

Sawyer County First Step Drug Court

Initial Evaluation Report

September 2007



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Initial Evaluation Report For The Sawyer County “First Step” Drug Court

PROGRAM DESCRIPTION

The Sawyer County First Step Drug Court operates in Hayward, Wisconsin, a rural town in the northwestern part of the state with a population of 3,300 people. Hayward is in Sawyer County which has a total population of roughly 16,000 people over 1,256 square miles. Sawyer County also encompasses the Lac Courte Oreilles Ojibwe Indian Reservation, which is located just a few miles from Hayward. The median household income in 2005 was \$37,500 (with a per capita income of \$21,271) and the racial/ethnic distribution in Hayward is approximately 74 percent white, 24 percent Native American Indian, one percent Hispanic, and one percent other. Approximately 14 percent of the population is below the Federal poverty level. (<http://www.city-data.com/city/Hayward-Wisconsin.html>)

The First Step program was operated as a pilot project from May 2004 through October 2004 with funding obtained through Sawyer County, and has been implemented for the past three years with funds from the Bureau of Justice Assistance awarded to the Sawyer County Department of Health and Human Services (DHHS).

First Step is a drug treatment court that offers eligible offenders the opportunity to participate in substance abuse treatment in lieu of incarceration. First Step is designed as a “post-plea” program, with entry into drug court occurring after a guilty plea has been entered on the charge(s). In this post-plea model, an eligible offender pleads guilty to the charge and is then admitted to drug court. If the offender completes drug court the original sentence is stayed, but the charge and guilty plea remain on their record. If the offender does not successfully complete drug court the original sentence is imposed. The program offers extensive case management services that coordinate substance abuse treatment, mental health treatment, education, employment, and other support services. First Step collaborates with the Lac Courte Oreilles Community Health Center which provides outpatient substance abuse treatment for Native American drug court participants.

The First Step team is comprised of a program director (the Sawyer County DHFS director), a half-time drug court coordinator, one half-time and one full-time case managers, one AODA counselor, one treatment supervisor, three AODA counselors from the Lac Courte Oreilles (LCO) Tribal Community Health Center, one circuit court judge, one probation agent, one public defender, and one district attorney. In addition, law enforcement has been represented at each team meeting by an officer of the Hayward City Police Department since April 2006.

The primary collaborating agencies for First Step are comprised of the Sawyer County DHFS, Sawyer County Circuit Court, LCO Community Health Center, Wisconsin Department of Corrections, Sawyer County Sheriff’s Department, Hayward City Police Department, and the LCO Tribal Police Department.

Program Mission Statement and Goals

First Step has developed the following mission statement for the program: “The Sawyer County Drug Court Program will provide integrated court supervision and substance abuse services through the *First Step* program. *First Step* will enhance public safety through a coordinated judicial intervention that promotes personal responsibility by creating opportunities for self-discovery, accountability, and treatment.”

First Step has developed the following primary program goal: “The *First Step* Sawyer County Drug Court Program is a court specifically designated and staffed to handle cases involving offenders that have significant substance abuse problems through an intensive judicially monitored program of treatment, rehabilitation services and strict community supervision. The goal of the program is to break the cycle of drugs and crime in our community through a combination of intensive case management, treatment, sanctions and positive reinforcement through rewards for successes.”

Program Eligibility and Admission Criteria

Offenders meeting the following criteria can be considered for admission to the Sawyer County Drug Court Program:

1. Resident of Sawyer County.
2. Offender must be found guilty of current offense.
3. Must be at least 17 years of age.
4. Must be convicted of a crime which is the result of the offender’s substance abuse or addiction.
5. Offenders must voluntarily agree to participate and abide by all program rules.
6. Those referred for possible participation shall be interviewed by staff and participate in any assessments requested.

Persons meeting any of the following criteria are NOT considered.

1. Any violent felony conviction of current violent charge as defined by federal guidelines. (42 U.S.C. 3797u-2(a).
2. Any current weapons offenses.
3. Any current sex offenses.
4. Any current offense involving a firearm.
5. Any current stalking, arson, or kidnapping offenses.
6. OWI 2nd and subsequent.

Program Requirements and Services

Table 1 details the requirements for successful participation in each phase of treatment. The requirements were modified in July 2007 to include court appearances weekly or bi-weekly in Phase 1, once per month in Phase 2, and every four weeks in Phase 3.

Table 1: First Step Minimum Participation Requirements			
Requirement	Phase 1	Phase 2	Phase 3
Substance Abuse Treatment	4 hours outpatient or 7 days inpatient per week	3 hours outpatient or 7 days inpatient per week	1-4 hours outpatient or 7 days inpatient per week
Support Group Participation	3 times per week	3 times per week	3 times per week
Community Service	None	25 hours	25 hours
Urinalysis Testing	Call “drop line” daily and submit to test 3-5 times per week	Call “drop line” daily and submit to test two times per week	Call “drop line” daily and submit to test two times per week
Breathanalysis Testing	1 per week	1 per week	As needed
Education	N/A	1-4 hours per week	1-4 hours per week
Employment	N/A	Stable employment	Stable employment
Days of Sobriety	45 consecutive days	60 consecutive days	120 consecutive days
Minimum Time in Phase	2-3 Months	3-5 Months	4 Months
Court Appearance	Twice per month	Once per month	Once per month
Home Visits	Weekly	Twice per month	Once per month
Protective Asset Management	Four sessions	N/A	N/A
Community Resource Connections	At least 1	At least 2	At least 2
Curfew	9:30 p.m.	9:30 p.m.	As needed
Electronic monitoring	As needed	As needed	As needed
Other	Mental health services, as needed	Financial Obligations Driver’s license	Financial Obligations Driver’s license Aftercare plan

First Step has a capacity of 60 admissions per year and offers a three-phase approach to program participation. Requirements vary by program phase, with decreasing drug testing and court appearances as they progress through treatment.

Drug court was held twice per month from October 2004 through May 2007, and in June 2007 drug court session began to be held on a weekly basis. The full First Step team meets for one hour prior to each drug court session to consider applications for admission, review the status of pending admissions and vote to admit or deny admission, and to discuss the progress of each participant who will be appearing before the judge during that session. First Step case managers prepare summaries of participant progress each week (Appendix 1) and put copies on the drug court network so that team members can review the summaries prior to the participant staffing meeting. In addition, the treatment members of the team (the treatment team) and the probation agent meet every other week to discuss exclusively the treatment progress and needs of participants.

EVALUATION DESIGN AND METHODOLOGY

The evaluation of First Step included the collection and maintenance of key data necessary to support both process and outcome evaluation. The evaluation of First Step included the development and revision of a program participant database (or MIS) specific to the project, process evaluation, and outcome evaluation. Technical assistance with the evaluation was provided by Kit R. Van Stelle (Co-Principal Investigator) and D. Paul Moberg, Ph.D. (Principal Investigator) of the University of Wisconsin Population Health Institute (PHI) in collaboration with the Sawyer County Department of Health and Human Services located in Hayward, WI.

Approval of our required evaluation plan was received from NDCI on September 13, 2005 after submission to BJA in February 2005. Revision of the evaluation plan and design (as per NDCI requirements) resulted in modification of the participant data collection forms utilized by drug court staff. Data-sharing agreements were executed between the Population Health Institute and the Sawyer County Department of Health and Human Services, and PHI and the Wisconsin Department of Corrections (Appendix 2). The project received the approval of the University of Wisconsin Health Sciences Human Subjects Committee, as well as a Privacy Certificate from the National Institute of Justice (Appendix 3).

Table 2 presents an overview of the program goals and objectives, the measure(s) associated with each, and the source of data for assessing achievement of each objective.

Process Evaluation

The process evaluation consisted of four components: documentation of program implementation, utilization of the participant-level project management information system (MIS), formative feedback for program improvement, and development of a sustainability plan.

Process evaluation data on **program implementation** was collected through annual evaluation site visits, drug court team meetings to focus specifically on evaluation issues, monthly telephone meetings with the First Step coordinator, and at least twice monthly attendance at drug court sessions (via teleconference and video conference). Site visits were conducted by the evaluator to perform in-person interviews and facilitate group discussions on relevant topics with the First Step drug court team. In August 2005, the evaluator conducted a three-day evaluation site visit. In addition to the two evaluation/planning sessions which took place in Fall 2005, the recommendations from this site visit also resulted in two further team discussions in February 2006 and May 2006. Two additional on-site visits were conducted in October 2006 and May 2007 to facilitate program improvement.

Monthly telephone meetings between the evaluator and the drug court coordinator, as well as attendance at drug court sessions helped to collect process evaluation data to provide context for the interpretation of outcome evaluation findings, conduct evaluation planning and monitoring, document changes to the program model and services, monitor the implementation of the participant data system and database, and provide formative feedback to the program for the purposes of program improvement.

Table 2: Evaluation Measures and Data Sources		
Program Goal/Objective	Measure	Data Source
Is First Step eligibility screening conducted for all offenders booked into the Sawyer County Jail?	number screened for eligibility	jail booking agent sheriff's booking sheet
Do all volunteers receive AOD screening, 80% of them within 10 days?	number screened with TAADS days to screen	Project MIS
Do all offenders admitted to First Step receive a multi-disciplinary assessment?	number assessed	Project MIS
What is the average number of days between program admission and onset of substance abuse treatment?	days to substance abuse treatment onset	Project MIS
What is the average number of days between program admission and onset of mental health treatment?	days to mental health treatment onset	Project MIS
Do 70 percent of participants participate in education (i.e., GED) and/or secure at least part-time employment while in First Step?	number involved in education number employed part-time/full-time	Project MIS
What proportion of participants are introduced to two new community resources?	proportion introduced to new community resources	Project MIS
What is the average length of stay?	average days in First Step and by phase	Project MIS
Do 10 percent of graduates continue involvement in First Step as mentors?	number of graduates who mentor description of mentoring activities	Project MIS DC team
Do participants have weekly in-person contacts with the Drug Court case manager or probation agent?	number and frequency of contacts	Project MIS probation agent reports
What is the average number of urinalysis and breathanalysis tests performed per week? What proportion of these tests are positive for illicit substances?	Number of UAs conducted Number of breathanalyses results Test results	Project MIS probation agent reports

Table 2: Evaluation Measures and Data Sources		
Program Goal/Objective	Measure	Data Source
Do participants have bi-weekly judicial contacts during First Step Phase 1 and monthly contacts during Phase 2?	Proportion with bi-weekly judicial contacts in Phase 1 and monthly contacts in Phase 2	Project MIS
What types of rewards and sanctions are utilized in First Step?	number/type of rewards and sanction	Project MIS
How many drug court staffings were conducted each year?	number of staffing meetings	Project MIS
Does First Step effectively utilize formative feedback for program improvement?	Type of formative feedback given and used Ways feedback used for change Result of the change	staff meetings, conference calls, program documents, satisfaction survey
Is an MIS created that documents participant characteristics, service dosage, and outcome data? Does MIS meet needs of the project? Does DC team utilize MIS?	comparison of MIS purposes with actual implementation DC team satisfaction	staff meetings, conference calls
Does First Step develop a quarterly press release of program progress?	number and content of press releases	progress reports staff meetings
Does the Courthouse Committee continue to meet?	number of meetings who is in attendance	progress reports staff meetings
Does First Step develop an adequate sustainability plan during Year 3?	progress on sustainability plan	progress reports staff meetings
Fifty percent of eligible participants will complete First Step	program retention rate characteristics of graduates and terminations	Program MIS Phase Checklist
Seventy percent of participants will not be arrested for a new offense while in First Step	arrest date and charge arrest for drug-related offense arrest for violent offense days to arrest	CCAP, NCIC, TIME

