

INDIANA DRUG COURTS: A SUMMARY OF EVALUATION FINDINGS IN FIVE ADULT PROGRAMS

Indiana’s drug court movement began in 1996 with two drug courts that hoped to mirror the successes of the Court Alcohol and Drug Programs. As the number of drug courts grew in Indiana, a subcommittee was formed to consider the possibility of developing a certification program for drug courts. In 2002, the Indiana General Assembly enacted drug court legislation. By 2003, drug court rules were adopted which provided a framework for certification of drug courts operating under state statute. Only 11 years after drug courts began in Indiana, there are now 28 courts—25 adult and 3 juvenile, and five more in the planning phases.

In 2006-2007, NPC Research contracted with the Indiana Judicial Center (IJC) and performed process, outcome and cost studies of five adult drug courts in Indiana. This report highlights the major findings.

What programs participated in this evaluation?

Table 1 provides some basic information on each of the adult drug court programs that participated in this study.

Table 1. Program Descriptions

	Drug Court #1	Drug Court #2	Drug Court #3	Drug Court #4	Drug Court #5
DC start year	2001	1998	1996	1997	1999
IJC certification date	March '05	April '04	May '04	October '04	May '05
Minimum duration of DC program (in months)	18	12	Class D felony= 18 Class C felony= 24 OVWI = 36	12	24
Participants enrolled since start*	203	789	697	465	246
Capacity	100	200	100	100	Undetermined
Target population	Nonviolent, non-dealing drug-related or non-drug-related offenders	Nonviolent, non-dealing, substance-abusing offenders	Nonviolent, non-dealing, substance-abusing OVWI and felony offenders	Nonviolent, non-dealing drug or drug-related offenses	Nonviolent, non-dealing felony offenders
Sample: All participants enrolled during time period**	4/17/02 – 6/30/05	4/1/02 – 12/31/04	1/1/02 – 12/31/04	1/1/02 – 6/30/05	1/1/02 – 6/30/05

*Estimates, not verified by NPC Research **Follow-up interval for all sites was through 6/30/06

RESULTS

Are the Indiana Drug Courts Following the Ten Key Components of Drug Courts?

Yes. The drug courts that participated in this evaluation had a strong foundation in the Ten Key Components.

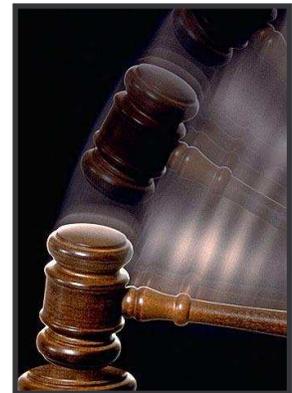
The adult drug treatment courts participating in this evaluation had many characteristics that closely follow the *10 Key Components* (NADCP, 1997) of drug courts. In the majority of these courts, the teams are composed of partners from many different treatment, judicial and community agencies, and generally worked collaboratively. One court, however, would benefit from greater unity among team members; consistent, immediate, and appropriate implementation of sanctions; and intervention programs targeting their unique client population. In all five courts, participants have access to a wide array of treatment and ancillary services.

All the drug court programs expressed concern around securing and maintaining adequate funding, especially to address issues specific to their unique client populations. The aftercare component of programs is crucial and merits increased attention. While all programs support staff training, the incorporation of cultural competency to address the differences in success between Whites and African Americans is merited. Ongoing professional development would increase staff skills and contribute to enhanced program quality. The drug courts should continue to build on their strong community connections and support from various facets of the community, including businesses and places of worship.

Does the participant population differ in different drug court programs?

Yes. The participant population in each program varies widely.

Table 2 shows that the program participants at each site differ on all characteristics except for age. As the average participant age for the five programs is 31-33 years (and is also the average age for drug courts nationally), this is perhaps the optimal age to target services in Indiana adult drug court programs. There were wide ranges in drug of choice (DOC) between the courts. For example, methamphetamine as the primary DOC ranged from less than 1% to 38%; alcohol from 7% to 60% and the percentage of males in the courts varied from 46% in one court to 81% in another. Further, ethnicity ranged from 48% to 91% White.



