LANCASTER COUNTY ADULT DRUG COURT: FINAL EVALUATION REPORT

Cumulative October 2014 through September 2017

University of Nebraska Public Policy Center

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FINAL LANCASTER COUNTY ADULT DRUG COURT EVALUATION

Purpose: The University of Nebraska Public Policy Center was the third party evaluator for the Lancaster County Adult Drug Court as part of a federal grant from October 2014 through September 2017. The key questions for the evaluation are:

1. To what extent are there disparities in access to the Adult Drug Court?
2. To what extent are their disparities in needs of drug court participants?
3. To what extent are their disparities in drug court processes across populations?
4. To what extent are there disparities in outcomes?
5. What insights do the drug court team and drug court participants have regarding program functioning and disparities?

Methods: Data sources for these analyses include the Substance Abuse and Mental Health Services, Government Performance and Results Act (GPRA) database, a survey and focus groups with Lancaster County Drug Court participants, surveys and interviews with drug court team members, and Lancaster County Drug Court program data, as well as comparison data through the U.S. Census and Lancaster County probation in Year 2 of the program. The detailed analyses can be found in the appendices for this report as well as the Year 1 and Year 2 evaluation reports.

Discussion of Key Findings and Recommendations: We conducted a large number of analyses to determine if there are disparities in access, process or outcomes and to understand perceptions about how well the program operates. Data came from a variety of sources including the Substance Abuse and Mental Health Services Administration, the Lancaster County Drug Court database, surveys and focus groups conducted with Adult Drug Court participants, surveys and focus groups conducted with the drug court team, and comparison data from the Census Bureau and Nebraska Administrative Office of the Courts, which was conducted in Year 2 of the grant. Following are the key findings from analyses of these data:

1. **Finding:** There are few disparities identified through this analysis. For the most part, there are not disparities in access, process or outcomes based on race/ethnicity, gender, and age. Of particular note, there were no significant differences in graduation rates based on demographics.
   Program Implications: Based on analyses of program data, participant surveys/focus groups and team member interviews/surveys, the program appears to be operating effectively and fairly. Of particular note: in Year 1, we found significantly lower graduation rates for females than for males. In the cumulative analysis (Years 1-3), although the graduation rate for females (55.7%) is lower than males (62.8%), this difference is not statistically significant. We believe the narrowing of the gap between

male and female graduation rates can be attributed primarily to the efforts of the program to improve interventions for female participants such as implementing gender-specific treatment groups. Continuing efforts to tailor interventions to the unique needs of specific groups and ongoing monitoring to assess impact of these interventions are recommended.

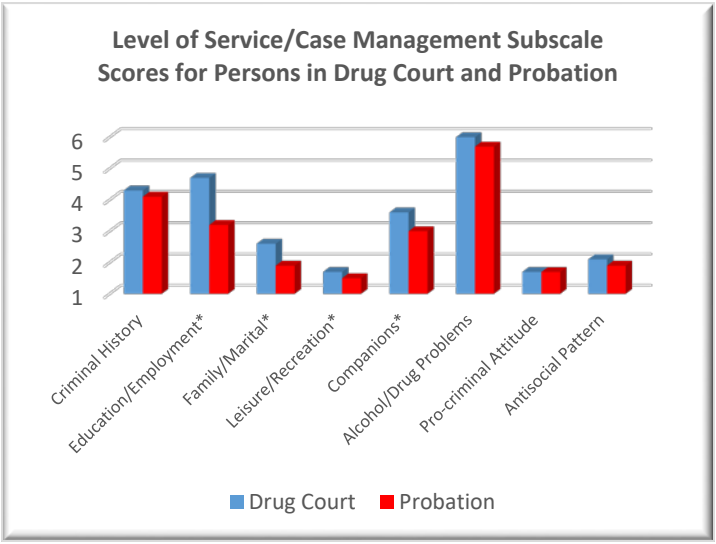
2. **Finding:** The program has implemented a quality improvement process by reviewing process and outcome data and implementing program enhancements. Program developments during the three years of the grant included implementing Celebrating Families as an evidence-based program, implementing Eye Movement Desensitization and Reprocessing (EMDR) psychotherapy, enhancing training on trauma-informed care, and making treatment groups gender-specific. In addition, the Lancaster County Drug Court implemented a two-phase training in Motivational Interviewing for practitioners providing substance use disorders treatment for Lancaster County Drug Court clients. Ten participants attended the Motivational Interviewing Refresher training on March 13, 2015, and 17 participants attended a 2-day skill building to Motivational Interviewing for Helping Professionals on June 23-24, 2015. These training events were intended to prepare practitioners to use Motivational Interviewing skills in the treatment of the drug court clients. In the last year, the drug court moved to new office space, which caused minor disruption, but has improved staff access and provided enhanced therapy space; however, some team members believe the new office space reduces interaction with participants. An Intensive Supervision Diversions Program was developed to address the needs of 18-25 year olds with limited criminal history, who do not require the high level of supervision offered by drug court.
   Program Implication: It is recommended the program **c**ontinue using data to determine what processes work well and how participant characteristics and program implementation are related to outcomes. Through this type of evaluation, the program is able to continue making program enhancements to improve outcomes for drug court participants.

3. **Finding:** In Year 2 of the grant, we compared characteristics of drug court participants to the general population and individuals on probation. As expected, in comparison to the general Lancaster County adult population, there are a greater proportion of racial/ethnic minority and lower proportion of female drug court participants. This is not surprising as the general offender population tends to be skewed toward male minority populations. In comparison to the Lancaster County Adult Probation population, there are not substantial differences in race, ethnicity, gender and age. Drug Court participants indicate they believed the selection process is fair. Participants discussed reluctance to participate in drug court based on information they received from other offenders. An example from a female offender:

"I have heard a lot of negative things about drug court. When I was in jail, I got offered the drug court program. People in jail were like, "Don't do it. I got kicked out of drug court. You have to do this many UAs, and you have to do this and you have to do that." So that is why I really had to think about it because of the word of mouth from people who weren't successful."

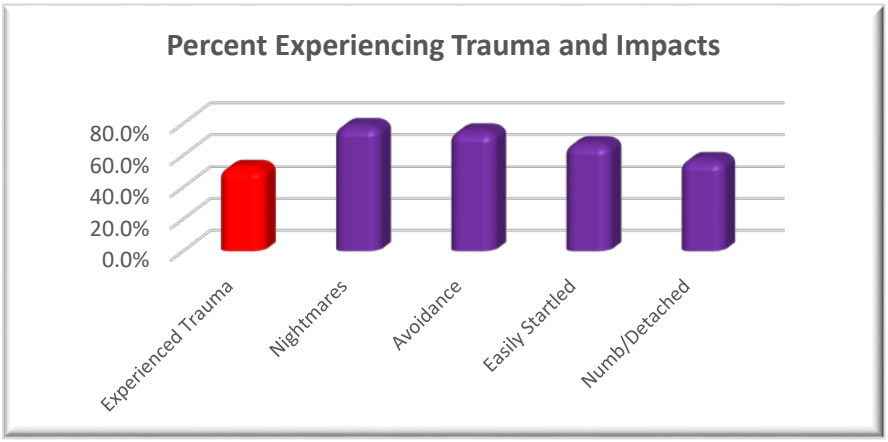
Program Implications: There do not appear to be system biases related to serving difference demographic populations in the Lancaster County Adult Drug Court. Continuing monitoring of disparities is recommended. It may be helpful to provide additional positive information/messaging about drug court to potential participants. As reflected in the quote above, ADC participants felt that many potential participants are discouraged from participating because of negative or inaccurate perceptions of the program in the community. Working with legal professionals to help counter such perceptions should be continued.

4. **Finding:** Based on the Year 2 analysis, the Lancaster County Adult Drug Court serves a more challenging/ higher-need population than the population served by probation in Lancaster County. Drug court participants are more likely to be charged with higher level offenses and have greater offense class and higher total LS/CMI score, LS/CMI level and LS/CMI subscale scores for Education/Employment, Family/Marital, Leisure/Recreational, and Companions.



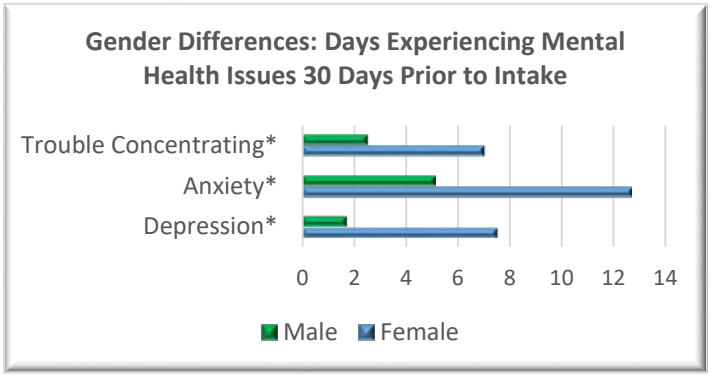
Program Implications: These findings indicate the drug court is appropriately accepting individuals with higher need levels into the program. However, recent changes in state law have presented challenges in higher need offenders having incentive to participate in drug court. The program is currently considering eligibility changes to ensure higher risk offenders can participate. Continuing monitoring is recommended.

5. **Finding:** In addition to substance use treatment needs, drug court participants have significant needs in other life domains. Overall, participants average medium to very high needs for the education/employment, criminal history, and companion subscales of the LS/CMI and the overall LS/CMI Level. Participants also report high levels of stress and emotional problems resulting from their alcohol/drug use, indicate high levels of mental health issues such as anxiety and depression, suffer from impact from past violence and trauma, and have high levels of homelessness and unemployment. These results are consistent with Year 1 and 2 findings.



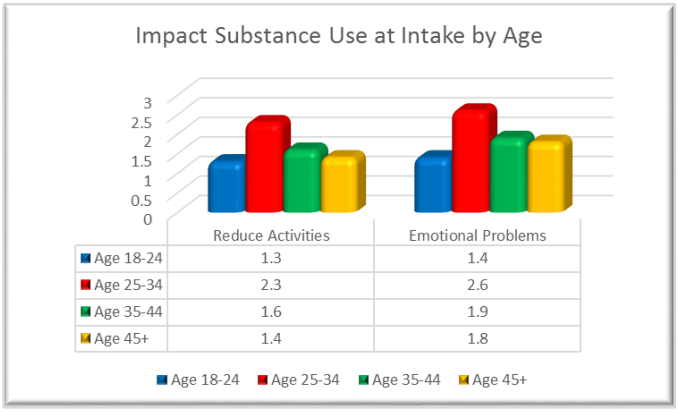
Program Implications: This finding reinforces the approach by the Lancaster County Drug Court Program to address the multiple needs of participants through effective drug and mental health treatment, ongoing supervision, and housing and employment programs.

6. **Finding:** Consistent with findings from the Years 1 and 2 analyses, female drug court participants tend to have higher needs in some areas: 1) women score significantly higher than men on the Family/Marital sub-score and Level of the LS/CMI, 2) women were more likely than men to report using amphetamines 30 days prior to intake (there were not gender differences for other drugs or alcohol), 3) for participants who had used alcohol or drugs 30 days prior to intake, women reported greater stress, reduction in activities and emotional problems as a result of their alcohol/drug use, 4) women reported poorer overall health in comparison to men, 5) women reported experiencing more days of depression, anxiety, and trouble understanding, concentrating, or remembering, and 6) women reported a significantly greater number of trauma impacts than men.



Program Implications: Women appear to enter drug court with more challenging needs in comparison to men. Strategies should continue to be developed to address the higher family/marital needs, problems resulting from alcohol/drug use, health issues, mental health symptoms, and trauma for females.

7. **Finding:** There are significant differences in needs based on age categories. In comparison to other age categories, participants in the 18-24 year old group have lower LS/CMI scores and levels and lower subscale scores for Criminal History, Family/Marital, Leisure/Recreation, Alcohol/Drug Problems, and Antisocial Pattern; this age group was also significantly less likely to be charged with obtaining substances by fraud and significantly more likely to be charged with possession. In comparison to other age groups, 25 – 34 year olds were more likely to report reducing or giving up activities and experiencing emotional problems as a result of alcohol or drug use; participants 45 years of age or older were less likely to report positive interactions with family and friends and more likely to attend religious or faith-based self-help recovery groups and other types of self-help recovery groups.



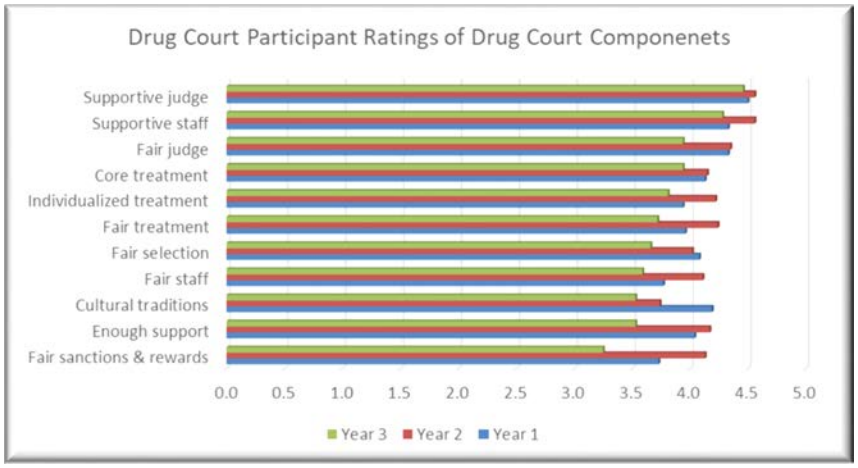
Program Implications: Participants in the middle age groups appear to have greater needs, particularly in the impact of alcohol and drug use, in comparison to older and younger participants. Strategies should be developed to address these needs.

8. **Finding:** We did not find significant disparities in needs based on race/ethnicity except for one area. Individuals from minority backgrounds are significantly more likely than white, non-Hispanic participants to be employed at program entry. This finding is in contrast to expectations since minority populations have higher unemployment rates in general society.

Program Implications: Over 2/3 of participants are unemployed at intake. Hence the program's efforts to address employment continue to be warranted. The lower unemployment rate for minority participants is an asset upon which to build. These findings may also prompt continued monitoring of admission standards to ensure against selection bias.

9. **Finding:** The average time from arrest to entry into drug court is about 5 months ranging from 28 to 662 days. There are no significant differences based on gender, age, and race/ethnicity.
   Program Implications: Although we did not find a relationship between time-to-entry and outcomes in this evaluation, other research has shown that lower times between arrest and drug court entry improves program outcomes including graduation rates. Efforts to decrease time to program entry could be beneficial for participants.

10. **Finding:** Participants are satisfied with the drug court program. Ratings for various aspects of the adult drug court are high and do not significantly vary by year of survey administration, gender, age or race/ethnicity. The highest ratings in Year 3 are given for:



   - "The drug court judge(s) are supportive of me."
   - "The drug court staff treats everyone equally fair."
   - "The drug court judge(s) treat everyone equally fair in the courtroom."
   - "Treatment I receive is individualized to my core needs."

   The following comment from a female participant reflects on the quality of drug court staff:
   "They do a really good job. [A program staff member] came up to me and asked me if I needed a car seat for my kids. I told her my food stamps hadn't come through yet once I got my kids back. And she brought me eggs and stuff. That was awesome. She helped me fill out all my paperwork for my kids. I went to her office and she walked me through it. They do a really good job."

   Participants feel positively about the drug court judges; as expressed by a female participant:
   "Oh my gosh, I love the judges. I'm sorry, I am just going to flat out say it."

   The lowest rated components in Year 3 are for the items:
   - "Sanctions and rewards are issued in a fair way to all drug court participants."
   - "There is enough support provided to meet my particular job or education needs in the community."

- "My cultural traditions and beliefs are understood and recognized in drug court."

