Mahoning County Common Pleas Drug Court

Outcome Study

By
Andrea Lynn Glass

Submitted in Fulfillment of the Requirements

For the Degree of

Masters of Science

In

Criminal Justice

School Of Graduate Studies
Youngstown State University

May 2002

Mahoning County Common Pleas Drug Court

Outcome Study

I hereby release this thesis to the public. I understand this thesis will be housed at the Circulation Desk of the university library and will be available for public access. I also authorize the University or other individuals to make copies of this thesis as needed for scholarly research.

Signature: Andrea L Glass 5-7-02
Andrea Lynn Glass **Date**

Approvals: Tammy A King 5/7/02
Dr. Tammy A. King **Date**

C. Allen Pierce 5-7-02
Dr. C. Allen Pierce **Date**

Elaine B. Greaves 5/7/02
Atty. Elaine B. Greaves **Date**

Peter J Kasvinsky 5/8/02
Dean Peter J. Kasvinsky **Date**

Ohio have been evaluated. The intent of this research is to evaluate success and failure rates and identify factors that predict both. It is also the intent of this study to determine whether or not the Mahoning County Drug Court model is effective at assisting drug offenders in the completion of treatment.

Statistical correlations were found to exist in the following areas: The number of positive urine screens; incidence of incarceration at the time of plea; levels of care regarding treatment applications. However, no correlations were found to exist regarding race, gender, and drug of choice or age.

It should be noted that Pearson's Chi-square and ANOVA were utilized as the mathematical means for observing the above-mentioned outcomes. These applications were executed through the use of SPSS programming.

Acknowledgements

This thesis would not have been possible without the help and guidance of Dr. Tammy King, Dr. C Allen Pierce and Attorney Elaine Greaves. A special thanks to Dr. King for believing in me and supporting me throughout this process.

I would also like to extend a special thank you to some key people in the Mahoning County Drug Court program. First, to Judge Jack Durkin, who is one of the finest judges I had the pleasure of becoming acquainted with. His heart and dedication to this program has been the backbone of its success. Secondly, a personal thank you to prosecutor Linda Martin who has made it her first priority to assure that clients are entered into the program in a timely and efficient manner. Her commitment to the cause has greatly enhanced our courts success. Special thanks to the current Drug Court Coordinator David McKay and prior coordinator Lisa Antonini for both of your dedication at making this a nationally recognized Mentor Court. I would also like to recognize the counselors who work with these clients regularly, Stephanie Frank of the Clerks office who is a key figure in holding together the day to day crucial details. Finally, both personally and professionally, I would like to extend a special thank you to M. Kurt Welsh, Executive Director of Mahoning County TASC. Kurt Welsh was instrumental in creating the case management position with the Felony Drug Court that I was fortunate enough to receive. His guidance and knowledge of drug courts not only has helped me grow professionally but he

was a key figure in the collaboration of the drug court project. His intellect in the field and his drive to make Mahoning County Treatment Alternatives to Street Crimes so successful has carried into the success of the Drug Court Program. I am professionally indebted to him.

Finally, my family: my mother Linda, father Robert and sister Nicole. You have been my heart and soul throughout my life and my dedication to my career and my education would not be possible without your love and support. I love you.

Table Of Contents

List of Tables

Appendixes

Chapter 1

Introduction

Drug arrests in America have increased dramatically over the past several decades (USDOJ, 1995). Both the criminal justice system and treatment field have been searching for a way to combat addiction and recidivism. One obstacle that confronts this issue is the differing response each profession possesses regarding crime as it relates to chemical dependency. The criminal justice system considers first and foremost, whether an offender can be adequately supervised without being a threat to society, while treatment professionals often give little regard to the nature of the offense or possible community risk. The primary goal of treatment is to address the causal roots of abuse and dependency, not protecting society.

Over the years, research has shown a strong correlation between drug abuse and the occurrence of crime (Bureau of Justice Statistics, 1992). There is a vicious cycle that begins with an addiction, and often results in the commission of an illegal act, followed by an arrest, conviction, and a subsequent prison or jail sentence. For many criminals, the addiction piece is often missed and treatment is not get addressed adequately if at all. The offender serves his/her prison sentence and is released back to society with no tools to maintain sobriety. Thus, the aforementioned cycle repeats itself.

The Arrestee Drug Abuse Monitoring Program (ADAM) conducted

studies at 38 sites throughout the United States in 1999. The research primarily focused on drug use among arrestees. In the latest report published in 2000, data collected from 38 cities showed that between 51 percent to 79 percent of male arrestees tested positive for an illegal drug. The median score for the male population was 65 percent (USDOJ, ADAM, 2001). This ADAM report focused only on adult male arrestees. A report published in 2000 regarding 1999 figures of adult and juvenile arrestees stated that positive urinalysis in female arrestees was slightly higher ranging between 22 percent to 81 percent (USDOJ, 1999). The National Institute of Justice published findings in 1991 that stated 37 percent of prison inmates surveyed committed drug offenses, 35 percent committed property offenses and 28 percent committed violent offenses while under the influence of drugs or alcohol (USDOJ, NCJ#149286,1994). In addition, 17 percent of prison inmates who committed a crime while under the influence did so to support their drug habit.

In 1997, the U.S. Department of Justice published a study on substance abuse and treatment in state and federal prisons. This evaluation showed an increase in the percentage of inmates, in both the state and federal systems, which admit to drug and alcohol use both prior to and during the commission of their offenses. With so many offenders committing their crime while under the influence, the debate arises as whether to incarcerate these individuals or utilize treatment as an alternative response. For example, in 1991, 50 percent of both state and 32 percent of federal inmates used drugs the month prior to their

arrest.

In 1997, that same statistic rose to 57 percent and 45 percent respectively. This report also indicates a three percent increase in the amount of state inmates and a nine percent increase in federal inmates who were under the influence of either drugs or alcohol at the time they committed their offense. To put it in perspective, 51 percent of all prisoners said they were under the influence of alcohol or drugs while they committed their current offense (USDOJ, NCJ #172871,1999). In 1997, drug offenders accounted for 21 percent of state and 60 percent of federal prisoners, a figure that has risen at the rate of approximately 6.4 percent since 1991. Currently 250,000 prisoners fill our penitentiaries for drug offenses (USDOJ, NCJ #172871, 1999). In 1999, 1.9 million adults were housed in local, state and federal prisons (NIJ, 1999). Half of this population said they had used drugs in the month prior to their arrest and 16 percent or 304,000 admitted committing their offense to supply their drug habit. In addition, two-thirds of inmates were actively involved with drugs prior to incarceration (NIJ, 1999).

It is also important to understand the dynamics of the drug offending population. In 1997, 27.1 percent of state drug offenders were convicted of possession, 70.1 percent for trafficking, and 2.8 percent in other categories. Also 53.3 percent of these inmates surveyed where on probation or parole at the time of their arrest and 82.7 percent had been incarcerated one or more times prior to this arrest. Another staggering figure is that crack cocaine was the drug

involved in 72.1 percent of all the state drug related arrests. In a very distant second and third were marijuana and heroin at 12.9 percent and 12.8 percent respectively (USDOJ, NCJ #172871, 1999).

Another interesting set of statistics provided in the US Department of Justice's report look at both violent and property offenses and how many of these crimes were committed by people under the influence of drugs or alcohol. An astonishing 51.9 percent of state and 34 percent of federal inmates committed a violent crime while under the influence of drugs or alcohol. Also, 53.2 percent of state and 22.6 percent of federal property offenses were committed while under the influence. These statistics often do not get properly associated and reported with the drug offending population because they are not actual drug convictions. Criminologists are also quick to point out that drug and alcohol use did not necessarily cause the criminal act.

Since so many offenses are drug related, or committed by individuals under the influence, new ways of treating or "rehabilitating" these individuals is needed. Drug Courts offer both a therapeutic and correctional alternative to both incarceration and traditional probation. The concept of a drug court is to encompass treatment and corrections in such a manner that the clients get sober or drug free and limited funding dollars are spared for more resourceful things. Drug Courts offer a choice for criminals whose behavior stems from an alcohol or drug problem. The choice is to either participate in an intensive long-term treatment program or face possible prison. As of June, 1999, there were 381

Drug Courts operating and 276 in the planning stages according to the Office of Justice Programs Drug Court Clearinghouse and Technical Assistance Project. The purpose of this research is to focus on the effectiveness of drug courts, specifically the drug court being used in Mahoning County, Ohio. Will these new courts help alleviate over crowding in prisons and do they aid in the rehabilitation of offenders?

To accomplish these objectives, preliminary outcome data will be collected and analyzed from the Mahoning County Drug Court graduates and those terminated. In addition, the hypothesis of this study is that the drug court participants will have a lower relapse and recidivism rate than those placed in both traditional treatment and placed on state probation for drug abuse offenses. The cost effectiveness of a drug court versus incarceration will also be analyzed.

The following chapters of this thesis will examine the above mentioned hypothesis. In Chapter Two, the history of drug courts will be presented along with current findings concerning their effectiveness. The methodology of this study will be detailed in Chapter Three, and the results of the study and statistical procedures will be presented in Chapter Four.

Chapter 2

The Drug Court Movement

In early 1980, the introduction of crack cocaine to the American public had a profound impact on the nation's criminal justice system and courts. The nation answered the drug epidemic with harsher penalties for drug offenders and almost assured time in prison if convicted of a related charge. This "get tough" approach to drugs left America's prisons filled with addicts, America's court dockets overburdened with drug arrests, and it left our nation with the dilemma of whether or not to build more prisons to house these criminals. Between 1980 and 1989, drug arrests increased nationally by 134 percent while total arrests increased by only 37 percent (Hora, Schema and Rosenthal, 1999). This resulted in a 317 percent increase in the number of felony drug offenders sent to prison. Essentially, court dockets have become overstrained with adjudicating drug cases, thus limiting time and resources to focus on violent offenders.

