

Testimony: SB 69

Senate Judiciary Committee

Tuesday, February 12, 2013

Darryl L. Larson, Sr. Judge

Mr. Chair, Madam Vice Chair and Members of the Committee,

My name is Darryl Larson, and I am a Sr. Judge, retired from the Circuit Court in Lane County. My professional background includes creating and seven years presiding over the state's second Drug Court in Lane County and 20 years of being a student of the Drug Courts movement and, more recently, involvement in the Governor's Public Safety Commission as Executive Secretary. I am currently the Chair of the Oregon Criminal Justice Commission but appear today on behalf of myself, not in an official capacity for the CJC or the Oregon Judicial Department.

I appear here in favor of Senate Bill 69 because I care about true 'public safety' and about best stewardship of the public's money. On both of those counts, this bill is in the public interest. Judge Daily and Judge Eric Bloch from Multnomah County are the state's most knowledgeable experts on the operation of a quality and effective DUII Treatment Court. I appear only to provide some background and inquisitional assistance on the operation, functioning and outcomes of Drug Treatment Courts generally. I have included in your copy of my remarks some selected sections of several evaluative reports done by NPC Research, Inc., the country's premier research entity on the issues surrounding specialized Treatment Courts. You or your staff may access any of their many reports on-line at NPCResearch.com including those done on various DUII Treatment Courts around the country.

One type of adaptation of the Drug Courts are the DUII Treatment Courts such as the one overseen by Judge Daily. This year, the Drug Court model itself will be 24 years old. Over the past 10 years, the drug court model has been expanded to include other specialized populations (e.g., juveniles, child welfare and mental health, Vets and DWI offenders. There are literally 100's of research papers and reports that have been done on the various Treatment Courts. Nearly every objective study done has concluded that, if they are faithful to the "10 Key Components" of Drug Courts, they are more effective and cost-beneficial than the traditional way of doing business in the Courts with the offender population targeted.

DWI courts specifically target repeat driving-while-intoxicated (DWI) offenders with the main goal of protecting public safety. Just as has been repeatedly shown by scientific research on Drug Courts, the benefits to society take the form of reductions in crime and future DWIs, resulting in reduced costs to taxpayers and increased public safety, particularly

when compared to similar offenders going through the traditional court processes. DWI courts, specifically, have been shown to be effective in reducing recidivism (both of DWIs and other crimes) and in reducing taxpayer costs due to positive outcomes for DWI court participants, including fewer rearrests, less time in jail and less time in prison (Carey, Fuller, Kissick, Taylor, & Zold-Kilbourn, 2008). Drug Courts have also been shown to substantially reduce other costs, both public and private, in areas such as health care and generalized personal and family disfunction. There is good reason to think that DWI Courts have many of the same wider beneficial effects.

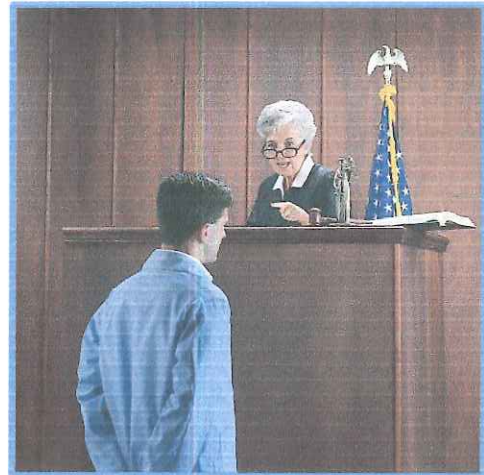
I fully realize that the supermajority legislative vote required to make this Bill law, is a formidable challenge. However, what the voting public cares about most is actual improvement in public safety and stretching their tax dollars in smart, effective ways, particularly in difficult economic times like these. This legislation would actually improve public safety concerning a very dangerous population of offenders. Considerable evidence-based research demonstrates that this legislation does so, both while affected offenders are under the court's direct supervision and thereafter, much more effectively than were the Bill not to be adopted. 90 days in jail may make some feel good, but offenders with serious alcohol and/or drug problems go into jail addicted and come out addicted but with a powerful thirst or need to use again. That is NOT public safety. I can actually make us all less, not more, safe.

I strongly urge you to forward this Bill for consideration in the Legislative process so that its full impact can be considered by others, including the Finance and Revenue Committee.

Thank you for the opportunity to appear today.

Oregon Drug Court Cost Study: Statewide Costs and Promising Practices

Final Report



Submitted to:

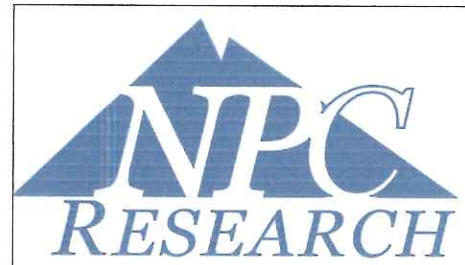
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Re-Release
March 2011



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Oregon Drug Courts: Statewide Costs and Promising Practices

Final Report

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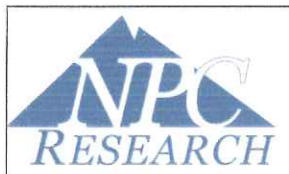
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Re-Release March 2011

The re-release of this report contains the correction of an error in treatment costs for two of the 21 drug courts included in the cost portion of this study



Visit www.npcresearch.com to learn more about NPC Research and drug courts.

