

**“Comparative Analysis of Drug Courts: Effectiveness of Sentencing an Offender to Treatment and Rehabilitation”**

by

Marissa Hundelt

Submitted in Partial Fulfillment of the Requirements

for the Degree of

Master of Science

in the

Criminal Justice

Program

YOUNGSTOWN STATE UNIVERSITY

May 2016

**“Comparative Analysis of Drug Courts: Effectiveness of Sentencing an Offender to Treatment and Rehabilitation”**

Marissa Hundelt

I hereby release this thesis to the public. I understand that this thesis will be made available from the OhioLINK ETD Center and the Maag Library Circulation Desk for public access. I also authorize the University or other individuals to make copies of this thesis as needed for scholarly research.

Signature:

---

*Marissa Hundelt*, Student

Date

Approvals:

---

*John Hazy*, Thesis Advisor

Date

---

*Jeffrey Ervin*, Committee Member

Date

---

*Monica Merrill*, Committee Member

Date

---

Dr. Salvatore A. Sanders, Dean of Graduate Studies

Date

## **Abstract**

This thesis focuses on the efficacy of the Mahoning County Felony Drug Court [MCFDC] in Mahoning County, Ohio compared to offenders placed on Intervention in Lieu of Conviction supervision [ILC]. It is important to analyze the criminal justice system response to the increase in drug use and drug related crime throughout the United States. The MCFDC's mission is to provide offenders a positive diversion from the ongoing substance abuse addiction and incarceration through treatment, supervision, accountability, and standard contact with their drug court judge, by providing the tools to live a drug free lifestyle and crime free future. Secondary data analyses were used from a total of 410 offenders who completed supervision from 2011 to 2014 in the Mahoning County Common Pleas Court. Specifically, 178 offenders were in the MCFDC program and 232 offenders were on ILC supervision. The MCFDC holds offenders liable for their actions by having weekly status review hearings, random urine screens, and providing incentives and sanctions based on their behavior. As expected, results reveal that 66% of offenders in the MCFDC graduated from the program, where as 45% successfully completed ILC supervision. These findings can enlighten judges on the effectiveness of drug courts and provide alternative sentencing options for drug-addicted offenders.

## **Acknowledgements**

I would first like to thank my thesis advisor Dr. John Hazy of the Department of Criminal Justice and Forensic Sciences at Youngstown State University for his continued assistance, patience, motivation, and guidance throughout this research process. I truly appreciate his enthusiasm and immense knowledge.

Besides my advisor, I would also like to thank the rest of my thesis committee, Professor Monica Merrill and Professor Jeffrey Ervin, for their continued support and knowledge throughout this research project. I am grateful for their insightful comments and ongoing encouragement.

Lastly, I must express my gratitude to my parents, siblings, and especially to my fiancé for providing me with the constant support and continued encouragement throughout my years of study and through the process of researching and writing this thesis. This accomplishment would not have been possible without them. Thank you.

## Table of Contents

<b>Signature Sheet</b>	ii
<b>Abstract</b>	iii
<b>Acknowledgements</b>	iv
<b>Chapter 1</b>	1
Introduction	1
Local Context	2
<b>Chapter 2</b>	5
Historical Context	5
MCFDC: Overview	7
ILC Offenders	11
Participant Monitoring	13
Treatment	14
Phases	16
Theory	19
Literature Review	21
<b>Chapter 3</b>	29
Methodology	29
Overview	29
Sample and Population	30
Collection of Data	31
Measures	31
Analysis	33
Hypotheses	33
Descriptive Statistics	34
Overall Comparison	35
Sex, Minority Status, Age	36
<b>Chapter 4</b>	38

Results	38
<b>Chapter 5</b>	44
Conclusion	44
Major Findings	45
Limitations	47
Recommendations and Future Research	49
Benefits/Contributions	50
<b>References</b>	54
<b>Appendices</b>	57
Figure 1	57
Table 1	58
Table 2	59
Table 3	60
Table 4	61
Table 5	62
Figure 2	63
Figure 3	64



## **Chapter 1**

### **Introduction**

Drug use and related crime remains a constant issue within society.

Unfortunately, illicit drug use and alcohol is a key component in growing incarceration rates in the United States (“Drug Court Planning,” 1999). In 2013, approximately 24.6 million Americans from age 12 or older, which is 9.4 percent of the American population, had used an illegal drug within the past month (“Nationwide Trends,” 2015). Sadly, this number has increased from 8.3 percent in 2002. Unfortunately, there is a continuous “treatment gap” in the United States. In 2013, approximately 22.7 million citizens needed treatment for a drug related problem, but only 2.5 million Americans actually received treatment at a specialty facility (“Nationwide Trends,” 2015).

The outlook on drug use and obtaining treatment has changed over the years. The shift toward a rehabilitative perspective developed in the late 1980’s, along with the creation of the Drug Court Model. A typical Drug Court Model consists of community-based substance abuse treatment and increased judicial involvement. The first Drug Court was established in Miami, Florida (“Adult Drug,” n.d.). Since then, Drug Courts have been placed under a microscope. According to the National Institute of Justice Report, there are over 3,400 Drug Courts throughout the United States. Since 1995, the Drug Court Programs Office has provided \$56 million in funding for development and research (Shaffer, Johnson & Latessa, 2002). Due to the large amount of funding, the number of Drug Courts is estimated to increase over the next couple of years. It is this research on the effectiveness of drug courts is necessary because drug related crimes and offenders who are dependent on illicit drugs continue to increase. Moreover, it is important to



examine how drug courts operate, what treatment and rehabilitation services are provided, and the success rates of offenders placed on drug court verse other community supervision.

### **Local Context**

Nationwide, 75% of Drug Court offenders who successfully completed the program remain arrest-free at least two years after graduating (“Drug Courts Work,” n.d). Many studies and scientific meta-analyses have shown Drug Courts drastically reduce crime as much as 45% more than any other sentencing option (“Drug Courts Work,” n.d). According to Drug Abuse Trends in the Youngstown Region report, Mahoning County treatment providers and community professionals deemed heroin as the region’s main drug problem and identified it as an “epidemic.” The Mahoning County Coroner’s office identified opiates in 44% of all drug-related deaths from July to December 2012 (Fedina, Sherba, & Gersper, 2012).

The purpose of this study is to examine the effectiveness of sentencing offenders to Drug Court in Mahoning County, Ohio. This study will specifically cover the Mahoning County Felony Drug Court and closely examine these offenders that participate in drug court at the Common Pleas level. It is essential to identify the importance of sentencing offenders that are dependant on an illegal substance to drug court verse other community supervision. The underlying issue is one’s addiction to drugs guides them to criminal behavior because their need for this substance is so prominent it causes addicts to turn to income-producing crime to sustain their drug habits (Gottfredson, Najaka, & Kearley, 2003).

This study will describe who is benefiting from these services and the effectiveness of the MCFDC. Program analysis and reviewing the operations and impacts of Felony Drug Court will be a crucial factor in this study. The primary goal of the MCFDC is to ensure that each offender will live a drug free lifestyle by reducing criminality and decreasing substance abuse. This study will examine the characteristics of the offenders, treatment opportunities and options, monitoring services, and the sanctions and incentives available for each participant. The following will explain in detail the graduation rates for MCFDC offenders and success rates for the comparative group, ILC<sup>1</sup> offenders. The theory will explain what influences graduation rates and why it is important to drug court offenders. This study will address the following questions:

- *What are the characteristic/backgrounds of the offenders served by the Mahoning County Felony Drug Court?*
- *What is the graduation rate for the Mahoning County Felony Drug Court from 2011-2014?*
- *What is the success rate for offenders placed on Intervention in Lieu of Conviction from 2011-2014?*

With the increasing number of Americans using illicit drugs, treatment needs to be a core element of society. As previously stated, drug courts are increasing throughout the nation. Courts are beginning to realize the need for drug rehabilitation verse sending these drug dependent individuals to prison. It is important to understand the difference between drug court and other community supervision options. The next chapter will describe the historical review of drug courts, an overview of the MCFDC

---

<sup>1</sup> Allows for a court to authorize a criminal defendant facing specific charges to receive treatment instead of facing a trial and conviction on the matters. If offender completes supervision/treatment successfully, the defendant is released from further commitment and the charges are eventually dismissed and able of being expunged ("What is Treatment," 2010)

program, qualifications of offenders in drug court, comparison of the MCFDC and ILC supervision, and what the treatment entails for drug court offenders. Lastly, it will explain the theory behind the thesis, and examine previous work that has been conducted on the related topic.

## **Chapter 2**

### **Literature Review**

With the growing substance abuse dependency rates in the United States, particularly in Mahoning County, Ohio, it is important to study the effectiveness of the MCFDC program compared to other community supervision options such as ILC supervision.

In this chapter, I will explain the historical context including where drug courts came from, why they were developed, and the importance of their establishment. Specifically, this chapter will examine the importance of the MCFDC program, qualifications for offenders placed in drug court, a comparison of the MCFDC program and ILC supervision, and will describe what treatment entails for drug court offenders. Lastly, this chapter will apply theory, and evaluate previous studies that have been examined on the related topic.

### **Historical Context**

There were many contributing factors to the development of drug courts. As previously stated, the first drug court was established in Miami, Florida in 1989 (Goldkamp, 1994). Other drug courts were subsequently created due to law enforcement and imprisonment policies not having a big enough impact on the drug supply or demand that the “War Against Drugs” initially anticipated for in the 1980’s. There was a rise in criminal caseloads that stemmed from drug cases during this time. Courts needed to respond in a timely manner in order to take care of the rise in drug offenses and drug related crime. Courts developed strategies that concentrated on recovering case flow

management, and developing specialized courts to accelerate drug case processing (Goldkamp, 1994).

In 1989, the Miami Felony Drug Court met with community leaders to design a treatment drug court. The Miami Felony Drug Court started out as a referral point, sending certain individuals to treatment and rehabilitation as a condition of probation (Goldkamp, 1994). The ultimate goal of this drug court was to encourage and offer treatment to individuals in need. Drug Courts recognized that treatment providers and other community providers played a major role in offender success. The prevailing thought was that drug court was different from other courts because the judge, prosecutor, defense attorney, and other important staff were adequately trained in addictive behavior and more actively involved in the treatment process (Goldkamp, 1994). Originally, the treatment plan relied on outpatient treatment that was comprised of many phases to assist these individuals in graduating from the program.

