



Using Evaluation to Advance Best Practices in Drug Court Programs

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Objectives

▶ **Learning Objectives:**

- ▶ Understand the benefits of using data to inform program practices.
- ▶ Develop strategies for collecting evaluation data within your program.
- ▶ Enhance ability to utilize data to promote positive outcomes.

Why should you develop a research partnership?

- ▶ Research partners are generally better equipped to conduct the research and analyze the data.
- ▶ Outside evaluators can provide an important perspective than internal.
 - ▶ Participants may be more honest
 - ▶ Team may be more receptive to hearing it from someone outside the core team.
- ▶ Took burden of conducting interviews off staff
- ▶ Grant funding can be utilized, and services may be required for grants
- ▶ Results can answer programmatic structuring questions

Where can you find an evaluator?

- ▶ Winnebago County Problem-Solving Courts has data collection staff that evaluates trends on a smaller scale.
- ▶ SAMHSA Grant required an Evaluator
- ▶ Search your community or communities around Illinois
 - ▶ Individual Consultants, College, Universities
 - ▶ Ask other programs and grantees (example: Domestic Violence Courts)

Does what we do make
a difference???

Does your program work???

Are we achieving our
goals?

How do participants feel about your program???

Using Data To Answer Questions

How many people/who
does your program
serve?

What factors predict success in
your program???

Who benefits most
/least from your
program?/?



How to collect data from participants

How to gather data

Use

Use a standardized tool

- SAMSHA grant provides the assessment

Administer

Administer interview at set time points

- Intake
- 6-month
- Discharge/Completion

Interview

Interview every participant that comes into the program

Meeting with clients



Typically go to
court sessions or jail

Phone is viable
option during a
pandemic



Explain the purpose
of the interview
each time

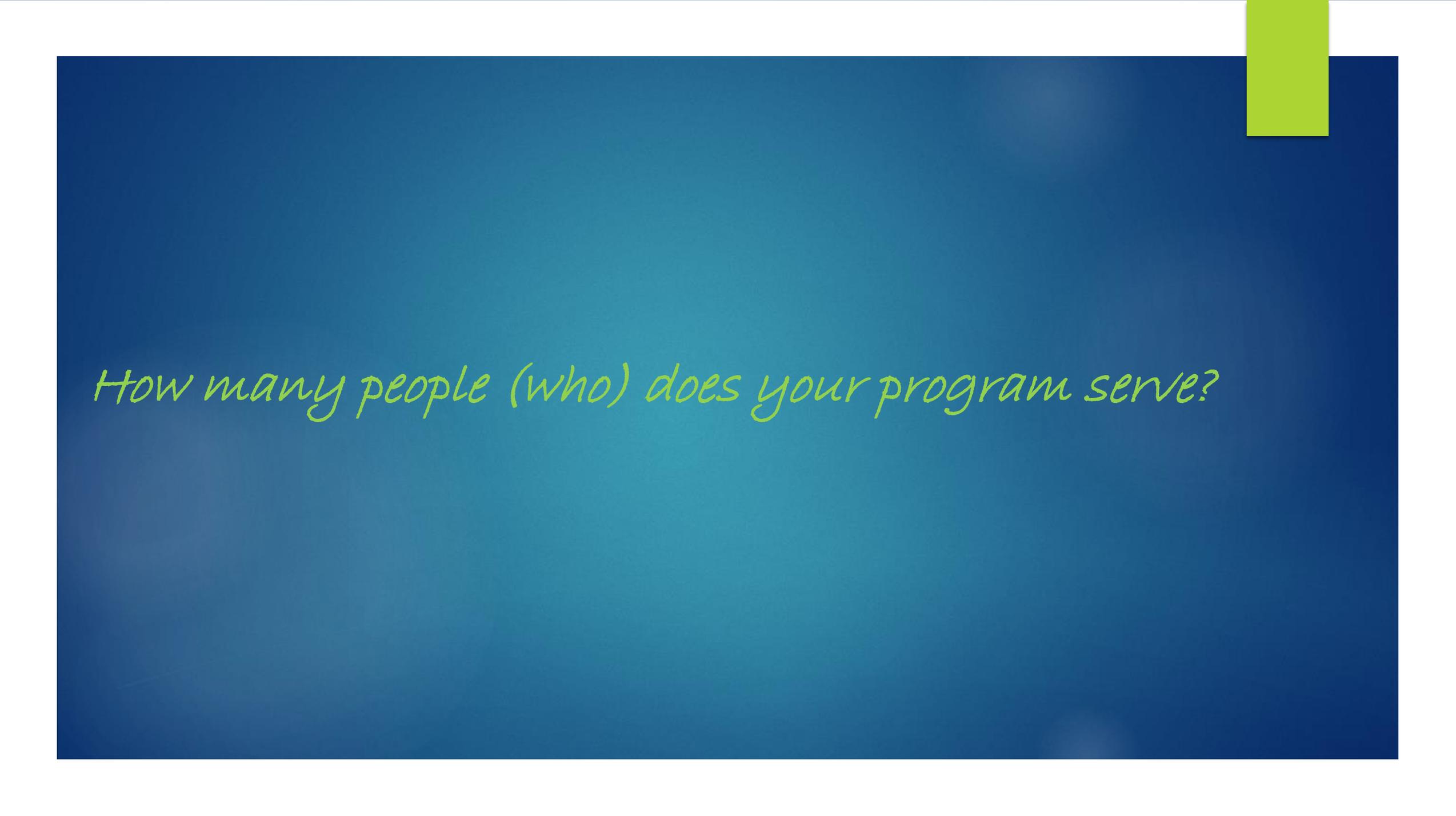
Data will be used
to evaluate the
program and is
not told back to
drug court team
members.



Make the clients feel
comfortable and safe

After data is
collected

- ▶ Create a way to track data overtime
 - ▶ Use of excel or SPSS are great options
 - ▶ SAMSHA grant has a portal where data is entered

