI).

Entrance Procedures: Youth are referred to the program through either probation services or the Office of Juvenile Services. The CASI and YLS-CMI are used to screen for chemical dependency and risk of re-offending, and eligibility criteria are assessed using the program's PSCSI. If an individual meets eligibility criteria, their application is reviewed by the entire team for a decision about program entrance.

Program Activities: At program entrance, participants are assigned to a program probation officer who has primary responsibility for supervising the terms and conditions of their participation in the program. Supervision may consist of unannounced home visits, search of the youth or residence, or random drug testing. The probation officer can meet with the participant at the office, at treatment, school, or elsewhere in the community.

All participants are required, and adult family member are encouraged, to appear at regularly scheduled court dates. Prior to court dates, the program team review the participant's progress, including drug testing results, school progress and behavior, home behavior, and treatment progress. The Judge asks the participant and their progress and any issues or problems encountered. Participants who are doing well are encouraged to continue with the program. Violations such as positive or missed drug screens, failure to attend treatment or program sessions or meetings, and other problems are considered

violations that will result in sanctions. Failure to appear in court can result in a warrant and detention.

The program is based on three phases for participants. Length of time varies for participant.

Phase I is stabilization. The primary goal and focus of phase I is to identify and examine the impact of the participant's substance abuse. The goal for youth to complete phase I is approximately one to three months. During phase I, all participants are subject to random drug testing two to three times per week. Participants attend court hearings on a weekly basis with a family member. All participants are required to attend two to three chemical dependency groups per week, two to four individual therapy sessions per month, and one family therapy session every other week. Additionally, participants participate in character building, multicultural education, gang prevention, behavior modification, SELF and drug resistance education. Regular contact is maintained with school officials. Participants are subject to a minimum of one weekly home visit, and an 8 PM curfew is imposed.

Phase II is rehabilitation. The focus of phase II is maintaining sobriety and recognizing responsibility to self, family, and other elements important to reinforcing treatment and sobriety. The goal is to complete phase II in approximately four to six months. Random drug testing can be reduced to one to two times a week at the discretion of the supervision officer. Mandatory court hearings occur every other week or every four weeks. Curfew may be extended at the discretion of the court. There is an increase in self-directed pro-social activities.

Phase III is continuing care, with a focus on maintaining recovery and responsibility to self and others. In phase III, random drug screens may be dropped to one to two per month, and mandatory court appearances may decrease to one per month. Treatment days will be reduced and ended in phase III, but continued participation in support groups is expected and monitored. Home visits are reduced to one per month. Pro-social activities on both individual and group bases are expected and encouraged. The goal of phase III is to prepare the participant for continued success and independence after the program.

Graduation requirements include two months without treatment and full sobriety, four months of continuously clean drug screens, completion of all probation requirements, and passing of all classes in school with a C average. If a participant is working towards a GED, that GED must be successfully obtained prior to graduation from drug court.

Incentives and sanctions are administered as part of the juvenile drug court program in response to positive compliance or program violations. They are administered on an individualized basis at the discretion of the court. Incentives might include gifts, court recognition, decreases in drug testing, curfew extension, community activities, or phase movement. Sanctions might include day reporting, tracking/monitoring, community service, house arrest, increased drug screening, increased home visits, written assignments, phase movement reduction, "scare tours" or detention.

Fees: There are no program fees for participants in the DCJDC.

Adherence to Standardized Model of Treatment: Team members from the program's treatment agency conduct a drug/alcohol evaluation of the potential participant using the CASI. The program coordinator reviews the evaluation along with a screening from the Office of Juvenile Services, and assesses eligibility of the participant using a version of the Simple Screening Instrument. The treatment agency and all other providers that the program works with are registered providers who adhere to the confidentiality requirements of the model. The program coordinator regularly ensures that treatment providers are complying with the standard. The treatment agency evaluation is referred to the team, which defers to the recommended level of care suggested for the participant.

Statement of Compliance with Standardized Model of Treatment: No.

Evaluation Activities: Program information is regularly entered into PSCMIS, and examined on an informal level. However, formal examination of data trends is not conducted on a regular basis.

Team and Courtroom Dynamics: Team meetings are composed of 1) the Judge, 2) program coordinator, 3-4) probation officers, 5) representative from the county attorney's office, 6) a representative from the public defender's office and/or guardian ad litem, 7) a Health and Human Services liaison, 8) a family specialist from KVC Health Systems, 9) a family specialist from Nebraska Families Collaborative. All cases are reviewed at length during meetings, which last several hours. Probation officers update team members about the overall status and treatment progress of the cases they are supervising. The Judge leads discussion. All team members provide input about individual cases and any discussion of sanctions or incentives.

During the hearing process, individual cases are called to the bench with a parent before the Judge and team members. The probation officers take turns updating the court about the participant's overall status and treatment progress. There is significant interaction between the juvenile and the Judge, with the Judge asking participants to update the team about their education or job status, treatment progress, and any other relevant information. The Judge also asks for parental input about the juvenile and how they are faring at home. Individual sessions anywhere from five to fifteen minutes depending on the complexity of the case. Applause is prompted by significant progress in treatment or other areas.

Program Experiences and Lessons Learned:

The DCJDC has benefited from hiring supervision officers who are dually credentialed as licensed mental health practitioners and licensed drug and alcohol counselors. They bring added skills to the program which help bridge treatment with probation. Each of the probation officers directly supervise up to twenty cases at a time:

“The probation officers are both licensed mental health practitioners and drug and alcohol counselors.... It is one thing to have a probation officer do this, but it’s another thing to have your probation officer a licensed therapist so they can continue helping with the therapy piece.... They call themselves probation officers, and I cringe when they do. We are a drug treatment court. The treatment piece for me is up front. I wanted to keep us separate from basic probation. We are a step above that. In hiring those two, to have two licensed mental health therapists and substance abuse counselors added as front line people is a tremendous help.”

Because the program coordinator was involved in the development of the Standardized Model for Delivery of Substance Abuse Treatment, the team has a solid understanding of the benefits of the new model and how it has changed the treatment landscape, particularly in regards to evaluations for program participants. There are significant benefits to using the model, particularly in regards to the standardization of evaluations and streamlining of treatment information. There are challenges for the team to ensure that providers are complying with the requirements of the model:

“All of our therapists are dually credentialed in both substance abuse and mental health. They are all registered providers with the Model. They all provide their reports through the provider network. When they type in their report about a kid, when we pull up our report is a section from the provider about the kid. So every week when we pull up the report we have that piece from the treatment provider which comes in from the system. The other thing about the Standardized Model is that all of our evaluations have to be part of assessment tools that come from the list, collateral contacts have to be provided to the probation officer and/or parents.... I sat at the table when the Standardized Model evolved.... When the whole thing came up, we were seeing evaluations for third or fifth DUIs coming back for drug or alcohol educations, and we knew that wasn’t the right fit. And there were providers out there who were giving out the best evaluations that money could buy, and attorneys knew that and they were going to the same people and getting weak recommendations so their clients wouldn’t have to do anything.... So for us the Standardized Model helps us out. But there is also a quality assurance piece that needs to happen.... There is a need to make sure that all these providers out there are doing what they are supposed to be doing according to the Standardized Model, and that falls on my head.”

The program’s preferred treatment provider has a day treatment program which offers a wide array of services to clients in the afternoon and early evening. The services provided resemble a day reporting center and have been a beneficial experience for participants:

“Our treatment provider has a day treatment program that runs from about 4 PM to 8 PM. They actually bus the kids to the program. They pick them up at school. They take them to treatment. It is almost like a day reporting center except the kids are placed in their own groups within the building. They also feed them dinner. They have a chemical dependency group. They have a mental health

group. They have gang resistance. They have vocations. The kids can be pulled out by a therapist and have an individual session. They can be pulled out and have a family session. They have art therapy, basketball, they have some tutoring, and then these kids are taken back home.... Their continuum of care goes from our lowest end which is an outpatient treatment program. We put all our kids in this day treatment program. There is outpatient treatment, intensive outpatient treatment, and it goes all the way up to treatment group homes.”

The program actively works with parents at all levels, particularly in the lead-up to a participant’s graduation. Parental involvement is stressed as a fundamental factor for the youth after they leave the program:

“We have to keep our parents engaged on a positive level and keep them motivated to do their jobs. Because when this kid is gone from the program, the parents are going to have to replace us. They are going to have to do the things that we are doing now. So as we start to wean kids off the program, we tell them that they have to tell their parents where they are at all times. Then we ask the parents to hold them accountable if they don’t. When we are gone, we want that relationship to be in place.”

Team meetings regularly consist of the coordinator, Judge, probation officers, treatment providers, a guardian ad litem and/or public defender, county attorney, and representatives from the Nebraska Families Collaborative or KVC. Although the team functions on a very positive level, the program coordinator believes that additional training would be of benefit for the entire team:

“Any new program starting up should go through the federal grant system. Part of the reason why is because you get so much training at that level that it helps everybody buy-in..... If I had a magic wand right now I would take all of our people together and go through the new drug court training. When you come in you try and train your new people based on the training you went through they do not hear it like you did, and sometimes valuable messages get lost in the translation. But unless you go to the mountain you’re not going to get it like those who went to the mountain.”

Court: Lancaster County Juvenile Drug Court (LCJDC)

Start Date: The program began operations in April of 2001.

Approximate size: The court provides services to an average of thirty to forty juveniles per year. The full capacity of the program is twenty juvenile participants. Typically, there may be anywhere from fourteen to seventeen participants in the program at one time.

Summary: The Lancaster County Juvenile Drug Court is a court-supervised comprehensive program for non-violent youth and their families who have identified substance use issues and are in the juvenile justice system. Youth participate in drug court in an effort to simultaneously address their adjudicated law violations and drug/alcohol abuse or dependency. Juvenile Drug Court is on average a twelve to sixteen month program of intensive supervision and monitoring of juvenile participants. When a youth successfully completes the program requirements and graduates from the program, their obligation to the Court is fulfilled and their case(s) are closed.

Currently, the program receives funding from Lancaster County and the Nebraska Supreme Court, and operates on the basis of an interlocal agreement between Lancaster County and the State of Nebraska/Office of Probation Administration. Additionally, the program has contractual agreements in place with the Independence Center for treatment, and with Cedars Youth Services for tracker services.

Staffing Structure: The LCJDC has a full-time program coordinator who coordinates all team meetings, liaisons with treatment providers, and manages participant data. There is a full-time drug court probation officer who is primarily responsible for the case management and supervision of participants with assistance from the coordinator. The coordinator and a treatment counselor are the primary facilitators for the Moral Reconciliation Therapy group, and the drug court probation officer is also trained as a facilitator. A tracker also sits in the Moral Reconciliation group.

Screening Instruments: Youth Level of Services-Case Management Index (YLS/CMI), Adolescent Chemical Dependency Inventory (ACDI), Simple Screening Instrument (SSI), Comprehensive Child and Adolescent Assessment (CCAA), and Juvenile Screening Instrument (JSI). The YLS, ACDI, and SSI are all completed by the juvenile probation office. The CCAA is an evaluation the drug court team utilizes when reviewing referrals. The coordinator completes the JSI when reviewing a referral for drug court.

Entrance Procedures: Referrals to the program are typically made by juvenile probation officers, juvenile court judges, or attorneys of juveniles. To be eligible for the program, youth must be between the ages of fifteen to eighteen, be diagnosed as chemically dependent or substance abusing, have a non-violent history, pending disposition, have identified problems with school and/or family, and not have a serious mental health diagnosis.

The program coordinator reviews the referral information and if eligibility criteria is met, then the program team reviews the youth's file and recent substance abuse or CCAA evaluation to determine if the youth will be an appropriate candidate for the program. If the youth is appropriate for the program, the family and the youth are notified by their juvenile probation officer and asked to attend a court hearing to observe and get an idea of program expectations. On the initial court date, participants are assigned to their probation officer who will be primarily responsible for supervising and enforcing the terms and conditions of the youth's participation.

Other necessary criteria for entrance include: residence in Lancaster County, moderate or high risk level for YLS/CMI and SSI, and no sex offenses or violent felony records. Individuals with violent misdemeanor records may be considered on a case by case basis.

Program Activities: Program participants have regular court appearances before the Judge and have access to intensive substance abuse treatment that includes drug testing, individual/group/family counseling, and regular attendance at self-help support group meetings (AA/NA) or a comparable program. Additionally, the program provides case management, pro-social activities, life skills, school assistance, and accountability measures. Participants have extensive contact with the program officer and tracker. As a strength-focused program, incentives are administered for positive progress in the program. In contrast, sanctions are imposed immediately for participants who do not comply with the program's rules or their case plan.

There are four phases of participation: Phase I (Contemplation), Phase II (Preparation), Phase III (Action), and Phase IV (Maintenance). Each phase requires face to face contact with program staff, intensive supervision, random drug/alcohol testing, attendance in substance treatment, and court hearings. The frequency of these activities decrease over time. In Phase I, testing occurs a minimum of three times a week. By Phase IV, testing is two times a month or as deemed necessary.

Whenever the results of a drug/breath test reveal the use of an illicit or prohibited substance, the participant is held accountable. Examples of administrative sanctions include but are not limited to: intensified reporting, stricter curfew, travel restrictions, increased testing, intensified treatment, electronic monitoring, use of a sobriety, or termination from the program. The participant may be required to be re-evaluated per the standardized model for a higher level of care.

Whenever the results of an alcohol or drug test reveal a negative result the participant will be rewarded in accordance with evidence based principles. Examples include verbal praise, increased privileges, lifting of a previously imposed sanction, and/or gift cards. Participants with good records of behavior are also entered in the "Best Kid" drawing and at each court hearing one name is selected to receive an incentive.

Fees: Parents are responsible for any treatment costs incurred. The program does not charge regular fees of juvenile participants, although a \$50 sanction is charged of participants as a fee to cover confirmation costs for positive K-2 testing. When a

participant loses their moral reconnection therapy book, there is a \$25 fee for replacement book that the participant and family is responsible for.

Adherence to Standardized Model of Treatment: The program coordinator assesses referrals to the program using the YLS/CMI in conjunction with the chemical dependency and risk evaluations. The primary treatment provider for the program is a registered service provider which routinely employs evidence-based, cognitive-behavioral forms of treatment, and is present at all staffing team meetings and court hearings. Treatment progress reports are entered biweekly using the program information management system. All case management is documented in the information management system.

Along with the treatment provider, the program coordinator and supervisor are also trained in cognitive-behavioral processes, and regularly conduct Moral Reconnection Therapy sessions for participants. The necessary treatment and confidentiality documentation is regularly compiled and maintained by the drug court probation officer.