Visit http://www.oregon.gov/CJC/about_us.shtml for more information on the Oregon Criminal Justice Commission.

EXECUTIVE SUMMARY

The statewide cost study of Oregon's adult drug courts was accomplished in a collaboration between NPC Research, the Criminal Justice Commission and the Department of Corrections. The purposes of this statewide evaluation were to answer two critical drug court policy questions:

- a. Are adult drug courts cost-beneficial?
- b. What are best practices for Oregon's drug courts?

To determine whether Oregon's drug court programs were cost beneficial, it was necessary to gather information on program costs and recidivism-related costs. To calculate recidivism-related costs a recidivism study was performed with a comparison group, to determine the relative benefits of drug court compared to traditional court processes. Finally, to determine what practices were best practices for Oregon's drug courts, a process analysis was performed on the drug courts included in this study.

Recidivism in this study was defined as any new arrest (not conviction) that occurs after the date of drug court entry. The recidivism study used a quasi-experimental design with a cohort of all drug court participants who entered the programs during a specified time period and a matched comparison sample of individuals who were arrested for similar, drug court-eligible charges who did not participate in a drug court program. A comparison group was identified from all offenders with drug court-eligible charges from the same time period who did not participate in drug court programs. The drug court participants and comparison individuals were matched by county on age, gender, ethnicity, prior drug charges, prior property charges and prior person or violence charges. The full comparison group selection process is described in the methods section.

Both groups were examined through existing administrative databases for a period at least 3 years from the date of drug court entry. For comparison group members, an equivalent "entry date" was calculated by creating an average of the number of days from arrest to drug court entry for participants and adding that mean number of days to the arrest date for comparison group members. The evaluation team utilized the state data sources to determine whether there was a difference in re-arrests, number of days in jail, on probation, on parole and in prison between the drug court and comparison group.

The cost approach utilized by NPC Research in the DC-CSET is called Transactional and Institutional Cost Analysis (TICA). The TICA approach views an individual's interaction with publicly funded agencies as a set of *transactions* (also called *events* in this document) in which the individual utilizes resources contributed from multiple agencies. Transactions are those points within a system where resources are consumed and/or change hands. In the case of drug courts, when a drug court participant appears in court or has a drug test, resources such as judge time, defense attorney time, court facilities, and urine cups are used. Court appearances and drug tests are transactions. In addition, the TICA approach recognizes that these transactions take place within multiple organizations and institutions that work together to create the program of interest. These organizations and institutions contribute to the cost of each transaction that occurs for program participants. TICA is an intuitively appropriate approach to conducting costs assessment in an environment such as a drug court, which involves complex interactions among multiple taxpayer-funded organizations.

For the process analysis, a Web-based survey of each of the adult drug courts that participated in the study assessed a variety of characteristics of drug courts that have been assessed in prior evaluations by NPC. The advantage of a Web-based survey is that it allowed NPC to efficiently collect data on a number of important drug court program elements in all of the drug court sites, rather than using a sampling strategy. Thus, all Oregon adult drug courts that were in existence at the time of the survey are represented in the data, and the statistical power for analysis is maximized. The online tool was developed based on in-depth qualitative data collected in prior research in more than 75 adult drug courts (e.g., Perkins, Carey, & Cox, 2008; Carey, Waller, Sanders, & Burrus, 2010). The information on practices used by each drug court program was examined in relation to program outcomes including graduation rate, recidivism and costs, to determine which practices were significantly related to more positive outcomes.

Adult Drug Court Cost-Benefits in Oregon

I. ARE DRUG COURTS COST BENEFICIAL?

Program Investment Costs

The average cost of a drug court program per participant was \$16,411. The largest portion of adult drug court costs are due to drug treatment (an average of \$7,383, or 45% of total costs). Drug court sessions (\$3,771, or 23% of total costs) and case management (an average of \$3,417, or 21% of total costs) are also significant program costs. When program costs are evaluated by agency, the largest portion of costs accrues to agencies involved in treatment (\$11,029, or 67% of total costs).

When learning about drug court program costs, it is important to remember that the state would be funding the traditional criminal justice system to process these offenders if there were no drug court. For informational purposes only, NPC created an estimated “business-as-usual” cost per case for offenders who did not enter drug court. This cost includes a court case, average jail time per court case, average prison time per court case, average parole time per court and average probation time per court case. It does *not* include treatment costs, as treatment data on non-drug court participants were not available for this study. The estimated business-as-usual statewide cost per offender was \$9,389, which is 57% of the average drug court program cost per participant. Because the business-as-usual cost is estimated and does not include what are likely substantial treatment costs, it should not be considered a comprehensive estimate of costs or be directly compared to the drug court program cost. However, with the understanding that this business-as-usual cost is a considerable underestimate, it does illustrate that there is a cost to processing these offenders regardless of whether they participate in drug court and that drug court may not be as expensive to implement as it appears, given the costs that would be spent by the system anyway.