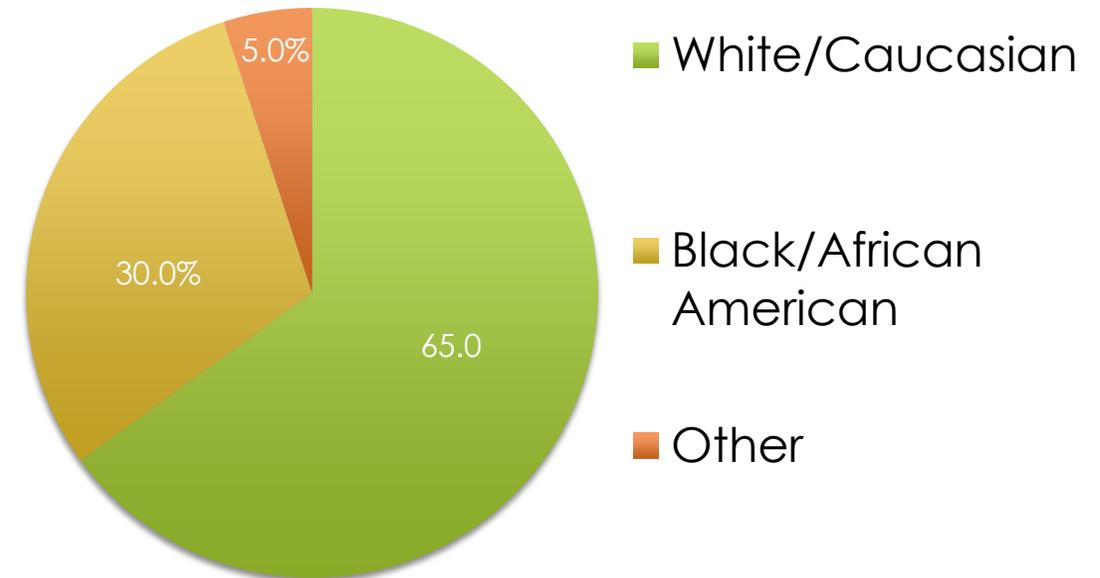


How many people (who) does your program serve?

Participant Characteristics

Demographic Characteristic	#	%
Total number to be served:	125	100
Gender		
Men	95	75.7
Women	30	24.3
Race		
White	81	65.0
Black	37	30.0
Mixed race	6	4.6
Other	1	0.4
Ethnicity		
Non-Hispanic	115	92.0
Hispanic	10	8.0

Race/Ethnicity (n = 125)



Creating a Fact Sheet to Describe Your Program

PROGRAM DESCRIPTION

Established in 1991, Riverside House is a residential program that provides case management services for people experiencing homelessness. Our population of about 100 clients include people with co-occurring substance use and mental illnesses. Our mission is to provide comprehensive services that support recovery from substance dependence for high-risk clients.

NOTE FROM THE DIRECTOR

I am proud to say that Riverside House continues to be a leader in addressing the needs of people with co-occurring disorders in the South Philadelphia area.



In FY 2018, we helped 300 clients on their way toward recovery. Here are a few of our key outcomes this year:

- Increased the number of clients with stable housing from 84 percent at intake into the program to 73 percent at the 6-month follow-up.
- Decreased the number of clients who experienced serious depression from 60 percent at intake to 32 percent at the 6-month follow-up.
- Drastically decreased the number of clients in our program who had been arrested in the past 30 days from 26 percent at intake to only 1 percent at the 6-month follow-up.

We appreciate our clients, their families and friends, and our community partners. We could not have made these positive strides without your continued support.

To help you better understand our program and its impact, the following charts and graphs provide a summary of services provided, client characteristics, the top five drugs reported by clients, and changes in key outcome measures. We also provide information about client changes regarding depression and criminal justice involvement.

SERVICES PROVIDED: FY 2018

We served a total of 300 clients in FY 2018. The table below lists the top five services clients received.

Top Five Services Received by Clients

Rank	Service Type	Percent Received
1	Residential Rehabilitation	21.0%
2	Housing Support	8.0%
3	Behavioral Treatment	8.0%
4	Transportation	8.0%
5	Supportive Transitional Drug-Free Housing Services	8.0%

Note: Residential Rehabilitation services described only for our 30-day treatment program. Housing Support includes services in the South Housing program.

The Riverside House Fact Sheet

NATIONAL OUTCOME MEASURES

SAMHSA developed a set of National Outcome Measures that agencies can use to evaluate the effectiveness of programs. Riverside House consistently improved the outcomes of our clients from intake to the 6-month follow-up.

Change in National Outcome Measures from Intake to 6-Month Follow-up

OPREM Measure	Percent at Intake	Percent at 6-Month Follow-up	Rate of Improvement
Abstinence: Did not use alcohol or illegal drugs	9.4%	13.8%	144.1%
Cries and Emotional Distress: Had no past 30-day arrests	32.3%	28.0%	1.0%
Employment: Education: Currently employed or attending school	34.4%	38.3%	99.8%
Health, Behavioral, Social Consequences: Experienced no alcohol or illegal drug related health, behavioral, social consequences	16.4%	19.6%	100.2%
Social Connectedness: Socially connected	43.4%	49.2%	94.2%
Stability in Housing: Had a permanent place to live in the community	84.3%	73.3%	112.6%

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CO-OCCURRING DISORDERS

Among the clients served by Riverside House in FY 2018, 60 percent experienced serious depression at intake while only 32 percent experienced serious depression at the 6-month follow-up.

Changes in Percent Experiencing Serious Depression in the Past 30 Days Due to Use of Alcohol or Drugs from Intake to 6-Month Follow-up for Clients

Percent at Intake	Percent at 6-Month Follow-up
60%	32%

CRIMINAL JUSTICE INVOLVEMENT

In looking at the involvement of clients in the criminal justice system, the number of clients in our program who had been arrested in the past 30 days decreased sharply from 26 percent at intake to only 1 percent at the 6-month follow-up.

Changes in Percent Arrested in the Past 30 Days from Intake to 6-Month Follow-up for Clients

Percent at Intake	Percent at 6-Month Follow-up
26%	1%

SPARS **SAMHSA**

SAMHSA

The Riverside House Fact Sheet

CLIENT CHARACTERISTICS AT INTAKE

The following table describes the gender, age, race, and drug used by the 300 clients we served in FY 2018.

Gender and Age

55% of the clients were male, 45% were female
 3% were between the ages of 18 and 20
 3% were between the ages of 21 and 24
 20% were between the ages of 25 and 34
 34% were between the ages of 35 and 44
 24% were between the ages of 45 and 64
 1% were age 65 or older
 Supportive Transitional Drug-Free Housing Services

DRUGS REPORTED USING

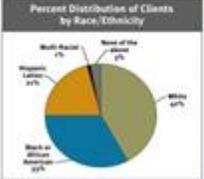
The following table lists the top five drugs clients reported using at intake.

Top Five Drugs Clients Reported Using at Intake

Rank	Drug Used	Percent Reported
1	Marijuana/hashish	48.0%
2	Any alcohol	28.0%
3	Methamphetamine or other stimulants	12.0%
4	Cocaine/crack	8.0%
5	Heroin/cocaine (any heroin/cocaine), PCP, MDMA, LSD, mushrooms, or marijuana	2.0%

RACE/ETHNICITY

Percent Distribution of Clients by Race/Ethnicity



White 50%
 Black or African American 24%
 Multi-Racial 14%
 Hispanic 12%



SPARS **SAMHSA**

Health Disparities

▶ Using Data to Examine Health Disparities

▶ “Health disparities adversely affect groups of people who have systematically experienced greater obstacles to health based on ... characteristics historically linked to discrimination or exclusion” (Healthy People 2020).

▶ Do you see disparities in...

