
APPENDIX F

Executive summaries of 2004 and 2005 WYSAC evaluations on Wyoming drug courts

Drug Courts in the State of Wyoming: A Process & Outcome Evaluation

WYSAC Technical Report No. CJG-401
October 2004

Executive Summary

One of the most devastating social problems facing Wyoming is substance abuse and the crime caused by substance abuse. Approximately 80 percent of incarcerated offenders in the state have issues with substance abuse. These individuals congest court calendars, flood our jails and prisons, and consume scarce criminal justice resources. Additionally, these individuals rarely receive the necessary substance abuse treatment while incarcerated and are then released from incarceration without the tools necessary to stay sober. These disturbing trends have led the Wyoming Legislature, Executive Branch, and Judiciary to develop and implement a statewide drug court system that embodies a new approach to addressing substance abuse issues: the drug court.

The Wyoming Department of Health Substance Abuse Division contracted with the Wyoming Survey & Analysis Center (WYSAC) to conduct a process and outcome evaluation of the statewide drug court program. The primary purpose of this study is to show how the drug court movement is taking shape in the state of Wyoming and to what effect. A variety of different data sources were used to evaluate the Wyoming drug court program including surveys of adult and juvenile clients, parents of juvenile clients, and local drug court coordinators, data from the pilot drug court Case Management System (CMS), and qualitative information from state drug court applications and contracts, local audit reports completed by the Substance Abuse Division, news coverage, and from ongoing informal contact with a wide range of drug court stakeholders. The key findings from this study are presented briefly below.

Key Findings

Based on the extensive analyses of both process and outcome measures in this evaluation, it is clear that Wyoming's drug courts are implementing effective programs that are producing positive results for participants, their communities, and the state of Wyoming as a whole. While the individual drug courts throughout the state do vary somewhat in the day-to-day functioning of their programs, they have all used the Office of Justice Program's recommended "10 Key Drug Court Components" as their guiding program model. This evaluation also shows that the adult drug court clients, the juvenile clients, their parents, and the local drug court coordinators all believe that the drug court model is working well for them. More specifically, clients, parents, and coordinators rate their drug court programs in terms of program design, the local drug court team staff, the use of sanctions and incentives, and treatment services.

Drug Courts in Wyoming, FY 2005 Statewide and Local Evaluation

WYSAC Technical Report [CJR-513]
30 September 2005

Executive Summary

Since the first Wyoming adult drug court was created in 1997, the state has seen continual growth in the application of this rehabilitative model. As of July 2005, there were 20 state-funded drug court programs with over 400 clients being served in the state of Wyoming. This evaluation of state-funded drug courts includes 17 drug courts fully operational during fiscal year 2005. The purpose of the evaluation and this report is to provide process and outcome information to the Wyoming Department of Health Substance Abuse Division's (SAD) management team and other Wyoming stakeholders. In addition to statutorily requisite accountability reporting, this report shares operational details and practitioner insights into what does and does not contribute to successful drug court programs. The value of disseminating practices and insights among neighboring drug courts, and the discussion it unavoidably instigates, should not be undervalued as an evaluation outcome in and of itself.

Arrest to Program Admission: Research concerning the motivation of drug court participants strongly supports the notion that the arrest of a potential participant is a motivational factor for change, and this motivational impetus seems to diminish as the time between arrest and first treatment episode grows. Thus, time from arrest to first treatment episode is an important concern for drug court programs. The average number of days that juveniles have to wait in Wyoming from time of arrest until program admission is approximately 32. Adult court participants have to wait an average of 26 days for admission. The range of values among individual courts is quite broad, seven to seventy-five days.

Although there is no specific data related to national averages on this issue, it appears as though most of Wyoming's courts are fairly efficient at admitting new clients. Perhaps even more importantly, several courts made substantial progress from the previous year's program entry from date of arrest numbers. Campbell Adult, Sheridan Adult, and Sheridan Juvenile reduced the typical wait from 30 to 7 days. Fremont Adult and Uinta Adult also made substantial gains. That being said, there is still room for improvement. One possible method for improvement would be a standardized screening and referral process.

Client Assessment and Screening: Since it is a program requirement, it is not surprising that all courts in Wyoming use the Addiction Severity Index (ASI) for the initial assessment of clients. Only two of the courts surveyed responded that they were not using the assessment tool as a continuing measure of treatment progress for participants. The ASI is specifically designed to be used at different intervals with the same participants throughout the treatment process, and the two programs not using assessments for follow-up should consider using follow-up ASI tests with clients to determine the effectiveness of treatment practices and drug court procedure overall. On the whole, most Wyoming drug courts appear to be adhering quite closely to best practices in this area.

