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Conclusions:

# The New York State Adult Drug Court Evaluation

## Policies, Participants and Impacts

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# Chapter Twenty

## Conclusions

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The following chapter draws attention to several core lessons learned from the project, rather than repeating findings that have been presented and summarized in preceding chapters. The first set of conclusions (1-5) draws on findings from the first three parts of the report concerning all eleven focal courts, while the second set (6-12) draws on findings from the impact evaluation. The final observations (13 and 14) propose a few future directions for research and practice.

### The Drug Court Participation Process

**1. *Drug court policies vary substantially; there is not a single model.*** The New York State drug courts examined in this study each have a distinct approach. Policies vary widely on:

- *Legal eligibility:* e.g., felony or misdemeanor charges; drug or non-drug charges; probation violation eligibility; and permissible prior criminal history;
- *Average level of addiction:* e.g., casual drug use, abuse, or substance dependence;
- *Plea status:* whether participants must plead guilty to a crime at the time of entry (pre-plea versus post-plea models);
- *Graduation requirements:* e.g., minimum time in drug court program, amount of drug-free and/or sanction-less time required, and employment or vocational requirements;
- *Sanctioning practices:* e.g., type and severity of sanctions commonly used; use of “graduated sanctions” or another approach in response to successive infractions;
- *Treatment and case management services:* e.g., number of available treatment providers; their modalities; their role in drug court operations; role of probation; and role of onsite case managers;
- *Supplemental services:* e.g., employment, vocational, educational, housing, medical, or mental health services; and
- *Other unique programs and policies* that individual drug courts have implemented (see Chapter Two, Innovative Programs).

Not only is there great diversity of drug court models, but there is also reason to believe that many different models are capable of producing positive impacts (see point #6 below). Given this, new drug court teams may be assisted in their planning not only from an introduction to the core components of the model (see NADCP 1997) but also from an introduction to some of the multiple programmatic options and adaptations from which each drug court must inevitably choose.

**2. *The drug court population faces severe and complicated problems.*** Drug court participants face challenges beyond addiction. They struggle with homelessness, unemployment, and low levels of educational achievement. Although socioeconomic status (SES) varied by court, nearly half of the participants across all eleven courts (and a much higher percentage in some of the courts) were neither employed nor in school at the time of drug court intake. Additionally, female participants faced consistently greater socioeconomic disadvantage than

males, as well as more severe drug use and treatment histories. These findings indicate that New York's drug courts are challenged not only to treat drug use and addiction but also to address multiple interrelated needs including low SES and social, family, and residential instability. Hence supplemental services in the areas of employment, education, vocational training, housing, or parenting may play a helpful role in ensuring the effectiveness of the drug court treatment intervention. Since females face particularly severe disadvantage, special services may be necessary for this particular population.

**3. *Immediacy is a critical factor increasing the likelihood of program success.*** Early engagement produces better outcomes. Across all five courts examined for this dynamic, drug court participants who avoided warranting within the first thirty days after formally beginning their participation were significantly more likely to graduate. Early warranting reflects the quality of early participant compliance (i.e., noncompliant participants are more likely to disappear early on a warrant) and the speed with which the drug court processes each case and finds a suitable treatment placement (i.e., participants who can commence treatment early due to rapid processing are less likely to warrant in the pre-placement period). Hence an important policy implication is that drug courts should seek to implement legal and clinical screening, assessment, and treatment-matching policies that can produce rapid turnaround time from intake to placement in a community-based treatment program.

**4. *Relapse and noncompliance are typical parts of the recovery process.*** Even among successful participants, relapses, warranting, and other program violations are common. Across eight courts examined, at least half of all graduates had at least one positive drug test during their participation (except Bronx, 45%); and many had several positives, usually in the earlier stages of participation. This highlights the importance of according "multiple chances" to those experiencing early problems. Combining this with point #3, the implication is that, again, the early stages of participation are critical; in response to early relapses or warrants, the most productive response may be targeting extra resources and assistance (e.g., more frequent monitoring, a treatment modality upgrade, or supplemental social or psychiatric services). Failing these participants would mean giving up on many whose early noncompliance may be masking their potential to improve over time.

**5. *Drug court graduation is a powerful predictor of reduced post-program recidivism.*** Graduates are universally less likely than both drug court failures and non-participants to recidivate in the post-program period. Hence drug courts able to graduate a large percentage of their participants tend to produce larger impacts. Indeed, of the six impact courts, Queens has the highest graduation rate and produces the largest recidivism reductions. On the other hand, contrary to past research with other treatment populations (not drug court specific), we found no benefit to spending more total *time* in treatment only to fail in the end. Among those who failed, more time enrolled in the drug court (measured in four courts) or more time specifically attending treatment (measured in one court) had no impact at all on post-program recidivism rates. *Translation:* graduation is the key to successful long-term outcomes; participants remaining active for more time but then ultimately failing out do *not* tend to accrue benefits from their drug court experience.

