

Mercyhurst College Civic Institute



ERIE COUNTY ADULT DRUG TREATMENT COURT EVALUATION LEVEL III & IV OFFENDERS

Grant Period July 1, 2005 - June 30, 2006

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INTRODUCTION

Drug courts represent one of a number of relatively new specialty courts that have propagated throughout the country during the past two decades. With an approach to jurisprudence that involves more prolonged and intensive supervision and treatment, coupled with a level of coordination among criminal justice and treatment professionals that has not been seen heretofore, drug courts have consistently proven to be successful in reducing the number of offenders that relapse into drug use and recidivate.

Research has indicated that drug arrests constitute a large and growing population within federal, state and local jails, as well as probation departments. Additionally, the costs on the criminal justice system are causing widespread ramifications. The following information demonstrates the complexity of the problem at hand:

- Various surveys conducted in 1997-98 revealed that approximately 70% of jail inmates committed drug-related offenses or used drugs regularly (Wilson, 2000).
- Over 80% of state prisoners and more than 70% of federal prisoners reported prior drug use (Mumola, 1999).
- An estimated 1 of 6 convicted jail inmates committed their offenses to get money for drugs (Mumola, 2000).
- Incarceration of drug-using offenders costs between \$20,000 and \$50,000 per person per year. The capital costs of building a prison cell can be as much as \$80,000 per. In contrast, a comprehensive drug court system typically costs less than \$2,500 annually for each offender (National Association of Drug Court Professionals, 2003).
- In the 1997 Survey of Inmates in State and Federal Correctional Facilities, 33% of state prisoners and 22% of federal prisoners said they had committed their current offense while under the influence of drugs. Drug offenders (42%) and property offenders (37%) reported the highest incidence of drug use at the time of the offense (Mumola, 1999).
- A study conducted by Columbia University's National Center on Addiction and Substance Abuse in 2001 indicated that the average recidivism rate for those who complete the drug court program is between 4% and 29% as compared to 48% for those who do not participate in a drug court program (National Association of Drug Court Professionals, 2003).

The drug court model was nationally adopted in the 1980s in response to several factors. During this time the courts were overloaded with drug cases and drug-involved offenders, spreading court resources very thin. Thus, the first drug courts started in the United States under the belief that drug courts could alleviate overburdened justice systems and correctional facilities. Drug courts operate under the realization that incarceration itself does little to break the cycle of recidivism once offenders are released, and that drug abuse treatment is demonstrably effective in reducing both drug addiction and drug-related crimes.

Currently, there are well over 1,600 drug courts in operation across the United States, and many more communities are developing their own systems (www.unodc.org/newsletter, 2005). In fact, the success of US drug courts has led to the development of these programs in Europe, Canada, Australia and South America. Research that has been conducted since the inception of the first drug court has consistently reflected five key outcomes:

1. Drug courts provide more comprehensive and closer supervision of the drug-using offender than other forms of community supervision.
2. Drug use and criminal behavior are substantially reduced while clients are participating in drug court.
3. Criminal behavior is lower after program participation, especially for graduates.



4. Drug courts generate costs savings, at least in the short term, from reduced jail/prison use, reduced criminality, and lower criminal justice system costs.
5. Drug courts have been quite successful in bridging the gap between the court and the treatment/public health systems and spurring greater cooperation among the various agencies and personnel within the criminal justice system, as well as between the criminal justice system and the community.

Drug courts also serve a vulnerable population. One review of drug courts noted the following statistics (Belenko, 2002):

- 74% of participants had prior felony convictions
- 49% were unemployed at the time of arrest
- 76% had undergone prior failed drug treatment
- 20% had attempted suicide
- Between 15% and 56% had reported past sexual or physical abuse

It has also been noted that drug courts reduce substance abuse and re-offences both during and after court participation (Belenko, 2002). Treatment has been shown to work if substance abusers maintain their involvement in the program. With the minimum effective durations said to be around 12 months, it is important for the participant to continue with the program and not drop out should difficulty persist (Boone, Freeman-Wilson and Huddleston, 2004).

PROGRAM OVERVIEW

This report is an evaluation of the active, graduated, and revoked Level III & IV participants of the Erie County Drug Treatment Court Program, and is funded by a grant stemming from the Pennsylvania Commission on Crime and Delinquency (PCCD). This specific report pertains to grant period July 1, 2005 through June 30, 2006.

Background

Information contained within this report regarding the structure and operation of the Erie County Drug Court was taken from the *Erie County Treatment Court Policy and Procedures Manual* which was developed by the Erie County Court of Common Pleas in March of 2002.