- ▶ access?
- ▶ service utilization?
- ▶ outcomes?



Who benefits most/least from your program???

Assessing Individual Differences

▶ Assessing broader aspects of functioning

- ▶ Risk assessments (e.g., social, physical and mental health status)

**Deviant
Peers**

**Employment
status**

**Treatment
History**

**Criminal
History**

**Housing
Stability**

Age

**Mental
Health**

Clinical Screening Tools

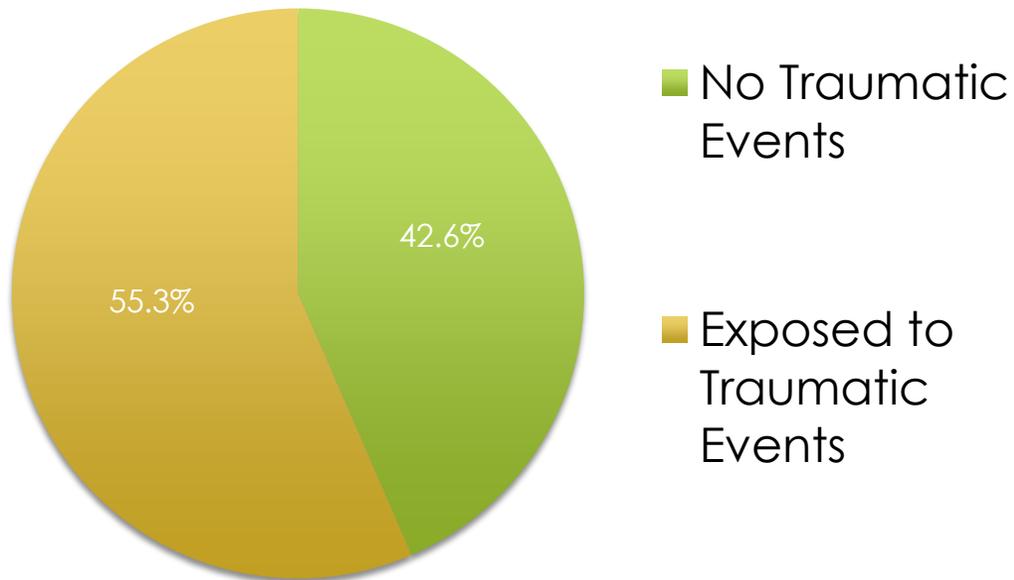
- ▶ **The National Association of Drug Court Professionals recommends six validated clinical screening tools:**
 - ▶ **Structured Clinical Interview for DSM-IV Disorders (SCID),**
 - ▶ **Drug Abuse Screening Test (DAST),**
 - ▶ **Global Appraisal of Individual Needs (GAIN),**
 - ▶ **Texas Christian University (TCU) Drug Screen II,**
 - ▶ **Psychiatric Research Interview for Substance and Mental Disorders (PRISM),**
 - ▶ **Diagnostic Interview Schedule (DIS)**

Assessing Individual Differences in Functioning

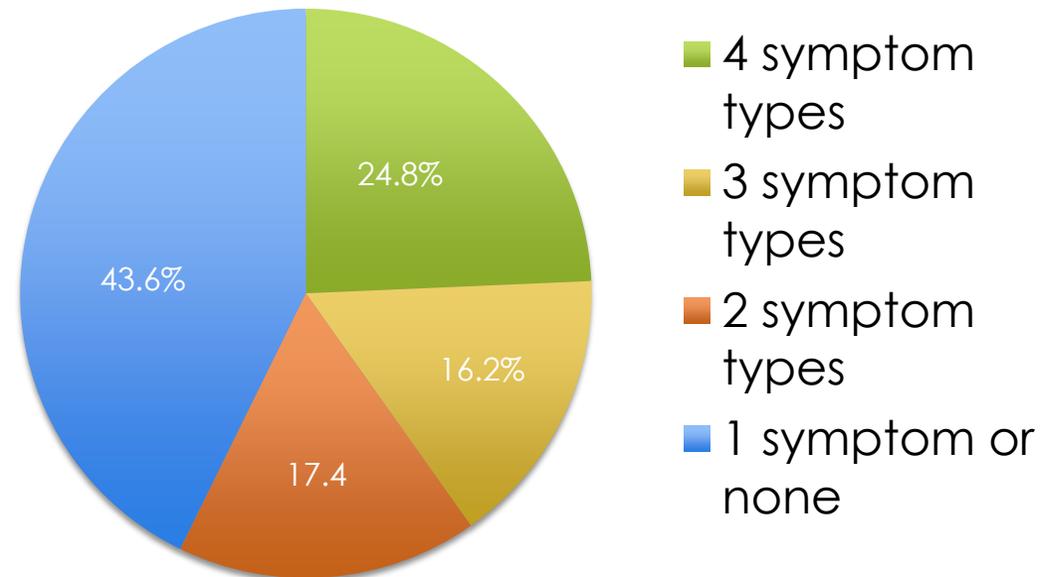
- ▶ **Why assess broader aspects of functioning?**
 - ▶ **Identify co-occurring conditions**
 - ▶ **Inform treatment needs**
 - ▶ **Assess changes in functioning over the course of treatment**
 - ▶ **Understand co-occurring conditions that influence outcomes**
 - ▶ **i.e., understanding who benefits most/least from your program**

Example: Assessing Trauma Exposure and PTSD symptoms

Lifetime Exposure to Traumatic Events
(N = 226)



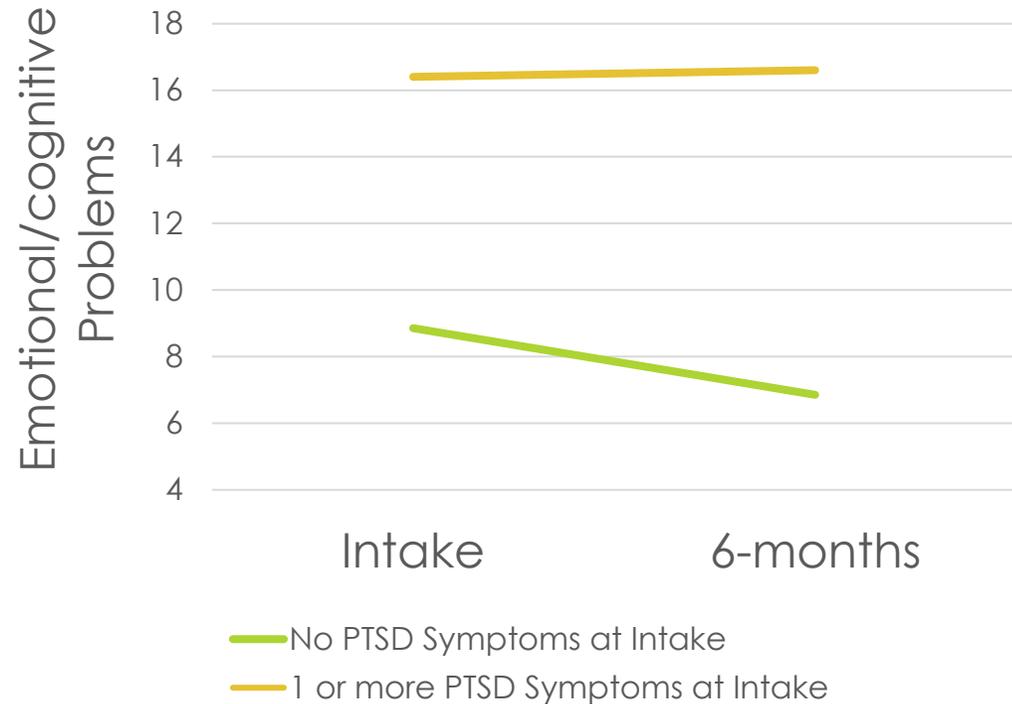
Number of Types of PTSD symptoms
(n = 125 victims)