Recidivism

The recidivism results showed a significant reduction in recidivism for drug court participants compared to similar offenders who do not participate in drug court, an average of 44% reduction in number of re-arrests and an average of 23% reduction in recidivism rate. Although there were drug court programs that had a negative effect size, indicating that their participants did not perform better than offenders who went through traditional court processing, there were only two programs out of the 20 that had these results.

Recidivism Costs

The results from cost evaluations of 20 Oregon drug courts show an average 3-year outcome cost savings of \$6,812 per drug court participant when compared to the comparison group. When victimizations are included, the outcome cost savings over 3 years increase from \$6,812 per participant to \$16,933 per participant. The recidivism cost savings described in the cost results are those that have accrued in just the 3 years since drug court entry. Many of these savings are due to positive outcomes while the participant is still in the program. Therefore, it is reasonable to state that savings to the state and local criminal justice systems are generated from the time of participant entry into drug court.

If drug court participants continue to have positive outcomes in subsequent years (as has been shown in other drug courts NPC has evaluated, e.g., Carey et al., 2005; Finigan, Carey, & Cox, 2007) then these cost savings can be expected to continue to accrue over time, repaying the program investment costs and providing further savings in opportunity resources to public agencies. For example, if the 3-year cost findings are extrapolated out just 2 more years (to 5 years), the savings come to \$28,222 per participant. When these findings are multiplied by the number of drug court participants that were included in this study (those offenders that entered drug court programs in the state between 2001 and 2006), the total cost savings comes to \$159,595,410. These findings indicate that drug court is both beneficial to participants and beneficial to Oregon taxpayers.

Of particular interest to state and local policymakers is the cost-benefit ratio of these Oregon drug court programs; that is, the return on investment. The cost of drug court was \$16,411, compared to the cost of “business as usual” which was conservatively estimated at \$9,389. The 3 year benefit of drug court was \$16,933 including taxpayer and victimization costs. Therefore, there is a net benefit to the public safety system of at least \$2.41 for each \$1 invested in drug court.

Overall, the cost findings in this report indicate that drug treatment court is both beneficial to participants and beneficial to Oregon taxpayers. Taking into account the investment of \$16,411 per person, after 5 years, the net taxpayer savings for just the cohorts included in the study at these 21 drug court sites comes to \$119,866,000, nearly \$120 million.

Best Practices – Promising Practices Related to Positive Outcomes in Oregon

2. WHAT ARE BEST PRACTICES IN OREGON’S ADULT DRUG COURTS?

Data were collected on over 300 practices engaged in by the 24 Oregon drug courts that participated in this study. Analyses were run to determine which practices were related to higher graduation rates, lower recidivism and lower recidivism-related costs (cost savings). Results showed 38 promising practices. Following are the highlights of those drug court practices related to positive outcomes.

San Joaquin DUI Monitoring Court Process and Outcome Evaluation *Final Report*



Submitted to:

**San Joaquin County
Collaborative Courts and the
California Office of Traffic Safety**

Submitted by:

**NPC Research
Portland, Oregon**

September 2012



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San Joaquin DUI Monitoring Court Process and Outcome Evaluation Final Report

Submitted By

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September 2012



Informing policy, improving programs

INTRODUCTION AND BACKGROUND

For the past 20 years in the United States, there has been a trend toward guiding nonviolent drug and alcohol offenders into treatment rather than incarceration. The original drug court model links the resources of the criminal system and substance treatment programs to increase treatment participation and decrease criminal recidivism. Drug treatment courts are one of the fastest growing programs designed to reduce drug abuse and criminality in nonviolent offenders in the nation. The first drug court was implemented in Miami, Florida, in 1989. As of December 2010, there were 2,633 drug courts including 1,881 adult and juvenile drug courts, 343 family courts, and 409 other types of drug courts in all 50 states, the District of Columbia, Guam, Puerto Rico and the Virgin Islands (NDCI, 2011).

In a typical drug court program, participants are closely supervised by a judge who is supported by a team of agency representatives that operate outside of their traditional adversarial roles. These include addiction treatment providers, district attorneys, public defenders, law enforcement officers, and parole and probation officers who work together to provide needed services to drug court participants. Generally, there is a high level of supervision and a standardized treatment program for all the participants within a particular court (including phases that each participant must pass through by meeting certain goals). Supervision and treatment may also include regular and frequent drug testing.

The rationale of the drug court model is supported by a vast reservoir of research literature (Marlowe, 2010). There is evidence that treating substance abuse leads to a reduction in criminal behavior as well as reduced use of the health care system. The National Treatment Improvement Evaluation Study (Substance Abuse and Mental Health Services Administration, 1994) found significant declines in criminal activity comparing the 12 months prior to treatment and the 12 months subsequent to treatment. These findings included considerable drops in the self-reported behavior of selling drugs, supporting oneself through illegal activity, shoplifting, and criminal arrests. In a study using administrative data in the state of Oregon, Finigan (1996) also found significant reduction in police-report arrests for those who completed treatment.