The Erie County Drug Treatment Court (ECDTC) was developed to handle cases involving non-violent, seriously mentally ill or drug-abusing offenders. The Treatment Court consists of an adult drug court as well as an adult mental health court. The two adult specialty courts, drug and mental health, exist and operate under the umbrella Treatment Court in Erie County.

Mission Statement

“To improve the quality of life in Erie County by reducing the criminal activity of the seriously mentally ill and substance abusing offender. Additionally, we are attempting to reduce decompensation of the seriously mentally ill and prevent the substance abuser from relapsing back into drug usage. We intend to utilize comprehensive, individualized treatment services on a cost effective basis, therefore a higher success rate of rehabilitation will be realized. This will result in a corresponding decrease in the criminal docket, demand for jail space, and a decrease in psychiatric hospital admissions.”



Program & Treatment Providers

The ECDTC is a collaboration involving the Erie County Court of Common Pleas, Sixth Judicial District, Erie County Public Defender's Office, Erie County District Attorney's Office, Erie County Office of Human Services, Office of Drug and Alcohol Abuse, Office of Mental Health/Mental Retardation, Case Management Support Services, Erie County Adult Probation/Parole Department, Erie County Prison, Mercyhurst Civic Institute, and Erie area drug and alcohol and mental health treatment providers.

Offender Levels & Program Eligibility

The ECDTC accepts offenders classified as Level I, II, III or IV according to current sentencing guidelines implemented by the Pennsylvania Commission of Sentencing. These guidelines correlate with the severity of the instant offense, as well as criminal record.

From these guidelines, two main groups are established for comparison purposes:

- Lower Level Offenders: Levels I & II
- Higher Level Offenders: Levels III & IV

Cases involving lower level offenders typically enter as pre-adjudication cases on an Accelerated Rehabilitative Disposition (ARD). For these offenders, successful completion of the ECDTC program generally results in case expungement. Drug court graduation typically follows a successful completion of a drug court sentence; however, individuals may also be required to complete a post-program probationary period, depending on the number and severity of offenses.

Higher-level offenders generally enter the program as post-adjudication cases, in which program participation is utilized in lieu of traditional incarceration. Eligible candidates for the ECDTC program include adult defendants who are awaiting a preliminary hearing before a District Justice, or are detained pretrial for non-violent criminal offenses with no additional criminal charges pending. In addition, substance abuse or addiction must be strongly indicated by the instant offense, criminal record, prior history, or personal contacts. The defendants cannot have prior convictions including previous juvenile adjudications for any of the following:

- a) 3121-Rape
- b) 3122.1-Statutory Sexual Assault
- c) 3123-Involuntary Deviate Sexual Intercourse
- d) 3124.1-Sexual Assault
- e) 3125-Aggravated Indecent Assault
- f) 3126-Indecent Assault
- g) 3127-Indecent Exposure
- h) 2702-Aggravated Assault With a Weapon
- i) Violent felony convictions
- j) Firearms convictions

Participants who consistently attended treatment court hearings, completed community service requirements, and submitted negative urine samples, were eligible for a drawing where they could win prizes and incentives. For instance, YMCA passes and gift certificates for local retail establishments could be awarded. Verbal praise from the judge was also a positive reinforcement. Both would hopefully lead to entry into the next phase of the program.



LEVEL III & IV POPULATION DESCRIPTION

Demographics

The following data stems from information collected by staff of the Erie County Drug Treatment Court, grant period July 1, 2005 through June 30, 2006. During this period, there were 25 individuals taking part in the program. Of these, the ratio of males to females was 4-to-1 (Figure 1). The largest racial group was Caucasian (Figure 2). The youngest person admitted to the program was 19 years of age, and the oldest was 54; the average age at admittance was 31 years (Figure 3).

