

8th Judicial District  
Re-Entry Program  
Evaluation

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## **Rentry Program Process Overview**

The 8th Judicial Districts Re-entry Program is not a stand-alone program. The program was implemented by design as a separate track within the participating Drug Court sites. For the purpose of this report the re-entry track that was added by the sites will be referred to as the Re-entry Program and it must be understood that conceptually it is an element integrated within the Drug Court service delivery system within the participating Drug Courts. This is an example of the 8<sup>th</sup> Judicial Districts drug court system where no specialized track is operated in isolation but rather is integrated and follows the current policies, procedures and principles of the participating courts. The 8th Judicial Districts re-entry model utilized by the participating courts draws on and applies the lessons learned from the Buffalo and Niagara Falls Drug Courts. The Drug Court Judges responsibilities at both sites were expanded to create a re-entry component (track) within the existing Drug Court. They make two assumptions: individuals are still sent to jail and that they are released back into the community with a further sentence looming, should they fail to follow program guidelines.

Those eligible for the Re- entry program are Drug Court participants who have initially failed to meet program compliance requirements. Active participants in either the Buffalo or Niagara Drug Court who have been sanctioned and or sentenced due to program failure are eligible for the jail based treatment/reentry court program. Eligibility criteria include factors such as legal history, treatment readiness, drug history, physiological history, and risk of violence.

For example, a Drug Court participant has a new arrest while in the program. The nature of these charges may vary, however, most are related to a relapse. In this scenario, rather than just packaging the new charges with the old, the Drug Court participant, could for example, be sentenced on the old or original charge and be maintained in the re-entry component of the Drug Court for the new charge. The working premise is, “we will make it as difficult as possible for a participant to fail”. Sentencing will no longer be the easy way out.

Although the exact wording may vary slightly from offender to offender, the verbal exchange at sentencing generally allows for the following exchange between the Judge and the offender. At the time of sentencing, the judge at either site explains to the offender that he/she is being sentenced to x months in jail (generally between three to six months) and then explains that after completion of the jail time, they would enter back into the community under the courts supervision. The goals of the program are explained in that they will be admitted back into the program (community) after they pay their debt for their offense

and have demonstrated an ability to live by the courts rules. The judges routinely indicate to the offenders that starting on the day of sentencing and with their involvement, a plan would be developed to achieve the goal and that the plan would require hard work that will begin in jail and continue after the return to the community. The judges make it clear that they will oversee the entire process, starting at sentencing, to make sure the goals are achieved, including monitoring the offenders participation while in jail, which will prepare them for release. The judges always bring to bear the reality that if the offender does not keep to their end of the bargain, their liberty will be restricted, although only in amounts proportionate to the failure. However, should another crime be committed after release, all bets are off. In contrast, the court always expresses the hope that they will complete the program and be welcomed back to the community.

### **Observation**

*This judge centered model borrows heavily from the judges drug courts experiences which feature, an ongoing, central role for the judge, a contract drawn up between court and offender, discretion on the judges part to impose graduated sanctions for various levels of failure to meet the conditions imposed, and the promise of the end of supervision as an occasion for ceremonial recognition.*

### **Introduction**

Approximately 11.4 million adults are booked into U.S. jails each year (Stephan, 2001), and at midyear 2000, 621,000 people were detained on any given day (BJS, 2000) Current estimates suggest that as many as seventy five percent of adults entering jails each year have active symptoms of a substance abuse, serious mental illness or meet criteria for a co-occurring addictive disorder (GAINS, 2001). While jails have a constitutional obligation to provide minimum psychiatric care, there is not clear definition of what constitutes adequate care.

Jails, unlike prisons, hold detained individuals who are awaiting appearance in court, and un-sentenced people who were denied or unable to make bail, as well as people serving short-term sentences of less than a year (although as prisons become more crowded, jails increasingly are holding people for extended periods of time). Short episodes of incarceration in jails (often less than 72 hours) require rapid assessment and planning activity, and while this challenge may be offset by the fact that jail inmates are less likely than prisoners to have lost contact with treatment providers in the community, short stays and the frequently unpredictable nature of jail discharges can make transition (re-entry) planning from jails particularly challenging.

Courts traditionally have assumed a marginal role within the current allowance of responsibilities for prisoner reentry. Usually a court's responsibility ends when a defendant is found or pleads guilty and is sentenced by the judge.

Judges typically have no role in the broad array of activities that carry out the terms of the sentence, prepare the offender for release, and transition the offender back to his status as a member of the community. However, we have seen the strong growth of a new form of jurisprudence in which the judge is actively involved in overseeing the transition of the offender from a dysfunctional member of society to a productive member of society.

The most recent example of this new form of court is the drug court—a court where the judge manages a caseload of drug-involved offenders, requiring them to make regular appearances in court, requiring them to participate in some form of drug treatment, subjecting them to regular urine testing to determine drug use, and administering a predetermined set of graduated sanctions for violations of the contract with the drug court. The first dirty urine may yield a reprimand, the second a day in the penalty box, and the third a day or a weekend in jail. Drug courts report very low recidivism rates<sup>1</sup>. Drug court professionals assert that their success can be attributed to the mix of coercion, treatment, drug testing, and judicial supervision. Those drug offenders who do not survive the regimen of testing, treatment, and sanctions are sent back to a normal calendar for further action; those who are successful participate in graduation ceremonies presided over by the judge, and which include, representatives from the treatment community, the defense, prosecution, arresting officer, and family of the graduate. Based on the drug court model, this promising approach to adjudication which some refer to as "problem-solving courts" has been extended to domestic violence courts, community courts, juvenile drug courts, family treatment courts for dependency proceedings, DWI courts, and now Re-entry Courts.

The overreaching goal of the re-entry court is to have returned to our community an individual who has discharged his legal obligation to society by serving his or her sentence and who has demonstrated an ability to live by society rules. Accepting released offenders into the community without a period of supervised release is generally considered morally unsatisfying; they have not yet earned their place at the table. By contrast, accepting an offender who has demonstrated during a period of transition, that they can

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<sup>1</sup> While recidivism statistics vary by the characteristics of the specific drug court and its target population, studies do point to recidivism levels among drug court participants that are significantly lower than standard dockets. See 'Looking at a decade of Drug Courts' an update to the *Summary Assessment of the Drug Court Experience* by the Drug Court Clearinghouse and Technical Assistance project.

abide by the rules can be highly satisfying to the offender, their family, and the broader community. Graduation ceremonies in drug courts can attest to this.

To achieve this goal, the primary objective for the offender and criminal justice agency alike is to prevent the recurrence of antisocial behavior. If that is to happen a number of things must be accomplished. Each offender must recognize and accept his/her relapse potential, that relapse can occur, and that he/she must have the ability to recognize what conditions lead to relapse (i.e., people, places, and things). He/she must have a plan in place to prevent it. This acceptance process is emphasized at sentencing, in jail, and continues throughout the period of release and beyond. This process empowers the individual to create a network of formal and informal social controls that takes shape in the form of a support system that can be utilized in the recognition of early warning signs of relapse and responding to them. Conditions of release that are set by the court are directly related to giving the offender the opportunity to support his or her claim to reintegration. That is, the conditions are shaped to prevent the recurrence of anti-social behavior while promoting productive activity valued by society, such as living a law abiding life, gainful employment, education, and family values. The powers and authority of the court is maximized to achieve these objectives. When the goal of re-integration has been met, the moment should be officially acknowledged and celebrated so that the offender can begin a new life through the road to recovery.

## **Observation**

*It may be useful to note that reentry is a nearly universal experience for almost all criminal defendants, not just returning prisoners. Everyone who is arrested, charged with a crime, and then released from custody moves from a state of imprisonment to a state of liberty. Everyone who is released on bail, placed on probation after a period of pretrial detention, sentenced to a weekend in jail, or released to a drug treatment facility experiences a form of reentry.*



## **The Idea of Jail Based Treatment and the Reentry Court**

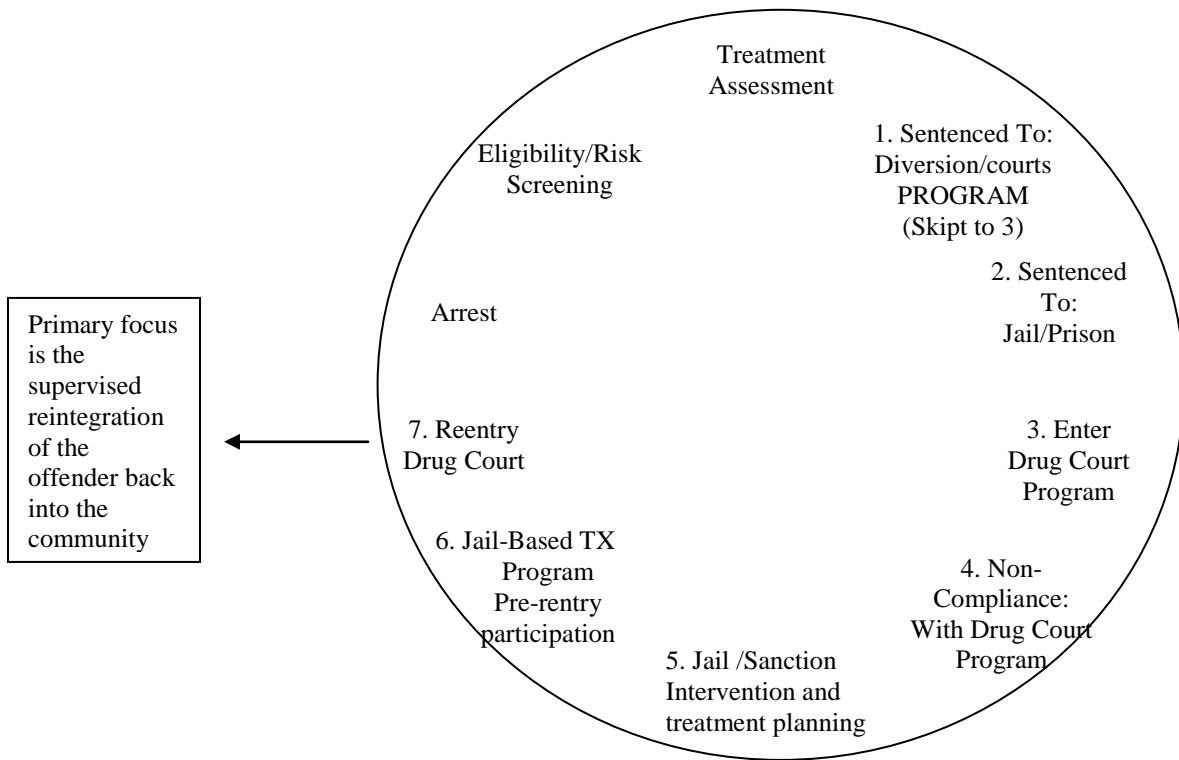
In June, 2002, a review<sup>2</sup> of evaluations, policy and procedures, program designs, and other related data collected from across the 8<sup>th</sup> Judicial District, had found that although similar, no two drug court programs were exactly alike, but the programs had some common threads. All of them build on an underlying premise that drug use and/or possession do not represent simply a law enforcement problem—these activities are just as much a public health and social service problem as a criminal justice problem. Although there are local differences, the criminal justice system can be viewed as a continuum, the stages of which involve personnel from various justice, treatment, and social service agencies. Throughout the stages of the continuum, efforts are focused on the common goal of protecting public safety. Major areas of criminal justice continuum (processing) are: Arrest, Arraignment, Plea bargaining (negotiations leading to disposition or trial), Diversion Program, Drug Court, Intermediate sanctions, Trial, Pre-sentencing, Sentencing, Jail, and Mandatory release. Apart from specific court-to-court operational distinctions, a singular gap in the continuum (service delivery) emerged --- the ability to provide treatment to drug court participants who were either sanctioned to short periods of incarcerations or the ability to continue treatment at the jail for participants who were terminated (sentenced out) due to program failure. This gap in the continuum (service delivery) raised the question, “If an offender is appropriate and in need of services while in the jail, whether it was for a sanction or for program termination, should they be denied”? Statistics indicated, that on average, detainees (sanctioned participants) may spend as little as one to three days or as many as 30 days in jail before going back to drug court and then are released to continue with treatment. Two of the most experienced drug courts (Buffalo and Niagara Falls) took the position that services can be provided to this population (participants either sanctioned to short periods of incarcerations or the ability to provide treatment at the jail for participants who have been sanctioned and or sentenced due to program failure), through a needs assessment, adjusted treatment plan when necessary, and or further referral that is guided by patient placement criteria, followed by recommendations to licensed community-based treatment providers. Buffalo and Niagara Falls were charged with testing this concept. These courts would develop criteria that provided a means to effectively screen defendants and develop procedures to identify individuals who will not be released from the program “prematurely”. They would work on the premise that this group of defendants can be put in a separate tract, where feasible,

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<sup>2</sup> As per the direction of the Chief Judge of the 8<sup>th</sup> Judicial District a written review (Pirowski, Smith and Washousky) was prepared that provided an overview of all problem solving court activity within the District.

concentrating on the need for treatment, and motivationally preparing the detainee for a further treatment option upon release (re-entry).

