

COMMONWEALTH OF PENNSYLVANIA
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SUBJECT: *Research in Review*

TO: Executive Staff
 Superintendents
 Other Readers



FROM: Gary Zajac, Ph.D.
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Enclosed please find Volume 9, Number 2 of *Research in Review* (RIR). This issue presents reviews dealing with topics including boot camps, reentry programs and drug courts. The first review, on boot camps, was prepared by Dr. Michael Antonio, who joined the PADOE Planning, Research, Statistics and Grants staff as a Research and Evaluation Analyst this summer. The second review, on Project Greenlight, was prepared by Jesse Zortman, whom the DOC is funding this year as a Pennsylvania Management Associate. The final review, on drug courts, was prepared by Kathleen Burk, an Information Analyst within PRSG. We welcome their contributions to RIR and look forward to their continued participation in this forum.

The article on boot camps focuses on the impact of aftercare on Pennsylvania's Quehanna Motivational Boot Camp. This study was co-authored by Cynthia Kempinen, Research Director for the Pennsylvania Commission on Sentencing and an ongoing collaborator on boot camp research with the PADOE. This study reinforces the value of aftercare in correctional rehabilitation efforts. The article on Project Greenlight focuses on a prison-based reentry program in New York state that is somewhat similar to the COR program operated by the PADOE. Our COR program is presently undergoing an outcome evaluation, which will be featured in a future RIR. The results from the process evaluation of COR were reviewed three years ago in Volume 6, Number 3 of RIR.

Upcoming issues of Volume 9 will continue to present findings from the ongoing study of parole violators and parole successes conducted by Bret Bucklen. RIR will also continue with article reviews and briefing papers on topics relevant to corrections, as well as discussing findings from PADOE evaluation studies as they are completed.

As always, we welcome your feedback on RIR. We also welcome your suggestions for specific topical areas for future issues. While we cannot promise that we can produce an issue in response to all suggestions offered, we are very much interested in knowing what questions and topics are most interesting to our readers.

Thank you for your ongoing interest in *Research in Review*.

Research in Review

Office of Planning, Research, Statistics and Grants

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Summary and Major Findings of Articles Reviewed

Megan Kurlychek, et al. 2006. "Beyond Boot Camp: The Impact of Aftercare on Offender Reentry." *Criminology & Public Policy*, 5(2), 363-388. Page 2

This article examines the impact of aftercare programming on re-arrest rates for offenders who graduated from a correctional boot camp. Findings from this analysis reveal that offenders who successfully graduated from a boot camp and received mandatory aftercare programming were less likely to recidivate compared to offenders who graduated from a boot camp, but did not receive aftercare services.

James A. Wilson, et al. 2006. "Good Intentions Meet Hard Realities: An Evaluation of the Project Greenlight Reentry Program." *Criminology & Public Policy*, 5(2), 303-338. Page 3

This article reports on an evaluation of Project Greenlight, a prison-based transitional reentry program for inmates being released from the New York state correctional system during 2003. This study found that Project Greenlight participants had rearrest rates nearly ten percentage points higher than inmates in two comparison groups created for this study. Implications for other state offender reentry programs are discussed.

National Institute of Justice. 2006. *Drug Courts: The Second Decade*. Page 6
Washington, DC: U.S. Department of Justice.

This summary piece presents findings from five drug court evaluations funded by the National Institute of Justice in several different jurisdictions over the past decade. This report concludes that drug courts can be an effective means of reducing recidivism for drug involved offenders, suggests directions for ongoing drug court development, and raises questions to be addressed in future drug court research.

Megan Kurlychek and Cynthia Kempinen. 2006. "Beyond Boot Camp: The Impact of Aftercare on Offender Reentry." *Criminology and Public Policy*, 5(2), 363-388.

Correctional boot camps have been studied extensively to determine how effective they are at reducing rates of recidivism. Extending from these findings is another line of research that explores the impact of aftercare programming on re-arrest rates for offenders who graduate from a correctional boot camp. Findings from this research reveal that aftercare programming can measurably reduce recidivism. In the current study researchers compared rates of recidivism for offenders who graduated boot camp and received a mandatory 6-month aftercare program with offenders who graduated boot camp, but did not receive aftercare services. Criminal activity and status of re-arrest were monitored for two-years.

