

Mercyhurst College Civic Institute



ERIE COUNTY ADULT DRUG TREATMENT COURT EVALUATION LEVEL I & II OFFENDERS DRAFT REPORT

Grant Period January 1, 2004 - June 30, 2005

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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 1997-1998 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 (Wilson, 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 year. 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 in the United States were initiated 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 800 drug courts in operation across the United States, and many more communities are developing their own programs. 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 expenses.
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 reoffences both during and after court participation (Belenko, 2002).

This report is an evaluation of the active, graduated, and revoked Level I & II participants of the Adult 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 January 1, 2004 through June 30, 2005. See page three regarding program guidelines for Level I & II offenders.



PROGRAM OVERVIEW

Background

Information contained within this report regarding the structure and operation of the Erie County Adult Drug Treatment 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 Adult Drug Treatment Court (ECADTC) 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 of 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 ECADTC 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 ECADTC 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 ECADTC 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 ECADTC 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 example, YMCA passes and gift certificates for local retail establishments could be awarded. Verbal praise from the judge was also a positive reinforcement that could be offered. Both would hopefully lead to entry into the next phase of the program.

LEVEL I & II POPULATION DESCRIPTION

Demographics

The following data stems from information collected by staff of the Erie County Adult Drug Treatment Court, grant period January 1, 2004 through June 30, 2005. During this period, there were 47 individuals taking part in the Drug Treatment Court program. Of these, the ratio of males to females was 3-to-1 (Figure 1). The largest racial group was Caucasian (Figure 2). The youngest person admitted to the program was 18 years of age, and the oldest was 55; the average age at admittance was 31 years (Figure 3).