Figure 1

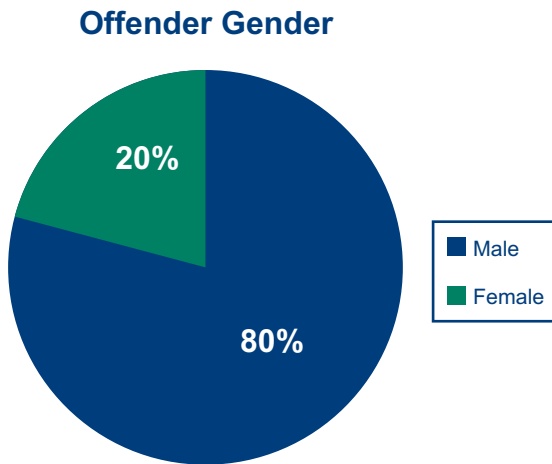


Figure 2

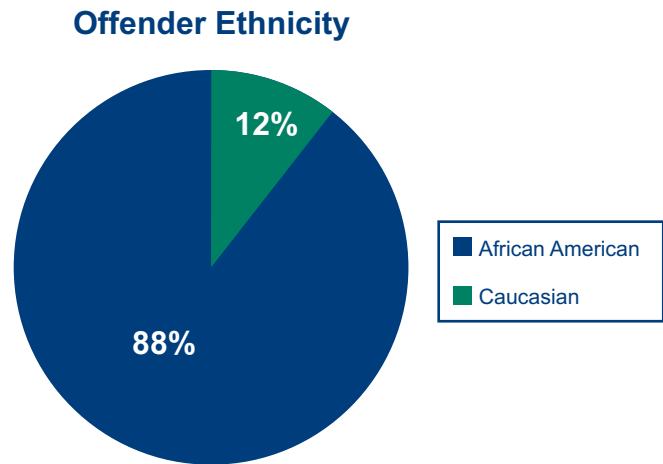


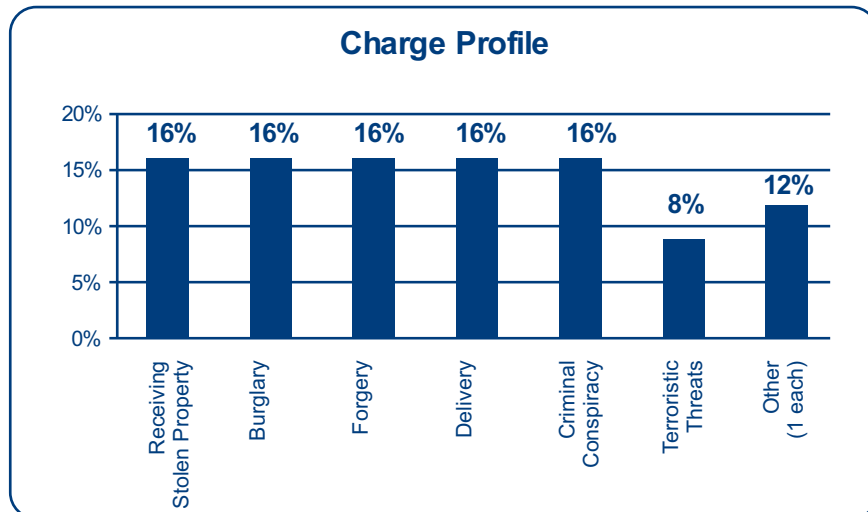
Figure 3

Offender Age at Admission	
Average	31
Youngest	19
Oldest	54

Charge Profile

Most of the participants had multiple charges brought against them; however, the severity of each charge varied. The following data represents the most severe charge brought against each of the 25 participants. The most severe charges brought against Level III & IV participants were evenly distributed. Five different charges comprised 80% of the total evenly distributed.

Figure 4





As mentioned previously, most of the participants in the program have had multiple charges brought against them. Some were drug related, while others were non-drug. Taking into account the previously mentioned most serious charge, Figure 5 illustrates the breakdown between the two categories.