Offenders studied in this analysis had successfully graduated from the six month Quehanna motivational boot camp program in the Pennsylvania Department of Corrections. The program, established in the early 1990s, was designed to meet offenders' needs for alcohol and other drug treatment, although other cognitive-behavioral based programming promoting pro-social skills and values began to be added to the curriculum in 2000.

Eligibility for enrollment in boot camp is based on several factors including length of prison sentence, age, and offense type. Trial judges recommend offenders for the program as an alternative to prison, but the Pennsylvania Department of Corrections makes the final decision about which offenders are accepted. Further, the offender must agree to be placed in the program, with an understanding that he or she can withdraw at any time. If the offender chooses to withdraw, he or she will be put in a state facility to serve the original sentence.

Policy enacted in March 2002, however, strengthened the Commonwealth's commitment to ensure that offenders are adequately prepared for reentry into the community upon release from incarceration. While the legislation that enabled the boot camp directed that graduates be supervised intensively on parole, the new policy mandated that all graduates receive additional treatment including being enrolled in a 90-day residential aftercare program.

This study examined recidivism rates of offenders who successfully graduated from Quehanna Boot Camp between April 2001 and December 2002. The purpose of this study was to compare rates of recidivism for offenders who graduated boot camp and received a mandatory six month aftercare program with offenders who graduated boot camp, but did not receive aftercare services.

Overall, 23 residential aftercare programs were available for boot camp graduates to attend. Many of the aftercare programs shared similar characteristics and requirements including: functioned as private, nonprofit agencies; accredited by American Correctional Association (ACA); conducted urine testing; directed individualized treatment programs; utilized diagnostic testing instruments; enforced curfews; increased one's freedom/rights over time. The services available to offenders differed depending upon the aftercare program, here again however, similarities were observed. All facilities provided services for education, life skills counseling, job placement, problem-solving

skills, anger management, antisocial attitudes, psychiatric services and substance abuse relapse prevention, while many (90%) offered job training, social services (food, housing), parenting classes, antisocial peer association counseling, and medical services. The authors noted that bivariate analyses indicated no significant differences in recidivism rates in the experimental group across aftercare programs.

Data were collected from 720 offenders (337 who participated in aftercare, 383 who did not). The groups did not differ demographically on any of the variables that were examined (race, education, prior arrests, etc.), however findings did show that offenders in the experimental group (mandatory aftercare) scored differently on attitude subscales for decision-making, impulsivity and task orientation than offenders in the control group (no aftercare). Given these findings, the attitude subscales were controlled for using multivariate analysis techniques.

Recidivism rates were tracked for two-years after graduation from the boot camp program. General findings revealed at one-year after release 21 percent of offenders not receiving aftercare were rearrested compared to 16 percent of offenders who received aftercare services. By the end of the second year this margin increased with 33 percent of no aftercare offenders recidivating compared to 22 percent of aftercare offenders. Additional findings, revealed from multivariate analyses, indicated that participation in aftercare programs significantly reduced rates of recidivism even when controlling for the attitudinal differences mentioned above.

While the benefits of participating in aftercare programs seem clear from this analysis, the authors noted several limitations of this study. First, findings might not be generalizable given that the study was conducted on one site only. Second, as multiple aftercare programs were included in the study, determining that one type of programming was more effective than another at reducing recidivism is difficult. Lastly, as offenders were being assessed over different time periods, it is possible that time-specific effects could have contributed to the lower recidivism rates that were detected.

Given these limitations, however, findings revealed in this analysis indicated that offenders who graduated boot camp and participated in mandatory aftercare programming were less likely to recidivate and had an increased length of time before re-arrest. Findings shown here suggest the need to more closely examine aftercare programming and services for the purposes of community reintegration and reduced recidivism.

James A. Wilson and Robert C. Davis. 2006. "Good Intentions Meet Hard Realities: An Evaluation of the Project Greenlight Reentry Program." *Criminology & Public Policy*, 5(2), 303-338.

There is an extensive amount of research that supports the creation and implementation of multimodal programs that utilize cognitive-behavioral skills training in correctional settings. Empirical results from studies focusing on these types of programs have been shown to reduce offender recidivism rates on a consistent basis. However, very little research exists in regards to

possible limitations and shortcomings of certain multimodal programs. Although some of these programs are particularly attractive to prison administrators and criminal justice agencies due to cost and resource factors, there is evidence to suggest that certain short-term programs may produce more harm to offenders than good.