Co-morbid Disorders: The research literature demonstrates that people who suffer from mental health problems are also much more likely to abuse substances. Consistent with this literature, nearly half of the treatment providers who responded to the 2005 survey reported that over 50% of their clients exhibited co-morbid disorders or had a dual diagnosis. Another 30% reported that between 26% and 50% of their clients exhibited co-morbid disorders.

Coordinators were asked if their courts screen specifically for co-occurring disorders. Thirteen coordinators (72%) replied yes, while the remaining five (28%) replied no. When responding to the question, "How effectively is your court currently treating clients with c-occurring disorders," just over half of the coordinators (57%) answered *effectively*. Five coordinators (36%) answered *ineffectively*, and one answered *very ineffectively*. No coordinators responded with *very effectively*. Given the literature in the field and the responses from Wyoming coordinators, co-morbid disorder diagnoses should be a standard practice of the intake policy of drug courts.

Services/Providers: Statewide, there was an increase of three services/providers being used overall in 2005 (n=335 in 2004 and n=338 in 2005). In 2004 every drug court reported using substance abuse counseling, mental health, and GED/adult education. In 2005 every drug court reported using substance abuse counseling, mental health, and education & vocational training. The use of anger management and housing decreased the most, both serving three fewer drug courts in 2005 than in 2004. The use of detention, the public health department, and in-patient mental health were the services/providers that increased the most in the number of drug courts utilizing them. The discontinuation of services/providers may be due to causes such as budget restrictions or lack of availability of the particular service/provider in the community in 2005.

Overall, it appears that both urban and rural drug courts in sparsely populated Wyoming have put together a wide range of services in order to serve their clients. Interview transcripts indicate that many courts have overcome substantial impediments to finding local expertise, and only through creative contractual arrangements across county and state lines have they been able to *WYSAC, University of Wyoming 2005 Drug Court Evaluation* patch together a fragile network of needed professionals and services. From accounts in some locations, a single psychologist or counselor leaving town would create significant problems in maintaining the delivery of services essential to drug court programs. In-patient residential care is sometimes essential in the treatment of addiction, but a number of drug courts report that such care is not available without substantial delays, sometimes running into months. Some juvenile drug courts do not have access to appropriate detention facilities within a reasonable distance.

Drug Testing: One of the primary behavior management tools used in drug courts is regular and randomized drug testing. Most often, this testing takes the form of urinalysis (UA). Participants begin their drug court programs in Phase 1 and graduate to higher phases as they successfully complete program requirements. Most programs have phases that are scheduled to last a minimum of 12 to 13 weeks. The frequency of testing is often dependent upon the participant's program phase, but evidence of drug use while in the program—a positive (UA)—can also trigger more frequent testing at any phase of the program. Drug testing encourages participant compliance with program rules and assists in the promotion of sober living among clients during all treatment phases. On average, Wyoming drug courts test more than the minimum 2 tests per week (recommended by the 10 Key Components of Drug Courts) during the beginning phases of their programs.

2005 Performance Measures: During FY2005, Wyoming had 17 state-funded, fully-operational drug courts with additional courts seeking funding to begin operations. As these programs continue to emerge and grow, the need for standardized measurement of drug court activity has increased. In order to better document the work of drug court programs, the National Drug Court Institute (NDCI), in concert with the National Institute of Justice (NIJ) and the Bureau of Justice Assistance (BJA), created a panel of leading drug court researchers in the country. This National Research Advisory Group (NRAG) developed a short list of standardized performance measures for drug courts that will provide the field with guidance for research. SAD has adopted these four performance measure for all Wyoming drug courts: 1) participant retention/graduation; 2) participant sobriety; 3) participant recidivism; and 4) units of service provided to participants. It is important to note that a single year's data on any or all of the performance measures is insufficient to measure individual or statewide performance of drug courts.

Conclusions and Recommendations: Analyses of process, outcome, and interview data in this evaluation demonstrates that Wyoming's drug courts are staffed with a wealth of dedicated individuals intent on implementing the philosophy and summary model defined in the 10 Key Components of Drug Courts. Almost to a person, they have faith in what they are undertaking and believe that drug courts are effective in battling the cycle of addiction and its associated criminality.