Example: Assessing Trauma Exposure and PTSD symptoms

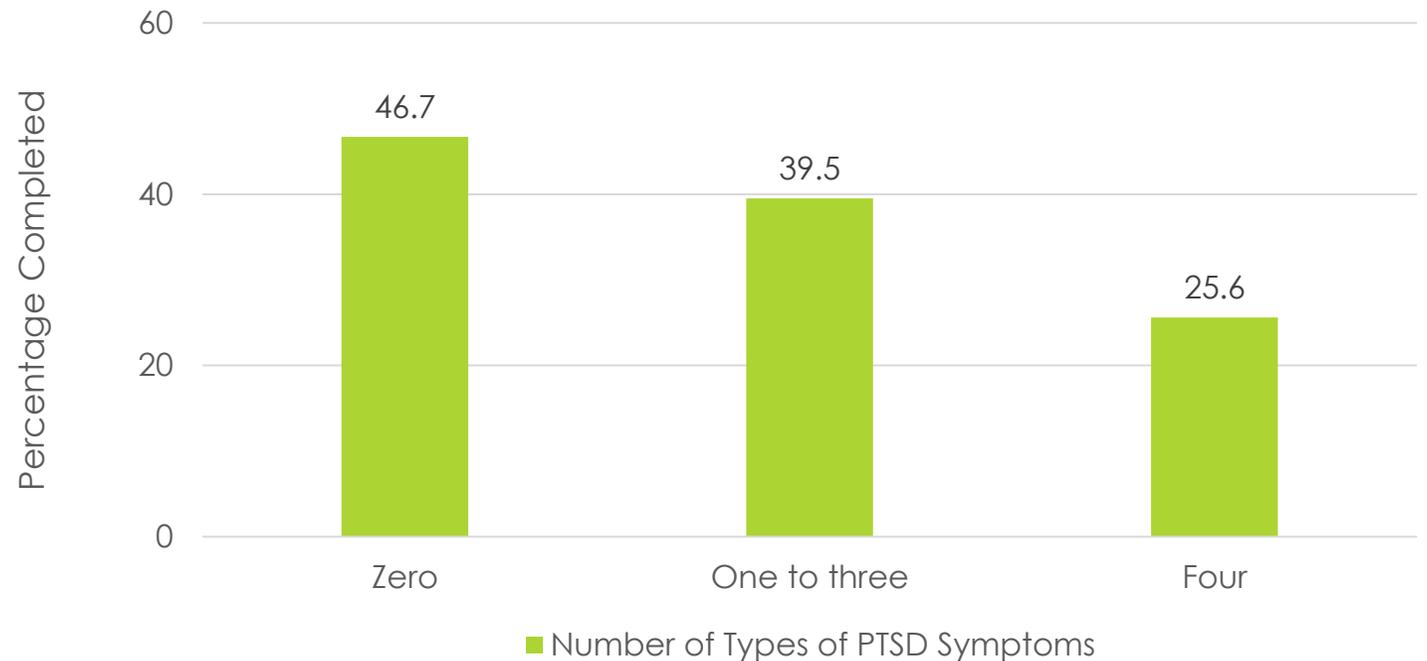
- **PTSD symptoms may influence treatment response over Time**

Figure 1:
Emotional/cognitive Functioning Problems Across Time by PTSD Symptom Status at Intake



Example: Assessing Trauma Exposure and PTSD symptoms

Figure 2:
Percentage of Participants who Successfully Completed the Program by Number of PTSD Symptoms at Intake (N = 169)



Example: Assessing Trauma Exposure and PTSD symptoms

▶ Implications for practice

- ▶ Awareness to the prevalence of trauma exposure and PTSD Symptoms in participants
- ▶ Reinforced need for Seeking Safety
- ▶ Increased referrals to Seeking Safety
- ▶ Increased discussions of LCSW referrals and potential transfers to mental health court if needed.



Are we achieving our goals???

Assessing Outcomes

- ▶ **Most common outcomes assessed include:**
 - ▶ **Graduation rates**
 - ▶ **Recidivism rates**
 - ▶ **Substance-related re-offending**
 - ▶ **General re-offending**