Because of these large differences in court population, the drug courts are not comparable. These differences in participant demographics can create differences in drug court participant outcomes; therefore **the evaluation results for these programs cannot be directly compared.**

Table 2. Participant Characteristics from Five Drug Courts*

	Drug Court #1	Drug Court #2	Drug Court #3	Drug Court #4	Drug Court #5
Gender	55% male 45% female	46% male 54% female	81% male 19% female	64% male 36% female	76% male 24% female
Ethnicity					
White	78%	48%	91%	67%	97%
African American	20%	49%	8%	30%	2%
Other	2%	3%	1%	3%	1%
Average age at start	31 years	32 years	33 years	32 years	33 years
Median	30 years	31 years	31 years	31 years	32 years
Range	18-60 years	18-55 years	19-56 years	18-55 years	19-60 years
Drug of Choice (DOC)					
Cocaine/crack	22%	37%	5%	30%	6%
Marijuana	32%	36%	18%	52%	8%
Methamphetamine	27%	1%	38%	<1%	3%
Opiates	4%	12%	7%	3%	7%
Alcohol	7%	7%	32%	9%	60%
Prescription Drugs	7%	3%	Unreported	3%	8%
Other	1%	4%	0%	3%	7%
% Missing DOC	8%	6%	1%	5%	0%
Average number of arrests in the 2 years prior to program entry**	1.8	1.4	0.9	0.4	1.7
Range	0-12	1-11	0-10	0-3	0-8

*Participant characteristics are based on demographics of study sample

** For Courts # 1, 2 and 5, drug court participants had a higher average number of arrests in the 2 years prior to program entry than the comparison group members.

Despite these demographic differences, the five courts had similar **graduation (completion) rates of 50% to 56%** - all above the national average of 48% for drug court programs. In addition, these graduation rates are more than one-third higher than the national completion rate (35%) for intensive (non-court monitored) outpatient treatment (SAMHSA, 2002). This highlights the benefit of court monitoring in these programs in that the authority of the court leads to participants staying in the program longer, and to higher completion rates.

Do Indiana drug courts reduce recidivism (re-arrests)?

Yes. Graduates at all five programs had substantially lower re-arrest rates.

All participants (regardless of graduation status), at four out of the five drug courts, also had significantly lower re-arrest rates.

Figure 1: Re-Arrest Rates for Graduates, All Drug Court Participants and the Comparison Group