Drug courts have been shown to be effective in reducing recidivism (GAO, 2005; Gottfredson, Kearley, Najaka, & Rocha, 2007) and in reducing taxpayer costs due to positive outcomes for drug court participants (including fewer re-arrests, less time in jail and less time in prison) (Carey & Finigan, 2004; Carey, Finigan, Waller, Lucas, & Crumpton, 2005). Bhati and colleagues found a 221% return on the investment in drug courts (Bhati, Roman, & Chalfin, 2008). Some drug courts have even been shown to cost less to operate than processing offenders through business-as-usual (Carey & Finigan, 2004; Carey et al., 2005).

More recently, over the past 10 years, the drug court model has been expanded to include other populations (e.g., juveniles) and other systems (e.g., child welfare and mental health). The model has also been used with a special focus on specific types of offenders (e.g., DWI offenders).

DWI courts specifically target repeat driving-while-intoxicated (DWI) offenders with the main goal of protecting public safety. Benefits to society take the form of reductions in crime and future DWIs, resulting in reduced costs to taxpayers and increased public safety. DWI courts, specifically, have been shown to be effective in reducing recidivism (both of DWIs and other crimes) and in reducing taxpayer costs due to positive outcomes for DWI court participants, in-

EXECUTIVE SUMMARY

Background

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DWI courts specifically target repeat driving-while-intoxicated (DWI) offenders with the main goal of protecting public safety. Benefits to society take the form of reductions in crime and future DWIs, resulting in reduced costs to taxpayers and increased public safety. DWI courts, specifically, have been shown to be effective in reducing recidivism (both of DWIs and other crimes) and in reducing taxpayer costs due to positive outcomes for DWI court participants, including fewer re-arrests, less time in jail and less time in prison (Carey, Fuller, Kissick, Taylor, & Zold-Kilbourn, 2008).

In 2008, San Joaquin County implemented a system change where all repeat DUI offenders in the largest judicial district (mainly the City of Stockton) are required to participate in a DUI Monitoring Court program. Because this program was designed to treat all repeat DUI offenders, and because the drug court model is designed to treat high-risk/high-need offenders (in particular, drug- or alcohol-dependent individuals) the San Joaquin DUI Monitoring Court (SJDMC) does not follow all tenants of the drug court model for all participants. Many of the repeat DUI offenders in this program are not dependent on alcohol or other drugs and do not need the high level of supervision and treatment that would be appropriate for high-risk/high-need offenders. For this reason, there are two tracks to the San Joaquin DUI Monitoring Court. Track 1 is the "monitoring track" where participants are required to come to court infrequently to report on progress in completing the terms of their probation, including DMV requirements to qualify to get their license returned. Track 2 is for those participants who demonstrate that they are unable to comply with Track 1 re-

quirements and are assessed as needing drug and alcohol treatment. Track 2 follows a drug court model more closely. The SJDMC program is described in detail in Chapter 1 of this report.

In late 2011, NPC Research was contracted by the San Joaquin County Court to conduct a process and outcome evaluation of the SJDMC. Located in Portland, Oregon, NPC Research has conducted research and program evaluation for over 20 years. NPC Research has conducted process, outcome and cost evaluations of drug courts nationally and has performed best practices research examining drug court practices related to significant reductions in recidivism and higher cost savings. Having completed over 125 drug court evaluations (including adult, DWI, juvenile drug court, reentry and family treatment drug courts), NPC is one of the most experienced firms in this area of evaluation research.

For the evaluation of the SJDMC, the court was interested in learning about the effectiveness of this program in reducing DUI recidivism and protecting public safety and, if it proved to be effective, wanted a detailed process evaluation that would allow other interested jurisdictions to follow the model in implementing a similar program. Chapter 1 of this report describes the process evaluation methods and provides a detailed description of the program. Chapter 2 presents the methods and results of the outcome evaluation. The process evaluation was also designed to provide the SJDMC program with suggestions for process improvement. Chapter 3 compares the SJDMC practices with the research-based drug court best practices and provides recommendations for enhancing Track 2 of the program. A summary of the results of the outcome and best practices evaluation is provided below.

Outcome Methods and Results

All SJDMC participants since program implementation and a comparison group of the population of repeat DUI offenders convicted of a DUI in 2006 (2 years before the program was implemented) were tracked in DMV data for recidivism events including new DUI convictions and traffic accidents for 18 months after their “index DUI.” (The *Index DUI* is defined as the conviction that led to participation in the SJDMC, or in the case of the comparison group, the DUI conviction that would have led to participation in the SJDMC if it had existed in 2006.)

There were two key policy questions of interest for the recidivism analysis. 1) Does participation in SJDMC reduce the number of new DUI convictions and 2) Does participation in SJDMC reduce the number of traffic accidents in the repeat DUI population? The results for these two questions are summarized below. Additional questions of interest, including the incidence of license reinstatement, are described in the main report.

RESEARCH QUESTION #1: WHAT IS THE IMPACT OF PARTICIPATION IN THE DUI MONITORING COURT ON RECIDIVISM (NUMBER OF NEW DUI CONVICTIONS) COMPARED TO TRADITIONAL COURT PROCESSING?