Offender rehabilitation has become an increasingly popular issue over the last fifteen years. Previously, the “nothing works” philosophy dominated correctional practice for many years, as little attention was given to offender reentry and reintegration back into the community. As inmate numbers swelled during the 1980’s and 90’s, new focus was given to rehabilitation efforts in order to improve post-release outcomes. The transition from correctional settings to the community was identified as a crucial time period for offenders. Thus, many new reentry programs that incorporated various treatment and intervention techniques were implemented all over the United States. However, it is unknown whether many of these programs and their significant variations in implementation and intervention were based on solely on solid empirical evidence or other factors such as cost-effectiveness, fiscal constraints, and available staff.

In an effort to improve the reintegration of male offenders back into the community, the New York State Department of Corrections and the Vera Institute of Justice developed a multiphase transitional services program that sought to reconnect parolees with community resources, social networks, and support systems. Drawing on theoretical and empirical principles such as the addressing of dynamic risk factors, cognitive-behavioral treatment approaches, focusing on the specific needs of offenders, and appropriate treatment implementation, Project Greenlight (GL) was developed in 2002. GL incorporated these principles in a short eight-week period prior to an offender being released from prison, and the relatively low cost and large amount of offenders who were being served made the program particularly attractive to policy makers and prison officials. Offenders who entered the Project Greenlight were given the opportunity to focus on their individual strengths and needs, and step-by-step plans were created with counselors and parole officers, as well as an offender’s family, in order to ease the reintegration process. In addition, community coordinators were established in order to connect offenders with employment opportunities, drug relapse prevention, and housing upon the offender’s release.

The structure of the GL program and the emphasis on “real-world” training was originally intended to be funded for three years. However, there were significant financial issues that hindered funding which subsequently lead to the termination of the program after its first year (2003-2004). In spite of this, GL program designers felt that, due to the increased focus on employment, housing, substance abuse counseling, and detailed release plans, GL would improve offender reentry and significantly reduce recidivism rates.

In stark contrast to what was expected from GL’s program developers and supporters, the results from a quasi-experimental design showed that offenders who entered GL (n =344) had recidivism and parole revocation rates that were higher than two other groups of offenders who went through “regular” parole assignments (n = 238 & 113). In spite of receiving specialized and significantly more treatment services, GL participants consistently performed worse once they were released from prison. More than 31 percent of GL participants were rearrested within a year of their release,

compared with only 22 percent and 24 percent for the control groups. Essentially, it appears that not only did GL not promote successful reentry for inmate in New York, it may have actually contributed to increased recidivism for the study population.

The investigators in the study offer several explanations on the unexpected and perplexing results of the GL study. These explanations are related to the program's assignment process, program design issues, and flaws in the program's implementation. The investigators believed that, as a result of pre-treatment differences among the study groups, some sort of systematic bias may have been introduced. However, further assessment found that the research design and protocols were fairly solid and seemed to have strong experimental integrity. Furthermore, post-study analysis of the demographics of the three study groups and parole office or borough of assignment showed no significant differences that would indicate some type of bias.

Program design was another area that was mentioned by investigators as a possible explanation for the puzzling results found in the study. It is mentioned that class sizes for the cognitive skills program given to offenders as part of GL were nearly three times the size of what is considered ideal. However, fiscal constraints and time management issues caused the designers to "accelerate" the GL program, thus creating the need for larger class sizes. This is very problematic, as empirical evidence suggests that effective cognitive-behavioral treatment requires smaller, actively engaged groups. GL's group sizes and methods of delivery were less than optimal, which may have undermined the program's goals and integrity.

In addition, there was little emphasis placed on community follow-up and the reintegration process once an offender was released from prison. Although community aftercare was part of an offender's release plan, most of this aftercare and follow-up information was given while the offender was *still* incarcerated. In fact, standard parole supervision was usually the only intervention that GL participants received once they were released. The lack of structured treatment and services during the actual reentry transition time period has been identified as a serious issue with GL. Consequently, the poor results from GL become less surprising after learning that there were inconsistent and omitted services associated with the program.