It was evident that "the traditional adversarial system of justice, designed to resolve legal disputes, is ineffective at addressing AOD {alcohol and other drugs} abuse" (USDOJ, 1997, p.6). One way to fight the "war on drugs" was the development of drug courts. Drug Courts developed over time as an alternative to offenders whose criminal activity was directly correlated with their alcohol or drug addiction The United States Federal Government allocated federal dollars, awarded through grants, for the development of drug courts via

Title V of The Violent Crime Control and Law Enforcement Act of 1994 (GGD-97-106, 1997). Drug courts combine the judiciary, treatment, and corrections in a holistic effort to combat addiction. The goal was to alleviate court dockets of drug cases and save tax dollars by providing a more effective cost efficient means to deal with the drug addicted population. The federal grants administered by the Violent Crime Act are not supposed to be awarded to any drug courts that allow defendants to participate who have a previous or current violent charge. Drug courts are a direct function of the judicial system and are part of the traditional adjudication of cases. Generally, drug courts only accept non-violent offenders whose charge resulted from of an addiction, however, drug trafficking offenses usually exclude a defendant from drug court participation. Initially, many drug courts focused only on first time offenders, however, many courts are focusing on more serious cases because professionals recognize:

> The apparent futility of traditional probation and/or incarceration sentences which have already been imposed on many of these defendants and have failed to prevent continued drug use and criminal activity; and (2) a policy decision to use the limited resources available to the drug court for substance addiction problems, rather than those with less severe problems who might be served through other programs (DCCTAP, 1996, p 2).

Offenders are identified at the earliest point possible following an arrest. The defendant must agree to enter into a drug treatment program, agree to participate in random drug testing, and appear in court for regularly

scheduled status hearings where the presiding Judge reviews his/her progress. Over 125 million federal dollars have been awarded for the planning, implementation, enhancement, and/or evaluation studies of drug courts since 1989 (GGD-97-106, 1997).

Drug courts evolved as a result of several systems beginning to reevaluate the relationship between the processing of criminal justice and addiction treatment services. Further, they have developed as an outgrowth of the innovative progress realized by community-based, team-oriented applications. These ideas have sprung up in different criminal justice facets such as pre-trial services, probation, and parole agencies. TASC's (Treatment Alternative to Street Crime) programs nationwide have also been essential in the developmental process of drug courts (USDOJ, 1997). TASC's are agencies developed to bridge the gap between treatment providers and the judicial system. These agencies are utilized for assessment, case management, and urinalysis. They have provided many drug courts with these essential roles often misplaced in systems based corrections. The credit for the implementation of the first drug court goes to the 11th Judicial Circuit Judge in Miami, Florida in 1989 (USDOJ, 1995). The Chief Judge, the Honorable Gerald Weatherington, created the administrative order for the first drug court and the Associate Chief Judge, Herbert Klein, coordinated and directed the design of the court. Drug courts have evolved because it has become evident that incarceration does little to break the cycle of illegal drug use and the

perpetration of crime. In addition, offenders sentenced to incarceration for substance related offenses exhibit a high rate of recidivism once they are released. Most offenders incarcerated for short periods of time never have the opportunity to become engaged in substance abuse therapy, which is the primary reason for this unusually high recidivism rate (DCCTAP, 1996).

Another reason for unusually high recidivism rates may be linked to a lack of effectiveness on behalf of drug abuse treatment in dealing with addiction and drug-related crime (USDOJ, 1996). The drug court's philosophy entails viewing drug offenders differently by seeing substance abuse as a condition that requires therapy. The paradigm is shifted from criminal justice models, which view addicts as people who knowingly and willfully choose to do wrong, and places an emphasis on a bio-psychosocial disease model. Various studies view drug addiction as a multidimensional disease, which supports the philosophy that "biological, psychological, and social factors are deeply woven into the development of addiction" (Hora et al, 1999, p.10). When drug cases are adjudicated, the traditional jurisprudence model does not take into account the drug addicts' behavior at the time the crime was committed, many times viewed as a mitigating circumstance for the criminal offense. In addition, statistics about drug use support the philosophy that addiction drives hard core drug users to continue to commit related offenses, despite tougher criminal sentences (Hora et al, 1999, p.10).

The debate over the effectiveness of coerced treatment verses voluntary treatment is an issue pondered over regarding drug courts. It is presumed by many professional in the treatment community that coerced clients are not as motivated, and may be reluctant to disclose sensitive material with treatment providers because they view them as an extension of the court (Marlowe & Kirby, 1999). However, substantial evidence indicates that clients legally mandated by the courts, and those coerced into treatment for various other reasons, generally perform as well or better than others. When treatment retention rates, abstinence, and psychosocial functioning are compared across a diverse range of settings, coerced clients tend to do better (Marlowe & Kirby, 1999). These cited findings are promising for drug court clients.

The Importance of Graduated Sanctions Being Administered Properly

While the clients are court mandated to participate in treatment, there are other aspects of the program that may boost retention rates at an even greater rate. One of these crucial components is the imposition of graduated sanctions. Graduated sanctions are a list of punishments used in manner where the seriousness of the punishment increases with the frequency of the occurrence of a sanctionable behavior. Along with graduated sanctions, the monitoring of criminal activity and attendance in treatment, and random frequent drug testing are some of the other components that are sited as being responsible for the success of drug courts. This type of treatment modality appears "to produce

retention rates that are superior to both probationary and community-based programs" (Marlow & Kirby, 1999, p.). Graduated sanctions, or reward punishment systems, are an important aspect of the drug court model. A list of the graduated sanctions utilized by the Mahoning County Common Pleas Drug Court Program is as follows:

Level A Offenses

Absconding: Is characterized as 7 days without contact with treatment or your case manger.

A1)- Absconding from Treatment W/ No Voluntary Return: (Picked Up On Warrant)

All cases will be staffed with regards to continued appropriateness for the program Any client who is AWOL for longer than 90 days will be terminated from the program.

Bench Warrant Issued
Re-Assess
30 Days Minimum Jail AND/OR up to 1 day jail for each day AWOL.
Immediate Court Appearance
Involvement With Jail Services
Last Chance Contract

A2)-Absconding From Treatment W/ Voluntary Return

Bench Warrant Issued
Re-Assess
15 Days Minimum Jail AND/OR up to 1 day jail for each day AWOL.
Immediate Court Appearance
Jail Services Involvement

A3) New Felony *Arrest*

Immediate Court Appearance
Possible Bond Revocation
7 Days Jail to evaluate charges

If the decision is to release from jail pending the outcome of the case, the following apply…

Weekly drug court status hearings
Report weekly to TASC until case is disposed of
Treatment Plan review

A3a) New Felony *Conviction*
Termination

A4) New Misdemeanor *Arrest*
Immediate Court Appearance
Possible Bond Revocation
1-2 Days Jail to evaluate charges
If the decision is to release from jail pending the outcome of the case, the following apply…
Weekly drug court status hearings
Report 2 times per week to TASC until case is disposed of
Treatment Plan review

A4a) New Misdemeanor *Conviction*
10 days jail in addition to normal court disposition
Re-assess appropriateness for continued court involvement
Any new VIOLENT conviction will result in Immediate Termination!

Level B Offenses

B1) Missed Urine/ Dirty Urine
(If you admit a relapse prior to the team becoming aware it has occurred, the sanction will be less severe than those listed below)
1st Miss/Dirty: 3 Days Jail
2nd Miss/Dirty: 7 Days Jail, Reassess
3rd Miss/Dirty: 14 Days Jail, Reassess
4th Miss/Dirty: 21 Days Jail, Last Chance Contract, Weekly status hearings for 3 months;
Confirmation Urines: If you request a confirmation urine and the results come back positive, you will get DOUBLE THE SANCTION!!! (ex. 6 days for first positive versus 3 days for being honest).

B2) Missed Treatment Appointment W/Out Valid Excuse
*If you call off sick from group- you must have a doctor's excuse in order for it to be considered an excused absence!
1st Missed Appointment: 1 day jail and make up group at counselors convenience
2nd Missed Appointment: 2 days jail and make up group at counselor's convenience
3rd Missed Appointment: 3 days Jail and make up group at counselor's convenience

B3) Missed AA,CA, NA Meetings
2 Meetings for each missed meeting (in addition to required #)

B3) Forged Meeting Sheet
1 Day Jail for EACH Forged Meeting
Make up each forged meeting within a designated time period

B4) No Meeting Sheet
8 Hours Community Service
Required to produce sheet next week or additional sanctions will result

B5) Late To Court
1 Hour of Community Service for every 10 Minutes Late

B6) Missed Court W/Out Valid Excuse
Bench Warrant
2 Days Jail

B7) Failure To Produce Urine Receipt
Refer to Missed Urine Sanctions

B8) Unauthorized Urine Drop at Community Corrections Association:
First Unauthorized Drop: 8 Hours Community Service, $15.00 fee to cover the cost of the drug screen.
Second Unauthorized Drop: Counted as a DIRTY urine!!!!!

B8) Improper Use Of Prescribed Medication-(That will yield a POSITIVE URINE)
Failure to Produce a Letter from the doctor stating that he/she is aware you are in recovery and receive drug screens BUT the medication is necessary.
1.Sanctions will occur immediately and will be treated equally as a dirty urine.

B9) Disrupting the Flow of Court/ Impeding the Treatment Process
Any act not specifically set forth, which interrupts, interferes or disrupts the intent of the Drug Court or participation in the program, will result in further disciplinary action being taken by the court.

Any minor residential program rule violation should be documented via an

incident report, discussed with the treatment team, but handled internally.

Evaluation of Graduated Sanctions

There are very few studies that have evaluated graduated sanction intervention in any setting and there are no known efforts to analyze a sanction's based program (Marlowe & Kirby, 1999). Much of the research conducted in this area has been done on animals or the mentally ill. Marlow and Kirby (1999) review basic behavioral research conducted on controlling and predicting behavior. According to their research, and for the purposes of this discussion, the term punishment is defined as:

> Any consequence of a specific behavior that reduces the likelihood that the behavior will be repeated, or repeated at the same rate, in the future, {and a} 'negative reinforcement' is defined as the removal of a sanction contingent on a target behavior, which has the effect of increasing that behavior (Marlowe & Kirby, 1999, p.).

According to research conducted in the past decade, negative and positive reinforcement is better at changing behavior than punishment (Marlowe & Kirby, 1999). It is important to take into account the personal history of the defendant on whom you are sanctioning. For instance, a $6,000 fine has a more severe impact on a lower income offender than it does on a wealthy offender.