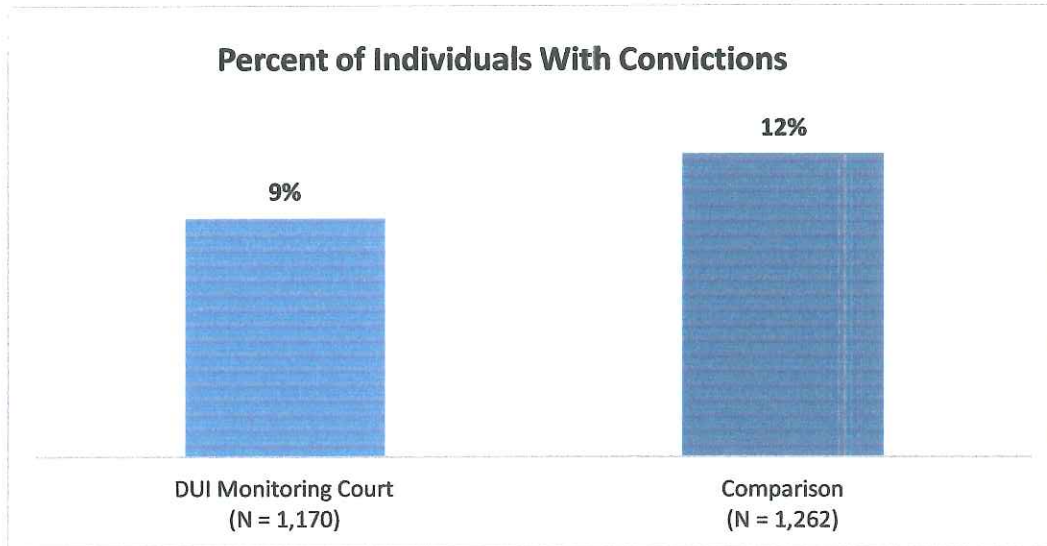
Does participation in DUI Monitoring Court lead to a lower recidivism rate (the percent of participants who are re-convicted) compared to traditional court?

YES. Fewer SJDMC participants were rearrested in the 18 months after their eligible DUI than those on traditional probation.

Figure 1 shows that a greater percentage of comparison group offenders were re-arrested than were SJDMC participants. Of the comparison group, 12% of the offenders were re-arrested

within 18 months after their index arrest, compared to 9% of the DUI Monitoring Court participants. Although not statistically significant, the difference is large enough to warrant consideration ($p = .058$).

Figure 1. Percent of Individuals With New DUI Convictions 18 Months After Index DUI Conviction Date



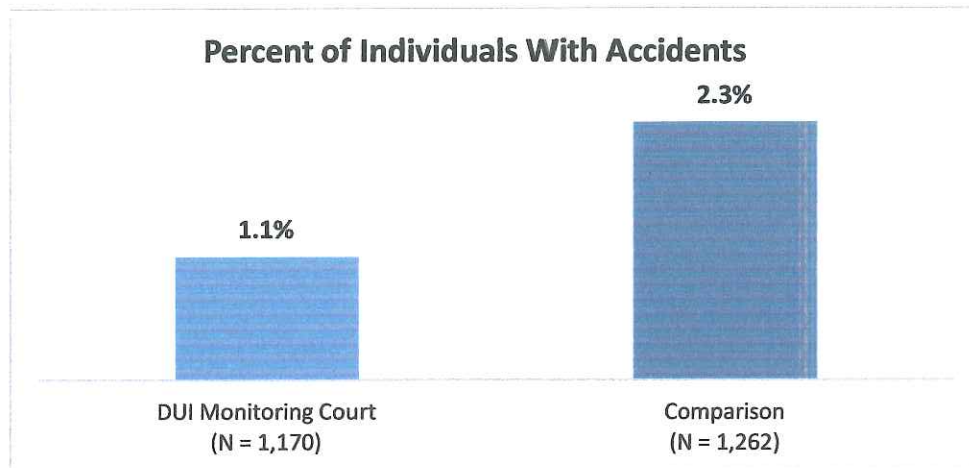
$p = .058$

Does participation in DUI Court lead to a lower accident rate (percent of people who get in alcohol- or drug-involved accidents) compared to traditional court?

YES. Less than half as many SJDMC participants were in accidents compared to those on traditional probation.

Figure 2 shows that persons in the comparison group had a significantly greater rate of alcohol- or drug-involved accidents 18 months after their index arrest than did persons participating in DUI Monitoring Court. Of the comparison group members, 2.3% had an involved accident 18 months after their index arrest, compared to 1.1% of the DUI Monitoring Court participants ($p < .05$). Although these numbers are small, they represent events that can have serious social and financial costs, and thus are important to reduce to as small a number as possible. Note that multiplying the average number of accidents by the number of individuals in the sample results in a total of 32 accidents for those on traditional probation compared to just 14 for those in the DUI Monitoring Court.

Figure 2. Percent of Accidents Associated With Drinking or Using Drugs 18 Months After Index DUI Conviction Date



$p < .05$

In sum, results showed that in the 18 months following their index DUI and subsequent entry into the SJDMC program, DUI Monitoring Court Participants:

- Had significantly fewer new DUI convictions,
- Had significantly fewer accidents, including those related to drug and alcohol consumption and those resulting in injury
- Were significantly more likely to comply with court, probation and DMV requirements
- Were significantly more likely to regain their driver’s licenses.