The implementation this year of the four statewide performance measures based on commonly measured outcomes is a large and positive step forward for Wyoming in its goal to produce empirical evidence of the comparative performance of drug courts. The implementation next year of the comprehensive case management system will ensure efficiency and data comparability in the collection of hundreds of essential data elements. Through customized reporting functions built into the software, data can be easily harvested for analyses.

As did the FY2004 evaluation, this evaluation finds that drug courts are a cost-efficient alternative to incarceration (\$21.91 per person per day in drug court vs. \$114.51 at the state penitentiary). Although the evaluation identified many strengths in the Wyoming system, the ultimate purpose of evaluation is to identify functional aspects that could benefit from specific action or actions being employed. Based on the findings of this

evaluation, recommendations to SAD and the State of Wyoming are listed below (the recommendations are not rank-ordered).

- A standardized participant referral process should be implemented in all state-funded drug courts.
- Aftercare should be required of all state-funded courts. The methods and scope of aftercare should be developed through discussion with local drug courts and the state drug court association.
- The Addiction Severity Index (ASI) instrument should be used at 6-month intervals with all participants in the program in order to consistently document treatment progress.
- The State of Wyoming needs to explore actions that would lead to increased numbers of inpatient beds.
- SAD in cooperation with local drug courts and the state drug court association should consider providing training on the creative, innovative uses of sanctions and incentives.
- SAD in cooperation with local drug courts and the state drug court association should locate or develop team member training beyond the introductory level. As suggested by coordinators, it should be training that targets more experienced and seasoned drug court team members. Training aimed at improving team cohesiveness—interdisciplinary training, conflict resolution training, team building workshops/retreats, and re-training through *team* attendance of national drug court conferences—should be facilitated.
- SAD and local drug courts should begin working immediately with municipal police, sheriff departments, DCI, circuit, and district court representatives in order to establish consistent, formal data exchanges for the purpose of gathering reliable post-program recidivism data. Legislative and executive branch stakeholders should be included in the effort.
- SAD and the state drug court association should explore methods whereby local prosecuting attorneys and public defenders might be granted regular, formal release time so that these busy professionals have time to invest in their drug court team member responsibilities. Release time for interdisciplinary training would also be valuable.
- SAD and the state drug court association should explore methods whereby local law enforcement personnel can gain a better understanding of the philosophy and positive outcomes that drug courts can produce in their local communities.
- Statewide standards with regard to the frequency of drug testing should be considered.
- SAD and the state drug court association should consider structuring and adopting a “core set” of goals and objects (for use at the local drug court level) upon which local drug courts can build if they would like to include additional measures of local choice.
- Co-morbid (the presence of more than one disorder in a participant) diagnoses should become a standard practice during participant intake at local drug courts.

Intergovernmental Relations and Drug Courts: Finding a Home for State Management of Local Judicially Driven Programs

Cary Heck, Ph.D.,
National Drug Court Institute and University of Wyoming
and
Aaron Roussell, University of Wyoming

Executive Summary

- Drug Courts are highly collaborative community based coalitions, managed by judges, designed to combat problems related to substance abuse/addiction and crime.
- The drug court model incorporates aspects of all three branches of government. Wyoming's Drug Courts are managed and run by local judges, funded by the Legislature, and overseen by the Wyoming Department of Health, Substance Abuse Division which is an executive branch agency.
- Three models of state drug court oversight were considered in this research project including the Judicial Model, Executive Model, and Collaborative Model.
- Eleven states drug court program directors were surveyed to determine the extent to which they were satisfied with their current model and the extent to which their funding was considered stable.
- Of those surveyed, five states use the judicial model, four use the executive model and two used the collaborative model.
- No one model was found to be superior for managing drug court programs. Each approach has strengths and weaknesses related to separation of powers issues as well as funding and oversight issues.
- Wyoming's model was in line with other states using an executive branch agency to administer drug courts.
- It is recommended that Wyoming strengthen its oversight committee (Drug Court Panel) to include additional representation from both the judicial and legislative branches.
- It is recommended that Wyoming implement judicial rules and policies related to drug court functioning and that these rules be monitored for compliance by the oversight committee.
- It is recommended that Wyoming establish additional rules for drug court operations designed to maintain the integrity of the drug court model as applied in funded courts and to provide legitimacy for these programs.

This page intentionally left blank.