Humans can also become accustomed to being punished if they are subjected to punishment at low to moderate intensities. This allows them to be able to withstand high levels of punishment and even increase the likelihood of future incarcerations with each instance of incarceration. This phenomenon is

known as habituation and the implications of this occurrence need to be taken into account when establishing a list of graduated sanctions. According to Marlowe and Kirby (1999) "every time we meet an infraction with a light sanction, we run the risk of habituating the offender to the next level of sanction" and that "building up the intensity of sanctions slowly could be counterproductive; generally speaking, early sanctions should exceed a meaningful threshold of intensity" (p.9). In addition, it is noted that a pattern of weak sanctions can open the door for drug court clients to test the limits of the court and engage in further misconduct.

Regularity is just as important as the intensity of the sanction. The schedule of reinforcement, as it is referred to in behavior analysis, is defined as the rate at which a punishment is administered. The most effect schedule is called a continuous fixed ratio or (FR1) schedule where sanctions are imposed following every violation (Marlowe and Kirby, 1999). Other rate schedules may result in negative behaviors not being punished properly allowing a reward to continue. This will make it more difficult to suppress the future negative behaviors. According to Kirby and Marlowe 1999. "A person who is punished for using drugs one time but not the next time is less likely to suppress drug taking behavior in the future than another person who is punished for every infraction" (Marlowe & Kirby, 1999, p.11).

The immediacy of a sanction is also a crucial component to how effective a given sanction is. To obtain the greatest chance at reducing

undesirable behaviors, sanctions should be delivered as quickly as possible. When there is a substantial period of time between an infraction and a sanction, new behaviors occur between the two. When the sanction is finally imposed, it may be inadvertently paired with a desirable behavior (Marlowe & Kirby, 1999).

It is also crucial that undesirable behavior is reliably detected. If the drug court team fails to uncover an infraction, the client's rate schedule is altered. According to behavior analysis theory, as presented by Marlowe and Kirby, the client would actually change from a continuous fixed ratio schedule to an intermittent schedule. By not reliably detecting an infraction, it also hurts the credibility of the system and opens the system up to be tested for weaknesses.

Random drug testing is important and much more effective than programs where clients are placed on regular or weekly drug testing schedules (Marlowe and Kirby, 1999). The fear of detection remains constant when random drug tests are performed. The problems with random drug testing increase when testing is less frequent. When testing only occurs twice a month, clients may be more apt to play the odds. According to Marlowe and Kirby 1999, "testing should be performed at least two to three times per week" (p.13). This frequent testing narrows the gap for undetected use and will increase the immediacy that a sanction will be imposed. When drug court clients enter into the program, the lab should make them aware that there is a three percent

chance for a false positive result to occur. According to the authors, a discrepancy in test results should seldom be the reasoning to holdup the imposition of any sanction. Therefore, if confirmation testing does uphold a challenge, the sanction that was wrongfully imposed can consequently be terminated or compensated. It is unlikely that one instance of undeserved punishment would cause serious or lasting harm (Marlowe & Kirby, 1999).

In order for punishment to be effective, the drug court client must have the ability and the opportunity to respond as desired. It is important to clearly state what behaviors are expected in order to avoid sanctions. Therefore, it is crucial to provide explicit instructions to all participants. Sanctions that are unpredictable or uncontrollable can lead to a behavioral syndrome known as learned helplessness according to Marlowe and Kirby (1999). Learned helplessness develops in a person when he or she is punished for unacceptable behaviors and was unaware of their inappropriateness. When a person is exposed to this syndrome, he or she may become aggressive, withdrawn, or hopeless. The expectations for drug court clients could never be overstated especially because drug offenders "are notorious for attempting to manipulate ambiguities to their own favor" (Marlowe & Kirby, 1999, p.15). These clearly defined rules and regulations will reduce the opportunity for drug court participants to claim ignorance.

When imposing sanctions in a drug court setting, or any setting, for that matter, it is important to realize that sanctions may have unintended side

effects. When punishment is used inappropriately it may hasten learned helplessness and contradict the goal of improving behavior. Many clients who face punishment, which causes pain and discomfort, may react by attempting to flee. Therefore, the rates at which clients abscond are relatively higher in treatment settings that focus heavily on sanctions. Punishment also has a tendency to have an impact beyond what was intended (Marlowe & Kirby, 1999). For instance, when a judge imposes a sanction to a drug court client for a relapse, and the intention is to prevent further relapses, what the client may actually learn is to avoid the judge or all judges. Essentially what occurs is the judge that imposes the sanction becomes more associated with it than the behavior that triggered it. This is especially common when there is a delay of several days or weeks between the infraction and the imposition of the sanction (Marlowe & Kirby, 1999).

Extinction, and Positive and Negative Reinforcement

Punishment alone is not an effective tool in controlling behavior. It should be used in conjunction with other behavior modification techniques such as extinction, and positive and negative reinforcement (Marlowe and Kirby, 1999). Extinction is a technique that relies on decreasing the rewards associated with the undesirable behavior. This phenomenon usually occurs when an individual continues to use drugs but no longer receives the pleasure previously associated with using that substance. However, preventing a person from using drugs by locking them up in jail or prison does not necessarily lead

to extinction. Extinction can only occur when it is isolated from its rewards (Marlowe & Kirby, 1999).

Positive reinforcement of behaviors that carry their own rewards and are incompatible with undesirable behaviors, such as drug abuse, are the most effective type of reinforcement, especially when used in conjunction with punishment (Marlowe and Kirby, 1999). One example of a powerful reinforcement is the use of payment vouchers. Payment vouchers are given to clients who have been making positive strides in the program. These vouchers are used for services such as health club memberships, movie tickets, or new clothing (Marlowe & Kirby, 1999). All of these rewards are intended to promote positive adaptive behaviors such as good health, recreation, and good self-image.

Negative reinforcement focuses on increasing desirable behaviors whereas punishment focuses on decreasing undesirable behaviors (Marlowe & Kirby, 1999). Negative reinforcement functions by removing a stimulus when a desirable behavior occurs, therefore increasing the likelihood of that behavior. For instance, in a drug court setting, if a client is doing well in the program, a desirable behavior, he or she is required to report to court less, negative reinforcement. Therefore, good behavior is paired with more infrequent reporting leaving the client more free time for themselves. There are two variations of negative reinforcement, escape conditioning and avoidance conditioning. In escape conditioning, the sanction has already been imposed

and the removal of it is contingent upon exhibiting the desired behavior. For instance, if a drug court participant has several relapses in a short period of time, and therefore is placed in a residential setting until a period of sobriety is achieved, the aversive stimulus (residential treatment) will only be removed when sobriety (desired behavior) is achieved. In this scenario, the negative reinforcement is the removal of residential treatment. This scenario describes escape conditioning.

In avoidance conditioning, the participant can evade the sanction by displaying the desired behavior. This form of negative reinforcement is used in programs such as a pre-trial or pre-sentence diversion program. Avoidance conditioning is how most drug court models are set up; a client enters into treatment to avoid prison (Marlowe and Kirby, 1999).

The Drug Court Mission And Key Components

Drug courts focus on stopping drug abuse through long-term, closely monitored treatment and preventing recidivism among drug addicts. These courts offer an alternative to criminals whose involvement in the system stems from alcohol or drug use. The alternative is being engaged in treatment. The drug court operates with the Judge as the central figure coupled with a team of treatment professionals and criminal justice personnel. Drug courts have defined rules and concrete sanctions when individual compliance is not maintained. The Drug Court has 10 key components.

Key Component One

The first key component of a drug court is "drug courts integrate alcohol and other drug treatment services with justice system case processing" (USDOJ, OJP 1997, p.2). This process is intended to begin once an offender is arrested for a drug related offense. The criminal justice system now has the ability to order an offender to enter into and remain engaged in treatment. It should be noted that research thus far shows that persons coerced into treatment are just as likely to succeed as those who enter voluntarily (USDOJ, OJP, 1997). This model includes treatment and criminal justice professionals working collaboratively to determine the best course of action to take for each individual.

Key Component Two

The second key component to the drug court model is achieved through "using a non-adversarial approach, prosecution, and defense counsel promote public safety while protecting participants' due process rights" (USDOJ, OJP, 1997, p.11). The prosecutor and defense counsel are involved in screening out offenders that may not be appropriate for a drug court setting. It is essential that decisions be made which consider public safety first.

Key Component Three

The third component, essential in an effective drug court, is that "eligible participants are identified early and promptly placed in the drug court program" (USDOJ, OJP, 1997, p.15). Most drug court programs exclude offenders that are currently charged with: a trafficking in drugs offense, a crime of violence as identified in the revised code, and offenders that have a weapons offense. Background checks are conducted through Law Enforcement Automated Data System (LEADS) and offenders with prior convictions for violent offenses are excluded despite how long ago the offense was committed. This process utilizes early screening and detection of possible drug court candidates. Following an arrest, individuals are often at a low point in their life and denial of an addiction is almost impossible. This becomes an ideal time to engage participants. An eligible client needs to undergo an assessment at this time and be advised of all program expectations while in a drug court prior to acceptance. If all initial elements substantiate a viable candidate, the process of

treatment and drug court involvement should begin immediately.

Key Component Four

The fourth key component of drug courts is that they "provide access to a continuum of alcohol, drug, and other related treatment and rehabilitation services" (USDOJ, OJP, 1997, p.15). Drug courts strive to function as a comprehensive therapeutic entity consisting of a team of case managers, counselors, the presiding judge, attorneys, probation officers, and any other necessary members. Regular contact, usually weekly, between the treatment team is essential to ensure compliance is being maintained and sanctions imposed promptly. Essentially, this component focuses on the holistic aspect of treatment and recovery by making sure things like mental health issues, education and vocational concerns, employment needs, housing assistance and family needs are addressed in order to assure that each participant has the best possible chance to succeed.

Key Component Five

Key component five states, "abstinence is monitored by frequent alcohol and other drug testing" (USDOJ, OJP, 1997, p.21). Drug testing is an effective cost efficient measure in keeping recovering addicts honest. In order for drug testing to be reliable, the lab responsible for collecting urine samples must follow some basic guidelines. First, the client must be observed rendering the sample. Second, the temperature must be measured and a creatinine level to ensure the sample was not watered down. Third, a proper chain of custody and

a procedure must be established for verification when conflicting results arise (USDOJ, OJP, 1997).