A key element in this concept is that the reentry court’s involvement begins at the onset of the offender’s jail term and continues beyond the date of custodial release. The drug court was viewed as a logical mechanism that can help support an offender’s successful reintegration to the community as it provides a combination of incentives, structure, services, accountability, and ongoing supervision. By providing the same level of focus and coordination at both the front-end (traditional post-plea) and the back-end (reintegration from jail) of the circle, the addition of a reentry tract within the participating drug courts would effectively close the gap in the circle of intervention.



## Closing the Gap

Originally, the drug courts within the 8th Judicial District focused on pre and post plea programs that were designed to work exclusively with the non-violent substance abusing offender living in the community (providing judicial supervision and rehabilitative services at the front end of the intervention circle). More recently, eligibility was extended to supervising offenders awaiting sentencing after violating terms of probation. There was little or no emphasis placed on offenders who have been incarcerated. Any

rehabilitative effort has generally waited until the offender has left confinement and is placed back in the community. There had been relatively little emphasis placed on the back end of the intervention circle, which was comprised of offenders sent to jail for substantial periods of time. Generally, any rehabilitation effort after release from confinement was left up to the releasee to acquire on his or her own initiative. The development of a treatment readiness program and implementing re-entry elements to the existing drug courts across the district presented a workable approach to closing the existing gap that exists for those offenders who are sanctioned and or sentenced by the drug courts for non-compliance with program rules and regulations.

## **Lessons Learned**

The District's efforts in the past to help individuals with substance abuse disorders in the criminal justice system have taught them that the result of these efforts will only be as good as the court, behavioral health and correctional partnership in the community. Re-entry planning can only work if justice, substance abuse, and mental health systems have a capacity and a commitment to work together. As a result, the 8<sup>th</sup> Districts Re-entry model depends, as well as drives, active system integration processes among relevant criminal justice, mental health, and substance abuse treatment systems. In order to mobilize a reintegration planning system, key people in all of these systems believed that some new response to jail inmates with substance abuse disorders was necessary and that they could be more effective in addressing the needs of this population by combining their efforts with other agencies in a complementary fashion. Re-entry planning for offenders with substance abuse disorders required a division of responsibility amongst the courts, jails, jail-based case managers, court based case managers, and community-based treatment providers.

This was accomplished by keeping this group of offenders engaged in treatment while in jail, incorporated court monitoring throughout their custody term and then once released, providing a seamless system of offender accountability, continuity of individualized treatment services, and judicial supervision. It provides a mechanism for the successful reintegration of offender's back into the community. The goal of these linkages is to reduce disruptive behavior in the community after release and to decrease the chances that the person will relapse, re-offend, and reappear in the jail.

## Background

The impetus for the 8th Judicial District Jail Re-entry project was the recognition that judicially driven programming using judicial authority has shown to be effective in Drug Courts and that a similar model could be applied to support prisoner reintegration. A key component in drug courts is that they represent the exercise of a precious resource, judicial authority, toward a beneficial end and that offenders respond positively to the fact that a judge is taking an interest in their success. The frequent appearances before the court with the offer of assistance, coupled with the knowledge of predictable consequences for failure, assist the offender in taking the steps necessary to get his or her life back on track. Existing drug courts within the district could be used to oversee the reentry process, including monitoring, supervision, case management, treatment, ancillary service provision, and community involvement. The reentry court within the district involves an application of these principles to a very different group of offenders at a very different stage in the process--to prisoners leaving local jails on their way back to communities. This focus recognizes that these are exactly the offenders who need to be held strictly accountable and are most in need of assistance as they return to communities.

*"The Mission of the 8th Judicial District Reentry program is to effectively manage the return to the community the offender that is being released from jail, using the authority of the court to apply graduated sanctions and positive reinforcement and to marshal resources to support the prisoners reintegration, much as drug courts do, to promote positive behavior by the returning prisoner. The expectation is that the focus on reentry issues in the courts will help reduce the recidivism rate of returning prisoners and will encourage a broad-based coalition to support the successful reintegration of those offenders.*

Drawing on the Drug Court model , the primary goal of the project was to “establish a seamless system of offender accountability and service delivery throughout the reentry process”. The initial objective was to reduce the jail population by providing an intensive supervision and treatment program for eligible candidates in order to rehabilitate the individual, thereby breaking the cycle of crime and recidivism associated with drug dependency. Two sites, Buffalo City Court (Erie County) and Niagara Falls City Court (Niagara County) were charged with developing strategies to improve the tracking and supervision of offenders upon release, preparing communities to address public safety concerns and providing the services necessary to assist offenders in reconnecting with their families and communities. A core set of

reentry court components developed by the Office of Justice Programs were identified by the researchers, presented to the planners of the Districts program, and then modified, adapted, and incorporated to strengthen the programs development and implementation

### Core Components of Reentry Court

| Component                   | Description   |
|-----------------------------|---|
| Assessment and planning     | <ul style="list-style-type: none"> <li>• Identification of appropriate candidates for program participation</li> <li>• Needs assessment and planning prior to release, including social services, family counseling, health and mental health services, housing, job training, and work opportunities</li> </ul>  |
| Active oversight            | <ul style="list-style-type: none"> <li>• Regular court appearances beginning while incarcerated and immediately after release and continuing throughout supervision and program participation</li> <li>• In house case management</li> <li>• Program participants witness others' court appearance</li> <li>• <i>Judicial Monitoring</i>: Ongoing monitoring (e.g. drug testing, case management visits, and court appearances before the drug court judge).</li> <li>• Length of stay will vary based on participant progress, however, the average time in program is anticipated at 12-18 months.</li> </ul> |
| Service navigation          | <ul style="list-style-type: none"> <li>• Program to identify necessary resources, including substance abuse treatment providers, job training programs, private employers, faith institutions, family members, housing services, and community organizations</li> <li>• Support resources marshaled by court</li> <li>• Case management approach accountable to court</li> </ul>  |
| Accountability co community | <ul style="list-style-type: none"> <li>• Use of citizen advisory board</li> <li>• Restitution Requirement</li> <li>• Involvement of correctional administrator, reentry judge, District Attorney's Office, and Legal aid Bureau</li> </ul>  |
| Graduated sanctions         | <ul style="list-style-type: none"> <li>• Use of predetermined range of sanctions for violation of supervision conditions</li> <li>• Sanctions to be administered swiftly, predictably, and universally</li> </ul>   |
| Reward for success          | <ul style="list-style-type: none"> <li>• Identification of program milestones</li> <li>• Use of rewards to recognize milestones</li> <li>• Public forum desirable</li> </ul>  |

## **Project Description**

This final project report has been prepared by Recovery Solutions Inc. in order to satisfy the requirements of the contract with the administrative offices of New York States 8<sup>th</sup> Judicial District. This report focuses on the process evaluation of the 8<sup>th</sup> Judicial Districts Jail Based Re-Entry program and was made possible by funds provided by the United States Department of Justice, Grant Number 2001-DC-BX-0073. These funds were awarded to The New York State Office of Court Administration (OCA) on behalf of the 8<sup>th</sup> Judicial District.

The focus of this contract was on process rather than outcomes. The process evaluation occurred for a number of reasons. First, the length of the contract and the available resources did not allow for an outcome study. Second, and more important, it was necessary to define and document the process variables in order to measure outcomes in the future.

There was a need to gather information on programs that showed potential and evaluate why they worked. From information gathered on drug court programs and in responding to grant proposals, programs must include research and evaluation components before implementation begins. Knowing the extent to which a program is effective during operations enables for continuous improvements. When outcomes are evaluated without knowledge of operations, the results seldom provide a direction for action planning. Critical decisions often lack information about what produced the observed outcomes. Unless one knows that a program is operating according to design, there may be little reason to expect it to produce the desired outcomes (Patton, 1986)

This evaluation was designed to help complete and document the 8<sup>th</sup> Districts Program process. This project recognized evaluation as a means of keeping track of how each phase of the program and procedures were integrated and linked to expected outcomes. Evaluation is not simply a means of “proving” you have achieved what you set out to achieve; more importantly, evaluation research is a tool that can be used to improve the overall functioning of the program. This process evaluation was a case study analysis, non-experimental, of how the Jail Based Program was implemented and how it operates currently. It was concerned with history, operations, procedures, participant enrollment, client progress monitoring, obstacles, and recommended operational improvements. Although primarily qualitative and descriptive, it was necessary to collect demographic, historical, and quantitative measures to summarize

the size and nature of the caseload. The planners of the program recognized that “ **The most important purpose for a program evaluation is not to prove but to improve**” (Dobbin and Gatowski 2001)

### **Challenges to Evaluation**

The Re-entry program represents a collaborative effort between multiple agencies, which are, by definition, considered dynamic with regard to change. However, change is often presented as a series of challenges to everyone when comprehensive evaluation takes place. Individuals become fearful of reporting what they do, as if someone is judging rather than exploring. This appears to be true when viewing the components comprising the program. There are diverse interests, with program partners having different stakes in the outcomes. Furthermore, the system necessitates drawing on scarce resources and reallocating them to maintain effective participation.

### **Scope and Methodology of the Evaluation Plan**

The initiation of an independent, intensive evaluation to measure the effectiveness of the 8<sup>th</sup> Districts Re-entry program established a baseline of measurement for future evaluations. The evaluation determined the extent to which the drug control efforts of multiple agencies have been integrated and coordinated. This evaluation was accomplished using interviews, focus groups, and structured instruments designed to capture both process and impact results in quantitative and qualitative formats. Individual interviews were conducted to promote ownership and investment in the evaluation and to add any other information the respondents deemed important. The primary purpose was to examine the current operation of the 8<sup>th</sup> Districts Re-entry program and assess the effectiveness of the implementation process, situational factors, and program impact. This was accomplished by:

- Interviews with members of each member of the drug court/jail based teams and its participants and
- Intensive systematic review, collection, compilation, and analysis of all available quantified data, including reviews and assessments of status reports and case management and treatment files.

The evaluation was conducted through on-site visits at the 8<sup>th</sup> Districts Re-entry program. Interviews were conducted at the initial program sites, more specifically at both - The Buffalo and Niagara Falls Drug Courts. Both Drug Court Teams and program participants were interviewed using semi-structured

interviews (see appendix A and appendix B). The systematic reviews of process and outcome indicators were determined through this approach. The collection and analysis of all available quantified data for the Drug Court depended on the cooperation from those involved in the 8<sup>th</sup> Districts Re-entry program. This framework provides a basis for specifying the 8<sup>th</sup> Districts Re-entry program uniqueness. The evaluation formulates a program logic model<sup>3</sup>, including descriptions of all program components and the relationships between program components. The model establishes a baseline for the process evaluation to determine (1) if the components are being implemented as designed and expected and (2) if improvements can be made to current operations.

## Data Sources

Multiple sources were used to collect data for this evaluation. The primary sources of information included the management information system of the C.O.U.R.T.S.<sup>4</sup> Program, Niagara County hard files, and the database built by the C.O.U.R.T.S. The C.O.U.R.T.S. Program information system was modified for use by the Niagara Jail Base Treatment Team. The Buffalo DMIS-2001 is a management information system (MIS) built on Access 97 that was initially designed and customized on site at the C.O.U.R.T.S. Program and later adapted for the Buffalo City Drug Court operations. Although this MIS was primarily designed for Adult Drug Courts, it provided the Jail Based Program Staff with:

- A structured psychosocial intake screening for all participants including information on demographics, education, employment, physical and mental health, drug use, and treatment history;
- Ongoing monitoring of participant compliance with court appearances, drug testing, and treatment attendance; and
- Areas for comments, case notes, and structured entry of occurrences and court responses to both achievements and infractions.