Table 2: Evaluation Measures and Data Sources		
Program Goal/Objective	Measure	Data Source
Seventy percent of participants will not be convicted of a new offense while in First Step	conviction for drug-related offense conviction for violent offense	CCAP, NCIC, TIME, CIPIS
	days of incarceration (both jail and prison)	NCIC, DC team, CCAP, CIPIS
Fifty percent of graduates will not be charged with a violent offense within one year after graduation	Arrest/charge date and charge Offense type (violent, drug-related)	CCAP, NCIC, TIME, CIPIS
Fifty percent of graduates will maintain abstinence from substances for one year after graduation	Staff and probation agent reports drug use (UA results)	DC team Probation agents
	substance abuse treatment participation (type, length of stay)	DC team, Probation agents
	mental health treatment participation (type, length of stay)	DC team Probation agents
	date(s) of employment, type of work, hours of work, etc.	DC team Probation agents
	education (full/part-time, GED/HSED)	DC team Probation agents
	health care participation	DC team Probation agents
	mortality since program exit	SSDI

“Program MIS” refers to the participant-level Microsoft Access database that was created for First Step, “SSDI” refers to the Social Security Death Index database, “CCAP” refers to the Wisconsin Consolidated Court Automation Programs database, “NCIC” refers to the National Crime Information Center database, “TIME” refers to the Technical Information Management database utilized by local law enforcement, “CIPIS” refers to the Corrections Integrated Program Information System which is the WI Department of Corrections internal data system, and “DC Team” refers to the First Step Drug Court team.

The First Step **participant management information system** (MIS) was originally based on the Buffalo Drug Court MIS recommended by BJA. We customized the Buffalo database (created in Microsoft Access) by adding fields for assessment instruments, services, and intermediate outcomes specific to the project. However, after using the database for a year the group found that it did not meet the needs of the program due to its structural complexity. Therefore, the evaluator designed an Access database specifically for First Step that continued to collect the essential data in a more straightforward way (Appendix 4 and Appendix 5). The drug court coordinator and case managers utilized the database for the admission, service, and discharge information for all First Step admissions. It was the original intent that all team members would have access to the database, but difficulties in network access for team members outside of the Sawyer County Health and Human Services network (i.e., courts, probation/parole) prevented this. In addition, it was also intended that the database would be available to the judge for use during drug court hearings, but technical barriers with wireless technology in the courtroom prevented this. A significant achievement related to the implementation of the database was the approval of remote access for the program evaluator to the Sawyer County network. This access allowed the evaluator to constantly monitor the information entered into the database by team staff, summarize data as needed, and to modify and improve the database.

The monthly meetings and drug court team meetings allowed ample opportunity to provide the team with **formative feedback for program improvement**. These discussions resulted in the creation of work teams to address program dissemination/marketing, violations and associated sanctions, and clinical treatment team planning. The discussions also led to changes in procedures for information sharing among team members, some modifications to treatment services, and approaches to external collaboration. Summary reports of results were prepared and presented to the team after each visit. We also solicited suggestions for program improvement from participants as they exited each phase of the program utilizing a brief, anonymous satisfaction questionnaire (Appendix 6). These surveys were summarized periodically and presented to the team for consideration.

The process evaluation also included documentation of the process of developing a **program sustainability plan** during the third year of the project. In May 2007 the evaluator facilitated a team discussion related to sustainability and program improvement. A sustainability workplan was developed as a result of this discussion detailing specific activities and responsibilities. BJA was contacted in April 2007 with a request for technical assistance in the development of the sustainability plan. A consultant from the National Drug Court Institute visited First Step on July 20, 2007 and provided the team with technical assistance in improving their sustainability workplan and discussed numerous ideas for program improvement.

Outcome Evaluation

The evaluation assessed the following intermediate program outcomes for all offenders admitted to First Step: Percent of participants progressing from phase to phase, and length of stay in phases, percent of negative drug tests during program participation, percent rearrested during program participation, type of treatment and support services received, program retention and completion rates, and average length of stay in program.

An outcome study tracking log was developed using Microsoft Access (Appendix 7). This tracking log was updated weekly by the evaluator through access to the participant-level database on the Sawyer County computer network.

A contact log (Appendix 8) was developed for First Step case management staff to help track their contacts with First Step participants and their probation agents to allow easy summary of the number and type of contacts for transfer onto the follow-up progress forms.

The participant-level data presented in this report encompass the period of October 2004 through June 2007, to allow adequate time for preparation of this report prior to the end of BJA funding at the end of September 2007.

The outcome measures were collected (a) at graduation or termination from First Step and (b) one year after exit from First Step. The evaluation also included collection of data on post-program drug use, employment, and other outcomes. These outcomes were summarized by the First Step case managers and the probation agents supervising offenders in the program. Case managers and probation agents completed and returned a brief progress summary at follow-up (Appendix 10). These forms were preprinted with participant names, ID numbers, and dates by the evaluator, and then sent via email at the appropriate time. First Step completed them and returned them to evaluation staff via US mail for data entry. The forms and procedures were piloted with the drug court team prior to finalizing the methodology to ensure drug court staff input. The progress summary asked for information related to living situation, stability, employment, educational involvement, probation status, UA results, criminal recidivism, substance abuse treatment involvement, substance use, treatment dosage, and ratings of program impact. This overall approach does not provide generalizable findings about drug court graduates, but describes in detail the outcomes of First Step admissions and provides formative feedback for program improvement.

Criminal recidivism data was collected by the evaluation consultant from the First Step case managers, probation/parole agents, drug court coordinator, and from the NCIC, CCAP, CIPIS, and TIME databases for all offenders discharged from program (graduate or termination). Collection of outcome evaluation data experienced extensive delays related to difficulties associated with drug court coordinator access to state-level electronic systems. These difficulties were addressed and collection of the one-year post-discharge data (for participants who had been discharged from First Step) was conducted by the local Hayward Police Department for First Step. We partnered with the WI Department of Corrections to gain approval for access to their internal electronic data systems. The Social Security Death Index (SSDI) database was also checked to determine whether the offender had died. The form utilized to summarize the recidivism data is presented in Appendix 9.

Budgetary constraints (funding for only 25% evaluator) prevented the development of a randomized control group or the follow-up of a matched comparison group for this evaluation. Our current plan is, therefore, to compare First Step recidivism rates to the rates of other national studies (including Roman, Townsend, and Bhati, 2003; Wolf, Guydish, and Termondt, 2002; Kleiman, 2003; Gottfredson, Najaka, and Kearly, 2003; Rempel et. al., 2003).

RESULTS

Overview of Results

Table 3 presents an overview of each of the program objectives and a summary of the evaluation results pertaining to each one. The averages and percentages presented in the table should be interpreted with caution due to the small sample size of 32 admissions. These results and the contextual factors surrounding each one are discussed in further detail in the following narrative sections on process and outcome results.

Table 3 reveals that the First Step drug court was successfully implemented, meeting the majority of its proposed program objectives. While Objective #1 was unmet due to the lack of cooperation from the local sheriff in allowing screening of jail inmates, all drug court volunteers were screened for substance abuse problems (Objective #2) and received a multi-disciplinary assessment (Objective #3). First Step met their objectives pertaining to educational involvement and employment of participants while in the program (Objective #4), as well as introducing participants to new community resources (Objective #5).

First Step successfully graduated 41 percent of eligible admissions (7 of 17), falling just short of their goal of having 50 percent of admissions complete the drug court program (Objective #6). However, the small sample size means that if just two additional participants had graduated, the program would have exceeded the goal of 50 percent graduation. A graduate alumni group to provide mentoring to current participant (Objective #7) has not yet been implemented.

The program successfully provided weekly in-person case management contacts, at least monthly judicial contacts, alcohol and other drug testing, and participant staffing discussions attended by the full drug court team (Objectives 8-11).

Seventy-two percent of participants were not arrested while in the program and 94 percent were not convicted of a new offense while participating, successfully meeting Objectives #12 and #13.

Examination of one-year post-discharge outcomes revealed that only one of the three graduates who had been discharged for at least one year (33%) was arrested for a violent crime (Objective #14) and that more than 50 percent of the 11 graduates maintained abstinence from substances for one year (Objective #15).

First Step also met its objectives related to utilizing formative evaluation feedback for program improvement, implementation of a participant-level database, and development of a sustainability plan (Objectives #16, #17, and #21). While the program provided updates to the Courthouse Committee (Objective #20), quarterly press releases were not developed as anticipated (Objective #19).

Table 3: Summary of Evaluation Results by Program Objective			
Program Objective	Measure(s)	Result	Objective Met?
Is First Step eligibility screening conducted for all offenders booked into the Sawyer County Jail (Objective 1)?	number screened for eligibility results of screen	Sheriff did not allow screening of jail admissions as planned	Unmet
Do all volunteers receive AOD screening, 80% of them within 10 days (Objective 2)?	number screened days to screen	All offenders receive eligibility screening within 10 days from <u>referral</u> after the district attorney indicates they are legally eligible to participate in program All admissions are screened The average number of days from referral to AODA screening for those admitted is 41 days 25% are screened within 10 days 57% are screened within 1 month 80% are screened within 48 days	✓
Do all offenders admitted to First Step receive a multi-disciplinary assessment (Objective 3)?	Percent/number assessed	All offenders admitted receive a multi-disciplinary assessment	✓
Do 70 percent of participants participate in education (i.e., GED) and/or secure at least part-time employment while in First Step (Objective 4)?	number involved in education number employed	72% of discharges either participated in education or were employed 39% participated in education 66% were employed	✓
What proportion of participants are introduced to two community resources (Objective 5)?	proportion introduced to new community resources	100% of admissions are introduced to new resources	✓
Do 50 percent of First Step participants complete the program (Objective 6)?	program retention rate	41% of discharges were graduates	Unmet

Table 3: Summary of Evaluation Results by Program Objective			
Program Objective	Measure(s)	Result	Objective Met?
Do 10 percent of graduates continue involvement in First Step as mentors (Objective 7)?	number of graduates who mentor description of mentoring activities	Mentoring and/or alumni component under development at this time	Unmet
Do participants have weekly in-person contacts with the Drug Court case manager or probation agent (Objective 8)?	number and frequency of contacts	Average = 0.7 per week in program Graduates = 0.9 per week Terminations = 0.6 per week	✓
What is the average number of urinalysis and breathanalysis tests performed (Objective 9)?	Number of UAs conducted Number of breathanalyses (PBT) results	Average UAs Performed = 53 Average PBTs Performed = 6	✓
Do participants have bi-weekly judicial contacts during First Step Phase 1 and monthly contacts during Phase 2 (Objective 10)?	Proportion with bi-weekly judicial contacts during Phase 1 and monthly contacts during Phase 2	Average/month = 1.2 Grads = 1.2, Terminations = 1.2 Increased from 0.8 to 1.4 by year Phase 1 = 1.7 per month Phase 2 = 1.5 per month	✓
How many drug court staffings were conducted each year of the project (Objective 11)?	Year 1 (04/05) = 14 Year 2 (05/06) = 23 Year 3 (06/07) = 27	Staffings prior to each drug court when the participant was scheduled to appear In 2006 began a separate meeting of only treatment team members two times each month	✓
Seventy percent of participants will not be arrested for a new offense while in First Step (Objective 12)	Proportion of participants are arrested for new, drug-related, or violent offense	72% of discharges are not arrested for a new offense while in program Of the five participants arrested in program, two of the offenses were drug-related and three were violent	✓