A couple of participants reflected on the fairness of rewards and sanctions:

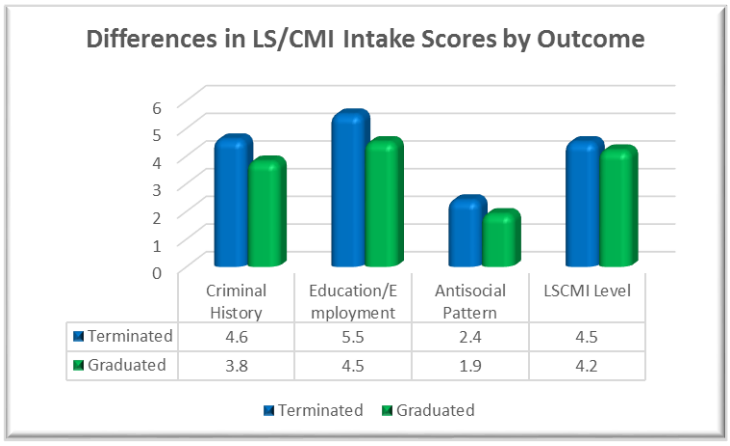
I don't know how they pick or choose what sanctions to give people. I know somebody who relapsed for 2 days straight and got 4 hours of community service [while others] relapsed and got days in jail. Sometimes you see some people go to jail on a relapse and sometimes you don't.
– Female Participant

I think most of the time, what I have seen is, when someone breaks a certain rule, the sanctions that are in the handbook is what you get. I don't see them deviate from much of that. So you kind of know what punishment you are getting if you are going to do something wrong. And if you keep doing it, the sanctions get bigger, but it also says that in the handbook.
– Male Participant

I feel like one of the negatives is that there is not enough positive reinforcement. But there is a lot of negative reinforcement, like sanctions. When you go to court, at the beginning of court, it's like, "Sanction, sanction, out of the hat, out of the hat." I feel there should be more time for people who are doing good, and they need to point that out more. If you know you are doing good, that is awesome, but we need to know from drug court that we are doing good.
– Female Participant

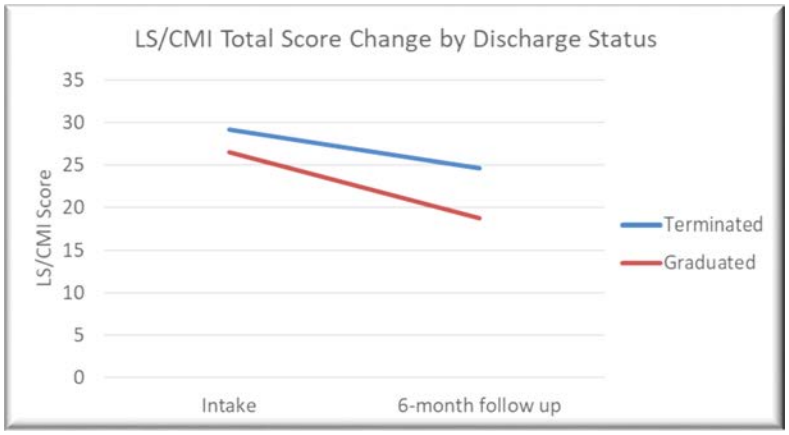
Program Implications: Although not statistically significant, two items are rated quite a bit lower in Year 3 than in Years 1 and 2: "Fair sanctions and rewards" and "Enough Support for job and education needs". We recommend assessing if program changes have taken place in these two areas and if enhancements are needed.

11. **Finding:** Graduation rates are significantly related to initial Criminal History, Education/Employment, and Antisocial Patterns subscale scores, and to LSCMI total score and level. Higher scores are associated with lower graduation rates.
Program Implications: It is commendable the program



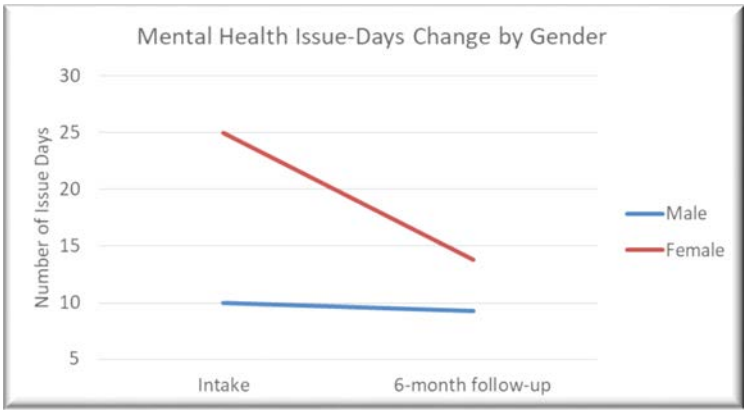
selects and serves high need individuals. It would be beneficial to continue developing strategies for improving outcomes for individuals initially scoring high on these scales. Continued monitoring program outcomes for these high-risk populations and how program changes may be affecting graduation rates is warranted.

12. **Finding:** The program is successful at reducing scores on seven of the eight LS/CMI subscales (all subscales with the exception of Criminal History) from intake to 6-month follow-up. In addition, overall LS/CMI score and LS/CMI level were significantly lower from intake to six months. This was true for participants who graduated as well as for participants who were terminated after six months. The 6-month change for the LS/CMI total score and Companion subscale score showed a significant difference between graduated and terminated participants; for both of these scores, terminated participants showed significantly less improvement than participants who eventually graduated. In addition, substance use (alcohol, marijuana, amphetamines, any illegal drug) was significantly lower at 6 months compared to intake, although there was not a significant difference in 6-month change scores between terminated and graduated. This improvement in lives is reflected in the following quote by a male participant: *"A year ago I wanted to die. I didn't care about anybody else, and now a year later, I have a good job, a house, a great woman in my life, my own car; it's just amazing in just a year's time. If I would have gone to prison instead, I would have come out a worse person than I was before I went in. I guarantee that it saved my life."*



Program Implications: The program is successful at addressing need and reducing risk factors as measured by the LS/CMI for participants who graduate and for those who are terminated from the program. Hence, even for participants who do not graduate, there appears to be benefit from participating in the program. Continued monitoring the change in LS/CMI scores should be useful for the drug court team in assessing progress. Special attention should be given to progress on the Companion subscale score and total LS/CMI score, since 6-month change on both scales predicts graduation.

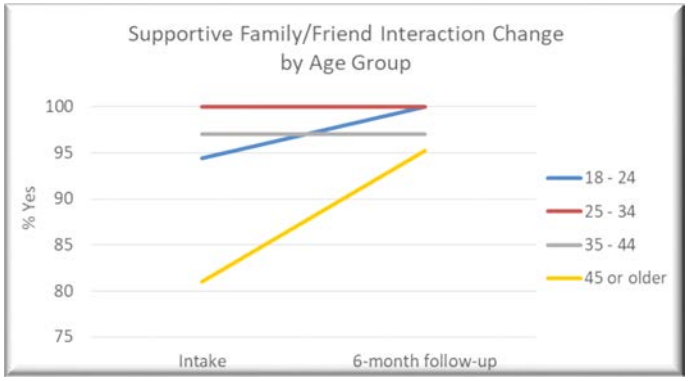
13. **Finding:** Overall, there is a significant decrease in mental health issues between intake and 6 months, particularly for anxiety/tension and for mental health issues overall. There were significant differences in mental health issues for female and male participants in drug court. Females had significantly more reported mental health issues than males at intake. Mental health issues for females were significantly lower at 6 months while mental health issues for males were only slightly lower from intake to 6 months.



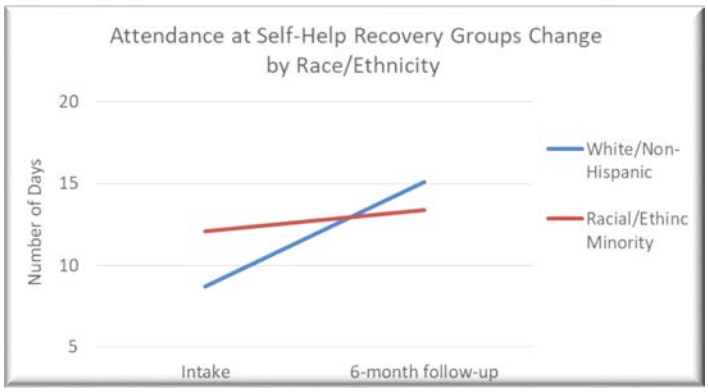
Program Implications: The program is successful at recognizing the high level of mental health needs for female participants and in successfully addressing those needs through program enhancements.

14. **Finding:** As noted above, at intake, older participants (age 45 years and older) are significantly less likely compared to younger participants to report interacting with family and friends. However, at 6-months, these older participants report about the same level of interacting with family/friends as younger participants. As indicated by a male participant, older individuals may also struggle more because of entrenched behaviors: "*It's harder for me to change my addictive behavior because I have been doing it for so long. Personally, I think that is why I struggle with it, because I have repeated this pattern over and over for 35, 40 years... I want to change too, but I think it's harder for me to break down the walls and the defenses that I have built up over a long time, so it's harder for some people.*"

Program Implications: Older drug court participants are more likely to have disconnected from family and friends, and therefore have unique challenges in reconnecting with their positive social support network. The program is successfully addressing this need as evidenced by the increase in connections for this subgroup. Continued efforts to build these social relationships are warranted.



15. **Finding:** Attendance at self-help recovery groups predicts graduation: participants who graduated are significantly more likely to have participated in self-help groups. There are differences in self-help recovery group attendance based on race/ethnicity. Racial or ethnic minorities report higher recovery group attendance frequency at intake than White Caucasian/Non-Hispanic participants, however, the White Caucasian/Non-Hispanic participants have significantly more change in attendance at the 6-month follow-up.



Program Implications: Since attendance at self-help recovery groups is associated with an increased chance for graduation, strategies to encourage group participation are warranted. The program has been particularly successful at increasing attendance for white/non-Hispanic participants. The program may consider additional strategies for further increasing group participation for racial/ethnic minority participants.

16. **Finding:** Significantly more participants are employed at 6 months compared to intake, and there was a significant increase in average earnings. Employment and earned income predict graduation rate; those employed and with a higher earned income at intake are more likely to graduate, and those who are employed at six months and have a greater increase in earned income are more likely to graduate.

Program Implications: The program has been successful in improving the employment status and enhancing income for participants. This is particularly important given the relationship of employment and earned income to graduation. Continued efforts in the area of employment are warranted.

17. **Finding:** Participants had mixed views of getting treatment through drug court as expressed through the following comments:

"Just because I am not in active relapse doesn't mean I don't need help. It doesn't mean I am not broken. But for the people who are in active relapse it is like, "Oh, it's a cry for help!" But I am crying for help. Just because I have not reached for that pipe doesn't mean I don't need you, because I do."
– Female Participant

"For me, depression has always been what I think leads me back to addiction, or to active use. Being depressed. They try and go in and figure out, "Why are you depressed? Can we find some medications that would help? Are there activities that would help you not be depressed?"
– Male Participant

"I feel really good after group. When I have a one on one therapy session, I hate myself, I feel worse about myself when I go in. I have only had 3, but each time I feel almost like, "I didn't know all these things were wrong with me" and then I leave. There is no positive feedback at all for me."
– Female Participant

Drug court team members viewed gender-specific treatment as positive; however, there were mixed perspectives from participants:

"I went to a co-ed inpatient treatment facility. I didn't mind it but it wasn't until I got one on one with my counselor that my issues really came out. Because there were just some issues that I had with men that I was not ready to talk about because it would hurt me. But then when I got to IOP and it was all women I was like, "Yep, it's all coming out now."
– Female Participant

"I think it really does change things. Like if there is a female, especially one that I am attracted to, I am probably not going to spiel out what I needed to talk about or say because there is a female that is next to me, and I was raised, you know, "Be a man, we don't talk about this."
– Male Participant

"I was at an AA meeting and I think there was too much testosterone in the room. Everyone was puffing out their chests and trying to see who had the most knowledge than everyone else. It was like, "OK, this is weird".
– Male Participant

Program Implication: Continue conducting participant surveys and focus groups to gain insight about what aspects of drug court work well and what areas could be improved.

18. **Finding:** Perceptions of treatment services are generally positive; however, there are a number of barriers identified regarding services for participants including decreasing community resources, lack of medication assisted treatments, and lack of housing options. There were different opinions about how well integrated service providers are in the drug court process. As stated by drug court team members:

    "We used to have a team member from these other organizations come and sit on the team. There are times when you have 4 people from a given organization, and then there are times when you don't have anyone there. Having that consistent commitment over the years has been challenging. We put a lot of demands on providers. It is difficult to be an active member of the drug court team because of the level of commitment we ask for."

    "Need treatment input at the screening phase. Not just a screening form that non treatment looks at and determines themselves. Treatment needs should be more assessed prior to individual coming into the program."

    Service providers generally have a positive view of their relationship with the Lancaster County Drug Court. Administrators believe that the structure and accountability that is offered to LCDC clients is helpful in carrying out treatment activities and plays a critical role for an enhanced level of recovery in most clients. Providers generally believe communication is positive between their agencies and the drug court program. Some potential areas of improvement include the following:

    - At times, drug court requirements interfere with participant work schedules and with programming at the agencies, interfering with treatment services.
    - The portal is sometimes not responsive resulting in detached communications.
    - Changes in medication must be approved by the drug court leading to lag time.
    - Sometimes agency recommendations are not addressed by the drug court, and appear not to be valued.
    - Receiving the LCDC assessments would be helpful to agencies to be responsive to the need of clients.
    - Feedback from LCDC to the agencies would be welcomed.
    - Drug court staff sometimes come to the agencies unannounced causing difficulty when providers are in session or are unavailable for other reasons.

    Program Implications: More structured and ongoing communication between the drug court and provider agencies may be helpful in developing a closer working relationship, improving processes and thereby benefitting drug court participants.

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LANCASTER COUNTY ADULT DRUG COURT EVALUATION
Cumulative October 2014 Through September 2017

APPENDIX 1: PURPOSE AND METHODS

The University of Nebraska Public Policy Center is the evaluator for the Lancaster County Adult Drug Court. This report documents analyses for all years of the SAMHSA grant, covering the time period from October 1, 2014 through September 30, 2017. The key questions for this report include the following:

1. To what extent are there disparities in access to the Adult Drug Court?
2. To what extent are there disparities in needs of drug court participants?
3. To what extent are there disparities in drug court processes across populations?
4. To what extent are there disparities in outcomes?
5. What insights do the drug court team, drug court participants, and service providers have regarding drug court functioning and disparities?
6. To what extent are service providers adhering to fidelity of Motivational Interviewing?

DESCRIPTION OF DATA USED AND ANALYSES CONDUCTED

Data for this report comes from several sources:

- U.S. Census Bureau
- Nebraska Office of Probation
- Substance Abuse and Mental Health Services, Government Performance and Results Act (GPRA) database
- Lancaster County Drug Court program data
- Survey and focus groups with Lancaster County Drug Court participants
- Survey and Interviews with Drug Court Team Members
- Interviews with service provider agencies

Disparities in access were examined in Year 2 by comparing demographic information for drug court participants from GPRA data to characteristics of the general adult population using U.S. Census Bureau data for Lancaster County. Disparity in access was also examined by comparing the characteristics of drug court participants to individuals who were convicted of drug-related offenses and placed on probation in Lancaster County. The Nebraska Office of Probation provided comparison data on probationers who had been arrested for drug offenses, and for Lancaster County Drug Court participants during the same time period. Anyone entering probation or the drug court in Lancaster County from October 1, 2014 through September 30, 2016, and charged with any possession, selling/intent to sell, and/or manufacturing/growing was included. The Office of Probation search returned 172 probationers who met these criteria, and 109 drug court participants (some drug court participants are arrested for other crimes, such as fraud, and offered drug court due to their crimes being driven by their substance use – these drug court participants are not included in this comparison).

A survey of Lancaster County Drug Court participants provided information to examine overall satisfaction with the Adult Drug Court including perceived fairness in access. In addition, focus groups were conducted with drug court participants – one with females and one with males.

The Lancaster County Adult Drug Court enters data into the Government Performance and Results Act (GPRA) national data base as a requirement for receiving Substance Abuse and Mental Health Services Administration (SAMHSA) grant funding. This information was used for all four categories of disparity analyses. GPRA data contained 170 participants overall, with 170 intake interviews, 129 6-month interviews and 92 discharge interviews. This data was used for indicators of initial disparities in need upon entering drug court, changes in those indicators of needs between intake and 6-month follow-up, and was reconciled with data provided by the drug court for participant demographics. The discharge data is not used for this report.

Lancaster County Drug Court (LCDC) program data was provided for charged offenses, intake and periodic administrations of the Level of Service/Case Management Inventory (LS/CMI) tool, as well as discharge status for those who had graduated or been terminated. All participants (N = 250 who participated in the program between October 1, 2014 and September 30, 2017 were included in analyses. This information was used to assess disparities in need, process, and outcomes.

The demographic variables compared throughout this report are gender, race/ethnicity, and age group. To maximize sample sizes for most analyses, race and ethnicity have been combined into a single binary variable indicating whether or not a participant is a racial or ethnic minority. For the same reason, older age groups have been combined into a 45 or older group, as there were few participants 55 or older. Veteran status is not analyzed as there are only two veterans in the Lancaster County Drug Court, which is too small a group size for reliable comparisons. The survey of drug court participants allowed for only the comparison of gender and race/ethnicity, as age was not asked.

APPENDIX 2: RESULTS OF QUANTITATIVE ANALYSIS

DISPARITIES IN ACCESS

COMPARISON TO THE GENERAL POPULATION

A comparison of race, ethnicity and gender between Lancaster County Drug Court Participants and the general adult population in the County (Table 1) shows that more participants are African-American, or American Indian or Alaska Native, and fewer are Asian, Native Hawaiian or Pacific Islander, women, or veterans, than would be expected based on the make-up of the general population.