Figure 5

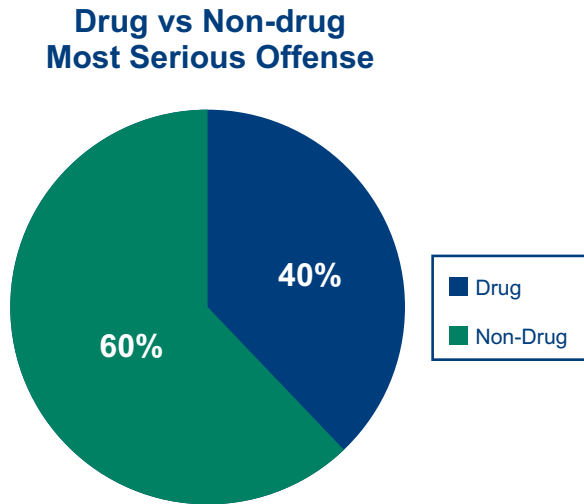


Figure 6

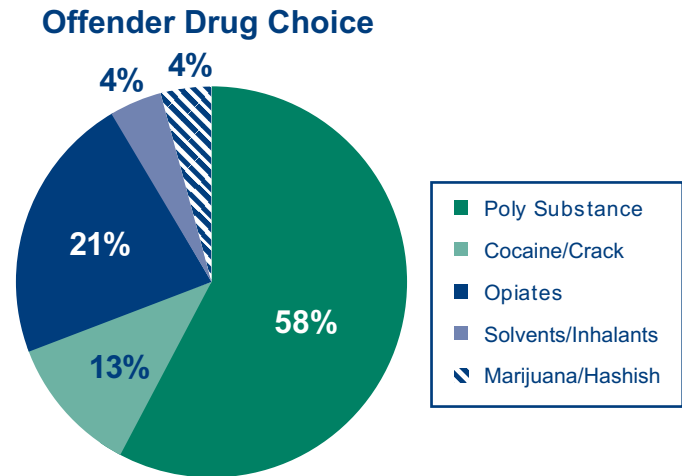


Figure 6 notes the drug of choice for the offenders. Those who regularly used a Poly-substance made up over half (58%) of the participants, followed by Opiates (21%). There were no participants identified as using multiple substances or alcohol.

Figures 7 and 8 reference the primary drug choice of program participants by gender and race. Note that all but one of the five females' drug of choice was primarily Poly-substance users. Poly-substance was also the most prominent drug choice among men, followed by opiate use, and cocaine/crack. No women were primary users of solvents and/or inhalants, or marijuana/hashish. Cocaine/crack was the most prominently used drug amongst African Americans (2 of 3), while Poly-substance was the most prominent drug choice among Caucasians (14 of 22).

Figure 7:

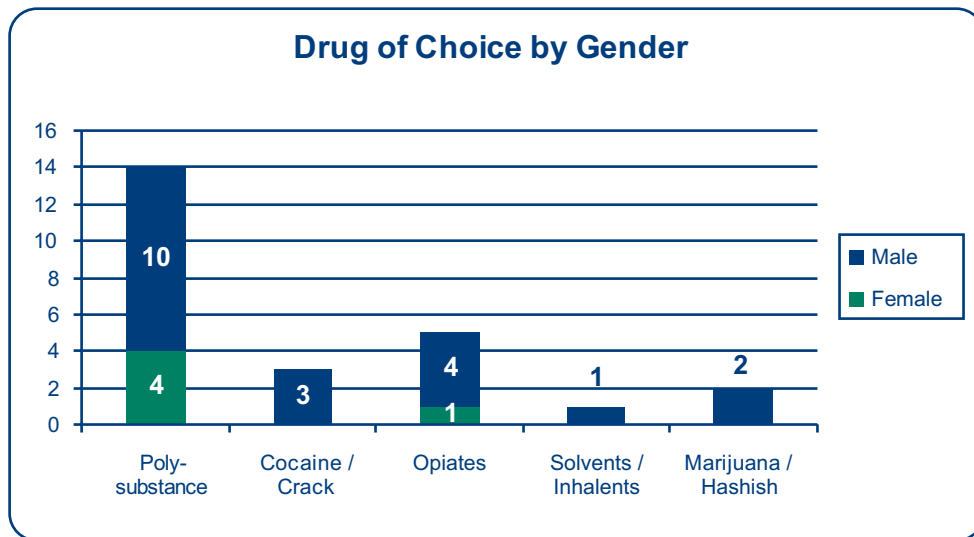
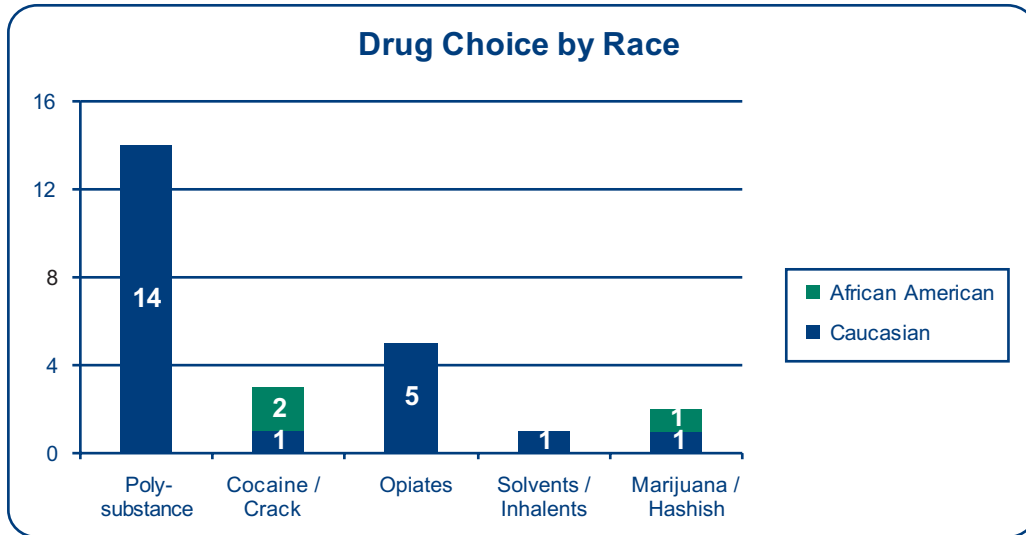