Between 1991 and 1993, the Miami Felony Drug Court swayed more than 20 other jurisdictions across the country to put into practice versions of drug treatment courts (Goldkamp, 1994). In 2001, according to the U.S. General Accounting Office, there were nearly 800 operating drug treatment courts (Gottfredson et al., 2003). A key component of the First National Drug Court Conference was to distinguish core elements that differentiate them from other types of courts. The main elements and goals of treatment in drug courts were as follows:

- Judicial involvement plays a major role

- To ensure effective operation multiple parties must be involved (i.e. criminal justice agencies, treatment providers and community organizations, attorneys, families, judges, and other pertinent staff)
- Training and other education must be provided to all parties to obtain knowledge on drug addiction, substance abuse, and treatment approaches
- The drug court must establish a target population
- The court must develop a custom designed treatment plan that targets the specific population at hand
- Courts must link with criminal justice agencies to adequately supervise offenders specifically for case decision-making
- Drug Court policies, procedures and a treatment plan must be developed
- Drug Courts must establish an evaluation strategy to determine its efficacy (Goldkamp, 1994)

### **Mahoning County Felony Drug Court: Overview**

The Mahoning County Felony Drug Court [MCFDC] was created in 1998. Its design ensures that the court follows the ten-key components identified by the Bureau of Justice Assistance and the National Association of Drug Court Professionals (“Mahoning County Common”, n.d, pg 1). The Mahoning County Felony Drug Court’s mission is to “provide participants a positive diversion from ongoing addiction and incarceration through treatment, supervision, accountability, and regular contact with their Drug Court Judge, with the goal of providing participants the tools to live a sober and crime-free future” (“Mahoning County Common,” n.d, pg 3). The MCFDC provides an avenue of

treatment, counseling, mentoring, and set policies and procedures that the offenders must follow in order to successfully complete the program. The initial process of getting involved with MCFDC is quite complex and follows a certain process (See Figure 1). First, either the offender's family, probation officer, self, law enforcement, or attorney can refer the offender to Drug Court. The offender is then referred to the Drug Court Coordinator and Drug Court Prosecutor to run a LEADS Check<sup>2</sup> to ensure the offender meets the eligibility requirements for Intervention in Lieu of Conviction. The MCFDC follows the ILC model of the Ohio Revised Code<sup>3</sup>. An individual must meet the following criteria to be eligible:

1. The offender has not been convicted of or plead guilty to a felony
2. Has not previously been sentenced to ILC
3. The offense is not a felony of the first, second or third degree
4. The offense is not a violent offense or one of the following:
  1. Aggravated Vehicular Homicide, Vehicular Homicide, or Aggravated Vehicular Assault
  2. Operating a Vehicle while under the Influence [OVI]
  3. Any offense that requires a mandatory prison term or local jail term
  4. Corrupting another with drugs
  5. Trafficking/Aggravated Trafficking in Drugs
  6. Illegal Manufacturing of Drugs, Cultivation of Marijuana, or Methamphetamine offenses
  7. Illegal distribution of anabolic steroids

---

<sup>2</sup> Law Enforcement Agency Data System (LEADS): enables background/records checks

<sup>3</sup> The Ohio Revised Code “contains all current statutes of the Ohio General Assembly of a permanent and general nature, consolidated into provisions, titles, chapters and sections” (Wikipedia, n.d)

5. Possession of a controlled substance that is a F1, F2, or F3
6. The offender was assessed by a licensed provider, certified facility, or licensed professional that deemed the individual appropriate for ILC and has a suitable intervention plan
7. The offender's drug or alcohol usage was a prime factor causing the criminal behavior/charge, and ILC would decrease the likelihood of re-offending in the future
8. The alleged victim of the offense was not 65 years old or older, disabled, under 13 years old, or a police officer on duty  
(“Mahoning County Common,” n.d.)

The MCFDC also follows their own written criteria to establish whether individuals are eligible. The Drug Court Advisory committee developed this criterion.

The following factors determine if the offender is *ineligible* for drug court:

1. The defendant is charged or has previously been convicted of a violent crime
2. The defendant is charged or has previously been convicted of a sex-related crime
3. The defendant is charged or has previously been convicted of drug trafficking
4. The defendant is charged or has previously been convicted of any charges of violence
5. The defendant is charged or has previously been convicted of charges with weapons
6. The offender does not “live” (have residence) within the jurisdiction of the Adult Parole Authority



7. The defendant's partaking is not recommended by the prosecutor or law enforcement official

("Mahoning County Common," n.d.)

From there, the offender is either approved or denied for Drug Court. If approved, the offender attends orientation. Orientation provides knowledge to the offender to ensure they are aware of the requirements, conditions, and potential incentives and sanctions, and given a general overview of the Felony Drug Court program ("Mahoning County Common," n.d). If the offender agrees to participate in MCFDC, they are then referred to obtain a clinical assessment to determine if the defendant meets the written clinical requirements and are appropriate for the program. Following the assessment, the offender meets with a Drug Court Case Manager who determines the level of care, reviews court compliance, and are made aware of potential incentives and sanctions that can be given throughout the process. Next, the Drug Court Case Manager presents the offender to the Felony Treatment team for review. Once the above is in place, the Drug Court Coordinator notifies the Court Administrator that the defendant is ready to plea into drug court ("Mahoning County Common," n.d). Finally, the offender attends Drug Court, observes the proceedings, analyzes the plea form with their defense attorney, and lastly pleads guilty to the charge. The plea is then set aside until it is time for adjudication or dismissal, as required by the ILC statute ("Mahoning County Common," n.d). Lastly, the offender meets with his/her Drug Court Probation Officer and reviews and signs Conditions of Supervision with the State of Ohio Adult Parole Authority.

## **ILC Offenders**

The Adult Parole Authority supervises offenders placed on Intervention in Lieu of Conviction. Compared to drug court supervision, ILC is more like general probation in the community. The offender undergoes an assessment that determines the offender's supervision level. Based on this assessment, the offender may be supervised at a monitored time, low, moderate, high or very high supervision level.

Per the Adult Parole Authority policy, offenders placed on monitored time and low supervision are on non-reporting supervision. Per minimal standards, monitored time supervision entails having one contact with the offender on a yearly basis. This contact is to ensure the offender is still living and remains at his/her reported address. The contact can be made with the offender, the offender's family or support system, or by a LEADS background check verifying the issuance of the state identification card since the last annual contact. Low supervision means the probation officer must make one positive contact, either by telephone or by other contact, per quarter. In other words, the probation officer must have a positive contact, which does not have to be face-to-face with the offender once every three months. If the offender is placed on moderate supervision the probation officer must have one positive contact per quarter, of which one must be in the community. Contacts in the community can include a home visit, visit to the offender's employment, school, etc. Next, offenders placed on a high supervision level must be seen at least one time per month, and every two months one of the contacts must be in the community. Lastly, very high supervision entails having three positive contacts per month with the offender with one of the contacts in the community every two months.

Once the supervision level is determined, the probation officer can begin to effectively supervise the offender. Probation officers have discretion in regards to how they want to supervise their offenders on ILC. For example, at random or for good cause shown, probation officers can administer urine screens. Although, probation officers are not mandated to conduct a certain amount of urine screens while the offenders are on probation. Offenders are not mandated to complete any programming, educational classes, etc. unless they are court ordered special conditions by the judge. Therefore, if the sentencing judge does not place a special condition, such as, to complete intensive outpatient treatment, complete in-patient treatment, obtain a GED, or obtain a valid drivers license the offender does not have to partake in any of those services. In other words, offenders can go about their lives without intervention as long as they follow the Adult Parole Authority's Conditions of Supervision, meet with their probation officer as mandated and determined by their supervision level, and comply with court imposed special conditions.

When an offender violates his or her ILC, the probation officer can determine to either sanction the offender to some sort of programming/treatment or other alternative sanctions, or can decide to take the offender into custody and back before the judge. Only when the offender violates his or her probation they are taken back before the judge. If the offender is found to be in violation of their ILC, the judge can determine to either continue them on ILC supervision or rescind their ILC and schedule a sentencing hearing. At a sentencing hearing the judge determines what he/she wants to do. The possibilities are endless. The judge may send them to prison, jail, or continue with community control supervision. The only other time an offender may meet with the judge is for a status

hearing or termination hearing. A status hearing may be scheduled if the offender is failing to comply with their conditions of supervision, change in restitution payments or for any other reason deemed appropriate. Lastly, once an offender successfully completes supervision a termination hearing will be scheduled before the judge.

### **Participant Monitoring**

It is important to understand the thorough process of drug court and treatment provided to offenders in the MCFDC program. It is imperative to distinguish the differences between the MCFDC program and offenders sentenced to ILC supervision to the State of Ohio Adult Parole Authority.

First, and foremost, treatment team meetings and status review hearings are important to an individual's success. The MCFDC closely examines each participant's performance and progress through the entire program by having frequent treatment team meetings, staff meetings, and status review hearings ("Mahoning County Common," n.d.). The Felony Treatment team, which includes, prosecutor, probation officer, treatment providers, case managers, etc., meet once a week to discuss the progress of each individual in drug court. The Drug Court Coordinator will fax the notes from the meeting to the Drug Court Judge and Drug Court Administrator. The Felony Treatment team will join the Drug Court Judge the following day to provide any clarification that may be needed ("Mahoning County Common," n.d.).

Initially, every participant in the MCFDC attends a status review hearing on a weekly basis. There are benefits to holding weekly status review hearings. First, offenders are reminded of the pros and cons of complying with the program. Secondly, it

gives participants the opportunity to educate themselves by observing other participants who may receive sanctions or incentives. Status review hearings reinforce the Drug Court's policies and procedures and guarantees effective supervision of each offender. In the beginning, participants have a status review hearing on a weekly basis, but as the offender advances through the phases they are able to attend a status review hearing every two weeks or every three weeks ("Mahoning County Common," n.d.).

### **Treatment**

The MCFDC participants receive an individualized treatment plan that is comprised of evidence-based practices. These evidence-based practices include: Motivational Interviewing, Motivational Enhanced Therapy, Cognitive Behavioral Therapy, 12-Step Facilitation Therapy, and Seeking Safety Trauma Groups ("Mahoning County Common," n.d.). These treatment plans can be gender conducive, culturally appropriate, and identify co-occurring disorders.

The MCFDC works with a wide variety of treatment providers. Treatment Alternatives for Safer Communities [TASC] is utilized the majority of the time. For the purpose of this study, it will focus and compare only individuals who have participated in TASC, for both MCFDC offenders and offenders sentenced to ILC (comparative group). TASC, which is a division of Meridian Community Care, is in charge of managing Drug and Alcohol Treatment as it pertains to the Criminal Justice System (TASC, 2015). TASC is considered an Ohio Department of Mental Health and Addictions Services [OhioMHAS] Certified Treatment Agency, meaning the OhioMHAS has statutory and regulatory authority over its facility ("Ohio Department of," 2016). TASC focuses on

establishing useful techniques and supportive supervision of Chemical Dependency treatment to qualified offenders in an effort to decrease recidivism while also concentrating on the community's need (TASC, 2015).