Table 3: Summary of Evaluation Results by Program Objective			
Program Objective	Measure(s)	Result	Objective Met?
Seventy percent of participants will not be convicted of a new offense while in First Step (Objective 13)	Proportion of participants are convicted of new, drug-related, or violent offense What proportion of participants are incarcerated as a result of these offenses?	One participant (6%) was convicted of a new OWI while in program One participant (6%) was incarcerated as a result of the new conviction while in program	✓
Fifty percent of graduates will not be charged with a violent offense within one year after graduation (Objective 14)	Arrest/charge date and charge Offense type (violent, drug-related)	One of the three graduates who had been discharged for at least one year (33%) was arrested for a violent crime within one year	✓
Fifty percent of graduates will maintain abstinence from substances for one year after graduation (Objective 15)	At one year after program exit: What proportion of participants are abstinent from substances? What is the level of substance abuse treatment participation?	Of the 11 participants for whom one-year follow-up data were available: Currently abstinent from alcohol – Graduates = 60% Terminations = 0% Currently abstinent from drugs - Graduates = 80% Terminations = 100% Any AOD treatment after exit - Graduates = 80% Terminations = 0%	✓
Does First Step effectively utilize formative feedback for program improvement (Objective 16)?	Type of formative feedback given and used Ways feedback used for change	Team extremely receptive to formative feedback and enthusiastic about program improvement efforts	✓

Table 3: Summary of Evaluation Results by Program Objective			
Program Objective	Measure(s)	Result	Objective Met?
Is a participant-level database (MIS) created to document participant characteristics, service dosage, and outcome data (Objective 17)?	comparison of MIS purposes with actual implementation	Database developed specifically for First Step documents characteristics of admissions, assessment results, service dosage, and intermediate outcomes at exit from First Step	✓
Does First Step develop a quarterly press release of program progress (Objective 19)?	number and content of press releases	One press release was developed at program start Quarterly press releases were not developed	Unmet
Does the Courthouse Committee continue to meet (Objective 20)?	number of meetings	Coordinator and director provided quarterly updates to Courthouse Committee	✓
Does First Step develop an adequate sustainability plan during Year Three (Objective 21)?	progress on sustainability plan	Workplan developed for drug court team in May 2007 Technical assistance from BJA	✓

Process Evaluation Results

Description of Program Admission Activity: First Step admitted 32 eligible, non-violent offenders from October 2004 through June 2007. Table 4 shows the number admitted by calendar year and reveals that seven of the 17 program discharges (excluding one administrative termination) successfully completed the program, for an overall graduation rate of 41 percent. Terminated participants were most commonly terminated for absconding or for a new charge.

Table 4: Program Activity for First Step Drug Court October 2004 Through June 2007		
	Number	Percent
Admitted To Date	32	100%
2004 (three months)	6	19
2005	15	47
2006	5	16
2007 (six months)	6	19
Program Status		
Active	14	44%
Graduate/Completion	7	22
Termination (one administrative)	11	34
**Percent of the 17 Discharges That Were Graduates		41%
Reason for Termination		
Absconded	4	36%
New charge/arrest	3	27
Program non-compliance	2	18
Refusal/drop-out	1	9
Administrative/not eligible	1	9

The referral and screening process for First Step begins with referrals from the public defender or local attorneys representing eligible offenders. Legal counsel determines whether the offender meets the program eligibility requirements and makes a referral to the drug court coordinator. The drug court coordinator then verifies eligibility and forwards the information to the district attorney for verification of eligible legal status that includes a NCIC background check. If eligible, First Step case managers screen the potential admission using the Comprehensive Addictions and Psychological Evaluation (CAAPE) and the Minnesota Multiphasic Personality Inventory (MMPI) to determine eligibility based on substance use and mental health issues. After these results have been interpreted, the case manager makes an admission recommendation to the First Step team at the next scheduled participant staffing (prior to each drug court session). The team then votes to determine whether the offender will be admitted to the program. If admission is approved, admission occurs at the next scheduled drug court session. The average amount of time that elapsed from referral to drug court admission was 32 days (36 days for graduates and 29 days for terminations).

While First Step originally anticipated a capacity of up to 60 admissions per year, a wide variety of factors inhibited admission to the program: a smaller than anticipated number of referrals, collaboration difficulties with the Sawyer County Sheriff's Department, a lack of incentive to participate built into the model, lack of clarity in point of referral, significant delay between referral and admission, the reluctance of offenders to achieve sobriety, and strict admission requirements.

- The smaller than anticipated number of referrals is primarily due to a lack of program support among some defense attorneys and public defenders. While multiple drug court informational sessions were held each year for the local bar association members, some attorneys and their clients were still not aware of the program and were not clear on the eligibility requirements.
- A common reason cited by external agencies and organizations for the low number of referrals was that the point of access for referral was not always clear. In addition to not understanding which clients to refer, referring agencies and individuals indicated that it was not initially clear how to refer or who to make the referral to. Some recounted early experiences of referring clients and not receiving a timely response, or playing "phone tag" with drug court staff to try to obtain an update on the status of the case.
- The lack of cooperation on the part of the Sheriff's Department in the form of refusing to allow AODA screening of all jail admissions also reduced the number of potential referrals by limiting the number of offenders identified as eligible for drug court. In addition, drug court staff feel that the attitude of the Sheriff's Department toward the drug court model negatively impacted the attitudes of the deputies and the public.
- An additional barrier to recruitment lies in the First Step drug court model itself. The post-plea model offers little incentive to enroll for some offenders and virtually no legal benefit for misdemeanants to enroll. One respondent summarized it, saying "Most clients with serious AODA problems don't have serious legal consequences."
- A significant barrier to recruitment appears to be the length of time between referral and program admission. This delay (often up to several months) can result in missing the window of opportunity during which the client is motivated to enter treatment. The delays are a result of waiting to schedule assessments, waiting for assessment results, waiting for the next drug court date (held twice per month) for admission consideration, and allowing the defense counsel to perform discovery, assess the state's case, evaluate potential defenses, and negotiate an offer from the district attorney. Many site visit interview respondents felt that these delays were unfair to offenders who often wait in jail pending an admission decision by the drug court team.
- In addition, the attitude of many eligible participants may be an additional factor negatively impacting recruitment. Many individuals in this tourist town with a "rural drinking culture" where alcohol use is pervasive and excessive alcohol use is the norm, have no desire to become sober. Drug court participants must acknowledge the existence of a substance use problem and be motivated to stop using. One current drug court participant indicated that it is easier to serve time in jail than abide by drug court's lengthy guidelines and requirements. Particularly if a potential drug court participant does not have stability in his/her life (i.e., financial, housing, employment, relationships), the drug court requires a commitment of emotion and time to something quite significant.

- Other factors impacting recruitment include the lack of a halfway house in Hayward, the negative impact of drug court participants who are sanctioned to jail upon other inmates in the jail, and that it is difficult for legal counsel to recommend drug court for a client if it is unclear that a substance use problem exists.

In addition, the First Step team frequently discussed potential ways to address the issues of participant retention and termination over the three-year project period. Numerous ideas were generated by the team and spirited discussions occurred while considering the feasibility and implications of integrating them into the First Step model. Some ideas considered included:

- Adopting a policy similar to other Wisconsin drug courts which does not allow participants to drop-out of the program;
- Developing alternatives (other than jail) if participants are terminated;
- Addressing the availability, cost, and appropriateness of inpatient treatment;
- Enhancing the limited treatment options available in the area;
- Focus on admitting those most likely to succeed in the program through enhanced screening vs. admitting serious cases to maximize the cost savings after participation;
- Increase treatment intensity by having participants work with a consistent group of people, having graduates work in the program as paid peer mentors, and/or having admissions make a long-term commitment to sobriety upfront – not just during the course of the program;
- Admit fewer people and treat intensively vs. admitting more people to increase admission numbers to 60 per year
- Terminate absconders after 60 days of non-contact (also considering a 30-day limit);
- Consider development of the “termination phase” idea used by other courts that takes participants at risk of termination out of the regular program and requires that they work their way back into the program through intensive steps to be determined by program;
- Have drug court applicants observe two drug court sessions before signing onto program to learn what it is really like (experiential learning) and have a drug court team member debrief them after court;
- Develop an AODA “pre-education” program and treatment orientation phase for those in jail awaiting admission that would include twice per week contact; and
- Develop formally structured termination criteria vs. leave the criteria more flexible so as to better accommodate the rural setting of the program.

Description of Drug Court Admissions: Table 5 presents a demographic description of all First Step admissions. Participants tend to be males with an average age of 31 years, and are either Caucasian or Native American Indian. The vast majority are single or divorced, and have an average of 1.4 children. Nearly all female participants (92 percent) had a least one child, while one-half of the male participants had children ($X^2 = 5.8$, $df=1$, $p < .01$). Only three percent are in compliance with child support obligations at the time of admission to the program. More than two-thirds of the participants have a GED/HSED, high school diploma, or further education. Many of the participants experience significant barriers to employment, but one-third were employed at the time of admission, with their longest job ever averaging just less than three months. Nearly one-half indicated that their primary source of financial support was salary or wages, and 60 percent were receiving economic assistance of some type.

Table 5: Demographic Description of First Step Admissions Through June 2007		
	Number	Percent
Gender		
Male	20	62%
Female	12	38
Age [Average = 31 years]		
18-25 years	10	30%
26-35 years	13	41
36-45 years	4	13
46+ years	5	16
Race/Ethnicity		
Caucasian	13	41%
Native American	19	59
African American	0	0
Asian	0	0
Hispanic/Latino	0	0
Marital Status		
Single	17	53%
Married	4	13
Divorced	9	28
Living as married	1	3
Missing/Unknown	1	3
Number of Children [Average = 1.4 children]		
None	11	42%
1	5	19
2-3	9	23
4 or more	7	16
Child Support Compliance At Admission		
No obligation	18	56%
In compliance	1	3
Non-compliant	11	35
Missing/unknown	2	6
[Continued Next Page]		

Table 5: Demographic Description of First Step Admissions Through June 2007		
	Number	Percent
Highest Education Completed		
Grade 10 or below	3	9%
Grade 11	5	16
Grade 12	4	13
GED/HSED	8	25
Some college	8	25
College degree	0	0
Advanced degree	1	3
Missing/Unknown	3	9
Any Difficulties:		
Reading?	2	6%
Writing?	2	6
Adding/subtracting?	0	0
Concentrating?	2	6
Employed at Admission	11	34%
Longest Job Ever	2.97 months	NA
Barriers to Employment (all that apply)		
Lack of education/training	15	47%
Lack of experience	12	38
Physical disability	3	9
Child care	3	9
Transportation	19	59
Lack of driver's license	11	34
Primary Source of Income		
None	3	9%
Salary/wages (own or spouse)	13	41
Family	9	28
Unemployment	2	6
Economic assistance	1	3
SSI/SSD	3	9
Other (tribal per capita payment)	1	3
Receiving Economic Assistance	16	60%

Criminal Justice Characteristics: One-half of First Step admissions had substance abuse-related offenses of either drug charges or operating while intoxicated (Table 6). The average age at first arrest was nearly twenty years of age. Participants averaged 7.6 total lifetime arrests and an average of 5.2 substance abuse-related arrests. Based on Marlowe’s ratings of criminal risk and criminal need, 81 percent of admissions were rated as both high risk and high need. All of the participants received “high” ratings of criminal need indicating that First Step admits offenders who are appropriate for treatment through the drug court model. One-third of the admissions began criminal behavior prior to age 16 and three-quarters have criminal associations through their friends and family.