In general, New York State drug courts produce *higher* program retention and graduation rates than community-based treatment programs accepting both voluntary and court-mandated

participants. Eight of the eleven drug courts studied produced a one-year retention rate higher than 60% (the estimated national average for drug courts); and the same eight of eleven produced a three-year retention rate – and graduation rate – higher than 50%, again exceeding the national average for drug courts. Both the one-year and three-year retention rates substantially exceed the average performance of treatment programs outside the drug court setting.

## Drug Court Impacts

**6. Drug courts work: They reduce recidivism when compared with conventional prosecution.** The six drug courts included in the impact evaluation represent a mix of geographic areas (large urban, suburban, and medium-sized city) and policies (e.g., with respect to eligibility, screening and assessment, graduation requirements, and supplemental services). Yet, all six reduce recidivism up to three years after the initial arrest and up to one year after program completion, and most impacts are statistically significant (see summary in Chapter Nineteen). Given the vast regional and policy variations represented by this study's six sites, the implication is that the basic drug court approach works with multiple populations and approaches – there is not a single way to implement an effective drug court. This study's results confirm those in most previous evaluations, although given the large number of sites, and universal use of strong quasi-experimental methods, this study arguably offers a new level of confidence in the positive nature of the drug court intervention. In short, this study supports further replication of drug courts.

**7. Drug court impacts extend beyond the period of program participation.** Along with two other studies (Goldkamp et al 2001; and Gottfredson et al. 2002), the three-year post-arrest measurement period (and four years in Brooklyn and Rochester) is the longest available in the literature to date. Furthermore, only three previous studies isolated drug court impacts over a specific *post-program* timeframe (Bavon 2001; Fielding et al. 2002; and Harrell et al. 1998). Hence this study's most significant contribution may be in providing evidence, across six sites, that drug courts have positive *long-term* impacts lasting beyond the period of active judicial supervision.

We sought further to clarify the exact magnitude of the drug court impact over each of several distinct periods following the initial arrest. We expected that the drug court impact would be strongest immediately following the arrest – during the *in-program* period when judicial supervision is most intensive. We then expected that the magnitude of the impact would gradually attenuate after participants left the program. Instead, when controlling for the amount of time that participants were “at risk” of re-offending in both the in-program and post-program periods, we found that recidivism rates did *not* rise in the post-program period and instead *declined* in three of the six courts. In fact, in several of the drug courts, there is evidence that drug court participants are at greatest risk of recidivism in the first six to nine months of *in-program* participation (e.g., as they are becoming fully engaged in the recovery process); but that drug courts subsequently generate consistent and lasting recidivism reductions.

Further “survival analyses” comparing participant and comparison group recidivism outcomes respectively after each additional year of post-arrest time do detect evidence of attenuation of the drug court impact – relative to the comparison group – in one of the six courts (Syracuse); and smaller evidence in two others (Brooklyn and Rochester). But there was no evidence of attenuation at all in the three other courts (Bronx, Queens, and Suffolk). Therefore,

relative to expectations, the expected attenuation of the drug court impact was neither as strong nor as universal as predicted.

While it would be productive to track participant and comparison group recidivism over even longer timeframes in future analyses, this report's findings generally suggest that drug court impacts may be long lasting.

**8. *The exact magnitude of the drug court impact varies across different sites.*** Although recidivism rates were consistently lower in the drug court, the exact magnitude of this impact varies. For instance, one-year post-program recidivism reductions range from 19% to 52% across the six sites. Possible reasons for the variations include:

- Differences in the drug court *populations* served by the six impact courts – e.g., with some courts serving populations with more or less serious charges, criminal histories, addiction status, or other problems;
- Differences in drug court *policies and practices* – e.g., with some practices more effective than others; or
- Differences in available “personal capital,” with some drug courts benefiting more from the extraordinary contributions of certain individuals (e.g., the drug court judge, or certain court or clinical staff).

In considering these issues, it may be useful to reflect on the results for Queens, which happens to be the most impressive of the six sites in terms of recidivism reductions. The Queens Treatment Court appears to benefit from all possible advantages. The drug court population is on average less addicted and less socioeconomically disadvantaged than most (see Chapter Three); the court (at the time of the evaluation) does not admit defendants arrested on non-drug charges, who do not tend to perform quite as well as others; the court's policies also involve a substantial legal incentive for graduating (case dismissal/avoiding first felony conviction) and for avoiding failure (one year in jail); and the court has a highly charismatic and effective judge and a strong team-based model. While various combinations of these advantages are shared by many of the other courts, Queens appears to possess all of them. Future research might seek to disentangle these hypothetical advantages to identify which participant characteristics or programmatic components truly make the greatest difference.