TASC follows ten critical elements that are necessary for program success. These elements are a set of guidelines to what is essential for an appropriate functioning TASC program (Inciardi & McBride, 1991). These particular elements set a structure for assessing both organizational and operational performance standards. These critical elements include:

**Element 1:** Broad-based support by Justice

**Element 2:** Broad-based support by the Treatment Community

**Element 3:** An independent TASC unit with a designated Administrator

**Element 4:** Policies and procedures for regular staff training

**Element 5:** A management information program evaluation system

**Element 6:** Clearly defined eligibility criteria

**Element 7:** Screening procedures for early identification of TASC candidates within the Justice System

**Element 8:** Documented procedures for Assessment and Referral

**Element 9:** Policies, procedures and technology for monitoring TASC clients' drug use through urinalysis or other physical evidence

**Element 10:** Monitoring procedures for ascertaining clients' compliance with established treatment criteria and regularly reporting their progress to referring Justice System components

(Inciardi & McBride, 1991)

Currently, TASC offers assessment, urine screens, case management and non-intensive outpatient programs to multiple specialized court programs, such as the MCFDC, all Mahoning County Courts, the Adult Parole Authority, and Girard Municipal Court (TASC, 2015). Once the offender undergoes an assessment with TASC, the agency will determine the level of care that is needed based on the OhioMHAS criteria, and will refer the offender to the appropriate treatment regimen/program. Not only does TASC focus on chemical dependency issues, but the facility also assists offenders in seeking out mental health counseling, GED programs/classes, job training, etc. As previously stated, with the recent increase in drug related crime and criminal behavior, TASC focuses on demand rather than supply, as it is a crucial aspect in reducing drug-related offenses (TASC, 2015). Lastly, TASC believes early recognition, assessment, treatment referral, monitoring, and case management leads offenders to feel more accomplished and gives a sense of positive treatment experiences (TASC, 2015). A collaboration of drug treatment and judiciary, progressive sanctions and an ample approach to Case Management, TASC presumes this method decreases recidivism and holds offenders accountable for their actions (TASC, 2015).

### **Phases**

The MCFDC has three phases that each offender's performance and progress is measured. These phases include: Phase I – the Treatment Phase; Phase II – the Life Skills Phase; Phase III – the Transition Phase (“Mahoning County Common,” n.d.). The offender's progress is determined by the individual's performance in the treatment program and obedience with the Drug Court phase expectations. Completion of each

phase is determined by specific criteria. For example, to complete Phase I –the Treatment Phase, it requires the offender to have completed the majority of their assessed treatment program and has connected with sober supports. Completion of Phase II – the Life Skills Phase entails that each individual has obtained a sponsor within the recovery community and has secured a home group, as well as gained employment and/or has started educational programming. Lastly, in order to complete Phase III – the Transition Phase, the offender must have completed all obligations with the courts, i.e. paid all restitution and/or court costs/fees, obtained driver’s license, has obtained their GED or high school diploma, has stable housing, obtained and maintained employment, has a sponsor/home group, and has at least six months of sobriety (“Mahoning County Common,” n.d.).

Lastly, progressive sanctions and incentives play a major role in offender’s success in the MCFDC program. Intensive supervision and close monitoring is pertinent to reinforce positive behavior. As previously stated, status review hearings are a good way for the court to recognize and reward pro-social behavior (“Mahoning County Common,” n.d.). Providing incentives is a significant component for success in making long lasting behavioral changes. Incentives reinforce themselves to continue progressing with the positive changes they are making within their lives.

All incentives are individualized to each offender and their own treatment plan. Incentives are documented to ensure that the individual is recognized on a progressive basis. A few examples of incentives that are used to recognize progress in the program are: obtaining certificates/tokens of progress, reducing fees, decreasing court appearances, reducing supervision contacts, dismissal of criminal charges, and graduating



from the MCFDC program (“Mahoning County Common,” n.d.) The following are behaviors that are acceptable for incentives:

1. Attends all required court appearances
2. Attends all required treatment appointments
3. Continues close contact with Case manager
4. Remains a drug free lifestyle
5. Participates in vocational or educational classes
6. Obtains stable housing
7. Enhances to next Phase
8. Completes any other milestone identified by the Drug Court Team

(“Mahoning County Common,” n.d.)

Likewise, sanctions are just as important as incentives are to an individual’s success. Graduated sanctions are there to conform the offender’s behavior to the program’s policies and procedures and to deter the individual’s negative behavior, as well as promote future compliance. Sanctions are given when there is noncompliance with the program’s requirements and the treatment plan. The MCFDC has established protocols for addressing an offender’s noncompliance. The Felony Treatment team will recommend the sanction and the Drug Court Judge has the ultimate decision (“Mahoning County Common,” n.d.). Behavior that is not tolerated in the program is, but not limited to, failure to appear at court or treatment appointments, failure to comply with the drug court rules, testing positive on a urine screen, and failure to meet vocational and educational goals. The following are graduated sanctions that may be utilized to respond to noncompliance within the program:

1. Verbal Warnings
  2. Demotion to earlier Phase
  3. Increase court appearance, or contact with probation officer
  4. Mandate community service or work programs
  5. Escalating periods of jail
  6. Termination from the MCFDC program
- ("Mahoning County Common," n.d.)

## **Theory**

It is pertinent to explain why this study predicts drug court offenders have a higher graduation rate than offenders placed on Intervention in Lieu of Conviction supervision. There are many critical points that influence graduation rates for MCFDC offenders. As previously stated, drug court offenders have more judicial involvement than any other type of supervision. Starting out, MCFDC offenders attend status review hearings on a weekly basis. At this time, offenders are educated as to why it is beneficial to comply with the rules and regulations of drug court. This gives the opportunity for offenders to watch others as they progress through the program or as others receive consequences for negative behavior. This method is in place to help promote positive behavior and to deter inappropriate, negative behavior by observing others. In the study, *Matching Supervision to Clients' Risk Status*, concluded that offenders who were high risk and attended status review hearings more frequently responded better and had greater outcomes than those who did not (Marlowe, Festinger, Lee, Dugosh, Benasutti, 2008).

Also, the structure of the MCFDC sets offenders up for future success. As discussed earlier, there are three phases the offenders must successfully complete before being eligible to graduate. During these phases offenders must adhere to the drug court's policies and procedures to ensure program compliance. In these phases, offenders are encouraged or mandated to obtain employment, obtain their GED, find stable housing, and seek community support groups. Giving offenders hope and providing the tools needed for future success is also a powerful influence on drug court graduation rates.

Lastly, incentives and sanctions play a major role in an offender's success. Close supervision and monitoring is crucial to reinforce positive behavior. They are important because it provides the opportunity for the courts to recognize positive behavior development. Incentives are essential to make a lasting behavioral change. Incentives allow acknowledgement of the difficult changes that are being made and provides an important milestone in their recovery. On the other hand, sanctions are equally as important. They are developed to persuade offenders into program compliance. Sanctions are to deter disapproving and inappropriate behavior that is not tolerated in the drug court program.

According to James L. Nolan (2002), Deterrence Theory plays a role in one's rehabilitative progression. Specific Deterrence Theory focuses on punishment and how it is necessary to adequately punish an individual to prevent future crimes/violations. In regards to drug court, sanctions are in place to deter negative behavior and to inform the offender his/her inappropriate behavior is not tolerated in the program. General Deterrence Theory explains punishment will deter others from committing future crime (Nolan, 2002). This theory is important to drug court for a specific reason. As previously

stated, status review hearings are pertinent to one's success in drug court as it allows offenders to see others receive incentives and sanctions. By observing others succeed and fail, drug courts allow the opportunity for others to educate themselves on the benefits of complying with the drug court's rules and regulations, as opposed to the outcomes of negative conduct.

### **Literature Review**

The following is a synopsis of how drug courts can be more beneficial to an addict than normal probation. The purpose of Adult Drug Court is to reduce recidivism and substance abuse amongst nonviolent offenders who use some sort of illicit drug/substance. Also, these courts were established to hopefully improve the likelihood of successful rehabilitation through premature (i.e. early recognition), continuous, and intense judicially supervised treatment, mandatory urine screens, and community supervision, such as probation, the use of appropriate and effective sanctions, and other rehabilitation programs ("What Are Drug," n.d.). The Adult Drug Court generally takes the "high risk," "high need" offenders in relation to drug abuse. By focusing on the "high risk," "high need" offenders, crime was reduced approximately twice as much as those serving less serious offenders, and in return, saved approximately 50% greater cost savings to their communities ("Adult Drug Court," n.d). Offenders can be disqualified depending on their criminal history. Some offenders due to their criminal background could be more of a hazard and safety concern and may not be supervised as effectively and efficiently on Drug Court, as they would be on probation.

The University of Maryland conducted a study, *Effectiveness of Drug Treatment Courts: Evidence From A Randomized Trial*, which entailed randomly assigning 235 offenders to drug treatment court and analyzing the results. The study states that drug treatment courts are intended to promote the likelihood that offenders who are addicted to drugs will continue drug treatment, which in turn, will decrease ones drug dependence and build a healthier, more dynamic, and crime-free lifestyle (Gottfredson, et al., 2003).

Specifically, the study examined the Baltimore City Drug Treatment Court [BCDTC]. Currently, drug court offenders are referred to the program one of two ways: (1) Circuit Court felony cases that are supervised by Parole and Probation and (2) District Court misdemeanor cases supervised by Parole and Probation departments (Gottfredson et al., 2003). The BCDTC program is a combination of intensive supervision, urine screening, drug treatment and rehabilitation, and judicial supervision over the course of roughly 2 years (Gottfredson et al., 2003). Initially, all offenders begin under intensive supervision. The BCDTC recommended three key guidelines to effective supervision, (1) an offender must have a minimum of three face-to-face contacts per month with their supervising probation officer, (2) required to have at least two home visits per month, and (3) verification of employment status at least one time per month (Gottfredson et al., 2003). As offenders approached graduation, their supervision level was decreased. Throughout supervision offenders were drug tested frequently, mandated to attend drug treatment at a specified treatment provider, and attended status review hearings with the Judge on a weekly basis.

The Baltimore City Drug Treatment Court utilized an experimental research design while randomly assigning 235 participants to either drug treatment court or to the

comparison group (Gottfredson et al., 2003). The study collected data on offender demographic characteristics, prior offense history, recidivism, drug treatment, drug testing, probation supervision, judicial monitoring, and time spend in jail. These participants were observed for roughly 24 months.

After two years of entry into the drug court program, 19% of offenders graduated from the BCDTC program, 35% were still participating in drug court, 33% were terminated from the program, three percent died prior to completion, one percent of the population's outcome could not be determined, and nine percent were not treated by the drug court (Gottfredson et al., 2003). This particular study also examined rearrest. Findings showed that nearly two out of three (66.2%) drug court offenders were less likely to be re-arrested compared to the comparison group (81%). General findings showed that the BCDTC program ultimately decreased criminal behavior in the drug-addicted chronic offender population (Gottfredson et al., 2003). It was found that treatment played a major role in the success of an offender in drug court. Drug court offenders who partook in at least ten or more consecutive days of treatment were much less likely to reoffend than the comparison group (Gottfredson et al., 2003).