It should be noted that the investigators mention the idea that GL program structure and the targeted offender population were somewhat of a haphazard combination. The majority of offenders who entered GL were assessed as moderate to high-risk based on a number of diagnostic criteria. However, when these types of offenders are subjected to short-term treatment that lacks sufficient time for any type of therapeutic effect to emerge, the offenders' reentry back into the community is characterized by intense anger, animosity, frustration, and other negative feelings. When these feelings are combined with a lack of effective community aftercare and follow-up, the risk for re-offending significantly increases. It is essential that programs such as GL carefully match the criminogenic needs, individual learning styles, and risk level of a targeted offender population before initializing any type of treatment. Risk and needs assessment of program participants must be consistent, reliable and objective, which was noted as a *serious* issue with the GL program.

Finally, the issue of program implementation has been identified as a possible contributing factor in the poor results found in the GL program study. Large class sizes, mismatched program participants, a “one size fits all” approach, poor or little engagement of offenders during sessions, unqualified counselors and staff, insufficient community aftercare, and overall poor program integrity may have combined to produce a negative impact rather than yielding a finding of no difference between the three participant groups. The simple implementation and “bare-bones” delivery of an ineffective and poorly constructed treatment program characterized by poor offender matching can produce extremely detrimental results such as those evidenced by the GL program.

There are many lessons to be learned from the results of the GL program. In an effort to create a short-term, cost-effective, in-prison reentry program that would reduce recidivism rates, designers and planners were forced to modify and alter essential parts of other effective and expensive cognitive-behavioral program models. As a result, these compromises led to a plethora of negative effects that produced more harm than good for offenders, their families, and their respective communities. Although it is important to find cost-effective methods of programming and implementation in correctional settings, careful planning and effective implementation should not be sacrificed when attempting to rehabilitate and reintegrate offenders.

National Institute of Justice. 2006. *Drug Courts: The Second Decade*. Washington, DC: U.S. Department of Justice.

This special report from the National Institute of Justice (NIJ) reviews findings from five NIJ-funded evaluations of drug courts in several jurisdictions over the past decade. The following studies contributed to this special report:

- Anspach, Donald F., and Andrew S. Ferguson. “Assessing the Efficacy of Treatment Modalities in the Context of Adult Drug Courts, Final Report.” Grant No. 2000DCVX0008.
- Butts, Jeffrey A., and John Roman, eds. *Juvenile Drug Courts and Teen Substance Abuse*. Washington, DC: The Urban Institute Press, 2004. (Based on research conducted under Grant No. 2000–DC–VX–K003).
- Carey, Shannon M., and Michael W. Finigan. “Detailed Cost Analysis in a Mature Drug Court Setting: A Cost-Benefit Evaluation of the Multnomah County Drug Court.” Grant No. 2000–DC–VX–K004.
- Finigan, Michael W., and Shannon M. Carey. “Analysis of 26 Drug Courts: Lessons Learned, Final Report.” (Commissioned paper, 2002).
- Goldkamp, John S., Michael D. White, and Jennifer B. Robinson. “From Whether to How Drug Courts Work: Retrospective Evaluation of Two Pioneering Drug Courts in Clark County (Las Vegas) and Multnomah County (Portland), Phase II Report from the National Evaluation of Drug Courts.” Grant No. 98–DC–VX–K001.

Overview

Drug courts were designed as an alternative to incarceration, combining a structured treatment plan that is linked to court supervision. The legal pressure provides the motivation for offenders to enter treatment and remain there long enough to realize the benefits. Since the first drug court was initiated in Miami, Florida in 1989, thousands of offenders have participated in them - most of whom would not have entered treatment on their own. As of the end of 2005, nearly 1,900 drug courts were operational or in the planning stages nationwide.

The strategies used by drug courts are shaped by individual communities to fit the local environment and attitudes. Public opinion also influences whether or not a community is receptive to the idea of drug court in the first place, and then whether it should be based on diversion from sentencing, or as an alternative to probation revocation.