Table 1. Comparison of demographic characteristics between general population and drug court participants in Lancaster County (*N* = 252)

Demographic Characteristic	Lancaster County Drug Court	General Adult Population
Race		
• African American or Black	*10.7%	4.1%
• American Indian or Alaska Native	*2.4%	0.5%
• Asian, Native Hawaiian or Pacific Islander	*0.4%	4.4%
• White	83.7%	88.6%
• Two or more races	2.8%	2.6%
Hispanic/Latino	5.1%	6.5%
Female	*35.9%	49.9%
Veteran	*0.8%	7.1%

Note: Percentages for Lancaster County Drug Court from reconciled program data and GPRA data for Federal Fiscal Years 2015, 2016, and 2017. Percentages for the general population in Lancaster County are from the U.S. Census Bureau, American Community Survey, 2012-2016 American Community Survey 5-Year Estimates,Table DP05 (gender and race/ethnicity), and Table DP02 (veteran status).
*Denotes significant difference from general adult population in Lancaster County.

Two veterans have been served by the Lancaster County Drug Court. Both are either separated from service or retired, and neither were deployed to a combat zone.

COMPARISON TO LANCASTER COUNTY DRUG OFFENDERS ON PROBATION

There are no clear demographic differences between drug court participants and those entering probation. Hence, there are not significant disparities between the two populations based on race/ethnicity, gender and age.

Drug courts are considered a scarce resource and are more appropriate for higher need/risk offenders, while probation is considered more appropriate for lower need/risk offenders. Analysis of the data indicates drug court serves higher need/risk offenders compared to individuals on probation. Drug court participants (Table 2) are more likely to have committed serious felonies (Felony 2), and less likely to have committed Misdemeanors, than those entering probation. In terms of LS/CMI Level, drug court participants receive more Very High ratings and fewer Medium High ratings, as well as more Medium ratings and fewer Medium-Low ratings. Drug court participants also averaged higher LS/CMI Total Scores than probationers, and also scored higher on the EE, FM, LR, and CO sub-scales.

Table 2. Comparison of demographic and criminality characteristics between those on probation (*N*=172) and drug court participants (*N*=109) in Lancaster County

Characteristic	**Lancaster County Drug Court**	**Lancaster County Probation**	***χ²* or *F***	***p***
Race			9.96 (χ^2)	.041
• African American or Black	11.0%	7.6%		
• American Indian or Alaska Native	2.8%	2.3%		
• Asian, Native Hawaiian or Pacific Islander	0%	1.7%		
• White	86.2%	82.0%		
• Other	*0%	6.4%		
Hispanic/Latino	3.7%	6.4%	0.98 (χ^2)	.322
Female	36.7%	32.6%	0.51 (χ^2)	.476
Age	*M* = 34.4	*M* = 32.7	1.84 (*F*)	.176
Offense Class			78.58 (χ^2)	< .001
• Felony 2	*26.6%	1.7%		
• Felony 3 or 3A	22.9%	22.7%		
• Felony 4	50.6%	47.7%		
• Misdemeanor 1	*0.0%	25.6%		
• Infraction	0%	1.3%		
• Missing Data	0%	0.6%		
LS/CMI Level			60.42 (χ^2)	< .001
• Very High	*43.1%	26.2%		
• High	41.3%	39.0%		
• Medium High	*0.0%	20.9%		
• Medium	*9.2%	0.6%		
• Medium Low	*0.0%	9.9%		
• Low	0%	2.3%		
• Very Low	0%	0%		
• Missing Data	*6.4%	1.2%		
LS/CMI Total Score	**M* = 28.4	*M* = 23.1	37.14 (*F*)	< .001
• Criminal History	*M* = 4.3	*M* = 4.1	0.50 (*F*)	.479
• Education/Employment	**M* = 4.7	*M* = 3.2	25.17 (*F*)	< .001

Characteristic	Lancaster County Drug Court	Lancaster County Probation	χ^2 or *F*	*p*
• Family/Marital	*M = 2.6	M = 1.9	18.25 (*F*)	< .001
• Leisure/Recreation	*M = 1.7	M = 1.5	4.74 (*F*)	.030
• Companions	*M = 3.6	M = 3.0	16.81 (*F*)	< .001
• Alcohol/Drug Problems	M = 6.0	M = 5.7	1.66 (*F*)	.198
• Pro-criminal Attitude	M = 1.7	M = 1.7	0.06 (*F*)	.808
• Antisocial Pattern	M = 2.1	M = 1.9	1.62 (*F*)	.204

*Denotes significant difference from Lancaster County Probation.

Drug Court Participant Views of Fairness

Overall, drug court participants think the selection process into drug court is fair. A survey of drug court participants had an average score of 4.0 for the item, **"***The selection of who gets into drug court is fair***"** indicating a moderate level of agreement. As shown in Table 3, there were not significant differences based on gender or race/ethnicity.

Table 3. Ratings of fairness in selection of drug court participants based on race/ethnicity and gender

Demographic	*n*	Mean	*F*	*p*
Female	54	4.0	0.079	.779
Male	78	3.9		
White/Caucasian Non-Hispanic	98	4.0	0.346	.557
Racial or Ethnic Minority	35	3.9		

Note: Scores range from 1 "*Strongly disagree*" to 5 "*Strongly agree*".

Disparities in Need

Criminality

Arrests

A low percentage (10.9%) of the drug court participants had been arrested in the 30 days prior to their intake into the program. Of these, over half (66.7%) had been arrested for drug-related offenses. Over half (51.5%) of the participants had spent at least one night in jail or prison during the previous 30 days, with an average stay of 7 nights. Also, over one-third (41.4%) said they had committed at least one crime in the previous 30 days, with an average of 2.6 crimes per participant overall, and an average of 6.3 crimes among only those who committed crimes. Nights in prison and commission of crimes in the previous 30 days did not differ by gender, race/ethnicity, or age group. However, arrests in the past 30 days, and drug-related arrests were significantly higher in females than in males (Table 4). There were no significant differences by race/ethnicity, or age groups.

Table 4. Arrests in 30 days and drug-related arrests by gender

	Gender	*n*	Mean	*F*	*p*
Arrests in 30 days	Female	62	0.2	4.645	**.033***
	Male	101	0.1		
Drug-related arrests	Female	62	0.2	7.775	**.006***
	Male	101	0.03		

* Indicates significance at .05.

Criminal Charges

We conducted an analysis on types and number of criminal changes from Lancaster County Drug Court data. The most common type of charged offenses are possession or obtaining an illegal substance by fraud (Table 5). People could be charged with multiple types of crimes, and there is some overlap among charges; for example, of those charged with possession, 11% were also charged with selling/producing, 19.9% with some type of theft, and 8.8% with other types of charges. All drug court participants were charged with a felony, with the most common charged offense class being Felony 4. Most people (46%) were charged with only one crime, with an average of 1.8 crimes charged. There were no significant differences in charges by gender or race/ethnicity.

Table 5. Criminal charges (*N = 250)*

Charges	**%**
Type of offense	
Possession/obtain substance by fraud	72.4
Selling/producing/harvesting	21.6
Shoplifting/burglary/forgery/money fraud	26.0
Other charge	9.6
Highest charge	
Felony 2	20.4
Felony 3	20.4
Felony 4	58.8
Number of charges	
1 crime	46.0
2 crimes	35.6
3 crimes	13.6
4 crimes	3.2
5 crimes	0.8
6 crimes	0.4

The 18 to 24 age group had significantly less possession charges, but had more charges of selling (Table 6).

Table 6. Type of offense by age group

Type of offense	Age group				*F*	*p*
	18-24 (*n* = 45)	**25-34** (*n* = 107)	**35-44** (*n* = 61)	**45+** (*n* = 37)		
Possession/obtain substance by fraud	46.7%	77.6%	68.2%	78.7%	18.213	< **.001***
Selling	44.4%	15.0%	19.7%	16.2%	17.426	< **.001***
Shoplifting/burglary/ forgery/money fraud	22.2%	30.8%	23.0%	21.6%	2.301	.515
Other charge	11.1%	12.1%	6.6%	5.4%	2.321	.509

* Indicates significance at .05.

LS/CMI

Drug court participants tend to score high overall on the LS/CMI. The LS/CMI measures level of risk and the needs of offenders in multiple areas including criminal history, education and employment, family and marital issues, leisure and recreation, companions, alcohol and drug problems, pro-criminal attitudes, and antisocial patterns. High scores indicate greater need. Average sub-scores, total score, and level are shown in Table 7. Overall, 43.8% of participants scored "*High*", and 47.1% scored "*Very High*" on level of service need when starting drug court.

Table 7. LS/CMI intake scores (*N* = 240)

Level of Service/Case Management Inventory score	Possible range	Mean score
Criminal History (CH)	0 to 8	4.2
Education/Employment (EE)	0 to 9	5.1
Family/Marital (FM)	0 to 4	2.8
Leisure/Recreation (LR)	0 to 2	1.8
Companions (CO)	0 to 4	3.8
Alcohol/Drug Problems (ADP)	0 to 8	6.4
Pro-Criminal Attitude (PA)	0 to 4	1.9
Antisocial Pattern (AP)	0 to 4	2.1
Total score	0 to 43	28.2
Level^	1 to 5^	4.4

^Level is coded: 1 = *Very Low*; 2 = *Low*; 3 = *Medium*; 4 = *High*; 5 = *Very High*. All other ranges correspond to standard LS/CMI scoring.

Females scored significantly higher than males on the family/marital sub-score of the LS/CMI (Table 8). LSC/MI Level was also significantly higher for females than for males. There were no other LS/CMI differences by gender.

Table 8. LS/CMI intake scores by gender

	Gender	*n*	Mean	*F*	*p*
Criminal History (CH)	Male	154	4.3	.086	.769
	Female	86	4.2		
Education/ Employment (EE)	Male	154	5.0	1.481	.225
	Female	86	5.3		
Family/Marital (FM)	Male	154	2.6	14.744	**< .001***
	Female	86	3.2		
Leisure/Recreation (LR)	Male	154	1.8	3.773	.053
	Female	86	1.9		
Companions (CO)	Male	154	3.8	0.099	.753
	Female	86	3.9		
Alcohol/Drug Problems (ADP)	Male	154	6.3	1.955	.163
	Female	86	6.6		
Pro-Criminal Attitude (PA)	Male	154	1.9	0.427	.514
	Female	86	2.0		
Antisocial Pattern (AP)	Male	154	2.1	0.225	.636
	Female	86	2.2		
Total score	Male	154	27.7	3.435	.065
	Female	86	29.2		
Level^	Male	154	4.3	6.003	**.015***
	Female	86	4.5		

^Level is coded: 1 = *Very Low*; 2 = *Low*; 3 = *Medium*; 4 = *High*; 5 = *Very High*. All other ranges correspond to standard LS/CMI scoring.
* Indicates significance at .05.

LS/CMI intake scores were significantly different among age groups. The 18 to 24 age group had lower scores than all of the other age groups regarding criminal history, education/employment, family/marital, leisure/recreation, alcohol/drug problems, antisocial patterns, and overall total LS/CMI score and level (Table 9). There were no significant LS/CMI differences by race/ethnicity.

Table 9. LS/CMI intake scores by age group

	Age group					
	18-24 (*n* = 41)	**25-34** (*n* = 103)	**35-44** (*n* = 60)	**45+** (*n* = 36)	***F***	***p***
Criminal History (CH)	3.2	4.2	4.7	4.9	8.106	**< .001***
Education/Employment (EE)	4.6	5.6	4.9	4.5	3.704	**.012***
Family/Marital (FM)	2.2	2.9	2.9	3.0	3.428	**.018***
Leisure/Recreation (LR)	1.6	1.9	1.9	1.8	3.419	**.018***
Companions (CO)	3.8	3.8	3.9	3.8	.051	.985

Alcohol/Drug problems (ADP)	5.9	6.5	6.5	6.6	2.920	**.035***
Pro-Criminal Attitude (PA)	1.6	2.0	1.8	2.1	1.425	.236
Antisocial Pattern (AP)	1.7	2.2	2.2	2.1	3.788	**.011***
Total score	24.7	29. 1	28.7	28.8	6.312	**< .001***
Level^	3.9	4.5	4.4	4.5	7.896	**< .001***

^Level is coded: 1 = *Very Low*; 2 = *Low*; 3 = *Medium*; 4 = *High*; 5 = *Very High*. All other ranges correspond to standard LS/CMI scoring.
* Indicates significance at .05.

Drug Use

GPRA data can give us a glimpse into the drugs of choice of drug court participants. Table 10 shows the drugs used by drug court participants in the 30 days prior to their intake into the program. Overall, 13.0% of drug court participants used alcohol and 11.2% (any drugs/alcohol-alcohol) had used one or more illegal drugs in the 30 days prior to program intake. The average number of days using alcohol was a little less than one day (M = 0.7), and the number of days using illegal drugs was a little more than 2 days (M = 2.3) out of the month. Among only who used, the average number of days using alcohol was 6 days (M = 5.7), and using illegal drugs was also 6 days (M = 5.9). Amphetamines, including methamphetamine, appear to be the most commonly used type of drug. There was overlap in use of drugs; for example, among amphetamine users, 28.6% also used alcohol and 64.7% also used marijuana in the previous 30 days.

Table 10. Drugs used in 30 days prior to drug court intake

Drug type	n	**% who used in past 30 days**
Amphetamines	148	33.1
Marijuana/Hash	148	23.6
Alcohol	169	13.0
Opiates	149	5.4
Tranquilizers/Sedatives/Hypnotics	148	4.7
Cocaine/Crack	147	0.7
Hallucinogens/Psychedelics	147	0.7
Other drugs	147	1.4
Any alcohol/drug	**169**	**11.2**

There were significant differences by gender and by race/ethnicity for amphetamine use, but not for use of any other drugs or alcohol (Table 11). There were no significant differences among age groups in alcohol or any type of drug use.

Table 11. Differences in amphetamine use by gender and race/ethnicity

Demographic	*n*	%	*F*	*p*
Female	53	45.3	5.803	**.016***
Male	93	25.8		
White/Caucasian Non-Hispanic	117	36.8	5.205	**.023***
Racial/Ethnic Minority	28	14.3		

* Indicates significance at .05.

Those who reported using alcohol or drugs in the 30 days prior to their drug court intake were asked about various impacts due to their use. Ratings for all were close to the "*somewhat*" range of the scale. Means and percentages for responses are shown in Table 12.

Table 12. Impact from alcohol or drug use in the 30 days prior to drug court intake

Impact from alcohol or drug use	n	Mean	Not at all	Somewhat	Considerably	Extremely
Stress	69	2.3	31.8%	30.3%	12.1%	25.8%
Reduce or give up activities	67	1.8	54.5%	16.7%	10.6%	16.7%
Emotional problems	68	2.2	43.9%	19.7%	10.6%	24.2%

Note: Ratings use a scale from 1 to 4: 1 = *Not at all*; 2 = *Somewhat*; 3 = *Considerably*; and 4 = *Extremely*.

Females reported higher scores than males for alcohol or drug use impacts in all categories (Table 13).

Table 13. Impact from alcohol or drug use in the 30 days prior to drug court intake by gender

Indicator	Gender	*n*	Mean	*F*	*p*
Stress	Male	37	2.0	6.720	**.012***
	Female	31	2.7		
Reduce or give up activities	Male	37	1.5	9.487	**.003***
	Female	29	2.3		
Emotional problems	Male	37	1.7	8.507	**.005***
	Female	30	2.6		

* Indicates significance at .05.

Specific impacts (reducing activities and causing emotional problems), were significantly different by age group (Table 14). The 25 to 34 age group reported higher ratings of reducing activities and emotional problems as impacts from alcohol or drug use compared to other age groups. There were no significant differences of alcohol or drug use impacts by race/ethnicity.

Table 14. Impact from alcohol or drug use in the 30 days prior to drug court intake by age group

Indicator	Age group	*n*	Mean	*F*	*p*
Stress	Age 18 to 24	12	1.8	1.805	.155
	Age 25 to 34	32	2.6		
	Age 35 to 44	15	2.0		
	Age 45 years or older	9	2.1		
Reduce or give up activities	Age 18 to 24	12	1.3	3.908	**.013***
	Age 25 to 34	32	2.3		
	Age 35 to 44	14	1.6		
	Age 45 years or older	8	1.4		
Emotional problems	Age 18 to 24	12	1.4	3.180	**.030***
	Age 25 to 34	31	2.6		
	Age 35 to 44	15	1.9		
	Age 45 years or older	9	1.8		

* Indicates significance at .05.

Concurrent Presenting Problems

Overall Health

On average, participants rated their overall health as between *good* (28.2%) and *very good* (16.7%) (*M* = 3.3). Only 1.2% of participants rated their health as *poor* and 11.9% rated their health as *fair*.

There were significant differences in among males and females. Males rated their overall health better than females (Table 15). There were no differences in health ratings by race/ethnicity, or age group.

Table 15. Overall health rating by gender

	Gender	*n*	Mean	*F*	*p*
Overall health	Male	105	3.5	8.089	**.005***
	Female	63	3.1		

Note: Ratings use a scale of 1 = *Poor*; 2 = *Fair*; 3 = *Good*; 4 = *Very Good*; and 5 = *Excellent.*
* Indicates significance at .05.