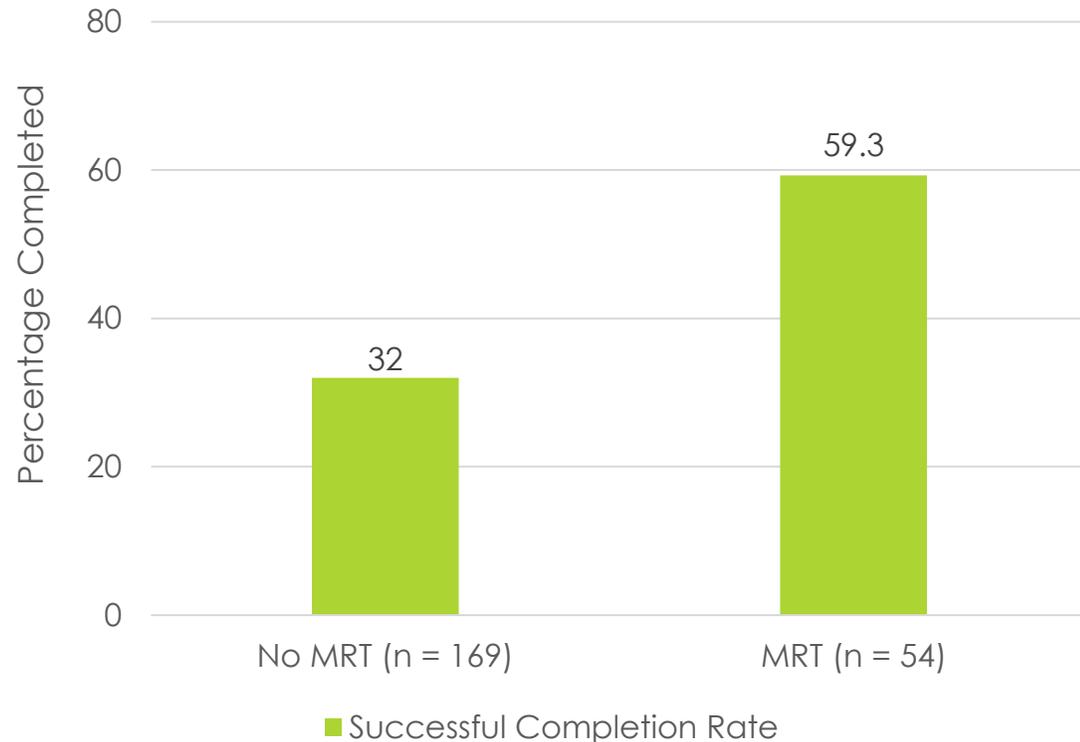
Example: Assessing Outcomes

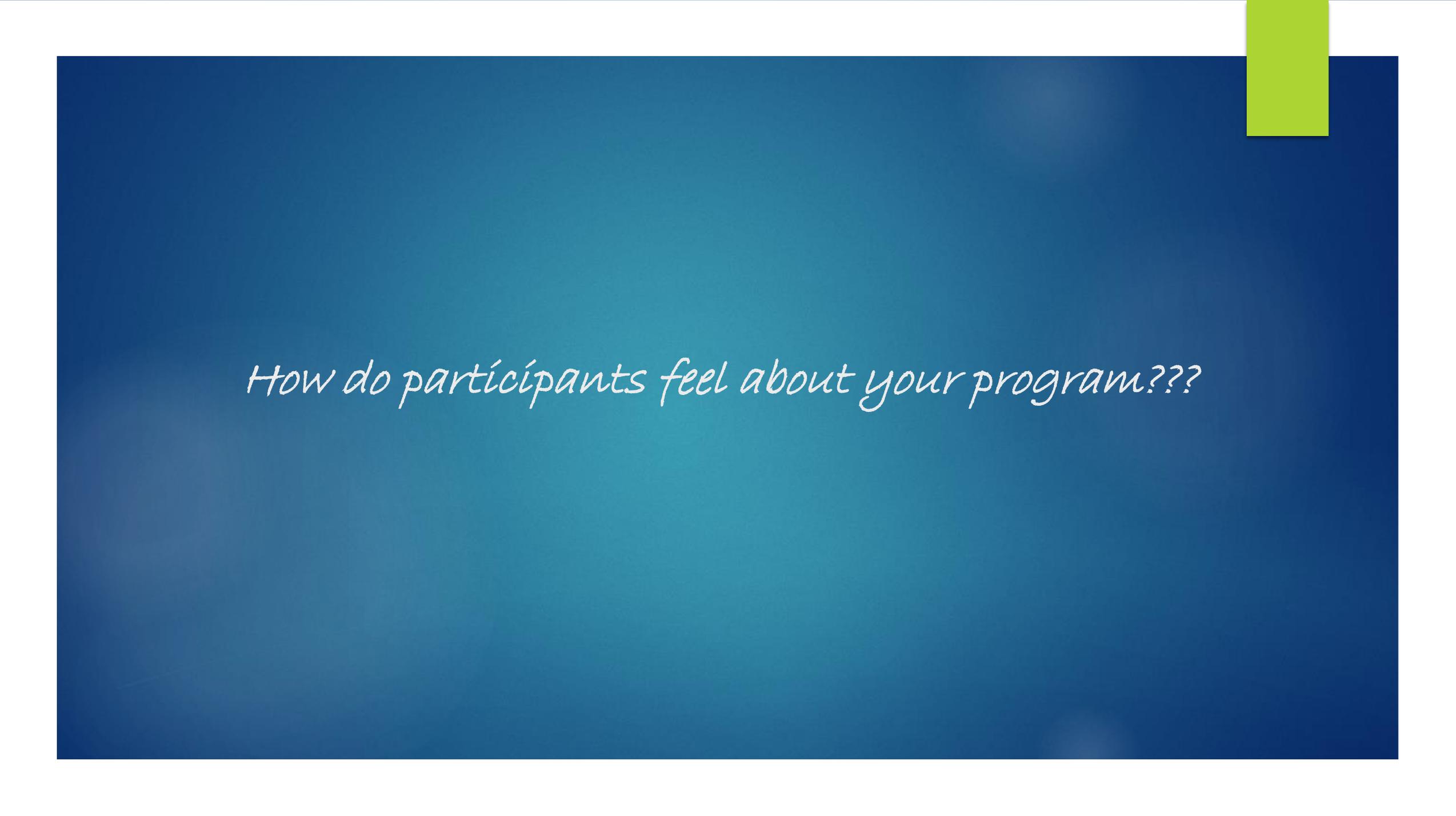
- ▶ **Moral Reconciliation Therapy (MRT)**
 - ▶ Cognitive-behavioral intervention
 - ▶ Group counseling format
 - ▶ 16 units that focus on 7 treatment issues
 - ▶ **Improved graduation rates and lower post-treatment recidivism**

Example: Assessing Outcomes

Figure 3:

Percentage of Participants who Successfully Completed the Drug Court Program by MRT status
($n = 223$)





How do participants feel about your program???

Surveying Participant Satisfaction

▶ **Value added by satisfaction surveys:**

- ▶ Gives participants an opportunity to express their thoughts about the program.
- ▶ Helps identify issues that could be improved.
- ▶ Provides staff with valuable information about how clients perceive their services.