Statement of Compliance with Standardized Model of Treatment: Yes.

Evaluation Activities: The program coordinator enters data on participants on a regular basis, and shares an informal report with the rest of the program team internally at the team's retreat in to review any trends or new challenges:

“I put together a very informal report. How many referrals have we received, how many have we accepted, how many have we not. Which ones declined entry into the program, which ones did we decline. How many graduated from the program, how many were terminated. That is something we reviewed in our last retreat, and it's something we shared to the treatment provider.”

Team and Courtroom Dynamics: Program staff meetings occur regularly before each hearing. Staff meetings include 1) the Juvenile Court Judge, 2) program coordinator, 3) drug court probation officer 4) a representative from the public defender's office, 5) a representative from the county attorney's office, 6) a representative from Lincoln Public Schools, 7) a representative from the Lincoln Police Department, 8) a treatment provider representative, and 9) a Cedars tracker representative. The team meets weekly for staff meetings. There are two on-week meetings (week with a court hearing) and two off-week meetings (week without a hearing). Program participants are reviewed individually by the team with recommendations made to the Judge by all team members. Treatment provider representatives provide the necessary updates about treatment progress for each participant.

All team members are also present during the court hearing. All participants complete a self-report before the hearing. At the hearing, the participant and his/her parent(s) or guardian are called to sit before the Judge, and the participant shares their report detailing recent developments and other activities in their lives relevant to the program:

“Their reports pretty much highlight how they are doing at school, how they are doing at home, how they are doing in treatment, if they have a job, if they have participated in any pro-social activities, if they’ve attended any self-help support group meetings. So the Judge lets them go through their report, and she may step in and maybe ask a little about school if she knows there are any attendance issues.... After they are done, the Judge will start inquiring into areas that are going well. She will acknowledge a completion of an MRT step, or life skills. If there are any issues at home, she will start to probe.... For example, if they have relapsed, she will ask ‘OK, now tell me about it,’ and she will ask what happened and why.”

During court hearings, it is common for the Judge, team members, and participants to use treatment terms they have learned while in groups such as “trigger locks” and other references to treatment on a regular basis, indicating use and understanding of basic treatment-related terminology. There is significant interaction between the Judge and the juvenile, with the Judge allowing the juvenile the opportunity to provide his or her perspective on treatment, school experiences, and their family environment. Parents are also asked by the Judge to provide an update on the juvenile’s progress from their perspective. Review of individual cases last nearly fifteen minutes. If significant positive progress is made, the juvenile is able to take a reward (a gift card or candy bar) following their hearings, and may also have their name placed in the “Best Kid” drawing or are advanced in their program phase.

Program Experiences and Lessons Learned: Program staff – the coordinator and treatment provider counselor facilitate moral reconnection therapy sessions for participants. This enables staff to have a good understanding of each participant on a regular basis, and share information easily among the team:

“Our drug court officer and myself are both trained in MRT, and our treatment provider went through the training years ago. She knows things about the kids that come out in her individual sessions and ties it in with what they are working on in MRT.”

The program does make use of the Cedars reporting center resources in Lincoln. The center(s) are an important resource for the program’s participants:

“Our participants do attend day reporting center, evening center, and now there is a weekend reporting center available. Usually they attend as part of a sanction.... They fax us progress reports on all of our drug court kids.... They participate in activities such as “Why Try,” get a lot of help looking for jobs, filling out job applications, they do sports activities, community service projects.... It gives them structure, it allows them to be somewhere supervised, and get things done they won’t do on their own like filling out job applications.”

Court: Northeast Nebraska Juvenile Drug Court (NNJDC)

Start Date: December 2007

Approximate size: Currently there is only one participant in the program.

Summary: The Northeast Nebraska Juvenile Treatment Court is one of the Seventh District Judicial Problem-Solving Courts. It is a court-supervised, comprehensive treatment program for nonviolent juveniles who are alcohol or drug abusers. It currently only serves juveniles in Madison County. Funding for the program currently comes from Madison County.

Staffing Structure: The NNJDC has a full-time program coordinator who also coordinates the adult drug court program. The coordinator schedules and runs all meetings, maintains program data, and liaisons with all team members and treatment providers. A probation officer works with the program coordinator to manage cases and assist the coordinator.

Screening Instruments: Youth Level of Service/Case Management Inventory (YLS/CMI), Simple Screening Instrument (SSI), and Nebraska Adolescent Chemical Dependency Inventory (ACDI).

Entrance Procedures: The juvenile must be between the ages of thirteen and seventeen and must have been diagnosed with drug and/or alcohol abuse or dependency by a certified alcohol/drug counselor within the last twelve months. The juvenile must reside within the seventh judicial district.

The juvenile must already have been adjudicated of an eligible offense, and may have been placed on probation and ordered to complete drug court as a condition of probation. In other cases, the juvenile may have already been placed on probation and the probation officer is requesting a motion for new disposition that relates to drug/alcohol violations. A juvenile placed with the Department of Health and Human Services/Office of Juvenile Services may be referred by their supervising worker to complete the program as part of their conditions of liberty if they remain in the community.

Juveniles with a current or past adjudication for sex offenses are not eligible. Juveniles with a current or past adjudication for violent offenses will be considered for admission on a case-by-case basis.

Juveniles are referred to the drug court coordinator through their probation officer or attorney. Juvenile court judges also sentence participants into the program as part of their disposition. Treatment court staff will meet with the juvenile and his/her family to insure they are interested in the program, and the requirements. The program coordinator has also begun working with the Office of Juvenile Services to refer in juveniles with high-risk substance abusing behavior into the program.

Program Activities: The treatment program may consist of individual and group counseling as well as regular attendance at twelve step meetings like NA or AA. The participant will be required to submit to frequent drug and alcohol tests. A component of treatment also includes assessment of educational, employment, mental health and/or medical needs. The participant will also complete a cognitive-behavioral therapy group, and moral reconnection therapy, which will assist him/her with making better choices in life. The length of the drug court program will be determined by each participant's progress, but be no less than one year.

There are four phases in the program. In Phase I (minimum three months) the participant must be tested three times weekly, attend weekly court hearings with parents, attend school or alternative education with no unexcused absences, abide by curfew, participate in AA/NA meetings as ordered, and develop a long-term treatment plan. In Phase II (minimum three months) the participant must be tested a minimum of two times weekly, attend a minimum of bi-weekly court hearings with parents, attend school or alternative education with no unexcused absences, abide by curfew, participate in AA/NA meetings as ordered, perform community service, and begin moral reconnection therapy. In Phase III (minimum three months) the participant must be tested a minimum of once weekly, attend a minimum of one court hearing with parents every three weeks, attend school or alternative education with no unexcused absences, abide by curfew, participate in AA/NA meetings as ordered, perform community service, and develop a relapse prevention/aftercare plan. In the fourth and final phase (minimum three months) the participant attends court once every four weeks or as directed, is tested a minimum of three times a month, regularly attends school, participates in community services, participates and completes moral reconnection therapy and other treatment, and completes an aftercare plan. Maintenance of long-term sobriety is required for graduation.

The judge uses both incentive and sanctions to encourage compliance and motivation. Initially, strengths are recognized and utilized as a building mechanism for increased success. There is a wide range of sanctions available to the Judge to impose, ranging from a verbal reprimand to dismissal from the program. Incentives could range from public praise in court from the Judge to advancements to the next program phase, gift cards for food, or special passes to events.

Fees: At this time there are no fees charged for participation in the juvenile treatment court. However, the participant's family is responsible for costs incurred for treatment.

Adherence to Standardized Model of Treatment: At the screening stage, the YLS/CMI and SSI are completed for each individual. The participant is provided with the list of registered providers and is able to choose their preferred provider. The results of the participant's YLS/CMI, SRARF, and SSI, and relevant legal history is provided to the treatment provider with the consent of the participant, who then conducts an alcohol/drug evaluation using the ACDI and recommends a level of care for the participant. The participant is again consulted with and chooses a registered provider for treatment at the

appropriate level of care. The participant's provider remains in regular contact with the drug court program and communicates the necessary information about the participant's progress to the drug court staff, as well as at other times as necessary (i.e. a positive or tampered UA, missed appointments, etc.). Participants are reassessed every six months with the YLS/CMI until graduation or termination. All data is inputted into the PSCMIS.

Statement of Compliance with Standardized Model of Treatment: Yes.

Evaluation Activities: The current program coordinator has only been in the position for several months and has not yet conducted significant evaluation activities. The bulk of the coordinator's attention has been focused on sustaining the program.

Team and Courtroom Dynamics: The NNJDC is currently not operating at full capacity. Due to the recent Tyler T. case (IN RE: Interest of Tyler T.), referrals to the program have stopped as all sanctioning options affecting liberty interest have been restricted, limiting the program greatly in its ability to hold the juvenile accountable.

Program Experiences and Lessons Learned: The program is currently not operating at full capacity. The Tyler T. ruling has been interpreted to sharply limit the types of sanctions and conditions that can be imposed on juveniles. Program activities are being reviewed until these programmatic issues are resolved:

“There are just supervisory incentives and sanctions because we can't detain the juvenile. So there is a lot of report writing and assignments because there are so few options. Because the Tyler T. holding said that anything that could affect a liberty interest is something we cannot impose, such as jail time, electronic monitoring and so on takes away a lot of the options.”

The program coordinator has recently begun working with the Office of Juvenile Services to have qualifying participants from their program placed in the juvenile drug court. This has been a positive development as Juvenile Services has become a new referral source for the program:

“I don't know of any other programs that are partnering with the Office of Juvenile Services to take their individuals into drug court. . . . I think it's beneficial. They have used a lot of community resources to work with their juveniles, so I think they are excited to have the drug court as another resource for their kids.”

Court: Sarpy County Juvenile Drug Court (SCJDC)

Start Date: Early 2000

Approximate size: The total capacity of the SCJDC is no more than twenty five participants.

Summary:

The mission of the SCJDC is to reduce offender recidivism and substance use by fostering a comprehensive and coordinated court response comprised of early intervention, appropriate treatment, intensive supervision, and a consistent judicial oversight. Drug court personnel address an offender's substance use in accordance with legal requirements and the principals of substance abuse treatment, while respecting and maintain the individual dignity of the offender.

The philosophy of the SCJDC is to address the drug and alcohol use among the juvenile justice population in Sarpy County. Drug treatment courts promote accountability, responsibility, and appropriate behavior change along with providing appropriate levels of treatment services needed to effectively address one's alcohol and drug related problem, while maintaining community safety.

Currently, there are two separate judges with separate dockets in the juvenile drug court. The teams meet separately every two weeks. Both teams follow the same written guidelines, but keep their dockets and team staffing separated. Court participants are assigned to each docket on a random basis, with even numbered cases going to one docket and odd numbered cases going to the other one.

Staffing Structure: The SCADC has a full-time program coordinator who coordinates the adult and both juvenile dockets. The coordinator schedules and runs all meetings, maintains program data, and liaisons with all team members and treatment providers for both program dockets. There is a single probation officer who manages all cases for both dockets on a day to day basis as well.

Screening Instruments: Youth Level of Services Case Management Inventory (YLS/CMI), Simple Screening Instrument – Juvenile (SSI) and the Nebraska Adolescent Chemical Dependency Inventory (ACDI).

Entrance Procedures: To be eligible, a juvenile must be adjudicated in the Sarpy County Juvenile Court and charged with a non-violent drug or alcohol related offense, complete a pre-disposition investigation, the program screening process, and a chemical dependency evaluation. The pre-disposition will recommend to the court if the candidate is eligible for drug court. The judge makes the final decision as to place the candidate into the Juvenile Drug Court.

At the disposition hearing, the applicable Judge will sign the order placing the participant into the drug court program, and assign a hearing. Orientation follows the hearing, in which curfews, reporting procedures, and program expectations are covered. A supervision officer is assigned to each participant, a case management plan is devised, and the participant begins programming.

Program Activities: There are three program phases. Phase I (stabilization and pre-treatment) is four to eight weeks. The phase consists of development of treatment and education plans, at least eight face to face contacts with the supervision officer a month, weekly contacts with parents and appropriate agencies, and two to three alcohol/drug tests a week. In order to move successfully to the next phase, the participant must receive court approval, test negative for thirty days, and have no sanctions for three weeks.

Phase II (responsibility and treatment) lasts four to six months. This phase requires at least four face to face contacts a month with the participant, weekly collateral contacts, four to six alcohol/drug tests a month, court-ordered community service, attendance in twelve step groups as assigned by the court and identification of a sponsor. In order to move successfully to the final phase of the program, the participant must receive court approval, test negative for ninety days, and receive no sanctions for three consecutive months.

Phase III (accountability and aftercare) lasts three to six months. This phase requires at least two face to face contacts with the participant per month, weekly collateral calls, at least two drug/alcohol tests a month, regular attendance in twelve step groups, completion of community service, completion of treatment and aftercare programs, and completion of written apology letters to victims/parents.

Graduation from the program requires sobriety for ninety days, no new law violations, completion of all program activities, payment of all fees, and court approval.

Infractions can be categorized into three types. Major infractions include absconding, a new arrest, discharge from treatment, possession of drugs or alcohol, or tampered urine. Behavioral infractions include positive urine analysis, non-compliance with community service, truancy, late curfews, or failure to appear. Treatment infractions include missed treatment assignments or appointments, missed twelve step meetings, or lack of positive participation in treatment.

Sanctions can include immediate court appearance, phase regression, termination, detention, electronic monitoring, community service, increased monitoring, or increased testing. Incentives include recognition in court, gift certificates, extended curfews, reduction of community service hours, having one's case called early in session and then being allowed to leave, and progress through the program.

Fees: No fees are charged.

Adherence to Standardized Model of Treatment: Prior to entering program activities with the juvenile drug court, all participants receive a substance abuse evaluation from a registered treatment provider who recommends an appropriate level of care. Should there be a relapse or other indication that the level of care is not adequate, then there is a re-evaluation and adjustment of care.

Statement of Compliance with Standardized Model of Treatment: No.

Evaluation Activities: Program trend data is discussed informally with team members.

Team and Courtroom Dynamics: Both juvenile court Judges utilize similar meeting processes to review cases and prepare for hearings. Meetings consist of 1) the Judge, 2) program coordinator, 3) representative from the county attorney's office, 4) representative from the public defender's office, 5) the probation officer, 6) treatment provider representative, 7) Sheriff's office representative. Judges lead discussion on cases and seek input from all team members. The represented treatment provider and probation officer report on progress of each individual. Family dynamics are also discussed if they are relevant to the juvenile's progress.