The next study examined was called *Drug Court or Probation? An Experimental Evaluation of Maricopa County's Drug Court*, which examined 630 offenders sentenced in 1992 or 1993 and were placed in either drug court or probation and monitored for a period of 12 months. The study focused on the Maricopa County First Time Drug Offender [FTDO] in comparison to offenders sentenced to probation. Findings showed that 40 percent of drug court offenders successfully completed the treatment program within the allotted 12-month timeframe (Deschenes, Turner, Greenwood, 1995). There

was no significance in terms of arrests for new criminal charges, but drug court offenders had an overall lower rate of technical violations (i.e. drug violations). The FTDO program followed a strict program outline that clearly displayed the conditions of program compliance and the incentives that were created to motivate offenders to complete treatment. Offenders who participated in the FTDO program were able to earn incentives that included reductions in the time they had to spend in the program and the fees they had to pay for all services. Therefore, the drug court program heavily relied on progressive sanctions, which entailed “the measured application of a spectrum of sanctions, whose intensity increases incrementally with the number of seriousness of program failures,” (Deschenes et al., 1995). The FTDO program also relied on incentives in hopes to motivate offenders toward program success and program compliance.

The study limited the target population to those with similar characteristics for a better comparison. The Maricopa County Adult Probation Department [MCAP] examined first-time felony drug offenders with comparable needs of treatment. Therefore, the FTDO program limited its population to first-time convicted offenders for possession of marijuana, dangerous drugs, narcotics, or drug paraphernalia (Deschenes et al., 1995).

The enhanced treatment and rehabilitation program offered drug education and group counseling with rigorous case management and aftercare. The FTDO program focused on evidence based practices and developed its program around three phases. The first phase was designed for orientation and focused on drug education and social skills training (Deschenes et al., 1995). The second phase focused on relapse prevention. The offenders were expected to attend a certain amount of 12-step meetings per week and

continue to comply with urine screens. Lastly, the third phase was the transition phase, in which the offender continued treatment and 12-step meetings. Offenders who completed all three phases could be terminated from the program (Deschenes et al., 1995).

Goals of the FTDO program were similar to other drug court programs. First, the program wanted to improve the availability of treatment for offenders in hopes to reduce recidivism and decrease substance abuse. Secondly, the program wanted to enhance the accountability for participants by providing a more structured organization of supervision and sanctions (Deschenes et al., 1995). Lastly, MCAP wanted to decrease system overcrowding.

According to this experimental study, *Drug Court or Probation? An Experimental Evaluation of Maricopa County's Drug Court*, it was found that 61 percent of offenders in the drug court either successfully completed the treatment program or were currently still in the program (Deschenes et al., 1995). Findings showed that 30 percent of offenders successfully graduated from drug court and were discharged from probation, where as the other 11 percent graduated from drug court but were moved over to probation to fulfill other conditions of their sentence, such as, community service, pay restitution, etc. (Deschenes et al., 1995). The remaining 39% were unfavorable outcomes, 15% absconded from supervision or had an active warrant for their arrest, and four percent were terminated for unknown reasons (Deschenes et al., 1995).

The following study, *Outcome Evaluation of Ohio's Drug Court Efforts*, was conducted by the University of Cincinnati in relation to the effectiveness of drug courts throughout Ohio at the Common Pleas level, Municipal level and Juvenile level. This



particular study was a comparative analysis between offenders who participated in drug court and a comparison group<sup>4</sup>.

The overall results of the study were promising. The findings showed that offenders who participated in drug courts, despite the type of drug court, were less likely to be rearrested than the comparison group of offenders who were not involved with drug court services (Shaffer et al., 2002). This study specifically looked at the demographics, current offense and disposition, prior criminal history, drug use and treatment history, relevant treatment needs, treatment placement and outcome, court reported violations, overall satisfaction with drug court, and termination status of all drug court participants (Shaffer et al., 2002). The study reported that most offenders who plead into drug court did so willingly, where as the offenders in the comparison group did not.

Another Drug Court study was conducted by Columbia University's National Center on Addiction and Drug Abuse [CASA]. The CASA study examined the "effectiveness of the drug court model on offenders when they are participating in the drug court program, comparing the drug court model to other forms of community supervision" (Belenko, 1998). Specifically, the "Research on Drug Courts: A Critical Review" article evaluated three key components of drug courts:

1. Process or Operations Evaluation
2. Cost Savings Analysis
3. Impact Evaluations

Process or Operation Evaluation describes how the drug court has been implemented and provides descriptive information about how drug courts operate. These

---

<sup>4</sup> Comparison Group: collaboration of offenders whom (1) reported to have a substance abuse problem, and (2) was eligible to participate in drug court, but decided not to for a multitude of reasons (Shaffer et al., 2002).

evaluations are important because it describes key indicators on how efficient the drug court program is, and whether the program is sustaining its operational goals and objectives. It also analyzes the characteristics of its participants and explains the services provided, and the offender's outcomes (Belenko, 1998).

This particular study also examined the Cost Saving Analysis. The assumption is that long-term, sentencing an offender to drug court is cheaper due to the decrease in recidivism, decrease in drug participation, employment, and health and family stability (Belenko, 1998). In regards to short term cost savings, according to this study, it is cheaper to sentence an offender to community supervision than to house them in prison.

The last key component is Impact Evaluations. This section describes the impact drug courts have on offenders verse offenders sentenced to other community supervision. The CASA study primarily studied the recidivism rates to answer this particular component. According to the data, individuals with a substance abuse problem and were sentenced to drug court had lower rearrest rates than similar comparison groups (Belenko, 1998).

Overall, the CASA study concluded that drug courts provide a closer, more inclusive supervision, and much more frequent urine screens and monitoring during the program, verse other types of community supervision (Belenko, 1998). Findings conducted in a survey by the U.S. Department of Justice found that 25% of probationers reported they were urine screened while on supervision. On the other hand, 16% of offenders participated in drug treatment, five percent in other counseling services, and three percent were enrolled in educational programming (Belenko, 1998). It was found that drug courts were able to engage and retain offenders in programming and treatment

programs more efficiently. A survey was conducted and it estimated that 60% of offenders that participated in drug court remained in treatment one year after completion (Belenko, 1998). Lastly, general findings concluded that drug use and criminal behavior was significantly reduced while offenders were involved in drug court (Belenko, 1998).

In closing, the aforementioned depicted that there are many differences between the Mahoning County Felony Drug Court program and Intervention in Lieu of Conviction. There are many reasons why drug court is more beneficial to an individual with a substance abuse issue. Drug court provides closer supervision, more judicial involvement, progressive sanctions and incentives and a more complex treatment program. In the next chapter, I will focus on the methodology, the research, and core hypotheses. I will explain the data collection process, design of the project, what the population and sample size was, measures used, and what analyses were conducted to tabulate the data.

## **Chapter 3**

### **Methodology**

Drug use and related crime remains a constant issue within today's society. With growing incarceration rates and the increase in need of drug treatment facilities, judges are seeking alternative sentencing options. This research on the effectiveness of drug courts is necessary because drug related crimes and offenders who are dependent on illicit drugs continue to increase. This chapter will explain the methodology used in this thesis and describe my hypotheses. It will also describe the data collection process, the design of the research, what the population and sample size were, measures used, and what analyses were used to test the hypotheses.

### **Methodology**

The focus of this research will be a comparative analysis between the offenders placed on the MCFDC and offenders placed on ILC, in order to determine the effectiveness of the Adult Drug Court in Mahoning County. The basis of this research answered three key questions, (1) What are the characteristic/backgrounds of the offenders served by the Mahoning County Felony Drug Court, (2) What is the graduation rate for the MCFDC from 2011-2014, and (3) What is the success rate for offenders placed on ILC from 2011-2014.

### **Overview**

The thesis uses data gathered from the Adult Parole Authority [APA] and the MCFDC on offender demographics (i.e. sex, minority status, age), offense information,

drug of choice, and graduation/success rates. Microsoft Excel was used in the analysis. Descriptive statistics were run on each population parameter, therefore determining a mean and standard deviation for specific groups. A correlation matrix was developed to test for patterns between sets of variables that relate to the hypotheses driving the analysis, for example, the relationship between type of supervision and outcome. A correlation matrix determines two things: strength of the pattern and the direction of the pattern between two variables. An Ordinary Least Squares Regression was conducted to estimate change in the dependent variable, i.e. outcome, in regards to the independent variables, type of supervision, sex, minority status, age, drug of choice, and offense. The adjusted R square from the regression will describe how much the dependent variable is explained by the independent variables in the equation. With this as an overview, each of the specific parts of the methodology are describes in detail below.

### **Sample and Population**

This research involved data collected from a total of 410 closed<sup>5</sup> offender files dated from 2011 to 2014 from the Mahoning County Common Pleas Court. These files consisted of offenders who were sentenced to Felony Drug Court or Intervention in Lieu of Conviction whom resided within the Adult Parole Authority's jurisdictions. The APA supervises offenders in Mahoning County, Trumbull County, and Columbiana County. This study gathered 178 cases from the MCFDC, and 232 cases from ILC who are supervised by the State of Ohio Adult Parole Authority.

---

<sup>5</sup> Refers to an offender whose supervision has ended.

## **Collection of Data**

The MCFDC Coordinator provided the necessary information pertaining to all Drug Court offenders and cases. This MCFDC Coordinator provided the anonymous data to this author. As for the ILC information, a systematic random list was gathered of all ILC cases from 2011 to 2014. Due to all the information being public knowledge, data were obtained on the Mahoning County Common Pleas online courtview database. The anonymous data were entered into the same spreadsheet as the drug court information.

Specific data elements were examined for all cases and offenders. This information included:

1. Demographics
  1. Sex
  2. Minority Status
  3. Age
2. Offense Type
3. Drug of Choice Information
4. Graduation Rates (Drug Court)
5. Success Rates (ILC)

## **Measures**

**Independent Variables:** There are a number of independent variables examined in this study. These include:

1. Type of Supervision: MCFDC or ILC

2. Offender Demographics: age, sex, minority status
3. Offense Type
4. Drug of Choice information

Minority status was comprised of two categories, non-minority and minority. Minority includes the following races: Black, mixed, Hispanic or Asian. Sex was analyzed by two categories, male or female. For the purpose of this study, the variable “drug of choice” was separated into eight different categories. These categories include: (0) Opiates, which consisted of all opiates, including but not limited to, heroin and ultrams, (1) Alcohol, (2) Crack/Cocaine, (3) Hallucinogens, (4) Methamphetamines, (5) Benzodiazepines, (6) Marijuana, and lastly, (7) Unknown, meaning the drug of choice was not determined or found. In retrospect to offense information there were multiple different charges that were categorized into five different categories. The categories were as follows:

- 0 = Drug related crime: drug possession, illegal conveyance of drugs, theft of drugs, deception to obtain drugs, trafficking drugs, etc.
- 1= Property related crime: burglary, theft, forgery, breaking & entering, receiving stolen property, arson and vandalism
- 2= Offense involving a weapon: Improper handling of a firearm, and carry and conceal weapon charges
- 3= Personal/Violent related crime: robbery, assault
- 4= Other or Unknown: obstruction, tampering with evidence, false alarm, complicity and criminal tools

These independent variables allow further insight on the offenders being examined in the study, comparability between drug court offenders and offenders placed on ILC, and lastly, to determine what factors directly related to the outcome.