Figure 1

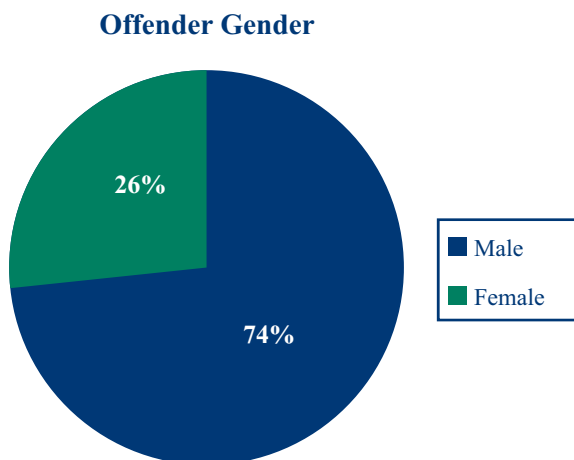


Figure 2

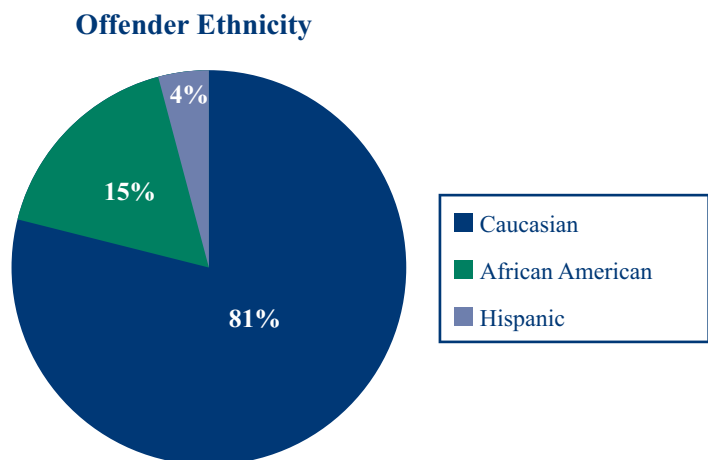


Figure 3

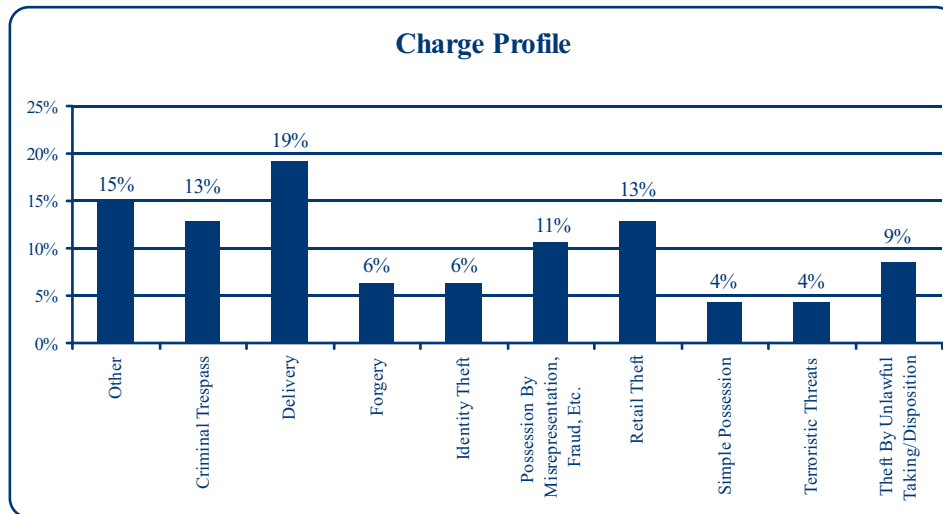
Offender Age at Admission	
Average	31
Youngest	18
Oldest	55

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 47 participants. The most common types of charges for Level I & II participants included delivery of narcotics (19%), and retail theft and criminal trespass (13% each), shown in Figure 4 on page 5.



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 related. Taking into account the previously mentioned most serious charge, Figure 5 illustrates the breakdown between the two categories.

Figure 6 notes the drug of choice for the offenders. Those who regularly used cocaine and/or crack made up 26% of the participants, followed by marijuana/hashish (23%). Those who used multiple drugs comprised 4% of the population.

Figure 5

Drug vs Non-drug Most Serious Offense

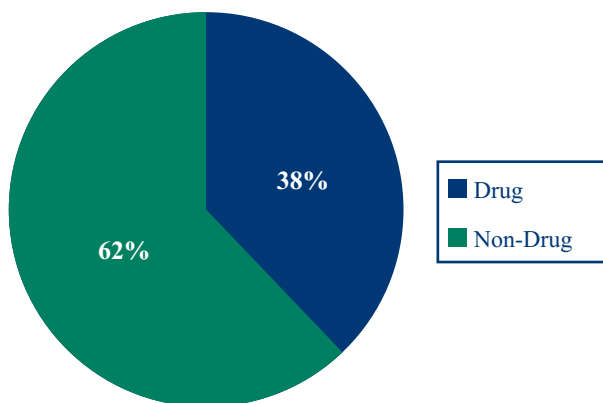
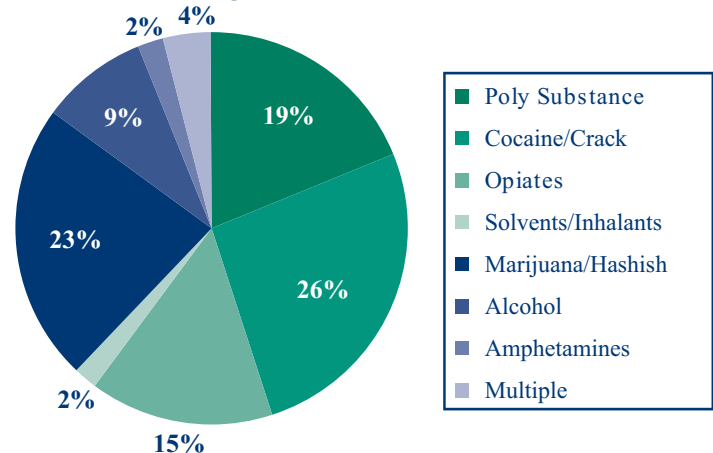


Figure 6

Offender Drug Choice



Figures 7 and 8 reference the primary drug choice of program participants by gender and race. Note that one half of females (6 of 12) were primarily cocaine and/or crack users, while the most prominent drug choice among men was marijuana/hashish. No women were primary users of solvents and/or inhalants, or amphetamines. Cocaine and/or crack was the most prominently used drug amongst African Americans (3 of 7) and Caucasians (9 of 38); marijuana/hashish was also primarily used by 9 of 38 Caucasians.