The evaluation team had an opportunity to view hearings for both juvenile program Judges. There were no distinct differences between the hearing processes for either Judge. Judges called up cases for review and asked juveniles to provide updates about their progress in treatment, school, and within their family environments. There was significant dialogue between juvenile participants, the Judges, and family members. The probation officer was also asked for their input about the progress of each participant. In one court, individual hearings before the Judge lasted about five minutes each. Another Judge took more time (between five and ten minutes) to dialogue with the participant, depending on the complexity of the case. Both Judges used a combination of positive praise, as well as clear and explicit warnings if violations or concerns existed about the individual. Applause was encouraged by both Judges, and small rewards were offered to participants who showed significant progress (gift cards, movie tickets, etc.).

Program Experiences and Lessons Learned:

The Sarpy County Juvenile Court has evolved into a program with two separate Judges, though the staffing team remains largely the same with the exception of differing representatives from the county attorney or public defender's offices. Dockets are kept separate and the teams do not meet concurrently. Both Judges however follow the same general guidelines, though there are differences in personality and styles of interaction with the juveniles:

“We had two juvenile court judges. Each wanted to be involved in juvenile drug court, so they just decided if someone landed on your docket, you take that one.... It's by docket number, so if you come in and you are an odd docket number, say JV-1011, then you go to Judge _____. If you are JV-1012, then you go to Judge _____. It is purely random....”

“Both judges do genuinely care about their participants. Both Judges are excellent. Different personalities. Both judges are pretty good about discussing sanctions and incentives at staff meetings. We generally try and follow the same regimen. If they do X, they get A. But they are also good at looking at things on an individual basis. We had an individual the other day who tested positive on K2 with Judge _____. A week before he had put an individual in the juvenile justice center for using K2. But this person had admitted to using it. Therefore, Judge _____ just gave him a lecture and told him that he appreciated his honesty. We discussed that in staffing. There are incentives and sanctions on a schedule, but they are handed out individually.”

A consistent challenge faced by the program is the lack of available treatment funds. This is a particular issue when the treatment needs fall outside of the substance abuse realm and are more related to mental health issues:

“We really lack in the ability to pay for mental health treatment and evaluation, for those individuals with co-occurring disorders in the juvenile court. One of my main goals is to try and find some of that funding. Our main provider does have a psychologist who does come to our staffing, so we kind of have a little of that, but if mom and dad don’t have insurance to pay for it, then we have to have the county pay for it or try to get health and human services to pay for it. That can be huge when you are looking at say, a dual diagnoses group home.”

Court: Scottsbluff County Juvenile Drug Court (SCJDC)

Start Date: March 2004

Approximate size: The maximum capacity is ten participants at any one time.

Summary: The SCJDC is a court-supervised comprehensive treatment program for nonviolent juveniles who have been diagnosed, by a registered provider, to be dependent on a controlled substance. There is no promise of a reduction of charges upon graduation. All participants are placed on probation and completion of drug court is part of the probation order. Parents are required to actively participate in the drug court program.

Qualifying participants are juveniles between the ages of thirteen to seventeen, who are Scottsbluff County residents, have been adjudicated on an eligible offense, and have either diagnosed drug or alcohol dependencies or clear histories of drug or alcohol abuse which are violations of their probation conditions. The individual may have already been placed on probation and ordered to drug court as a condition of probation.

Jurisdiction is restricted to Scottsbluff County.

The program operates on the basis of an inter-local agreement between Scottsbluff County and the Nebraska Office of Probation Administration.

Staffing Structure: The Scottsbluff County Juvenile Drug Court is coordinated by a full-time probation officer who oversees and coordinates the adult drug and DUI programs, as well as maintains other probation responsibilities. The coordinator schedules and runs all meetings, maintains program data, and liaisons with all team members and treatment providers. All case management is done by the coordinator and a probation officer, though the probation officer has recently left the job and the position remains unfilled.

Screening Instruments: Youth Level of Service/Case Management Inventory (YLS/CMI).

Entrance Procedures: All referrals are initially presented to the coordinator. The coordinator then speaks with the county attorney about any objections they may have with the case entering the program. Once approval is received by the county attorney, the coordinator verifies the client has a recent and valid evaluation and the charges attached to the court case are appropriate. If all of the appropriate items are in place, the coordinator approaches the team with the new referral. The drug court team will give final approval or denial after having had a chance to discuss the new referral. Once a decision has been made, the coordinator will notify the referral source of the team's decision. This will be done through a written notification. The entire process should not take longer than two weeks, if the evaluation is current and valid.

Program Activities: Once a person is admitted to the program, the participant's progress is assessed at weekly team meetings attended by all team members. Team meetings consist of the program coordinator, judge, probation officer, treatment provider

representative(s), law enforcement officer(s), and a RISE (Rural Improvement for Schooling and Employment) worker. The program operates under a four phase process and is case managed by a probation officer. All participants progress through each phase based on their successful performance. Participants can be moved back to the previous phase as a sanction for failure to comply with their contract. Upon completion of the program, probation-based participants are eligible to be released from probation. All releases are preapproved by the sentencing judge.

The first appointment with the probation officer occurs following the sentencing of the participant. The drug court contract is reviewed and the program expectations are explained. Drug and alcohol testing procedures are outlined and a drug/alcohol test is collected. A listing of available twelve step meetings will be given to each participant and the frequency of attendance will be explained. Each participant shall be provided with a participant packet which details the requirements and expectations of the program. The packet explains possible sanctions for non-compliance with the terms of the program and situations which result in termination from the program.

If a participant fails to comply with the drug court contract and/or treatment requirements, the team may suggest one or more of the following sanctions: immediate court appearance, increased court appearances, phase adjustment, electronic monitoring, jail/detention time, community service, report writing, curfew implementation or adjustment, increased twelve step meeting attendance, increased chemical testing, therapeutic tasks, and/or any other sanction the court deems appropriate and necessary to aid in the participant's rehabilitation.

When a participant is consistently cooperative and is doing well in treatment, the team may offer one or more of the following: food coupons, tickets to local events, call that participant's case first and allow them to leave early, early movement to the next phase, dismissal of a portion of fees or community service hours, and/or any other incentive the team feels is appropriate.

Fees: There is no fee for participation in juvenile drug court. However, the family must be responsible for treatment costs. \$10 is paid for every positive drug/alcohol test.

Adherence to Standardized Model of Treatment: All Scottsbluff problem-solving courts adhere to the Standardized Model. The program uses approved treatment providers for evaluation and treatment which are selected by the juvenile and his/her parents. Collateral information is provided to treatment providers in a confidential manner. The appropriate level of care is recommended by approved providers, and the minimum length and duration of treatment is monitored and complied with. Treatment providers must be willing to attend weekly team meetings and provide necessary written reports on treatment progress.

Statement of Compliance with Standardized Model of Treatment: Yes.

Evaluation Activities: Participant data is entered on a regular basis by program staff and reviewed on a periodic and informal level by the program coordinator and shared with team staff members.

Team and Courtroom Dynamics: The evaluation team did not have an opportunity to observe a team meeting or hearing for the juvenile drug court program.

Program Experiences and Lessons Learned:

To enter the program, juveniles must have been adjudicated on an eligible offense and have a diagnosed drug or alcohol dependency. However, some providers are unwilling to diagnose individuals with dependencies who are that young of an age. Although it is clear that the juvenile has a drug or alcohol issue, the lack of a dependency diagnosis technically disqualifies that individual from participation. However, the program does allow such individuals into the program if there are clear histories of drug or alcohol abuse if program capacity allows it:

“For the juveniles now, the treatment providers are starting to say, ‘Well, this person is so young and I don’t want to say that this person has a dependency diagnosis.’ So we’re taking kids who are on probation but they violate because of a positive marijuana test. Then they go out for an evaluation and the provider does not want to tag or label them as chemically dependent at the age of sixteen. So we get the evaluation back saying there is substance abuse and they need outpatient services. They still need help, but they don’t have that dependency diagnosis. But we know that they have been on probation but they still have positive drug tests. So there is apparently an issue there but the providers don’t want to give them that label. So we are taking some kids now who are abuse cases and we know that they have relapsed in probation.”

The program and its partnering treatment providers have experienced some frustrations with providers not being able to adequately access Medicaid funds for individuals with dual diagnoses:

“If Medicaid or Magellan pays for a kid’s treatment, whichever treatment provider gets their first gets the money. So if there is a kid with a dual diagnosis, say with oppositional defiance disorder, and has a treatment issue on the substance abuse side. Whoever gets their first, Magellan will pay, but not pay the other provider.... Our treatment providers around here have figured out a way to work together on this so they can both access the money. But I know that there were times that it was frustrating. They weren’t mad at each other, they were mad at the bean counters at Magellan.”

Court: Douglas County Young Adult Court (DCYAC)

Start Date: August 12, 2004

Approximate size: There are anywhere from 20-25 participants in the DCYAC at any one time. The program capacity is approximately 25 participants.

Summary: The Douglas County Young Adult Court is a judicially supervised program. The DCYAC provides a sentencing alternative for individuals between the age of 16-22 charged with a non-violent felony. Eligible individuals participate in a program of selective assessment and rehabilitative services administered by multidisciplinary agencies. Upon successful completion of phase II of the three phase program, felony charges are reduced to misdemeanors and the offender is placed on one to two years' probation.

The DCYAC operates on the basis of an inter-local agreement between the State Probation Administrator and the Douglas County Board of County Commissioners. Funding and operating resources are provided by Douglas County and the Supreme Court of Nebraska with the approval of the Community Corrections Council.

Staffing Structure: The DCYAC has a single, full-time program coordinator. The coordinator schedules and runs all meetings, maintains program data, and liaisons with all team members and treatment providers. The coordinator also manages all cases and meets with participants on a regular basis, both at the office, at work, and at their residences. The coordinator works closely with the Douglas County Day Reporting Center to keep track of and monitor participants who use the Center's services.

Screening Instruments: The approved screening devices are the Level of Service/Case Management Inventory (LS/CMI), the Simple Screening Instrument (SSI), and Standardized Risk Assessment Reporting Format for Substance Abusing Offenders (SRARF).

Entrance Procedures: The defense attorney will petition for placement of an individual in DCYAC. A copy of the petition will be filed with the clerk of the district court and a copy will be forwarded to the county attorney's office. The county attorney's office will forward a set of reports and a copy of the petition to the DCYAC team for review. If the defendant is deemed a potential DCYAC participant, the county attorney's office will send a letter to the defendant and the defense attorney. If appropriate, a letter will be sent to the victim, detailing their role in the DCYAC review process. The county attorney's office will forward a set of reports and a copy of the petition to the DCYAC team for review. The defendant contacts the DC YAC coordinator to set a time and date for an interview. A screening is conducted with the coordinator, who provides the county attorney and other team members of screening results. If deemed eligible, a plea date is set in the DCYAC.

Program Activities: Phase I is the stabilization phase. The length of the phase is between sixty to one hundred and eighty days. This phase is a twenty four hour, seven day a week containment model, with participants typically living in the Douglas County Work Release Center and reporting to the Douglas County Day Reporting Center. Court overview occurs every month.

Phase II is the transitional phase. The length of this phase is one hundred and twenty to two hundred and forty days. It is an intensive supervised phase. This phase is the twenty four hour, seven day a week community supervision model. The DCYAC team conducts case reviews every week. The case review team may consist of representatives from the county attorney's office, department of corrections, state probation, public defender's office, county drug court, and county district court meditation services. If the defendant requires treatment services, DCYAC coordinator provides a referral for those services.

The overall goal of the DCYAC is to have the offenders' felony conviction withdrawn. Upon the successful completion of Phase II and a recommendation of the DCYAC team, the defendant is eligible to apply to the court, whereby the plea is withdrawn and the felony is reduced to a misdemeanor. The defendant is sentenced to probation and moves onto Phase III. In certain instances the charge could be dismissed after completion of Phase II under the discretion of the county attorney or assigned designate.

Phase III is the maintenance phase. This phase lasts up to one to two years. This phase is a risk classification probation model. Court overview occurs at a minimum or once every three months.

The use of graduated sanctions for misbehavior and incentives for outstanding effort are important to the success of the DCYAC, however, violations of the program at any phase may result in an immediate team case review and court review. Violations of any of the DCYAC policies could result in a period of confinement at the discretion of the DCYAC judge. If the defendant violates the terms of the program, the defendant could be removed from the program under any phase and set for sentencing on the pled charge. The offenders in Phases I and II are still pending a bond. Therefore, in the event of a violation of the program policies, the defendant could be placed in corrections under a bond modification.

Fees: There is a monthly \$25 programming fee, and a \$5 per month fee for drug testing.

Adherence to Standardized Model of Treatment: Generally, individuals participating in the Douglas County Young Adult Court are not felony drug offenders. Therefore, use of the fee for service voucher program has been limited to those in the program who come under sanction for providing a positive drug test, admission of illegal drug use, or alcohol use. When this occurs, the Standardized Model for the Delivery of Substance Abuse Service comes into play.

Beyond sanctioning, the Simple Screening Instrument is completed and scored along with the Standardized Risk Assessment Reporting Format for substance abusing offenders. The referral form is signed and all information is sent to the particular registered provider who conducts a chemical dependency evaluation or treatment. Normally, there are one or two providers used because of their relationship with the Douglas County Corrections. However, one is always free to utilize any of the treatment providers listed as registered providers by Nebraska State Probation.

Chemical dependency evaluations, if needed, are completed on DCYAC participants while they are in Phase I of the program and living at the Douglas County Day Reporting Center. In those cases, Douglas County Corrections is paying for the evaluations as part of a contract with the providers.

Statement of Compliance with Standardized Model of Treatment: Yes.

Evaluation Activities: Currently, there are no formal evaluation activities taking place internally. However, the coordinator and team members informally review and discuss program and participant trends on a regular basis.

Team and Courtroom Dynamics: Team meetings consist of 1) the Judge, 2) program coordinator, 3) representative from the county attorney's office, and 4) a representative from the Douglas County Day Reporting Center. The program coordinator initiates discussion by reviewing each participant's progress in treatment, schooling, education, employment, and related activities. Sanctions and incentives are discussed and agreed upon by the team.

During the hearing, participants approach the bench, with a review of their case first provided by the program coordinator. There is significant interaction between the Judge and participant, with the Judge prompting participants to provide the court with updates about their progress and daily work and family situations. A mix of positive encouragement and warnings are provided if necessary. Each case takes approximately ten or more minutes for review. The county attorney is also asked for feedback about each case. Detention is implemented immediately if necessary, with individuals being taken into custody during the session.