**Dependent Variable:** The dependent variable incorporated in this study was outcome, i.e. graduation rates and success rates. Simply comparing the graduation rates of offenders placed on Felony Drug Court to offenders who successfully/unsuccessfully completed ILC supervision will be a strong indicator of how effective the Mahoning County Felony Drug Court is compared to placing offenders on ILC.

## **Analysis**

### Hypotheses

Several expectations are being made based on the literature. They are as follows:

1. MCFDC offenders will be more successful in their outcome than Intervention in ILC.
2. Drug of choice will influence outcomes. Specifically, offenders with marijuana as their drug of choice will have the most successful outcomes compared to offenders with opiates as their drug of choice.
3. Males will have a more successful outcome than females.
4. Older offenders will be more successful in their outcome compared to younger offenders.
5. The type of charge will influence outcomes. Specifically, offenders with drug related crime as their offense will have more successful outcomes compared to offenders with personal crime as their offense.



6. Non-minority offenders will be more successful in their outcomes compared to minority offenders.

### Descriptive Statistics

The sample size examined in this study was 410 closed cases from 2011-2014. Referring to Table 1, there were a total of 178 MCFDC offenders and 232 ILC offenders being examined. MCFDC offenders accounted for 43% of the population, where as ILC offenders accounted for 57% of the total population. Of the 410 cases being examined, 266 (65%) were males, and 144 (35%) were females. There were a total of 297 (72%) non-minority offenders, and 113 (35%) minority offenders. The dataset ranged from the ages of 18 to 63 years old, as 29.9 was the average age of the total population. Age had a standard deviation of 9.95, which meant the data was spread out over a wider range of values from the mean (29.9).

From the total population Opiates was the most used/preferred drug among the offenders. There were a total of 195 (48%) offenders that claimed Opiates was their drug of choice. The remainder of drug choices was significantly lower than Opiates. For example, Marijuana was ten percent (n=41), Crack/Cocaine was nine percent (n=37), Alcohol accounted for almost two percent (n=6), Benzodiazepines was almost two percent (n=6), Hallucinogens was right under one percent (n=3), Methamphetamines was right under one percent (n=3), and lastly, the unknown category accounted for 29% (n=119) of the total population.

Lastly, in retrospect to charge information, drug related crime had the highest percentage of offenders. Drug related crime accounted for 65% (n=268) of the total

population. On the other hand, property crimes consisted of 26% (n=108), offenses involving a weapon were three percent (n=11), personal crime was right above one percent (n=5), and the other or unknown category was roughly four and a half percent (n=18).

### Overall Comparison

The MCFDC had a total of a 66% graduation rate compared to the ILC sample that had a 45% success rate (see Table 2). T-tests and chi-squared analyses were conducted to determine the statistical significance with respect to several hypotheses: involving type of supervision, Drug of Choice, Charge, Sex, Minority Status, and Age. An alpha value of  $P=.05$  based on 410 cases in the analysis was chosen. This means that the null hypothesis was rejected (i.e. statistically significant) if the calculated p-value is less than the alpha.

As shown in Table 2, for the purpose of this comparison in regards to the Drug Choice variable, the category “unknown” was excluded from the ILC sample population, meaning ILC had a population size of 113. For the MCFDC, 81% of offenders preferred opiates, and 45% preferred Opiates on ILC supervision. The remaining drug of choice categories were significantly lower than Opiates. For example, in regards to the MCFDC, seven percent preferred Crack/Cocaine, seven percent preferred Marijuana, three percent preferred Benzodiazepines, one percent preferred Alcohol, one percent favored Hallucinogens, and lastly, a half percent desired Methamphetamine. In regards to ILC offenders, 26% favored Marijuana, 22% favored Crack/Cocaine, three percent preferred

Alcohol, two percent desired Methamphetamine, one percent preferred Hallucinogens, and lastly, one percent desired Benzodiazepines.

For both the MCFDC program and ILC offenders, Drug Related Crime was the highest percentage at 57% for MCFDC and 72% for ILC. The remainder of Charges was significantly lower than Drug Related Crime. In comparison, Property Crime accounted for 36% for MCFDC, and 19% for ILC. Also, there were zero offenders with a charge involving a weapon for MCFDC, and four percent involved a weapon for ILC. Personal Crime was two percent for MCFDC, and right under a half percent for ILC. Lastly, the unknown/other category was five percent for both MCFDC and ILC. Overall, the Charge category had a P-value of  $<.001$ , which means the null hypothesis was rejected and the outcome was statistically significant.

#### Sex, Minority Status, Age

Next, the comparison between the MCFDC and ILC in regards to the variable sex was rather similar. Referring to Table 2, the MCFDC sample population and ILC sample population was majority males. For example, this study examined 112 (63%) male offenders on Drug Court, and 154 (66%) male offenders on ILC. On the other hand, there were a total of 66 (37%) females in MCFDC and 78 (34%) on ILC supervision. This variable had little significance compared to other variables ( $p=.678$ ).

The MCFDC was made up of 82% non-minority offenders, and 18% minority offenders. On the other hand, the ILC group was majority non-minority offenders as well (65%), and 35% minority offenders. Minority Status had a P-value of  $.022$ , which means

the null hypothesis was rejected and the outcome was statistically significant (see Table 2).

Lastly, the MCFDC sample had a mean population of 29.9 years of age, while the ILC sample had a mean population 30.5 years. The following statistics were very similar for both groups (see Table 2). For example, the median for MCFDC was 26.7 where as the median for ILC was 26.6. Both MCFDC and ILC had a minimum age of 18, and MCFDC had a maximum age of 61, and ILC had a maximum age of 63. The standard deviation for MCFDC was 8.9, and the standard deviation for ILC was 10.7, meaning the ages were spread apart depicting there was a diverse population that ranged from a multitude of ages (i.e. 18 to 63). The data for age on Table 2 was not statistically significant to one another ( $p=.200$ ).

In conclusion, based on the findings, the typical offender for both the MCFDC and for ILC was a non-minority male, roughly 30 years old, whom preferred opiates, and had a drug related charge. A key element of this study was to compare a group of offenders that were similar to the Mahoning County Felony Drug Court for an optimal evaluation. In the next chapter, it will explain the different variables for both MCFDC and ILC that were tabulated in a correlation matrix, and explain how the significance was verified using t-test, and/or chi-square analyses.

## **Chapter 4**

### **Results**

It is imperative to determine the effectiveness of the Mahoning County Felony Drug Court in comparison to Treatment in Lieu of Conviction. There are many factors and variables that determine the effectiveness of the MCFDC program. With that being said, this chapter will compare the outcomes of select offender characteristics, explain the correlations between variables, and explain how the significance was verified using t-test, and/or chi-square analyses, and a liner regression explaining the probation outcome.

### **Results**

As part of a continuous quality improvement process by the MCFDC, information is kept on the offender with whom they process. Additionally, comparable information is available to see how the MCFDC is doing relative to what is typical, as represented by the ILC sample. As stated in Chapter 1, there are three questions that guide the analysis within this thesis. First, as displayed in Table 1, in order to address what is a profile of the offenders who are processed in MCFDC and in standard protocol too—ILC, information on certain demographics is presented. Secondly, the above chapters went into great detail of what treatment entailed for both groups, i.e. MCFDC supervision compared to ILC supervision. The proceeding information will explain the remaining questions examined in this study along with the findings in regards to the hypotheses.

Based on an examination of the most recent data available from 2011 to 2014 (N=410), there was a 66% graduation rate (successful outcome) for MCFDC offenders compared to the 45% for ILC offenders (see Table 2). This validated the MCFDC

program. However, 34% of offenders were not successful who went through MCFDC, and 55% were not successful who went through the ILC protocol. It should be noted that offenders could be unsuccessful in whichever protocol for a multitude of reasons, such as, medical terminations due to health reasons, death, or noncompliance to the program or supervision.

Next, this study proposed that drug of choice would have an influence on outcome. Specifically, offenders with opiates as their drug of choice will have less successful outcomes, and offenders with marijuana as their drug of choice will have more successful outcomes. It was predicted that drug of choice would have an impact on outcome because drug users are three to four times more likely to partake in criminal activities (Shaffer, Hartman, Listwan, Howell, & Latessa, 2011). It is important to determine if drug court produces better outcomes for offenders who prefer a certain type of drug due to recent policy changes in the criminal justice system seeking to keep drug offenders in the community rather than in our prisons (Shaffer et al., 2011). According to the study, *Outcomes Among Drug Court Participants: Does Drug of Choice Matter*, in 2007 marijuana was the most commonly used illicit drug in the United States. There were roughly 14.4 million people using marijuana, followed by 6.9 million Americans using psychotherapeutic drugs (i.e. Xanax, Ativan, Adderall, Zoloft), and 2.1 million individuals using cocaine (Shaffer et al., 2011).

The meta-analysis had a primary purpose to identify whether drug of choice correlated to drug court outcomes. This study specifically examined completion and arrest rates for offenders who preferred crack/cocaine, marijuana, or alcohol. Previous studies found that methamphetamine users were more likely to use several illegal

substances on a daily basis compared to non-meth users. The research failed to be a noteworthy predictor for successful outcomes or arrest rates based on drug of choice (Shaffer et al., 2011).

In the study, findings showed there were no significant differences between outcomes for the different groups, i.e. crack/cocaine users, marijuana users, or alcohol users (Shaffer et al., 2011). Results for this thesis are summarized in Table 3. Opiate users had a success rate of 64% (n=124), where as 68% (n=25) of marijuana users were successful, and 73% (n=37) from the “other” category were successful in their outcome. Offenders who preferred a drug other than Opiates had the best success (p-value=.07). The findings signify comparable results between opiate users and marijuana users, and indicate that the MCFDC is able to treat a wide variety of offenders.

Also, this study concluded that males would have a higher outcome than females. Research suggests that females have different treatment needs compared to males, and females face many obstacles to program retention and success (Butzin, Saum, & Scarpitti, 2002). Female drug offenders are more likely than males to encounter symptoms of psychiatric disorders, parental distress, housing problems, and tend to have a history of sexual and physical abuse (Messina, Calhoun, Warda, 2012).