The C.O.U.R.T.S. Program Re-entry program coordinator and support staff was responsible for the collection of the data. The data was easily exported for analysis purposes into spreadsheets and data tables,

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<sup>3</sup> The approach and definitions presented here are fully explained and demonstrated in: Kirchner, Robert A., Roger K. Przybylski and Ruth A. Cardella, Assessing the Effectiveness of Criminal Justice Programs. Assessment and Evaluation Handbook Series Number 1, January 1994. U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Assistance. This publication is available on the INTERNET at: [www.bja.evaluationwebsite.org](http://www.bja.evaluationwebsite.org).

<sup>4</sup> The C.O.U.R.T.S. program was launched in 1995 from the City of Buffalo Criminal Court to link individuals who come through the criminal court system with a full range of social services including drug treatment, mental health treatment, medical care, anger management services, and one-on-one as well as family counseling.



such as those that can be directly used by the program manager for monitoring purposes, as well as for use by the evaluator. In addition, this system provided the judge with an easy-to-read, printed summary (see Appendix C ) of each participant's progress throughout the program. This timely information increased accountability and improved judicial decision-making. Other key features of this MIS were:

- The ability to quickly store and retrieve information about drug court participants;
- The creation of statistical reports for program improvements;
- The ability to create Power Point visuals for snapshot overview presentations;
- The ability to sort data by predictive variables (return court date, last name, age, treatment history, educational levels, and other);
- The opportunity for user(s) to print hard copies of participants records; and
- The user's ability to document a participant's treatment history, types of service received, start dates, and discharge dates. Additionally, the program allowed automatic calculation of the length of stay (in days).

## **The 8th Judicial District**

### **The Adult Drug Court Model**

Requiring defendants, as a condition of sentencing, to attend a substance abuse treatment program (Court Mandated Treatment) is not a new phenomenon. This practice existed within the 8<sup>th</sup> Judicial District well before the implementations of drug courts. The primary problems associated with this practice as reported by the Judges (The Hon. Mark Violanti, Niagara Falls and the Hon. Robert T. Russell, Buffalo) interviewed during the evaluation was the lack of or inability to insure adherence to the courts conditions. For example, the judiciary reported that follow up on offender's participation in treatment and communication networks with providers were inconsistent and generally non-existent. As one of the Judiciary stated, "We were just spinning our wheels and reinforcing the perception of the revolving door of justice". However, both of the judges associated with the re-entry initiative professed that drug courts are different and distinctive in design and expectations. They require intensive ongoing judicial supervision of the treatment process that involves accurate, real time communication between treatment agencies and the court, frequent court appearances for monitoring treatment attendance and drug testing results, personal contacts with the judge, rewards for progress, graduated sanctions for non-compliance with court orders, and a non-adversarial team approach. In addition, both judges were in agreement that judicial supervision, coupled with the reality of jail time for those who failed the program, has produced better treatment and recidivism outcomes than standard prosecution and earlier court mandated treatment approaches. It should be noted that during the interview process, both judges were again in agreement that the 8th Districts Re-entry program provides another means to make it as difficult as possible for a participant to fail in drug court. This program relays the message that "although you initially did not adhere to the courts conditions we have not given up on you". Having said this, the judges shared a common vision about offenders and the issues of public safety and the community: "we must act as a system to improve public safety in our communities".

From a historical perspective, the 8th Judicial District opened its first drug treatment court in Buffalo in December 1995. As of June 30, 2004 there are 16 Adult, Juvenile, and Family Treatment Courts in operation throughout the 8<sup>th</sup> District and another 13 in the planning stage. Clearly, the treatment Court system has taken hold throughout the Western New York Region and has gathered wide public and political support. For example, "Confronting the Cycle of Addiction and the Courts" a report (2000) to New York States Chief Judge Judith S. Kaye by the New York State Commission on Drugs and the Court,

determined that Drug Courts are effective in keeping offenders in treatment. The Drug Courts have proven the ability to engage and maintain participants in long-term treatment and other services who have had limited treatment exposure in the past. They also provide more regular and closer supervision than those under other forms of criminal justice supervision in the community. The average length of program participation for graduates throughout the 8<sup>th</sup> Judicial District is 355 days. Drug use rates (as measured by urine test results) and criminal activity (as measured by re-arrest) are comparatively reduced while participants are in the program. It has been suggested that they (Drug Courts) have reduced the number of new crimes that untreated offenders would likely have committed, if not for program participation. This has improved the quality of life within our community through crime reduction. Because many of the drug courts are relatively new and have limited data from which to draw conclusions, continuing research into the effectiveness of drug courts is critical. Adele Harrell of the Urban Institute, “Understanding the Impact of Drug Courts,” (Draft of Sept.1999) concludes, “The weight of the evidence supports the crime prevention potential of Drug Courts”.

## **Key (Common) Components of Drug Courts**

In 1997, the National association of Drug Court Professionals summarized the drug court model with a list of 10 Key Components (NADCP1997). The following draws from a list but has been revised to emphasize common components of New York programs that were featured in The New York State Adult Drug Evaluation (October 2003):

- *Alternatives to Incarceration:* Defendants receive treatment instead of jails or prison.
- *Early Identification and Treatment Placement:* The court attempts to identify eligible defendants soon after arrest (or probation violation where applicable) and to assist in rapidly locating a community based treatment slot.
- *Community Based Treatment:* Treatment is deemed essential to recovery. It occurs at either residential or outpatient facilities, where participants must complete a significant stay, typically ranging from six to eighteen months.
- *Legal Incentives to Succeed:* Participants receive a positive legal incentive to graduate (e.g. case dismissal or charge reduction) and a negative incentive to avoid failing (threat of jail or prison).
- *Collaborative Team Approach:* Court and clinical staff work as a team to assist each participant’s recovery; drug courts employ a non-adversarial process in the courtroom.

- *Judicial Monitoring*: Specific policies vary, but drug courts have ongoing monitoring (e.g. drug testing, case management visits, and court appearances before the drug court judge).
- *Rewards and Sanctions*: The court administers rewards in response to progress (e.g. fewer days in treatment per week, fewer court appearances) and sanctions in response to non-compliance (e.g. essay, sitting in jury box, community service, or a short jail stay).
- *Dedicated Drug Court Judge*: The same judge monitors participants progress throughout their participation, and the relationship between judge and participant is deemed important in motivating and assisting participants in their recovery.

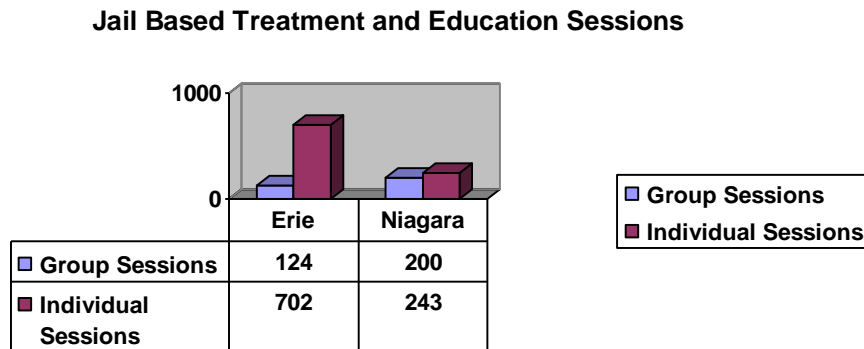
## **Impact**

In addition to the savings of the taxpayers within our district from the immediate costs of incarcerating non-violent offenders, these programs create additional savings by reducing crime and victim loss, as well as other criminal justice savings, that, while difficult to quantify, are no less important. Successful completion of these programs can for example, reduce public assistance caseloads, reduce health care costs, and allow children to be removed from foster care and be reunited with their parents. A recent study (2003) of 386 graduates of the Buffalo Drug Court, conducted by the Buffalo Drug Court and the Erie County Department of Social Services, determined that out of 276 participants who had open social service cases (Medicaid, food Stamps, and/or Public assistance) when they enrolled in Drug Court, 168 had such cases closed; 78 children who were in foster care were returned to their homes; 57 crack free babies were born; 38 Child protective Service cases were closed; 81 children involved with Child protective Service were allowed to remain in their homes; 29 children were removed from social service rolls due to increased child support from parent/graduate; and more than forty thousand (\$60,000) was collected in back child support payments. The gross costs Erie County will avoid over the next five years are estimated at over five million dollars (\$15,000,000). This study has recently been extended to include all drug courts within Erie County, and preliminary data indicates the potential savings to exceed twenty million dollars (\$20,000,000). While savings in secondary social service benefits may be difficult to quantify with precision, these are the kinds of benefits that can reasonably be attributed to results from successful program completion.

## Overview of the Reentry Program

### Defining Jail-Based Treatment

**Incarceration alone usually does little to change behavior**, although the fear of arrest and incarceration may deter some offenders from continued drug use. There is a little evidence that incarceration without treatment does anything to effect behavioral change. Incarceration may not even interrupt the offender's drug use, since it is well known that illegal drugs are available in some jails and prisons. The linkage between jail and aftercare can be the weakest aspect in the treatment of the non-violent substance abusing criminal offender. The district recognizes that recidivism rates and drug relapse rates are, in part, due to the type of community treatment and supervision occurring after release. Continuing treatment upon release from the jail facility is essential to ensure that criminal behavior and drug relapses do not occur. Allowing offenders to simply sit out their prescribed time in jail is to waste limited time and resources.



(Graph 1.1 Jail Based Treatment and Education Sessions)

Conducting treatment/education while offenders are incarcerated makes efficient use of their time as well as the funds required to secure, house, feed and provide them with medical care. As reflected in graph 1.1, one thousand three hundred sixty nine (1,369) group (324) and individual (945) treatment sessions were held at the Erie (826) and Niagara (443) county jails for the two hundred and forty four (244) custodial participants. The median group attendance at the Erie County Correctional Facility was eight (8) and at the Niagara County Jail five (5).

The 8<sup>th</sup> Judicial District Re-Entry Program appears to be a logical progression in the development and implementation of a mechanism that would help a substance abusing offenders' successful reintegration to

the community, as it provides a combination of structure, services, supervision, and accountability. By providing the same level of focus and coordination at both the front end of the continuum (traditional pre and post-plea) and the back end (reintegration from jail) of the continuum, the re-entry program enhancement has filled the identified gaps within the 8<sup>th</sup> Judicial Districts development of a Drug Court System. “Reentry” accurately sums up the districts distinct approach developed by the Buffalo and Niagara Falls drug courts that implemented a reentry track that is coordinated with a jail-based treatment component. From the time an offender enters the jail-based treatment program, he or she is being prepared for reentry into the community as a responsible citizen. Treatment for these drug court participants who are sent to jail could be viewed in two phases: an in-custody intervention or treatment phase, followed by a community supervision phase. Basically, when the offender’s jail term and/or jail sanction ends, the treatment program and the regimen of the drug court continues. Upon an offender’s release from jail, he or she enters one of the two designated drug courts (Buffalo and Niagara Falls). Upon entering the community based drug court, the offender enters a pre-determined level of care according to the treatment plan that was developed prior to release, where he or she would likely remain for up to one year. The drug court team led by the drug court judge supervises the offender treatment activity.

Through the jail-based treatment component, an offender begins the process of personal change through comprehensive substance abuse treatment. Jail-based treatment, as well as the development of a treatment plan upon release, prepares offenders for reentry into the community by providing them with the tools and placement necessary for maintaining a drug-free life style, thus reducing the risk of relapse and increasing public safety within the community.

## **Treatment approach**

The key to effective treatment planning is the assessment. The planners recognized that assessment is not a static event, but rather an ongoing process; it must be continuous. Assessment catalogs the inmate’s psychosocial, medical, and behavioral needs and strengths. The natures of behavioral health problems were described, their impact on level of functioning reviewed, and the participant’s motivation for treatment and capacity for change evaluated. The time for assessment was dependent on the time the individual spends in jail. “Fast-track” strategies for sanctioned participants were required for participants spending less than 96 hours. A hierarchy of assessment strategies was employed to ensure, even for short-stay inmates that their basic needs were identified and linkage to resources achieved. For longer stay

inmates, longitudinal assessment strategies were developed that are informed by continual observation and the collection of relevant records and opinions.

However, the most important part of the assessment process as reported by the participants, was engaging the participant in assessing his or her own needs. The case management teams responsible for re-entry planning involved the participant in every stage of the re-entry planning process, not only to gather information from the participant that led to a plan that met the participants own perceptions of what s/he needs, but also it appeared to build trust between the staff member and the participant. It should be noted that, initially one of the barriers encountered to re-entry planning was the participant’s perception that the re-entry program was an effort by the court to restrict his or her freedom after release from the jail or even an on-going punishment. The primary way to overcome this barrier was by engaging the inmate, from the earliest stage possible, in considering and identifying his or her own needs, and then building a plan that meets those needs. Research has shown that effective programs provide comprehensive sets of cognitive based drug interventions and services with a holistic approach to altering lifestyle problems. Recognizing these findings, the treatment services available include educational and vocational readiness programs, topics dealing with anger and stress management, communication skills, assertiveness training, violence reduction, interpersonal skills, family issues and parenting, and racial/cultural/ethnic differences have shown to be of great value in altering behavior. Depending on the length of stay (sanction and or sentenced) and the history of abuse, the re-entry program treatment program participant will engage in a drug awareness program or an intensive cognitive restructuring accountability treatment service.