BEST PRACTICES SUMMARY

Track 2 individuals are participants who have already demonstrated non-compliance with program requirements and have been assessed as drug or alcohol dependent. The drug court model is specifically designed for high-risk drug dependent individuals like those in Track 2. Aligning the Track 2 program more closely with the drug court model, and particularly the research-based best practices, may have a profound and positive effect on Track 2 participant outcomes. Although the Track 2 program is already implementing some best practices, there are additional drug court best practices that could be added to improve the process. The results of the SJDMC best practices assessment are summarized briefly below. This summary includes commendations on best practices currently in place as well as recommendations for the implementation of some additional practices as funding allows.

Commendations

The SJDMC program for Track 2 participants is performing many of the research-based best practices for drug courts. The practices being successfully performed by the SJDMC include:

- Regular use and reporting of program statistics
- Engaging in a process and outcome evaluation

- Having a judge that is assigned indefinitely to the program and who spends the appropriate length of time with participants during court appearances
- Use of appropriate length of time in jail for participant sanctions (less than one week)
- Having a program length of at least 12 months
- Requiring participants to be clean for 120 days before successfully exiting the program
- Identifying eligible participants and getting them into the program swiftly
- Including representatives from a range of collaborating agencies on the SJDMC team

Recommendations

Although the SJDMC program is following many best practices, there are further best practices that can be implemented to enhance Track 2 of the program. These include:

- Continue to work toward having a prosecutor and a representative from law enforcement on the team
- Continue to work toward obtaining funding for treatment and then identify a central provider to oversee treatment
- Implement a more rigorous drug testing protocol, including random urine drug tests at least twice per week with a turnaround of less than 48 hours on the results
- Develop written guidelines for team response to participant behavior and give a copy of the guidelines to each team member (The SJDMC has already begun this process.)
- Explore ways to decrease the burden of fees on SJDMC participants through community service or other options that will allow participants to give back to the community that they have harmed while still successfully completing the program
- Reconvene an advisory committee for the program to expand understanding of and community support for the program

Overall, the SJDMC has implemented an effective and innovative program that follows many of the best practices from the latest research on drug and alcohol involved offenders. In sum, the San Joaquin DUI Monitoring Court model shows substantial promise for increasing public safety in reducing drunk driving and traffic accidents, the second largest cause of accidental death in the nation (Warner, Chen, Makuc, Anderson, & Miniño, 2011).¹

¹ Poisoning is now the leading cause of death from injuries in the United States and nearly 9 out of 10 poisoning deaths are caused by drugs.

Howard County District Court DUI Court Program Outcome and Cost Evaluation



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December 2009



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Howard County District Court DUI Court Program Outcome and Cost Evaluation

Submitted by
NPC Research

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December 2009



Informing policy, improving programs

INTRODUCTION AND BACKGROUND

The DUI Court Model

In the last 20 years, one of the most dramatic developments in the movement to reduce substance abuse among the criminal justice population in the United States has been the spread of drug courts across the country. This model has been demonstrated to be so successful at reducing criminality (GAO, 2005), and in reducing taxpayer costs due to positive outcomes for drug court participants (Carey & Finigan, 2004; Carey, Finigan, Waller, Lucas, & Crumpton, 2005), it has been expanded to address specialized populations and issues, such as individuals arrested for Driving Under the Influence (DUI).

A DUI Court is an accountability court dedicated to changing the behavior of the hardcore offenders⁴ arrested for Driving Under the Influence of Intoxicants. The goal of DUI Court is to protect public safety by using the highly successful Drug Court model that uses intensive supervision and long-term treatment to address the root cause of impaired driving: alcohol and other substance abuse. These court programs offer post-conviction intervention that involves coordination of multiple agencies and professional practitioners applying a variety of areas of expertise, intensive case management and supervision, and frequent judicial reviews. In the typical DUI court program, participants are closely supervised by a judge who is supported by a team of agency representatives that operate outside of their traditional roles. The team typically includes a drug court coordinator, addiction treatment providers, prosecuting attorneys, defense attorneys, law enforcement officers, and parole and probation officers who work together to provide needed services to drug court participants. Prosecuting attorneys and defense attorneys hold their usual adversarial positions in abeyance to support the treatment and supervision needs of program participants. Drug court programs can be viewed as blending resources, expertise, and interests of a variety of state and local jurisdictions and agencies.

Benefits to society take the form of reductions in DUIs and other crime committed by program participants, resulting in reduced costs to taxpayers and increased public safety. As of December 2008, there were 382 Hybrid DUI/Drug Courts in operation. (A Hybrid DUI/Drug Court is one that started out as a Drug Court that now also takes DUI Offenders) In addition, there were another 144 designated DUI Courts bringing the total number of specialized courts dealing with hardcore impaired drivers to 526.