Figure 7

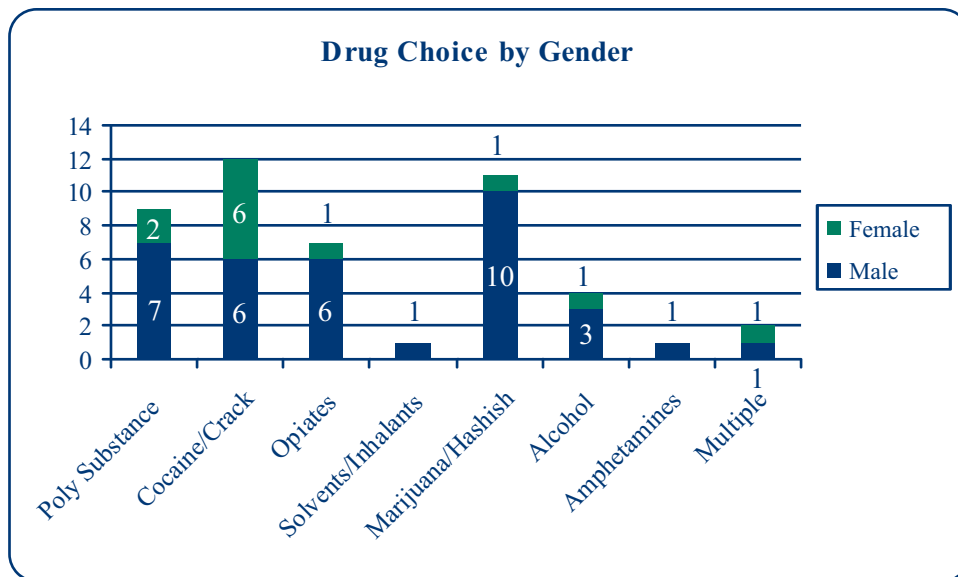
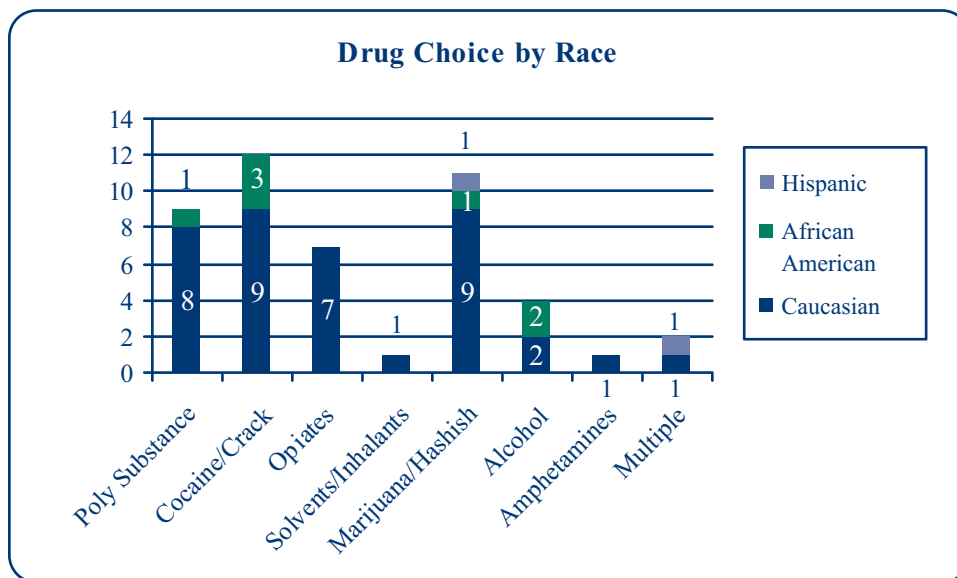


Figure 8



PROGRAM STATUS COMPARISONS

Of the 47 participants during the grant period, 41% remained active at the end of the reporting period, 23% successfully graduated, 34% had been revoked, and 2% were listed as incomplete (Figure 9). Participants listed as incomplete performed satisfactorily but failed to complete the requirements necessary to graduate when their court supervision ended. Figure 10 on page 7 illustrates the gender breakdown of the four categories of offender status.