**Jail Based Treatment Therapy Description of Modules**

|                 |   |
|-----------------|---|
| <b>Module 1</b> | First Step and Advantages and Disadvantages Analysis                                      |
| <b>Module 2</b> | Relapse Prevention – and Relapse Warning Sign for Criminal Behavior by Terrence J. Gorski |
| <b>Module 3</b> | Spirituality and Johari’s Window  |
| <b>Module 4</b> | Successful Living with Dual Diagnosis and Maslow’s Theory                                 |
| <b>Module 5</b> | Relationship/Communication and Possible Effects of and Reaction to Abuse                  |
| <b>Module 6</b> | Film – Faces of Addiction   |
| <b>Module 7</b> | Stage of Change - De Clemente & P.A.W.S.  |
| <b>Module 8</b> | Cognitive Developmental Model & Life In Hell & Survival Skills                            |

The jail program also takes into account the needs of any “special” population (women, Spanish-speaking, minorities, MICAs, and HIV-positive) in developing the treatment approach and the modalities to be

included. The treatment readiness component is the primary focus of the one-on-one individual session. This is a strength base approach designed to meet individual needs, motivation therapies, information on drugs, addiction, and treatment, with the aim of increasing awareness, understanding, and referral upon release. Where possible, program staff applies this information to each inmate's specific legal, family, social, and economic circumstances. Connections are made between these circumstances and drug and/or alcohol use. The motivational aspect is aimed at encouraging treatment after release and attending self-help groups. Mentoring or "Buddy" Systems are encouraged. Prior to release arrangements with a specific provider are made which eliminates all ambiguity for the soon-to-be-released inmate. The re-entry participant is given the date, the time, the individual at the program he/she is scheduled to see, the directions, or when necessary, transportation to the treatment provider's facility.

## **Conclusion**

Re-entry planning must address both the inmate's short-term and long-term needs. Special consideration must be given to the critical period immediately following release to the community—the first hour, day, and week after leaving jail. High intensity, time-limited interventions that provide support as the participant leaves the jail should be developed. The intensive nature of these interventions can be rapidly tapered as the individual establishes connections to appropriate community providers. Again, the most important task of the case management team is to listen to the inmate. Many inmates have been to jail before and some have passed through the same jail and back to the community dozens of times. The single most important thing a case manager can do during the planning process is learn from the participant what has worked or, more likely, not worked during past transitions and plan accordingly.

Participant ownership of the treatment plan is important. Participant input into the treatment plan must occur from the beginning and should not be limited to sharing information with the case manager. For example, the participant can, with supervision, make phone calls to set up appointments. As the participant's condition improves during the course of treatment, he/she should be encouraged to assume an increasingly greater share of the responsibility for the plan that will assure ongoing and continuing care.



## **Who is Eligible for Jail Based Treatment?**

Active participants in either the Buffalo or Niagara Drug Court who have been sanctioned and or sentenced due to program failure are eligible for the Re-entry program. The working premise is that “we will make it as difficult as possible for a participant to fail”. Sentencing will is no longer the easy way out. Eligibility criteria include factors such as legal history, treatment readiness, drug history, physiological history, and risk of violence.

Eligible drug court participants are those who have initially failed to meet program compliance requirements. The offender’s drug history is reviewed, and a bio-psycho-social assessment is administered to determine appropriateness, amenability, and motivation for in-custody treatment. If the offender qualifies for the program, a detailed treatment plan is developed by the in-custody treatment staff based on needs identified in the assessment for both pre and post jail involvement.

For example, many post-plea drug court participants have been terminated due to a new arrest while in the program. The nature of these charges varies, however most are related to a relapse. In this scenario, rather than just packaging the new charges with the old, the drug Court participant, could for example, be sentenced on the old or original charge and maintained in the re-entry component of the Drug Court for the new charge. This approach makes it difficult for the participant to take the easy way out (sentencing).

## **Drug Courts and Jail-Based Treatment Programs**

The re-entry program offers sentenced participants weekly contact with treatment staff through individual treatment planning, substance abuse counseling, group and individual counseling, crisis intervention, alcohol and drug education, health education, anger management, domestic violence seminars, life-skills training, relapse prevention, 12-step meetings, alumni groups, vocational and job training, and sober living placement. Offenders’ attitudes, motivation, use of time, and ability to stay on task are all reported to the drug court judge. Failure to comply with conditions of the program will result in sanctions imposed by the drug court judge.

## **The value of linking Jail-Based Treatment with the Drug Court Process**

Jail based treatment programs enhance the level of inmate control and accountability. It appears that this program makes productive use of offenders' time, while giving them a head start in their own treatment and rehabilitative process, resulting in the release of stable individuals into the community. Without this approach, many offenders sentenced to an initial jail term might wait weeks or even months before their substance abuse problems are addressed, if at all. These offenders would "do their time," returning to the community without treatment, and in some cases, in a worse condition than when they were arrested. On the other hand, the jail-based treatment program, under the direction of a drug court, provides a higher level of accountability, while keeping participants engaged in treatment which is the primary objective of drug courts. Offenders understand that their conduct and participation are subject to judicial sanctions even while they are incarcerated, thus compelling them to strictly adhere to program requirements. Jail-based treatment program participants are more likely to comply with treatment regimens, remain clean and sober while in the program, and stay with their program. Such compliance, even if it is externally motivated at first, can be a recipe for success.

The drug court teams at both sites reported that all too often there is a waiting period for individuals who are in need of acute care. Preparing a participant for placement in an inpatient or residential facility was an unanticipated benefit of having continuing contact with treatment staff while in custody. Through interventions, treatment, and education, the offender can be readied for placement in a structured environment.

The fundamental principle of the 8<sup>th</sup> Judicial Districts Re-entry Court participant placement system is that the participant be placed in a level of care that has the appropriate resources (staff, training, and services) to assess and treat the participant's condition according to the severity and the participant's health and level of functioning.

Both re-entry sites as well as the Western New York Consortium of Alcohol and Substance Abuse Providers follow national, state, and local guidelines to determine levels of care for service participants. These guidelines include dimensions for intoxication and/or withdrawal, biomedical condition, emotional/mental health status, treatment acceptance/resistance, recovery environment, and relapse potential. Local providers have assimilated the American Society of Addiction Medicine Patient Placement Criteria 2<sup>nd</sup> edition as well as, using the Comprehensive Assessment and Diagnostic Summary

developed through the Erie County consortium of Alcohol and Substance Abuse Providers and Treatment Subcommittee as the standard admission evaluation screening for all admissions.

## Continuum of Care Issues

- ❑ Choice of Treatment Levels (movement)
- ❑ Inpatient vs. Outpatient
- ❑ “Failed Outpatient”
- ❑ Medical Necessity
- ❑ Self help groups **NOT a treatment level**
- ❑ Treatment Availability

*Gerald Schulman M.A. FACATA  
Consultant, Buffalo Drug Treatment Court*

## Levels of Care ASAM Patient Placement Guidelines

### **Level I: Outpatient Treatment**

- ❑ Non residential
- ❑ Less than 10 hours per week

### **Level II: Intensive Outpatient Treatment**

- ❑ Non residential
- ❑ 10 or more contact hours per week in a structured program

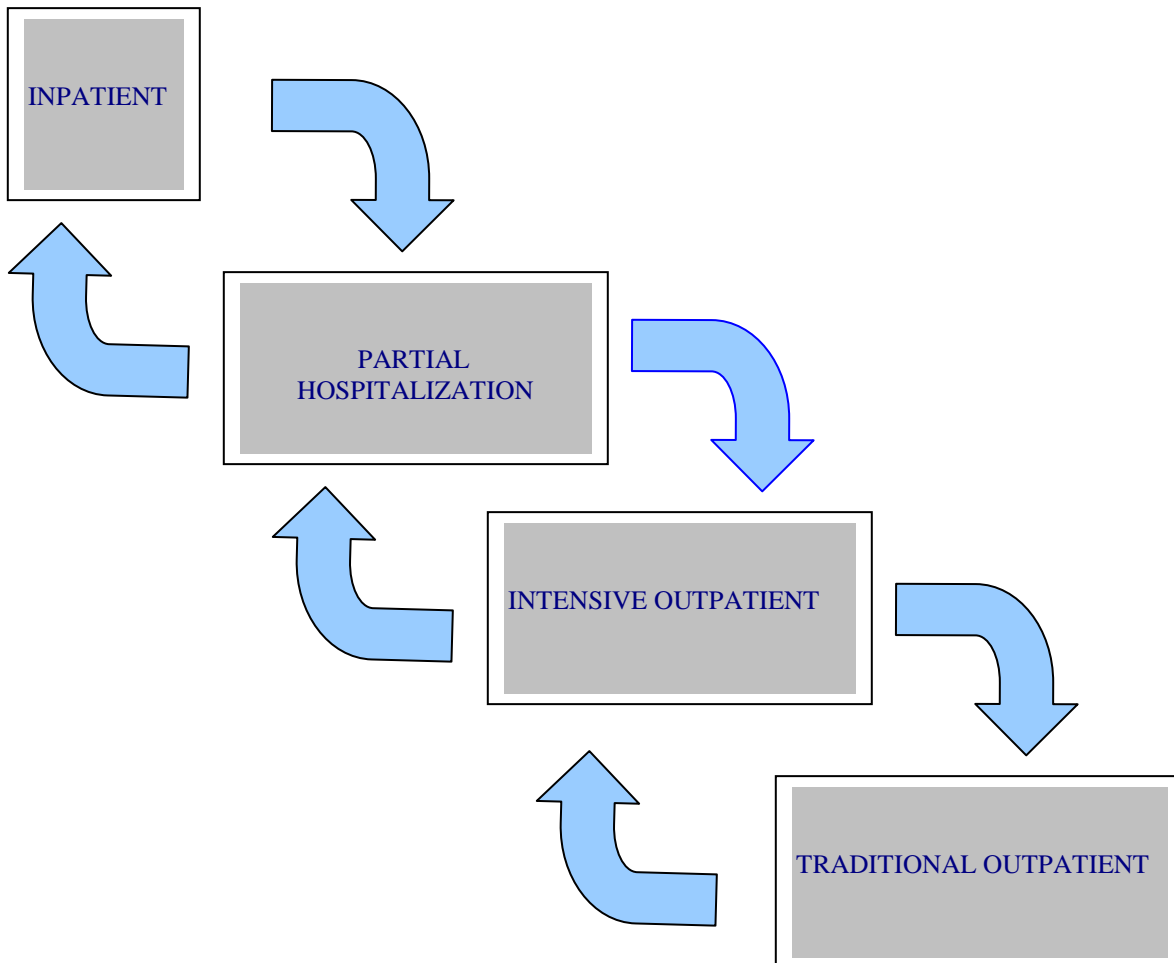
### **Level III: Medically Monitored Intensive Inpatient Treatment**

- ❑ Residential
- ❑ 24 hour, professionally directed evaluation, care and treatment
- ❑ For patients with sub-acute medical, and emotional/behavioral problems that are severe enough to warrant inpatient care

### **Level IV: Medically Managed Intensive Inpatient Treatment**

- ❑ Residential
- ❑ 24 hour, professionally directed evaluation, care and treatment
- ❑ For patients whose acute medical and physical/emotional/behavioral problems are severe enough to require primary medical and nursing care