Program Experiences and Lessons Learned:

The program benefits from being closely tied to Douglas County Corrections and the Douglas County Day Reporting Center. The structural ties are complemented by easy communication with team members and other partners:

“I am fortunate that my offenders start out in Phase I and II under the direction of Douglas County Corrections. They are still sort of the property of Douglas County Corrections. I have the ability to impose immediate sanctions, possibly involving incarceration. I then have the ability to bring them out of jail and put them in the Day Reporting Center and enroll them in some classes they need. I

can pick up the phone and talk with the offender at the Day Reporting Center. I can pick up the phone and talk with the County Attorney's Office. I can pick up the phone, talk with the Judge, and take them immediately to see the Judge. Sanctions can be imposed then and there. We also can discuss strategies or solutions with the Judge. So I have some advantages that others don't."

Participants begin the program living at the Work Release Center and access daily services and classes at the Day Reporting Center. This high amount of structure and services provide significant opportunities for participants:

"Many incoming participants are at high risk not to get their education, or their GED. They are at high risk not to meet their needs. We give them a high dosage of classes and services up front and can almost guarantee that they will at least get their GED. They complete cognitive classes so they can understand what they did and where they are at. If we started them out at home, there would be a lot of missed classes. They would work less on their GED. We have two excellent GED instructors here. The Judge has always highly prioritized the offenders obtaining their GEDs."

The program has actively recruited a group of volunteers from the alcohol and drug recovery community to mentor DCYAC participants. The mentors meet individually with participants, and also participate in more structured sessions. The program coordinator remains in close contact with the mentors to keep up to date with the progress and experiences of the participants:

"I came up with the idea as we were finding more and more individuals with drug and alcohol problems, I decided to go to people in the AA community. I went to the Arch Half way House program which has a huge alumni program. I presented our program to them and five or six people volunteered to serve as mentors. Now, I have fourteen or fifteen pretty good mentors.... I have a group of folks who are terrific. They have been sober for many years themselves, and know what it is like for young people with drug and alcohol problems. Monthly we will have a group of mentors come to the Day Reporting Center, with as many YAC participants as possible. We split up and run group meetings by pairing experienced mentors with small groups of the younger people. The purpose is to have the mentors teach the younger people how to communicate and behave in settings such as an AA meeting. They also discuss other topics as chosen by the group. It can be as simple as how to communicate your issues in an AA meeting, rather than just sit there, get your card signed, and leave."

Court: Central Nebraska Family Drug Court (CNFDC)

Start Date: Approximately 2008

Approximate size: The program typically has four to five families in the program at any time.

Summary: This mission of CNFDC is to allow families that have already been adjudicated in the juvenile court system the option of seeking permanence in a structured process which facilitates treatment and rehabilitation opportunities for its participants. Successful participation leads to permanence and receipt of services in a faster manner than the normal reunification process. Abuse or neglect charges may be reduced or dismissed at the discretion of the program following successful graduation. The jurisdiction of the program is Adams county.

Screening Instruments: It is unclear what screening instruments are used to assess participant's eligibility for the program. The county attorney reviews each case on an individual basis and extends invitations to individuals to participate.

Entrance Procedures: Typically, participants are referred into the system after adjudication on child abuse or neglect charges related to a chemical dependency. The county attorney invites eligible participants to consider CNFDC as an option to pursue. The county attorney reserves the right to admit an individual into the program on a lesser charge as an incentive to join. Admission requires that the individual have at least one child zero to twelve years old, and compliance with the program contract and all court orders. Violent felony convictions or participation in adult drug court disqualify one from the program.

An evaluation is conducted of the family member, and that information is provided to the county attorney and court. Individuals who opt to participate in CNFDC sign a contract binding them to the program's requirements, and the individual is assigned a Health and Human Services case worker.

Program Activities: The CNFDC team meets every week, and typically includes 1) the Judge, 2) the program coordinator, 3) the county attorney, 4) a guardian ad litem, 5) a CASA, 6) the parent's attorney or public defender, and 7-8) and treatment provider representatives.

There are five phases in CNFDC with each phase lasting ninety days. It typically takes a participant between twelve and eighteen months to complete the entire program. Throughout the first four phases, call-ins for random UAs are required every morning, though the number of actual screenings declines in frequency as phase progress continues. In Phase I ("Choice"), families are reviewed on a weekly basis by the drug court team and attend hearings every Tuesday. The parent(s) progress in sobriety, twelve step group participation, and the recommended treatment level of care are examined prior to each hearing. A telephone call-in system is used for UAs, and participants are required

to call in each morning to determine if they must provide a UA sample. A minimum of three random substance screens are required a week. In Phase II (“Challenge”), families are reviewed on a bi-weekly basis and appear before the court approximately twice a month. A minimum of two random substance screens are required a week. In Phase III (“Commitment”), the participants are again expected to attend hearings twice a month. One random substance screen a week is required at a minimum. In Phase IV (“Commencement”) the participant only attends meetings on a monthly basis. Phase V (“Change”) is the final phase, when a graduation date is sent. Monitoring is continued but program requirements are generally relaxed as the individual is prepared for graduation. Throughout the duration of the program, treatment for participants is based on the initial assessment of the family member(s) during the screening process.

Sanctions for violations may include an increase in monitoring, an increase in treatment, community service, curfews, or written assignments. Incentives might include certificates, gift items, and decreases in monitoring.

Fees: There are no program fees for participating in the family drug court.

Adherence to Standardized Model of Treatment: The program coordinator was unaware of the Standardized Model of Treatment.

Statement of Compliance with Standardized Model of Treatment: No.

Evaluation Activities: Program staff members do not regularly examine trends in data other than anecdotally. It is unclear if other levels at the Department of Health and Human Services are examining data for this program.

Team and Courtroom Dynamics: Team meetings consist of 1) the Judge, 2) program coordinator, 3) the county attorney, 4) guardian ad litem, 5) public defender or private attorneys for participants, 6) a representative from CASA, 7) a representative from the Healthy Beginnings program – a local parenting and early childhood development program for at risk families, and 8) treatment provider representatives. Updates are provided by the program coordinator and treatment providers about individual cases. Focus is placed on employment, family life stability, child welfare, and the participant’s history and vulnerability to substance abuse.

During hearings, the program coordinator provides an update about each participant’s progress in the program and treatment. Participants are called to the bench and engage in a dialogue with the Judge about their treatment experiences and overall job and family life environment. Dialogue between the Judge and participant is fairly significant, with review of individual cases lasting ten or more minutes. Input from other team members is also asked for and provided during hearings. It is not uncommon for participants to bring their children with them to the court session. Incentives are provided as rewards for participant progress, including

Program Experiences and Lessons Learned:

Community members who enter the CNFDC are attracted to both the speed and structure that it offers for those seeking reunification with children. Participants are required to attend court hearings on a much more frequent basis than through the traditional permanence process, which demands more structure, but can result in faster reunification:

“If you are in front of the Judge every week as opposed to every ninety days, obviously he is going to be much more attuned to what is going on in your household. Are you doing what you are supposed to be doing? Are your UAs coming back clean? Are you going to AA/NA? Are you working your case plan? If he is aware of that on a weekly basis, obviously you are going to see faster movement.”

The CNFDC works closely with the Central Nebraska Adult Drug Court in many aspects of its programming. Urinalysis of CNFDC participants is routinely conducted using the phone call-in program established by the Adult Drug Court. The Adult Drug Court also regularly provides the CNFDC with UA results:

“We are able to run all of our drug screening that we do in family drug court through adult drug court in Adams county, so that is a cost savings to us because we don’t have to pay the hospital or the county doesn’t have to pay the department to make sure that those weekly UAs occur. So we filter those through the adult drug court.... Plus, they provide us with the information to know if the participants don’t show, or have a dirty UA, so then we can take that information and turn it around back to our court for review.”

Successful families are encouraged to stay in touch with the program, and to also serve as potential mentors for newer participants. The program thus maintains an informal, volunteer network who serve as alumni:

“Those families that we have graduated, they come back. They come to the graduations of the new graduates, and we have utilized them in the past to be a support for our families that are new. So we really have gotten to the point where we have come full circle. So one thing I always say to our families that have graduated is ‘Don’t forget to give back. Don’t forget that even though you are graduating, we still have families that are coming into this program, and you can be the best resource to helping them understand and stick with the program.’ I know of two or three families that we have worked with who have come back to work as a support or mentor with the new families. That helps us develop trust with our families. But it also allows them to have a sounding board and be one on one with someone who can say, ‘Hey I know what you are going through, I’ve been there.’ ... That is my speech every graduation, which is ‘Don’t forget to give back.’”

The CNFDC benefits from working closely with providers in the community’s early childhood development network. Working closely with the family court team, providers

serve as an additional layer of resources for the program. They also assist families by providing them with more education or services about their children's needs:

“The children that are made wards are younger. They come to us at age five. Our ability to utilize our early development network, our head start network, as well as our ‘Healthy Beginnings’ program – which is a program developed by the hospital here in Hastings – we are really able to get into the home and see what is going on and see how mom and dad are parenting. Based on those observations, we are able to hook them up with the support that they need. Whether that is family support, or supervised visitation, or whatever. We try very hard to front load our families with services initially so we can get a very good idea of how the household works in order to help and support change that must happen in order for us to go away and not be involved with the family....

“More money is needed for our Healthy Beginnings program. We just saw a cut to that program. For example we used to have four nurses but now we only have two. The hospital has had to make some pretty significant cuts. Every baby that is born in our hospital is referred to that program. I myself had a Healthy Beginnings nurse from that program come to my house when I had a child to come and do that weekly check, weighing the baby and answering questions that new moms have. But it's a little bit more targeted when it comes to our families that are adjudicated in our court system because obviously it's a concern. Is mom able to parent that child, given the fact that she is trying to stay clean and sober? And keep her job so the bills get paid? I really think that the Healthy Beginnings program has been invaluable to us, as well as the rest of our early development network. Head Start, our ESU nine. All of those front loaded services that we can get in there to work with those kids that are identified prior to even walking into a school. If we see that there is a need, we can work with parents so that parents know if their child is developmentally on target.”

Court: Zero to Three Family Drug Treatment Court

Start Date: Summer 2004.

Approximate size: The program capacity is between fifteen to eighteen participants. Typically, the program has anywhere from thirteen to fifteen participants enrolled at any one time.

Summary: The Zero to Three Family Drug Treatment Court is an intensive program designed to support parents with substance abuse addiction. The program requires that parents have at least one child under the age of three at the time their case is filed. Participants are required to attend court on a weekly basis, provide random UAs, attend treatment regularly, and obtain a sponsor. The goal of the program is to support parents through the recovery process, provide oversight to ensure that parents are provided the services to be successful, and expedite reunification of families whenever possible. Alternatives to reunification (i.e. permanent placement with a foster parent) are also planned for and considered by the program.

The Zero to Three Court adheres to and is based on the national Zero to Three organization's family court model, and is run by Judge Douglas Johnson of the Separate Juvenile Court of Douglas County. Funding for the program is currently provided by the Buffett Foundation.

Staffing Structure: The Zero to Three Family Drug Treatment Court has a program coordinator who both manages the program and serves as a community liaison and advocate for early childhood development activities and programs. There are two case managers from KVC and Nebraska Families Consortium who work with program participants. Both case managers work with a coordinator from the Department of Health and Human Services to oversee participant needs.

Screening Instruments: Eligible participants are asked to complete a one page application form with items for criminal history, personal backgrounds, drug of choice, family information, and related items. At pre-program hearings, the Judge can order additional screenings as well, such as a mental health screening, if deemed necessary. It is unclear if additional screening forms are used by Health and Human Services personnel prior to or outside of their participation in the program.

Entrance Procedures: To be eligible to participate in the program, the participant must have a child under the age of three at the time the case was filed, a substance abuse dependency diagnosed by a qualified treatment provider, and either be adjudicated or admit to having a substance abuse problem. The participant cannot have a violent felony criminal conviction, and must voluntarily agree to the conditions of the program.

Referrals to the program occur through other juvenile court programs in Douglas County. Additionally, the program coordinator also works with the offices of the county attorney and public defender, and local defense attorneys, to identify potential eligible participants

and invite them to apply to the program. Eligible participants must observe a program court hearing when they apply so they understand the program and its expectations.

Program Activities: There are four phases in program. Phase I (“Choice” – forty five days) focuses on encouraging the participant to choose to work towards a drug free lifestyle. Phase activities include detoxification, obtaining a substance abuse assessment, and evaluation of treatment needs and initiation of treatment with a registered provider. There are weekly court appearances and appointments with a case manager. To advance to the next phase, participants must have a minimum of forty five days of sobriety.

In Phase II (“Challenge” – sixty days) the participant focuses on maintaining sobriety, continued treatment, development of an educational or vocational plan, and healthy interaction with children and family. Participants continue to meet regularly with case managers, attend treatment and 12 step groups, and attend bi-weekly court hearings. Sixty consecutive days of sobriety are required to advance from this phase.

The goals of Phase III (“Commitment” – ninety days) are to continue abstinence and development of recovery skills, significant progress in treatment, progress in educational and vocational objectives, and observable, improved parenting practices with children. Participants meet regularly with case managers and attend court hearings once every three weeks at least. Ninety days of consecutive sobriety are required to move on to the next phase.

Phase IV (“Commencement” – ninety days) is the final phase of the program. The goals of this phase are to prepare the participant for independence, self-sufficiency, and reunification with their child. All treatment and twelve step group meetings continue. Regular meetings and monitoring with case managers continue, and participants attend court hearings once every four weeks. Parenting skills class is completed, and sufficient housing, educational, and/or vocational goals are obtained. Ninety consecutive days of sobriety are required to graduate from this phase.

Randomly scheduled drug tests are administered throughout the entirety of the program for each participant, with no reduction on frequency of testing. Testing is conducted using the Passpoint system which all Douglas County-based drug courts participate in.

The court does not employ a formal sanctions or incentives system like many drug courts follow. Significant progress in the program is acknowledged with applause or recognition from the Judge. Corrective actions are ordered when participants are not making satisfactory progress, but detention or punitive sanctions are avoided.

Fees: There are no program fees.

Adherence to Standardized Model of Treatment: The program utilizes registered and approved treatment providers to conduct evaluations of participants upon their entry, and to provide treatment at the recommended level. Participants choose treatment providers from the approved list of providers. Much of the treatment that is provided to participants

is paid for by the Department of Health and Human Services. The program coordinator is aware of the standardized model but full implementation of the model has not yet occurred.

Statement of Compliance with the Standardized Model of Treatment: No.