In 2001, NPC Research, under contract with the Administrative Office of the Courts of the State of Maryland, began cost studies of adult, juvenile and family drug courts across the state. The results presented in this report include the costs associated with the Howard County District Court DUI Court program and the outcomes of participants as compared to a sample of similar individuals who received traditional court processing. This program is a combined drug treatment court and DUI court program, but this report will focus only on the participants who are served by the DUI court side of the program. Another report will cover the drug treatment court participant outcomes and associated costs.

⁴ Hardcore DUI offenders are defined as individuals who drive with a blood alcohol content (BAC) of 0.15 percent or greater, or who are arrested for or convicted of driving while intoxicated after a prior driving while impaired (DUI) conviction.

EXECUTIVE SUMMARY

What Are DUI Courts?¹

A DUI Court is an accountability court dedicated to changing the behavior of the hardcore offenders² arrested for Driving Under the Influence of Intoxicants. The goal of DUI Court is to protect public safety by using the highly successful Drug Court model that uses intensive supervision and long-term treatment to address the root cause of impaired driving: alcohol and other substance abuse. These court programs offer post-conviction intervention that involves coordination of multiple agencies and professional practitioners applying a variety of areas of expertise, intensive case management and supervision, and frequent judicial reviews. In the typical DUI court program, participants are closely supervised by a judge who is supported by a team of agency representatives that operate outside of their traditional, sometimes adversarial roles. Benefits to society take the form of reductions in DUIs and other crime committed by program participants, resulting in reduced costs to taxpayers and increased public safety. As of December 2008, there were 382 Hybrid DUI/Drug Courts in operation. (A Hybrid DUI/Drug Court is one that started out as a Drug Court that now also takes DUI Offenders) In addition, there were another 144 designated DUI Courts bringing the total number of specialized courts dealing with hardcore impaired drivers to 526.

How Was This Study Conducted?

NPC Research, under contract with the Administrative Office of the Courts of the State of Maryland, conducted an outcome and cost study of the Howard County DUI Court program. This program is a combined drug court and DUI court program, but this report will focus only on the participants who are served by the DUI court side of the program. Another report covers the drug court participant outcomes and associated costs.

Howard County DUI Court Program Description

Howard County DUI Court (HCDC) was formed in 2005, as an expansion to the Howard County Drug Treatment Court. The program has a capacity of 25 participants at a time and since inception has served 81 participants (as of 12/2/09).

The DUI Court has four phases that can be completed by participants in a period as short as 10 months (on average, participants remain in the program 15 months, with graduates having an average length of stay of 15.5 months and non-graduates staying an average of 12.5 months).



Throughout the program, participants attend DUI Court sessions evaluating their progress, meetings with a case manager, and counseling sessions with a treatment provider. The program requires that the individuals submit to drug testing, including breathalyzer and urinalysis tests.

¹ Information about DUI courts accessed online at <http://www.dwicourts.org/learn/about-dwi-courts/what-dwi-court>.

² Hardcore DUI offenders are defined as individuals who drive with a blood alcohol content (BAC) of 0.15 percent or greater, or who are arrested for or convicted of driving while intoxicated after a prior driving while impaired (DUI) conviction.

Some participants also wear SCRAM bracelets that monitor alcohol use.³ The DUI Court uses incentives and sanctions to encourage positive behaviors.

The DUI Court has a graduation rate of 84%.

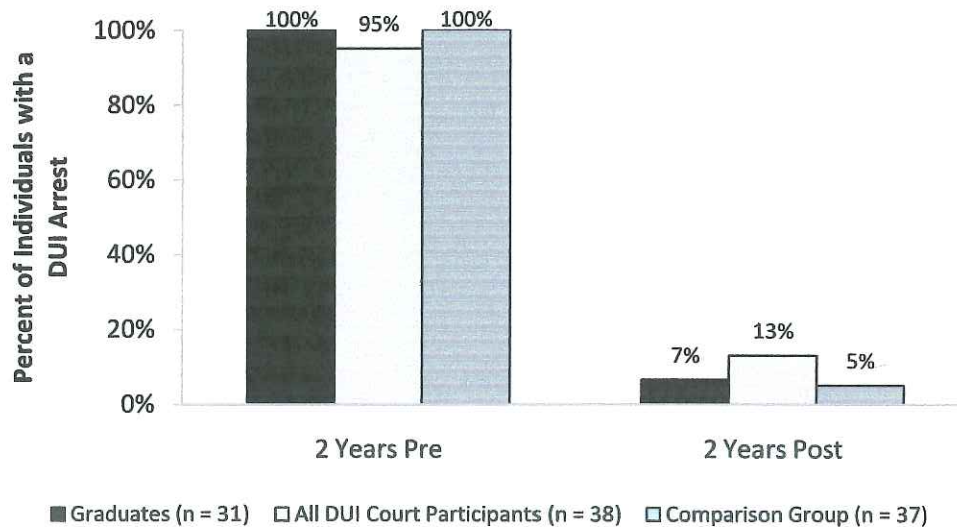
Three key policy questions of interest to program practitioners, researchers, and policymakers about DUI courts were addressed in this study.