Table 6: Criminal Justice Characteristics of First Step Admissions		
	Number	Percent
Offense at Admission		
Drug Possession/Manufacture/Delivery	9	28%
OWI (operating while intoxicated)	7	22
Burglary/Theft	6	19
Battery	4	13
Forgery	2	6
Operating vehicle without owner’s consent	2	6
Child support delinquency	1	3
Disorderly conduct	1	3
Average Age at First Arrest	19.7 years	NA
Average Total Number of Lifetime Arrests	7.6 arrests	NA
Average Total AODA-Related Lifetime Arrests	5.2 arrests	NA
Criminal Risk and Need Rating		
Low Risk/Low Need	0	0%
Low Risk/High Need	6	19
High Risk/Low Need	0	0
High Risk/High Need	26	81
Criminal Onset Prior To Age 16	11	34%
History of Violence	3	9%
Family History of Crime	5	15%
Have Criminal Associations (friends, family)	24	75%

The First Step team continues to consider the value of utilizing the criminal risk and need ratings during treatment planning and participant monitoring. Marlowe's model encourages that the risk/need information be used to develop individualized treatment plans with varying treatment intensity, status hearing intensity, and reward/sanction structures based on level of risk/need. While the team developed a grid outlining information flow and responses for program violations in early 2006, this plan was used more for determining individual staff responsibilities and increasing response times in the event of a program violation rather than to determine the *type* of sanction applied for a specific violation.

Substance Use and Mental Health Characteristics: Table 7 presents the substance use and mental health characteristics of program participants. The majority are dependent upon alcohol, with others dependent on marijuana, cocaine, or methamphetamine. Nearly one-fifth are experiencing substance abuse in their household at the time of admission. Participants have failed at AODA treatment on average two times prior to their entry to drug court, with more than three-quarters having failed during prior treatment attempts. First Step participants also experience mental health issues, some of which significantly impact their ability to effectively participate in drug court treatment (Table 7). Nearly one-third have a diagnosis of depression, bi-polar disorder, or panic disorder. About one-quarter have been hospitalized for mental health issues in their lifetimes, have received counseling, or tried to harm themselves or others.

Table 7: Substance Use and Mental Health Description of First Step Admissions		
	Number	Percent
Substance Use Diagnosis		
Alcohol Dependence	22	69%
Cannabis Dependence	5	16
Cocaine Dependence	1	3
Methamphetamine Dependence	2	6
Polysubstance Dependence	1	3
Missing/Unknown	1	3
Substance Use in Household	6	19%
Number of Prior AODA Treatment Failures		
Average	1.7	NA
# with any prior treatment failures	25	78%
Mental Health Diagnosis		
None	22	69%
Depression	8	25
Bi-polar disorder	1	3
Panic disorder	1	3
Ever Hospitalized for Mental Health	8	25%
Ever Received Mental Health Counseling	7	22%
Ever Tried to Harm Self or Others	7	22%

Drug Court Services Provided: The average length of stay in the program was 443 days (14.5 months) for graduates and 298 days (9.8 months) for terminations (Table 8). There was no statistically significant difference in length of stay between the two groups. As participants move through the three-phase program they spend an average of five months in Phase 1, six months in Phase 2, and an additional five months in Phase 3.

Table 8: Length of Stay in Drug Court Program			
	Graduates (N=7)	Terminations (N=11)	Overall (N=18)
Average Length of Stay In Program	443 days [14.5 months]	298 days [9.8 months]	354 days [11.6 months]
Average Days by Program Phase			
Phase 1	96	215	151
Phase 2	183	191	185
Phase 3	162	NA	162

First Step provides a broad continuum of alcohol, drug, and other related treatment and rehabilitation services to offenders participating in drug court (Table 9). In addition to individual counseling with case managers and collaborative meetings between the case managers and probation agents, participants received numerous treatment and support services. All participants received outpatient treatment and support groups, and 39 percent also received inpatient, residential, and/or halfway house services. The majority also received mental health outpatient treatment, assistance with budgeting/finances, and/or employment support services.

Community service is required of First Step participants during the second and third phases of the program, and staff can utilize additional community service hours as a sanction if necessary. A total of 468 hours of community service were performed by offenders discharged from the program, with an average of 58 hours performed by graduates and an average of nine hours performed by program terminations. Additional community service hours were used as a sanction for three of the 18 discharges. Using an hourly rate of \$6.50 per hour, First Step participants provided an estimated \$3,042 of service to the community to date.

The average number of days from drug court admission to entry into substance abuse treatment was just more than one month (35 days). This delay was a concern to the team and was addressed frequently in team meetings in an effort to improve the speed with which participants entered treatment after admission. Unfortunately, many of the factors impacting this process could not be changed such as delays related to releasing participants from jail, scheduling contracted substance abuse and mental health assessments, receiving assessment results from providers, and delays related to waiting for open beds in treatment facilities.

Table 9: Drug Court Services Provided			
	Graduates (N=7)	Terminations (N=11)	Overall (N=18)
Case Manager Contacts with Participant			
Average # In-Person	58	28	40
Average # Telephone	31	26	28
Average # Written	1	1	1
Case Manager Contacts with Probation Agent			
Average # In-Person	36	23	28
Average # Telephone	9	8	8
Average # Written	2	1	1
Percent Received....			
AODA inpatient/residential treatment	14%	55%	39%
AODA halfway house/group home	29	46	39
AODA day treatment	0	9	5
AODA outpatient treatment	100	100	100
Support groups (AA, CA, NA, etc.)	100	100	100
Mental health inpatient treatment	0	0	0
Mental health outpatient treatment	71	64	67
Employment services	57	46	50
Education services	29	9	17
Housing services	0	27	17
Assistance with finances	100	55	72
Community Service Hours Performed [total for 18 discharges = 468 hours]			
	58 hours	9 hours	33 hours *
Days from Admission to Treatment Entry [Range = 0-178]			
	65 days	13 days	35 days

First Step participants were scheduled to attend an average of 13 drug court status hearings during their participation, and attended an average of eight hearings (Table 10). Graduates attended an average of 15 court hearings and terminations attended an average of four hearings. This difference is primarily due to the difference in the length of time spent in the program between the two groups and the fact that terminations often missed court hearings when they absconded prior to their termination. To enhance the impact of the status hearings, the First Step team discussed the interaction during court between the judge and participants, and brainstormed ideas on how to improve the conversation during the status hearing. The case managers provide the judge with a few personalized questions that he can ask participants during court, as well as suggest topics that can be addressed by participants from their program treatment journals which they are required to bring to court. These simple actions nearly tripled the amount of time that the judge spends in direct interaction with each participant.

Table 10: Court Appearances/Status Hearings			
	Graduates (N=7)	Terminations (N=11)	Overall (N=18)
Average # of Court Appearances Scheduled	16	11	13
Phase 1	6.4	6.9	6.2
Phase 2	7.3	5.2	6.2
Phase 3	9.6	0	4.2
Average # of Court Appearances Attended	15	4	8
Phase 1	5.4	6.5	6.1
Phase 2	7.3	4.7	5.8
Phase 3	9.6	0	4.2

Participant Monitoring: Monitoring of drug court participants occurs through urinalysis, breathanalysis, home visits, curfew checks, and electronic monitoring. Urinalysis is conducted by having participants telephone daily to check the randomly generated “color of the day,” or for cause. If the color matches the participant’s assigned color, the participant must appear to provide an observed urine sample. Participants are tested 3-5 times each week, averaging 46 urinalysis tests during the course of drug court participation (Table 11). Breathanalysis is conducted in cases of suspected substance use, with each participant receiving an average of six tests during participation.

Table 11: Participant Monitoring			
	Graduates (N=7)	Terminations (N=11)	Overall (N=18)
Urinalysis Testing			
Average # tests scheduled	61.3	36.4	46.6
Average # tests negative	70.9	39.4	51.6
Average # tests positive	1.3	1.5	1.4
Breathanalysis (PBT) Testing			
Average # tests scheduled	6.2	6.5	6.3
Average # tests negative	6.0	6.3	6.2
Average # tests positive	0.1	0.2	0.2
Electronic Monitoring			
Received electronic monitoring	0%	27%	17%
Average # days for those monitored	0	10.1	6.2

Some participants also are required to comply with electronic monitoring through the WI Department of Corrections, either as a condition of probation or as a program sanction. Seventeen percent of all admissions received electronic monitoring for an average of six days. None of the graduates received electronic monitoring, while 27 percent of the terminations received electronic monitoring. First Step also pilot tested the “Robocuff” voice-imprint telephone technology on a limited basis, and is now investigating the use of the Secure

Continuous Remote Alcohol Monitor (SCRAM) technology to that automatically tests for alcohol consumption through an ankle bracelet. Robocuff requires participants to call from a designated telephone and utilizes voice-imprint technology to recognize the offender being monitored, while SCRAM tests for the presence of alcohol transdermally once per hour.

Periodic unannounced curfew checks and home visits are also conducted by the case managers, the probation agent, and law enforcement (Hayward Police Department, Lac Courte Oreilles Tribal Police, and Sawyer County Sheriff's Department). The Sheriff's Department was contracted (\$1,000 per month) to assist with curfew checks, but has ended this collaboration in June 2007 citing staffing issues. First Step is in the process of securing approvals to hire a program tracker who could focus solely on participant monitoring.

Rewards and Sanctions: First Step uses a variety of rewards for behavior compliant with program rules and sanctions for inappropriate behavior. Some examples of rewards to date have been treatment phase promotion, lift curfew, out of town pass, verbal praise, gift cards for local retailers, fishing store, movie theater, movie rentals, hair salons, miniature golf, bookstore, food gift certificates, gasoline gift cards, fewer appearances in court, and assistance finding needed household items. Examples of sanctions have been demotion to previous phase, increased individual counseling, increased UA testing, early curfew, electronic monitoring, jail, additional essays, increase court appearances, daily PBT testing for two weeks. Several interview respondents during site visits indicated that the program needs to be more creative in applying sanctions – focusing more on healthy rewards and less emphasis on financial incentives.

Graduates received significantly more rewards than terminations, receiving more frequent rewards as they progressed through the program phases (Table 12). Graduates received an average of 10 rewards and terminations received an average of two rewards. However, there was no difference in the number of sanctions received by graduates and terminations, with an average of two sanctions received across both groups.