Evaluation Activities: The program coordinator enters all program data into a database provided by the Zero to Three national organization. As per requirements of the Zero to Three organization, that data is not shared outside the organization. It is unclear if or how case managers or Health and Human Services is entering data on participants, particularly as system-wide changes in the child behavioral health and welfare system are continuing to unfold.

Team and Courtroom Dynamics: Team meetings are composed of 1) the program coordinator, 2-3) case managers from KVC and NFC, 4) Health and Human Services coordinator, 5) representative from the county attorney's office, 6) representative from public defender's office, and 7-8) two guardian ad litem. At the meetings, the program coordinator leads discussion about each case and input is provided about all team members about the parent. Recommendations are discussed and agreed upon and then provided to the Judge during court hearings. Parents fill out forms documenting challenges and experiences they have had with treatment, sobriety, and educational/vocational progress. They also note what challenges they are facing regarding care for their children, and how the program team can assist the participant.

The evaluation team had an opportunity to observe a session in which participants met with team members absent the Judge. At the session, participants had an opportunity to update the program coordinator and case managers about their daily activities and job, housing, and/or educational situation. Participants were able to discuss progress in their objectives, and identify areas in which more assistance from case managers could be provided. There was significant interaction between parents and the team about program expectations and activities, with each individual case review lasting between ten to fifteen minutes.

Program Experiences and Lessons Learned:

“The incentive is getting us out of your life faster. Nobody wants somebody else in your life telling you what to do. When you start a case, there are twelve people telling you constantly what to do. That sucks. Nobody wants that. You want to get rid of that as fast as you can. This is the best way to get rid of us as fast as you can, that is what I always tell participants.”

“The Judge has a philosophy of not throwing out cases. The bottom line is, we have some parents who are scheduled to be hear every week and are not coming. Therefore they are not making progress in the program because they are not here. But doesn't that give the County Attorney even more evidence to obtain permanency for that child in another way and not through reunification? Because

we have given the parent all these chances, and all these times they have not shown up. So it is really giving the prosecutors a gift. We usually address the case anyway, and provide an update about the kids. But if the parents don't show up, they don't show up.... So it makes sense to not throw out the cases because it just builds the case for the prosecutor if those parents are not going to engage.”

The goal of such corrective action is to encourage participants to think seriously about the consequences of their behavior and how it might affect or jeopardize reunification with their children.

“The Judge does not impose sanctions. He very much feels that philosophically, we are problem solving court and so it is not in our place to impose sanctions. He has never in my knowledge sent a parent to jail. We use corrective actions. So for instance, if a parent has a relapse, the Judge might say, ‘You need to write a letter to your children telling them what this relapse means,’ or ‘You need to do community service in a homeless shelter so you can see the consequences of relapsing and losing a job’ or he might say, ‘This is your third relapse. I’m going to order you to watch a termination of parental rights hearing.’ So they have to go and watch a hearing where they see other parents losing their rights to their children. So we don’t call them sanctions in our program. We call them corrective actions that are designed to motivate parents to do the right thing, as opposed to motivations to them to not do the wrong thing.”

“We give them a list of places which offer services appropriate to what is recommended. We help them along with the process, but we try to make the participant be in charge of that process because they need to take responsibility over their sobriety and their lives. So we want them doing those things. If they are having difficulties, and we can all have difficulties with service providers returning calls or what have you, we will help them.”

Court: Douglas County Family Recovery Court (DCFRC)

Start Date: April 2007.

Approximate size: There are five to ten participants in the program at any one time.

Summary: The mission of the program is to provide intensive services to individuals who have lost custody of their children due to drug or alcohol dependency problems, ensure the safety and well-being of those children, and ultimately reunite parents with their children after they have successfully graduated from the program.

Staffing Structure: The DCFRC is coordinated by a full-time Department of Health and Human Services specialist who schedules and runs team meetings, and liaisons with the county attorney, public defender, guardian ad litem, and treatment providers. The coordinator also manages all cases as well and thus meets on a regular basis with participants. Due to state-level changes in the child welfare and juvenile services system, the staffing structure of the program is in a state of flux and the impact on staffing structure is uncertain.

Screening Instruments: All clients receive a chemical dependency evaluation by a treatment provider prior to program entrance.

Entrance Procedures: Individuals who have lost custody of their children are referred to the program for further information by the Department of Health and Human Services. Participants complete an application for admittance to the program with assistance from their attorney. The application is reviewed by the drug court team, including the program coordinator, Judge, county attorney, guardian ad litem, and participant's attorney. The Judge has the final call on whether or not the individual is admitted into the program. The program has a relatively lenient admissions policy, and has previously admitted individuals who are former participants in other drug court programs.

Program Activities: There are no formal phases in the DCFRC. Treatment is the primary focus at the beginning of the program for all clients. There is sustained and intensive monitoring and testing conducted at all stages of the program. After significant improvements in treatment, visitation privileges are offered to participants. Supervised visitation is first allowed, then followed by semi-supervised and un-supervised visitation. Treatment regimens are developed on a case by case basis. Intensive outpatient treatment, peer counseling via AA or NA meetings, and aftercare are required, as well as in-patient treatment if necessary. Random drug testing is conducted throughout the program, and it never decreases in frequency. There are also monthly meetings with the client(s) and treatment providers.

There are no categorical sanctions for program infractions. The team discusses sanctions for participants at staffing meetings, and recommends appropriate sanctions given the overall context and history of the participant in the program. Sanctions may include attending more AA or NA meetings or other forms of treatment, community service, and

jail-time up to a maximum of seventy two hours. Programming is individualized per participant.

Fees: There are no fees for participating in the program. However, participants are encouraged to pay for their treatment if possible.

Adherence to Standardized Model of Treatment: The program coordinator was unaware of the Standardized Model of Treatment.

Statement of Compliance with Standardized Model of Treatment: No.

Evaluation Activities: The program currently does not have an evaluation component.

Team and Courtroom Dynamics:

The staffing team meets every week, and includes the 1) program coordinator; 2) guardian ad litem; 3) representative from the county attorney's office; 4) parent(s)' attorney if applicable; 5) representative from the public defender's office if applicable; and 6) case worker(s) from applicable treatment agencies. The Judge does not join team meetings regularly, but will participate if there is a participant in particularly difficult circumstances. Testing and treatment results are discussed by team members, and a consensus is reached about incentives and sanctions within the team meetings.

In hearings, an overview of the participant's case progress is presented to the Judge by the program coordinator. The Judge then typically asks all team members to provide thoughts about the case before review. Participants are provided with minimal opportunities to discuss their progress or experiences with the Judge directly, with most of the communication occurring between the participant and team members prior to the hearings.

Program Experiences and Lessons Learned:

The Family Recovery Court does not have structured phases. Instead, the team and Judge work with participants on an individualized basis. The program has found that many participants – though not all – are strongly motivated to obtain custody of their children as soon as possible, which serves as an incentive to complete the family court and its requirements as soon as possible:

“I don't necessarily think they need phases. Phases have a rhyme and a reason and there is an advantage for clients to see the layout. But here it's different. We have clients that fly through the program and do what they are supposed to.... If they are doing well, they are going to move forward. Everyone gets the intensive services they need regardless of where they are in the program.... Also, the Judge is not hesitant to put clients in jail, so that option exists. The Judge lays out his rules and guidelines so they are fully aware of what may happen to them.”

Although there are many participants who make progress quickly through the program, there are also those who make much slower progress. Individuals with mental health issues are particularly challenging:

“Typically, there are two kinds of clients. There are those who come in and hit the ground running. Maybe they have had a month of sobriety under their belt. And they are very successful in the program and move through very quickly. I also have a set of clients who might be using as they begin the program.”

“I’ve had more clients ordered into dual-diagnosis long term residential program, which there are not many of here. It is an issue and a struggle. I had a client terminated from drug court because she couldn’t even get to the substance abuse issues because one has to take medications in order to be stable, and there are some clients that are just unable to do that or are unwilling to.”

Previously, the program decreased the frequency of random drug testing for participants over time, with more frequent testing done earlier in the program, and less testing administered near the completion of the program. In 2010, the program stopped decreasing drug testing frequency, a beneficial change because participants were previously able to anticipate testing:

“Random drug screens are provided throughout the process. It never stops, and it never decreases. It used to decrease.... But we decided that it shouldn’t be a reward for people to do less UAs because it’s still an issue. There are other ways of rewarding participants. It was a positive strategy.... We stopped decreasing the UAs as a reward. Clients were either going three, twice, or one time a week. Clients were learning, ‘OK, my color is purple, so that means I’m only tested on certain days,’ so clients were figuring out how to bend the rules if they wanted to.... Now they can be tested anytime, as frequently as possible.”

Court: Douglas County Special Treatment and Recovery Court (STAR Court)

Start Date: 2005.

Approximate size: There are typically 10-15 participants in the STAR Court at any one time.

Summary: The STAR Court works with parents who have lost custody of their children due to drug abuse/dependencies or related issues. The goal of the program is to protect those children, provide the necessary services to participants to adequately address their drug dependencies, and achieve permanency.

Staffing Structure: The STAR Court has a single, full-time program coordinator. The coordinator schedules and runs all meetings, and liaisons with all team members and treatment providers. The coordinator also manages all program cases and meets with participants on a regular basis.

Screening Instruments: Participants are screened into the program through the Department of Health and Human Services. It is unclear what screening instruments are used for STAR Court participants in that process.

Entrance Procedures: Any individuals whose children are placed into the custody of the Nebraska Department of Health and Human Services are provided with information about the STAR Court from case workers following their initial interview into the system. Participants then contact the drug court coordinator, complete an application, and are required to sit-in and observe a hearing of STAR Court. The following week, the team jointly reviews the application of the participant(s) and determines whether or not an admission should occur.

Program Activities: The court has three phases, and meets every Tuesday.

Phase I: Intensive monitoring, drug testing, and weekly court hearings. Participants are typically referred to Lutheran Family Services for intensive outpatient services and counseling.

Phase II: Intensive monitoring, drug testing, and bi-weekly court hearings.

Phase III: Intensive monitoring, drug testing, and a monthly court hearings.

Sanctions and incentives are issued on an individualized basis.

Fees: There is no fee for the STAR Court.

Adherence to Standardized Model of Treatment: The program coordinator was unaware of the Standardized Model of Treatment.

Statement of Compliance with Standardized Model of Treatment: No.

Evaluation Activities: Reports on participants and their testing histories are provided to the Judge and kept by the program coordinator. It is unclear if data is tracked and examined for long-term trends by the Nebraska Department of Health and Human Services.

Team and Courtroom Dynamics:

The STAR Court team meetings are typically composed of 1) the Judge; 2) the program coordinator; 3) a representative from the county attorney's office; 4) a representative from the public defender's office; 5) a guardian ad litem; 6-8) and several treatment provider representatives. The team meets every week. The program coordinator and treatment provider representatives update the team with the progress of each participant. The Judge leads discussion and solicits input from all members of the team about individual participants. A consensus is typically reached about each participant's case, but the Judge retains final say on any decisions about participants.

During the hearing, the program coordinator initiates individual hearing sessions by providing an update about each participant's progress in the program. The Judge also asks each participant to provide an update about their treatment progress, job or education status, and family or peer environment. Each individual review lasts approximately five to ten minutes.

Program Experiences and Lessons Learned:

Upon admission, the program coordinator clearly communicates expectations to new participants about the program. Clearly communicating expectations at all times to participants is an important centerpiece of the program:

“I’m going to be your best friend when you come into drug court, and when you are doing great, I am going to pat you on the back, or I’m going to pick you up and we can go have a sandwich together. But when you are screwing up, I’m going to let you know that you are screwing up, and I’m going to let you know that you’re going to lose that child, and if I have to be the star witness at your termination hearing, I will do that. Because my ultimate goal is to keep that child remaining safe. And I am very clear in telling people, if you are not ready to admit your drug problem and try and work on it, then don’t join our program.”

The program has had challenges with individuals with dual diagnoses. However, they have also had a share of successes. In team meetings, the Judge, treatment providers, and other staff members often consider the mental health status of participants:

“Something that we have found lately that is one of our biggest obstacles in drug court is that we are dealing with people who have both drug problems and a mental health issue, and we have had to remove a few people from drug court

because they have more of a mental health issue that prevents them from doing drug court.... They are clean, but perhaps they cannot move onto that next level of visitation because their mental health does not allow them to get to that point.... We get them in for a psychological evaluation and help them with the medication piece. Our Judge is very good in believing that there is more to the situation than the drug problem. We have seen that we have been successful with people who have gone onto medication or therapy. She sees that mental health part, and is always the one who addresses that piece before other team members do.”

The team considers all participant infractions and sanctions on an individualized basis. The sanctions that are ultimately issued depend on the type of infraction, and the overall context in which the infraction occurred. Participant honesty with the team and compliance with the program and its expectations is an important consideration when issuing sanctions:

“One of the things I have learned, and the Judge has learned, is that part of recovery is relapse. People are going to relapse. The important thing is to ask, ‘OK, you relapsed. Why did you relapse? What are you going to do about your relapse? Did you call the program coordinator after it happened? Did you call your sponsor? Did you tell the tester you relapsed or did you hope that they wouldn’t catch you?’ If I can say, ‘so and so had a relapse your honor, she called me up and her sponsor after she relapsed.’ That person is going to face much less consequences than the person who said ‘I didn’t relapse,’ when in fact they did.”

Material resources are a challenge for participants, particularly when it comes to helping provide them with resources that would enable them to have a good family environment. Although obtaining material resources is not the direct mission of the program, it is an issue that continually manifests in the cases of participants:

“The thing that is the hardest for participants to obtain is financial help with housing and utilities. If we had some sort of program, say some kind of apartment complex that participants could move into, say for a year, where they could get help with housing and utilities. Those are things that they have to have. They just don’t have the money. And those are the hardest things for them to obtain.”

Court: Lancaster County Family Dependency Court (LCFDC)

Start Date: 2004

Approximate size: The program has a capacity of twenty participants, though the average size is typically ten to fifteen participants. The program is currently going through a state of flux. In late 2010 the program had one participant. The participant was expected to graduate from the program and the program would be placed on hiatus due to state-level restructuring of employees. In early 2011, the program was preparing to receive a new influx of participants. It is unclear what will happen to the program as state-level restructuring of juvenile justice programs continues.

Summary: The target population of the Lancaster County Family Drug Court is parents whose children have been placed into the custody of the Nebraska Department of Health and Human Services due to child abuse and/or neglect related to substance abuse. The family drug court is collaborative in nature, with a focus toward providing children with a safe, nurturing, and stable family within a time frame that meets each child's needs, and by providing parents with an opportunity to achieve a lifestyle free of chemical dependency.