The findings presented in this report not only confirm much of previous research has found, but also raise many new questions for discussion and future research. The findings, in brief, were:

- Drugs courts can reduce recidivism, but it is not yet known how specific court processes affect specific outcomes
- The impact may depend upon how consistently the resources match the needs of the offenders
- Treatment services need to:
 - Be based on formal theories of drug dependence
 - Use the best therapeutic tools
 - Give participants the opportunity to build cognitive skills
- Supplemental services that address mental and physical health, housing and healthcare needs may be instrumental in a participants' success
- Juveniles can be difficult to diagnose and treat for the following reasons:
 - Many have not established patterns of addiction
 - Others have reached serious levels of criminal and drug addiction
 - Most juvenile drug courts are exploring prevention vs. intervention
- Assessment and treatment of offenders should be the responsibility of service providers, however all team members should be concerned with service delivery and performance reporting
- All members of the drug court team should be educated in addiction, treatment, and relapse prevention
- Offenders who interact with a single drug court judge have greater compliance and success with program demands
- Various factors influence drug court programs
 - Trends in drug use
 - Staff turnover
 - Point in the legal process it occurs (e.g. pre-sentencing or post disposition)

The Drug Court Model

In 1997 The National Association of Drug Court Professionals and the U.S. Department of Justice's Office of Justice Programs published *Defining Drug Courts: the Key Components*. It describes the basics elements of drug courts:

- Integration of substance abuse treatment with justice system case processing
- A non-adversarial approach
- Early identification and prompt placement
- Access to treatment, rehabilitation and related services
- Frequent drug and alcohol testing
- Coordination of strategies
- Ongoing judicial interaction
- Monitoring and evaluation
- Partnerships with public agencies

The Judge's Role in Drug Court

The drug court model dictates that the judge's style be informal, flexible, and non-adversarial, and that participants be assigned one judge for the duration of their treatment. However, further analyses suggest that the "single judge" rule may be secondary to other factors, such as treatment attendance and the length of the treatment plan. Researchers have found that the more judges participants saw, the greater their likelihood of poor attendance.

In focus group sessions, drug court participants reported that personal attention from the judge during status hearings was the most important influence in their drug court experience. In addition to the relationship between the judge and the offender, this can be attributed to the judge's ability to resolve issues such as employment, childcare, social services, which in turn was instrumental in keeping participants in the program

A Shift from Diversion to Conviction-Based Requirements

The Clark County (Las Vegas) Drug Court was established in 1992 to ease the burden on local judicial systems that resulted from felony drug convictions. An evaluation revealed that a shift from diversion to conviction-based entry requirements changes the target population, and consequently impacted the drug court effectiveness.

Changes in drug court policy in 1994 that require offenders to plead guilty before entering drug court resulted in people with more serious drug charges enrolling in the program, and those with lesser charges opting to stand trial, rather than enter a drug court program.

This change dramatically altered the characteristics of the typical drug court participants:

- The average age increased from 28 years to 31 years
- Female participants dropped from 38% to 24%
- The proportion of African American participants grew from 9% in 1993 to 27% in 1997
- Participants were at higher risk for re-arrest

Although the re-arrest rate was higher for those entering drug court after the 1994 policy change (73% versus 65%), Clark County drug court participants were still re-arrested less often than their counterparts who did not enter drug court (53% versus 65%).

Success of Drug Court Graduates vs. Terminated Participants

A study of four drug courts (Bakersfield, California; Creek County, Oklahoma; Jackson County, Missouri; and St. Mary Parish, Louisiana) confirms that drug court graduates tend to succeed, and terminated participants are much more likely to recidivate, and that court-supervised treatment is at the heart of the drug court model.

All four of the sites studied used the 12-step approach, advocating that participants recognize that they lack the strength to control their addiction and must turn their lives over to a higher power. Often this was coupled with cognitive behavioral therapy in order to recognize and examine the role of thoughts and emotions in regard to addictive behavior.

With the understanding that addiction is a health problem that is difficult to cure, and that severe patterns of addiction may require longer treatment terms, treatment time may extend well beyond the typical twelve month period. Relapses are often part of the nature of the problem, making program extensions even more commonplace.

The treatment counselors at the four sites were willing to use any and all techniques and treatment tools that had a chance of working. This mixed approach to substance treatment often led to greater knowledge about the triggers of addiction, but inadequate tools and information about how to prevent a relapse. Also negatively noted was a limited inclusion of family members, and little in the way of gender or culture-specific programming.

The drug courts studied have been successful with integrating court operations and treatment services for a number of reasons. Primarily, it can be attributed to the fact that both court staff and treatment staff share the same views in regard to the relationship between substance abuse and criminal behavior, and that coerced treatment is, in fact, effective. They also agree that the primary goal of the drug court program is the treatment of substance abuse and addiction.