The study, *Gender-Responsive Drug Court Treatment: A Randomized Controlled Trial*, examined gender-specific treatment programs that focused on specific problems that disproportionately affect female offenders. This study suggests that females who participate in gender-specific treatment programs have fewer arrests, less mental health problems, and participate more in programming, compared to females who participate in a mixed-gender treatment setting (Messina et al., 2012). Findings showed that females

who partake in a female-only substance abuse program reduce symptoms of post-traumatic stress disorder and have higher completion rates, though data showed there is no long-term effect on arrest rates and drug use for females (Messina et al., 2012).

Many studies have been done on the related topic and have indicated there is no statistical significance between gender and drug court completion (Butzin et al., 2002). With that being said, the results of this thesis are summarized on Table 3. Males successfully completed supervision at a 55% (n=145) rate, versus females who completed supervision at a 53% (n=76) rate. There was no statistical evidence to indicate that males were more likely than females to successfully complete supervision based on the findings ( $p=.678$ ). Regardless of gender differences, it can be suggested that offenders face a variety of barriers in achieving successful completion from treatment. Therefore, other offender demographics may have more of a statistical impact on outcome than one's gender.

The next hypothesis examined in this study was older offenders would be more successful in their outcome compared to younger offenders. Focusing on age is important when identifying a target population of who benefits from the MCFDC the most, subsequently providing feedback to drug courts on needed areas of improvement. The analysis, *Outcomes Among Drug Court Participants: Does Drug of Choice Matter*, revealed that there was a correlation between employment and age and the probability of arrests. Results depicted that offenders who were younger and unemployed were more likely to be arrested during the follow-up phase (Shaffer et al., 2011).

Many challenges arise when dealing with a younger population. Typically, brains do not fully develop until one's mid 20's (Brown, Anastacio & Steber, n.d.). Research



shows that younger offenders tend to be more frustrated, have negative attitudes, have poor responses to authority, and tend to believe they do not have a drug problem (Brown et al., n.d.). As predicted, evidence shown in Table 3 illustrates that offenders 30 years of age or older were more successful than offenders who were 30 years of age or younger. Older offenders had a successful outcome of 68% (n=108), compared to younger offenders with an outcome of 46% (n=111). In other words, older offenders were more likely to successfully complete supervision than younger offenders ( $p < .001$ ). These findings show that a one-size-fits-all approach to drug court yields offender success for the younger population.

I hypothesized the type of charge would influence outcome. Specifically, offenders with drug related crime as their offense would have more successful outcomes, compared to offenders with personal crime as their offense. Originally, it was predicted that offenders with drug related crime would have better outcomes because it was assumed these types of crimes were less violent compared to offenses pertaining to property crime, personal crime or crimes involving a weapon. Assuming drug related crime is less violent, these offenders would be considered lower risk compared to offenders who are involved in more prevalent crimes. Data summarized in Table 3 established that offenders whose crime was drug related successfully completed supervision at a rate of 55% (n=146), versus offenders whose crime was related to property crime had a completion rate of 52% (n=56). The nature of the offense had little significance to the outcome ( $p=.11$ ), hence why the variable was omitted in Table 5.

Lastly, it was hypothesized that non-minority offenders would be more successful in their outcome than minority offenders. Researchers Schiff and Terry (2002), found that

minority participants were less successful in drug court than non-minority individuals. They surmised that minority groups were less successful because these offenders faced both cultural barriers and organizational issues as offenders in the drug court program (Butzin et al., 2002).

Findings found on Table 3 indicate that non-minority offenders successfully completed supervision at a 58% (n=175) rate, verse minority offenders at a 39% (n=44) rate. Therefore, non-minority offenders are more likely to successfully complete supervision than minority offenders (p=.023). Keep in mind, sociodemographic factors may play a major role in one's success. For example, racial minority status is associated with poverty, unemployment, low occupational class, and lower educational levels (Butzin et al., 2002). It may be possible that racial differentiation in regards to outcome may be a result of socioeconomic disparity.

Overall, based on the data, non-minority offenders over the age of 30 were more likely to successfully complete supervision. The remaining factors were not statistically significant enough to make the assumption that one was more likely than the other. Out of the six hypotheses being tested in this thesis, two were supported, and four were not supported by data. In the next chapter, a summary of the major findings will be explained, along with any caveats or limitations in regards to the research and data collection. Also, the preceding chapter will explain what could have been done differently and any recommendations for future research.

## **Chapter 5**

### **Conclusion**

The outlook on drug use and obtaining treatment has changed over the years. The shift toward a rehabilitative perspective developed in the late 1980's, which resulted in the establishment of the Drug Court Model ("Adult Drug," n.d.). Courts, treatment professionals, and prison officials realized there was a major need for rehabilitative drug courts due to increasing prison populations. This thesis analyzed the effectiveness of the Mahoning County Felony Drug Court in comparison to Intervention in Lieu of Conviction to gain a better understanding of the efficacy of sentencing an offender to drug court in Mahoning County, Ohio. In this chapter, details of the major findings will be explained, along with any limitations to the research and data collection process. Lastly, this chapter will determine what could have been done differently and provide recommendations for future research.

### **Conclusion**

The MCFDC has met its primary goal of offender success-- graduation. First, the MCFDC is having a significant effect on the proportion of offenders who are participating in the drug court program and successfully completing supervision. Offenders placed in the MCFDC had a graduation rate of 66% compared to the 45% success rate for ILC offenders. Drug court holds offenders liable for their actions by having weekly status review hearings, random urine screens, and providing incentives and sanctions based on their behavior.

Secondly, the MCFDC allows the offenders to hold themselves accountable. All offenders beginning in drug court go before the judge at least once a week for status review hearings. As Cooper and Trotter (1995) stated, “The rapport between the judge and defendant that develops in drug treatment programs... demonstrate(s) the significant moral as well as legal authority that a judge can represent for a defendant,” (1995, pg 71). Status review hearings allow judges to make important decisions based on the offender’s progress through the program, and provide the opportunity to offenders to learn by observing others. Incentives were developed to reinforce positive behavior and motivate the offender to continue program compliance. Progressive sanctions were created to deter negative behavior and to conform their actions to program compliance while encouraging positive behavior.

Lastly, another example of how the MCFDC allows for closer supervision is by mandating offenders to submit to frequent, random, and observed urine screens at a minimum of one time per week. Testing may include instant urine screens, a breathalyzer, or other tests that are deemed reliable. Offenders can be urine screened by their case manager, probation officer, or ordered by the judge, and are conducted at random and/or based on the offender’s need.

## **Major Findings**

In this thesis, correlations were used to test for patterns among the items in the analysis. According to these findings, all the relationships were small/weak, meaning the amount of influence of any one variable on the other was tiny (see Table 4). For example, when comparing the relationship between group and graduation the result was a positive,

small relationship ( $r=.21$ ), meaning MCFDC offenders were more likely to be successful in their outcomes than the ILC offenders. Also, the relationship between minority status and graduation was a positive, small correlation ( $r=.16$ ). Non-minorities compared to minorities had more successful outcomes though the relationship was not statistically significant. The results for the variables age and sex were comparable. Age and outcome had a positive, small relationship ( $r=.23$ ). As age increased there were more successful outcomes although the relationship was not statistically significant. Likewise, sex and outcome had a positive, small relationship ( $r=.02$ ). Data shows males were more likely to successfully complete supervision though the relationship was not statistically significant.

Next, a Linear Regression was tabulated to explain the amount of change in the dependent variable for every one unit change in the particular independent variable while controlling for all other variables in the equation. For example, for every one unit of change for the variable group, the outcome variable changed .204 units. Also, as the variable age changed, the outcome variable changed .012 units. These findings were statistically significant for both variables. These findings showed there was a correlation between the two independent variables and the dependent variable, i.e. outcome ( $p<.001$ ).

When analyzing the variable sex, the outcome changed .020 units for every one unit of change in sex. As shown in Table 5, data reflects there was no significance between sex and outcome ( $p=.678$ ). Lastly, outcome changed .122 units for every one unit of change for minority status. There was significance between the two variables, meaning one influenced another ( $p=.023$ ). Out of the four variables being tested in Table 5, three were supported, and one was not supported by data.

Lastly, a Linear Regression was tabulated to explain how much the dependent variable, i.e. outcome, was explained by the four independent variables in the equation. As previously stated, the variable “charge” was omitted from Table 5 due to the nature of the offense having little statistical significance to the outcome. The Adjusted R Square in this equation depicted that there needs to be better theory in order to build a better, more explanatory, regression model because only 11% of the variance in the dependent variable was explained correctly by the variables in the model ( $R^2=11\%$ ). Typically, for an analysis to be highly theoretical the Adjusted R Square should be at least 25%. Therefore, since these variables have little influence on outcome by predicting 11% variance, it can be concluded that these variable do not predict or have influence on offender success or failure.

### **Limitations**

While the overall data collection process was rather simple, there were at least three challenges that arose. First, there were multiple ILC cases that were not found on the Mahoning County Common Pleas Court website most likely due to the cases being sealed and/or expunged. As previously discussed, successful completion from Intervention in Lieu of Conviction allows offenders to seal and/or expunge their records. When cases are sealed it means the record cannot be accessed by normal means (“Expungement Vs. Sealing,” n.d.). When a case is sealed, the record itself still exists, but only certain individuals can find that information. A court order is required to unseal the record for public interests (“Expungement Vs. Sealing,” n.d.). Expungement is a form of clearing your record. When Expungement occurs, the record is removed or destroyed

and can no longer be accessed by anyone, not even by a court order (“Expungement Vs. Sealing,” n.d.). Therefore, there was missing data, such as, drug of choice and charge information on specific cases. While it could be assumed the cases that were not found on the Mahoning County Common Pleas website were successful completions, one cannot make that assumption for the purpose of the validity of this thesis.

Next, specific treatment information was limited for all offenders. It was rather difficult to determine which offenders completed what type of treatment programs. Known information included whether or not the offender attended treatment at TASC, but the specific treatment plan for each individual was not provided. Since treatment plays a major role in one’s success, this information would be beneficial to determine the effectiveness of drug court compared to ILC supervision. It would be important to examine which offenders were being recommended to what type of treatment program. For example, examining the success rates for offenders placed in in-patient treatment compared to offenders in outpatient programming.

Lastly, there is a selection bias for the MCFDC. This hinders who is accepted in the drug court program. For example, the eligibility requirements for an individual to be considered for drug court are quite limiting. As previously stated, a large number of crimes stem from drug use. There are many offenders who have a drug problem and also have an extensive criminal background, ultimately hindering them from being eligible for drug court. Reasoning for such a strict offender population may be to increase the amount of successful outcomes and to create more momentum by dealing with the “low risk,” “low need” offenders in regards to criminal background. Initially, having higher success rates would increase the amount of funds given to the MCFDC program. Result of having

more funds provides future opportunities for other offender populations to be considered for the drug court program.