## CONTINUUM OF CARE FOR CHEMICAL DEPENDENCE TREATMENT

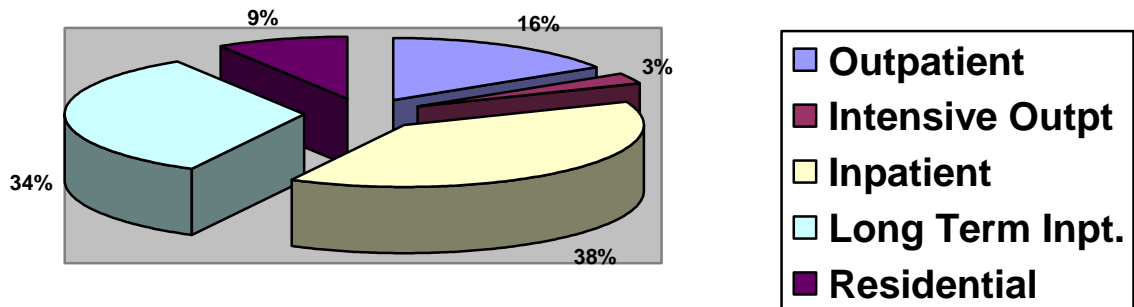


ENTER ANYWHERE ON THE CONTINUUM

MOVE UP OR DOWN, DICTATED BY PARTICIPANT PROGRESS AND NEEDS

USE AS MANY OR AS FEW LEVELS AS APPROPRIATE

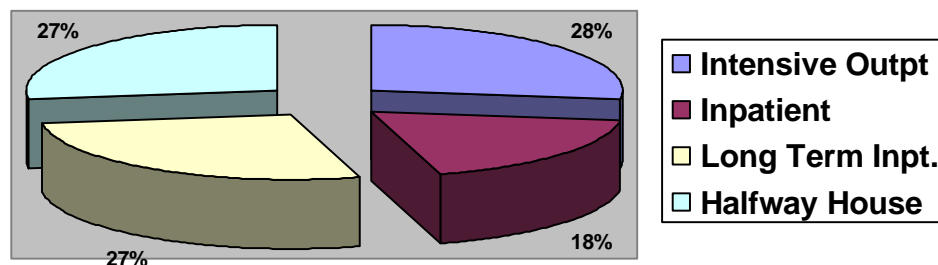
## Buffalo Jail Based Treatment Level of Care



Graph 1.2 Buffalo Jail Based Treatment Level of Care

As of June 30<sup>th</sup>, 2004, one hundred thirty seven (137) offenders from the Buffalo Drug Court completed the in jail based treatment phase. Upon re-entry, forty-six (34%) were admitted to a long-term inpatient facility (90 days or greater), twelve (9%) were admitted to a residential program (halfway house or supportive living program), twenty two (16%) were enrolled in an outpatient treatment program (12 hours or less per week), four (3%) were enrolled in an intensive outpatient program (12 hours or greater per week) and fifty three (38%) were admitted to an inpatient facility (14 –28 days).

## Niagara Jail Based Treatment Level of Care



Graph 1.3 Niagara Jail Based Treatment Level of Care

At the Niagara Falls site, as of June 30<sup>th</sup>, 2004, twenty-two offenders completed the jail based treatment phase. Upon re-entry, six (27%) were admitted to a long-term inpatient facility (90 days or greater), six (27%) were admitted to a residential program (halfway house or supportive living program), six (27%) were enrolled in an intensive outpatient program (12 hours or greater per week), and four (18%) were admitted to a inpatient facility ( 14 –28 days).

As anticipated by the planners, a primary benefit in this collaborative approach is the linkage it fosters with other community institutions to broker support services upon the offender’s release. For example, the reentry drug court treatment and case-management staff is in place the very day the offender is released, directing them to the pre-determined level of care, employment opportunities, mental health counseling, and community support groups. This allows offenders to exit the Jail-Based Treatment Program, while maintaining clinical integrity, and enter the community-based program through a more “seamless” transition phase.

## **Observation**

The continuity of treatment is critical to enhance the success rates of the program. The transition to community treatment is as important as the interventions received in jail. Supported by national statistics and reinforced by the key stakeholders in this project, many offenders - without a structured plan for recovery in the community – often relapse within the first 90 days after release. Assessment done in jail helps to determine what is the best treatment plan for the participant upon his/her release. Where appropriate, depending on the status of the inmate upon release, the local Drug Court staff participates in this development. The jail program has developed partnerships with community-based residential and licensed outpatient substance abuse agencies. Working together, the agencies assure that transitional support extends and enhances the treatment efforts conducted in the jail structure. These include housing, family readiness, Medicaid eligibility, employment, and workforce development.

## **The Role of Drug Courts in Jail-Based Treatment**

In general reports demonstrate that drug court programs are having a profound effect on in-custody participants. This can be attributed to the judge’s ongoing supervision and to the direct relationship that offenders have with the judge and the drug court staff. The reentry program judge hears the offender’s

initial plea and then remains involved with the participant during the jail phase of the program through scheduled appearances in drug court throughout their custody. While offenders may initially fear (or resent) the judge, this relationship often changes. Typically during this process, the offender's motivation shifts from simply wanting to avoid a sanction that the judge may impose, to actively seeking the judge's approval. Respect for the judge develops and a desire to please the judge often replaces the initial feelings of fear. Equally important are the relationships that often develop between the offender and jail staff, treatment professionals, and even arresting officers. In a drug court, offenders are constantly reassured that staff members are willing to help them break the cycle of addiction and criminal behavior that brought them into jail.

Regular drug court appearances, while the offender is in the jail-based treatment program, are important to maintaining the momentum of the program. A drug court appearance before the judge gives the jail-based treatment participant an opportunity to receive feedback from the treatment staff and court as to their progress or lack thereof.

Also, when an offender appears before the same drug court judge throughout his or her term in jail-based treatment, the judge becomes better acquainted with the offender's progress and is in a better position to impose sanctions for non-compliance. The judge can also reward compliance by offering the most powerful incentive of all-acceptance back into the community based drug court. Overall, it appears that recognition of positive behavior becomes a strong motivator for offenders to comply with their programs. Exit surveys continue to support the premise, "the time spent with the judge is a critical component for program success".

Research continues to affirm the importance of the length of time in treatment for addicts, with better results usually occurring with longer participation in treatment programs. Beyond a 90 day threshold, treatment outcomes improved in direct relationship to the length of time spent in treatment, with one year generally found to be the minimum effective time spent in treatment. Simpson et. al., (1997) and Taxman (1998) illustrate how a treatment process can assist in increasing the length of time in treatment by providing a treatment process with different levels of intensity. The goal is to engage the offender in treatment for longer periods of time by combining intensive and less intensive services. The length of time a patient spent in treatment was a reliable predictor for post treatment performance.

## **Transition to Community-Based Drug Court Program**

Offenders who successfully complete the jail-based treatment component are released into the community by the drug court judge during a reentry hearing. The judge encourages the participant to continue on the road to sober living and provides him or her with clear instructions about where and when to report for supervision, community-based treatment, aftercare services, and future drug court status hearings. The drug court teams at both sites emphasized that appropriate transition planning is critical to the success of the reentry process.

### **The core elements of the reentry court are the following:**

\* **Active Oversight:** The reentry program schedules court appearances for participants released into the community with a high degree of frequency--twice a month--beginning right after release. It is critical that the judge sees offenders who are making progress as well as those who have failed to perform. In the drug court experience, acknowledgment of the successful achievement of milestones by participants provides encouragement to others who observe them.

\* **Management of Supportive Services:** The reentry court must have at its disposal a broad array of supportive resources, including substance abuse treatment services, job training programs, private employers, faith institutions, family members, housing services, and community organizations. These support systems draw upon existing community resources where possible. In the drug court experience, judges and others have become very effective service brokers and advocates on behalf of participants. An important lesson from the drug court experience is that this brokerage function requires the development of a case management function accountable to the court. To be successful, a reentry court would have to develop a similar case management capacity where the average participant will spend 12-18 months in judicially supervised services.

\* **Graduated Sanctions:** The reentry has established and articulated a predetermined range of graduated sanctions for violations of the conditions of release. These would not automatically require return to jail; in fact, this would be reserved for new crimes or egregiousness violations. As with drug courts, it is important for the reentry court to arrange for an array of relatively low-level sanctions that could be swiftly, predictably, and universally applied.



- Rewards for Success: The reentry court also would need to incorporate positive judicial reinforcement--rewarding success. Courts provide powerful public forums for encouraging positive behavior and for acknowledging the individual effort in achieving reentry goals.

### **Responding to Problems: Infractions and Sanctions**

**Context:** Just as it is important to recognize progress, it is also important to respond quickly to problems or shortfalls in treatment participation. In some cases, an appropriate response will be clinical in nature, e.g. changing the level, nature or intensity of treatment being provided. In other cases, the appropriate response may be a court action or sanction. By imposing a series of graduated sanctions, participants who are not complying with program guidelines, learn that there are swift consequences for lack of progress in treatment. The objectives, however, are not only to admonish a noncompliance but to re-engage and encourage clients to continue working through the recovery and treatment process.

**What are Infractions?** An infraction is a negative behavior or action contrary to the treatment process and/or court orders. Infractions are listed below:

- ❖ Continued usage
- ❖ Failure to appear for schedule court dates
- ❖ Failure to appear for random urine testing
- ❖ New charges
- ❖ Tampering with drug screens
- ❖ Inconsistent participation/attendance at treatment, court appearances, or other mandated services
- ❖ Negative interference with another participants recovery program
- ❖ Verbal or physical abuse of court staff

**What are Sanctions?** A sanction is a response to an infraction. The seriousness of the infraction determines the severity of the sanction imposed. Sanctions are "graduated." Not only are more severe sanctions imposed for more serious infractions, but as infractions accumulate, the sanctions become more severe (graduated). Sanctions, or negative consequences, are progressive and administered in a fair, consistent, and predictable manner. The Court enforces a graduated set of sanctions that are designed to motivate defendant's compliance and ensure the safety of the community. All defendants sign a compliance contract (attached) that includes an enumeration of examples of non-compliance and

associated sanctions. The team addresses non-compliance issue and responses at staffing held prior to appearance. The judge considers the severity, extent, and overall record of the participants compliance in determining appropriate sanctions.

## Incentives

The Re-entry program recognizes that a participant’s progress is incremental in nature and uses incentives to acknowledge successes and progress. Incentives are used to motivate participants to continue their efforts in reaching their treatment goals. The indicators of progress include abstinence validated through urinalysis results, completion of phases and or other milestones (i.e. 60, 90, 120, 180 days clean), positive comments from the primary therapist, and engagement in other positive activities such as jobs, training, and education. Incentives include verbal acknowledgements and praise from the BDTC team, certificates, and ultimately graduation.

**What Are the Sanctions and or rewards at the Treatment Court?** The following is a list of possible sanctions and or rewards that can be imposed. This list is meant to be a framework, not a formula.

| Rewards   | Sanctions  |
|---|--|
| <ul style="list-style-type: none"> <li>• Verbal praise and encouragement by judge</li> <li>• Peer support and recognition, resulting in praise by those present in the courtroom, including attorneys, staff, and court (e.g. a round of applause)</li> <li>• Decreased frequency of court appearances</li> <li>• Calendar preference/case called early in court</li> <li>• Presentation of a certificate of achievement at various stages of participation, which does not necessarily have to be tied to stages</li> <li>• Phase advancement</li> <li>• Small gift certificates which would be suggested to be used with children during visitation (e.g. Happy meals, shopping, movie tickets, zoo passes)</li> <li>• Graduation ceremony</li> </ul> | <ul style="list-style-type: none"> <li>• Judicial reprimand</li> <li>• Increased frequency of court appearances</li> <li>• Requiring participant to attend an entire extra day (not scheduled day) in court observing appearances</li> <li>• Writing essay on appropriate topic (e.g. effects of drug use)</li> <li>• Journal writing</li> <li>• Extra Twelve Step/alternative support group meeting</li> <li>• Increased urine testing</li> <li>• Community service</li> <li>• Reduction in phase (stage)</li> <li>• Incarceration</li> <li>• Termination from program</li> </ul> |

**Conclusion:** Sanctions are one means of addressing relapse (as well as other concerns) with the goal of assisting participants to regain abstinence. Graduated sanctions are utilized to hold participants accountable and to bring participants into compliance with rules and requirements.

## **Completion Criteria**

Completion of the program will be based on achievement of the following goals:

- ❖ Continued abstinence from all illicit substances, including alcohol;
- ❖ Development of a relapse prevention plan;
- ❖ Commitment to community support system (AA or NA);
- ❖ Completion of identified individual goals;
- ❖ Continued adherence to all conditions set by the court.
- ❖ Achieving employment or enrolled as a full time student

In most cases, defendants who were charged with misdemeanor offenses and who have successfully completed the program, will have their case adjourned in Contemplation of Dismissal with the conditions of continuing care and random urine testing throughout their conditional discharge period.

Graduation From Drug Court is indeed “ a commencement”, that is, a beginning of a lifelong effort.