Key Component Six

Treatment professionals understand that relapse is a symptom of addiction and therefore key component six realizes that a "coordinated strategy governs drug court responses to participants' compliance" (USDOJ, OJP, 1997, p.23). Although it may be hard for criminal justice professionals to tolerate relapse, a pattern of decreasing frequency of use before a period of sustained abstinence is achieved from alcohol and other drugs is common. Also, it is important to understand that each drug or alcohol relapse may teach something new about the recovery process (USDOJ, OJP, 1997). Ultimately, the goal of drug courts is to assist participants in finding sobriety and preventing new crimes, therefore, relapse needs to be addressed in an appropriate progressive manner. Further, addition, positive reinforcement from the judge is essential to help the confidence of individuals in recovery. Some appropriate positive reinforcers are: encouragement, small tokens of progress such as chips that display the number of days sober, reduced court appearances, and graduation. Some appropriate sanctions for noncompliance include: warnings in court, being placed in an earlier phase, more frequent court appearances, and drug testing or community service.

Key Component Seven

Key component seven emphasizes the importance of "ongoing judicial

interaction with each drug court participant" (USDOJ, OJP, 1997, p.27). In order for this component to be effective, the drug court judge must be knowledgeable about treatment modalities and have a genuine concern for the well being of the participants. Judges must be able to lead the drug court team and must be able to encourage appropriate behavior and to discourage inappropriate behavior (1997).

Key Component Eight

The eighth essential component of the drug court model states, "monitoring and evaluation measure the achievement of program goals and gauge effectiveness" (USDOJ, OJP, 1997, p.29). This aspect of the program focuses on the goals of the program, which should be established prior to implementation. They should also be structured and measurable so that funding agencies can determine their worthiness for additional reources.

A drug court should be established with the ability to collect data immediately so that evaluation studies can be completed to measure long term goals and overall success of the program. Some important factors to consider when collecting data are: the number of defendants screened for drug court and the number accepted; characteristics of participants such as age, race, gender, socio-economic status, educational level, family and employment status; number of those unsuccessful in the program; and those who complete it. Follow up evaluations are also pertinent and should include criminal behavior, drug and alcohol use since leaving the program, changes in job skills, literacy,

mental health, and relationships.

Key Component Nine

Key component nine reflects the importance of having educated staff members so as "continuing interdisciplinary education promotes effective drug court planning, implementation, and operations" (USDOJ, OJP, 1997, p. 35). This component aims to ensure that all team members in the drug court program continue to grow professionally, as it relates to their particular area of expertise. Ongoing education and training helps break down ignorance barrier that often exists between the criminal justice system and treatment professionals.

Key Component Ten

The tenth and final key component of drug courts reflects the importance of "forging partnerships among drug courts, public agencies, and community-based organizations which generates local support and enhances drug court program effectiveness" (USDOJ, OJP, 1997, p. 37). Courts have a unique position in this model to develop an alliance between all types of agencies, thus allowing a broad base of support to address a plethora of needs. These established components were created by the federal government to ensure some continuity among drug courts across the country and are essential to implementation and growth.

Along with the importance of these key components essential in the implementation of drug courts, is the philosophy of therapeutic jurisprudence

that drug courts have adopted. This philosophy will be described in the following section.

Therapeutic Jurisprudence

In the January 1999 edition of the Notre Dame Law Review, two Judges, the Honorable Peggy Fulton Hora and William G. Schma, published an article on drug courts and therapeutic jurisprudence. Professors David Wexler and Bruce Winick coined the term "therapeutic jurisprudence" in 1987. This new concept was initially popular in mental health law, and was "developed based on a constitutional foundation that emphasized protection of the personal rights of mental health patients" (Hora, Schma, and Rosenthal, 1999, p. 2). They described this concept as the "study of the extent to which substantive rules, legal procedures, and the roles of lawyers and judges produce therapeutic or antitherapuetic consequences for individuals involved in the legal process" (Hora et al, 1999, p.2).

Therapeutic jurisprudence has the potential to identify the effects of legal arrangements on treatment outcomes. This theory examines the social sciences and differs from traditional jurisprudence because it focuses on consequences and empirically verifiable results. Traditional jurisprudence focused more on finding a law to fit a problem and failed to consider the consequences of the law (Hora et al, 1999). The new approach is concerned with how effective laws are as related to the desired effect. This approach also recommends that we look at

a law from a social science point of view before ever enacting it.

"The DTC {drug treatment court} movement represents a significant step in the evolution of therapeutic jurisprudence - - the evolutionary step form theory to application" (Hora et al, 1999, p. 4). There are two types of courts that fall under the guise of drug courts. The first is called an Expedited Drug Case Management Court (EDCM) whose goal is to process drug offense cases more efficiently. By combining a court system's drug docket, and concentrating drug cases in one specialty court, the concept of an expedited drug case management court can be achieved. Ultimately, the time is reduced from arrest to disposition for drug cases (Hora et al, 1999). Some elements that are common in this model are clear guidelines for plea offers, consistent dates for plea negotiations, trials and motions are offered and often the grand jury process is bypassed. One fundamental difference is that EDCM's do not focus on treatment and recovery and fail to address the underlying problem of addiction.

At the other end of the continuum is the Drug Treatment Court (DTC) concept, which focuses on both the need to alleviate court congestion but also strives to curtail the fundamental problem with the drug population, which is an underlying addiction. The philosophical guidelines of a drug treatment court include several important components. First, a DTC deals only with non-violent drug using offenders and monitors their participation through intensive supervision and treatment, a concept founded on the premise that drug abuse is

more than just a criminal justice problem. The idea of synthesizing treatment with judicial process is the basis of the DTC concept.

Elements such as immediate intervention, non-adversarial adjudication, the Judge being directly involved in the defendant's treatment program, and the concise rules and structured goals which are established and enforced by all involved parties, are other important characteristics of a successful DTC. Although community resources dictate the means of how various DTC operate, the goal of treatment versus probation or incarceration remains the hallmark characteristic (Hora et al, 1999). The therapeutic aspect of drug courts allows for personnel to recognize that relapse is an expected part of a drug offender's treatment and allows for modifications and sanctions to deal with relapse rather than probation revocation. Instead, DTCs use punishments that are both therapeutic and punitive.

Summary

In this chapter the historical development of drug courts was presented. Drug courts were defined and key components were discussed. In the next chapter, a methodology for determining the effectiveness of a drug court will be presented.

Chapter 3

Methodology

Research Objectives

The focus of this research was to compare preliminary outcome data from Mahoning County Drug Court graduates with data collected from other drug courts in the state of Ohio who have been in operation for a longer period of time. In addition, these preliminary statistics were compared to research on traditional treatment success rates and the success of defendants placed on state probation for drug abuse offenses. The hypothesis of this study is that the drug court participants will have a lower relapse and recidivism rate than those placed in both traditional treatment and those defendants placed on state probation for drug abuse offenses who are required to participate in some type of rehabilitation as part of their sentence. The cost effectiveness of a drug court versus incarceration was also analyzed.

The focus of this research is to evaluate the Drug Court Program, its effectiveness, and the characteristics of its population, predictors of success and failure, and other related variables. The following variables were examined:

Age

Gender

Race

Educational Level upon entrance into the program

Marital status

Employment upon entrance into the program

Primary drug of dependence

Primary drug of abuse

Number of participants who owe restitution

Type of criminal offense

Initial level of care placement

Level of care in relation to program completion

Initial treatment placement

Treatment placement in relation to program completion

Average number of months in the program for participants

Number of positive drug screens

Number of Negative Terminations

Reasons for negative terminations

Number incarcerated at the time of their plea

Veteran Status

These variables were collected to establish some predictors of success and failure rates among participants and to ensure that there was no gender or racial bias in the administration of the program. Other factors surrounding treatment were collected to help establish what treatment levels work for this population.

Comparisons of the Mahoning County population was made to the Erie County Drug Court Program and the Hamilton County Drug Court Program as

well. Both of these courts were evaluated by the Center for Criminal Justice research at the University of Cincinnati and the results were published in July, 2000 for Hamilton County and Erie County's in February, 2001.

Research Site

On March 4,1998, the Mahoning County Drug Court in Youngstown, Ohio, under the guidance of Judge John M. Durkin plead in its first defendants. The Mahoning County model requires all defendants plead guilty to all alleged charges; plea-bargaining is not an option. Requiring a drug court participant to admit to wrongdoing is an important component of acceptance of an addiction. A potential drug court candidate is first screened to determine if any prior charges would prevent him or her from being eligible for the program. Any client who has a prior conviction that involves violence, the use of a weapon, or drug trafficking is immediately ineligible for services. The client must have a drug or alcohol addiction and the commission of his or her felony offense must be correlated with their addiction.

Once a criminal background check is conducted and a client is deemed eligible, a full drug and alcohol assessment is conducted. Clinical protocols are applied and an appropriate level of care regarding treatment is established based on the Ohio Department of Alcohol and Drug Addiction protocols (See Appendix A). The defendant is accepted into the Drug Court and immediately starts treatment. Mahoning County's Drug Court is broken into three phases of treatment which requires the client be involved in treatment anywhere from

twelve to twenty-four months.

Data Sets

The method of research employed for this study was an analysis of data collected from 191 drug court participants from the Mahoning County Common Pleas Drug Court. The data files began with the courts inception in March of 1998 until February 28, 2001. The data was descriptive in nature and Chi Square and ANOVA tests were conducted to determine any statistically significant findings. In addition, survey instruments were sent out to eleven graduates to determine their progress post graduation (See Appendix B).

To test the hypothesis, and find needed descriptive data, a survey instrument was administered to eleven of the drug court graduates that had been out of the program for over three months. This survey contained questions regarding recent relapse, employment situation, and martial status since graduating from the program, continuing education, and stability of their living environment. This study also broke down the statistics of all the participants who had been screened and accepted.

This research involves data collected from all actual drug court participants since the court's inception. The Mahoning County Common Pleas Drug Court coordinator has kept information in a database since the court's commencement. Therefore, this information is going to be reviewed and described.

Summary

The research hypothesis was presented in the Chapter. The needed data and the analysis performed were also presented. In the next chapter, the results of the study are presented.

Chapter 4

Analysis and Findings

Sample Group Descriptives

The purpose of this research is to analyze the Mahoning County Common Pleas Drug Court population and the factors surrounding program completion and failure. The data that have been collected on all past and current participants describes important factors such as drugs of abuse, treatment levels and success rates, employment, age, race, gender and how these factors effect the likelihood for success or failure. Comparisons of the Mahoning County population were made to the Erie County Drug Court Program and the Hamilton County Drug Court Program. Both of these courts were evaluated by the Center for Criminal Justice research by the University of Cincinnati and the results were published in July, 2000 for Hamilton County and Erie Counties in February, 2001.