Figure 9 Offender Program Status

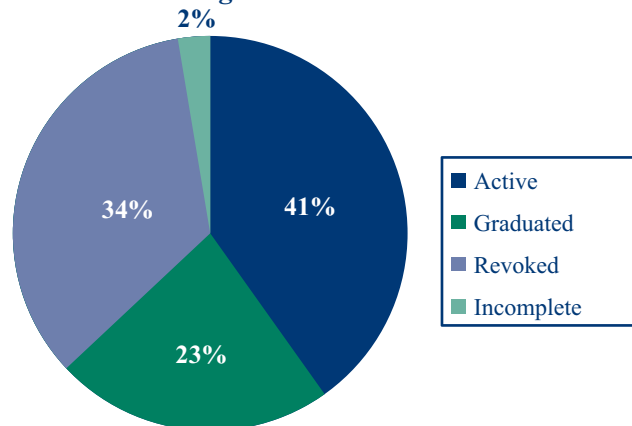




Figure 10

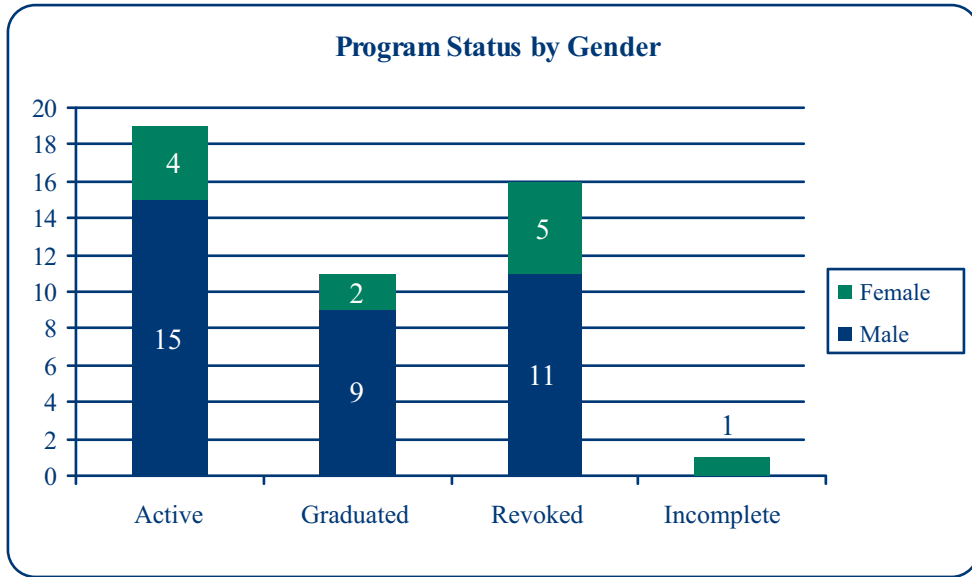


Figure 11

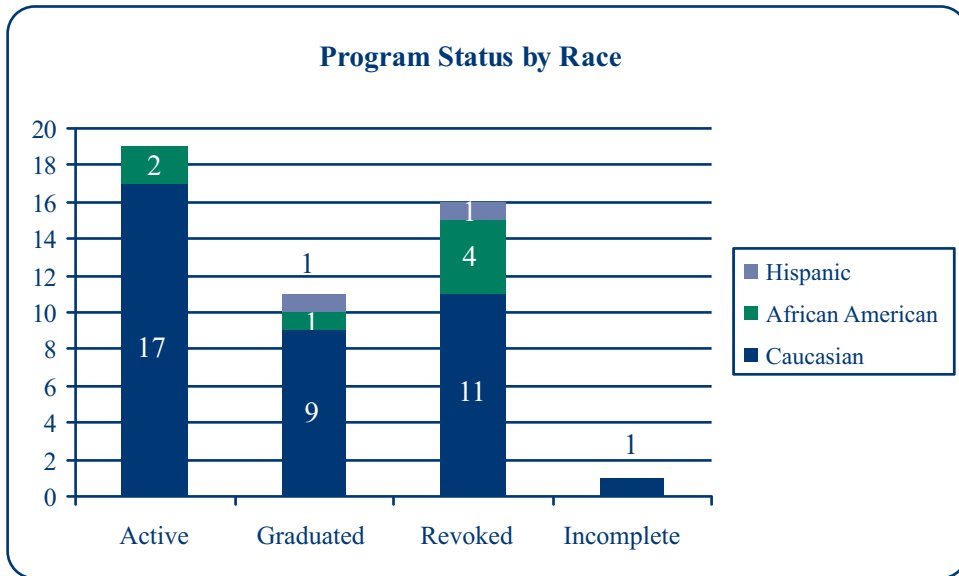


Figure 11 illustrates program status by race; 24% (9 of 38) of Caucasians graduated from the program, while 11 were revoked. Seventeen remain active, with 1 incomplete. Four of the seven African American participants were revoked; two remain active and one graduated.