1. Does the DUI Court Reduce Subsequent DUI Charges Among Program Participants?

YES and NO: DUI Court participants showed significant reductions in DUI charges following entrance into the program. However, the comparison group also displayed a reduction from pre to post, so it is not clear that this reduction is due to program participation. The DUI Court participants had comparable reductions in new DUI charges to other similar individuals with other court intervention.

The re-arrest rate for DUI charges decreased from 95% at pre-DUI Court participation to 13% post-DUI Court admission. This difference is statistically significant.

Figure A. DUI Arrest Rates 2 Years Before & 2 Years After Program Entry



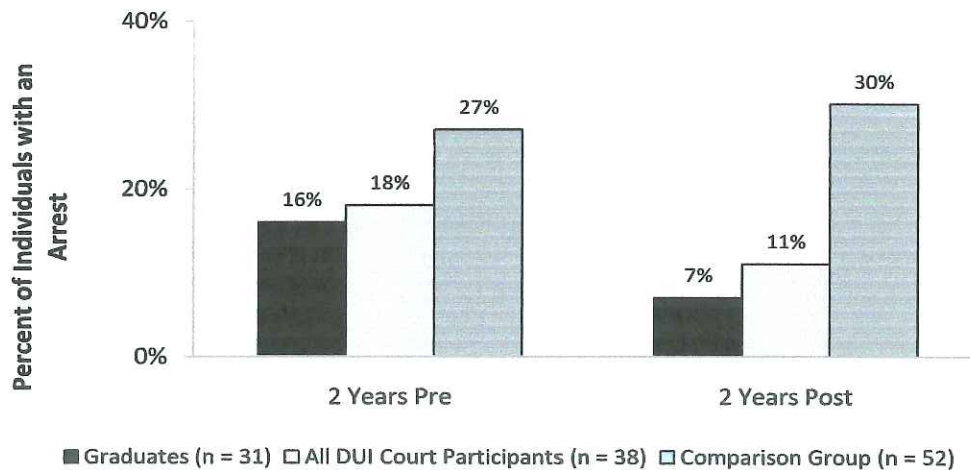
³ SCRAM: Secure Continuous Remote Alcohol Monitoring is a bracelet worn by participants that monitors alcohol content in skin perspiration. It is a 24/7 monitoring program that is electronically linked to a computer database that records and alerts staff if alcohol is indicated or if the participant is attempting to tamper with the bracelet. SCRAM can also monitor the location of the participant.

2. Does the DUI Court Reduce Recidivism in the Criminal Justice System Overall?

YES and NO: There is a pattern of lower arrest rates and lower numbers of arrests for program participants compared to the comparison group over time.

While the pattern is promising, the difference in criminal arrest rate for the DUI Court group from the 2 years before program entry to the 2 years after program entry was not significant. However, comparison group individuals were arrested significantly more often than the DUI Court group at the 24 months post program entry (or equivalent) and the difference was not significant during the period before program entry (or equivalent).

Figure B. Criminal Arrest Rates 2 Years Before & 2 Years After Program Entry



3. Does the DUI Court Result in Savings of Taxpayer Dollars?

YES: Outcome costs for DUI Court participants showed substantial savings, when factored against the comparison group.

Overall, the DUI Court results in significant cost savings and a return on taxpayer investment in the program. The program investment costs are \$7,076 per DUI Court participant. When program costs are divided by the average number of days in the program, the cost per day per participant for the DUI Court program is \$15.67, which is significantly lower than the per day cost of both jail (\$117.53) and prison (\$85.15).

The cost due to recidivism over 24 months from program entry was \$4,056 per DUI Court participant compared to \$5,438 per comparison individual, resulting in a savings of \$1,382 per participant (regardless of whether they graduate). The vast majority of the cost in outcomes for DUI Court participants over the 24 months from DUI Court entry was due to time in jail (\$3,848), mostly for participants who were unsuccessful in completing the program. In sum, there is a clear benefit to the taxpayer in terms of criminal justice related costs in choosing the DUI Court process over traditional court processing.

Recommendations for Program Improvement

The Howard County DUI Court program demonstrates promise in reducing negative behaviors, in particular, criminality. The small number of individuals who had 24 months of time after program entry may have limited this study's ability to find significant differences in some of the recidivism analyses; however, the patterns look promising and future studies may be able to demonstrate additional positive recidivism outcomes.

There are several areas that the program could focus on that have the potential to benefit participants and improve outcomes.

1. Continue to use SMART and advocate for the development of that system to facilitate the availability of summary reports so that the program can have access to and use its data for program monitoring and planning.
2. Continue working closely with participants who are struggling in the program to ascertain any additional support or treatment services that they could benefit from.
3. Continue to ensure that participants who are fitted with SCRAM alcohol monitoring bracelets use them for at least 90 days (as recommended by SCRAM personnel). Program data for the time period in this study indicated that many DUI Court participants who were fitted with SCRAM alcohol monitoring bracelets used them for less than 3 months, with about one third on for over 3 months, though the numbers in this study are small. However, the program may have already increased this usage with more recent participants. Discuss the program's use of SCRAM and the benefits of keeping participants on for longer periods of time (to prevent potential relapse) when participants are struggling with their sobriety, to maximize the impact of this monitoring system.