Figure 8:



PROGRAM STATUS COMPARISONS

Of the 25 participants for the grant period, 56% remained active at the end of the reporting period, 24% successfully graduated, and 20% had been revoked (Figure 9). Figure 10 illustrates the gender breakdown of the three categories of offender status.

Figure 9

Offender Program Status

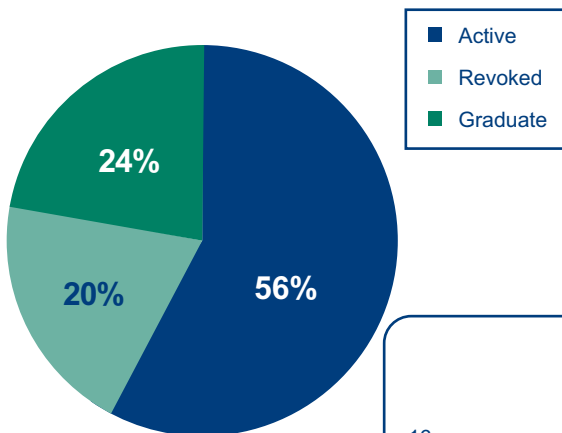


Figure 10

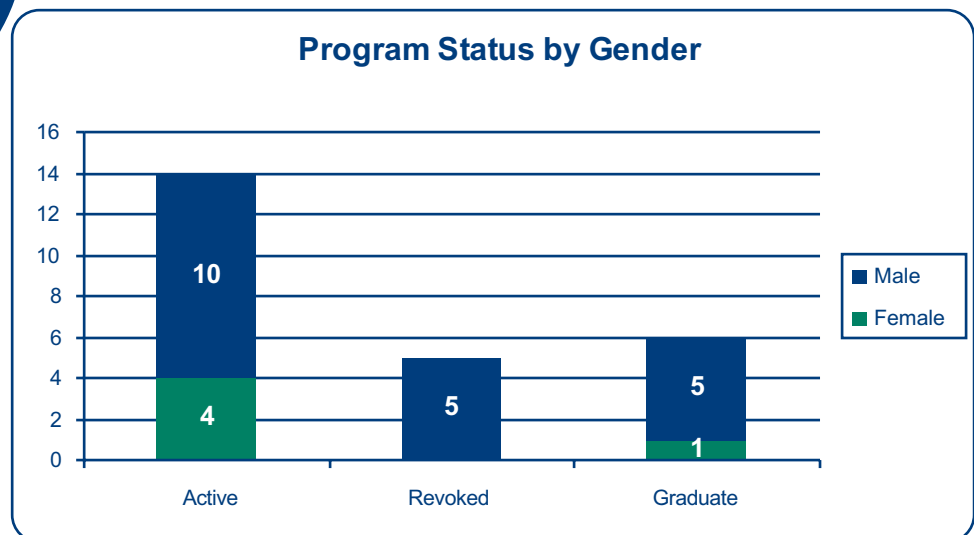




Figure 11 illustrates program status by race; 23% (5 of 22) of Caucasians graduated from the program, while 33% (1 of 3) of African Americans graduated. All fourteen of the active participants are Caucasian.