The educational level of the offenders varied as well. Approximately 1/3 (15 of 47) of the participants do not hold a high school diploma or equivalent (Figure 12). Only 5 of the individuals completed some post-secondary education. Figure 13 on page 8 shows the Education Level obtained per each offender group.

Figure 12 Offender Education Level

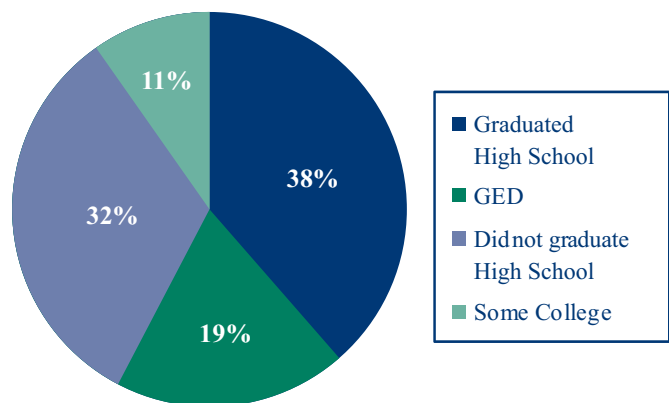
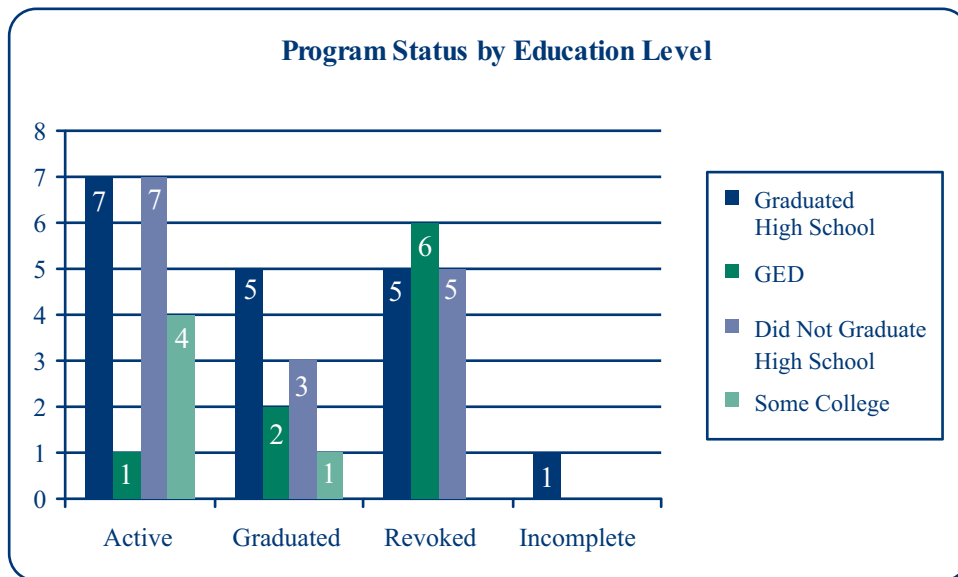