*Presiding BDTC Judge, Robert T. Russell*

## **Confidentiality**

Issues of confidentiality and information sharing were addressed throughout the re-entry planning process. Responsibility to discuss and clarify issues of confidentiality and information sharing were addressed by the planners, by staff within the jail, court staff, program specific case managers, and the treatment provider/ case managers in the community. The community provider’s role (with regard to limits of confidentiality) vis-à-vis other social service agencies, probation, and the court system, were also addressed.

## Detailed Program Descriptions

### **Buffalo Drug Court/Reentry, 8th Judicial District, NY**

The larger of the two reentry sites is located within –Erie County— and has incorporated the reentry court program into the “Standard Operating Procedures” of the Buffalo Drug Court. Potential participants must be sentenced through the Buffalo Drug Court, have served time in jail, and have post-release residence in the county. Populations excluded are sex offenders, violent offenders, and those who were charged with sales.

Offenders are identified prior to sentencing. Participants may enter the program from either the Buffalo Drug Court or county court, generally through a split sentence, or by judicial conditions from the sentencing judge. Offenders entering the program from the Buffalo Drug Court are identified on the “front end” (prior to sentencing) and receive treatment and monitoring in jail throughout their incarceration. The jail based treatment program is mandatory for all participants.

Since program participants are under the authority of the Buffalo Drug Court, the program utilizes both probation and in house case management through the COURTS Program to supervise participants. The judge presides over status hearings. During the program, participants appear on average in court once every other week. Services available to program participants include mental health treatment, health care, substance abuse treatment (including secure residential treatment), domestic violence counseling, employment assistance/vocational training, education assistance, housing assistance, and faith-based community sponsorship. If a participant violates his or her supervision conditions or is arrested on a new charge, he or she may be sentenced back to jail. Participants who return to jail may still be considered active in the reentry court program and will re-enter the program upon release.

### **Logic Model**

Recovery Solutions Inc. (RSI) used qualitative research methods within the context of the logic model, which included interviews, focus groups, surveys of stakeholders and participants, and a review of documents, to measure the effectiveness of the implementation as reflected in Exhibit 1.1.

Inputs. During the interview, key stakeholders noted the importance of the initial planning phase in launching the program. Many of the program components were already in place, including the COURTS Program, probation-based Intense Supervision Program, a history of collaboration between the city, county and state levels of the criminal justice system, and an established treatment consortium.

Throughputs. Throughputs crucial to successful implementation include the goals and key agencies involved in planning the program. For Buffalo (Erie County), the primary goals include (1) ensuring that offenders receive support and structure upon release, (2) helping offenders build a new foundation and a new positive support system, and (3) reducing the occurrence of local crime.

Several entities were involved in the formation of the program, including Buffalo City Court, The Erie County District Attorneys Office, Legal Aid and Assigned Council Program, and the Erie County Holding Center and Correctional Department. The current project director led the planning and implementation of the program.

Output. The major implementation components include case management and monitoring, judicial contact, and the use of sanctions and rewards. The full-time re-entry court coordinator and two contracted case managers provide case management. The coordinator and case managers' work with participants identified at the time of sentencing during their incarceration and facilitates entry into the program from the institution. The coordinator works closely with offenders, institutional staff, service providers, probation officers, judges, attorneys, and other court staff. The coordinators duties encompass conducting assessment, attending team meetings, developing reentry plans for offenders, facilitating treatment and other needs (medical, mental health, vocational), and attending court hearings.

As mentioned earlier, supervision is performed by both the COURTS Program and/or probation. Two full time case managers have reentry caseloads. Depending on the case, contacts could occur as many as five times a month. All participants are expected to abide by a lengthy set of conditions (e.g., limited and monitored contacts, no bars, no alcohol, no new arrests). Drug testing is conducted both on site through a random and scheduled basis with frequency dependent on the individual case.

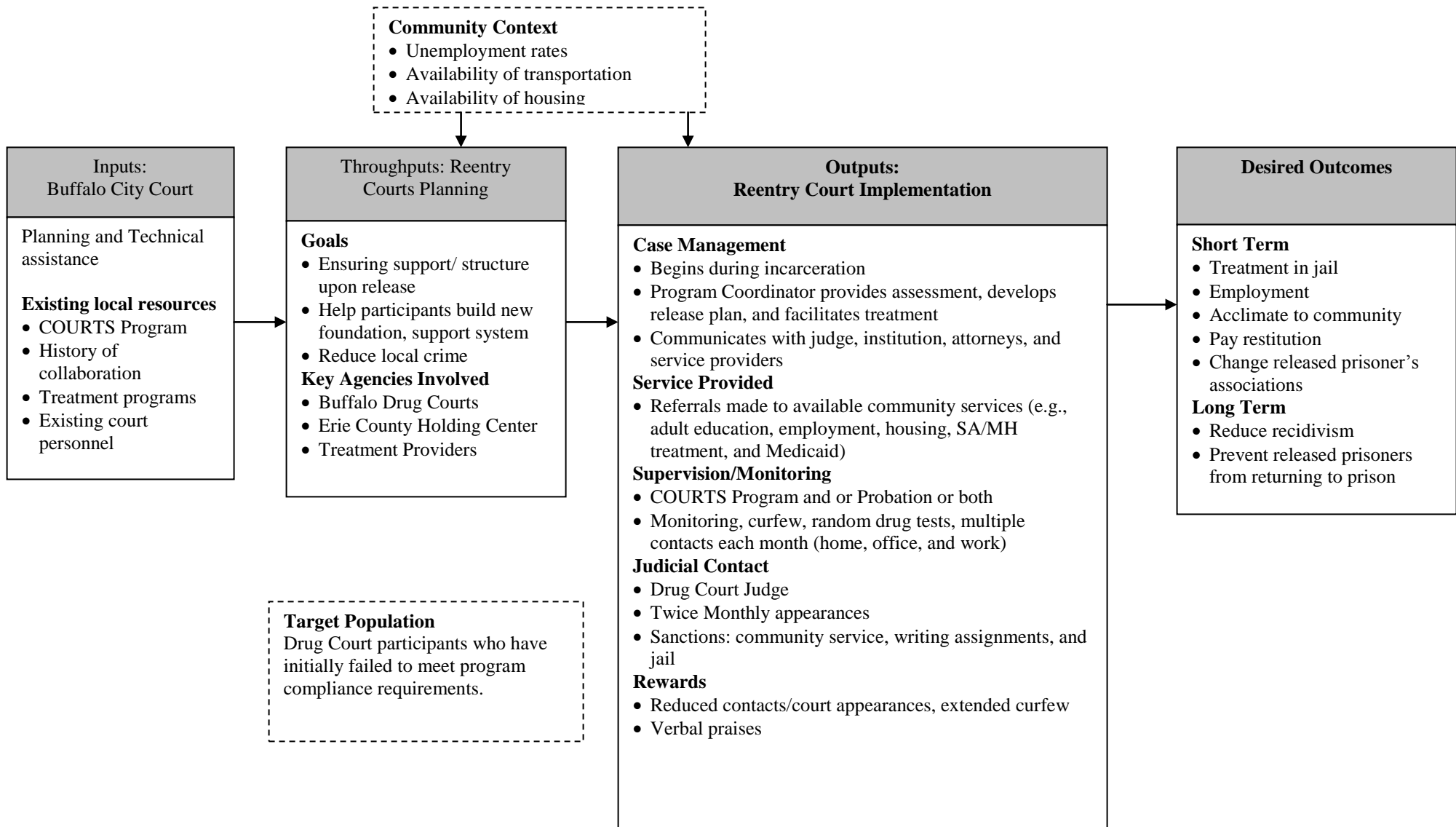
The Drug Court Judge oversees all reentry court cases. Program participants appear before the same judge throughout the duration of the program. During the hearing, the judge talks with each participant, asks questions, provides verbal praise, and if necessary, imposes/upholds sanctions.

Prior to the court hearing, all staff participates in a pre-court staffing. During this hour-long meeting, case managers provide the judge with updates on each participant on the court docket, with supplementary information provided by the reentry court coordinator and/or case managers.

Sanctions used in the program are graduated and include, community service, writing assignments, and jail. Rewards include reducing the frequency of court appearances and probation contacts, extending curfew, bestowing verbal praise, and when appropriate, phasing the offender out of treatment.

Desired Outcomes. The short-term outcomes that the program hopes to achieve are the provision of in-jail treatment, acclimation to the community from jail, gainful employment and or educational improvements. Long-term outcomes include reduction in recidivism and re-incarceration and the restoration of participants as productive members of the community.

Exhibit 1-1



Key stakeholders<sup>5</sup> spoke favorably about the effectiveness of the program at preventing recidivism. Some respondents cited findings from the recently completed process evaluation (Washousky, 2002) that indicated eleven percent have been arrested for a new crime. Qualitative accounts of success were also provided, with some respondents indicating that they had talked with graduates who felt the program turned them around. Although several respondents considered it too early to tell whether the program has had an impact on recidivism, many indicated that the program will be successful because of the intensive supervision and the fact that the program participants know what is expected of them. Opinions about the ability of the reentry court to treat substance abuse were favorable. Key stakeholders considered the greater accountability (due to having to report to the judge twice monthly), frequent drug testing, use of sanctioning, numerous substance abuse facilities available to the program, and the fact that case managers get participants into an appropriate level of care should problems arise.

Participants themselves had a diverse opinion of the effectiveness of the program. Some mentioned it was “pretty successful” because of the support and increased supervision; others said that a lot of people go in the wrong direction no matter what the courts do. Several program participants echoed the sentiment that success depends on the individual and that some people just do not care. Participants acknowledged that the program was there to make sure they got help (especially for those who want it) and that many treatment programs are offered through reentry court. Ninety-six percent (96%) of participants indicated that time with the judge was an important factor in maintaining their program.

The key stakeholders with whom we spoke felt that there has not necessarily been an expansion in the services available since the program started (i.e., the services have always been there for the residents of Erie County) but that the reentry court has increased utilization of services (i.e., the service providers have received increasingly more referrals from courts now with higher percentage of reentry court clients) and opened doors to other agencies. Several key stakeholders felt that the role of the reentry court coordinator is crucial in getting participants into treatment. Respondents also mentioned that in reentry court, service providers get the participants in faster and are proactive in providing referrals to other agencies. Interestingly, some respondents mentioned that though there are not necessarily differences in the services available to reentry court and non-reentry court offenders, the non-reentry court cases are not “thought of” as often and are typically assigned something (i.e., a treatment program) at the beginning of their supervision, while reentry court clients continually have their service needs reassessed (and their case management plan is continually being readjusted).

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<sup>5</sup> Key Stakeholders are members of the Buffalo Drug Court Team or Advisory Committee.



The participants whom we interviewed had strong feelings regarding the sufficiency of services provided. The majority felt that they received enough services through the program and that their case manager helped them with anything they needed. When participants were identified with a prior history of probation, now involved with the re-entry court, were asked about the main differences between reentry court and regular court conditions that may have included probation, most respondents indicated that the reentry court program helps them get treatment, provides more monitoring (which was not necessarily a desirable feature to program participants), and involves regular judicial appearances.

Several key stakeholders noted the importance of the judicial appearances, indicating that having to report to the judge makes a difference, particularly because offenders know they will receive an immediate consequence, which makes them more accountable. Key stakeholders felt that, because reentry court “brings the judge off the bench” (when program participants see the judge come down from the bench to shake graduate’s hands and congratulate them on their success in the program), it makes people see the judge differently. Reporting before one another was also considered to be influential, because the participants support one another and keep tabs on one another. Program participants themselves generally felt positively about the judicial appearances, indicating that by enabling them to see the progressions (and losses) of other participants, they can see where they are themselves. Participants indicated that the judge is there to keep them from going back and that the hearings keep them on track. Some participants were quick to add that if they are not improving and doing what they are supposed to, the judge will put them in jail.

Regarding supervision of client, several key stakeholders mentioned that reentry court case managers “work” their cases harder, because the judge sees them so often and that it has made the case managers view the participants more holistically. Several key stakeholders felt that the intensive supervision required for reentry court participants was crucial to the success of the offender.

Key stakeholders were also asked about the effectiveness of the program in facilitating family reintegration awareness. Some respondents indicated that the program was not successful enough at helping offenders reconnect with their families and that they needed to involve the families more. However, most felt that the program helped offenders develop a better sense of family relationships and family responsibility. Several key stakeholders spoke positively about the support the program receives from family members, indicating that family members often attend court hearings and that case managers meet with and sometimes receive phone calls from them, which keeps the Drug Court team informed about the participant’s progress. Some respondents cautioned that it is important to keep in mind that

sometimes-family members are the victims. Family members may also be enablers, and therefore it is not always desirable to have an offender return to his or her family (and that their families are the first people they go to upon release) but often end up on his/her own, which is positive because most have not lived independently before.