Mental Health

A sizable proportion of drug court participants experienced one or more mental health-related issues in the 30 days prior to entry into the program. The most common were anxiety, depression, and cognitive functioning problems (Table 16). Note that this question asks if these

were experienced “not due to your use of alcohol or drugs”. All six issues were combined into a measure of “mental health issue-days”. (This measure, for example, counts two issues on the same day as two issue-days). Participants experienced an average of 16.2 issue-days in the month prior to starting drug court.

Table 16. Mental health issues in past 30 days

Issue	n	% who experienced in past 30 days
Anxiety or tension	170	55.3
Depression	170	31.8
Trouble understanding, concentrating, or remembering	170	27.6
Trouble controlling violent behavior	170	4.1
Hallucinations	170	2.9
Attempted suicide	168	0.6

Note: The GPRA question asks how many days these were experienced not due to use of alcohol or drugs.

There were significant differences across gender in the issues experienced. Females experienced more days of depression, anxiety, and trouble understanding, concentrating, or remembering compared to males (Table 17).

Table 17. Mental health issues by gender

Issue	Gender	*n*	Mean (days)	*F*	*p*
Depression	Male	105	1.7	21.615	**<.001***
	Female	63	7.5		
Anxiety or tension	Male	105	5.1	20.615	**<.001***
	Female	63	12.7		
Hallucinations	Male	105	0.1	1.196	.276
	Female	63	0.5		
Trouble understanding, concentrating, or remembering	Male	105	2.5	10.366	**.002***
	Female	63	7.0		
Trouble controlling violent behavior	Male	105	0.0	3.331	.070
	Female	63	0.2		
Attempted suicide	Male	105	0.0	0.579	.448
	Female	61	0.0		

* Indicates significance at .05.

There was a significant difference by age group, but for hallucinations only ($F(3,164) = 3.036$, $p = .031$). Individuals 45 years of age and older experienced more hallucinations ($M = 1.5$) than individuals in the other three groups, which reported essentially no hallucinations (Table 18). There were no significant differences by race/ethnicity.

Table 18. Mental health issues by age group

Issue	Age group	*n*	Mean (days)	*F*	*p*
Depression	Age 18 to 24	24	2.0	0.832	.478
	Age 25 to 34	74	4.9		
	Age 35 to 44	43	3.5		
	Age 45 years or older	27	3.3		
Anxiety or tension	Age 18 to 24	24	4.8	1.007	.391
	Age 25 to 34	74	9.0		
	Age 35 to 44	43	7.2		
	Age 45 years or older	27	8.9		
Hallucinations	Age 18 to 24	24	0	3.036	**.031***
	Age 25 to 34	74	0		
	Age 35 to 44	43	0		
	Age 45 years or older	27	1.5		
Trouble understanding, concentrating, or remembering	Age 18 to 24	24	3.4	0.341	.796
	Age 25 to 34	74	3.9		
	Age 35 to 44	43	5.4		
	Age 45 years or older	27	3.7		
Trouble controlling violent behavior	Age 18 to 24	24	0.2	0.698	.555
	Age 25 to 34	74	0.1		
	Age 35 to 44	43	0.1		
	Age 45 years or older	27	0		
Attempted suicide	Age 18 to 24	24	0	1.739	.161
	Age 25 to 34	74	0		
	Age 35 to 44	43	0		
	Age 45 years or older	27	0		

* Indicates significance at .05.

Clients who reported experiencing these issues were also asked how much they were bothered by these problems in the past 30 days. The average rating was 2.5 on a scale from 1, "*not at all"*, to 5, "*extremely"*. The majority of clients (60.2%) were bothered *slightly* (37.3%), or *not at all* (18.2%) with decreasing proportions bothered *moderately* (20%), *considerably* (16.4%), or **extremely** (8.2%). There were no significant differences in how much clients were bothered by these problems based on gender, race/ethnicity, or age group.

Violence/trauma

Over half of the drug court participants (52.4%) reported ever having experienced violence or trauma in any setting. Table 19 shows the rate of various impacts for those who had experienced trauma. Only 3% reported being hit, kicked, slapped, or otherwise physically hurt in the past 30 days.

Table 19. Trauma and its impacts

Violence and/or trauma impact	*N*	% who experienced
Violence or trauma (ever)	170	52.4
Of those who said "Yes" to violence or trauma:	89	--
Nightmares or unwanted thoughts		78.7
Avoidance		75.3
Being on guard, watchful, or easily startled		67.4
Feeling numb and detached		57.3
Of those who said "Yes" to violence or trauma:	89	--
None of the specific impacts		13.5
One of the impacts		9.0
Two of the impacts		7.9
Three of the impacts		24.7
All four impacts		44.9
Hit, kicked, slapped, physically hurt in past 30 days	165	3.0

A variable was created which combined the five questions about violence and trauma and its various impacts. This variable was coded: 0 = *No violence or trauma ever*; 1 = *Yes to violence or trauma, but no to all four impacts*; 2 = *Yes to violence or trauma*, and *one of the impacts*; 3 = *Yes to violence or trauma*, and *two of the impacts*, 4 = *Yes to violence or trauma*, and *three of the impacts*, and 5 = *Yes to violence or trauma*, and *all four of the impacts*. This variable was used to compare the various demographic groups on violence and trauma history.

Females reported a significantly greater number of trauma impacts than males (Table 20), with the average of females impacts indicating they had reported about two of the four impacts, and the average of males impacts indicating they had experienced violence or trauma, but not reported any of the four impacts. There were no differences in violence or trauma impacts by race/ethnicity or age group.

Table 20. Trauma impacts by gender

	Gender	*n*	Mean	*F*	*p*
Number of trauma impacts	Male	105	1.2	43.277	**< .001***
	Female	63	3.3		

* Indicates significance at .05.

Social Connectedness

A majority of participants indicated they interacted with family and friends (95.3%) or attended voluntary self-help groups for recovery (84.6%) in the 30 days prior to their program intake. A smaller proportion of participants attended religious or faith-affiliated recovery self-help groups (19.2%) or meetings of other additional that support recovery (12.5%). For those who attended a self-help recovery group, the average number of times attended is presented in Table 21.

Table 21. Percent and average number of times attending self-help recovery groups

Type of self-help recovery group	N	% who attended	Mean attendance in past 30 days
Voluntary non-religious, peer-operated program	169	84.6	9.1
Religious/faith-based	167	19.2	3.6
Other	168	12.5	3.0
Any of the above groups	169	**87**	**9.6**

In attendance self-help recovery groups, there were no significant difference by race/ethnicity, gender, or age. There were no differences in reported family/friend interaction between gender or age groups. However, there was a significant difference between age groups; individuals 45 years of age and older reported significantly less family/friends interaction than those in the other three younger age groups (Table 22).

Table 22. Positive family/friend interaction and age group

Age group	*n*	% positive interaction	χ^2	*p*
Age 18 to 24	24	95.8	13.622	**.003***
Age 25 to 34	73	98.6		
Age 35 to 44	43	97.7		
Age 45 years or older	27	81.5		

* Indicates significance at .05.

Living Situation

More than one-fourth (29.8%), of drug court participants report being homeless during the past 30 days before their intake into drug court. Also, nearly another third (22.6%) of these individuals were in an institution (such as a jail/prison, hospital, or nursing home) (Table 23). Being homeless was not significantly related to gender, race/ethnicity, or age group.

Table 23. Living situation

Living situation	*n*	%
Housed	118	70.2
Homeless	50	29.8
Shelter	8	4.8
Street/Outdoors	4	2.4
Institution	38	22.6

Education

The majority of drug court participants have graduated from high school or have a GED, but nearly one-fourth have not completed high school (the highest grade level completed for a few participants was 8th grade). Nearly one-fourth (20%) of participants have had at least some post-high school education (Table 24).

Table 24. Education status (N = 170)

Education status	%
Less than high school degree	25.3
High school diploma or GED	47.1
Some post-secondary education, no degree or diploma	20.0
Post-secondary degree or diploma	7.6

There was a significant difference in the education level of drug court participants by gender (Table 25), females tended to have greater educational attainment than males. There were no differences by race/ethnicity, or age group.

Table 25. Education level by gender

Education level	%		χ^2	*p*
	Male (*n* = 105)	**Female** (*n* = 63)		
Less than high school degree	31.4*	14.3	11.560	**.009***
High school diploma or GED	47.6	46.0		
Some post-secondary education, no degree or diploma	17.1	25.4*		
Post-secondary degree or diploma	3.8	14.3*		

*Indicates a significantly higher percentage than the other group on the same row. Rows without an asterisk are not different.

Employment and Income

Two-thirds of drug court participants were unemployed when they started the program (Table 26).

Table 26. Employment status upon enrollment (N = 169)

Employment status	%
Employed full-time	21.3
Employed part-time	11.8
Unemployed	66.9

Employment status was related to race/ethnicity, but not gender or age group (Table 27). More racial/ethnic minorities reported being employed than did white/causian non-hispanics.

Table 27. Employment status by race/ethnicity

Employment status	%		χ^2	*p*
	White Caucasian Non-Hispanic (*n* = 69)	**Racial or Ethnic Minority** (*n* = 19)		
Employed	21.7	47.4	4.934	**.026***
Unemployed	78.3	52.6		

* Indicates significance at .05.

About one-third (33.1%) of drug court participants had earned income upon entering the program. The overall average earned income for all participants is $360 per month, including those with no earned income. Among those with earned income, the average income is $1,082 per month. There were no differences in income by gender, race/ethnicity, or age group.

DISPARITIES IN PROCESS

DRUG COURT PROCESS INDICATORS

Time from Arrest to Drug Court Participation

Time from arrest to bonding into drug court was about five months on average (*M* = 153.3 days, median = 136.0 days), ranging from 28 days (one participant took less than 2 months) to 662 days (8 participants took more than one year).

There were no significant differences in time from arrest to bonding into drug court by gender, race/ethnicity, age group, or discharge (graduated/terminated) status.

Time from arrest to bonding into drug court is not related to whether someone graduates or is terminated from the program. Those who graduated averaged about five and a half months (M = 167.9 days) and those who were terminated averaged slightly less than 5 months (M = 144.4 days). This difference in time from arrest to bond-in was not statistically significant.
There were no significant changes in the time from arrest to bond-in across the three years of program data. Participants entering the program averaged a little more than 140 days (*M* = 141.2 days) between arrest and bond-in (*M* = 149.4 days in 2015, *M* = 137.3 days in 2016, and *M* = 135.1 days in 2017).

Time in program

Time in program for those who have been discharged was examined, comparing those who graduated to those who were terminated. There was a significant difference in the time people spend in drug court between these two groups. As expected, those who graduated were in drug

court significantly longer than were those who were terminated (Table 28). Time in program did not differ significantly by gender, race/ethnicity, or age group.

Table 28. Months in program by discharge status

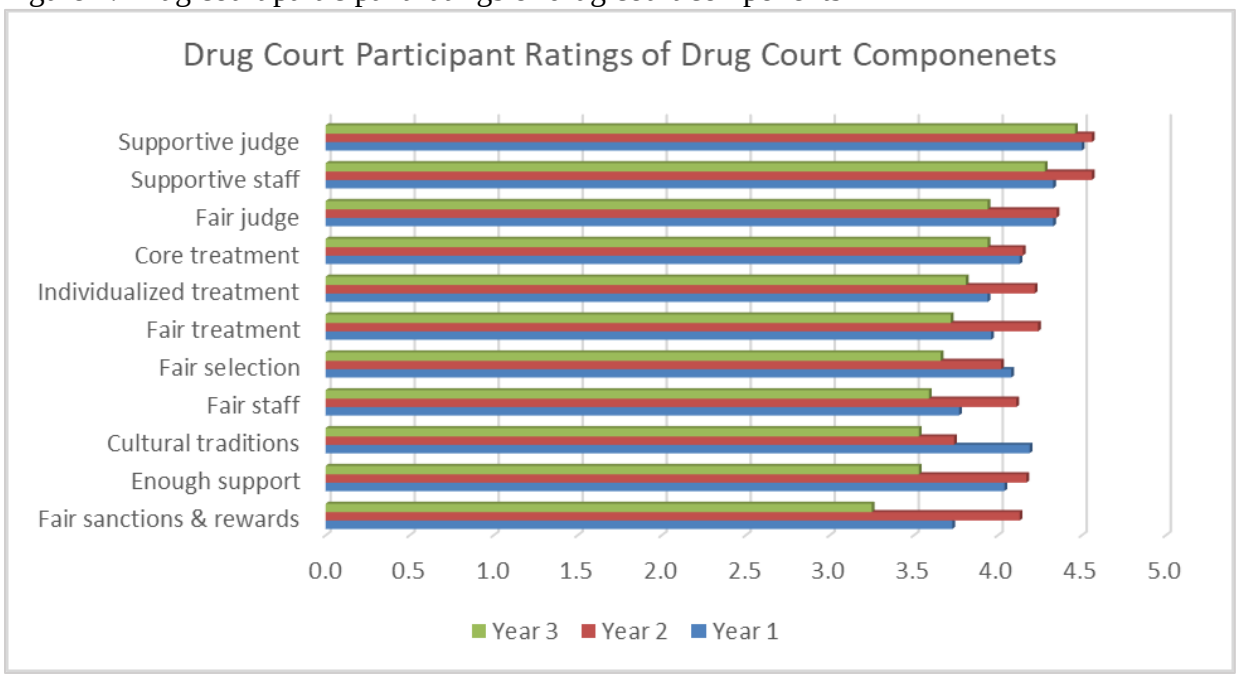
	Discharge status	***n***	**Mean**	***F***	***p***
Months in program	Terminated	72	8.3	225.654	**< .001***
	Graduated	110	24.6		

* Indicates significance at .05.

Drug Court Participant Ratings

Figure 1 shows the participant survey ratings for different process components, arranged in order of the Year 3 ratings. Ratings were based on a scale of 1-5, with 1 being "*Strongly disagree*" and 5 being "*Strongly agree*". The highest rated component in the third year of the program was "supportive judge". The lowest rated component in Year 3 was "fair sanctions and rewards." Ratings for all components were in the positive range, greater than 3.3. There were no significant differences in ratings across the three years ($F(11,121) = 1.512$, $p = .070$), therefore all subsequent analyses are collapsed across years.

Figure 1. Drug court participant ratings of drug court components



Note: Ratings were based on a scale of 1-5, with 1 being "*Strongly disagree*" and 5 being "*Strongly agree*".

There were no significant differences based on gender ($F(11,120) = 1.347$, $p = .207$) (Table 29).

Table 29. Mean ratings of process components by gender

Process component	Mean rating		*F*	*p*
	Female (*n* = 54)	**Male** (*n* = 78)		
The selection of who gets into drug court is fair.	4.0	4.0	0.079	.779
My cultural traditions and beliefs are understood and recognized in drug court.	4.0	3.7	2.537	.114
The drug court judge(s) are supportive of me.	4.4	4.5	0.370	.544
The drug court judge(s) treat everyone equally fair in the courtroom.	4.2	4.7	1.241	.267
Sanctions and rewards are issued in a fair way to all drug court participants.	3.8	3.7	0.024	.877
The drug court staff is supportive of me.	4.4	4.4	0.237	.627
The drug court staff treats everyone equally fair.	3.7	4.0	1.290	.258
Treatment staff treats everyone equally fair.	3.8	4.1	2.357	.127
Treatment I receive is individualized to my core needs.	4.0	4.0	0.001	.972
Treatment addresses the core reasons why I have used drugs.	4.0	4.2	0.577	.449
There is enough support provided to meet my particular job or education needs in the community.	4.0	4.0	0.013	.923
Average rating	**4.0**	**4.1**	**0.793**	**.540**

Note: Ratings were based on a scale of 1-5, with 1 being "*Strongly disagree*" and 5 being "*Strongly agree*".

As shown in Table 30, there were not significant differences by race/ethnicity ($F(11,89) = 0.655$, $p = .776$).

Table 30. Mean ratings of process components by race/ethnicity

Process component	Mean rating: White /Caucasian Non-Hispanic (*n* = 98)	Mean rating: Racial or Ethnic Minority (*n* = 35)	***F***	***p***
The selection of who gets into drug court is fair.	4.0	3.9	0.346	.557
My cultural traditions and beliefs are understood and recognized in drug court	3.9	3.6	1.898	.171
The drug court judge(s) are supportive of me.	4.5	4.5	0.002	.964
The drug court judge(s) treat everyone equally fair in the courtroom.	4.2	5.1	2.801	.096
Sanctions and rewards are issued in a fair way to all drug court participants.	3.7	4.0	1.302	.255
The drug court staff is supportive of me.	4.4	4.5	0.131	.717
The drug court staff treats everyone equally fair.	3.8	4.0	0.415	.520
Treatment staff treats everyone equally fair.	4.0	4.1	0.086	.768
Treatment I receive is individualized to my core needs.	3.9	4.2	1.711	.193
Treatment addresses the core reasons why I have used drugs.	4.1	4.2	0.292	.589
There is enough support provided to meet my particular job or education needs in the community.	4.0	3.9	0.204	.651
Average Rating	**4.0**	**4.2**	**0.898**	**.483**

Note: Ratings were based on a scale of 1-5, with 1 being "*Strongly disagree*" and 5 being "*Strongly agree*".