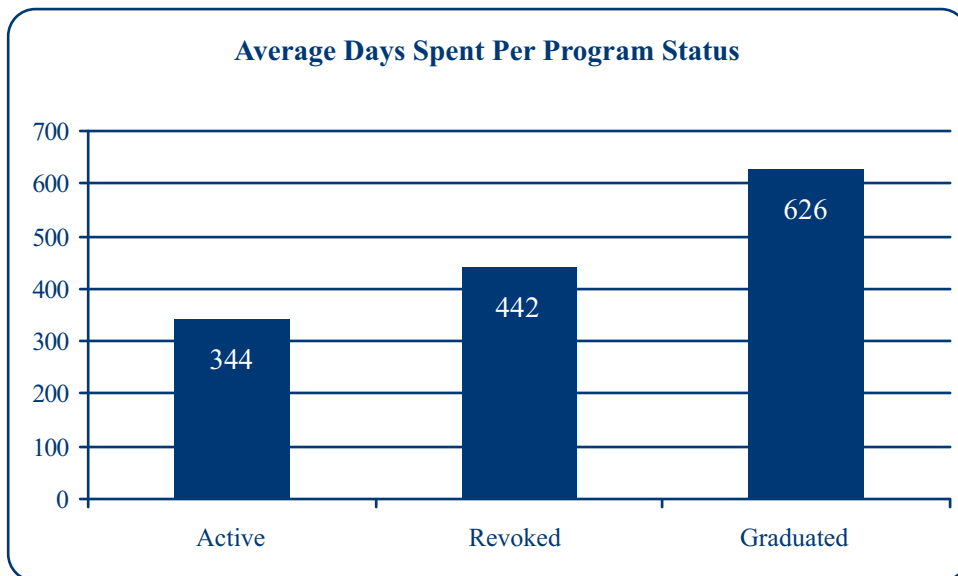


Figure 13



The average number of days spent in the program for those who graduated was 626 (1.71 years). Those revoked had well over one year invested before being revoked from the program (Figure 14). Not shown, the median length of stay for those who graduated is 540 days, 329 for those active, and 348 days for those who have been revoked.

Figure 14

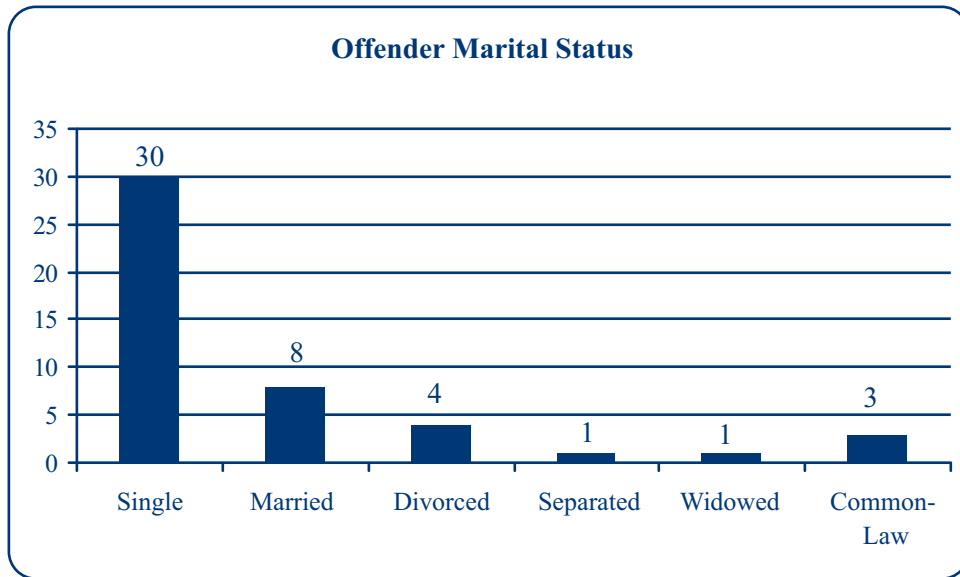


PSYCHOSOCIAL STATUS

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 15 illustrates the marital status of the program participants. The largest representative population is single, accounting for 30 of 47 program participants. Married and common-law participants made up only 23% (12) of the group's population.