Table 12: Rewards and Sanctions			
	Graduates (N=7)	Terminations (N=11)	Overall (N=18)
Average Number of Rewards	10	2	6 *sig diff
Phase 1	2.3	1.1	1.7
Phase 2	3.4	1.0	2.2
Phase 3	4.6	0	2.0
Average Number of Sanctions	2	3	2
Phase 1	0.3	1.9	1.1
Phase 2	0.6	0.7	0.6
Phase 3	1.0	0	0.5

First Step has begun to more closely link the sanction to the type of program violation. For example, substance use violations are more likely to result in sanctions that include additional treatment participation rather than jail or community service. The team notes that jail is often not an effective sanction and that sanction time in jail could be better utilized for treatment purposes by having participants complete written assignments during their stay. The team also decided to identify individualized rewards and sanctions for each participant based on their specific likes and dislikes.

Drug Court Team and Program Collaboration: The composition of the drug court team is viewed very positively by its members. Respondents named the drug court coordinator, the positive relationship between the drug court coordinator and the program director, and the relationship with probation/parole as primary strengths of the program. The public defender is said to be “very client-centered” and the district attorney is described as “very approachable.” In the words of one respondent, “All of the members are very dedicated and approachable.” The exceptional support of the drug court judge was frequently mentioned as a strength -- “Judge is a strength because he’s so supportive and wants to connect better with participants.”

As can be expected during the development of a collaborative endeavor of this type, some perceived tension between the treatment-oriented drug team members and the criminal justice-oriented drug team members has been experienced. While all of the drug court team members work well together and were happily surprised at the high level of collaboration and cooperation, many still feel that the two sides occasionally have difficulty reaching consensus regarding perceived participant motivation for behavior and appropriate sanction/reward approaches and decisions.

In addition to annual team attendance at national and state-level drug court conferences, selected members of the drug court team visited the nearby Eau Claire Drug Court in early April 2007 to observe their court procedures and meet with their team to identify potential ideas for integration into First Step. Also, two graduates of First Step spoke at the Wisconsin Association of Drug Court Professionals in 2007.

First Step has been effectively integrated into Sawyer County’s service system and has increased the level of collaboration among local agencies to serve this population of offenders. The program has provided a series of informational sessions for local attorneys, in-service training sessions for service providers, informational sessions for community members, and distributed information at local health conferences. First Step marketing efforts have included public service announcements, newspaper articles, program brochures, program posters, and program bookmarks. The program also sent informational letters to all local groups in the recovery community explaining drug court and the rules of drug court pertaining to support group attendance.

Program Improvement Activities: The First Step team has been exceptionally open to modifying procedures and services to improve the program. The drug court team had little opportunity to discuss program-level or staff issues during the initial implementation of the program. The team met twice per month for one hour prior to each drug court session to discuss the progress of each participant, but did not meet as a group outside of this setting. Thus, team members lacked the opportunity to address issues of division of staff responsibility, to brainstorm ideas for increasing admissions, to troubleshoot difficulties with collaborative relationships, or suggest ideas for new services or treatment approaches. At least one half-day group discussion was facilitated by the evaluator each year to address program-level issues, and at the beginning of project Year 3 an additional half-hour was added to one drug court meeting per month to address these program-level topics. In addition, the NDCI consultant made numerous ideas for program improvement, including development of a steering committee that included tribal representatives to address policy issues quarterly, better delineation of staff roles, and modification to program phase requirements.

Numerous modifications and improvements were made to First Step services during the course of the project as a result of this increased team interaction, information gathered during conference attendance, and interaction with other Wisconsin drug court staff. During a visit to the neighboring Eau Claire Drug Court, the team learned that weekly (rather than bi-weekly) drug court is more effective for the participants and decided to modify the First Step court calendar to accommodate weekly court sessions. Additional ideas considered for integration into First Step were having AA sponsors attend court sessions, providing medallions to participants at the end of each phase, and not requiring a court reporter. Other ideas included individualized rewards, gifts rather than gift cards, each participant writes a short term goal paper in each phase and then a long term goal paper that they read to the court at graduation, participants must turn in all AA signed slips to court weekly, an alumni phase for six months after graduation from drug court in which they receive case management and appear before the judge every other month. Finally, the Eau Claire Drug Court participants can attend substance abuse treatment under work release guidelines and the drug court has separate halfway houses for males and females to be used in lieu of jail as a sanction.

An additional source of program improvement information was a satisfaction survey completed by participants as they moved between program treatment phases (Appendix 6). Overall, First Step Drug Court participants expressed a great deal of satisfaction with the program. The vast majority were glad that they had entered the program and all of them were either mostly or very satisfied with the judge. They felt that the staff treated them with respect, took the time to get to know them, and kept their information confidential. Participants liked attending the status hearings and felt that meeting with the judge was helpful to them. While roughly one-third felt that the sanctions were too harsh, more than 80% reported that it was clear to them the reasons for sanctions when they were imposed. Participants reported that treatment and support groups were helpful to them in their recovery, and about one-quarter wished there were more individual meetings with drug court staff. Finally, nearly all felt that the program would help them remain abstinent from substances and help them to live crime-free.

Participants reported that they liked First Step because it helped them to learn to live AODA-free, had helpful and supportive staff, and increased the stability of their lives. In addition, they reported that they liked the rewards, the cheering/applause during status hearings, and “the laughing.” Participants least liked the intensive program requirements, drug testing, and the sanctions for poor behavior. Participants suggested a variety of sanctions and rewards that they felt would be effective including eliminating curfew if they were doing well, movie passes, swimming passes, and food gift certificates. Two also mentioned using additional treatment as a sanction because “jail doesn’t teach.” Participants suggested ideas to improve First Step, including having graduates work with current participants, having recreational outings as a group, and requiring more AA meetings.

A wide variety of modifications to First Step policies, procedures, and services were implemented over the course of the three-year project:

1. Established a drug court house (non-treatment) to provide substance-free housing for four drug court participants on a short-term basis
2. Increase number of drug court sessions to once per week instead of twice per month
3. Participants who are in residential treatment in neighboring counties attend drug court hearings in that county if drug court is present
4. Lengthen time each participant spends in front of judge during drug court sessions
5. Encourage AA sponsors to attend drug court sessions
6. Require that each participant bring their treatment journal to court sessions
7. Improved participant staffing meetings that occur prior to each court session through design of an improved participant summary report distributed to team prior to meeting
8. Added meetings of treatment team members and probation/parole agent to update treatment plans and share treatment information
9. Added requirement that referrals observe one drug court session prior to admission
10. Added required drug court therapy group for participants to increase group cohesiveness
11. Require that participants must complete all twelve of twelve steps prior to promotion to Phase 2
12. Began to vary times of home visits and curfew checks to reduce predictability
13. Better link community service assignments to individual treatment plans to match with job skills and interests
14. Change curfew from current 11:00 p.m. to 9:30 p.m. for Phase 1 and 2 participants
15. Display drug court brochures in rack outside court clerk’s office
16. Document criminal risk and need of program admissions
17. Discontinued use of court reporter (drug court coordinator takes notes instead).

Additional ideas for program improvement have been considered during the course of the project. Some of the issues and modifications that have been considered, are currently under discussion, or are under development include:

1. Develop local halfway house to provide housing and treatment services
2. Have unemployed participants perform community service full-time or keep daily activity log

3. Recognize days of sobriety in court with applause
4. Have team members greet participants at door of court to increase interaction
5. Hand out customized medallions for sobriety milestones and/or phase promotion
6. Reward participants who are respectful to team members by praising from the bench
7. Write questions on white board in court room for participants to answer
8. Develop an individualized reward/ sanction plan for each participant
9. Improve types and breadth of rewards
10. Create additional required drug court group (for a total of two per week) that would include focus on criminal thinking errors
11. Distribute drug court informational materials to offenders in jail to improve recruitment
12. Improve communication about treatment plan between case managers and LCO staff
13. Hire dedicated program tracker to conduct curfew checks
14. Explore feasibility of having participants released from jail for treatment (similar to work release) and seek support of jail administrator
15. Address disparity of tribal participants receiving only group counseling through LCO, while white participants receive both group and individual counseling through county
16. Develop policy related to better documenting and verifying support group attendance
17. Develop readmission policy
18. Develop policies and procedures related to handling participants with medical issues and on medication
19. Develop policies and procedures related to maintaining contact with participants away at residential treatment
20. Develop policies/procedures related to treating participants with mental health problems.

Sustainability Plan: The First Step team has spent a significant amount of time addressing the sustainability of the program. While specific sustainability discussions resulted in a workplan during Year Three, the program has addressed sustainability on an ongoing basis since the beginning of the project. First Step has been gradually integrated into the Sawyer County funding system, receiving \$40,000 per year to operate the program. The director of Health and Human Services plans to request an additional \$40,000 in funding during the next funding cycle to continue to fund case management and coordination staff for the program. First Step is also extremely well integrated into the existing service system, incorporating drug court procedures and utilizing existing staff and resources as much as possible. First Step has benefited greatly from the inclusion of a Department of Corrections probation agent on their team. The agent actively participates in facilitating groups for drug court participants, and the Department of Corrections provides a portion of the urinalysis testing, electronic monitoring, and home visits required by the program. The Wisconsin Department of Corrections also collaborated with First Step in allowing the evaluator use of their internal electronic data systems to track recidivism of drug court participants.

The team developed a sustainability and program improvement plan during May 2007, meeting twice monthly during the following months to update and monitor progress on the activities detailed in the workplan. While an NDCI consultant provided a one-day technical assistance visit to the program in July, no recommendations or written materials were received from her after the visit in time for preparation of this report in September 2007.

Outcome Evaluation Results

Intermediate Outcomes: Intermediate outcomes were examined at the time of discharge for all First Step participants who left the program. Although the small sample size precluded performance of the regression and LOGIT analyses planned to investigate participant-level factors impacting program completion, relationships among measures related to program completion were examined individually utilizing bivariate correlations and Chi-Square. These analyses revealed no significant differences between terminations and graduates with regard to: gender, race/ethnicity, marital status, number of children, employment at admission, prior AODA treatment failures, history of violence, anti-social personality disorder, psychopathy, family history of crime, lifetime number of arrests, number of AODA-related arrests, days from admission to substance abuse treatment entry, and number of drug court hearings per month.

Statistically significant differences were found between graduates and terminations on the following measures:

- Graduates were more likely to experience physical barriers to employment;
- Terminations were more likely to experience lack of transportation and lack of driver's license as barriers to employment;
- Graduates were significantly older at their first arrest; and
- Graduates were older at admission.

A few additional measures were found to be *marginally* related ($p < .15$) to program completion. These measures included highest education attained (terminations more likely to have less than a high school education), substance abuse diagnosis (graduates more likely to be alcohol dependent), criminal onset prior to age 16 (terminations more likely to have committed criminal acts prior to age 16), and criminal associations within friends and family (terminations more likely to have criminal associations).

Table 13 summarizes the criminal justice outcomes at the time of discharge. Analyses revealed that participants were in the program for an average of six months prior to their first jail readmission and that they spent an average of 24 days in jail during First Step participation. About one-half of the terminations acquired new charges while in the program, compared to none of the graduates. Case managers were also asked to document case outcome and sentence outcome data at the time of program discharge. While the cases for more than one-half of the graduates were not yet resolved at discharge, other graduates either had their cases dismissed or continued on probation supervision. Unsuccessful discharge resulted in jail for two-thirds of the termination group, prison for nearly one-half, and continued probation supervision for the others.