The ages of the graduated, current and terminated participants in the Mahoning County Common Pleas drug court are described in Table 1. Erie and Hamilton County did not provide data regarding age on those who completed the program and those who were negatively terminated.

Table 1

Age of Mahoning County Drug Court Participants

(n=191)

Status of Participant	Frequency	Mean Age	Standard Deviation
Current	89	32.72	9.83
Graduated	56	35.00	9.23
Terminated	46	31.27	8.44

Table 2 describes the average age in comparison to all three drug court programs. The average age of current participants is thirty-two years and nine months old (n= 89, χ=32.72). Erie County, in comparison had a mean age of 28.4 years old (n= 39, χ=28.4). The Hamilton County Program had an average age of 32.9 years old (n=226, χ=32.9). Nationally, the average age of arrestees in 2000 according to the Uniform Crime Report, were the following: 43. 1 percent were under the age of 21, and 46 percent were under the age of 25.

Table 2

Age of Current Drug Court Participants in All Three Drug Court Programs

Drug Court Program	Mean Age in Years
Mahoning	32.7 years
Erie	28.4 years
Hamilton	32.9 years

Age was not a significant factor in predicting who would succeed or fail in the Mahoning County Common Pleas program.

The gender of the participants in the Mahoning County Common Pleas Drug Court is compared to the gender of both Erie and Hamilton County Drug Court programs and is illustrated in Table 3. As expected, the males were more prevalent in a drug court setting due to a disproportionate number of male convictions as opposed to female convictions. There were 131 males (n=131, 68.59%) in the court and 60 females (n=60, 31.42%) that participated in the program since its inception. The Erie County Drug Court program had a male population of 71.8 percent (n= 28) and 28.2 percent female (n=11). The Hamilton County Court in comparison had 66.8 percent males (n=151) and 33.2 percent females (n=75).

Table 3

Gender Compared to All Three Drug Court Programs

(n=191)

Drug Court Program	Male	Percent	Female	Percent
Mahoning County	131	68.59%	60	31.41%
Erie County	28	71.8%	11	28.2%
Hamilton County	151	66.8%	75	33.2%

The race of the Mahoning County Drug Court participants is compared to the race of participants from Erie and Hamilton County and is illustrated in Table 4.

Table 4

Race in Comparison to All Three Drug Court Programs

(n=191)

Drug Court Program	Caucasian	African American	Hispanic	Asian
Mahoning County	57.1% (n=109)	38.7% (n=74)	3.7% (n=7)	0.5% (n=1)
Erie County	44.7% (n=17)	52.6% (n=20)	2.6% (n=1)	0.0%
Hamilton County	56.6% (n=128)	42.5% (n=96)		

Caucasian participants were slightly more represented in the Mahoning County Common Pleas at 57.1 percent (n=109, 57.1%) and the African American population compiled 38.7 percent of referrals (n=74, 38.7%). In comparison, the Hamilton County Program had 56.6 percent (n=128, 56.6%) African Americans, and 42.5 percent (n=96, 42.5%) Caucasian participants. The Erie County Drug Court had a predominately African American population also, at 52.6 percent (n=20, 52.6%) versus 44.7 percent (n=17, 47.7%) Caucasian participants. According to the Uniform Crime Report for 2000, 69.7 percent of arrestees were Caucasian as opposed to 27.9 percent African-American arrestees.

The education level of the Mahoning County drug court participants at the time of entrance into the program is described in Table 5. Only 39.8 percent (n=76, 39.8%) of the population had a high school diploma upon entering the court. Mahoning County had 22.4 percent (n=43, 22.4%) of participants that were involved in some type of higher education be it trade school or college.

Table 5

Mahoning County Drug Court Education Level Upon Entrance

(n=191)

Education Level at Entrance	Frequency	Percent
1-9th Grade	21	11.0%
10-12th Grade	38	19.9%
High School Diploma	76	39.8%
GED	13	6.8%
Some College	22	11.5%
Associates	4	2.1%
Bachelor's Degree	6	3.1%
PHD	1	.5%
Other/Trade School	10	5.2%

Table 6 will compare all three drug court programs. For comparison purposes, Mahoning County's figures will combine GED with high school graduate as that is how Erie and Hamilton classify there comparison groups. Erie County had 46.2 percent (n=18, 46.2%) of participants with high school diplomas or GED's. Similarly to Mahoning County's figures, Hamilton County's program had a 38.3 percent (n=82, 38.3%) high school graduation rate upon entrance into the program. In Mahoning County, 6.8 percent (n=13, 6.8%)

had a GED upon entrance. The other sites did not specify if the GED population was counted in the high school graduate category. Both Erie County and Hamilton County had a general category of post high school. Erie County had 15.4 percent (n=6, 15.4%) participants that fell into this category and Hamilton County had 30.1 percent (n=64, 30.1%).

Table 6

Education Upon Entrance in Comparison to

All Three Drug Court Programs

Education Status	Mahoning County	Erie County	Hamilton County
Less than High School	(n=59) 30.9%	(n=15) 38.5%	(n=68) 31.8%
High School Graduate	(n=89) 46.6%	(n=18) 46.2%	(n=82) 38.3%
Post High School	(n=43) 22.4%	(n=6) 43.2%	(n=64) 30.1%

The marital status of the drug court participants is described in Table 7. The population was predominantly single at 60.7 percent (n=116, 60.7%) at the time of entrance into the program. Erie County Drug Court participants were single 82.1 percent (n=32, 82.1%) of the time. Hamilton County participants were single 75.2 percent (n=161, 75.2%) of the time upon entrance.

Table 7

Marital Status in Comparison to All Three Drug Court Programs

(n=191)

Marital Status	Mahoning County	Erie County	Hamilton County
Single	(n=116) 60.7%	(n=32) 82.1%	(n=161) 75.2%
Married	(n=17) 8.9%	(n=7) 17.9%	(n=53) 24.8%
Divorced	(n=45) 23.6%	(n=0) 0.0%	(n=0) 0.0%
Separated	(n=10) 5.2%	(n=0) 0.0%	(n=0) 0.0%
Widow	(n=3) 1.6%	(n=0) 0.0%	(n=0) 0.0%
Total	191	39	226

The employment status of Mahoning County Drug Court participants upon entrance into the program is illustrated in Table 8. Mahoning County drug court participants had a full time employment rate of 19.9 percent (n= 38, 19.9%) and a part time employment rate of 6.8 percent (n=13, 6.8%). Participants were unemployed 62.8 percent (n=120, 62.8%) of the time.

Table 8

Employment Status of Mahoning County Participants

Upon Entrance Into the Program

(n=191)

Employment Status-Entrance	Frequency	Percent
Not Employed	120	62.8%
Full Time	38	19.9%
Part Time	13	6.8%
SSI/SSD	16	8.4%
Retired	1	0.5%
Welfare	3	0.6%
Total	191	100%

Both Erie and Hamilton County's studies described employment as either full time or part time. Table 9 will compare the three courts employment status. For purposes of this table, an additional category titled "other" will be crated to account for data that does not fall under the guise of the established categories and for missing numbers in the other courts figures.

Erie County participants in comparison were employed full time 29.7 percent (n=11, 29.7%) of the time, part time 24.3 percent (n=9, 24.3%) and 43.2 percent (n=16, 42.3%) were not employed at all. Hamilton County participants

were employed either full or part time 61.0 percent (n=128) of the time and unemployed 39.0 percent (n=82, 39.0%). Hamilton County's data is somewhat confusing because they state that 128 of their participants are employed, however, in the data they only account for 105 being employed full time and 10 being employed part time. This only accounts for 115 of the 128 participants that were employed. Also, when they based their percentages of employment, it was in comparison to all those who were only employed not the entire population. For instance they stated that 91.3 percent of the participants were employed full time which is somewhat misleading. In actuality, only 46.4 (n= 105) percent of the total population (n=226) were employed full time.

Table 9

Employment Status in Comparison to all Three Drug Court Programs

Employment Status	Mahoning	Erie	Hamilton
Not employed	(n=120) 62.8%	(n=16) 43.2%	(n=82) 39.0%
Full Time	(n=38) 19.9%	(n=11) 29.7%	(n=105)
Part Time	(n=13) 6.8%	(n=10) 27.0%	(n=10)
Other/Unknown	(n=20) 9.5%	(n=2) Unknown	(n=29) Unknown
Total	(n=191) 100%	(n=39)	(n=226) 100%

The employment status of the 56 graduates is examined in Table 10. Upon successful completion of the program 67.85 percent (n=56, 67.85%) of

graduates were employed full time as compared to 19. 9 percent at time of plea (n=38, 19.9%). Only 5.36 percent (n=3, 5.36%) of graduates were unemployed based on the inability to maintain a job. This is a positive finding as employment is a substantial part of a healthy recovery.

Table 10

Employment Status of Mahoning County Participants

Upon Graduation From the Program

(n=191)

Employment Status-Graduation	Frequency	Percent
None	3	5.36%
Full Time	38	67.85%
Part Time	4	7.14%
SSI/SSD	8	14.29%
Other	3	5.36%
Total	56	100%

The number of months drug court participants were involved in the program is described in Table 11. For successful completion of the program, an offender must spend a minimum of one year in the program. The mean number of months for a graduate in the program is thirteen months and seven days (n=56, χ=13.73). Clients that were terminated were involved for 8 months and

seven days on an average before being terminated (n=46, χ= 8.76).

Table 11

Months Involved in the Mahoning County Drug Court

(N=191)

Number of Months	Frequency	Mean	Standard Deviation
Current	89	7.38	5.26
Graduated	56	13.73	2.34
Terminated	46	8.76	5.39

The primary type of offense committed by the participants in the Mahoning County Drug Court program is described in Table 12. Possession of an illegal substance was the most prevalent offense among participants in the Mahoning County Drug Court program. 52.4 percent of participants were arrested on a possession charge (n=100, 52.4%). In the Erie County program, 43.6 percent (n=17, 43.6%) of its' participant's arrests were possession charges. In Hamilton County, possession charges counted for 96.6 percent (n=114, 96.6%) of arrests.