It was found that successful completion of the drug court program is the variable most consistently associated with recidivism upon leaving the program. Re-arrest data for 2,357 offenders in this study were obtained for twelve months past the date of discharge from the drug court program.

| Recidivism Rates | | | | |
|-------------------------|-------------|--------------|----------------|-----------------|
| | Bakersfield | Creek County | Jackson County | St. Mary Parish |
| Graduates | 13.0% | 10.8% | 7.1% | 5.7% |
| Terminations | 53.2% | 39.4% | 38.1% | 22.0% |
| Overall | 38.7% | 25.5% | 29.1% | 16.8% |

Other factors that are associated with post-program recidivism include:

Treatment attendance – participants with low attendance at treatment sessions had a greater likelihood of being rearrested

Race/ethnicity - Members of minority groups were more like to be rearrested

Age at first arrest – Participants with prior arrests at younger ages were more likely to be rearrested.

Gender – Males were more likely than females to be rearrested.

In-program arrest – Participants with in-program arrests were twice as likely to have a post program arrest.

Juvenile Drug Courts

The National Evaluation of Juvenile Drug Courts (NEJDC) is studying whether juvenile drug courts are necessary, since traditional juvenile courts already tend to be less punitive and take a problem-solving approach to adolescent crime, including the illegal use of drugs and alcohol.

This research questions whether it is appropriate to use the adult model of drug court on juveniles, since their crime tendencies and drug-use are much different from those of adult offenders who may be more seriously addicted.

Although a greater number of adolescents use drugs and alcohol, only a small (<10%) percentage can be classified as drug dependent. Researchers found that only 10-20 percent of juveniles enrolled in drug court had tried anything other than alcohol or marijuana.

Juvenile drug court practitioners must determine how much of the behavior is experimentation and how much is chronic, life-threatening drug using behavior. In view of this, many of the approaches to treatment in adult situations may be unsuitable for juveniles. Treatment needs to be focused on the youthful offenders with the most serious drug problems in order to ensure that drug courts operate in a cost-effective and socially responsible fashion.

Cost Analysis

Portland, Oregon’s Multnomah County Drug Court is the second oldest drug court in the country. A cost-benefit analysis found that the drug courts cost taxpayers significantly less than “business as usual.” The total savings over a thirty month period were more than \$5,000 per participant. With an

average yearly caseload of 300, the savings amounts to more than \$1.5 million per year.

The costs invested included the use of resources such as the judge's time, attorney fees, drug testing, and treatment cost. The savings benefits come from avoided criminal justice costs due to re-arrest and victimization costs due to lost days of work and medical expenses.

| Investment Cost of Drug Court vs. "Business-as-Usual"* | | | |
|---|---------------------------------|--|-----------------|
| Transaction | Drug Court Cost per Participant | Business-as-Usual Cost per Participant | Cost Difference |
| Arrest | \$193 | \$193 | \$0 |
| Booking | \$284 | \$284 | \$0 |
| Court Time | \$682 | \$679 | \$3 |
| Treatment | \$2,644 | \$2,009 | \$635 |
| Jail Time | \$1,611 | \$2,783 | -\$1,172 |
| Probation time | \$514 | \$1,422 | -\$908 |
| Total Cost | \$5,928 | \$7,370 | -\$1,442 |

*Does not include savings on attorney's fees (\$2,200) and avoided victimization costs (\$1,300).

The cost for treatment provided by drug court, even though it is high, is far less than the costs of incarceration and recidivism. The drug courts studied have shown that the benefits, by far, outweigh the costs associated with them, however, additional research is still needed to provide a more complete picture of the ways that costs and benefits can be measured, and ways to address the changing nature of the offenders being accepted into them.

Conclusion:

The study of drug courts is an ongoing process based on experience on what works and what does not work. A known factor is that drug courts do reduce recidivism and promote many other positive outcomes. They also serve as a cost-saving tool when compared to the expense of incarceration and victimization.

Success of a drug court depends on numerous factors that include existing drug-use and drug-arrest patterns, and the availability of treatment, as well as successful completion of the program. For instance, differing legal outcomes, such as dropped charges and vacated sentences, can determine who participates in drug court, and ultimately, the outcome.

Drug courts handling high-need, high-risk offenders tend to have lower graduation rates and higher re-arrest rates than those which target first time offenders. Despite this, the evidence, based on ten years of drug court experience, has shown that drug court graduates have a significantly lower re-arrest rate, along with many other positive outcomes, such as increased employment, improved public safety and health.