DISPARITIES IN OUTCOMES

GPRA data contained 170 participants overall, with 170 intake interviews, 129 6-month interviews and 92 discharge interviews. Intake and 6-month data were used to examine changes in indicators of need. Changes from intake to discharge were not used for this report due to the varying time frames at which discharge data was collected from the drug court clients.

Lancaster County Drug Court (LCDC) data on graduation rates and LS/CMI scores were used primary outcome indicators, as well as GPRA data on drug use. Other GPRA data was used as

intermediate outcome indicators, and their impact on graduation and LS/CMI scores were examined. There were 182 people who left the program (graduated or terminated), 138 with 6-month follow-up LS/CMI scores, and 124 with 12-month follow-up LS/CMI scores. Only the intake and 6-month follow-up scores were used in subsequent analyses.

Primary Outcomes

Graduation

Of the 250 participants with LCDC data, 44% have graduated, and 29% have been terminated during the past three years of the program (Table 31).

Table 31. Current enrollment status

Status	***n***	**%**
Currently enrolled	68	27.2
Graduated	110	44.0
Terminated	72	28.8
Total	250	100.0

Among those no longer in the program (graduated or terminated) there were no differences in graduation rate by gender, race/ethnicity, or age group (Table 32).

Table 32. Discharge status by demographics

Demographic	**Terminated** (*n* = 72)	**Graduated** (*n* = 110)	***F***	***p***
Gender			.843	.360
Male	45	76		
Female	27	34		
Race/ethnicity			.415	.520
White/Caucasian Non-Hispanic	60	88		
Racial/Ethnic Minority	11	21		
Age group			.050	.985
18 to 24	14	21		
25 to 34	31	46		
35 to 44	18	27		
45 or older	9	16		
Overall	72	110	--	

LS/CMI

Participants who graduated received significantly lower intake scores than those who were terminated on three of the eight LS/CMI subscales, as well as on the total score and LS/CMI level (Table 33).

Table 33. Discharge status by LS/CMI intake scores

Level of Service/Case Management Inventory Intake score	**Mean score**		***F***	***p***
	Terminated (*n* = 64)	**Graduated** (*n* = 108)		
Criminal History (CH)	4.6	3.8	11.220	**.001***
Education/employment (EE)	5.5	4.5	10.870	**.001***
Family/Marital (FM)	2.9	2.7	1.900	.170
Leisure/Recreation (LR)	1.9	1.8	0.869	.353
Companions (CO)	3.9	3.8	0.544	.462
Alcohol/Drug Problems (ADP)	6.3	6.3	0.055	.814
Pro-Criminal Attitude (PA)	2.0	1.8	1.734	.190
Antisocial Pattern (AP)	2.4	1.9	12.364	**.001***
Total LS/CMI score	29.5	26.5	11.358	**.001***
Level^	4.5	4.2	9.741	**.002***

^Level is coded: 1 = *Very Low*; 2 = *Low*; 3 = *Medium*; 4 = *High*; 5 = *Very High*. All other ranges correspond to standard LS/CMI scoring (see Table 6 for subscale ranges).
* Indicates significance at .05.

Participants received significantly lower scores on five of the eight LS/CMI subscales, on the total LS/CMI score, and also received on average one level designation lower at 6-month follow-up than they did at intake (Table 34). Overall, there was a significant difference between seven of the eight components of the LS/CMI, as well as on the total score and level.

Table 34. LS/CMI scores at intake and 6-month follow-up (*N* = 174)

Level of Service/Case Management Inventory score	**Mean score**		***F***	***p***
	Intake	**6-month follow-up**		
Criminal History (CH)	4.1	4.1	0.289	.591
Education/Employment (EE)	4.8	2.8	179.410	< **.001***
Family/Marital (FM)	2.7	2.4	13.783	< **.001***
Leisure/Recreation (LR)	1.8	1.1	104.432	< **.001***
Companions (CO)	3.8	2.9	55.502	< **.001***
Alcohol/Drug Problems (ADP)	6.4	5.5	43.970	< **.001***
Pro-Criminal Attitude (PA)	1.8	0.7	89.187	< **.001***
Antisocial Pattern (AP)	2.0	1.3	105.891	< **.001***
Total score	27.5	20.8	228.045	< **.001***
Level^	4.3	3.6	160.433	< **.001***

^Level is coded: 1 = *Very Low*; 2 = *Low*; 3 = *Medium*; 4 = *High*; 5 = *Very High*. All other ranges correspond to standard LS/CMI scoring (see Table 6 for subscale ranges).
* Indicates significance at .05.

There are not differences in change in most LS/CMI sub-scales, nor in LS/CMI level, by discharge status. There were significant differences in the change of the LS/CMI total score and the Companions sub-scale score between those who were terminated and those who gradutated.

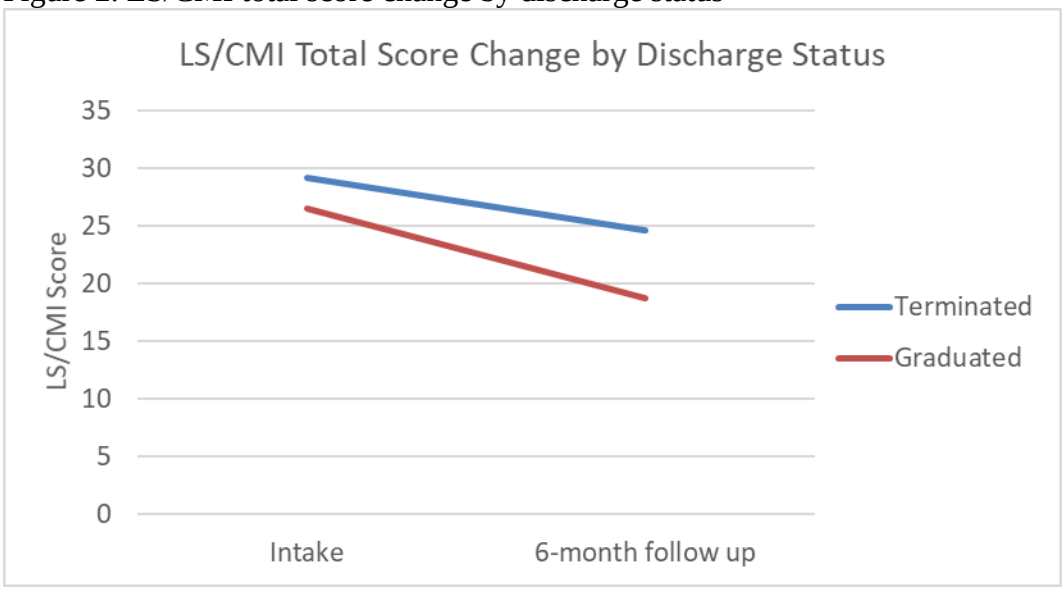
The LS/CMI total score and Companion sub-scale score decreased for both groups, but decreased more in the first six months for those participants who would go on to graduate (Table 35, Figure 2).

Table 35. LS/CMI intake and 6-month follow-up by discharge status

Level of Service/Case Management Inventory score	**Mean score**				***F***	***p***
	Terminated (*n* = 28)		**Graduated** (*n* = 108)			
	Intake	**6-month**	**Intake**	**6-month**		
Criminal History (CH)	4.7	4.8	3.8	3.7	0.723	.397
Education/Employment (EE)	5.3	3.9	4.5	2.4	2.133	.146
Family/Marital (FM)	3.0	2.8	2.7	2.2	0.931	.336
Leisure/Recreation (LR)	1.8	1.4	1.8	1.1	1.954	.164
Companions (CO)	3.9	3.5	3.8	2.6	7.169	**.008***
Alcohol/Drug Problems (ADP)	6.4	5.6	6.3	5.2	0.766	.383
Pro-Criminal Attitude (PA)	1.8	1.0	1.8	0.5	2.445	.120
Antisocial Pattern (AP)	2.3	1.6	1.9	1.1	0.492	.484
Total score	29.2	24.6	26.5	18.7	6.113	**.015***
Level^	4.5	3.9	4.2	3.4	2.791	.097

^Level is coded: 1 = *Very Low*; 2 = *Low*; 3 = *Medium*; 4 = *High*; 5 = *Very High*. All other ranges correspond to standard LS/CMI scoring (see Table 6 for subscale ranges).
* Indicates significance at .05.

Figure 2. LS/CMI total score change by discharge status



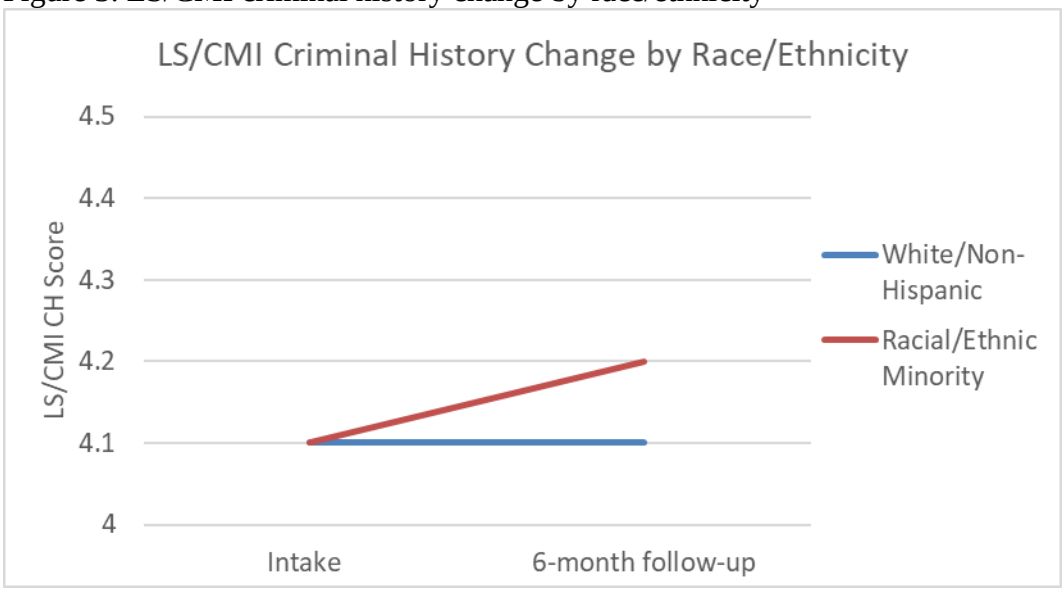
There were no significant changes in LS/CMI total scores or sub-scores by gender or age group. However, there was an interaction of race/ethnicity with change on the LS/CMI criminal history (CH) subscale. Criminal history scores did not increase during these 6 months for White/Caucasian Non-Hispanics, but did increase for racial/ethnic minorities (Table 36, Figure 3). The LS/CMI level, total score, and all other sub-scales did not differ by race/ethnicity.

Table 36. LS/CMI Criminal history intake and 6-month follow-up by race/ethnicity

Race/Ethnicity	***n***	**Mean score**		***F-interaction***	***p***
		Intake	**6-month follow-up**		
White/Caucasian Non-Hispanic	138	4.1	4.1	10.185	**.002***
Racial or Ethnic Minority	34	4.1	4.2		

* Indicates significance at .05.

Figure 3. LS/CMI criminal history change by race/ethnicity



Alcohol and illegal drug use

Table 37 shows the percent of drug court participants who used drugs in the 30 days prior to their intake into the program, and by their later graduation status. Upon entering the program, a significantly higher percentage of drug court participants who would be terminated used alcohol and amphetamines than those who would later graduate. A significantly higher percentage of drug court participants who would later graduate from the program used cocaine/crack, opiates, hallucinogens/psychedelics, and other drugs than those who were later terminated.

Table 37. Drug use prior to intake by discharge status

Drug type	*N*	Percent of participants who used in 30 days before intake		χ^2	*p*
		Terminated	Graduated		
Alcohol	101	13.2	12.5	0.011	.916
Any illegal drug	101	41.5	33.3	0.717	.397
Cocaine/Crack	79	0.0	2.9	1.340	.247
Marijuana/Hash	80	22.2	25.7	0.133	.716
Opiates	81	6.5	8.6	0.122	.727
Hallucinogens/Psychedelics	79	0.0	2.9	1.340	.247
Amphetamines	80	41.3	20.6	3.825	.051
Tranquilizers/Sedatives /Hypnotics	80	10.9	2.9	1.771	.183
Other drugs	79	2.2	2.9	0.041	.840

* Indicates significance at .05.

Table 38 shows the drugs used by drug court participants in the 30 days prior to their intake into the program, and 30 days prior to their 6-month follow-up interview. Amphetamines, including methamphetamine, is the one type of drug that participants reported still using 6 months after enrolling in the program. However, overall and specifically for amphetamines, there were significant decreases in the number of people using between these two time points.

Also, the number of days using alcohol or any illegal drug decreased significantly (from about one day to zero days for alcohol ($F(1,127) = .064$, $p = .004$), and from about two days to less than one day for any illegal drug ($F(1,127) = .107$, $p = <.001$).

Table 38. Drugs used in past 30 days – intake and 6-month follow-up

Drug type	*N*	Used in past 30 days		χ^2	McNemar *p*
		%			
		Intake	6-month follow-up		
Alcohol	128	14.8	0.8	5.782	**<.001***
Any illegal drug	128	37.5	5.5	3.637	**<.001***
Cocaine/Crack^	92	1.1	0	--	--
Marijuana/Hash	93	26.9	3.2	0.066	**<.001***
Opiates	94	6.4	2.1	0.139	.289
Hallucinogens/Psychedelics^	92	1.1	0	--	--
Amphetamines	93	34.4	6.5	2.957	**<.001***
Tranquilizers/Sedatives /Hypnotics	93	5.4	1.1	0.057	.219
Other drugs^	92	2.2	0	--	--

^Significance test cannot be conducted because use at 6-month follow-up is zero.
* Indicates significance at .05.

Six month changes in alcohol and drug use did not differentiate between those who graduated and those who were terminated.

Demographic differences were assessed for the use of alcohol and for any illegal drug. Changes between intake and 6-month follow-up did not significantly differ by gender, race/ethnicity, or age group.

Secondary Outcomes

Secondary indicators of outcomes were selected to examine whether changes in these indicators had an impact on any of the primary outcomes. However, impact on drug use was not examined, because drug use was nearly non-existent at the 6-month follow-up, making any differences based on the secondary indicators virtually undetectable.

Overall Health

On average, participants rated their overall health as between good and very good at intake. There was no difference of overall health rating at intake between those who graduated, or were terminated from the program (Table 39).

Table 39. Overall health at intake by discharge status

	n	**Discharge status**	**Mean**	***F***	***p***
Overall health	53	Terminated	3.3	.296	.588
	49	Graduated	3.4		

Note: Ratings were based on a scale of 1 = *Poor*; 2 = *Fair*; 3 = *Good*; 4 = *Very Good*; and 5 = *Excellent.*

Participants rated their overall health as between good and very good at both intake and 6-month follow-up (Table 40). This rating did not significantly change between the two time periods. Change in overall rated health did not differ by gender, race/ethnicity, or age group. Change in rated health also did not differentiate between graduation and termination.

Table 40. Overall health at intake and 6-month follow-up

	N	**Time**	**Mean**	***F***	***p***
Overall health	129	Intake	3.3	1.293	.258
		6-month follow-up	3.4		

Note: Ratings were based on a scale of 1 = *Poor*; 2 = *Fair*; 3 = *Good*; 4 = *Very Good*; and 5 = *Excellent.*

Mental Health

The most commonly experienced issue at intake was anxiety followed by depression, and cognitive functioning problems. There was no significant difference in mental health ratings, or the number of mental health issue days overall, at intake between those who graduated, or were terminated from the program (Table 41).

Table 41. Mental health issues 30 days prior intake by discharge status

Issue experienced in the past 30 days	*N*	Average # days experienced in past 30 days		*F*	*p*
		Terminated	Graduated		
Anxiety or tension	102	7.6	5.9	0.599	.441
Depression	102	2.2	4.5	0.956	.330
Trouble understanding, concentrating, or remembering	102	3.7	1.8	1.666	.200
Trouble controlling violent behavior	102	0.0	0.1	0.941	.334
Hallucinations	102	0.2	0.0	0.924	.339
Attempted suicide	101	^0.0	0.0	0.942	.334
Any of the above	102	13.6	11.2	0.320	.573

Note: The GPRA question asks how many days these were experienced not due to use of alcohol or drugs.
^Value too low to be displayed due to rounding.

At the 6-month follow-up, anxiety was still the most commonly reported issue, however, depression was reported less than cognative functioning problems (Table 42). Individuals reported a significant decrease in the number of mental health issue days overall, with clients reporting fewer mental health issue days at 6-month follow-up compared to intake. This was driven by a decrease in the number of days experiencing anxiety in particular.