More than one-half (53 percent) of the graduates had their sentences reduced as a result of successful drug court completion. A total of 5,554 incarceration days were avoided through diversion of offenders into First Step. With an average jail inmate cost per day of \$58, diversion through First Step saved an estimated \$322,132 for the seven graduates to date. In addition, First Step participants each paid an average of \$457 in fines, fees, and restitution during their participation for a total of \$8,219 paid. Graduates paid on average roughly five times more in restitution, fines, and fees than those who did not complete the program.

Table 13: Intermediate Criminal Justice Participant Outcomes			
	Graduates (N=7)	Terminations (N=11)	Overall (N=18)
CJS Involvement Since Admission			
Days from admission to first jail entry (for any reason, including jail as sanction)	416 days	120 days	179 days
Days in jail while in program	1.4 days	38.3 days	23.9 days
Percent with new charges <i>while in program</i>	0%	45%	28%
Case Outcome			
Not resolved at time of discharge	57%	18%	33%
Original Sentence Imposed	0	64	34
Dismissed	14	0	5
Reduced charge	0	0	0
Stayed	0	0	0
Other (continued probation or probation revoked)	29	18	23
Sentence Outcome			
Jail	0%	64%	39%
Prison	0	46	28
Probation	57	18	33
Dismissed	14	0	6
Percent With Reduced Sentence Due to DC			
	53%	0%	17%
Average # of Incarceration Days Avoided Total = 5,554 (15.2 years) *days avoided estimated by drug court case managers			
	793 days	0 days	308 days
Average Fines, Fees, and Restitution Paid [total for 18 discharges = \$8,219]			
	\$912	\$167	\$457

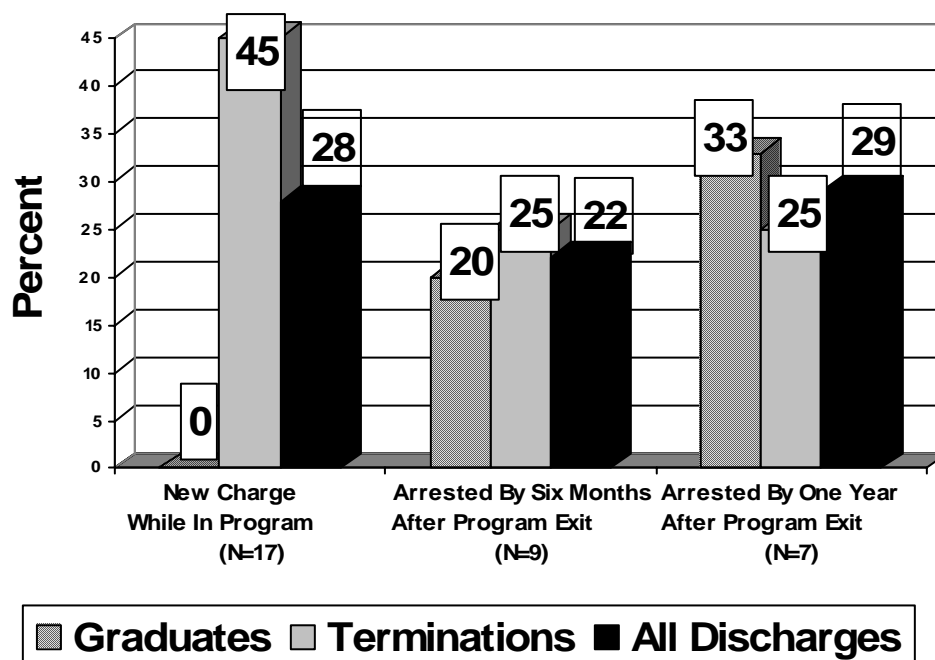
First Step case managers also provided information at discharge on other outcomes of interest (Table 14). Graduates were more likely than terminations to exhibit positive outcomes at the time of discharge. While terminations were more likely to have been employed at any time during program participation, graduates were more likely to be employed at the time of discharge from First Step. Slightly less than one-half of participants were involved in educational programming during their participation. Terminations were most likely to be jailed at the time of discharge, while graduates were either living independently or with family members. Graduates were more likely to be compliant with their child support and probation obligations (for those with such obligations) and to be rated by staff as emotionally “stable” or “somewhat stable.”

Table 14: Other Intermediate Participant Outcomes			
	Graduates (N=7)	Terminations (N=11)	Overall (N=18)
Employed:			
At Any Time Since Admission	43%	73%	61% *
At Time of Discharge	57	27	39
Involved In Education:			
Since Admission	57%	36%	45%
At Time of Discharge	28	0	11
Living Situation At Discharge			
Independent living	14%	0%	5%
With spouse/partner	43	0	17
With parent/other relative	43	9	22
Absconded/unknown	0	18	11
In jail	0	73	44
Compliant With Child Support Obligations [for those with support obligations]	50%	14%	22% *
Compliant With Probation Obligations	86%	0%	33% *
Emotionally “Stable” or “Somewhat Stable”	100%	27%	55% *
* significant difference at p<.05			

Post-Discharge Outcomes: Although the small sample size of program discharges precluded use of many of the more sophisticated statistical modeling techniques originally planned, Figures 1 and 2 present some preliminary criminal justice outcomes. Of the 18 program discharges, one was an administrative termination and is not included in the follow-up analyses. Eleven discharges were eligible for six-month follow-up (conducted to maximize the small sample size), and nine were eligible for one-year follow-up for these data analyses.

Even with this extremely small sample of offenders, First Step graduates were significantly less likely than terminations to have new charges while in the drug court program (Figure 1). None of the graduates were charged while in the program, while nearly one-half of the terminations were. Post-discharge rearrest rates (excluding offenders who were incarcerated during the follow-up period) are also presented in Figure 1. Twenty percent of the graduates and 25 percent of terminations were rearrested by six months after First Step discharge. Thirty-three percent of the graduates and 25 percent of terminations were rearrested by one year after First Step discharge. It is important to note that these results represent one graduate and one termination who were rearrested. The arrests for each were AOD-related and non-violent, and the graduate was rearrested after 127 days and the termination was rearrested 275 days after program discharge. Two of the terminations had their probation revoked and were incarcerated in prison for nearly the entire one-year follow-up period year and one was incarcerated in jail for six months so these participants had no opportunity to reoffend. No graduates spent time in prison in the one year period following program discharge. One graduate spent 26 days in jail for his rearrest, while three of the six terminations served jail time during the year.

Figure 1: Preliminary Rearrest Outcomes by Program Completion



While many drug courts and research studies define “recidivism” as rearrest, the Wisconsin Department of Corrections defines “recidivism” as an offense that results in reincarceration. Thus, reincarceration in jail or prison was also examined as a post-program outcome. Although the sample is extremely small, Figure 2 provides preliminary incarceration outcomes for offenders discharged from First Step who had been at risk in the community after program participation. Analyses revealed statistically significant differences in incarceration outcomes at both six months after program exit ($X^2 = 5.2$, $df=1$, $p<.02$) and at one year after program exit ($X^2 = 3.6$, $df=1$, $p<.05$). Terminations were significantly more likely to be incarcerated (jail or prison) at six months after program exit than graduates, and at one year after program discharge all of the graduates were living in the community, while two-thirds of the terminations were incarcerated.

Figure 2: Preliminary Incarceration Outcomes by Program Completion

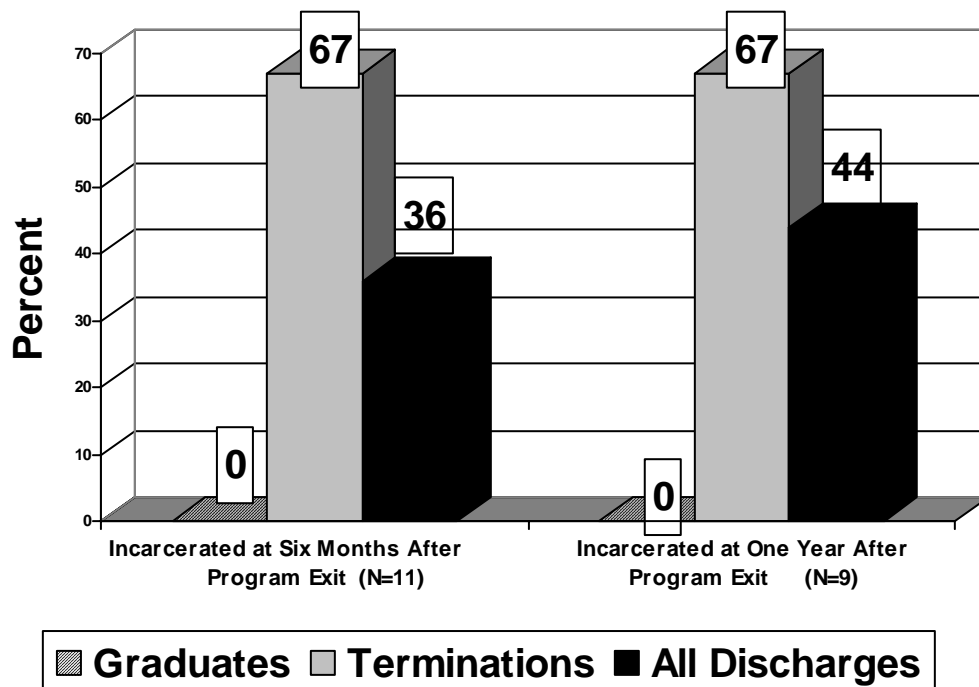


Table 15 provides additional detail on the eleven program discharges who were appropriate for one-year follow-up (had exited the program at least one year prior to the data collection). While none of the differences between groups in outcomes were significant at the traditional 95% confidence level, a few of the measures were marginally significant with this small sample.

Graduates were less likely to be incarcerated at one year after program exit than terminations, and were most commonly living with their parents or with their partners and/or children. Graduates were more likely to have full-time employment and to be compliant with their child support obligations.

While the differences were not statistically significant, none of the terminations were abstinent from alcohol following their discharge from First Step. However, three of the five graduates were abstinent from alcohol at the one-year follow-up and one had maintained abstinence for the entire one-year period. The majority of the graduates were abstinent from drugs following their exit from First Step as only one was cocaine dependent at admission. All of the terminations were abstinent from other drugs (two of the six were assessed as dependent upon marijuana at admission).

First Step graduates were significantly more likely than terminations to participate in any substance abuse treatment in the year following program discharge. There was no significant difference between graduates and terminations with regard to their participation in mental health treatment or educational programming in the year following discharge. None of the program admissions in this follow-up sample were deceased at one year after program exit.