Table 12

Primary Criminal Charge of Mahoning County Drug Court Participants

(n=191)

Type of offense	Frequency	Percent
Receiving Stolen Property	20	10.5%
Drug Abuse	13	6.8%
Possession of a Drug	100	52.4%
Forgery	8	4.2%
Breaking and Entering	11	5.8%
Theft/ Complicity	12	6.3%
Possession of Criminal Tools	1	.5%
Falsification	2	1.0%
Other	24	12.6%

However, Hamilton County only divided arrest charges into two categories, drug and theft. According to the Uniform Crime Report for the year 2000, only an estimated 11.29 percent of arrests were drug abuse violations. Receiving stolen property accounted for 10.5 percent (n=20, 10.5%) of charges in Mahoning County as compared to .849 percent of the national average as figured by the Uniform Crime Report. Erie County did not differentiate charges as elaborately, however, they reported 25.6 percent (n=10,

25.6%) were theft related and 30.8 (n=12, 30.8%) were trafficking charges. In Mahoning County, drug abuse accounted for 6.8 percent of the arresting charges (n=13, 6.8%). Theft charges totaled 6.3 percent (n=12, 6.3%) and breaking and entering followed with 5.8 percent (n=1, 5.8%).

The second count, in instances where multiple charges were associated with a single arrest, is indicated in Table 13.

Table 13

Secondary Criminal Charge of Mahoning County Drug Court Participants (n=191)

Type of offense	Frequency	Percent
Receiving Stolen Property	1	.5%
Drug Abuse	0	0%
Possession of a Drug	3	1.6%
Forgery	6	3.1%
Breaking and Entering	0	0%
Theft/ Complicity	12	6.3%
Possession of Criminal Tools	4	2.1%
Falsification	0	0%
Other	11	5.8%
No Second Offense	154	80.5%
Total	191	100%

The most serious of the charges were recorded as the primary offense and the less serious of multiple charges were considered secondary offenses. 80.5 percent (n=154, 80.5%) of Mahoning County participants were charged with only a single violation. Hamilton County had 45.3 percent (n=102, 45.3%) of all participants with one or more charges.

The number of drug court participants who owed restitution upon entrance into the court is illustrated in Table 14. 74.9 percent (n=143, 74.9%) of participants did not owe restitution as a result of their drug court arrest. Erie County Drug Court did not collect this statistic. Hamilton County stated that only 1.4 percent (n=2, 1.4%) of its' population were required to make restitution.

Table 14

Restitution Owed By Mahoning County Participants

(n=191)

Restitution owed	Frequency	Percent
Yes	47	24.6%
No	143	74.9%

The level of care of drug court participants upon entrance into the court is described in Table 15. Residential or inpatient treatment, which is classified as an extended inpatient stay exceeding 30 days, was the most prevalent

placement accounting for 53.9 percent (n=103, 53.9%) of all initial placements. The Erie County Drug Court program had a residential placement rate of 2.6 percent (n=1, 2.6%). Hamilton County utilized residential treatment 72.4 percent (n=134, 72.4%) for all initial placements

The second most frequently used treatment setting was intensive outpatient treatment (IOP), which consists of nine hours of group therapy per week. Mahoning County placed participants in IOP, forty percent of the time (n=80, 41.9%), as compared to Erie County's placements exceeding 80percent (n=33, 86.8%). Hamilton County, in comparison, placed clients in IOP initially only 26.5 percent of the time (n=49, 26.5%).

Table 15

Level of Care Upon Entrance in Comparison to
All Three Drug Court Programs

(n=191)

Level of Care	**Mahoning**	**Erie**	**Hamilton**
Detoxification	(n=4) 2.1%	(n=0)0.0%	(n=0) 0.0%
Residential Treatment	(n=103) 53.9%	(n=1)2.6%	(n=134) 59.3%
Intensive Outpatient	(n=80) 41.9%	(n=33)86.8%	(n=49) 21.7%
Low Intensity	(n=4) 2.1%	(n=1) 2.6%	(n=0) 0.0%
Other	(n=0) 0.0%	(n=3) 7.9%	(n=42)18.6%
Total	(n=191) 100%	(n=38) 99.9%	(n=226) 99.6%

Mahoning County Drug Court participants were referred to several locations within Mahoning County for treatment. Table 16 describes the breakdown of where clients were referred. Community Corrections Association, a long-term residential treatment facility provided service for 88 clients (n=88, 46.1%). Addiction Programs of Mahoning County is another long-term residential treatment agency in Mahoning County utilized by both genders.

Table 16

Treatment Location for Mahoning County Participants

(n=191)

Treatment Location	Frequency	Percent
Community Corrections Association	88	46.1%
Meridian Services	69	36.1%
Addiction Programs of Mahoning County	14	7.3%
Neil Kennedy Recovery Clinic	19	9.9%
Family Recovery (Columbiana County)	1	.5%

Referrals to Neil Kennedy were made initially for 19 cases (n=19, 9.9%). Addiction Programs received 14 referrals for treatment (n=14, x=7.3). Meridian Services provides intensive outpatient treatment and provided service

for sixty-nine drug court clients, (n=69, 36.1%). Neil Kennedy Recovery Clinic provides short-term residential treatment, under 30 days, and medical detoxification.

The primary drugs of dependence for drug court clients are described in Table 17. This is substantiated through a clinical diagnosis of dependence according to DSM IV criteria. Crack-cocaine was the most heavily abused drug in the drug court setting. Over 50 percent of all Mahoning County participants were diagnosed as cocaine dependent (n=103, 53.9%). Powder cocaine was listed in a separate category and constituted 14.1 percent of drug addiction in the Mahoning County felony court setting (14.1%). These two figures together make up an astounding 68 percent of all diagnosed addictions in Mahoning County. The Erie county population listed crack and powder cocaine in the same category and found that 35.9 percent were diagnosed as cocaine dependent (n=14, 35.9%). According to the 2000 ADAM reports, the national average of arrestees that tested positive for cocaine was approximately 30 percent. Marijuana constituted 17.3 percent of dependence diagnosis (n=33, 17.3%). Marijuana was the most frequently used drug in Erie County with 43.6 percent of their participants being diagnosed as dependent (n=17, 43.6%). Opiate pills such as Oxycontin and Vicodin, were the next most popular drug of dependence making up 5.8 percent (n=11, 5.8%). Heroin, also an opiate, was used 4.2 percent of the time (n=8, 4.2%). Erie County Drug Court grouped all opiates as narcotics and reported only 2.6 percent of the population dependent

on this substance (n=1, 2.6%). In contrast, Erie County found 15.4 percent of participants as being diagnosed with alcohol dependence (n=6, 15.4%) where as Mahoning County only had 1.6 percent of the population with alcohol as their primary drug of choice (n=3, 1.6%). Hamilton County did not collect this data.

Table 17

Primary Drugs of Dependence in Mahoning and Erie County

(n =191)

Type of Drug	**Mahoning**	**Erie**
Crack Cocaine	(n=103) 53.9%	(n=14)35.9%
Powder Cocaine	(n=27) 14.1%	N/A
Marijuana	(n=33) 17.3%	(n= 17) 43.6%
Heroin	(n=8) 4.2%	N/A
Opiate Pills	(n=11) 5.8%	N/A
Alcohol	(n=3) 1.6%	(n=6) 15.4%
Benzodiazepens	(n=1) 0.5%	N/A
Narcotics	N/A	(n=1) 2.6%
Depressants	N/A	(n=1) 2.6%
No primary Dependence	(n=5) 2.6%	N/A
Total	(n=191) 100%	(n=38)

Table 18 describes the abuse diagnosis of all participants in the Mahoning and Erie County Drug Court programs. Once again, Hamilton County did not collect this data.

Table 18

Drugs of Abuse in Mahoning and Erie County

(n=191)

Type of Drug	**Mahoning**	**Erie**
Crack Cocaine	(n=5) 2.6%	(n=4) 11.8%
Powder Cocaine	(n=15) 7.9%	N/A
Marijuana	(n=28) 14.7%	(n=8) 23.5%
Heroin	(n=1) 0.5%	N/A
Opiate Pills	(n=9) 4.7%	N/A
Alcohol	(n=28) 14.7%	(n=21)61.8%
Benzodiazepens	(n=2) 1.0%	N/A
LSD Hallucinogens	(n=3) 1.6%	N/A
No secondary diagnosis	(n=100) 52.4%	(n=4) 10.5%
Narcotics	N/A	(n=1) 2.9%
Total	(n=191) 100%	(n=38) 100%

These diagnoses are also in accordance with DSM IV criteria for drug abuse. This diagnosis accompanies a primary dependence diagnosis in all but five cases where there was no dependence diagnosis only an abuse diagnosis. Alcohol and marijuana were the primary drugs of abuse both occurring 14.7 percent of the time (n=28). Powder cocaine was the next most prevalent diagnosis occurring 7.9 percent of the time (n=15). Erie County listed alcohol as the second drug of choice at 61.8 percent (n=21).

Table 19 illustrates those participants who were incarcerated at the time they plead into the drug court program and compares this factor with their likelihood in graduating. It is apparent, based on the percentage of negative terminations at time of plea, that this factor is a substantial indicator for negative termination at 67.3 percent (n=31). Only fifteen negative terminations were not incarcerated at the time of plea (32.6%). Neither Hamilton County or Erie County gathered this particular statistic.

Table 19

Incarcerated at Time of Plea in Mahoning County in Comparison To Graduation or Termination (n=191)

Status	Incarcerated	Not Incarcerated	Frequency
Current Clients	36 (42.9%)	53 (57.1%)	89
Graduated	17 (30.3%)	39 (69.6%)	56
Terminated	31 (67.3%)	15 (32.6%)	46
Total	84	107	191

The level of care a client is placed into initially by the court had a bearing on their likelihood of graduating ($\chi 2=20.33$, df=3, p .002). Table 20 compares level of care upon entrance in relationship to the client's rate of program completion. Only 30.3 percent (n=17) of clients who were incarcerated at the time they plead into the court successfully completed the program. The rate of termination was 67.3 percent of all incarcerated participants were negatively terminated from the drug court program. Neither Hamilton County or Erie County gathered this type of information.