Figure 11:

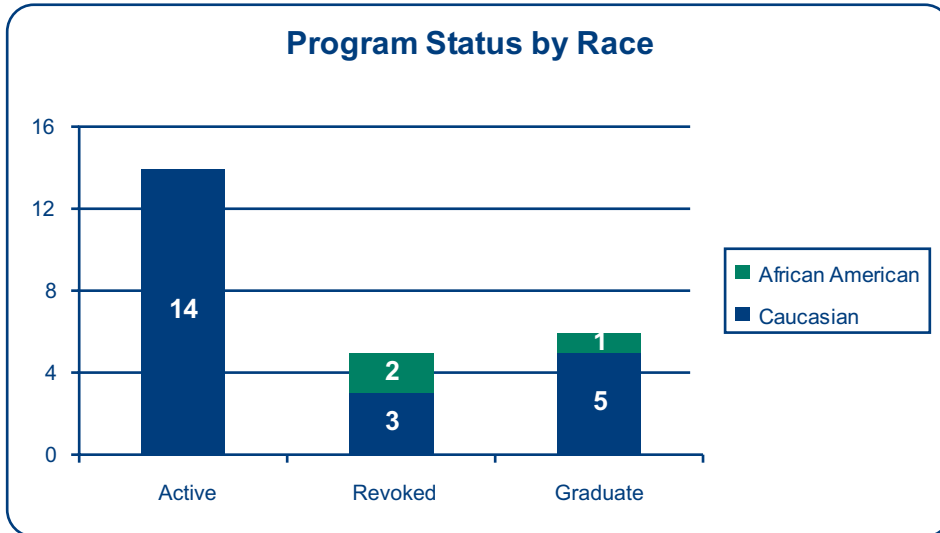
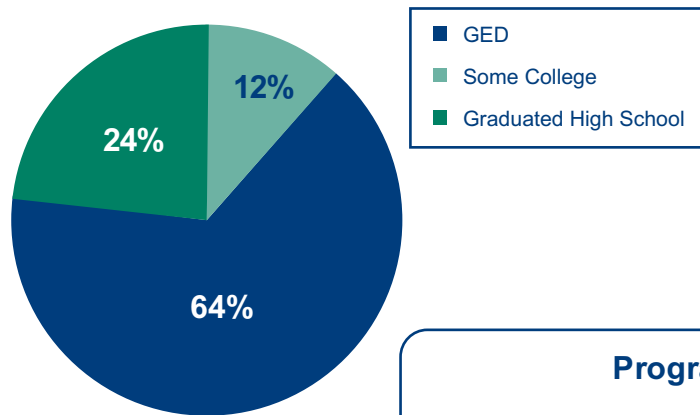


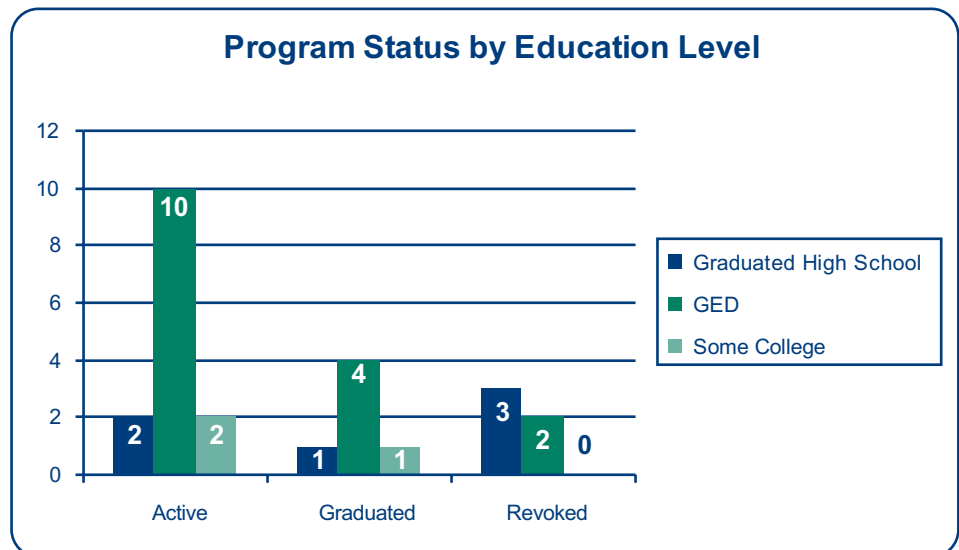
Figure 12

Offender Education Level



The educational level of the offenders varied as well. Over half (64%) of the offenders in the program received their GED, while 24% graduated high school (Figure 12). There were no participants involved in the program that did not hold a high school diploma or GED, and 12% completed some college. Figure 13 below shows the Education Level obtained per each program status group.