**9. *Drug courts appear to have a greater impact on those entering on drug rather than non-drug charges.*** Some findings (especially in the Rochester evaluation) suggest that drug courts may have a relatively greater impact on defendants arrested on drug charges. It may be that the drug court is most effective at reducing crime related to drug use and addiction but relatively less successful in reducing crime driven by other criminal impulses or motivations. For example, while many property offenders may simply be seeking to support an addiction, it is possible that *on average*, crimes committed by property offenders may be less likely to be driven by addiction as opposed to other criminal propensities. Since drug courts often struggle with how to define their target population, future research might assess results for drug versus non-drug offenders across additional sites. If this study's findings are confirmed, it could suggest any number of implications, including a more nuanced process of identifying appropriate non-drug offenders, further innovative practices to address other sources of criminal behavior, or other measures seeking to assist non-drug offenders in benefiting from the drug court experience.

**10. Drug courts reach initial disposition more quickly than in conventional courts, but ultimately spend more total time with defendants.** Drug courts reduce initial pre-plea case processing time. In the six courts examined, drug court participants reach disposition/drug court entry faster than comparison cases. However, when counting in-program drug court participation time toward the total amount of time that the criminal case was pending, drug courts take longer to reach *final* disposition than cases processed in the conventional fashion. This of course stems from the drug courts' rigorous one- to two-year duration. This finding highlights that drug courts do consume considerable up-front judicial resources in the form of lengthy periods in the drug court program and repeat court appearances (for monitoring). Cost savings should be anticipated more in a *long-term* calculus (due to reductions in recidivism and consequent long-term incarceration savings).

**11. On the arrest that brought defendants to drug court, average sentence length is sometimes shorter than in conventional prosecution – and sometimes not.** Whereas graduates are never sent to jail or prison, drug court *failures* receive longer incarceration sentences than comparison defendants in five of the six courts. These outcomes for failures account for why, when considering the net drug court impact (graduates and failures combined), results are mixed across courts. In three of six courts examined, all participants combined averaged significantly shorter jail or prison sentences stemming from the initial criminal case. However, in a fourth court, participants averaged significantly longer jail or prison sentences, and there were no differences in the other two courts. On the other hand, since the six drug courts all generate lower recidivism, all presumably generate *long-term* reductions in jail and prison sentences.

## Future Directions

**12. Statewide institutionalization efforts need to be sensitive to multiple alternative policy models.** The eleven drug courts treated in this report demonstrate considerable diversity of populations and policies (see points 2 and 9 above). Further, this report produced evidence that drug courts with different policy models could all succeed (although the precise magnitude of outcomes did vary); for example, of the larger group of eleven drug courts, the three with the highest retention rates included a New York City court, a suburban court, and a semi-rural court, each with many policy differences. Accordingly, while statewide institutionalization efforts will presumably want to promote statewide accountability and training, as well as some uniformity of key policy principles, it appears sound to promote a measure of local innovation, diversity, and adaptation to the available community-based resources. Rigid formulaic requirements should be approached with extreme caution at statewide and federal levels.

At the same time, a question remains as to whether it is possible to identify certain “best practices” – areas where research and experience indicates that a uniform approach may be desirable. As others have lamented (e.g., Goldkamp et al. 2001; Gottfredson et al. 2003), we do not adequately understand *how* and *why* drug courts work, and which approaches are most cost-effective. In particular, we know from this study and others that drug court *graduation* is pivotal, but the relative importance of basic drug court components remains unclear: (1) substance abuse treatment, (2) other community-based services (e.g., employment, vocational training, or mental health), (3) case management, (4) court appearances and monitoring, (5) direct interaction with the drug court judge, (6) a collaborative, team approach to judicial decision-making, (7) rewards, and (8) sanctions. These questions will persist over years to come, making the identification and

dissemination of best practices, along with the simultaneous promotion of local innovation, one of the greatest challenges for state court administrators.

**13. Broader problem-solving court approaches merit investigation.** Not all of the drug courts examined in this report serve a severely addicted population. In fact, the Queens Treatment Court, which produced large recidivism reductions, works with a population whose primary drug is marijuana more than half the time and which would clearly not meet a substance-dependence clinical diagnosis in many cases. The fact that this drug court was nonetheless extremely successful suggests that *addiction* is not the only problem that can be ameliorated through a court-based treatment intervention. As noted above, drug court participants present a wide range of problems and disadvantages including, but not limited to, mental health disorders, socioeconomic disadvantage, residential instability, involvement with deviant peers, and family instability and disengagement. It may be that interventions not explicitly or primarily focused on drug use and addiction can also have positive impacts. Indeed, such is the rationale for the recent rise of other “problem-solving courts,” such as mental health courts and parole reentry courts. This report considers the policies and impacts of the drug court model, but other problem-solving models await similar discovery and documentation.

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