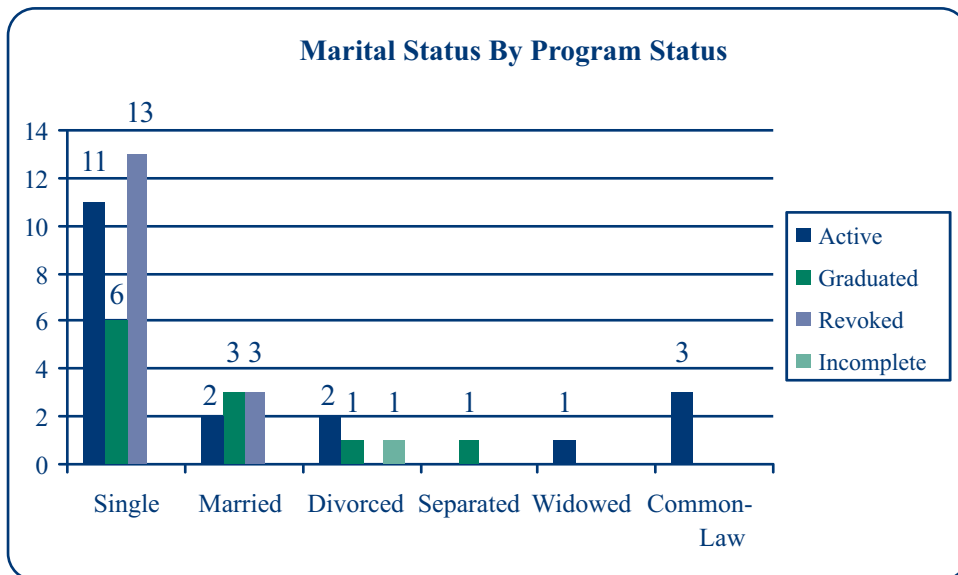


Figure 15



As shown in Figure 16, 13 of the 30 single individuals involved in the program were revoked, and only 6 graduated (11 yet to be determined). Of the 8 married, 3 were revoked and 3 graduated.

Figure 16



Many of the persons participating in Drug Treatment Court are responsible for the welfare of children. Figure 17 cross-examines the cumulative marital status with the number of children in each category. For example, single individuals accounted for a total of 38 children; 17 had no children, 4 had 1 child, 3 had 2 children, etc. Of all the children born into households with parents in Drug Treatment Court, 52 of 83 (or 63%) were in single-parent households (single, divorced, separated, or widowed).



Figure 17

The # of participants of each marital status who were responsible for

	0 children	1 child	2 children	3 children	4 children	5 children	6 children	10 children	Total Children
Single	17	4 (4 Chld.)	3 (6 Chld.)	2 (6 Chld.)	3 (12 Chld.)	0	0	1 (10 Chld.)	38
Married	0	0	4 (8 Chld.)	1 (3 Chld.)	0	2 (10 Chld.)	1 (6 Chld.)	0	27
Divorced	0	1 (1 child)	2 (4 Chld.)	1 (3 Chld.)	0	0	0	0	8
Separated	0	0	1 (2 Chld.)	0	0	0	0	0	2
Widowed	0	0	0	0	1 (4 Chld.)	0	0	0	4
Common Law	0	2 (2 Chld.)	1 (2 Chld.)	0	0	0	0	0	4
Total Children	0	7	22	12	16	10	6	10	83