Figure 13

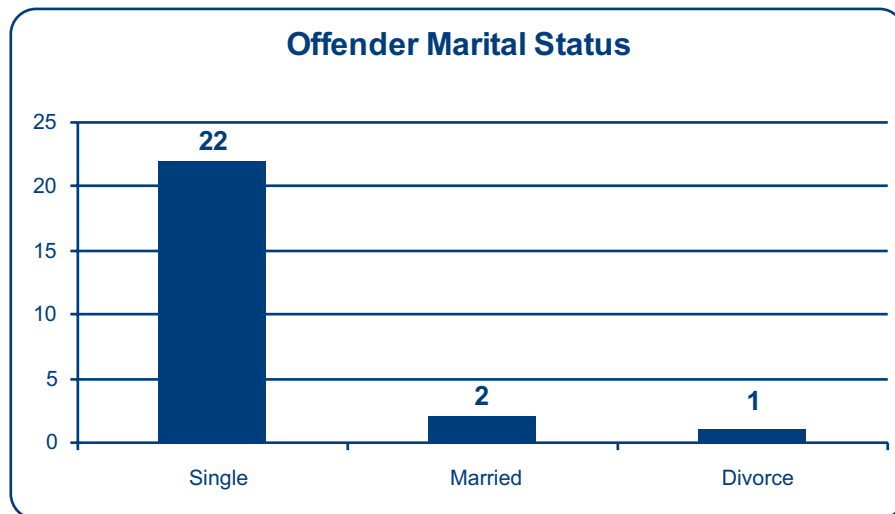




PSYCHOSOCIAL STATUS

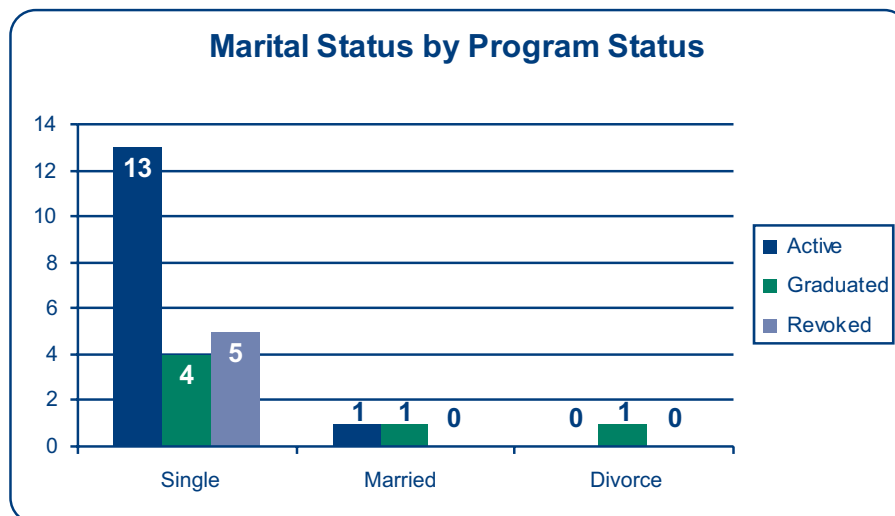
Another component of the drug court treatment strategy is improving the participant's living situation. The quality of life of the participant has great influence over the participant's success in the program. Figure 14 illustrates the marital status of the program participants. The largest representative population is single, accounting for 22 of 25 program participants. Two of the participants were married and one was divorced.

Figure 14



As shown in Figure 15, 13 of the 22 single individuals involved in the program were currently active, four had graduated, and five had been revoked. The divorced participant had graduated, while one of the married participants had graduated and one remained active.

Figure 15



Many of the persons participating in Drug Treatment Court are responsible for the welfare of children. Figure 16 cross-examines the cumulative marital status with the number of children of each. For example, single individuals accounted for a total of 35 children; 5 had no children, 7 had 1 child, 5 had 2 children, etc. Of all the children born into households with parents in ECDTC, the overwhelming majority, 36 of 39 (92%) were in single-parent households (single, divorced, separated, or widowed). Of the twenty participants with children, only 30% reported having custody of their children.