Table 20

Level of Care in Relation to Program Completion
For Mahoning County Participants

(n=191)

Level of Care	Current Participant	Graduated	Terminated	Total
Detoxification	2 (2.2%)	1 (1.8%)	1 (2.2%)	4 2.1%)
Residential	41 (46.1%)	25 (44.6%)	37 (80.4%)	103(53.9%)
Intensive Outpatient	43 (48.3%)	30 (53.6%)	7 (15.2%)	80 (41.9%)
Low Intensity	3 (3.4%)	0	1 (2.2%)	4(2.1%)
Total	89	56	46	191(100%)
$\chi 2 = 20.33$ df = 6, p .002				

Table 21 illustrates the client's treatment location as compared to graduation or termination status. Community Corrections Association had a success rate of 28.6 percent (n=16) and a negative termination rate of 73.9 percent (n=34). This was a statistically significant finding ($\chi 2$=36.13,df=8 p .005) , however, the population placed at Community Corrections Association is usually comprised of those client's with the most severe holistic problems, and therefore the likelihood for success is lower regardless of placement.

Table 21

Treatment Location in Comparison to Program Completion
In Mahoning County

(n=191)

Location	Current Participant	Graduated	Terminated	Total
Community Corrections	38 (42.7%)	16 (28.6%)	34 (73.9%)	88 (46.1%)
Meridian Services	34 (38.2%)	28 (50%)	7 (15.2%)	69(36.1%)
Addiction Programs	2 (2.2%)	9 (16.1%)	3 (6.5%)	14(7.3%)
Neil Kennedy	14 (15.7%)	3 (5.4%)	2 (4.3%)	19 (9.9%)
Family Recovery	1 (1.1%)	0 (0.0%)	0 (0.0%)	1 (0.5%)
Total	89	56	46	191
$\chi 2 = 36.13$ df = 8 p .005				

There were 37 participants negatively terminated from the Mahoning County Drug Court program. Table 22 examines the reasons for termination from the drug court program. Thirteen participants received new charges (n=13, 28.26%). Twelve participants (n=12, 26.08%) were terminated due to excessive positive drug screens and twelve participants due to continued non-compliance (n=12, 26.08%). Currently, nine participants are AWOL from the drug court program and for statistical purposes are considered negative terminations.

This places the negative termination rate at 24 percent and the successful completion rate at 74 percent.

Table 22

Reasons For Negative Termination of Mahoning County Participants

(n=46)

Reason for termination	Frequency	Percent
New Charge	13	28.26%
Too many positive screens	12	26.08%
Non-Compliance	12	26.08%
AWOL	9	19.56%
Total	46	99.98%

The number of positive drug screens drug court participants received during their program involvement is illustrated in Table 23. Of the 56 clients that successfully completed the drug court program, the average positive urinalysis was less than one percent upon program completion. Clients that were negatively terminated averaged 2.59 positive drug screens. Current participants in the drug court had an average of 1.44 positive drug screens ($n=89$, $\chi=1.44$, $\delta=1.75$). This was higher than the graduates from the program who only had a 0.5 positive drug test ($n=56$, 0.5%) positive drug screens. They had an average of 2.59 ($n=45$, $\chi=2.59$, $\delta=2.25$). To determine if there was a

statistical significant difference between these three groups, an analysis of variance was conducted. The results of the test indicate that there was a statistical significant difference between the groups (F=17.52, p .005).

Table 23

Number of Positive Drug Screens of Mahoning County Participants

(n=191)

Positive Drug Screens	Frequency	Mean	Standard Deviation
Current	89	1.44	1.75
Graduated	56	.57	.99
Terminated	38	2.59	2.25
F= 17.52 p .005			

This finding is not surprising and it is expected that those terminated would have more positive drug screens than those in the program and those who completed. The fact that those who graduated had the lowest number of positive drug screens supports the hypothesis that the program is helpful and rehabilitative.

The survey that was sent to the drug court graduates (Appendix C) was only sent to 11 identified graduates that had completed the program before March, 2000. This allowed a period of time to lapse before examining long-term success. Of those 11 graduates, six responded, two were unable to be

located, and three did not respond. However, of the six that responded, the following commonalities were identified:

They were all currently employed, either full or part time;

None of them had employment at the time of entrance into the court;

None self reported a re-arrest;

None self-reported relapsing;

Three stated they were pursuing further education since graduation;

They average amount of clean time was 22.83 months;

Summary

Descriptive data was presented in this Chapter. The Mahoning County Drug Court Program was compared to the Erie County Drug Court and the Hamilton County Drug Court program. They were found to different based on race and drug preference.

A summary and discussion are presented in the next chapter.

Chapter 5

Summary and Conclusions

Summary

Drug abuse and related crimes in the Untied States have become a growing problem over the past decade. Prison and jail overcrowding are a byproduct of the drug epidemic. Court dockets in general have seen an increase in drug related arrests and laws have been enacted to mandate tougher sentences for drug related charges. The revolving door theory, described by court and law enforcement officials, enables drug-addicted offenders to cycle through the criminal justice system again and again without the primary reason for the commission of the crimes to be addressed. Drug Courts were established to address these revolving door offenders that desperately need substance abuse treatment in order to address their addiction. With treatment, for many of these offenders, subsequently comes a clean and crime free life. This research was conducted to substantiate the need to continue to fund drug court programs and to address the fact that federal and state dollars need to be funneled into programs similar to drug courts as opposed to being used to incarcerate drug-addicted criminals.

The Mahoning County Common Pleas Drug Court had 191 participants go through the program from March, 1998 until February 28,2001 at the conclusion of my research. The court graduated 56 participants and terminated 38. The Mahoning County Drug Court program was found to have no

statistically significant findings regarding race, gender, age, or drug of choice in comparison to program completion or failure.

Conclusions

This study reviewed the Mahoning County Common Pleas Drug Court Program and provided descriptive data about the factors surrounding success and failure rates. In March of 1998, the felony program plead its first member into the court. Data were collected through February 28,2001 and at that time 191 offenders had passed through the program. As of March 31,2002, an additional 95 drug court clients entered the court system and an additional 52 graduated from the program, brining the total number served to 293 clients. The average cost to incarcerate an offender in Ohio prisons is $60.40 per day or $22,044.71 annually, according to Ohio Department of Rehabilitation and Corrections. As of February, 2001, Mahoning County had treated 191 offenders with felony four and five charges. These specific felony levels can carry a penalty of 12 months to 18 months for a felony of the fourth degree. If we assume that half the population, approximately 95 arrestees, received an eight-month sentence each, this would total 22,800 jail days. Each jail day costs taxpayers $60.40, for a grand total of $1,377,120.00 to incarcerate half the drug court population in an Ohio prison for an eight month sentence.

According to the Ohio Department of Rehabilitation and Corrections, 62.2 percent of all male and 77.6 percent of all female intakes in 2000 were for felony four or felony five convictions with the average stay in prison being 3.14

years for all Ohio offenders. It is apparent form the information provided that Drug Court Programs save tax payers substantial amounts of money.

Drug Courts offer a more cost effective successful means to addressing drug problems. The enhanced supervision and constant collaboration between treatment providers and court personnel make successful completion rates better. The results of this study show that the Mahoning County Drug Court's population is conducive to success among all ages, genders and race. There is no significant finding that any of these populations have a better success rate than any other group. Also, the findings support there is not a higher completion rate based on drug of choice. Major findings suggest that graduates have a much lower rate of positive urinalysis than those terminated from the program. The population was predominately Caucasian but race was not a factor in completion or termination. The majority of participants were also unemployed and single upon entering the court program. The majority of Mahoning County participants were arrested for charges of drug abuse or possession related to their addiction. There was a significant finding whereas the Mahoning County population had a higher failure rate when placed in inpatient treatment initially.

The major downfall of this particular study is the number of examined graduates with over six months post court involvement due to the short life of the program. The only way to assure re-arrests have not occurred is to search court databases or conduct a LEADS search, which usually only identifies new

convictions. In addition, it is difficult and time consuming to get a court official, such as the prosecutor, to conduct a LEADS search to identify these factors. Also, self reported data regarding relapse is sensitive material and it is an issue that graduates might not be forthright in conveying despite assured anonymity.

It would be beneficial for a study to be conducted on all drug courts that identifies what works and allow for modifications to the system as a whole. It would also be idealistic to conduct a longitudinal study on all graduates after a substantial time out of the program to determine what the long-term effects drug courts have on graduates. The only true way to determine the success of drug courts is to have a control group and an experimental group with similar backgrounds and measure outcomes.

Appendixes A

Protocols for Levels of Care

Level of Care Recommendation:

[ ]Consultation and Early Intervention-Level 0.5 [ ] Outpatient Treatment-Level-1.1
[ ] Intensive Outpatient- Level 1.2 [ ] Day Treatment-Level -1.3
[ ] Community Residential-Level- 2 [ ] Non-Medical Residential-Level-2.1
[ ] Medical Residential-Level-2.2 [ ] Sub-Acute Care- Level -3
[ ] Ambulatory Medical Detoxification-Level 3.1[ ] Observation Bed-Level-3.2
[ ] Sub-acute Detoxification- Level 3.3 [ ] Acute Hospital Detoxification-Level-4

Levels of Care Initial Assessment Summary

Meets DSM IV criteria for psychoactive Substance Abuse: [ ] YES [ ] NO

- **Note: Client MUST qualify in 4 out of 6 areas.**

❑ If client scores above **7** in Dimension **1, 2, or 3**: **Level IV** or medical/psychiatric hospitalization is indicated.
❑ If client scores **4-6** in Dimension **1 or 2: Level III** or medical treatment is indicated.
❑ If client scores **1-3** in Dimension **1& 2**: Move to Dimensions 3-6 to assign client to **Level I or Level II.**
❑ If client scores **7** or above in Dimension **3 OR 4: Level II** is indicated.
❑ If client scores **4** or above in Dimension **5 OR 6: Level II** is indicated.