Strengths of First Step Drug Court

The First Step Drug Court fills a gap in the service system and provides comprehensive treatment services to eligible offenders. The program is well-integrated into the Sawyer County criminal case processing and service systems, increasing the likelihood that it will be able to sustain itself after federal funding ends. It has achieved implementation of the Ten Key Components of Drug Courts:

1. *Drug courts integrate alcohol and other drug treatment services with justice system case processing.*
2. *Using a non-adversarial approach, prosecution and defense counsel promote public safety while protecting participants' due process rights.*
3. *Eligible participants are identified early and promptly placed in the drug court program.*
4. *Drug courts provide access to a continuum of alcohol, drug, and other related treatment and rehabilitation services.*
5. *Abstinence is monitored by frequent alcohol and other drug testing.*
6. *A coordinated strategy governs drug court responses to participants' compliance.*
7. *Ongoing judicial interaction with each drug court participant is essential.*
8. *Monitoring and evaluation measure the achievement of program goals and gauge effectiveness.*
9. *Continuing interdisciplinary education promotes effective drug court planning, implementation, and operations.*
10. *Forging partnerships among drug courts, public agencies, and community-based organizations generates local support and enhances drug court program effectiveness. (U.S. Dept of Justice, 1997).*

Table 15: Participant One-Year Post-Discharge Outcomes			
	Graduates (N=5)	Terminations (N=6)	Overall (N=11)
Criminal Justice Status at Follow-up			
No current justice system involvement	40%	16%	27% *
On probation	60	16	37
In jail	0	16	9
In prison	0	50	27
Living Situation at Follow-up			
Incarcerated	0%	67%	36% **
With parents	40	17	27
With spouse/partner and/or children	60	16	37
Employment at Follow-up			
None	20%	67%	46% *
Full-time	60	16	36
Disability (SSI)	20	0	9
Care for children	0	16	9
NOT Compliant with Child Support (for discharges with support obligations only)			
	40%	83%	64% **
Abstinent from alcohol since program exit			
	20%	0%	14%
Abstinent from alcohol at one-year follow-up	60	0	43
Abstinent from drugs since program exit			
	60%	100%	71%
Abstinent from drugs at one-year follow-up	80	100	86
Any AODA Treatment After Program Exit			
None	20%	100%	43% *
Support groups	20	0	14
Outpatient treatment	60	0	43
Any Mental Health Treatment After Program Exit			
	20%	0%	14%
Any Education After Program Exit			
	40%	50%	43%
* difference significant at p<.10 ** difference significant at p<.20			

During these first years of program start-up and implementation, examination of First Step has revealed strengths related to program implementation, program staff, collaboration with local and state organizations, benefits to eligible offenders, and benefits to the local community and criminal justice system.

Program Implementation: First Step has developed necessary policies and procedures related to program implementation, treatment provision, drug testing, electronic monitoring options, rewards/sanctions, legal status hearings with the drug court judge, screening and assessment of substance abuse and mental health issues, and referrals for education and employment services. First Step also developed and implemented a “drug court house” to provide substance-free housing for up to four drug court participants at a time. In addition, First Step has utilized creative rewards for these rural participants that have included (among others) gift certificates to the fishing store, fishing licenses, gasoline gift cards, and movie rentals.

Program staff made extensive efforts to educate local community, attorneys, and service providers through media and informational sessions about the drug court model, program procedures, and program benefits.

The entire drug court team has shown great enthusiasm in modifying the program to improve procedures and services. A wide range of improvements have been made to the program in its first three years of operation (see section on “Program Improvement Activities”) and program improvement is an ongoing process for the group. Staff has shown an extraordinary willingness to participate in evaluation activities including group meetings, participant-level database implementation and revision, and provision of follow-up data on participants.

Drug Court Staff: The members of the First Step team are professional and dedicated individuals. While the team is quite diverse in background, ethnicity, training, and communication style, they have continued to collaborate to benefit the program participants. There is a great deal of compromise that occurs on an ongoing basis. The level of collaboration among drug court team members is also viewed as a strength. The drug court team gets along well and had a strong professional relationship prior to this effort.

First Step also benefits from the involvement of a judge with a wealth of experience who is extremely supportive of the drug court model. First Step has the strength of having had one judge involved from the beginning of the program. In addition, he has shown himself to be a collaborative team member, as well as eager to take steps to improve the quality and quantity of his interaction with participants during status hearings.

Collaboration: First Step has developed solid collaborative relationships with both the city and local tribal police departments, the Division of Community Corrections (probation/parole), and the Wisconsin Department of Corrections (DOC). The team has benefited from the involvement of a probation agent dedicated to the program. The agent attends team meetings, meetings of the treatment team, assists with facilitation of drug court groups, conducts UA testing, and oversees the majority of the electronic monitoring. The program also collaborated with DOC to gather the outcome data related to incarceration for the purposes of this evaluation.

First Step has increased collaboration between the Sawyer County service system and the Lac Courte Oreilles (LCO) tribal service systems. In addition to having LCO representatives on the drug court team proper, First Step has also increased coordination with the LCO treatment providers, tribal police, tribal employers, and tribal housing.

Benefits to Eligible Offenders: Evaluation results suggest that participation in First Step benefits eligible offenders in numerous ways. In addition to participant satisfaction survey results that suggest that participants approve of the program, they receive a wide range of treatment and support services to support their recovery. Preliminary outcome evaluation results suggest that graduates were less likely to be incarcerated after program exit than terminations and were more likely to have full-time employment. A larger proportion of graduates also tend to be abstinent from alcohol after discharge, and were significantly more likely than terminations to participate in any substance abuse treatment in the year following program discharge.

Benefits to the Local Community and Criminal Justice System: Another strength of the program is its ability to provide social and fiscal benefits to the local community. More than one-half (53 percent) of the graduates had their sentences reduced as a result of successful drug court completion, saving a total of 5,554 incarceration days through diversion of offenders into First Step. In addition, First Step participants each paid an average of \$457 in fines, fees, and restitution during their participation for a total of \$8,219 paid, and the 468 hours of community service performed by participants to date provided an estimated \$3,042 of service to the community (using an hourly rate of \$6.50 per hour). Intangible benefits to the community of increased employment, increased payroll taxes, increased awareness of the impacts of substance abuse, and decreased criminal activity by program participants have also accrued to this small, rural community.

Decreased rearrest and reincarceration also benefit the local and state criminal justice systems. None of the graduates were charged with new offenses while in the program, while nearly one-half of the terminations were. Preliminary analyses of rearrest rates for program discharges indicated that 80 percent of the graduates and 75 percent of terminations were not rearrested by six months after First Step discharge. Sixty-seven percent of the graduates and 75 percent of terminations were not rearrested by one year after First Step discharge. First Step graduates were significantly less likely to be incarcerated (jail or prison) at both six months and one year after program exit than terminations.

Challenges/Barriers

First Step has encountered a variety of challenges and barriers to implementation. However, the team has consistently acknowledged problems when identified, worked together to develop solutions, and doggedly attempted to address each challenge. These challenges and barriers included a smaller number of referrals than anticipated, the design of the drug court model, the lack of cooperation on the part of the Sawyer County Sheriff's Department, the presence of one judge for the entire county, the presence of a half-time (rather than full-time) drug court coordinator, the rural setting, some difficulties in communication between county and

tribal representatives on the drug court team, implementation of an integrated treatment plan for participants, and the use of jail as a sanction for program or rule violations.

Smaller Than Anticipated Number of Admissions: While First Step originally anticipated a capacity of up to 60 admissions per year, a wide variety of factors inhibited admission to the program: a smaller than anticipated number of referrals, a lack of incentive to participate built into the post-plea model, no easy point of referral, significant delays between referral and admission, the reluctance of offenders to achieve sobriety, and strict eligibility requirements which narrowed the pool of potential admissions.

Post-Plea Model: The post-plea model offers little incentive to enroll for some offenders and virtually no legal benefit for many misdemeanants to enroll. If the offender completes drug court the original sentence is stayed, but the charge and guilty plea remain on their record. If the offender does not successfully complete drug court the original sentence is imposed. This has resulted in difficulties both in convincing attorneys to consider drug courts as a viable option for their clients and in persuading eligible offenders to enroll.

County Has One Judge: While the presence of the drug court judge has been a notable strength of First Step due to his high level of support and involvement, the fact that he is the only judge for the entire county has also been a challenge at times. Jury trials, regularly scheduled court sessions, vacation, and training have caused drug court to occasionally be postponed, rescheduled, or cancelled. It also limited First Step's ability to hold drug court status hearings more than twice per month for the first years of the program. In addition, the judge is often in the unique position of presiding over cases of community members who he knows personally, as well as presiding over traffic or civil cases of persons who he has sentenced in criminal court.

Lack of Cooperation of Sawyer County Sheriff: Collaboration with the Sawyer County Sheriff's Department has been an ongoing challenge for First Step. When First Step staff attended drug court training in 2003 the sheriff was very supportive of the effort, but a new sheriff took office just prior to application for drug court funding in 2004. The new sheriff agreed to sign the memoranda of agreement for drug court in February 2004. Since then he has been consistently clear that he does not support the drug court, to the extent that he did not respond when specifically asked for a position statement during Summer 2006. In spite of numerous attempts on behalf of the drug court team during the past three years to improve collaboration, communication, and coordination with the Sheriff's Department, barriers caused by this lack of cooperation continue to exist. The following are some examples of these barriers:

- The sheriff denied access to First Step to screen jail inmates for AODA problems. While the proposed design for the program called for the jail nurse to screen all jail admissions utilizing the TAAD substance use screen, this has not been accomplished in practice as the jail nurse is contracted by the sheriff's department.
- A sheriff's deputy was a member of the team from February 2004 through May 2005, but a replacement was not appointed to represent the sheriff's department when the deputy could no longer attend drug court team meetings due to a shift change. A representative of the Hayward Police Department was then selected to represent law enforcement on the team.

- The Sheriff's Department was contracted (at \$1,000 per month) to conduct curfew checks for drug court participants in February 2007, but then stopped in June 2007 due to lack of staff.
- The sheriff denied First Step's request to provide drug court informational materials to jail inmates via the jail library.
- The sheriff denied First Step's request to allow work release eligible inmates to attend substance abuse treatment or allow program staff to provide weekly treatment using a group room at the newly renovated jail for participants serving mandatory OWI sentences. This request was denied even though faith-based providers are allowed to provide programming for other jail inmates.

Half-Time Drug Court Coordinator: The drug court coordinator has a variety of responsibilities that include participant-level, program-level, and system-level tasks. The coordinator receives and responds to referrals and participates in participant staffing discussions, but she also schedules the court calendar, coordinates and chairs team meetings, and coordinates rewards and sanctions. In addition, the coordinator is responsible for system-level tasks such as policy development and revision, and information dissemination and media efforts. It should also be noted that the coordinator is also partially responsible for operation of the county's community service program through a job-sharing agreement.

The fact that the current coordinator has been able to perform these tasks on a half-time basis is a credit to the organizational skills and dedication of the coordinator, but the lack of a full-time person in this position has presented some challenges for First Step. There have been lingering effects from delayed responses to referrals from attorneys at the beginning of the project. The coordinator's presence in the office two days per week can limit her ability to address all of the participant, program, and system issues that require attention on an ongoing basis. It leaves little time for program improvement activities, community education, policy revision, training, and program promotion.

Rural Setting: The rural setting of First Step presents challenges to drug court implementation due to the lack of: transportation, treatment options and support group meetings, gender-specific services, and other community support services. Providing treatment in a rural setting comes with its own unique attitudinal and logistic challenges: "A number of barriers to substance abuse treatment in rural areas have been identified. Among these are the perceived social stigma associated with substance abuse treatment, geographical isolation, and financial burden as health plans shift greater financial responsibility to the patient leading to a reduction in services used" (Hutchison & Blakely, 2003).

This rural area also has limited local substance abuse and mental health treatment options available for drug court participants. The residential, halfway house, or inpatient substance abuse treatment facilities are outside of Sawyer County. While this is not unique to First Step, it is unique to rural areas: "There are a number of contributors to the growing prevalence of substance abuse in rural areas. Among these are the lack of access to treatment programs in rural areas combined with the reluctance of substance abusers to seek available treatment" (Hutchison & Blakely, 2003). Outpatient treatment is available through the County Department of Health and Human Services and through the LCO Tribal Community Health Center. Mental health

assessment and treatment services are limited to a single agency in Hayward. Having few local providers can result in delays for assessment (particularly mental health), delays in receiving assessment results, and waiting lists for services.