Table 42. Mental health issues in past 30 days at intake and 6-month follow-up (*N* = 129)

Mental health issues in past 30 days	Average # days experienced in past 30 days		*F*	*p*
	Intake	6-month follow-up		
Anxiety or tension	7.8	4.7	8.869	.003*
Depression	3.7	2.6	1.654	.201
Trouble understanding, concentrating, or remembering	3.6	3.2	0.276	.600
Trouble controlling violent behavior	0.1	0.0	0.924	.338
Hallucinations	0.3	0.5	0.683	.410
Attempted suicide	0.0	0.0	-----^	-----^
Any of the above	15.5	11.0	4.360	.039*

Note: The GPRA question asks how many days these were experienced not due to use of alcohol or drugs.
^Cannot be calculated because there were no participants who attempted suicide in the 30 days prior to the 6-month follow-up.
* Indicates significance at .05.

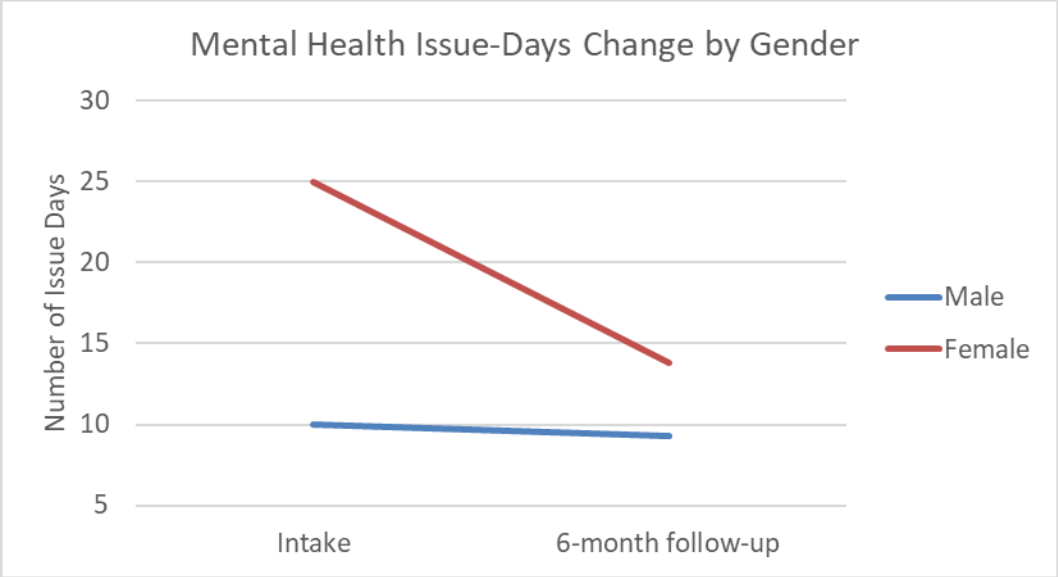
Total mental health issue days were examined for differences based on demographic variables, and graduation rates. There was a relationship between change in mental health issue days and gender (Table 43, Figure 4). At intake and at 6-month follow-up, females experienced more mental health issue days than did males. Females issue days decreased at the 6-month follow-up, while males issue days stayed about the same.

Table 43. Mental health issues at intake and 6-month follow-up by gender

	n	Gender	Mean		*F-interaction*	*p*
			Intake	6-month follow-up		
Mental health issue-days	82	Male	10.0	9.3	5.859	**.017***
	47	Female	25.0	13.8		

* Indicates significance at .05.

Figure 4. Mental health issue-days change by gender



Changes in mental health issue days were not significant based on race/ethnicity or age group. Mental health issue days also were not significantly related to graduation.

Violence/trauma

The experience of trauma could not be compared between intake and 6-month follow-up, because the question asked if drug court participants had *ever* experienced trauma. Therefore, trauma was examined only for its impact on graduation.

There was not a significant difference in trauma impact between those who would graduate, and those who would be terminated (Table 44).

Table 44. Impact of trauma on graduation

	n	Discharge status	Mean*	*F*	*p*
Trauma impact	53	Terminated	2.0	1.073	.303
	49	Graduated	1.6		

Note: Ratings were based on a scale of 0 = *No violence or trauma ever*; 1 = *Yes to violence or trauma, but no to all four impacts*; 2 = *Yes to violence or trauma, and one of the impacts*; 3 = *Yes to violence or trauma, and two of the impacts*, 4 = *Yes to violence or trauma, and three of the impacts*, and 5 = *Yes to violence or trauma, and all four of the impacts*.

Social Connectedness

There was not a significant difference in social interactions at intake between those who would graduate, and those who would be terminated (Table 45). A majority of participants in both groups reported that they attended self-help recovery groups and interacted with family and friends.

Table 45. Social interactions at intake by discharge status

	% Yes			
Social interaction	**Terminated** (*n* = 53)	**Graduated** (*n*= 48)	***F***	***p***
Any self-help recovery group	88.7	91.7	.248	.620
Interact with family/friends	96.2	97.9	.245	.621

Frequency of attendance at self-help recovery groups was not significantly different between discharge groups (Table 46).

Table 46. Number of times attending self-help recovery groups in the past 30 days at intake

	N	**Discharge status**	**Mean**	***F***	***p***
Recovery group attendance frequency	47	Terminated	9.1	1.131	.291
	43	Graduated	10.7		

A majority of participants indicated that they attended self-help recovery groups and interacted with family and friends at intake and at the 6-month follow-up (Table 47). Participant interactions with friends or family increased significantly, however there was no change in self-help recovery group attendance.

Table 47. Social interactions at intake and 6-month follow-up

		% Yes			
Social interaction	***N***	**Intake**	**6-month follow-up**	***F***	***p***
Any self-help recovery group	128	89.8	92.2	0.472	.493
Interact with family/friends	127	95.3	98.4	4.098	**.045***

* Indicates significance at .05.

Participants reported attending self-help recovery groups a significantly greater number of times during the 30 days before their 6-month follow-up than in the 30 days prior to intake (Table 48).

Table 48. Number of times attending self-help recovery groups in the past 30 days at intake and 6-month follow-up

	N	**Time**	**Mean**	***F***	***p***
Recovery group attendance frequency	106	Intake	9.7	28.205	**<.001***
		6-month follow-up	14.6		

* Indicates significance at .05.

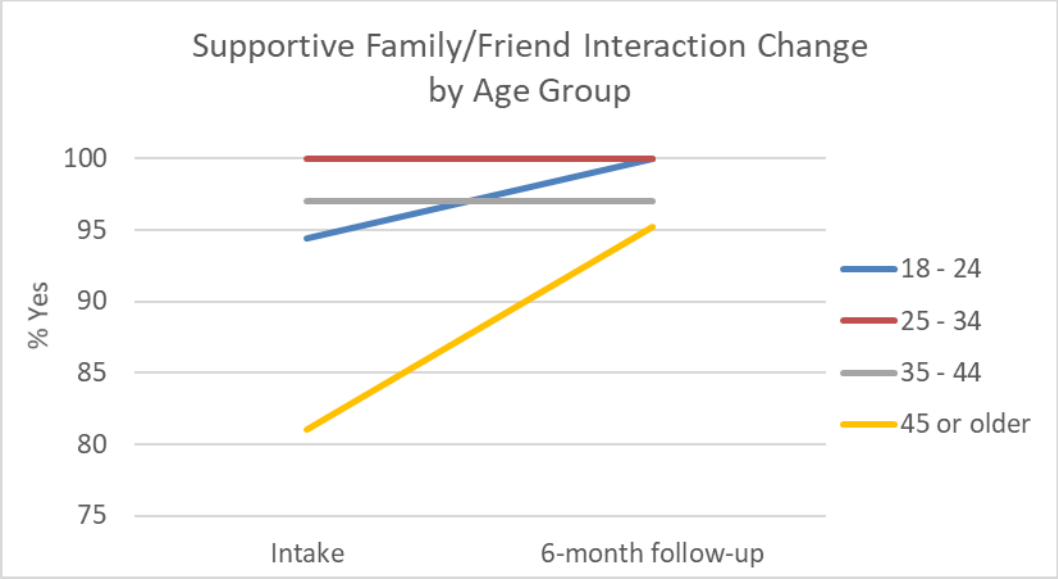
There were no differences across time on any of these social connectedness measures by either discharge stateus or gender. There was a difference by age group for whether people had seen family or friends (Table 49, Figure 5). At intake, only about 81% of the 45 years or older group reported interacting with supportive family or friends, and this increased to 95.2% at 6-month follow-up. For all other age groups, nearly all reported interacting with supportive family or friends at both intake and 6-month follow-up.

Table 49. Interacted with family/friends at intake and 6-month follow-up by age group

Indicator	Age group	*n*	% Yes		*F-interaction*	*p*
			Intake	6-month follow-up		
Had interaction with family and/or friends supportive of recovery	Age 18 to 24	18	94.4	100.0	4.176	**.007***
	Age 25 to 34	55	100.0	100.0		
	Age 35 to 44	33	97.0	97.0		
	Age 45 years or older	21	81.0	95.2		

* Indicates significance at .05.

Figure 5. Supportive family/friend interaction change by age group



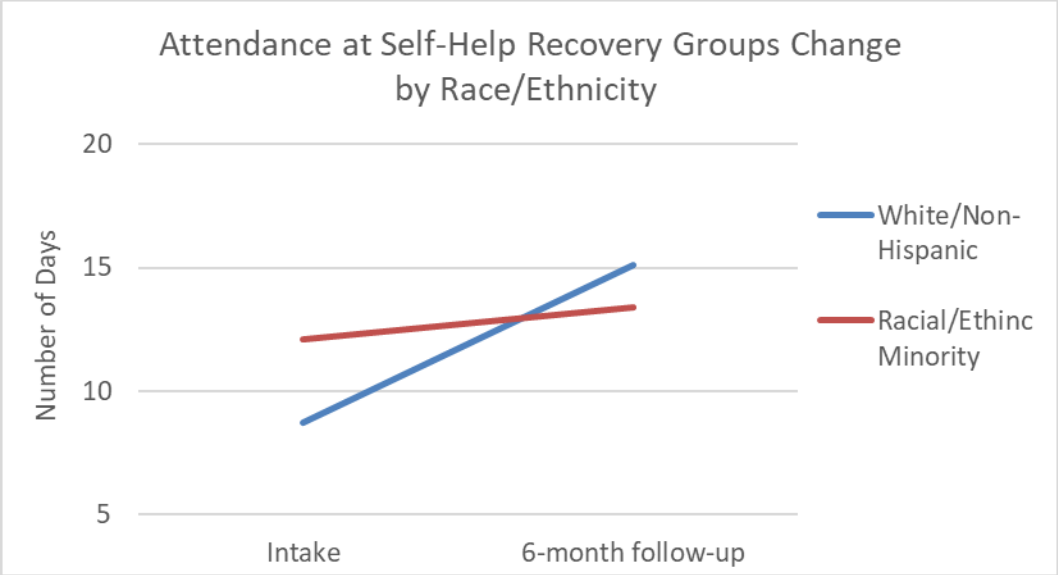
Racial or ethnic minorities reported higher recovery group attendance frequency at intake than White Caucasian/Non-Hispanic participants, however, the White Caucasian/Non-Hispanic participants had significantly more change in attendance at the 6-month follow-up (Table 50, Figure 6).

Table 50. Attendance at self-help recovery groups at intake and 6-month follow-up by race/ethnicity

Indicator	Race/ethnicity	*n*	Mean		*F-interaction*	*p*
			Intake	6-month follow-up		
Recovery group attendance frequency	White Caucasian / Non-Hispanic	79	8.7	15.1	5.280	**.024***
	Racial or Ethinc Minority	26	12.1	13.4		

* Indicates significance at .05.

Figure 6. Attendance at self-help recovery groups change by race/ethnicity



Living Situation

The rate of homelessness was significantly higher at intake for drug court participants who would later be terminated from the program compared to those who would graduate (Table 51).

Table 51. Homelessness at intake by discharge status

	n	Discharge status	%	*F*	*p*
Homeless^	53	Terminated	43.4	8.639	**.004***
	47	Graduated	17.0		

^Includes living on the street, shelter or institution.
* Indicates significance at .05.

The rate of homelessness decreased significantly between intake and 6-month follow-up (Table 52).

Table 52. Homelessness at intake and 6-month follow-up

	N	Time	%	χ^2	*p*
Homeless^	127	Intake	26.8	11.328	**.001***
		6-month follow-up	18.9		

^Includes living on the street, shelter or institution.
* Indicates significance at .05.

There were no significant differences in change in housing by discharge status, gender, race/ethnicity, or age group.

Employment and Income

The rate of unempolyment was significantly higher at intake for drug court participants who would later be terminated from the program in comparison to those who would graduate (Table 53). Rates of full or part-time employment was significantly higher at intake for participants who would later graduate from the program ($\chi^2(2) = 10.533$, p = .005).

Table 53. Employment status at intake by discharge status

	% of participants			
Employment status	**Terminated** (*n* = 53)	**Graduated** (*n* = 49)	χ^2	*p*
Employed full-time	13.2	*30.6	10.533	**.005***
Employed part-time	5.7	*18.4		
Unemployed	*81.1	51.0		

The small number of participants who reported being employed part-time were combined with those who were employed full-time to increase the overall employed group size. All further employment analyses were conducted with the combined group. While nearly two-thirds of drug court participants were unemployed at intake, three-quarters are employed full-time at 6-month follow-up (Table 54) ($\chi^2(1) = 9.051$,McNemar's $p < .001$). Change of employment status was not related to gender, race/ethnicity, or age group.

Table 54. Employment status at intake and 6-month follow-up (*N* = 128)

	% of participants			McNemar
Employment status	**Intake**	**6-month follow-up**	χ^2	*p*
Employed full or part-time	34.4	75.0*	9.051	**<.001***
Unemployed	65.6	25.0*		

* Indicates significance at .05.

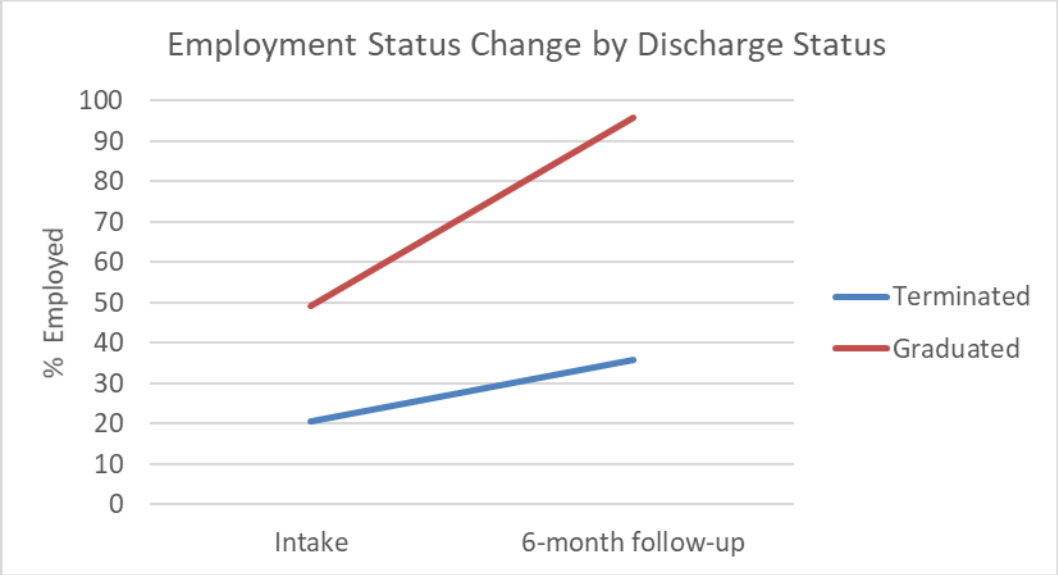
Those who would graduate from the program had a significant change in employed status, and were more likely to be employed at the 6-month follow-up (Table 55, Figure 7).

Table 55. Employment status at intake and 6-month follow-up by discharge status

Employment status	Discharge status	*N*	% of participants		*F-interaction*	*p*
			Intake	6-month follow-up		
Employed	Terminated	39	20.5	35.9	7.355	**.008***
	Graduated	49	49.0	95.9		

* Indicates significance at .05.

Figure 7. Employment status change by discharge status



At intake, participants who would later graduate earned significantly higher monthly income than those who would be terminated from the program (Table 56).

Table 56. Earned monthly income at intake by discharge status

	n	Discharge status	Mean	*F*	*p*
Earned income	51	Terminated	$151.57	8.066	**.005***
	49	Graduated	$505.63		

* Indicates significance at .05.

There is a significant increase in average earnings between intake and 6-month follow-up (Table 57). There is not a significant difference in the change in income by gender, race/ethnicity, or age group.

Table 57. Earned monthly income at intake and 6-month follow-up

	N	Time	Mean	χ^2	*p*
Earned income	126	Intake	$394.10	48.509	**<.001***
		6-month follow-up	$933.25		

* Indicates significance at .05.