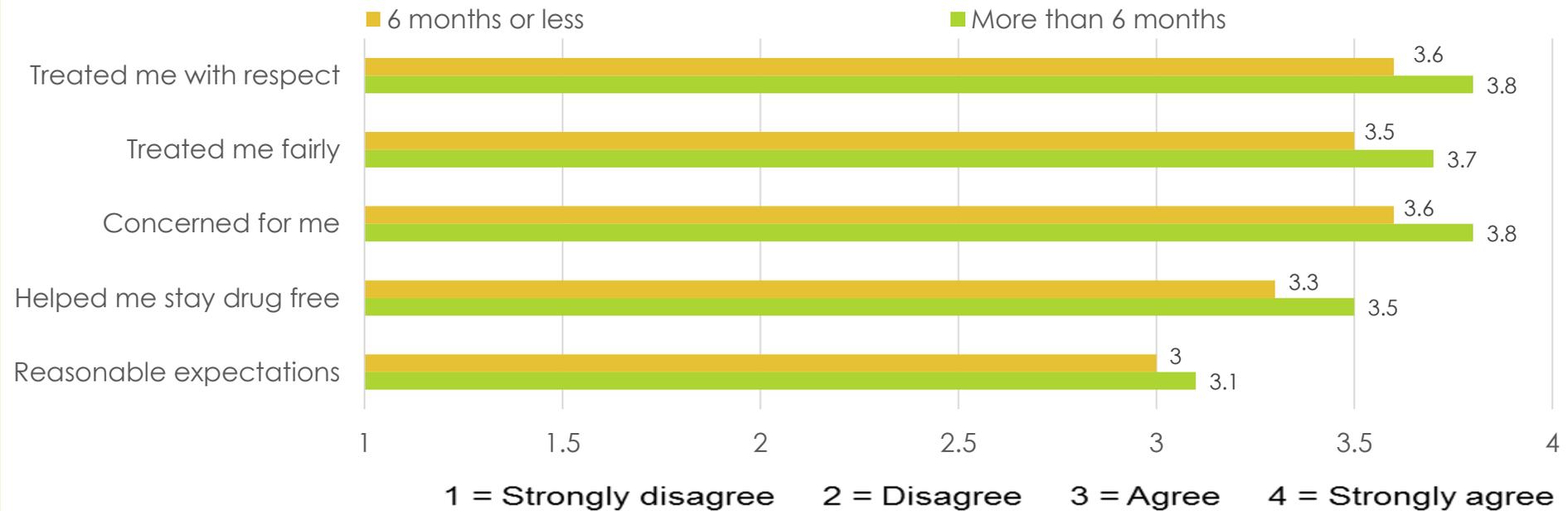
Example: Satisfaction Survey Results

▶ Procedures

- ▶ Designed Satisfaction Survey to assess opinions about various aspects of the program
- ▶ Administered Satisfaction Survey at 6 months and again at discharge
- ▶ Administered survey over time and compared recent ratings for the prior year ratings