The delicate balance between promoting family responsibility (and family reintegration) and encouraging independence (and, if necessary, distance from negatively influential family members) was evident in the participant interview. Others indicated that the program emphasizes being with their family and has been successful at helping them to reconnect with their families. One participant mentioned that she was advised by her case manager to take parenting classes, which were in her opinion very beneficial.

Regarding the impact of the program on the judicial system, the general impression was that if the program is effective, the courts would not have to deal with the offenders again. Although the program requires at least 16 –20 hours per month of the judge’s time, which is fairly intensive and emotionally taxing, the judges are willing to spend the time if they are able to make a difference in an individual’s life, decrease drug use, decreasing re-offense rates, and improving the overall quality of life within the community. Interestingly, some key stakeholders mentioned that the program might also have a “domino effect” in that if you take one person in a family and turn him or her around, everyone else in the family may be positively affected.

## Niagara Falls, New York

### Program Overview

Since its inception in January 2001, the Niagara Falls Re-entry program in Niagara County has had a cumulative enrollment of two hundred and twenty (220).

Participants are identified prior to their termination from the Niagara Drug Court through a screening process led by the Drug Court Coordinator. After compiling a list of upcoming terminations due to non-compliance, the coordinator reviews the files. Following the screening process, the drug court team meets (status review) and the coordinator presents information to the team, and agreements for continued program participation are reached. Attorneys for the eligible offenders are notified and then discussions in regards to continued program participation are held. Eligible offenders who agree to take part must appear in court with their attorney at the time of sentencing. Participants may enter the program from either the Niagara Drug Court, county court, Lockport City Court, Tonawanda City Court, through a split sentence or judicial release by the sentencing judge. The sentenced Drug Court re-entry participants will generally serve a minimum of 30 days or a maximum of 180 days in jail and have post-release residence in the county. Populations excluded are sex offenders, violent offenders, and those who were charged with sales. In general, offenders entering the program are identified on the “front end” (prior to sentencing) and receive treatment and monitoring in jail throughout their incarceration. Participation in the jail based treatment component is mandatory.

Since program participants are under the authority of the Niagara Drug Court, the program utilizes both Niagara County probation and in house case management contacted through the Niagara Falls Drug Court to supervise participants. The judge presides over status hearings. Consistent with the Buffalo Drug Court re-entry format and the 8<sup>th</sup> Judicial District policy and procedure, during the program participants appear on the average in court once every other week. Services available to program participants include mental health treatment, health care, substance abuse treatment (including secure residential treatment), domestic violence counseling, employment assistance/vocational training, education assistance, housing assistance, and faith-based community sponsorship.

Prior to release from jail, participants appear in the Niagara Falls Drug Court. Immediately following release participants receive orientation during which service providers meet with the participant to provide them with information about community service and to facilitate the referral process. Services

available to offenders include mental health counseling, substance abuse treatment, educational assistance, health services, vocational assistance (vocational rehabilitation, job search), monitoring, clothing assistance, and the local food bank. The program length is flexible, depending on the success of the individual participant. Based on the participants progress, court appearances decrease in frequency over the course of their participation, ranging from once per week to once per month. Participants may be dismissed from the program by the judge. If a participant violates his or her conditions of supervision or has a new arrest, the offender is brought in for a termination hearing. In addition to the judge, the case manager, coordinator, probation officer, and defense attorney are present at the termination hearing. If the participant is sentenced back to jail, he or she is dismissed from the program. As with court appearances, and based on progress, the frequency of supervision contacts decreases throughout the course of the year. In addition to the presiding judge, the case manager and probation officers participate in the court hearings by giving updates and making recommendations on their cases. The judge elicits input from the offender and responds with suggestions, encouragement, and praise and, when necessary, imposes sanctions. Pre-court staff meetings are held before each court session and serve as a forum for the judge, case manager, attorneys, and probation officers to share information on each case prior to the formal court hearing.

Sanctions and rewards are graduated and can be applied immediately. Examples of sanctions are community service, modification of curfew, and a weekend in jail. Rewards include extension of curfew, decrease in contacts with probation officer or case manager, reduction or suspension of fines and/or courts costs, and permission to leave the jurisdiction to visit family.

Desired outcomes. Key stakeholders from the Niagara program stated that the short-term outcomes the program hopes to achieve include re-connection to society from a period of incarceration, to employment, decreases in substance abuse, and a reduction in the violations/recidivism in the long-term. Key stakeholders noted that they would like the program to result in offenders securing long-term employment, remaining free from the criminal justice system, and living productive lives.

## **Logic Model**

In developing the logic models for each of the sites, the evaluation team gathered information on the following major components: program inputs (the program itself and existing resources available to the program), throughputs (the goals and planning of the local program), outputs (the actual program components, including case management, supervision, services provided, court appearances, and use of

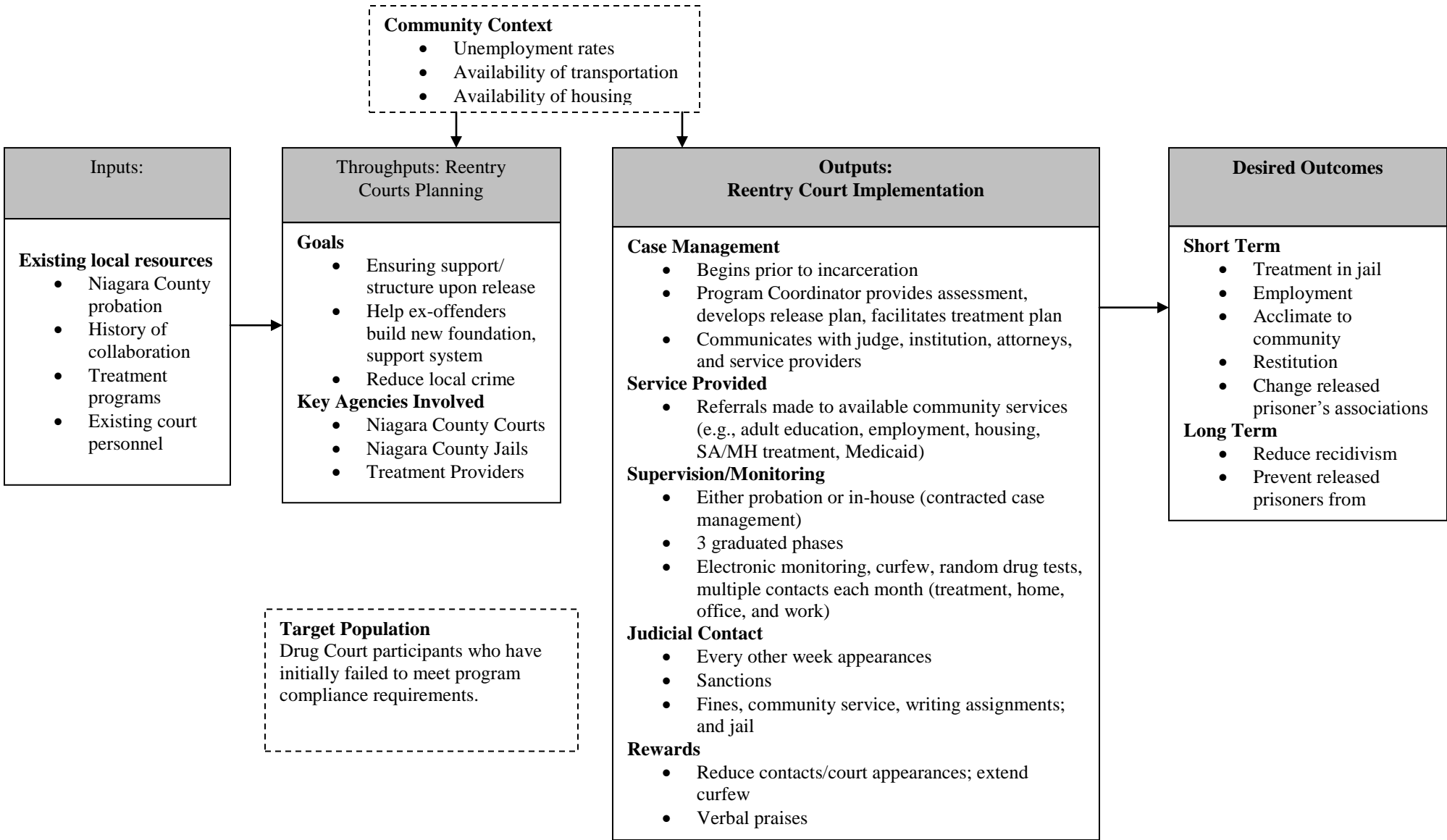
rewards and sanctions), and desired outcomes (short- and long-term) the program hopes to influence. Exhibit 1-2 presents the logic model guiding the Niagara County program.

Inputs: As shown in Exhibit 1-2, the Niagara County program had several existing resources that facilitated the implementation of its reentry program. Niagara County Alcohol and Substance Abuse Services provided a contracted case manager with a reduced caseload, and the 8<sup>th</sup> District offered the coordinator to supervise reentry cases. Space was secured in the courthouse for holding the orientation sessions, and the many existing links with community service providers facilitated the planning of the orientation.

Throughput: The key agencies involved in the planning and implementation included the courts, Niagara County Alcohol and Substance Abuse Services, Fellowship House, the Niagara County Jail, and later, other service providers. The courts formulated the concept and garnered support from community partners and the Niagara County Jail. The resources available facilitated the planning that took place. As stated by key stakeholders who were interviewed, the primary goals of the program (not necessarily in order of importance) were to: (1) test the drug court model with released prisoners, (2) provide case management and links to services (before and after release), and (3) help ensure a smoother transition back to the community for offenders.

Outputs: The major components of the program implemented in Niagara County include Jail Based treatment, case management services, supervision, judicial contact, and sanctions and rewards. Regarding case management, during the first phase of the program, the case manager and the probation officer work closely together to provide case management and supervision. Offenders are required to report to the case manager's office weekly; the frequency of visits decreases over time. The case manager develops a reentry plan for each participant and assists them with tasks such as obtaining bus passes, completing Medicaid paperwork, setting up appointments, and applying for jobs.

Exhibit 1.2



## **Perceptions of Program Effectiveness**

Key stakeholders were asked a series of questions regarding how effective they felt their programs were at preventing recidivism and treating substance abuse. Some respondents, indicated that success often depends on the motivation level of the individual and that the program helps those who want to make it. Respondents also indicated that reentry court might provide the additional motivation and resources necessary for people to succeed. In addition, some respondents noted that reentry court has the advantage of identifying people at an early stage of relapse, whereas in regular probation, the supervision officer may not notice that the offender is using until it is too late to effectively treat the abuse. Several respondents spoke favorably of the model, indicating that this had made people view treatment more favorably (as an alternative to incarceration).

Many respondents felt that re-entry court participants received a higher level of services, although such services are available to anyone. The smaller caseloads for case managers enable reentry court participants to get linked up to these services more effectively. As mentioned, reentry court participants attend an orientation upon entry into the program to learn more about the services available and how to access them. Program participants reported that they felt they receive more attention, more information about services, and more opportunities.

In addition to re-entry court participants getting more services than regular probationers, key stakeholders mentioned that supervision was generally more intense for reentry court (with more UAs) due to the lower caseloads and that the re-entry court client benefited from the regular court appearances (unlike regular probationers who report to court only in cases of a violation hearing). Several of the participants spoke favorably about the judicial appearance, indicating that it provides an opportunity to express concerns without the stress of worrying about going to jail (which is normally present in court).

Regarding the ability of the Re-entry Program to facilitate community and family integration, key stakeholders had favorable opinions. The Niagara program has sought out more community involvement with its newly formed steering committee. Key stakeholders indicated that the community sees progress through the reentry court program and that they better understand the reentry concept and feel safer. In addition, respondents felt that the program helps reconnect people with their families and involves the family in the reintegration process. Families become involved with the program, sometimes contacting case managers and/or the probation officers and taking part in the graduation ceremonies. Respondents indicated that the program gives the opportunity for

participants to rebuild trust with their family members, making amends with those whom they may have hurt.

Key stakeholders were also asked about the level of support from service providers, courts, defense attorneys, prosecutors, probation, and the community. Responses were favorable, with many respondents from the program reporting that the reentry court has facilitated linkages and collaboration among various agencies. For example, case managers and probation officers work closely with service providers. This translates into a more favorable view of the program as a whole by service providers and in turn, case managers have easier access to services. In addition, staff members spoke about the historically good relationship between the court and treatment and the availability of the judge.