Staffing Structure: The LCFDC is coordinated by the Lancaster County Juvenile Court Administrator, who runs the program as an adjunct activity to her other responsibilities. The coordinator manages team meetings, liaisons with treatment providers, and manages data entry. Case management is provided by two Department of Health and Human Services child and family specialists, who regularly meet with participants. Due to state-level changes in the child welfare and juvenile services system, the staffing structure and future of the program is in a state of flux, and the impact on the program is uncertain.

Screening Instruments: All participants must have an alcohol and drug evaluation conducted by a licensed alcohol and drug counselor that recommends a minimum of intensive outpatient treatment. The coordinator also screens participants for disqualifying criminal charges and related items.

Entrance Procedures: Entrance criteria for the program includes the court's taking of jurisdiction over a child for drug or alcohol abuse, the participant's evaluation recommends a minimum of intensive outpatient treatment for drug or alcohol dependency, no history of violent felonies, and a willingness to comply with the program's requirements and court-ordered services.

Attorneys typically discuss the family court with their clients and refer them to the program if the client is interested. The applicant completes a substance abuse evaluation to determine the level of treatment needed and motivation/ability to participate effectively. The applicant submits an application to the family drug court coordinator. The coordinator then schedules the referral to be reviewed at the next intake team meeting which is held prior to the family drug court staffing meetings. The team

discusses the application and recommends acceptance or denial. The coordinator notifies the applicant's attorney of the team's decision and if accepted, the attorney files a motion on behalf of their client for acceptance into family drug court. The applicant signs the necessary forms (i.e. release of information form and agreement and waiver form) with the assistance of their counsel. The court formally accepts the participant in a court hearing.

Program Activities:

The family drug court works with various provider agencies to provide a continuum of services, inpatient and outpatient. The continuum of services include an introduction to recovery, with focuses on learning to live in recovery, understanding and addressing triggers for relapse, an early abstinence/relapse prevention plan development, as well as an aftercare recovery program. Treatment is individualized, typically including individual and group counseling, along with ancillary services such as parenting education, vocational rehabilitation, job searching, and assistance with housing. Each program participant is randomly drug tested on a regular basis, and written reports are provided to the court and each participant for family drug court review hearings held bi-weekly or monthly.

There are four phases of participation. Phase I ("Choice") encourages choice for participants to work toward a drug free lifestyle and establish a foundation of abstinence to provide a safe, nurturing home for their children. Phase II ("Challenge") focuses on stabilizing the participant in treatment, and confronting underlying issues behind their addiction and its family impact. Requirements for phases I and II include court appearances every two weeks, three random drug tests per week, and related supervision and monitoring. Phase III ("Commitment") further aims to stabilize the participant in treatment and encourage a sober lifestyle and development of positive parenting skills. Requirements include court appearances every two or four weeks, two random drug tests per week, and related supervision and monitoring. Phase IV ("Graduation") promotes the movement towards independence and self-sufficiency, as well as connecting with the community. Requirements include court appearances every four weeks, one random drug test per week, completion of parenting skills and educational programs, and related measures.

Graduation anticipates permanent change, sobriety, and a healthy family status. The participant is expected to have obtained stable housing, living, and financial circumstances, and maintained a period of lasting sobriety.

Sanctions for infractions may include increased court appearances, drug testing, stricter curfews, essay assignments, community service, reductions in visitations, or removal of children if they are in the care of the participant. Incentives may include in-court acknowledgment, reduced testing, certificates, visitation, and permanent reunification.

Fees: None.

Adherence to Standardized Model of Treatment: The policy of the LCFDC is to comply with the minimum standards established by the Standardized Model if any portion of costs for evaluation or treatment are reimbursed through the state probation fee for service voucher system. It is unclear to what extent the model is being actively followed.

Statement of Compliance with Standardized Model of Treatment: Yes, if treatment or evaluation is financed by state funds.

Evaluation Activities: Significant evaluation activities do not occur. However, the program manager does create data reports which are shared with team members on an occasional basis:

“The only system we are using right now is the PSCMIS. I haven’t had much opportunity to get data out of it. I know there is now a way for us to go in there and pull data out.... About once a year I will pull out everybody who went through the program and give the team information like, ‘Our average length of time in family drug court was this’ or ‘The number of people who dropped out was this’. The basic data, I will pull out for the team.... We look at the data and think, ‘Look, it’s taking longer than it normally should to get people through the program. Let’s try and get people through quicker.’”

Team and Courtroom Dynamics:

The program team consists of 1) the Judge; 2) the program coordinator; 3) a guardian ad litem; 4) the attorney representing the parents or a public defender; 5) a representative from the county attorney’s office; and 6-7) two supervision case management workers from Nebraska Health and Human Services. Every two weeks there is a team meeting and discussion of current cases, and a scheduled court hearing. The team meets quarterly to discuss programmatic concerns and issues.

Because the program is temporarily in a form of hiatus, observation of team meetings or court hearings were not possible.

Program Experiences and Lessons Learned:

The program does issue individualized sanctions to participants. However, jail-time is not a sanction that is employed. Participants are granted custody of their children in later phases of the program. Removal of children, or non-custody, remain important motivations for change. For less major infractions, written essays have also been effective assignments for participants:

“We don’t use jail-time as a sanction. That is something that we discussed at the get-go. At the time of the program’s initiation, the Judge at the time thought that jail-time would not be effective. Now that Judge _____ is in charge of the program, he is of the same opinion, that jail-time is not necessary. One of the biggest sanctions we have is that if you don’t comply with the program, your kid

can be removed, and jail-time can't compare with that. Other sanctions include writing a report or a letter telling family drug court how your focus is not on your children right now, or how your focus on drugs has hurt them. When it gets really serious we have them write a goodbye letter telling their children 'I am choosing drugs over you.' We never give that letter out, but it's a way for them to understand why they are choosing drugs over their children."

Issuing of positive praise from the Judge is a helpful incentive for participants to change, particularly as many clients may have low self-esteem:

"Them coming to court frequently really helps. They see everyone else going through the program and they just develop these bonds with other participants in the program, and they actually look forward to coming to the court. That positive reinforcement they get from the bench, they don't get much of that in their lives, so they really like coming to the court to see and experience that."

The program has gradually decreased in size, due to perceptions that the program may not offer any faster means to achieving permanency than other avenues. This has created a challenge for the program as its referrals have decreased, and created a greater need to educate both the legal and wider communities about the positive benefits of the family drug court program:

"Our biggest challenge has been the decrease in interest in family drug court. What we are hearing from attorneys representing parents who might in the past have recommended that they go through drug court is that there really is not much incentive for me to tell my client that family drug court will benefit them. They actually believe that they can get their kids back just as quickly in the regular court docket, and not have the extra hearings of family court. That is the thought out there. We try and dispel that and tell them that family drug court is very supportive, low-key, informal, and with opportunities to be in a supportive environment. It's a hard sell right now. That's the challenge. What can we do to let people know that family drug court is not a punitive thing, but a very supportive environment that could benefit the children and the parents together."

APPENDIX 2: EVALUATION INSTRUMENTS

Drug Court Cost Survey:

How much does it Cost to Run a Drug Court?

The goal of this survey is twofold: 1) calculate the Total Cost of running a Drug Court and 2) identify the Sources of Funding. The time frame for this survey is the previous fiscal year (July 2009-June 2010). The total cost includes costs that are in the drug court budget and also additional resources that are not in the budget but are used to run the drug court. Please provide your best estimation of actual dollar amounts. You may need to consult with other people to report this information. You will have *until January 31, 2011* to complete this survey. By reporting this information we will be able to calculate a more accurate estimate of the cost effectiveness of running a drug court. Your participation is greatly appreciated.

Background about your Drug Court

What is the name of your drug court?

How many person/days did your court serve from July 1, 2009 to June 30, 2010? _____

Table 1 Drug Court Budget

Please fill in the chart below with the dollar amount of funding your drug court received for each budget category and their applicable funding source in the last fiscal year (July 2009-June 2010).

Funding Source	Personnel	Rent/ Utilities	Travel	Supplies	Drug testing	Incentives	Services	Other
Federal								
Federal drug court								
Grants								
Other								
State								
State Drug Court								
DHHS								
Court Administrative Office								
Office of Juvenile Services								
Treatment vouchers								
Other								
County								
Other								
Foundation grants								
Fees								

Contributions								
Other								
Total								0

Table 2 Service costs for substance abuse treatment outside drug court budget
 Please fill in the chart below with the types of treatment services funded and the dollar amount of funding your drug court received *outside your operating drug court budget* from each of the applicable funding sources in the last fiscal year (July 2009-June 2010).

Source of Funding	Types of services funded	Amount of Funding
Federal		
Medicaid		
Federal Substance abuse Block grant		
Other federal (specify)		
Other federal		
Other federal		
State		
Treatment Voucher		
OJS		
State Substance Abuse		
Other state (specify)		
Other state		
Other state		
County		
BH Region		
Other county (specify)		
Other county		
Other county		
Other		
Insurance		
Client fees paid to provider		
Other (specify)		
Other		
Other		
Total		0

Table 3 Personnel resources outside the drug court budget

Please fill in the chart below with the yearly salary and average number of drug court hours worked per week for every person whose salary is paid *outside your operating drug court budget* in the last fiscal year (July 2009-June 2010). We have filled in the salaries for drug court personnel, so you will just need to estimate percentage of time

Job Title	Combined Annual Salaries	Percentage of Time Worked on Problem-Solving Court	Amount of Funding for Drug Court
Judges			
District Attorneys			
Public Defenders/Private Attorneys			
Law Enforcement			
Probation			
Corrections			
Treatment Provider on staff			
Drug Tech			
Trackers			
Other			
Other			
Other			
Other			
Other			
Other			
Total			0

Table 4 Other Sources of Funding Not Reported above

Please fill in the chart below with funding sources, the purpose of funding, and the dollar amount of *funding that has not already been reported above* in the last fiscal year (July 2009-June 2010).

Funding Source	Budget category	Amount of funding
Total		0

Court Observation Protocol

1. Is there a program policies and procedures manual?
2. To what extent does the manual differ from de facto procedures?
3. Is program pre-plea or post-plea?
4. What are the alternatives to drug court?
 - a. Pre-plea court (normal court)?
 - b. Post-plea jail time?
 - c. Post-plea other diversion?
5. Participation criteria
 - a. Is a standard screening tool used?
 - b. After entrance into the program, is a standard assessment tool continually used?
 - c. Crime
 - i. What are eligible arraignment charges?
 - ii. What is eligibility for prior felony convictions?
 - iii. What is eligibility for those with history of violent felony convictions?
 - iv. What else might preclude or include a person from participating?
 - d. Substance abuse
 - i. What are eligible substance abuse histories?
 - ii. What types of substance abuse histories preclude participation?
 - iii. Is a participant's motivation for treatment considered?
 - iv. How is substance abuse history determined?
 1. What is the assessment process?
 2. Criminal charges/history?
 3. Drug test results?
 4. Self-reported?
 5. Treatment history?
 6. Other?
 - e. Mental health
 - i. What are eligible mental health conditions?
 - ii. What types of mental health conditions preclude participation?
 - iii. How is mental health history determined?
 1. What is the assessment process?
 2. Self-reported?
 3. Treatment history?
 4. Other?
 - f. Is there a screening process for individuals with co-occurring disorders?
 - g. Other

- i. Are there physical health eligibility conditions?
 - ii. Are there residential/transportation requirements?
 - iii. Are there family status conditions for eligibility?
 - iv. Are cultural characteristics of a participant considered in how they may impact behavior and performance in the program?
 - h. How is program graduation determined?
 - i. What happens to criminal charge?
 - i. How is program failure determined?
 - i. What happens to participant after failure?
- 6. Staff
 - a. How many staff are there?
 - i. Judges
 - ii. Coordinator
 - iii. Prosecutor
 - iv. Defense
 - v. Probation officer
 - vi. Case manager
 - vii. Administration
 - b. What are the educational requirements (if any) for staff?
 - i. Judges
 - ii. Coordinator
 - iii. Prosecutor
 - iv. Defense
 - v. Probation officer
 - vi. Case manager
 - vii. Administration
 - c. Does staff participate in cultural competency training? How often?
 - d. Does staff participate in treatment education training? How often?
 - e. Does staff participate in program evaluation? How often?
- 7. Courtroom Procedures
 - a. Judge-Participant interaction
 - i. What is the ratio of cases per judge?
 - ii. How frequent are hearings before a judge?
 - iii. Is each participant assigned a single judge?
 - iv. How are expectations communicated?
 - v. Are expectations communicated clearly and in tangible ways?
 - vi. Is positive reinforcement used by the judge and team?
 - vii. How are participants allowed to respond?
 - viii. Are participants treated with dignity?

- ix. Are violations that are related to poor treatment progress treated differently than those that are deliberate?
 - b. Sanctions and rewards
 - i. Is there a written policy for sanctions and rewards?
 - ii. How are sanctions and rewards determined?
 - iii. What are the sanctions?
 - iv. What are the rewards?
 - c. How often does drug court team meet?
 - d. What is discussed in hearings?
 - i. UA results
 - ii. Tx
 - iii. Employment
 - iv. Education
 - v. Mental health
 - vi. Physical health
 - vii. Material needs
 - viii. Income
 - ix. Family
 - x. Friends
 - xi. Other social support
 - xii. Juvenile vs adult status
- 8. Probation/Case management
 - a. How often are scheduled UAs?
 - b. How often are unscheduled UAs?
 - c. How many meetings with probation/case management occur?
 - d. What is discussed in typical probation officer/case manager meetings?
 - i. UAs
 - ii. Program requirements
 - iii. Employment
 - iv. Education
 - v. Health issues
 - vi. Material needs
 - vii. Family/friends
 - e. Is there a template for meetings with probation officers/case managers?
 - f. What is the ratio of participants per probation officer?
- 9. Treatment
 - a. How many Tx providers are associated with the program?
 - b. How and how often does the program liaison with Tx providers?
 - c. Are their formal agreements between Tx providers and the drug court that assists with institutionalizing communication?