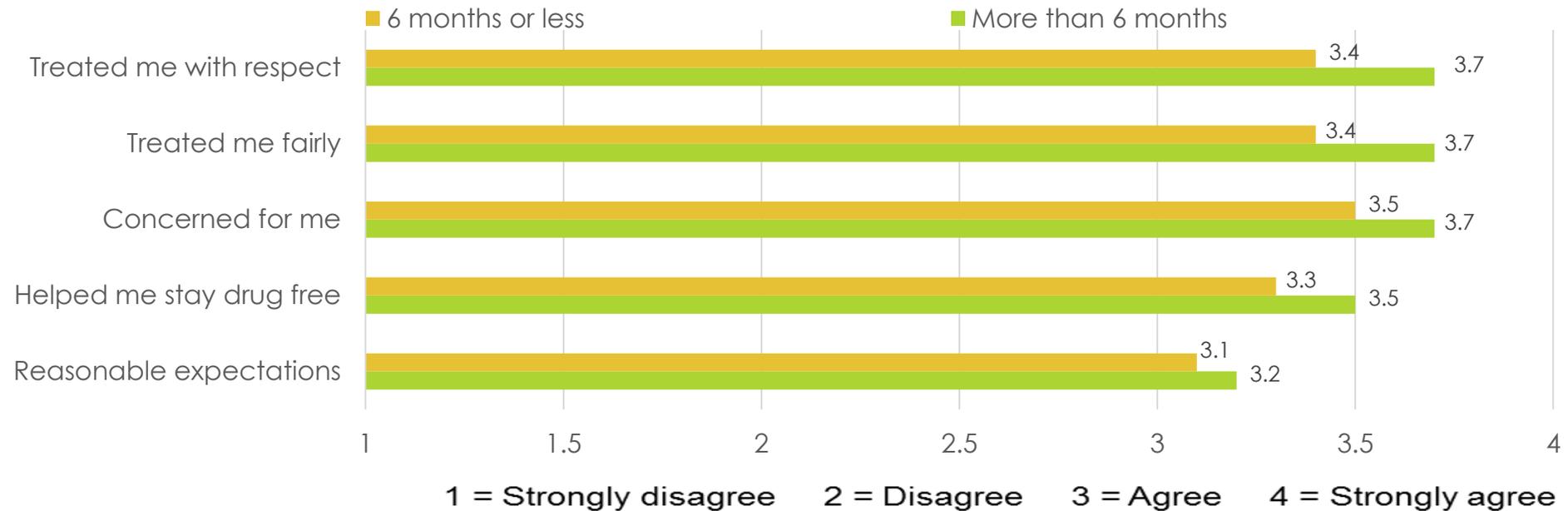
Satisfaction Survey

Figure 1: Satisfaction with the Judge



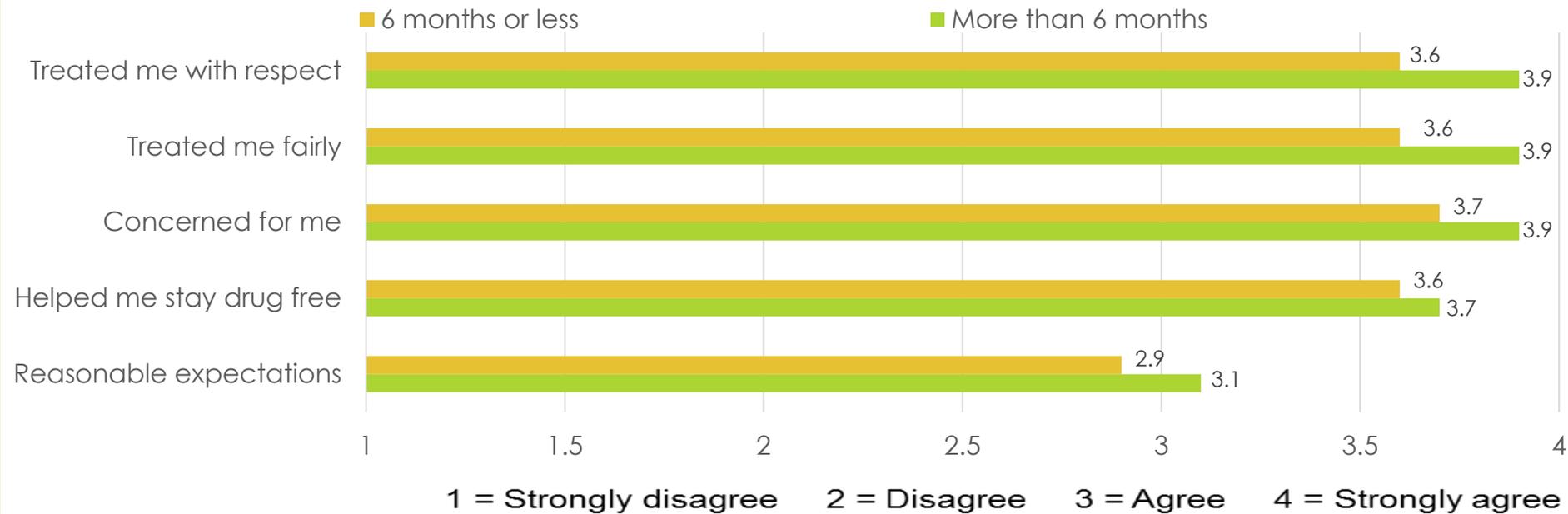
Satisfaction Survey

Figure 2: Satisfaction with the Probation Officer



Satisfaction Survey

Figure 3: Satisfaction with the Public Defender



Satisfaction Survey

Figure 4: Satisfaction with the Recovery Coach

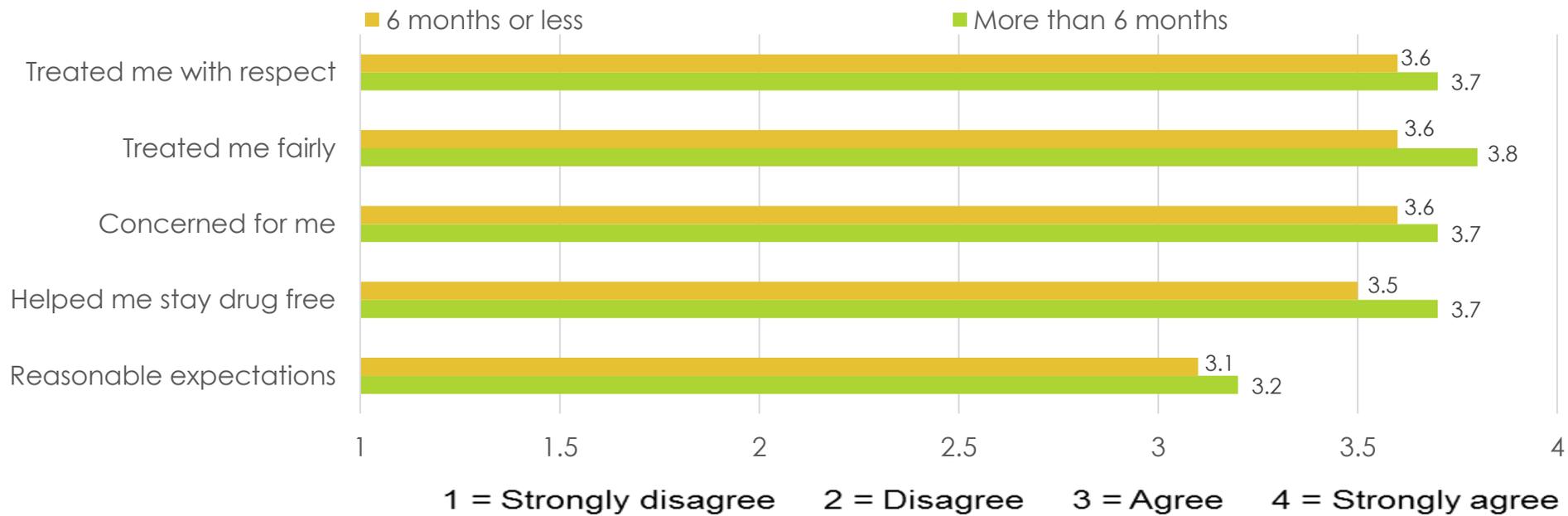
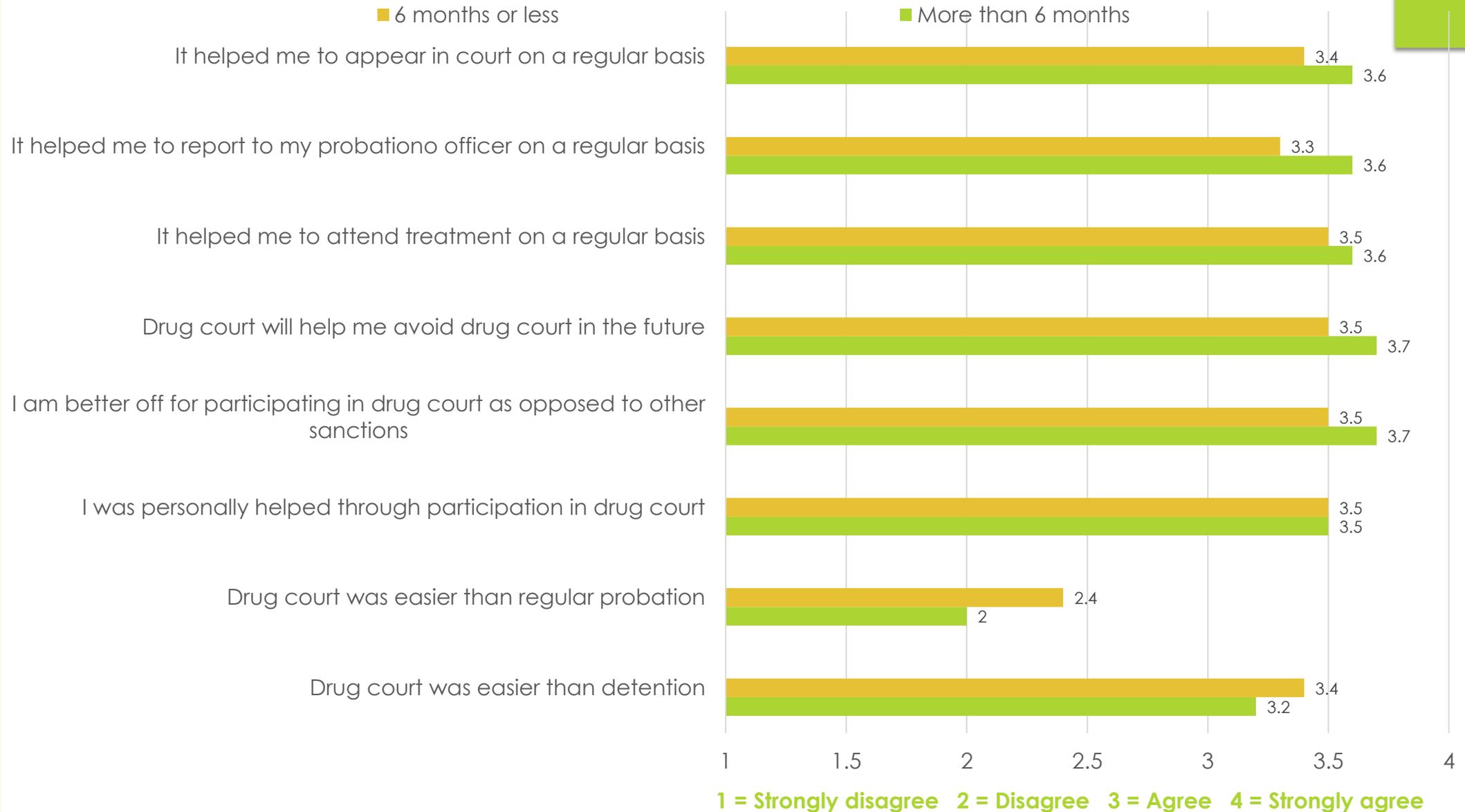