Figure 18

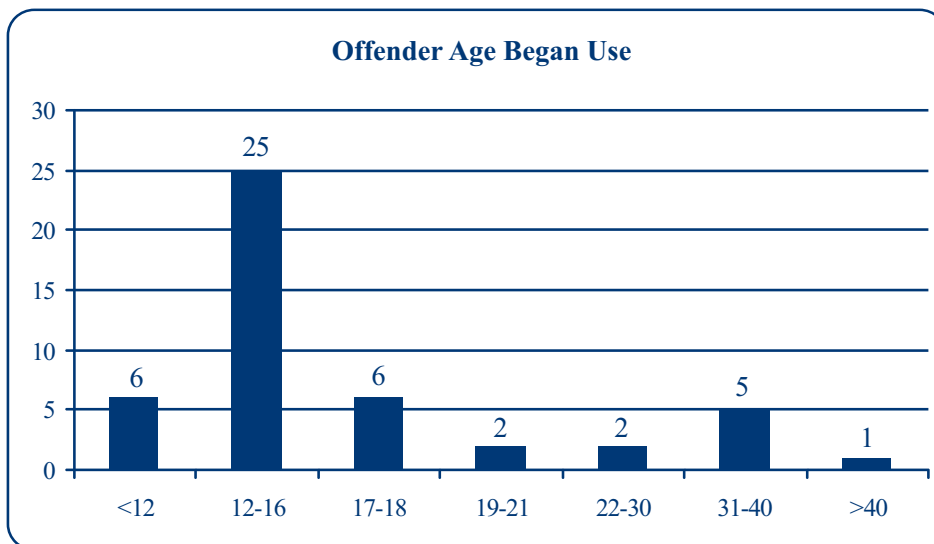
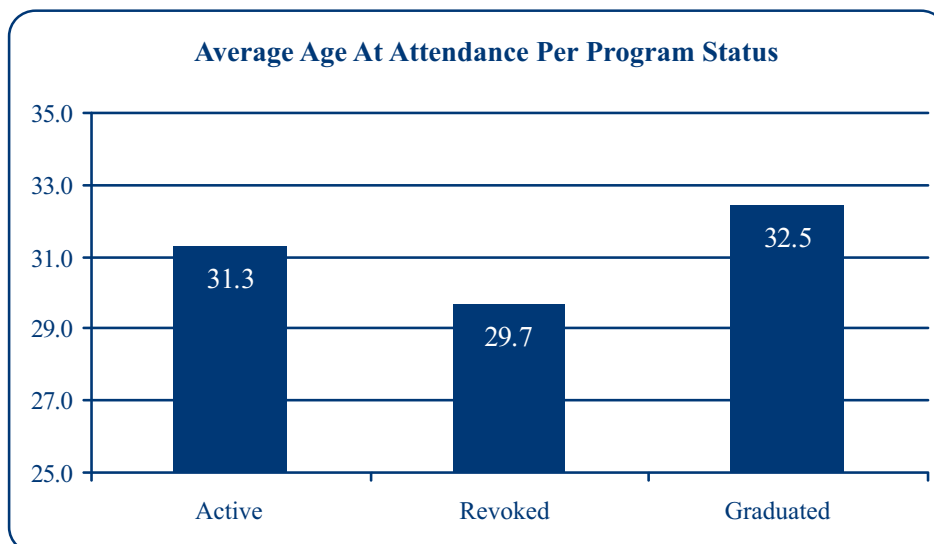


Figure 18 shows the age-range during which drug court participants began using drugs. Overwhelmingly, more than half of the participants (25 of 47) began drug-use in their early teen-age years (ages 12-16). Another quarter began either before they were 12 or between the ages of 17 and 18.

Figure 19



The average age of admittance of those revoked from the program was younger by almost three years than that of those who graduated (Figure 19).



CONCLUDING REMARKS AND RECOMMENDATIONS

As the Erie County Adult Drug Treatment Court Program continues to operate, opportunities for further and more extensive evaluation arise. The larger the number of participants involved in the drug court program, the more telling the research implications. Once a substantial sample size is established, a control group of non-drug court participants and a comparison with national models should be introduced.

A more in depth comparison between the graduates and revoked participants would also be beneficial. It will become crucial to understand the factors that permit, as well as prevent, successful completion of the program. Life styles, educational levels, race, gender and age should be more thoroughly scrutinized to learn a more specific formula for success. For instance, in this population there were nine participants who received a GED in terms of education level. Only two successfully graduated, while six were revoked and one remains active with a status yet to be determined. Rates for those who did not graduate from high school or receive a GED are similar. High school graduates on the other hand were shown to have higher success rates. Additionally, results of this subgroup demonstrate that those with spousal support had somewhat higher success rates. Though this population sample size was small, it does present some interesting hypotheses regarding why certain individuals have more success than others. Further analysis could help to identify specific treatment needs and behaviors that will help the program providers as well as each participant envision a successful path.

The lasting effects of drug court on the offender's life situation should be examined with a series of post drug court interviews. These interviews should be utilized to reflect the impact of the ECADTC on the participant's social, psychological, criminal, and drug-use behavior. Also, the current evaluation depicts the demographics of the offenders before and during their drug court experience. An exit interview and follow up would provide greater insight into the benefits of the program post graduation.

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