- d. To what extent does input from Tx influence program, outcomes?
 - e. How is Tx paid for?
 - f. What treatment programs are available?
 - g. Are treatments theoretically compatible?
 - h. Is cognitive-behavioral treatment offered?
 - i. Are there other evidence-based practices offered?
 - j. Are there separate programs for men and women?
 - k. Tx for women
 - i. Are their programs for women that integrate child care considerations?
 - ii. Are their programs for women that address trauma or abuse histories?
 - iii. Are their programs for women that provide vocational skills training or education?
 - l. Are different treatment modalities used for different substance abuse histories?
 - m. How is Tx program assignment determined?
 - n. How does movement between Tx programs occur?
 - o. How is medication for participants managed?
 - p. Is methadone allowed? If so, how is it managed?
 - q. How are individuals with co-occurring disorders managed?
 - r. Are there special procedures or Tx for individuals with co-occurring disorders?
10. Evaluation capacity
- a. What procedures exist for regularly examining data to improve or change drug court programming?
 - b. Are there other procedures for process evaluation and improvement? If so, what?

APPENDIX 3: EVALUATION DATA ELEMENTS AND METHODS

Statewide Drug Court Performance Measures Data Used for 2010-2011 Evaluation

Study:	Descriptive	Predictor	Disparity	Recidivism	Coding/ Matching	Not Included
Database:	PSCMIS	PSCMIS	PSCMIS & Probation	PSCMIS, Probation & NCJIS	PSCMIS, Probation & NCJIS	
Demographics						
Name					x	
SSN					X	
Birth date (to calculate age at admission)	x	x	x	X		
Gender	X	X	X	X		
Race	X	X	X	X		
Ethnicity	X	X	X	X		
Marital status	adults	adults	X	X		
Driver's license #				matching	X	
*Driver's license status						x
State ward						x
Addresses						
*Out of home placement						x
Created date					X	
Last updated date					x	
Education						
*Grade	x	x				
From date					X	
To date					x	
Created date					x	
Last updated date					x	
Converted Education						
*Current grade	Juveniles	Juveniles				
*Completed grade	Adults	Adults				
Start date					X	
Leave date					X	
Graduation date					X	
Employment						
*Hours per week (*pro-social activities)	X	X				
*Amount earned (monthly)						x
From date					X	
To date					X	
Employment description						x
Associates						
						x
Drug Use History						
						x

Study:	Descriptive	Predictor	Disparity	Recidivism	Coding/ Matching	Not Included
Drug	X	X				
Last used date					x	
Drug of choice	X	X				
Frequency					X	
Drug frequency unit					X	
Duration					X	
Drug duration unit					x	
Transportation						x
Intake						
Intake date					x	
Assigned county					x	
Problem-solving court	x	x	x	x	x	
Court						
Case number				x	x	
Case year				x	x	
County				X	x	
Docket number				x	x	
Charges						
Charged NCIC Offense						x
Charged aggravating factor						x
Offense class (code for highest class)	x	x	selection	selection	x	
Admitted/convicted NCIC offense						X
Admitted/convicted aggravating factor						X
Admitted/convicted offense class	X	x	selection	selection	x	
Court findings					x	
*Offense date (time law violation to admission – for juveniles)						x
*Arrest/Law violation date (time arrest to admission – for adults/juveniles)	x	x			x	
Assessments						
*LS/CMI (*change in scores)						
ADP score	X	X				
PA score		X				
AP score		X				
CH score (criminal history)	X	X				
EE score		X				
FM score		X				
LR score		X				
CO score		X				
Completion date					x	
LS/CMI level	x	x	selection	selection	X	
LS/CMI Score (computed from	X	x				

Study:	Descriptive	Predictor	Disparity	Recidivism	Coding/ Matching	Not Included
subscores)						
YLS/CMI (*change in scores)						
AO score		X				
PCO score (prior & current offenses)	X	X				
FCP score		X				
EE score		X				
PR score		X				
SA score	X	X				
LR score		X				
PB score		X				
Completion date					x	
Ylscmi level	X	X	selection	selection	x	
YLS/CMI Score (computed from subscores)	X	X				
*OJS (don't have for most juveniles)						x
ACDI (*change in scores)						
Truth percent	x	x				
Alcohol percent	x	x				
Drugs percent	x	x				
Violence percent	x	x				
Distress percent	x	x				
Adjustment percent	x	x				
Stress percent	x	x				
No score					x	
Last updated date					x	
Created date					x	
Juvenile Screening Instrument (*change)						
Screening date					x	
YLS score	x					
SAD score	x					
Total score	x	x				
Eligibility recommendation						x
ASC/CASI (coordinators do not report using regularly)						x
Mental health screen (coordinators do not report using regularly)						x
SSI/SRARF	X	X				
Drug Tests						
Collected date					X	
Test date					x	
PSC identifier					x	
*Results (percent positive)	x	x				
Drug					x	
Confirmation date					x	

Nebraska Problem Solving Court Evaluation

Study:	Descriptive	Predictor	Disparity	Recidivism	Coding/ Matching	Not Included
Confirmation results					x	
Number of drug tests (program component)	x	x				
Converted Drug Tests						
Drug test date					x	
Bac					x	
Dilution					x	
Dilution results					x	
Drug					x	
Results number					x	
*Results (percent positive)	x	x				
Number of drug tests (program component)	x	x				
Case Notes						
Date/time					x	
Contact Type (*problem- solving court hearing)	x	x				
Converted Case Notes						
Contact Type (*problem- solving court hearing)	x	x				
Case Note Date					x	
Eligibility						
Eligible					x	
List of reasons not eligible					x	
Program Status						
Program status	x	x			x	
*Program status date (code time from candidate to participant)						x
*Program status termination reason	x					
Latest status					x	
Medical/Other Conditions						
Prescriptions						
Program Fees (*fees collected in cost study)						
Sanctions						
Sanction (*community service, electronic monitoring, jail term)					Cost study	
Start date					x	
End date					x	
Duration					x	
Duration unit					x	
Incentives (using from Totals screen)						
Phases						
Phase					x	
*Start date (use phase 1 =					x	

Study:	Descriptive	Predictor	Disparity	Recidivism	Coding/ Matching	Not Included
admission date)						
*Completion date (code time in program)	x	x			x	
Administration						x
Totals						
# of drug tests (*percent positives)					x	
*# of sanctions	x	x				
*# of incentives	x	x				
Vouchers						x
Performance measures not using:						
In-program recidivism						x
Period of Longest Continuous Sobriety (coding)						x
Units of Service (not recorded – only vouchers recorded)						x
Fees Collected (not all recorded in system)						x
Hours of community service (coding)						x
Change in driver's license status (only have most recent status, not beginning status)						x
Change in monthly earnings (coding, and incomplete data)						x
Change in residency status (coding)						x
Number of Case Manager/Probation Officer Contacts (coding)						x
Number of Days of Continuous Alcohol Monitoring (coding)						x
Number of Days between Precipitating Event and Sanction (coding)						x
Number of Days between Precipitating Event and Incentive (coding)						x
Number of Days between Child Removal Date and Admission (no Family Court data)						x
Number of days between referral and admission (no referral date available)						x
Number of Days between Admission and Treatment						x

Nebraska Problem Solving Court Evaluation

Study:	Descriptive	Predictor	Disparity	Recidivism	Coding/ Matching	Not Included
Entry (no date for Tx entry available)						
Percent of Children that Achieve Permanency (no Family Court data)						x
Time to Permanency (no Family Court data)						x

**Statewide Performance Measure*

PSCMIS Data Analysis Methodology

Descriptive Study

Courts were divided into five comparison groups (all adult drug courts, all juvenile drug courts, Douglas County Young Adult vs. Adult Drug Courts, Scotts Bluff County DUI vs. Adult Drug Courts, and Lancaster Family Dependency vs. Adult Drug Courts). All participants entering these courts on January 1, 2007 through April 30, 2011 (the date of data retrieval) were selected for inclusion in the analyses. On each variable, either ANOVA or chi-square analyses (with follow-up analyses when necessary) were used to compare courts on the following:

- Demographics
 - Age when starting the program
 - Gender
 - Race/Ethnicity divided into four categories (white/ Caucasian, black/ African-American, Hispanic, and Other)
 - Marital Status
- Social functioning
 - Education
 - Adults
 - Grade completed before starting program
 - Education level completed (defined as two categories: high school or GED diploma or higher vs. no high school or GED diploma)
 - Juveniles
 - Current grade when starting program
 - Number of hours worked per week
- Charges
 - Highest charged offense class
 - Highest admitted/plead offense class
- Drug use history
 - Count of the number of different drugs used
 - Primary drug of choice
- Assessments
 - SSI level
 - SRARF level
 - LS/CMI (adults) or YLS/CMI (juveniles)
 - Level
 - Total score
 - Criminal history sub-score (adults)
 - OR prior and current offenses sub-score (juveniles)
 - Alcohol and drug problems sub-score (adults)
 - OR substance abuse sub-score (juveniles)
 - Juvenile screening instrument (juveniles only)
 - Total score
 - YLS score

- SAD score
- ACDI (juveniles only)
 - Truth percent
 - Alcohol percent
 - Drugs percent
 - Violence percent
 - Distress percent
 - Adjustment percent
 - Stress percent
- Program characteristics
 - Weeks from arrest to program start

The remainder of the analyses in the descriptive study used a sample of only those graduated or terminated from the problem-solving courts, or some portion of those graduated or terminated. Either ANOVA or chi-square analyses (with follow-up analyses when necessary) were used to compare courts on the following:

- Program activities per month
 - Problem-solving court hearings
 - Sanctions
 - Incentives
 - Drug tests
- Months in program – 3 analyses:
 - Combined sample graduated and terminated
 - Graduated only
 - Terminated only
- Program status termination reason (sample = terminated only participants)
- Percent of positive drug tests

Factorial ANOVA (with follow-up analyses when necessary) was then used with the graduated/terminated sample to compare the start and ending status of participants on the following:

- Education
 - For adults
 - Grade completed
 - This was run a second time with a subsample of only those without a high school/GED diploma when entering the program
 - Education level completed
 - For juveniles
 - Current grade
- Hours worked per week
- Positive drug tests (first three months in program vs. last three months in program)
- LS/CMI level and total score
- Program completion status (graduated vs. terminated)

Predictive Study

Only those who completed drug court, either graduated or terminated/withdrew, were used in the predictive portion of the study. Courts were grouped into samples similar to the samples in the descriptive study (adult drug courts, juvenile drug courts, Douglas County Young Adult Drug Court, Scotts Bluff County DUI Court, and Lancaster County Family Dependency Court). Either ANOVA or chi-square analyses (with follow-up analyses as needed) were used to evaluate the relationship of the following variables with graduated vs. terminated status:

- Demographics
 - Age when starting the program
 - Gender
 - Race/Ethnicity divided into four categories (white/ Caucasian, black/ African-American, Hispanic, and Other)
 - Marital Status
- Social functioning
 - Education
 - Adults: Education level completed (defined as two categories: high school or GED diploma or higher vs. no high school or GED diploma)
 - Juveniles: Current grade when starting program
 - Number of hours worked per week
- Charges
 - Highest charged offense class
 - Highest admitted/plead offense class
- Drug use history
 - Count of the number of different drugs used
 - Primary drug of choice – coded into five categories (opioid/narcotic, stimulant, depressant, marijuana, other)
- Initial assessments
 - SSI level
 - SRARF level
 - LS/CMI (adults) or YLS/CMI (juveniles)
 - Level
 - Total score
 - Each sub-score
 - Juvenile screening instrument total score (juveniles only)
 - ACDI (juveniles only)
 - Truth percent
 - Alcohol percent
 - Drugs percent
 - Violence percent
 - Distress percent
 - Adjustment percent
 - Stress percent

- Program characteristics
 - Weeks from arrest to program start
 - Problem-solving court hearings per month
 - Sanctions per month
 - Incentives per month
 - Drug tests per month
 - Months in program
- Percent of positive drug tests
- Change in:
 - Education level (adults) or Grade level (juveniles)
 - Hours worked per week
 - Positive drug tests
 - LS/CMI (adults) or YLS/CMI (juveniles)
 - Level
 - Total score
 - Each sub-score

Disparity Study

A comparison sample from probation was selected using matching criteria for risk factors. The comparison sample was selected from the same counties covered by the problem-solving courts, and entered probation during the same time frame as the earlier problem-solving court sample used for the descriptive and predictive studies (January 1, 2007 through April 30, 2011). Probation samples were selected to match characteristics of their comparison group (adult drug court, juvenile drug court, or Scotts Bluff County DUI Court) on:

- Initial LS/CMI level (adults), initial YLS/CMI level (juveniles), or initial SSI level (DUI Court); and
- NCIC charges and charged offense class

The problem-solving court and probation samples included everyone who entered one of these programs in the chosen time frame. Each court was compared separately to the probation sample from their covered counties on gender, age, marital status (adult and DUI courts only), and race/ethnicity.

APPENDIX 4: EVALUATION TOOLKIT

How to use this toolkit

This brief document includes links to other documents and to websites that can help you design and carry out an evaluation of your Drug Court. It is not intended to substitute for professional evaluation services, but could help you provide guidance for your evaluator and evaluation to ensure you get the measurements you need.

There are eight sections to the toolkit that can be accessed separately as you need them. Each section addresses a specific aspect of Evaluation that can boost your capacity to measure the performance of your Drug Court. Each section can be accessed by clicking on the list below.

1. [What is Evaluation?](#)
2. [The Evaluation Process](#)
3. [Logic Models](#)
4. [Data](#)
5. [Participatory Evaluation](#)
6. [Process Evaluation](#)
7. [Outcome Evaluation](#)
8. [Fidelity](#)

The information in this document are the “tools” you need to evaluate your program. Of course it takes time to learn to use each tool if you want to be effective.



What is Evaluation?

Evaluation is the systematic way that data are assembled into a picture of (1) how well an organization is delivering its services and (2) the impact of those services on the target population. ¹ Drug courts often refer to evaluation as performance measurement. The goal of looking at data is to link drug court activities to outcomes. You can't prove that the activities "cause" the outcomes without doing a true experiment, so instead we talk about "correlating" or associating your activities with outcomes. ²

Evaluation may take the form of looking at the Processes and/or the Outcomes for your drug court. Some programs also choose to look at how the cost of the program is related to outcomes. This is referred to in evaluation terms as [a cost-benefit or cost-effectiveness analysis](#). Another area of concern for drug courts is whether or not services are being implemented as they were intended to be – we call this fidelity.

There are a number of different people and roles needed to make a drug court work. These people along with your participants, past participants, family members and community members all have a stake in the success of your program. We refer to this collection of people as stakeholders. Evaluation that actively involves stakeholders in the design, collection and analysis of data is called participatory evaluation. Using this model of evaluation ensures a broad and shared understanding of what you are trying to accomplish by evaluating your program.