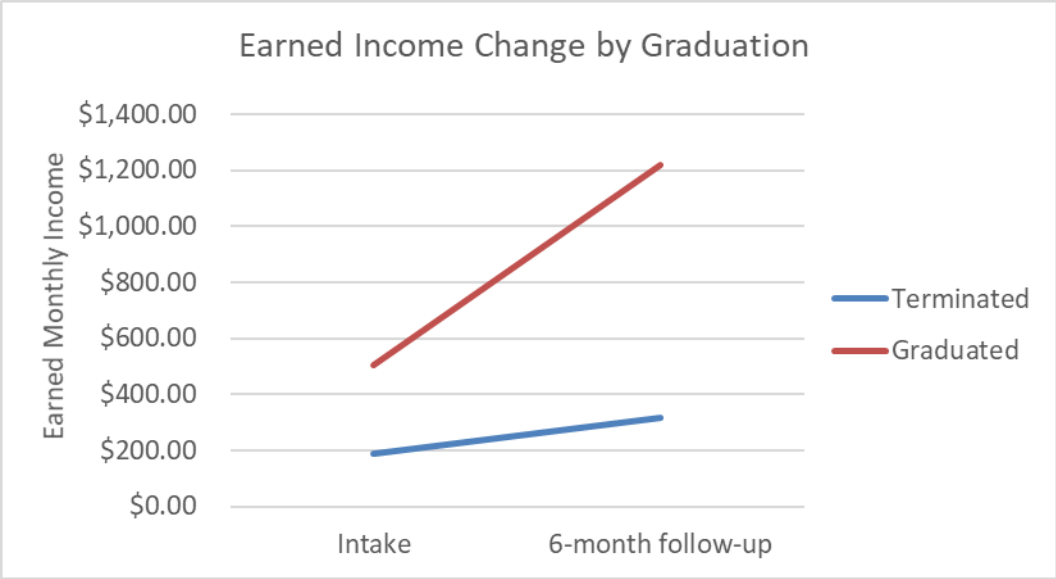
Earned income overall, and changes in earned income, did predict graduation (Table 58). Those with a higher earned income at intake were more likely to graduate, and those with a greater increase in earned income were more likely to graduate (Figure 8).

Table 58. Earned income at intake and 6-month follow-up by graduation

	Discharge status	*n*	Mean income		*F-interaction*	*p*
			Intake	6-month follow-up		
Earned income	Terminated	37	$187.30	$ 314.89	21.038	**<.001***
	Graduated	48	$505.75	$1217.60		

* Indicates significance at .05.

Figure 8. Earned income change by graduation



APPENDIX 3: INSIGHTS FROM THE DRUG COURT TEAM

An open-ended survey was conducted with members of the drug court team, and interviews were conducted with key drug court managers. Following are their responses:

A. Have there been any major changes in the program in the past year (since October 2016)?

a. I don't think there have been any major changes program wise as there has been in the past. We did move buildings this year and that had I think more of an effect on the participants than I initially thought of the current participants. Now that we have been moved for 4-5 months now, the adjustment period is over. Everyone has adjusted to that now and love the new space with where we are at here.
b. It's allowed our staff to have constant access to one another, I think that has really improved some of our approaches that we have been using. Moving everybody into one building has had a positive impact. Also, we just recently finished the consultation room – the therapy room – which was something we intended to be available in the beginning. I knew that we were going to be moving, but it's there now, and I think it is more conducive to therapy and a better space when the clinicians are doing their work on trauma issues. The surroundings are very comforting and soothing, it's not an office space. That was a nice addition.
c. No.
d. I don't think there have been any major changes in the last year.
e. No
f. Yes we moved locations and are now housed and share office space with Community Corrections.
g. There has been continued clinical supervision regarding co-occurring disorders and the treatment of trauma and addictions. The treatment providers have attended conferences to gain additional skill in the treatment of trauma and addictions.
h. Yes we are currently in a new office space. We have lost a supervision officer. We have gained a new program.

B. Have there been any new treatment approaches or providers brought into the program? If so, how successful has that been?

a. Let's start with XXX. They are not a treatment provider but they are a service provider. They provide housing for homeless women, and I think they provide a fantastic job. They are typically going to be in outpatient treatment, IOP, while at XXX. So they really help bridge that gap of financial, transportation, other services that homeless women struggle with in addition to just housing. I think they do an awesome job, especially with financial.
b. We used to have a team member from these other organizations come and sit on the team. There are times when you have 4 people from a given organization, and then there are times when you don't have anyone there. Having that consistent commitment over the years has been challenging. We put a lot of demands on

providers. It is difficult to be an active member of the drug court team because of the level of commitment we ask for. Generally speaking they opt not to participate in most of our staffing meetings. A lot of these organizations struggle with turnover. They struggle with funding. All these things affect their ability to commit as much as we would need them to be a member of the team.

c. It's hit and miss. Right now I feel like we can get someone in very quickly. If you had asked 6 months ago, it was like, "Where are we going to put this person? It's going to take forever to do this." We have issues. Sometimes they are in jail and coming out of jail and the amount of sobriety time that they have means they are not eligible at that point. So there are still challenges with trying to get them into the correct place. Not uncomplicated cases.
d. No
e. There has been a heavier emphasis on trauma treatment and trauma informed treatment. It seems that this has been well-received by the participants and is producing better outcomes.
f. EMDR and trauma hypnosis and DBT. Very effective
g. Participants with children attend a 16 week "Celebrating Families" group. Unknown if this has been successful.
h. The treatment of co-occurring disorders is prevalent in this program as the evidence-based practices of MI, EMDR, DBT, and Hypnosis are utilized.
i. Our therapist is being trained in hypnosis.

C. What barriers have been encountered in the previous year and how have barriers been addressed?

a. I think we are certainly better today than we were a year ago, with the addition of the sober house beds we have for men in the program. I will tell you that drug court I think is typically taking up a majority of our beds all the time, keeping them filled. I know currently as of today there are one or two people that we don't have housing for because those are full. One person in particular has received an assault charge at the mission a couple of months ago. The beds are full at sober houses, doesn't have any other place to stay so what are we going to do with this guy? So it's certainly still a major challenge if not the biggest challenge that we have moving forward.
b. I think it's the same story. It's housing. There are still some barriers with medication assisted treatment, something we would like to get into and start utilizing more. There were 5 providers in Lincoln and now there are 4 in Lincoln. Most of those are not taking…You are going to have to have insurance or pay basically to have access to it.
c. Nothing out of the ordinary.
d. There are at least some difficulties identifying medical providers willing and able to assist with medication-assisted treatment. As with everything, funding issues surround this topic.
e. NA
f. Community resources are decreasing....participants needs are increasing. EBT benefits are no longer an option for those with delivery/intent to deliver, or 3+ possession charges . I continually utilize contacts I have networked with throughout the years to problem solve.

g. One barrier has been when a Drug Court Participant either chooses to voluntarily withdraws from the program or an alleged drug court violation is filed, which results in a finding that this particular participant may no longer be a part of the program. This disrupts the treatment process. This barrier is addressed through discussion in court, with their Supervision Officer and their therapist discuss the decision-making process and increased awareness of the environmental factors that affected their decisions with strategies developed to be implemented in order to make recovery-based decisions.
h. Since in the new environment it is much more difficult to connect to our clients. Supervision officers have been overwhelmed due to taking on new programs screening and being down a supervision has caused more stress. It is leaving less time to focus on the participants.

D. What lessons have been learned in the previous year?

a. In a positive way, moving last year to gender specific treatment groups. I think that has proven to be beneficial. The female participants feel much much more comfortable in a group, that has been good.
b. We try now mostly to be gender specific with our groups. There was a lot of relationship dynamics that was getting in the way of any kind of real meaningful change when we were mixing them. I believe that separating them allows the women to talk about women's issues and men talking about men's issues without that tension and that strange dynamic that happens when mixing genders in conversations. The criminal thinking or cognitive groups we are doing, they are still a mix in there. That is something that we may be looking at this next year if we want to focus more on early intervention trauma instead of criminal thinking at this point if that is the direction that we want to go possibly. But right now the criminal thinking groups for the most part are males and females.
c. So we this past year we were able to work with the county attorney's office and the public defender – but of course they would be for it – to identify that group of people who fit into that category of drug court is over-supervising – they are not successful in drug court. There is a certain population of people who are coming into drug court who are eligible for drug court but drug court was more than what was necessary to get them where they need to be. So, we called it Intensive Supervision Diversion, and it really is pretty much that age group from 18-25 that we have terrible outcomes with. Especially those who have very limited criminal history but the current charge makes them eligible for drug court. So, as long as that charge makes them eligible for drug court and they have a very limited minimal criminal history, we will consider them for ISD, which is a big step down actually from drug court. They don't have the weekly court appearances. But they do have other things that are similar to drug court, but they are being treated separately from that population that we know we should not be mixing them with. So it's our effort to work with that population. A lot of them have marijuana charges.

   I'd say 90% of them it's marijuana related. I can only think of 1-2 or maybe 2 others who are in that program, there are 13 people in that program, many of them would have been in drug court, potentially. Some of them I know would have gone a

different route other than drug court, but since ISD is available and in my mind giving the correct level of supervision, we still have the ability as an agency to assess treatment needs and assess treatment interventions for marijuana and other issues that they are dealing with. I think those treatment groups are looking much different than a drug court treatment group would look. The focus in much different.

And they are with us for 12 months, not a minimum of 18 months. It is literally a diversion. A true sense of diversion. Drug court is a diversion – honestly it is – it's just really a whole different version of drug court and literally diversion. If you fail in this diversion program you then could be eligible to be bumped up to drug court. We usually know in the first 6 months if they are going to be successful in diversion or not. They are young kids.

d. I've learned more though training about the importance of our Drug Court program being trauma informed.
e. I think we continue to grow in our trauma-informed approach to drug court participants. I think we all as a team also have become more aware of trauma issues and their impact on the success of our participants in the program. / Through training and education the team has also become more familiar and comfortable with the idea of medication-assisted treatment.
f. Need treatment input at the screening phase. Not just a screening form that non treatment looks at and determines themselves. Treatment needs should be more assessed prior to individual coming into the program. To ensure a person can be treated effectively while still able to abide by program rules.
g. I feel the integrity of our program has decreased...we no longer "know" our participants. They do not come to the office to meet with staff as they did when we had our "own" building. There is a definite "disconnect" and loss with communication. Our customer service has declined drastically.
h. The continued importance of teamwork, shared decision-making and the integrity of the program (to follow the policies and procedures as stated).
i. That we need to stay fully staffed.

E. Have you noticed any concerns or trends related to program access related to gender, race, ethnicity, age, and geographic location?

a. I don't think so. We started collecting the ACE form, though I have not put that data anywhere yet, we are just collecting. But it would be kind of interesting to see the ACE scores and how they different between those demographics.
b. No.
c. Less concerns since moving to gender specific groups.
d. I have not noted this. However I do note that the majority of our participants are Caucasian.
e. I have not.
f. No.

F. Have you noticed any issues causing race/ethnic or gender disparity within the program, and how are they being addressed?

a. I think there are some disparities, but I don't know the cause of those. I know that disparity in outcomes is something our program does monitor, but I don't know what, if anything, has been done about it.
b. Gender specific programming.
c. Nothing I have noted
d. I have noticed that there is a larger percentage of females that do not complete the program as compared to the males. The program has emphasized gender-specific treatment for individuals and groups.
e. No.

G. How successful has training been with staff and partners, and have you been satisfied with trainings?

a. Our Drug Court team attended the National Drug Court Conference this past July. We also attended a local Drug Court training earlier this year. I think these trainings have been helpful.
b. We have had the opportunity to participate as a team in some excellent training in the past year. I am very satisfied with the training that has been available.
c. No trainings
d. The majority of the training offered has been for therapists. I am satisfied with this ... it personally sucks the life out of me when I am asked to sit in a room all day and listen to a speaker :)
e. The training has been quite successful and I am satisfied with the training available.
f. Have not been to any big training this past year.

H. How successful has the project been with data collection? What are the challenges and how have they been addressed?

a. The National Center for State Courts are in the beginning stages of conducting a statewide costs-benefit's analysis that we will be included on. That is a 3-4 year process. That is just getting started. I think they have been pulling some data that we have been entering into our system. I am not sure exactly what data. Right now they are just starting to get some things cleaned up and I have had to make some minor changes on some missing data, that type of thing. The initial start I think is a focus on recidivism rates and starting from like 2010 on, studying those people that were discharged from our program.
b. I think we've done a good job in this area.
c. Unsure on data collection.
d. Unknown.
e. I am not acquainted with the data collection process. I provide data in regards to the therapeutic components.
f. Challenge is not having enough supervision officers to maintain caseload, so collecting data is hard.

I. In terms of the wider structural environment in Lancaster County and Nebraska (i.e. justice system, treatment provision environment, community resources and context, etc.), how has that impacted the program? What changes would you like to see made in the wider environment that impact the drug court program?

a. I will say that I think the county's decision to close our local mental health center through the course of the past several years, has caused impacts on how we are able to access services for folks. Mental health services in the community, appointments for medication. I haven't heard a lot of scuttle about it over the past 6 months so things may be getting a little better. But it is a constant upheaval. XXX doesn't have anybody to supervise the nurse practitioners so they aren't taking clients. XXX isn't taking any new clients. It is constant. Constant. That puts our clients in a predicament. Their progress is impaired by our inability to get them services in the community that they need. There are waiting lists for housing, for vouchers, for doctor's appointments. It has made it difficult to get them down the path quicker than at a rate if we had been able to access psychiatric services better. So that is one of the things that has happened locally. I think it has had an impact on the criminal justice system participants.
b. I still think we are figuring out the impacts of LB 605 a little bit especially with the post-release supervision. I know this month I had an application where someone is basically to be in drug court and post release supervision. This is the first time that has come up. I don't know if we have taken a close look yet about that presumptive probation. Those folks that we have been getting into drug court prior to 605 generally were going to be sentenced to prison time if they didn't do drug court. Now supposedly those people are in a category that are considered for presumptive probation, so who wouldn't advise their client –a good attorney – to try and get probation instead of applying for drug court? Because it's not going to be as difficult for you to get through a probation sentence instead of getting through drug court.
c. I'm not sure I understand this question, but I don't have any particular changes I would propose.
d. More trauma informed trainings from on staff clinicians.
e. I believe we are housed in a very sterile environment...not conducive to the program needs of the participants we serve. While the office setting is very "pretty", we are sheltered from the daily face to face contact of the participants. In the past participants would frequently stop by the office to visit i.e. ask our opinion, problem solve, bring their kids in, etc. That is no longer happening. I would like it to return to the way it was, however have accepted that this is not an option. I will need to be more creative in reaching out to participants and creating a comfortable atmosphere in hopes of generating increased contacts.
f. I would like to see housing for our participant who are in need of such, have it be more available and more affordable.
g. Our office setting feels more like a hospital setting and there is no real connections with the participants. They used to be able to just stop in and we would see them a lot. Now it is very formal and the participants have to jump through hoops to see us.
h. The justice council has actually been in existence since the late 80s or early 90s. It was initially put in place to offer suggestions to local government entities about what needs to happen in our justice system. What sort of policies should we be implementing. It fizzled. It went away. We tried to resurrect it about 10 years ago, but without specific issues, nobody wants to spend a morning…getting these people together is hard anyway. If there is nothing to talk about and no directed goal, then nobody wants to meet. But since the new jail has been built and is at 90% capacity, a

decision was made to bring the justice council together and start talking about our system as a whole again. So we have county attorneys, public defenders, sheriffs, police chief, police chief from UNL, we previously had judges sitting on it but judges have been given direction from this supreme court that they are not allowed to provide input into policy recommendations. So they can come and provide information but they cannot provide recommendations. City attorneys there. It's basically policy makers and decision makers from all of those criminal justice organizations. We also invited local treatment providers. So behavioral health providers come and sit at the table so we can talk with them about what is going on that is affecting the system as a whole, or how the system is affecting their agency. So that has started up again, and we are starting to have some really robust conversations about the criminal justice system, what do we need to look at to start making improvements of the system as a whole in Lincoln/Lancaster county. The jail administrator is there and he always provides an update on jail stats. We meet quarterly. It's always usually the Tuesday after he has presented his board of corrections report, so it is very conveniently timed. So we can overview of what the jail population looks like. Our goal now is to keep an eye on that population. I think we need to do some sequential intercept mapping?

J. Are there any other important things you think should be noted about the LCADC enhancement activities?

a. No.
b. I think the Celebrating Families component has been a wonderful addition to the program. Having participants and their children interact and learn skills together is a very important piece to sustained success for not only our participants, but also their families.
c. Na
d. Activities should be age appropriate. I feel that participants should not be made to attend a mandatory activity at the Joyo theatre to view the "Lion King". We have very few participants who have custody of their children....many have had their children taken away. I believe we should recognize that this might contribute to the trauma most have suffered. We need to be more empathetic to the needs of our participants. We must be reminded that the majority of our participants are the "working poor". They do not work the standard hours M-F with weekends off. When the activities are mandatory and on a weekend, they are not paid for the loss of hours. This increases ones ability to pay their monthly bills...which in turn increases one's stress. Once again we must work on being empathetic to their needs. / I also feel that activities should be conducted in smaller groups...nothing like drawing attention to 80+ individuals showing up for an event.
e. I am satisfied with the quality and quantity of my training, the teamwork among team members, and the cooperative interdisciplinary staff meetings.
f. more support.