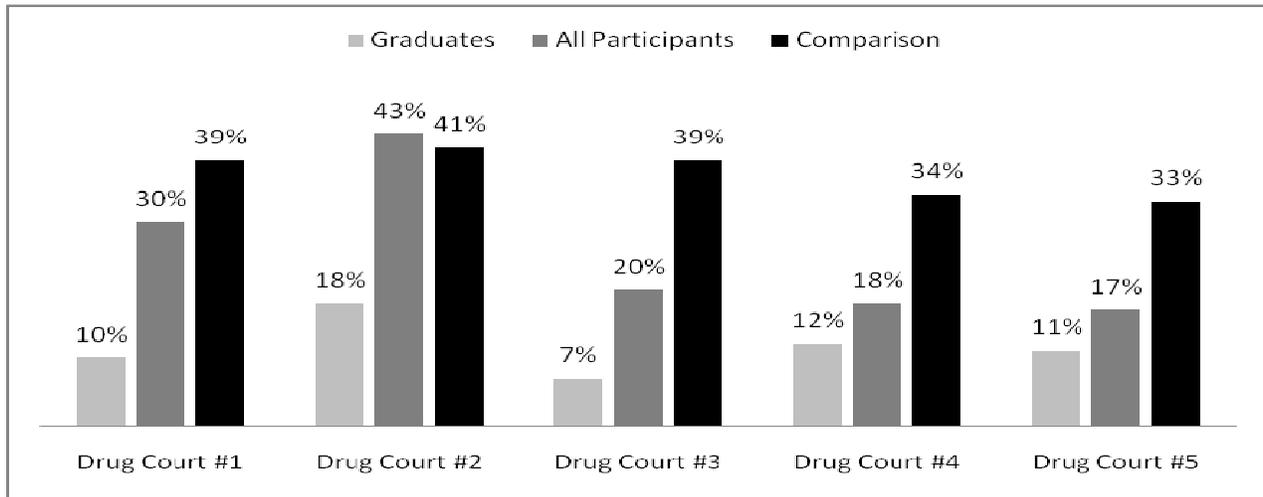


Figure 1 shows that recidivism (re-arrest) rates¹ two years after program entry for program *graduates* were substantially lower for all five courts compared to similar offenders who were eligible for drug court but did not participate. Recidivism rates for *all participants* (regardless of completion status) were lower for all programs except one. The court that did not demonstrate lower recidivism for all participants had process concerns including issues with drug court team cooperation, appropriateness and timeliness of sanctions, and intervention services specific for their clients' prostitution issues. Resolution of these process concerns should contribute to a future decrease in recidivism.

Do Indiana drug courts save taxpayer money?

Yes. All five programs showed cost savings due to reduced recidivism for drug court participants.

The average cost savings over the 2-year follow-up period to the local agencies and state ranged from **\$314 to \$7,040 per participant** (see Table 3).² These savings are due to positive drug court participant outcomes including fewer re-arrests, fewer court cases, less probation time, less jail time, and less prison time relative to the comparison group. Other less tangible but important savings that were not factored into these costs include an increase in the number of drug-free babies born, a decrease in health care expenses, and drug court participants working and paying taxes. Overall, across all five courts and based on the number of clients served to date, the outcome savings to local agencies and to the state of Indiana was greater than **seven million dollars** (this translates to **3.5 million saved per year**).

¹ Recidivism rates are defined in this study as the number, or percentage, of participants who were re-arrested at least once in the two years after program entry out of the total number of participants in the sample.

² Given the numerous differences between the five courts, care must be taken when comparing savings between courts.

Table 3. Cost Savings for Drug Court Participants over Two Years from Program Entry

	Drug Court #1	Drug Court #2	Drug Court #3	Drug Court #4	Drug Court #5
Cost savings per drug court participant	\$1,570	\$314	\$4,250	\$4,133	\$7,040
Total cost savings for all participants since program implementation*	\$318,710	\$247,746	\$2,962,250	\$1,921,845	\$1,408,840
Total savings to local agencies and state = \$7,183,088					

*Savings per participant multiplied by the number of participants that enrolled since program implementation.

Is there a return on taxpayer investment in Indiana drug courts?

Yes. Over time, there can be a return of up to \$5.37 for every \$1.00 invested in the program.

After investment costs are repaid (from the cost savings due to lower recidivism), savings continue to accrue every year, resulting in a continuously growing return on taxpayer investment. For example, if savings for Drug Court #4 continue to accrue at the same rate for the next five years, for every dollar spent on the program there is a return of **\$2.69**. After ten years, the rate of return would be **\$5.37** on the dollar. Research has shown that these savings can continue to accrue for at least 14 years after drug court participation (Finigan, Carey and Cox, 2007). Return rates (or the cost-benefit ratio) will differ between drug courts depending on the investment cost in the program and the amount of savings accrued each year.

Summary

In spite of the differences in demographics as well as drug court characteristics and practices, all programs experienced a graduation rate above the national average, and cost-savings to local agencies and the state of Indiana. The combined savings associated with all five drug courts totaled over **\$7 million**.

Results of this study showed that these five Indiana drug courts:

- Reduced recidivism (up to 50%)
- Increased treatment completion rates above the national average
- Showed a yearly savings of \$3.5 million in taxpayer dollars
- Can produce a return up to \$5.37 for every \$1.00 invested in drug court