More information about evaluation and measurement is available from a number of sources including:

- [A Guide to Actionable Measurement](#) – by the Bill & Melinda Gates Foundation
- [Performance Measurement and Program Evaluation for Drug Courts](#) – by Fred L. Chessman II, Ph.D. The National Center for State Courts

Terms used in evaluation and performance measurement can be confusing so the Bureau of Justice Assistance has put together a [glossary](#) that can be accessed online. This is part of a larger website

¹ Rossi, P.H. & H.E. Freeman (1993). *Evaluation: A systemic Approach*. Thousand Oaks, CA: Sage Publications, Inc.

² Heck, C. & Thanner, M.H. (2006). Drug Court performance measurement: Suggestions from the National Research Advisory Committee. *Drug Court Review*, 5(2), 33-50.

that includes online [evaluation tools](#) specific to Drug Court operations. **[\(GO BACK TO PAGE 1\)](#)**

The Evaluation Process

The process of developing and evaluating programs in any organization is, paradoxically, both simple and complicated. It is simple because the steps are fairly well defined. It is complicated, especially in human service organizations, because successfully completing each step requires thoughtful deliberation, rational and evidence-based decision making, and the potential for failure that many organizations find troubling.

It is helpful to follow a [model for program evaluation](#) and that outlines the steps of the process, the testable assumptions required at each step in the process, and the information necessary to determine whether the intervention has been successful.

Management, monitoring, and evaluation processes begin with initial planning. As part of the comprehensive planning process, drug court leaders and senior managers should establish specific and measurable goals that define the parameters of data collection and information management. An evaluator can be an important member of the planning team.

Begin by creating an evaluation snapshot of your program. You will add in a logic model, determine what data you have available to review and what data you need to obtain to answer the questions you design as part of the evaluation. **[\(GO BACK TO PAGE 1\)](#)**



Use the [Evaluation Snapshot Template](#) to create a “picture” of each program component you want to evaluate or measure. This template creates a working document that you can add to as you make decisions about the different types of performance measures you want to incorporate.

Logic Models

Visual models to represent your evaluation have been called “planning models”, “evaluation models”, and “planning and evaluation models”. The term currently in vogue is “logic models”. They are graphically depicted as either a [linear process](#) (with each step logically proceeding from an earlier precedent) or a [cyclical process](#). The advantage of a cyclical depiction is that the process of program planning and evaluation is seen as dynamic and ongoing, crucial to the business practices of an organization, rather than as a static, one-shot endeavor.

The feedback process is often mistakenly thought of as “evaluation”. While feedback is crucial to program evaluation, it is only one aspect of it. Evaluation should occur at each step of the logic model. It should provide the rationale for moving logically from one step to the next, and form the basis of testing the assumptions upon which the program is based. In short, feedback can tell an organization whether a particular program is working. Properly conducted, evaluation can tell an organization why (or why not).

If you are working with an external evaluator, they may be asking you to define elements that go into constructing a logic model. For example, you may be asked about “inputs” which refers to the materials and resources (human, physical and financial) that it takes to run the activities making up your drug court program. You may also be asked about “outputs” which includes all the numbers associated with your program (hours, participant counts, money, number of drug screens etc.) Finally, you will be asked to identify the “outcomes” for participants that are expected as a result of participating in your program. This includes things like retention in the program, sobriety, recidivism, etc.

Templates and guidance for creating your own logic model are included in this toolkit as a starting place for evaluating your program.

- [Logic Model Workbook](#) – by Innovation Network ©
- [Logic Model Development Guide](#) – by W.K. Kellogg Foundation ©
- [Logic Model Template A](#)
- [Logic Model Template B](#)

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Data

Data needed for program monitoring and management can be obtained from records maintained for day-to-day program operations, such as the numbers and general demographics of individuals screened for eligibility; the extent and nature of Alcohol and Drug problems among those assessed for possible participation in the program; and attendance records, progress reports, drug test results, and incidence of criminality among those accepted into the program.

Ideally, much of the information needed for monitoring and evaluation is gathered through an automated system that can provide timely and useful reports. If an automated system is not available manual data collection and report preparation can be streamlined. Additional monitoring information may be acquired by observation and through program staff and participant interviews. As a reminder, automated manual information systems must adhere to written guidelines that protect against unauthorized disclosure of sensitive personal information about individuals.

Useful data elements to assist in management and monitoring may include, but are not limited to:

- The number of defendants screened for program eligibility and the outcome of those initial screenings.
- The number of persons admitted to the drug court program.
- Characteristics of program participants, such as age, sex, race/ethnicity, family status, employment status, and educational level; current charges; criminal justice history; AOD treatment or mental health treatment history; medical needs (including detoxification); and nature and severity of AOD problems.
- Number and characteristics of participants (e.g., duration of treatment involvement, reason for discharge from the program).
- Number of active cases.
- Patterns of drug use as measured by drug test results.
- Aggregate attendance data and general treatment progress measurements.
- Number and characteristics of persons who graduate or complete treatment successfully.
- Number and characteristics of persons who do not graduate or complete the program.

- Number of participants who fail to appear at drug court hearings and number of bench warrants issued for participants.
- Rearrests during involvement in the drug court program and type of arrest(s).
- Number, length, and reasons for incarcerations during and subsequent to involvement in the drug court program.

When making comparisons for evaluation purposes, drug courts should consider the following groups:

- Program graduates.
- Program terminations.

The Nebraska Drug Court Management Information System (MIS) has a number of these fields automated. Before relying on a field from the MIS for data, be sure you understand what each field contains. It may be helpful to create a "data dictionary" with shared definitions of each field that can be shared by all stakeholders.

- [The Nebraska Problem Solving Court Data Fields](#)

Using Interviews and open-ended questions as part of your data: Interviewing stakeholders, participants and community members is a common way of getting new data about perceptions. Some of the same information can also be gathered by asking open-ended questions (essay style) on a survey. This kind of data is called "qualitative" and is not analyzed the same as data involving numbers. When you are using qualitative data, begin by looking for common themes that arise from the answers you are getting. It helps to have a number of people read the answers then have a discussion about what these themes might be. This is time consuming but might be a good way to involve stakeholders in the evaluation.

- [Qualitative Evaluation Checklist](#) – by Michael Quinn Patton
- [Courtroom Observation Worksheet](#)
- [Sample Drug Court Observation Protocol](#)
- [Mixing quantitative and qualitative data](#)

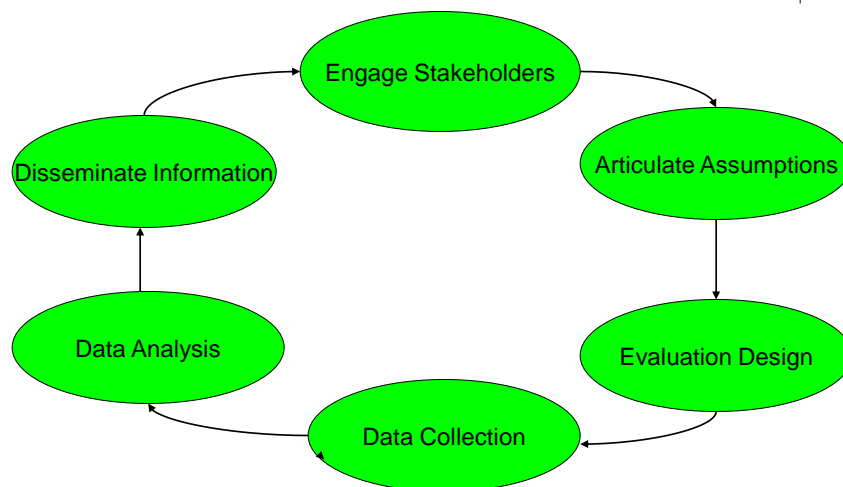
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Participatory Evaluation

Identifying your stakeholders is the first step in designing an evaluation that is “participatory” in nature. Using participatory processes in your evaluation can be as simple as having a group of stakeholders meet periodically to review the progress of your evaluation. You can also use stakeholders to collect data for you or to help interpret the results of your evaluation. This can be especially useful when you want to include different perspectives in your evaluation or when you want to ensure that stakeholders understand what they are seeing in your results. It is helpful to be familiar with basic principles of participatory evaluation if you want to use this approach with your drug court.

- [Participatory Evaluation](#) – by the California Partnership for the Public’s Health
- [Stakeholder Identification Checklist](#)
- More information about [stakeholder involvement](#) – the Community Tool Box

Participatory Evaluation Process



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Process Evaluation

Drug court evaluations usually include some aspect of examination of what the program does, focusing on services. Process evaluation begins with determining the “who-what-when-where-how” of each service or process that is involved with the drug court. This sets the stage for answering questions about how your programming is or is not meeting the operational goals of your drug court. Often it is beneficial to involve someone from outside your drug court in a process evaluation. This gives you an objective viewpoint that can help you refine your questions and explanations of programming.

Once you come up with the program components you wish to evaluate, you will broadly set the questions you wish to answer about each program element. There are a number of basic elements that should be considered in all drug court evaluations.³

1. Program Goals – Are your drug court program components being implemented the way they were intended? Are your goals being met?
2. Target Population – Are you serving the people you are supposed to serve? How are the screening and eligibility criteria related to who end up serving?
3. Substance Abuse Treatment – Are your screening and assessment instruments reflecting progress or change when treatment is complete? Are the treatment modalities being implemented the way they were intended?
4. Court Processes – Are all drug court activities documented? How are sanctions and incentives being used? What are the behavioral responses of participants? How is information shared and the team involved?
5. Units of Service – What other programs or services are participants referred to? (Psychological, Medical, Job Training, etc.) How do participants believe these services are impacting them?
6. Team Member Cooperation – What are team member perceptions of drug court team functioning?
7. Community Support –What is the level of involvement of the community in drug court activities? What is the perception of the community about drug court success?

Process evaluation activities should be undertaken throughout the course of the drug court program. This activity is particularly important

³ Heck, C. & Thanner, M.H. (2006). Evaluating Drug Courts: A model for process evaluation. *Drug Court Review*, 5(2), 51-82.

in the early stages of program implementation. Remember that process evaluations should address compliance with the Office of Justice Programs' 10 Key Components of a Drug Court.

If feasible, a qualified independent evaluator should be selected and given responsibility for developing and conducting an evaluation design and for preparing interim and final reports. If an independent evaluation is unavailable the drug court program designs and implements its own evaluation with the cooperation and participation of stakeholders. Either way, it is important for Judges, prosecutors, the defense bar, treatment staff, and others to design the evaluation collaboratively with the evaluator.

The drug court program ensures that the evaluator has access to relevant justice system and treatment information.

The evaluator maintains continuing contact with the drug court and provides information on a regular basis. Preliminary reports may be reviewed by drug court program personnel and used as the basis for revising goals, policies, and procedures as appropriate.

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There are two worksheets for you to complete in this toolkit that will help you think through the kind of questions you want to answer for each program component. Complete one set for each program component you want to evaluate.

- [Process Evaluation Worksheet #1](#)
(Who-What-When-Where-How)
- [Process Evaluation Worksheet #2](#)
(Asking questions about each component)



Outcome Evaluation

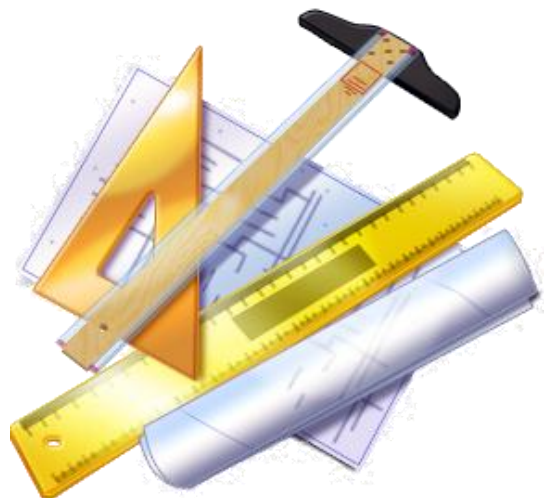
Outcomes are associated with participants of Drug Court. Examples of outcomes include things like: Recidivism, Abstinence, Academic and Employment achievements, Improvements in housing situations, parenting skills or financial management, health and income gains or health status. Sometimes outcomes are confused with “impact” – which is a broader concept related to the longer term value of a program. Most drug courts focus on shorter term outcomes for participants rather than impact because measuring impact requires a comparison group (usually offenders who were not included in the drug court program.)

One of the more difficult things to evaluate is Recidivism. Before you begin, come to an agreement with your stakeholders about what recidivism is (re-arrest, reconviction, re-incarceration etc.) You should also agree about the time frame you are most interested in (one year or more after participation begins or ends.) Are you going to consider arrests or just convictions? All charges or only drug related charges? Recidivism has been defined in Nebraska differently for adults and children.

Nebraska has a list of key indicators that was compiled by the National Center for State Courts in 2009. This document also has a number of other outcome based indicators you can look at as part of your outcome evaluation. Obtain this document from the state court administrator to review all the agreed upon performance measures.

- [Definitions of key outcome indicators in Nebraska](#) (recidivism, sobriety & units of service) – by the National Center for State Courts
- [Measuring Outcomes](#) – by the Compassion Capital Fund

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Fidelity

An aspect of evaluation that is somewhat challenging is to find out if program components are being implemented the way they were intended. This is particularly important when you are implementing “evidence-based” or “best” practices. Essentially you are trying to determine if staff members or treatment team members are implementing components the way they were trained to use them. There are specific measures of fidelity that have been designed for some treatment modalities that can be obtained from the originators of the practice (for example, The Matrix Institute may have specific checklists for the Matrix Model.)

There are also general observation and survey instruments that you can customize to create your own measures of fidelity. Examples from the Drug Court in Idaho serve as models.

- [Drug Court Fidelity Survey](#) – by Idaho Drug Courts
- [Drug Court Peer Review Checklist](#) – by Idaho Drug Courts
- [Best Practices Checklist](#) – by NPC Research

Fidelity surveys can easily be placed on-line through a variety of free or low cost providers. Here is a list of a few common on-line survey tools*:

Zoomerang™	SuperSurvey	PollCat
Infopoll	Hosted Survey	Survey System
Inquisite	SurveyGold	Mercator
Apian Software	PollPro	SurveyHeaven
StatPac	ObjectPlanet	SurveySaid
SurveyCrafter	Surveywire	SurveyMonkey
SurveyTrends	LiveSurveys	

*This list is not an endorsement of any of these tools or websites – it is just a sample of available on-line survey tools.

If you decide to create your own survey, consider testing your questions before you finalize them. There are entire courses on survey design, but you can get started by reviewing a few [guidelines about designing questionnaires and surveys](#).

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