APPENDIX 4: PERSPECTIVES FROM DRUG COURT PARTICIPANTS

Two focus groups were conducted with current drug court participants to gather their feedback about the program. Both focus groups were gender-specific. By in large, the focus group participants had very positive perceptions of the program and its goals, the program staff and judges, and experiences with treatment. However, focus group participants offered some critiques as well. Major themes from the participant focus groups included the following:

- Program mission. All focus group participants were very supportive of the program and its goals, and understood the overall mission of the program. Focus group participants felt that being in drug court was a life-saving opportunity to change their live:

  A year ago I wanted to die. I didn't care about anybody else, and now a year later, I have a good job, a house, a great woman in my life, my own car, it's just amazing in just a year's time. If I would have gone to prison instead, I would have come out a worse person than I was before I went in, I guarantee that. It saved my life.
  – Male Participant

  I am a prime example of them believing that people could change. All the staff knows me from when I had previously graduated, and then I went back out and screwed up, and they believed enough in me to change and gave me a second chance at drug court. That shows they care and they think people can change.
  – Male Participant

  For me, it was like, this or death, literally. It was like, save your life or die before you get into prison.
  – Female Participant

- Individualized attention. Many focus group participants valued individualized attention and supervision from the drug court team, and mentioned very positive interactions with supervision officers. Several participants even advocated for greater funding for the program so it could increase the amount of supervision officers to better serve clients:

  They do a really good job. [A program staff member] came up to me and asked me if I needed a car seat for my kids. I told her my food stamps hadn't come through yet once I got my kids back. And she brought me eggs and stuff. That was awesome. She helped me fill out all my paperwork for my kids. I went to her office and she walked me through it. They do a really good job as far as that goes.
  – Female Participant

  The best thing I think is that each individual is looked at in their own way, you know? Somebody might do something, and every case is their own case. Everyone is different and everyone has a different situation. It has got to be hard for them. I think they need more supervisors, especially now they only have 2. If they had 3 and lost one, I guess they would hire another one. But for 2 people, that's a lot of caseload for 2 people to look over with that many people. If they get less people, it's probably easier to catch people early on if they relapse or have something bad happening. But now if they catch somebody late, they might be gone.
  – Male Participant

They got over 40 people in one lot, and that is a lot of people. And we are all addicts and we are all manipulative. I was a manipulator for 20 years, you know? Try and watch everyone like me. That has got to be difficult.
– Male Participant

- Accountability and rules. Many participants stated that they understood the strict rules and discipline required by the program, and appreciated the need for accountability:

The sanctions are all for a good reason. I feel like the way I was living before, I had a lot going for me, but I wasn't held accountable. I feel they do those things because it makes you be accountable. It makes you be responsible. And that is the only way that we are going to get people on the right track.
– Female Participant

They hold us pretty accountable…. You are accountable big time. Sometimes I test 3 times in 3 days, sometimes I go 4 days without testing, but they make you really accountable. I am pretty sure that is the only way it works for people. There is no other way. If we weren't as accountable for staying off drugs we'd all be cons still, or most of us anyway, I assume. The best thing they have going is the accountability aspect.
– Male Participant

Everyone I have seen who hasn't made it in this program, if they would have just listened to what they were told and did what they were supposed to do, they would have made it. That is how I feel. So they were battling with just doing what they were told. All the people I have seen that haven't made it, they just weren't doing what they were asked to do.
– Male Participant

- Perceptions of enforcement to program rules. Focus group participants largely seemed to believe that sanctions and rewards were issued fairly. However, some participants did believe there were inconsistencies in how program participants were treated. Others felt that enforcement of rules needed to be stronger for participants they perceived as breaking program rules:

I don't know how they pick or choose what sanctions to give people. I know somebody who relapsed for 2 days straight and got 4 hours of community service [while someone else got days in jail. I know there is a lot more behind my story, but sometimes you see some people go to jail on a relapse and sometimes you don't.
– Female Participant

I see some people who are passive and they think this program is a joke. I get enraged that they are sitting here. I think the group we are in is a privilege. We are given a great support system. When someone comes into a group and they are just

like, "I just don't want to talk about it, like I don't care." ... It's like, "Why are you even here?" It makes me mad.
– Female Participant

I think most of the time, what I have seen is, when someone breaks a certain rule, the sanctions that are in the handbook is what you get. I don't see them deviate from much of that. So you kind of know what punishment you are getting if you are going to do something wrong. And if you keep doing it, the sanctions get bigger, but it also says that in the handbook.
– Male Participant

I don't know how they choose participant of the week. Sometime I like halfway agree with that, and sometimes I am like so surprised, like, "How the hell did they decide that?"
– Male Participant

- Struggles with program compliance. Several focus group participants noted that although they want to be successful in the program, they have personal difficulties with program compliance from time to time. This may be because of personal difficulties, bad experiences, or other challenges:

Just because I am not in active relapse doesn't mean I don't need help. It doesn't mean I am not broken. But for the people who are in active relapse it is like, "Oh, it's a cry for help!" But I am crying for help. Just because I have not reached for that pipe doesn't mean I don't need you, because I do.
– Female Participant

I have not relapsed, so they make other things more difficult for me. But I think about wanting to drink. I do still have a lot of struggles. I have a lot of things going for me in life with school and everything. Doing things in drug court and graduating is very important for me, but it doesn't mean I am not struggling. That is overlooked.
– Female Participant

Everything is laid out in front of you. If you need help, ask. Well unfortunately, I cannot. I struggle asking for help, or telling on myself. I don't do well with either of those.
– Male Participant

It's harder for me to change my addictive behavior because I have been doing it for so long. Personally, I think that is why I struggle with it, because I have repeated this pattern over and over for 35, 40 years... I want to change too, but I think it's harder for me to break down the walls and the defenses that I have built up over a long time, so it's harder for some people.
– Male Participant

- More positive recognition. Many participants noted that although they understood the need that the program have strict rules and sanctions, they thought emphasizing more positive feedback for participants would help motivate participants:

  More positive attention than negative attention…. I think they kind of stress the sanctions and stuff when they could do other positive motivating things.
  – Male Participant

  I feel like they throw sanctions out like party favors. I really do. Like there are a lot of people that don't have family, like a family support group. I am blessed to have that, but I know people who don't. And it's like, "Oh you didn't bring a support person? Sanction!" or "Oh you were late 15 minutes 3 times? Sanction!" And it's like, "Well I don't drive and I live on the other side of town, you know?"
  – Female Participant

  I feel like one of the negatives is that there is not enough positive reinforcement. But there is a lot of negative reinforcement, like sanctions. When you go to court, at the beginning of court, it's like, "Sanction, sanction, out of the hat, out of the hat." I feel there should be more time for people who are doing good, and they need to point that out more. If you know you are doing good, that is awesome, but we need to know from drug court that we are doing good.
  – Female Participant

  I was talking with my supervision officer the other day, and it was kind of like, "Negative, negative, negative," even though I felt I was doing super good. Finally at the end he was like, "Oh by the way you did a really good job" in a class I was a member of that he had forgotten. And I was like, "Thank you," and that really meant a lot to me. Because it was like, "Oh wow, I am doing something good." It's good to be acknowledged for something like that.
  – Female Participant

- Social support and influences in drug court. Some participants strongly believed that the social support they receive as a program participant is very valuable and helpful, whether from team members, the judges, or other participants. This was particularly the case for those people who may not have a strong social support network, or were trying to create a new social support network. Other participants felt that the behavior of some current participants was undermining the program:

  I feel like somebody coming into drug court not having anybody or anything, they gain a lot of people in this program. I gained family that I don't really have outside of this program. That was a real pro for me.
  – Female Participant

Honestly, I don't have anyone else. Not my mom, not my dad. My grandma died. Seriously, when I say I don't have anybody, I don't have anybody. The only support I have is drug court…. That is literally the only support I have, and my sponsor now. I really utilize drug court for support, a lot.

– Female Participant

Stop people gossiping and unneeded drama…. I avoid most people on drug court because I don't want any of that negativity. They stroll out with their friends talking like they are gangsters or talking like they own the place….More rules or more sanctions for that kind of stuff. Bringing out that wannabe gangster life into a program that is trying to change you, in my opinion, is ridiculous. It seems like they can do what they want in the court rooms.

– Male Participant

- Judges. Focus group participants universally praised the drug court judges as being good intentioned, fair, and personable. Both judges were well-liked on a personal level:

What I have seen in both of them is that they are both really personable with you, and if you are doing good and doing what you are supposed to do, they treat you more like a person and a friend.

– Male Participant

They will pay out of their own pocket for a pizza party if there is a week with no sanctions in court. No one is telling them to do that. That shows that they want to motivate you with even something as superficial as pizza, but it is still there. It must cost a couple hundred bucks easily to pay for everyone in drug court.... They put on holiday dinners for us. Cooking the turkeys and stuff like that. It says something.

– Male Participant

I just think the judges really truly care, they really do. They were on me last week and usually they are not, but that is OK. I understand why.

– Female Participant

Oh my gosh, I love the judges. I'm sorry, I am just going to flat out say it. I get up there and joke around with them and they have a good old time.

– Female Participant

- Treatment. Generally, focus group participants felt that treatment services were effective and addressed underlying reasons affecting addiction problems. Some focus group participants praised specific treatment services, but were critical of others. Responses varied depending on specific treatment providers, and seemed to be influenced by their previous experiences with treatment prior to entering the LCADC:

I think they address not just alcohol and drugs, but your thinking problem. I have got a lot of shit I have to change besides my stopping drinking.
– Male Participant

For me, depression has always been what I think leads me back to addiction, or to active use. Being depressed. They try and go in and figure out, "Why are you depressed? Can we find some medications that would help? Are there activities that would help you not be depressed?"
– Male Participant

I feel really good after group. When I have a one on one therapy session, I hate myself, I feel worse about myself when I go in. I have only had 3, but each time I feel almost like, "I didn't know all these things were wrong with me" and then I leave. There is no positive feedback at all for me.
– Female Participant

- Gender-specific treatment groups. Focus group participants supported having gender-segregated treatment groups. Both female and male participants believed that gender specific groups allowed discussions to be more open and honest, without sexual tensions. On the other hand, participants didn't object to some treatment groups being co-ed either. One male participant indicated that all-male treatment groups tend to be too macho. Thus, responses varied on this question depending on the context or specific type of treatment group, but most participants felt that gender-specific treatment groups were generally positive and should be continued:

I went to a co-ed inpatient treatment facility. I didn't mind it but it wasn't until I got one on one with my counselor that my issues really came out. Because there were just some issues that I had with men that I was not ready to talk about because it would hurt me. But then when I got to IOP and it was all women I was like, "Yep, it's all coming out now."
– Female Participant

I couldn't imagine it being any other way....I wouldn't be able to talk in front of guys.
– Female Participant

I think it really does change things. Like if there is a female, especially one that I am attracted to, I am probably not going to spiel out what I needed to talk about or say because there is a female that is next to me, and I was raised, you know, "Be a man, we don't talk about this."
– Male Participant

I was at an AA meeting and I think there was too much testosterone in the room. Everyone was puffing out their chests and trying to see who had the most knowledge than everyone else. It was like, "OK, this is weird".

– Male Participant

- Why drug court is appropriate for some people and not for others. Many focus group participants stated that the drug court program has a reputation in the community for being a difficult program. They also believed that these negative misconceptions about the program were common, and discouraged other people from applying. Several participants suggested that many people would opt for probation because it is perceived as easier than drug court. Almost all focus group participants believed that to be successful at drug court required a sincere desire to address underlying addiction problems, completely change their direction in life, and/or avoid prison sentences or felony records:

  I have heard a lot of negative things about drug court. When I was in jail, I got offered the drug court program. People in jail were like, "Don't do it. I got kicked out of drug court. You have to do this many UAs, and you have to do this and you have to do that." So that is why I really had to think about it because of the word of mouth from people who weren't successful.
  – Female Participant

  You are sitting in jail. And they see people come to do the drug court. And they see it and they come to you and say, "Don't do it." So you just hear what people are saying about it sitting in jail, the unsuccessful people in jail.
  – Female Participant

  People are saying, "They set you up to fail."... That is the first thing you hear. It's a set-up for failure. It's a set-up.
  – Female Participant

  I think a lot of people actually lack confidence to actually finish something. They think it's too difficult and stuff like that. I guess when I finished MRT in like 13 out of 12 weeks, I feel it's easy if you just want to apply yourself and do the work.
  – Male Participant

  I hear a lot of people say how hard drug court is. Me, wanting to change, and understanding that, I think it's really easy. You have a lot of rules to follow, but for me it's a walk in the park. I want to go that direction. You have those people who are bitching all the time about how hard it is, and I am like, thinking to myself, "They don't want to change." It might sound arrogant, but for me it is really easy.
  – Male Participant

APPENDIX 5: LANCASTER COUNTY ADULT DRUG COURT SERVICE PROVIDER INTERVIEWS

This information was gathered from interviews from the following agency administrators on four questions related to the relationship with the Lancaster County Drug Court:

- St Monica's
- Houses of Hope
- The Bridge Behavioral Health
- CenterPointe
- Touch Stone

1. **What is you understanding of the Lancaster County Drug Court population that you serve?**
    a. All administrators stated a positive relationship with LCDC and they understand the role of their agency with LCDC administration and clients. Administrators are clear that the structure and accountability that is offered to LCDC clients is helpful in carrying out treatment activities and plays a critical role for an enhanced level of recovery in most clients. Most expressed that the structure and accountability surrounding LCDC clients is critical especially in rapid response to client or agency needs when there is problem, and it is key in reinforcing corrective action and client behaviors.
    b. All administrators reported a positive partnership with LCDC, and are appreciative of the support for their treatment strategies and they value the trust that is included in the relationship. Description of the differences between LCDC clients and other client populations are minimal, with the exception of addressing criminal thinking for some, and that LCDC clients fit in the treatment milieu with no difficulty.
    c. At times LCDC requirements interfere with client's work schedules and with programming at agencies and while it is good to keep the client busy it does interfere with some of treatment services.

2. **Describe the communication between your agency and the Lancaster County Drug Court**
    a. In general the communication with LCDC officers and the administration is good – the rapid response from officers when there is a critical need is appreciated by the agencies and is a key to reinforcing behavior change. Most agencies recognize the busy schedules of LCDC staff and believe that they do their best to accommodate the agency schedules. Most agencies believe increased communication would be a benefit for the clients and the agency staff, such as meeting new officers and staff as well as overall coordination of services.
        i. The portal is a primary communication method and it is not as responsive, feeling detached at times.

ii. Changes in medication need to be approved by the LCDC which delays the time that a client can begin the new medication so lag time between getting approval and the start of medications hinders clients from beginning when the medications are prescribed.
iii. At times agency recommendations are provided for clients are not addressed by the LCDC such as level of care recommendations. Recent changes have resulted in clients being discharged at the request of LCDC from services to treatment offered at LCDC indicating that the agency recommendations are not valued.
iv. Officers sometimes come to the agencies unannounced causing difficulty for providers to interact with them due to being in session or are unavailable for other reasons.
v. Most reported that there is a positive level of trust with LCDC and specifically allowing the agency to coordinate client UA's at the agency.
vi. Receiving the LCDC assessments would be helpful to agencies to be responsive to the need of clients.
vii. Feedback from LCDC to the agencies would be welcomed.

3. **What Evidence Based Practices (EBP) are you using with Lancaster County Drug Court clients**
    a. Agencies use the following Evidence Based Practices: Dialectical Behavior Therapy, Cognitive Behavioral Therapy, Motivational Interviewing, Rational Emotive Behavior Therapy, Eye Movement Desensitization and Reprocessing, , Trauma Informed Care, 12 Step Facilitation; Matrix Model, and Medication Assisted Therapy.
    b. Training varies among the agencies with a combination of sources as needed to train staff to be current with their clinical skills and to address staff changes and turnover:
        i. Online through Reilas Training; Immersion Training with current staff who are trained; Intra-agency training; Region V training offered; Monthly staff training sessions; Staff professional development activities.
    c. Fidelity to the training models include:
        i. Individual and group clinical supervision activities documented in clinician files, in session monitoring; monthly professional development activities; expertly trained practitioners provide additional training. Thus far no agency has submitted Motivational Interviewing recording for coding and coaching.

4. **How is Medication Assisted Treatment (MAT) administered in your agency?**
    a. Most agencies use Medication Assisted treatment when clients qualify for this service. While some agencies have no nursing positions, outside practitioners provide the assessment and administration of the medication, with agencies providing oversight of the medications as prescribed.
        i. Vivitrol is a medication that is used extensively by one agency with a high rate of success.

ii. Methadone and buprenorphine are used by some agencies with clients who are in recovery from opiate use disorders. Agencies provide the transportation for clients to Lincoln Treatment Center for the administration of methadone. One agency reported that none of their clients qualify for MAT.