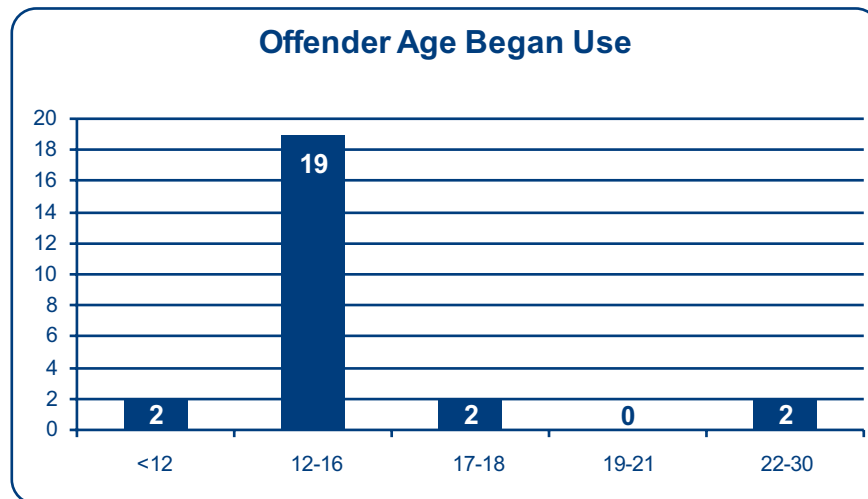
Figure 16 *The # of participants of each marital status who were responsible for*

	0 kids	1 child	2 children	3 children	4 children	5 children	TOTAL
Single	5	7 (7 Chld.)	5 (10 Chld.)	3 (9 Chld.)	1 (4 Chld.)	1 (5 Chld.)	35
Married	0	1 (1 child)	1 (2 Chld.)	0	0	0	3
Divorced	0	1 (1 child)	0	0	0	0	1
TOTAL	5	9	12	9	4	5	39

*Note that the total count reflects the number of children and therefore the five participants that did not have children are not included in the count although they are listed on the chart.

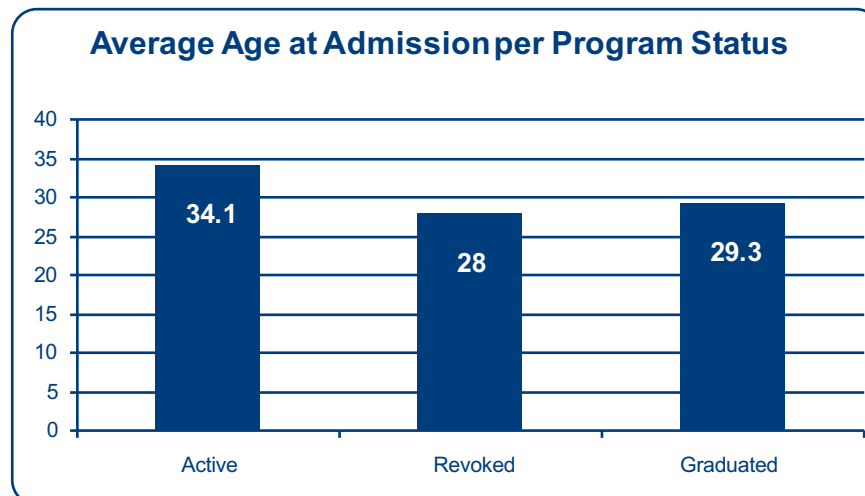
Figure 17 shows the age-range that participants began using drugs. Overwhelmingly, the majority (76%) of program participants began drug-use in their early teen-age years (12-16).

Figure 17:



The average age of admittance of those revoked from the program was younger by almost six years than that of those who are active (Figure 18).

Figure 18:





CONCLUDING REMARKS AND RECOMMENDATIONS

As the Erie County Drug Treatment Court Program continues to operate, opportunities for further and more extensive evaluation arise. Year after year, more communities are implementing Drug Courts to combat recidivism in this population. The effectiveness of these programs is not in question. In most cases, neither is the cost benefit of implementing them.

However, there is some criticism of Drug Courts and as programs continue to grow more questions may be raised. For example, when evaluating Drug Courts, there has been a lack of scientific methodology utilized. But a growing number of randomized and control group studies have found that drug court graduates have significantly lower arrest rates than those who were not program participants – even more than 24 months after graduation (Gonzales, Schofield, and Schmitt, 2006). It is important for community education of the Drug Courts to be taken into account by those in the criminal justice area.

As more studies are being done, it should be noted that factors are being discovered that help predict success or failure in the Drug Courts. As noted in the introductory portion of this paper, continual involvement is key. It has been found that participants with low attendance at treatment sessions have a greater likelihood of being rearrested after program discharge. Racial and ethnic minorities, males and those first arrested at younger ages were also likely to be rearrested, as are those who were arrested while participating in the program (Gonzales, et al., 2006). The statistics in this report seem to echo these findings, as males and minorities have higher rates of being revoked from the program, and the average age of those revoked is less than those of active participants. Ongoing evaluation of these populations may help determine with Drug Court cases are more at-risk for failure, and the proper community linkages can be utilized to best meet the needs of the rehabilitative client.

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