Check the qualifying factors in each core dimension:

1.Intoxication/Withdrawal Potential

Low Symptoms 1 2 3	**Moderate Symptoms** 4 5 6	**High Symptoms** 7 8 9
[ ]Mild vomiting (recent)	[ ]Nausea without vomiting	[ ]Serious nausea & vomiting
[ ]Mild nausea (recent)	[ ]Moderate itching,	[ ]Nausea w/ dry heaves
[ ]Self-report of tremors (not visible)	burning ,or numbness	[ ]Severe tremors observed
	[ ]Observed tremors	[ ]Profuse sweating
[ ]Occasional agitation	[ ]Observed sweating	[ ]Current poly-drug use
	[ ]History of poly-drug use	

2. Biomedical Conditions and Complications

1 2 3	4 5 6	7 8 9
Low Symptoms	**Moderate Symptoms**	**High Symptoms**
[ ] Medical condition reported but stabilized	[ ] Medical condition but not under care	[ ] Medical condition; immediate need [ ]History if life-threatening illness
[ ]Mild medical condition and reported & under care	[ ]History if serious medical condition/injury	[ ] Repeated hospitalization for illness [ ]Fragile health needs
[ ]Needs special diet	[ ]History of hospitalization for conditions	
[ ]Requires routine medical procedures	[ ]Serious medical needs are not being addressed	

3. Emotional/Behavioral/Cognitive Conditions and Complications

1 2 3	4 5 6	7 8 9
Low Symptoms	**Moderate Symptoms**	**High Symptoms**
[ ]Some interpersonal problems	[ ]Current emotional problems interfering with life	[ ]Psychiatric condition requires care
[ ]Currently in MH TX	[ ]Prior pscych. hospitalization	[ ]Recent hospitalization for
[ ]Little risk of hurting self or others	[ ]Suicidal ideations, gestures	[ ]High risk of hurting self or others
[ ] Some confusion about about reality	[ ]Disoriented to time, space and person	[ ]Hallucinations and delusions
[ ]Trouble w/ memory, cognition	[ ]Cognitive impairment interfering with life	[ ]Serious cognitive impairment
[ ] No co-existing disorders	[ ]Co-existing disorders require help	[ ]Complicated co-existing disorders

4. Treatment Acceptance/Resistance

1 2 3	4 5 6	7 8 9
Low Symptoms	**Moderate Symptoms**	**High Symptoms**
[ ]Some resistance, but motivated	[ ]Minimizes or denies need for treatment	[ ]Total denial of abuse or addiction can be
[ ]Reasonable compliance with treatment	[ ]Compliance problems are verbalized	[ ]Requires coercion into treatment
[ ]Reasonable participation in services	[ ]Sporadic participation in treatment	[ ]Chronically non-compliant

5. Relapse Potential

1 2 3	4 5 6	7 8 9
Low Symptoms	**Moderate Symptoms**	**High Symptoms**
[ ]Knows somewhat of relapse triggers	[ ]Does not understand own relapse triggers	[ ]Not interested in learning triggers
[ ]Some coping problems but can manage w/ minimum help	[ ]Cannot identify coping mechanisms & needs close supervision	[ ]Ignores personal coping mechanisms and refuses help
[ ]Some follow through on recovery	[ ]Limited follow-up on recovery	[ ]No follow-through on recovery

6. Recovery Environment

1 2 3	4 5 6	7 8 9
Low Symptoms	**Moderate Symptoms**	**High Symptoms**
[ ]Minor problem w/ home & community support	[ ]Lack of support in home and community	[ ]Major tension or violence
[ ]Some school/work	[ ]Unstable work/school	[ ]Unemployed/school drop-out
[ ]Some housing problems	[ ]Unstable housing, risk of homelessness	[ ]No housing stability, homeless
[ ]Limited social support	[ ]Lack of social support	[ ]Social isolation

Appendix B

Human Subjects Committee Approval

Youngstown State University / One University Plaza / Youngstown, Ohio 44555-0001

June 12, 2000

Dr. Tamara A. King, Principal Investigator
Ms. Andrea Glass, Co-Investigator
Department of Criminal Justice
Youngstown State University
2092 Cushwa Hall
CAMPUS

RE: HSRC Protocol #126-00

Dear Dr. King and Ms. Glass:

I am writing to notify you of the action taken at the regular meeting of the Youngstown State University Human Subjects Research Committee (HSRC) on June 9, 2000 with respect to the above referenced protocol. Following review and discussion, the Committee approved the study, subject to the following conditions:

(1) that the investigators revise the Drug Court Graduate Follow-Up Survey by rephrasing or eliminating any question(s) (specifically those related to education levels/attainments) that allow potential subjects to be identified. The HSRC also noted Dr. King's statement that, given the size of the subject pool and its familiarity to the co-investigator, one of the subject responses will be arbitrarily destroyed upon receipt, without review, so as to ensure subject anonymity;

(2) that the co-investigator (Ms. Glass) in soliciting subject participation restrict her approach to the script provided, but modified to include additional information about the nature and expectations of subject participation specified in the YSU Elements of Informed Consent document, copy attached.

(3) that the investigators provide subjects with appropriate professional referral information to address any residual discomfort as a function of their participation.

Please provide the revised information to the HSRC, in care of Ms. Cheryl Coy in the Grants Office, at your earliest convenience. Thank you for your cooperation and best wishes for the success of your study.

Sincerely,

Eric C. Lewandowski, CRA
Administrative Co-Chair

ECL/

Attachment

Appendix C

Graduate Survey

Drug Court Graduate Follow Up Survey

(Please Circle which best applies to you)

1. Are you currently employed? Full-time Part-time Retired SSI/SSD Other

2.Were you employed at the time you entered into the drug court? YES NO

3. Were you employed at the time of graduation? YES NO

4. Are you pursuing or obtaining further education since graduation from drug court? YES NO
If yes, what type? GED High School Diploma Associates Degree Bachelor's Degree Other

6. How many months have you been sober, including your drug court time?

_____

7. Have you been re-arrested for a new misdemeanor since graduation? YES NO

8. Have you been re-arrested for a new felony since graduation? YES NO

9. Have you relapsed since graduation? YES NO

10. If you answered yes to #9, how many times? _____

11. What was your marital status at the time you entered the drug court?
Single Married Divorced Separated Widowed/Widower

12. What is your current marital status?
Single Married Divorced Separated Widowed/Widower

If this questionnaire upset you, pleas seek assistance in the community, such as help hotline at 747-2696

Dear Drug Court Graduate,

My name is Andrea Glass and I am a graduate student at Youngstown State University in the Criminal Justice department. I am also a case manager for the Mahoning County Drug Court.

Therefore, I decided to conduct my research for my master's degree on the Mahoning County Drug Court program. An important aspect for funding with all drug courts in the country is how effective the program is at preventing re-arrests and helping client's stay sober. I am asking the 11 graduates form the program to fill out an anonymous survey to help me gather some important information about our preliminary success. Your participation in this survey is voluntary and anonymous. As you can see from the survey, there are no questions asked regarding age, sex or race. I would greatly appreciate your help in evaluating the Mahoning

County Drug Court. If you agree to participate, please simply complete the questionnaire and return it in the self-addressed stamped envelope provided.

_____

Andrea Glass, Drug Court Case Manger
YSU Graduate Student

BIBLIOGRAPHY

Drug Court Clearinghouse and Technical Assistance Project, Drug Courts Program Office (1996). Summary Assessment of the Drug Court Experience. [On-Line]. Available: http://www.ojp.usdoj.gov/dcpo/1996/assess.htm.

Federal Bureau of Investigation, U.S. Department of Justice (2000). Crime in the United States 2000, Unifrom Crime Reports.

GAO/GGD-97-106 (July, 1997). Drug Courts: Overview of Growth, Characteristics, and Results. [On-Line]. Available: http://www.ncjrs.org/txtfiles/dcourts.txt.

Hora, P.F., Schma, W.G. & Rosenthal, J.T. (1999). Therapeutic jurisprudence and the drug court treatment court movement: Revolutionizing the criminal justice system's response to drug abuse and crime in America. Notre Dame Law Review [On-Line]. Available:www.american.edu/academic.depts/spa/justice/jnotredame.htm.

Johnson, Shelly & Latessa, Edward J. (2000). The Hamilton County Drug Court: Outcome Evaluation Findings. University of Cincinnati, Center for Criminal Justice Research.

Listwan, Shelly Johnson, Shaffer, Deborah Koetzle &Latessa, Edward J. (2000). The Erie County Drug Court: Outcome Evaluation Findings. University of Cincinnati, Center for Criminal Justice Research.

Marlowe, Douglas B. & Kirby, Kimberly C. (1999). Effective Use of Sanctions in Drug Courts: Lessons From Behavioral Research. National Drug Court Institute Review, Alexandria, Virginia.

Ohio Department of Rehabilitation and Correction (December, 2001). 2000 Intake Study. [On-Line]. Available: www.drc.state.oh.us/web/reports/intake2000.

U.S. Department of Justice, Office of Justice Programs, Drug Court Program Office, NCJ #149260. (July,1995). The Drug Court Movement. Washington, DC: U.S. Government Printing Office.

U.S. Department of Justice, Office of Justice Programs, Drug Court Program Office, NCJ #155281. (November,1995). Case Mangement With Drug-Involved Arrestees. Washington, DC: U.S. Government Printing Office.

U.S. Department of Justice, Office of Justice Programs, Drug Court Program Office. (1997). Defining Drug Courts: The Key components. Washington, DC: U.S. Government Printing Office.

U.S. Department of Justice, Office of Justice Programs, Drug Court Program Office. (September,1998). Drug Court Monitoring, Evaluation, and Management Information Systems. Washington, DC: U.S. Government Printing Office.

U.S. Department of Justice, Office of Justice Programs, Drug Court Program Office. (June, 1998). Looking at a Decade of Drug Courts. [On-Line].

U.S. Department of Justice, Office of Justice Programs, National Institute of Justice, NCJ #169597. (August, 1998).

Drug Court and the Role of Graduated Sanctions. Washington, DC: U.S. Government Printing Office.

U.S. Department of Justice, Office of Justice Programs, Drug Court Program Office. About The Drug Courts Program Office [On-Line]. Available: www.ojp.usdoj.gov/dcpo.

U.S. Department of Justice, Office of Justice Programs, Drug Court Program Office. (June,1999) Drug Court Activity Update: Summary Information. [On-Line]. Available1.

U.S. Department of Justice, Office of Justice Programs, National Institute of Justice. (June, 2000) Annual Report on Drug Use Among Adult and Juvenile Arrestees. [On-Line]. Available: http://www.adam-nij.net

U.S. Department of Justice, Office of Justice Programs, National Institute of Justice. (May, 2000) Sentencing &Corrections Issues for the 21st Century, No.6. [On-Line]. Available: http://www.ojp.usdoj.gov/nij.

U.S. Department of Justice, Office of Justice Programs, National Institute of Justice Journal. (July,2000) Reducing Offender Drug Use Through Prison-Based Treatment. http://www.ojp.usdoj.gov/nij.

U.S. Department of Justice, Office of Justice Programs, National Institute of Justice. (December, 2001) ADAM Preliminary 2000 Findings on Drug Use & Drug Markets. [On-Line]. Available: http://www.ojp.usdoj.gov/nij.