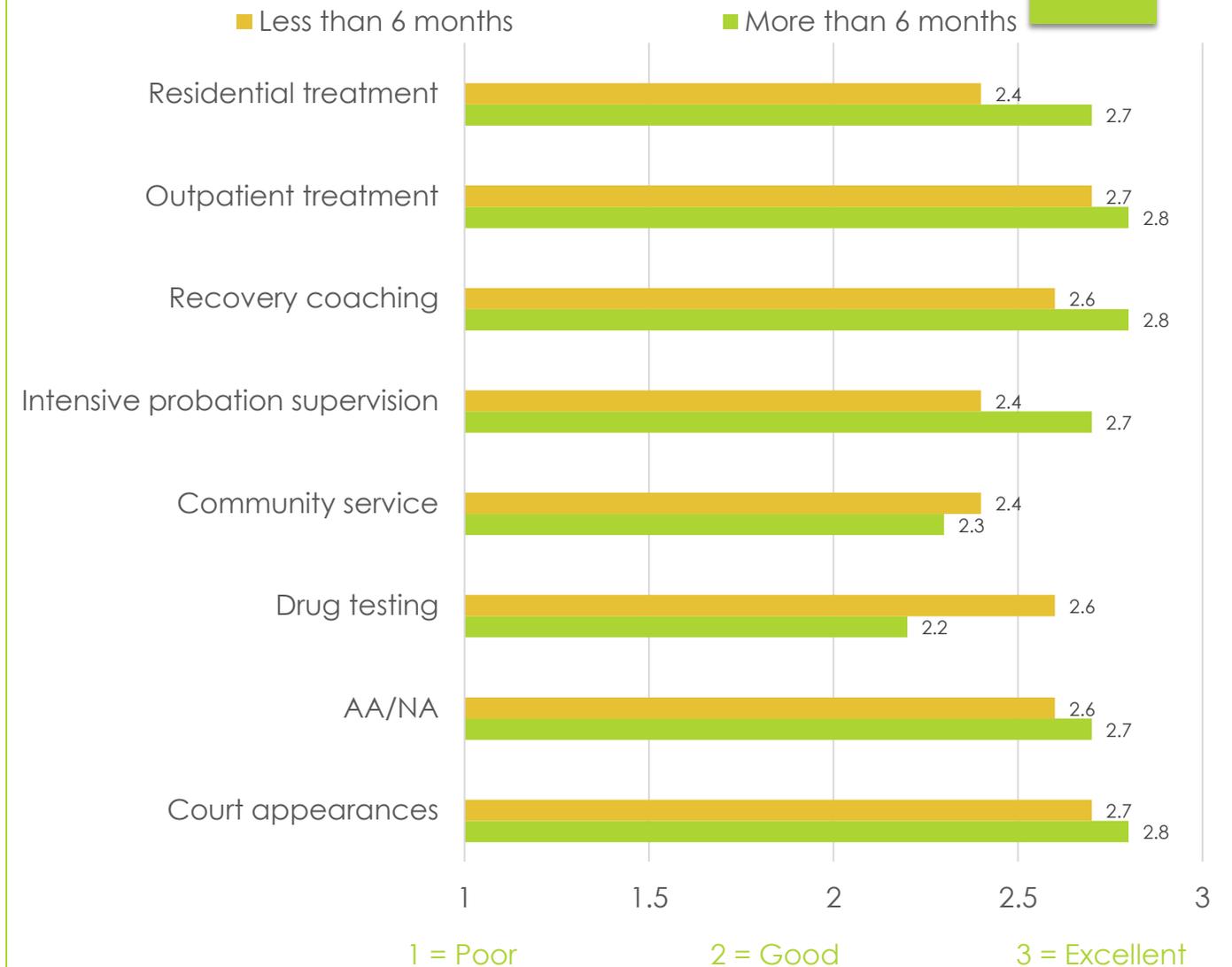
Figure 6: Overall Satisfaction with Drug Court



Satisfaction Survey:

Satisfaction with Drug Court Components

Figure 7: Satisfaction with Drug Court components



Satisfaction Survey

Figure 1: What have you liked *best* about the Drug Court so far?

- Staff care and support
- Help with recovery and staying sober
- Accountability
- Structure
- Personal change and growth
- Fairness
- Help with rebuilding life
- Positive outlook

Figure 2: What have you liked the *least* about the Drug Court so far?

- Time commitment
 - Classes
 - Groups
 - Court dates
- Drug testing
- Creatine levels
- Jail consequences
- Lack of attention to the individual
- Nothing/Not applicable

What have you liked best about the Drug Court so far?

Staff Care and Support:

- The support it offers - not to punish me but to help me work thru it
- They helped me and I feel better about myself; They helped me a lot
- The judge caring about people.
- They help you and understand your struggles.
- The support you get from the staff - it's new to me and they seem that they are sincere and dedicated

Help with Recovery & Staying Sober

- It helped me build a foundation to start a better life of sobriety.
- Give people a chance to change their life and help people get clean. It's helped me getting my life back on track
- Helping me stay clean and sober and get my life back on track
- It helped me build a foundation to start a better life of sobriety.

Accountability:

- Keeping me accountable for my actions
- The personal accountability for my responsibility
- Accountability and people who care
- Keeps me out of trouble
- It's helped me stay clean

What have you liked least about the Drug Court so far?

Time commitment

- All the classes they make you do.
- All the groups and times at group conflicts with work schedules.
- Coming to court every week.
- Court dates
- Drops and too many court dates
- Going to so many classes
- It take a lot of my time

Drug drops

- All the drops.
- Calling the drop line.
- Creatine in drops
- Dropping all the time when I been clean 2 years
- Dropping so much
- Having to make it for drops with no license.
- The never ending coming down here for drops.

Nothing/Not applicable

- Nothing- I am so grateful to have gotten a chance
- Nothing, everything is on point about drug court to me. I am proud to be a member of this program.
- I will not say anything negative about this opportunity that saved my life from the horrors of my addiction. It is the best thing that has ever happened to me.

Additional Resources

Drug Court Performance Measures, Program Evaluation and Cost Efficiency – Logic Model for Adult Drug Courts

<https://nij.ojp.gov/topics/articles/drug-court-performance-measures-program-evaluation-and-cost-efficiency-logic-model>

NIJ's Multisite Adult Drug Court Evaluation

<https://nij.ojp.gov/topics/articles/nij-multisite-adult-drug-court-evaluation>

SAMHSA TIP 57 – Trauma-Informed Care in Behavioral Health Services

<https://store.samhsa.gov/product/TIP-57-Trauma-Informed-Care-in-Behavioral-Health-Services/SMA14-4816>

SAMHSA TIP 58 – Managing Depressive Symptoms in Substance Abuse Client During Early Recovery

<https://store.samhsa.gov/product/TIP-48-Managing-Depressive-Symptoms-in-Substance-Abuse-Clients-During-Early-Recovery/SMA13-4353>

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