### **Recommendations and Future Research**

If this study were being conducted again, I would examine the specific treatment programs offered to MCFDC offenders compared to offenders on ILC. I think the amount of programming offered to offenders has a great effect on outcome. I would analyze the specific treatment programs and how often offenders were attending treatment. I would compare the success rates for offenders who were placed in in-patient treatment verse offenders placed in intensive outpatient treatment and determine which group had higher success rates.

Also, I would examine other offender characteristics to determine if they had an effect on outcome. For example, I would examine the success rates for offenders who had employment and those who did not. One could also research if stable housing or obtaining a GED has an effect on outcome by reducing criminal behavior. I think it would be beneficial for drug courts to determine if other factors play a role in offender success.

After reviewing the study, there are at least five areas where future attention can increase the effectiveness of drug courts. An addition to substance abuse problems, a lot of these offenders attain other risk factors, such as antisocial values, antisocial peer associations, lack of employment, education, stable housing, and problems with family. Looking at expanding the assessment to assess a wide variety of factors may increase the success rate of drug court.



Secondly, aftercare is a key component to an offender's success story in remaining a drug free lifestyle. It would be beneficial to conduct research on the effectiveness of aftercare services due to the limited services available after graduating from drug court. It is important to examine the efficacy of aftercare because one of the main goals of treatment is to reduce recidivism.

Next, the eligibility requirements allow select offenders with drug abuse problems to qualify for drug court. A lot of crimes stem from drug use, but due to disqualifying factors, the offender is not eligible for drug court. Analyzing the outcomes of offenders who would typically be disqualified from drug court, but allowing them to participate could show positive results and provide more opportunity and accountability for these types of offenders.

Subsequently, analyzing recidivism rates, based on rearrests within five years of completion from MCFDC and ILC, would be an excellent indicator to see which sentencing option has more long term effects and greater impact on offender success. Research can examine the type of crime committed and how many times someone was rearrested to determine recidivism rates.

Lastly, examining the cost benefit analysis of sentencing an offender to drug court verse other community supervision options may show greater cost savings for the community. For example, it would be important to examine the costs associated with drug court compared to other sentencing options. Initially, drug court may cost more for the state/tax payers, but long-term effects may outweigh the short-term costs. For example, drug court may cost more upfront, but in the long run will produce lower

recidivism rates, higher employment rates, and decrease overcrowding in the county jails and prisons.

### **Benefits/Contributions**

This review sought to expand on previous research studies conducted on the effectiveness of adult drug courts, and specifically focus on the MCFDC. As drug use increased in the 1980's, the emphasis on drug enforcement became high priority and an increase of drug offenders entered the criminal justice system (Franco, 2010). Due to the increase of drug related crime, congress established more punitive repercussions for drug offenses, such as, imprisonment. By 2008, drug arrests reached over 1.7 million, accounting for 12.2% of all arrests (Franco, 2010). Subsequently, as drug offenses increased, so did the prison populations. According to Bureau of Justice Statistics [BJS], it is estimated that half of the individuals entering the criminal justice system, regardless of the offense, suffer from a substance abuse problem (Franco, 2010). As the courts, jails, and prisons became overcrowded with low-level drug offenders, many of whom had substance abuse issues and were involved with crimes related to drug use, agreed that the correctional facilities alone could not address the problem. That is where drug courts came into play. Drug Courts were seen as a way of dealing with substance abuse and drug related crime by focusing on nonviolent offenders with a dependency and addiction of illicit drugs/substance.

By focusing on the MCFDC and its effectiveness, it can provide insight for future sentencing reforms in Northeast Ohio due to producing reduced recidivism rates, lower

drug related crimes/arrests, and more treatment and rehabilitation opportunities. If the criminal justice system can observe positive changes and the extent of its effectiveness, it will hopefully provide more opportunities for offenders with substance abuse issues who have not been accepted into the program.

Lastly, this research contributes and demonstrates the effectiveness of placing offenders on drug court verse sentencing offenders to alternative community supervision by showing how the advantages outweigh the disadvantages to people (i.e. Judges, Prosecutors, Parole/Probation Officers, and Community Members) who do not believe drug courts are effective. Also, this research can influence other courts that are debating whether or not to establish a drug court within their county.

Based on this research one can identify six major differences between the MCFDC and ILC offenders. First, drug court provides closer supervision by providing more judicial involvement and more interaction between the offender, treatment personnel, and the drug court team. Secondly, the drug court program utilizes progressive sanctions and incentives to help deter negative behavior and to promote program compliance. Next, drug court mandates that all offenders enter and successfully complete a treatment program deemed appropriate by the judge and treatment professionals. Also, offenders must meet certain eligibility requirements in order to qualify for drug court. ILC is more lenient in that aspect as there are less eligibility requirements for an offender to be sentenced to ILC supervision. Finally, the drug court program offers three phases that must be completed in order to successfully graduate from the drug court program. There is no specific timeframe in which an offender must complete drug court as it is determined by how fast the offender progresses through the program. In conclusion, the

final difference between MCFDC and ILC is that data showed that the MCFDC had more successful outcomes compared to ILC. MCFDC offenders graduated at a 66% rate verse a 45% success rate for ILC offenders.

## References

- Anon. n.d. "Adult Drug Court Best Practices Standards ." *National Association of Drug Court Professionals* 1:1–46. Retrieved October 2015
- Belenko, S. 1998, June. "Research on Drug Courts: A Critical Review." *National Drug Court Institute Review*, 1, 1-43.
- Brown, V., Anastacio, M. M., & Steber, S. (n.d.). Improving Drug Court Outcomes for Young Adult Offenders. Retrieved April 30, 2016, from [http://justiceforvets.org/sites/default/files/2015\\_conference\\_web\\_page/Handout D18/D-18.pdf](http://justiceforvets.org/sites/default/files/2015_conference_web_page/Handout%20D18/D-18.pdf)
- Butzin, Saum, & Scarpitti. (2002). Factors Associated with Completion of Drug Treatment Court Diversion Program. *Substance Use & Misuse*, 37(12-13), 1615-1633. Retrieved April 30, 2016.
- Deschenes, E. P., Turner, S., & Greenwood, P. W. (1995). Drug Court or Probation?: An Experimental Evaluation of Maricopa County's Drug Court. *Justice System Journal*, 18(1), 55-73. Retrieved March 13, 2016.
- Drug Court Planning Office (1999). *Treatment Services in Adult Drug Courts*. Washington D.C.: Department of Justice
- Drug Courts Work. (n.d.). Retrieved March 5, 2016, from <http://www.nadcp.org/learn/drug-courts-work-0>
- Expungement Vs Sealing Criminal Records. (n.d.). Retrieved April 24, 2016, from [http://www.clearupmyrecord.com/expungement-vs-sealing-criminal records.php](http://www.clearupmyrecord.com/expungement-vs-sealing-criminal-records.php)

- Fedina, L., Sherba, R., Gersper, B. E., & Martt, N. J. (2012, December). Drug Abuse Trends in the Youngstown Region. Retrieved March 5, 2016, from <http://mha.ohio.gov/Portals/0/assets/Research/OSAM TRI/Youngstown.pdf>
- Franco, C. (2010, October 12). Drug Courts: Background, Effectiveness, and Policy Issues for Congress. Retrieved October 18, 2015, from <https://www.fas.org/sgp/crs/misc/R41448.pdf>
- Goldkamp, J. (1994). Justice and Treatment Innovation: The Drug Court Movement [Abstract]. *National Institute of Justice*, 1-60. Retrieved March 12, 2016
- Gottfredson, D. C., Najaka, S. S., & Kearley, B. (2003). Effectiveness Of Drug Treatment Courts: Evidence From A Randomized Trial\*. *Criminology Public Policy Criminology Public Policy*, 2(2), 171-196. Retrieved March 5, 2016.
- Green, M., Rempel, M., Rossman, S. B., Roman, J. K., Zweig, J. M., Lindquist, C. H., . . . Farole, D. J., Jr. (2011). Do Adult Drug Courts Work? National Results from the Multi-Site Adult Drug Court Evaluation (MADCE). *PsycEXTRA Dataset*, 4, 2-340. Retrieved March 5, 2016
- Inciardi, J. A., & McBride, D. C. (1991). Treatment Alternatives to Street Crime: History, Experiences, and Issues. *National Institute on Drug Abuse*, 1-53.
- Mahoning County Common Pleas Drug Court. Retrieved October 17, 2015.
- Marlowe, D. B., Festinger, D. S., Lee, P. A., Dugosh, K. L., & Benasutti, K. M. (2008). Colorado Research in Brief: Matching Supervision to Clients' Risk Status. Retrieved April 4, 2016, from
- Messina, N., Calhoun, S., & Warda, U. (2012, October). Gender-Responsive Drug Court Treatment: A Randomized Controlled Trial. Retrieved April 30, 2016, from

<http://gap.hks.harvard.edu/gender-responsive-drug-court-treatment-randomized-controlled-trial> Nationwide Trends. (2015). Retrieved April 06, 2016, from <https://www.drugabuse.gov/publications/drugfacts/nationwide-trends>

Nolan, J. L. (2002). *Drug courts in theory and in practice*. New York: Aldine de Gruyter. Retrieved April 6, 2016.

Ohio Department of Mental Health & Addiction Services Regulation Licensure/Certification. (2016). Retrieved March 13, 2016, from <http://mha.ohio.gov/Default.aspx?tabid=123>

Ohio Revised Code. (n.d.). Retrieved March 12, 2016, from [https://en.wikipedia.org/wiki/Ohio\\_Revised\\_Code](https://en.wikipedia.org/wiki/Ohio_Revised_Code)

Shaffer, D. K., Hartman, J. L., Listwan, S. J., Howell, T., & Latessa, E. J. (2011). Outcomes Among Drug Court Participants: Does Drug of Choice Matter? *International Journal of Offender Therapy and Comparative Criminology*, 55(1), 155-174. doi:10.1177/0306624x09359648

Shaffer, D.K., S. Johnson, and E.J. Latessa, 2002, July. *Outcome Evaluation of Ohio's Drug Court Efforts*, University of Cincinnati. Retrieved October 12, 2015

TASC | Treatment Alternatives for Safer Communities. (2015). Retrieved March 13, 2016, from <http://www.mahoningcountytasc.org/>

What Are Drug Courts? (n.d.). Retrieved October 5, 2015, from <http://www.nadcp.org/learn/what-are-drug-courts>

What is Treatment in Lieu? (2010, June 24). Retrieved October 18, 2015, from <http://nky-criminal-defense-lawyer.com/2010/06/what-is-treatment-in-lieu/>

# Appendices

Figure 1.