Lack of transportation for First Step participants presents numerous challenges. Public transportation is limited to a county “transit” system with only local service, and therefore staff frequently drive participants to residential, halfway house, or inpatient treatment facilities (some hours distant). Arranging transportation for regularly scheduled outpatient treatment, drug court therapy groups, urinalysis testing, court hearings, and support groups can be logistically complicated for many drug court participants. This is particularly true for offenders who have lost their driver’s license, do not have vehicles, or do not have funds for insurance.

Limited housing options for drug court participants can also present a barrier to successful treatment participation and recovery. Many of the participants have alienated family and friends by the time they reach drug court and cannot live with them. Identify family or friends who are willing to agree to prohibit alcohol use on the premises while the participant lives with them can also be difficult. First Step has encountered challenges finding safe and substance-free housing for participants who are waiting to enter residential treatment, have been terminated from residential treatment, or have been kicked out of halfway houses. While First Step was able to develop and operate a local “drug court house” during 2006, the residence could only hold up to four participants and was limited to a single gender at a time.

Sawyer County contracts with LCO to provide outpatient treatment for Native American Indian drug court participants. The Native American Indian participants receive group outpatient treatment through LCO Community Health Center located on the nearby reservation, while non-Indian participants receive both individual and group outpatient treatment through Sawyer County. The team has been working toward increased collaboration with the tribal council to resolve this disparity. Communication has deteriorated somewhat with difficulties in scheduling meetings, receiving paperwork, and obtaining feedback during program improvement efforts.

The development and implementation of an integrated case management and treatment plan for drug court participants has also proven difficult. The team experienced difficulty defining essential components of the treatment plan, as well as developing procedures for consistently updating the content. While the case managers could track progress on program compliance and provision of support services, obtaining treatment plans and periodic progress updates from the LCO treatment providers on the team proved to be more difficult.

An additional challenge for First Step has been the use of jail as a sanction for program or rules violations. While jail can provide a “wake-up call” for some offenders, it can also have a negative impact on provision of program services. In one instance, using jail as a sanction caused a participant to lose his job. In other instances having participants in the jail with general population inmates can spread negative attitudes about the program to other potential admissions who are currently housed in the jail. This is a particular concern in light of the sheriff’s unwillingness to allow First Step staff into the jail to counsel current participants housed there.

Finally, and perhaps most importantly, this rural setting is one in which alcohol use is widespread and excessive alcohol use is the norm. Wisconsin's statewide binge drinking rate is 24.2 percent, in St. Croix County which neighbors Sawyer County the binge drinking rate is 29.8 percent, and the binge drinking rate among Native American Indians in Wisconsin from 2001-2005 was 33 percent (Wisconsin Department of Health and Family Services, 2006). To understand how ingrained and pervasive alcohol use is in Wisconsin it takes more than citing our binge drinking statistics to get an accurate picture. It takes an acknowledgement that alcohol is consumed (often excessively) at high school graduation parties, Friday night fish fries, baptism celebrations, funerals, baby showers, church picnics, weddings, anniversary parties, beer tents at community festivals, softball tournaments, family picnics, charity events, company picnics, beer tents at county fairs, golf outings, bowling leagues, and professional sporting events. This normalization of alcohol use at a wide variety of family-oriented gatherings does not support the recovery efforts of drug court participants. A Wisconsin study of substance abuse supports this finding, stating that "By tradition, alcohol is by far the most widely abused drug in rural areas. It is seen by many as a normal part of growing up, and as an essential component of all social events and celebrations" (Heneman, 1994).

DISCUSSION/CONCLUSIONS

Sawyer County has successfully developed and implemented a drug treatment court in Hayward, Wisconsin. The First Step team has worked diligently to meet its original program objectives and to integrate program services and procedures into the existing service system. First Step admitted 32 offenders during its first 2 ½ years of operation, with a successful graduation rate of 41 percent. Participants received a variety of substance abuse treatment, mental health treatment, employment, educational, financial, housing, and other support services. During this period First Step saved an estimated 5,554 incarceration days through diversion of drug court participants, collected more than \$8,000 in fines, fees, and restitution, and facilitated 468 hours of community service performed by participants.

Conducting process evaluation activities during the initial program implementation period has resulted in numerous modifications and improvements to First Step policies, procedures, and services. However, conducting outcome evaluation of such a new program while it is still evolving present the challenges of sample sizes too small to draw definitive conclusions, as well as difficulties defining the treatment intervention while it is under near constant change. Other researchers agree that outcome evaluation should be delayed until a program has stabilized: "...The early implementation period of a drug court is not the best period to choose to examine the court's effectiveness"(Finigan, Carey, and Cox, 2007).

However, the preliminary outcome evaluation results suggest that First Step may increase the chances of successful substance abuse recovery and decrease the recidivism of this population of non-violent offenders. As the evaluation design did not include a randomized control group or a matched comparison group, a literature review was conducted to search for rearrest and reincarceration rates against which to compare our preliminary outcome findings. Few studies gather data on outcomes after drug court exit as we did, fewer studies document the outcomes of all drug court admissions (many focus exclusively on graduates), and we could not

identify any that reported reincarceration at one year after program exit as a measured outcome. In addition, no literature was found that reported outcome related to substance use, employment, education, or living situation.

Table 16 presents an overview of First Step’s preliminary recidivism results, as well as some recidivism results from other state and national studies. Please note that the small sample of First Step graduates who were appropriate for follow-up severely limits the interpretation and comparability of the results – the state and national figures are presented only to provide the reader with some rough parameters against which to gauge First Step’s future recidivism results based on a larger sample. However, the vast majority of these studies were conducted with urban drug courts which a population of offenders that differ significantly from the First Step participants with regard to race, substance use type/severity, and legal consequences for drug court non-completion.

Table 16: Comparison of First Step Preliminary Outcomes With Relevant Drug Court Studies			
Measure	First Step Graduates	All First Step Participants	Other Studies
In-program rearrest	0%	28%	7% of <u>graduates</u> rearrested in Washington program 8%-12% of <u>graduates</u> rearrested in Delaware program 29% of <u>participants</u> rearrested in New York program 19% of <u>participants</u> rearrested in Iowa program 17% of <u>participants</u> rearrested in California program (National Association of Drug Court Professionals, 2004)
Program completion/ graduation	NA	41%	43% graduated from Oregon drug court (Finigan, M., Carey, S., and A. Cox, 2007) 27%-66% program completion rates for 39 adult drug court programs (U.S. GAO, 2005) 50.4% Missouri graduation rate and national graduation rate of 49.8% (Institute of Public Policy, 2005)
Rearrest One Year After Exit	33% (1 of 3)	29%	16% of 17,000 <u>graduates</u> were rearrested within one year after graduation (Roman, Townsend, and Bhati, 2003) 26% of <u>participants</u> rearrested one year after drug court exit (Harrell, Cavanagh, and Roman, 1998) 24% of Los Angeles <u>participants</u> rearrested at one year post-court (Fielding, Tye, Ogawa, Imam, and Long, 2002) 13% of Texas <u>participants</u> rearrested by one year after program exit (National Association of Drug Court Professionals, No Year) 12-23% of <u>participants</u> rearrested one-year post-program for New York courts (Rempel, Fox-Kralstein, Cissner, Cohen, Labriola, Farole, Bader, and Magnani , 2003)
Reincarcerated At One Year After Program Exit	0%	44%	No comparable rates identified in the literature

Recommendations for Improvement

Many improvements have been made to the program and further improvements are currently underway (see section on Program Improvement Activities). Several program improvement workplans have been developed over the course of the project that detail specific program improvement efforts, the persons responsible, and completion dates. These have also included the creation of a marketing/media workgroup, a violations/sanctions workgroup, development of a sustainability workplan, and other program improvement workplans.

The First Step team should continue to discuss and prioritize the additional following recommendations to improve program structure, staffing, collaboration, and services:

Administrative/System-Level Recommendations:

1. Update and revise original program goals and objectives to represent current program
2. Increase dissemination of drug court information through adding First Step information to the webpages for Sawyer County, Department of Health and Human Services, and the Wisconsin Association of Drug Court Professionals
3. Continue to improve communication and collaboration with the Sheriff's Department
4. Continue to work on collaboration with LCO
5. Continue to explore connections with the local faith-based community organizations
6. Continue to educate the public about the positive impacts of the drug court model, including addressing any outdated attitudes that incarceration alone will reduce recidivism and improve offender outcomes
7. Consider expanding the drug court coordinator position from part-time to full-time
8. Continue to proceed with hiring a program "tracker" to assist the program with curfew checks and home visits
9. First Step team members should continue to schedule time to discuss program-level and system-level issues on a periodic basis (at least semi-annually), including time specifically designated to discuss staffing and communication issues.
10. The First Step director and drug court coordinator should share program-level progress reports with all drug court team members
11. Continue to utilize the participant database and designate a staff person to learn how to summarize the data it contains and periodically do so
12. Develop or revise program policies related to:
 - a. Better documenting and verifying support group attendance
 - b. Participant readmission
 - c. Services for participants with mental health problems, medical issues, or on medication
 - d. Maintaining contact with participants away at residential treatment
13. The program director should proceed with requesting expanded funding from the Sawyer County Board to continue program operation, including the possibility of funding for at least one full-time case manager after BJA funding ends
14. First Step should continue to work toward sustainability by further integrating itself into the existing service system, including utilizing probation/parole for drug testing and electronic monitoring

Program-Level Recommendations:

1. Continue to reach out to attorneys to increase the number of appropriate referrals
2. Distribute drug court informational materials to jail inmates to improve recruitment
3. Continue to identify ways to decrease delays between:
 - a. referral and admission decision
 - b. admission and substance abuse/mental health assessment
 - c. admission and substance abuse treatment entry
4. Revise procedures for offender screening/assessment to improve the utility of results in treatment planning
5. Continue to develop a comprehensive integrated treatment plan and procedures for reliable updating of information in the plan
6. Improve communication about treatment plans between case managers and LCO staff
7. Develop an individualized reward and sanction plan for each participant
8. Better utilize the criminal risk/need data collected to improve treatment planning, appropriately implement varying rewards and sanctions (frequency and type), and determine the optimal number of required court status hearings. Research supports that these techniques are likely to improve the outcomes of participants as risk level is “a significant predictor and was associated with a doubling of the effectiveness of the drug court programs” (Lowenkamp, Holsinger, and Latessa, 2005).
9. Provide all drug court participants (regardless of where outpatient treatment is received) with consistent and appropriate levels of both individual and group counseling
10. Create additional required drug court group (for a total of two per week) that would include focus on criminal thinking errors
11. Develop a plan for continued support and involvement of drug court graduates/alumni
12. Have unemployed participants perform community service full-time or keep a daily activity log to encourage development of productive social roles
13. Continue with planning and implementation of a drug court treatment or halfway house facility to provide housing for drug court participants
14. Explore the feasibility of having releasing participants from jail to participate in substance abuse treatment (similar to work release) and seek the support of the jail administrator for these activities

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