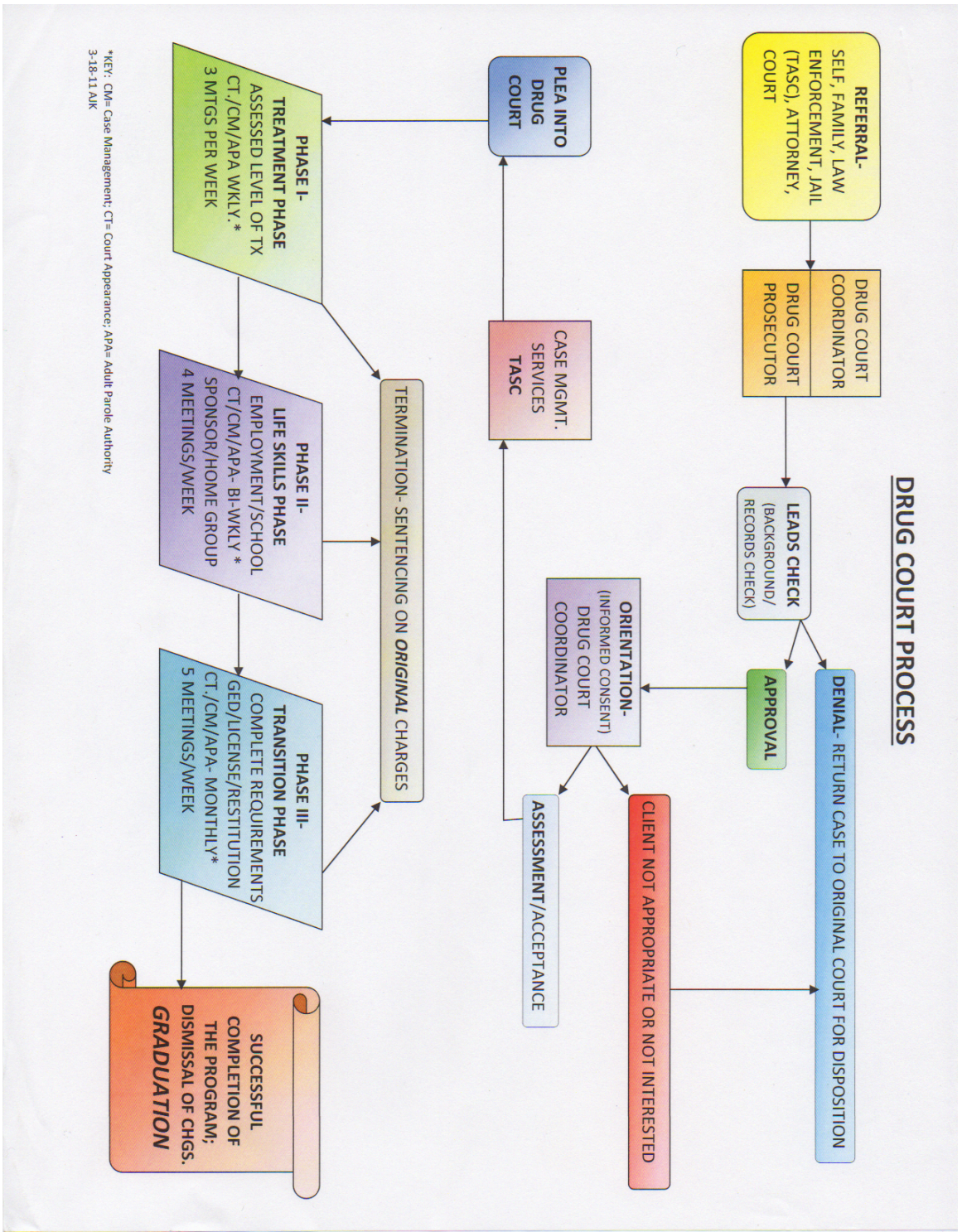




Table 1. Profile of Entire Sample, N=410

<b>Variable</b>	<b>n</b>	<b>Mean or Percent</b>	<b>Minimum</b>	<b>Maximum</b>	<b>Std Dev.</b>
<b>Group</b>					
1= Drug Court	178	43%			
0= Intervention in Lieu of Conviction (ILC)	232	57%			
<b>Sex</b>					
1=Male	266	65%			
0=Female	144	35%			
<b>Minority Status</b>					
1=Non-Minority	297	72%			
0=Minority	113	28%			
<b>Age</b>	410	29.9	18	63	9.95
<b>Drug Choice</b>					
Opiates	195	48%			
Alcohol	6	1.5%			
Crack/Cocaine	37	9.0%			
Hallucinogens	3	.7%			
Methamphetamine	3	.7%			
Benzodiazepines	6	1.5%			
Marijuana	41	10%			
Unknown	119	29%			
<b>Charge</b>					
Drug Related Crime	268	65%			
Property Crimes	108	26%			
Involved a Weapon	11	3%			
Personal Crime	5	1.2%			
Other/Unknown	18	4.4%			

Table 2. Overall Comparison of Drug Court Sample (n=178) and Control Group (n=232)

<b>Variable</b>	<b>n=178 Drug Court</b>	<b>n=232 *ILC</b>	<b>p-value</b>
<b>Outcome</b>			
Graduated/Completed	66%	45%	<.001 (chi-squared)
Terminated	34%	55%	
<b>Drug Choice</b>		<b>n=113, Unknowns Excluded</b>	
Opiates	81%	45%	<.001 (chi-squared)
Alcohol	1%	3%	
Crack/Cocaine	7%	22%	
Hallucinogens	1%	1%	
Methamphetamine	.5%	2%	
Benzodiazepines	3%	1%	
Marijuana	7%	26%	
Unknown	0%	0%	
<b>Charge</b>			
Drug Related Crime	57%	72%	<.001 (chi-squared)
Property Crimes	36%	19%	
Involved a Weapon	0%	4%	
Personal Crime	2%	.4%	
Other/Unknown	5%	5%	
<b>Sex</b>			
Male	63%	66%	0.678 (chi-squared)
Female	37%	34%	
<b>Minority Status</b>			
Non-Minority	82%	65%	0.022 (chi-squared)
Minority	18%	35%	
<b>Age</b>			
Mean	29.9%	30.5%	0.200 (t-test)
Median	26.7	26.6	
Minimum	18	18	
Maximum	61	63	
Standard Deviation	8.9	10.7	

\*Note: ILC = Intervention in Lieu of Conviction

Table 3. Comparison of Outcome by Select Offender Characteristics, N=410

<b>Variable</b>	<b>Percent Successful Outcome</b>	<b>n</b>	<b>P-Value</b>
<b>Sex</b>			
Male	55%	145	.678 (t-test)
Female	53%	76	
<b>Minority Status</b>			
Non-Minority	58%	175	.023 (t-test)
Minority	39%	44	
<b>Age</b>			
Older (>30)	68%	108	<.001 (t-test)
Younger (<30)	46%	111	
<b>Drug of Choice</b>			
Opiate	64%	124	.070 (chi-squared)
Marijuana	68%	25	
*Other	73%	37	
(*Excludes the unknowns)			
<b>Charge</b>			
Property Crime	52%	56	.112 (chi-squared)
Drug Related Crime	55%	146	
Other	57%	17	

Table 4. Correlation Matrix, N=410

<b>Variables</b>	<b>Graduation</b>	<b>Group</b>	<b>Age</b>	<b>Sex</b>
<b>Group</b> (1=Drug Court, 0=ILC)	.21			
<b>Age</b>	.23	-.06		
<b>Sex</b> (1=Male, 0=Female)	.02	-.04	.02	
<b>Minority Status</b> (1=Minority)	-.16	-.19	-.07	-.004

Table 5. Linear Regression Explaining “Probation Outcome”, N=410

<b>Variables in the Equation</b>	<b>Unstandardized b</b>	<b>Significance</b>
<b>Group</b> (1=Drug Court, 0=ILC)	0.204	<.001
<b>Age</b>	0.012	<.001
<b>Sex</b> (1=Male, 0=Female)	0.020	.678
<b>Minority Status</b> (1=Minority)	-.122	.023
<b>Adjusted R Square</b>	.11	<.001

Figure 2. Mahoning County Common Pleas Drug Court Data Permission.

 **MAHONING COUNTY  
DRUG COURTS**

---

**John M. Durkin**  
*Common Pleas Drug Court*  
120 Market Street • Youngstown, Ohio 44503  
☎ 330-740-2168 • Fax 330-742-5898

**Scott D. Hunter**  
*Misdemeanor Drug Court*  
72 N. Broad Street • Canfield, Ohio 44406  
☎ 330-533-3643 • Fax 330-740-2034

To Whom It May Concern:

The Mahoning County Common Pleas Drug Court has provided Marissa Hundelt access to an anonymous data file with no identifiers provided as to the success or failure of its offenders participating in the program from 2011 to 2014. All information that has been shared is the public record of the court. The file contained information regarding outcome, drug of choice, gender, age at time of initial court contact, and racial/cultural status.

If you require further information, feel free to contact me at 330-746-2959, ext. 7661. Thank you for your attention.

Sincerely,

  
**Amy J. Klumpp, MSEd, LSW**  
Drug Court Programming Coordinator/Navigator  
213 Ohio One Building  
Youngstown, OH 44503  
330-746-2959 Ext. 7661

Figure 3. Institutional Review Board Approval

**Youngstown**  
STATE UNIVERSITY

One University Plaza, Youngstown, Ohio 44555  
Office of Grants and Sponsored Programs  
330.941.2377  
www.ysu.edu

May 2, 2016

Dr. John Hazy, Principal Investigator  
Ms. Marissa Hundelt, Co-investigator  
Department of Criminal Justice & Forensic Science  
UNIVERSITY

RE: HSRC Protocol Number: 182-2016  
Title: Comparative Analysis of Drug Courts: Effectiveness of Sentencing an Offender to Treatment and Rehabilitation

Dear Dr. Hazy and Ms. Hundelt:

The Institutional Review Board has reviewed the abovementioned protocol and determined that it is exempt from full committee review based on a DHHS Category 5 exemption.

Any changes in your research activity should be promptly reported to the Institutional Review Board and may not be initiated without IRB approval except where necessary to eliminate hazard to human subjects. Any unanticipated problems involving risks to subjects should also be promptly reported to the IRB.

The IRB would like to extend its best wishes to you in the conduct of this study.

Sincerely,

Mr. Michael A. Hripko  
Associate Vice President for Research  
Authorized Institutional Official

MAH:cc

c: Atty. Patricia Wagner, Chair  
Department of Criminal Justice & Forensic Science

Youngstown State University does not discriminate on the basis of race, color, national origin, sex, sexual orientation, gender identity and/or expression, disability, age, religion or veteran/military status in its programs or activities. Please visit [www.ysu.edu/ada-accessibility](http://www.ysu.edu/ada-accessibility) for contact information for persons designated to handle questions about this policy.