Regarding information sharing, because the program is relatively small, staff members reported that the pre-court staffing (with case managers, probation officers, attorneys, and the judge) are the most effective ways to share information, supplemented with e-mail, telephone, and in-person contact throughout the week. In contrast to the streamlined communication occurring within the reentry court program, staff members felt that for regular probationers, communication does not occur as quickly, requiring more time to conduct assessments and process paperwork.

The key stakeholders with whom we spoke identified several barriers they have encountered in implementing their program. Program-level challenges, such as bureaucratic barriers from agencies (such as eligibility criteria for Medicaid upon release), have challenged program operations. In addition to the program-level barriers, the key stakeholders mentioned several individual-level barriers that threaten the success of program participants and therefore the program. For example, the unwillingness of some offenders to accept treatment (because they think they are “cured” after having been incarcerated), offenders being released from jail without a continuance in medication, lack of transportation, and the limited support systems some participants encounter upon release. For example, many have “burnt all bridges” and are not eligible for transitional or supportive living programs due to their prior histories with the agency. This perception may hinder the program’s ability to help participants to successfully reintegrate into society.



## Evaluation Against Stated Goals

The stated goals of the reentry program and the evaluation of its accomplishments against these goals is as follows:

**Goal #1:** To establish coordination among the entities that will be involved in developing, implementing, and maintaining the functions of the portion of the drug court program dealing specifically with the re-entry program.

**Objective 1.1:** Identify and establish communications with key agencies and individuals necessary to accomplish goal number one.

**Evaluation:** Program staffs have established an operational plan that reflects the flow of clientele through the system. Through its team approach to case management, the Re-entry program integrates chemical dependency and the criminal justice system. Frequent case conferencing between entities ensures that critical information is exchanged among service delivery providers. The team also serves as a resource for linkages to public assistance, housing, transportation, and other ancillary services. The program successfully established a stable collaboration of treatment provider and court personnel that has effectively functioned to develop, implement, and maintain the functions of the program. Dedicated court liaisons working in the Re-entry program facilitate the flow of information and appear on cases on behalf of jail based field case managers.

The program maintains continuous supervision over the recovery process of each participant by means of frequent status hearings, urinalysis, and progress reports compiled and delivered by the case management staff to the presiding Drug Court Judge and the Drug Court Team at each of the respective sites. Drug usage or failures to comply with conditions set by the Drug Court are responded to promptly.

## **Monitoring Procedures/Impact on Court System**

The re-entry program is notable for the closeness of the monitoring of participant's status. This is made possible by the active, weekly participation of the on-site representatives of the treatment providers who are assigned to the court. Off-site treatment partners forward a written "Drug Court Progress Report" (attached) to the case managers. The monitoring unit enters the compliance data into the MIS. The Project Coordinator and case management team reviews the reports immediately prior to each court appearance for all defendants. This report includes:

- Documentation of all dates on which the defendant failed to appear for treatment;
- The results of breathalyzer and urine toxicology evaluations;
- The defendant's general attitude and compliance;
- Their current treatment regimen;
- Other associated self-help, vocational, and other services; and
- Provider recommendations.

Immediately prior to the court session, the team led by the judge reviews these progress reports. The judge is apprised fully regarding the defendant's circumstances and treatment recommendations. The coordinator and treatment representatives subsequently participate in the judge's interview of the defendant in open court (status hearing), and they receive directives from the judge regarding approved modifications in the treatment, supervision, and monitoring regimen. In order to ensure communication, the project coordinator ensures the completion of a contemporaneous record of these directives that is then distributed to all treatment providers.

It should be noted that treatment providers are required to immediately notify the court and the coordinator regarding any significant changes in the defendant's status that may seriously hamper the defendant's participation or that may pose a risk to the community. The treatment provider communicates with the coordinator on a near-daily basis to keep the coordinator apprised of the status of individual defendants and to stay current with court procedures, activities, and schedules.

**Outcome: This goal has been fully achieved.**

**Goal #2:** To develop a financial plan that will identify needed resources that will institutionalize the re-entry program as a permanent fixture within the 8<sup>th</sup> Judicial District.

**Objective 2.1** To develop a funding strategy

**Evaluation:** Systems Integration

The planners of the Re-entry Program had a clear understanding that no singular system could support nor pay for the wide array of services the Re-entry/Drug Court would need to utilize to break the cycle of relapse, drugs, crime, repeated arrest, and incarceration. The four primary systems that would be affected by the development of the Drug Court are the Criminal Justice System, The Social Service System, The Treatment System, and The Managed Care System. Success depended on having access to the needed range of services. Success also depended on making available the resources for the shared efforts. The committee recognized that “resources” could be in the form of actual dollars or in the form of “in-Kind” services such as staff time, office space, and the use of third party pay systems (i.e. insurance and deficit funded programs).

It was anticipated that the participants of the program would have many diverse needs and require multiple services. The committee understood that no single local funding source could pay for all the service requirements. An effective response required a shift in mindset. A mindset shift from a paradigm of “your dollars vs. my dollars” and “my client vs. your client” and “your program” vs. “my program” to a collective appreciation, understanding, and acceptance of **“Our Dollars”, “Our Clients”, “Our Program” and “Our Drug Court”**.

Survival Strategies adopted by the planners included the following:

- Plan for the future from day one
- Identify roadblocks to success
- Develop an action plan
- Balance community and political concerns
- Identify existing community resources
- Community mapping
- Face the challenge of becoming grant supported or grant dependent
- Collect as much data as possible (Data = Dollars)

- Public relations
- Aggressive Marketing
- Focus on key stakeholders
- Practice within a policy of inclusion (Involve all members of the community and service delivery system in planning and program development)
- Develop an Oversight Committee and or Advisory Committee
- Partner with managed care organizations
- Develop a strategic plan supported by a mission statement that the community and stakeholders will buy into

### **Generating Community Support**

Obtaining the support of a wide range of community stakeholders and building consensus around the creation of a Reentry/Drug Court was the first step in establishing a supportive community coalition. The concept promoted by the planners, set in motion a series of events and activities that were expected to bring about change that would be driven by Judicial leadership, collaboration, and openness to experimentation and learning. Clearly the ultimate goal of the program was to promote the safety and well being of the community.

The Planners first step was a community-mapping project. This initial activity identified the stakeholders (individuals and organizations) within the community who had a vested interest in the delivery of treatment related services and/or criminal justice system members, or other members of the community, including faith based organizations who would likely be positively or negatively affected by the implementation of the Reentry Program.

The planners analyzed the availability of services provided by the mapping exercises and identified the needs and gaps to be addressed. Key questions that were addressed by the committee included:

- What resources and or time is your organization is willing to commit to the development and implementation of a Reentry Program?
- What do we have to offer in return for their cooperation?
- How will they benefit from the program?
- What type of expertise does the district need and whom would best offer each type of expertise?

To reach a consensus and build support, the planners contacted each stakeholder individually, which gave everyone the opportunity to express concerns privately. This group included chief executive

officers of service organizations, as well as direct service staff. Summaries of the meetings were prepared and a strategy developed to address concerns, which were generally founded on territories, boundaries, and limitations of respective agencies.

The planners followed the individual contacts with several community meetings to foster discussions, educate stakeholders, and develop support. These working forums generated the founding of the Treatment Consortium that represents a cross-section of the community and includes members of the judiciary, law enforcement, legal aid, probation, alcohol, drug treatment, and mental health service providers, educators, and members of the faith-Based community. As a result, all four systems and the city dedicated resources to the development of the Re-entry Program.

**The City of Buffalo** – Buffalo City Court is housed in a city owned and operated building. The city donated office space, furniture, and utilities, including telephones for staff offices that service and supports the program.

**The City of Niagara Falls-** Niagara Falls City Court is housed in a city owned and operated building. The city donated office space, furniture, and utilities for staff offices that service and supports the program.

**Criminal Justice System** – The New York State Unified Court System has Institutionalized Drug Courts. The Buffalo Drug Court is a full time court that operates five days a week, and Niagara Falls operates one day a week. However, the court has the ability to address Drug Court cases as needed. Both courts have a dedicated judge, coordinator, clerks, and a security officer all provided by The New York State Unified Court System. It also provides funds for urine testing and office supplies.

**The Legal Aid Bureau of Erie County and Niagara County** - Provides a full-time attorney to the Program.

**The District Attorneys offices of Erie County and Niagara County** - Provides a full time Assistant District Attorney to the Program.

**The Social Service System** – The Director of Medicaid for the Department of Social Services is part of the team and has assisted in the development of expedited social service enrollments. He is the direct link to all county agencies and county contracted manage care providers. It should be noted that through partnering with the Department of Social Services (DSS), a Medicaid specialist (caseworker) is assigned to both courts to assist participants in obtaining benefits.

**The Treatment System** - Treatment partners/providers represent detoxification programs, outpatient programs (both intensive and non-intensive), residential short-term rehabilitation centers, and long-term residential treatment programs (Therapeutic Communities) with stays between 18 and 24 months. Treatment is provided through a consortium that consists of forty-seven (47) licensed substance abuse agencies located within Buffalo and the County of Erie. Treatment schedules are determined at the agency level, with drug testing at least twice a week. Faith based programs, Alcoholics Anonymous, and Narcotics Anonymous as well as non-secular support systems augment treatment. In regards to treatment costs, of the 707 cases that entered the program, over 95% fell within the 200% federal poverty guidelines. Through partnering, no participant has ever been denied services because of their inability to pay nor were excessive fees imposed that could have interfered with the participants rehabilitation. The program, through creative and collaborative efforts, has made four options available to cover treatment costs: (1) Third party pay through Insurance companies (HMO's); (2) Referral to indigent or deficit funded programs that are supported by dollars from the New York State Office of Alcohol and Substance Abuse; (3) Sliding Fee Scales; and (4) Medicaid. Fifty three-percent (53%) of participants have Medicaid in place upon entering the program, and 100% of all who are eligible for Medicaid are provided assistance in obtaining benefits. In addition to the provision of services, ten treatment partners have assigned “in-kind” staff in support of the drug courts screening and placement program, known as the COURTS Program (Court Outreach Unit: Referral and Treatment Service). These individuals are assigned to the court and are responsible for the information flow to and from the court.

**The Managed Care System** – Managed care partners are members of the advisory board. Working directly with these programs as partners has proven to be an effective means in the provision of services. One managed care company has provided an on-site staff member to provide guidance and assistance in enrollment.

**Outcome:** The planners of the program have developed a strategy for continuation of the program.

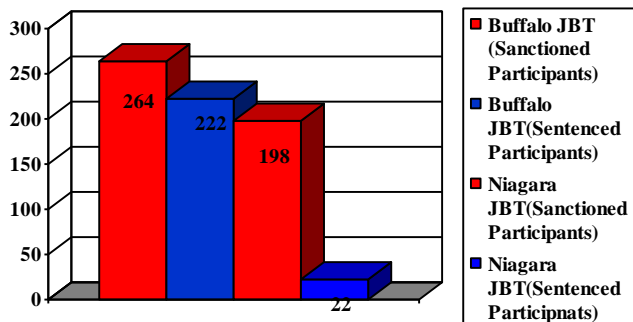
However, it appears that funds are not available to keep the current level of staffing. The program planners at the time of this report were committed to keeping at least one of the two sites operational. It appears that Buffalo will continue its program through funding acquired from the City of Buffalo’s Local Law Enforcement Grant. These funds will support a single case manager and the Drug Court Coordinator will assume the management responsibilities. The planners, based on the operational values of the program, will continue to seek funding and support that will raise the level of case management and service provisions to peak levels.

**Goal #3:** To reduce recidivism and substance abuse among clients through the Jail Based/Re-entry program.

**Evaluation:** As of 6/30/04, 706 defendants, of which 419 were males (59%) and 287 were females (41%), have participated in the 8<sup>th</sup> Judicial District’s Jail Based Re-entry Program. Buffalo provided

services to 486 individuals (264 sanctioned participants and 222 sentenced participants), and Niagara provided services to 220 individuals (198 sanctioned participants and 22 sentenced participants). The sanctioned defendants typically served a short-term sanction from 1-7 days. While in custody, treatment plans are developed by the staff and then discussed with the defendants. In an attempt to reduce recidivism, all attempts are made

8th Judicial District JBT Participants



to reach an agreement with the defendants regarding treatment placement, and in some cases treatment plans are modified. If treatment modifications are necessary, they are completed prior to the defendant’s next court appearance. All defendants (100%) have treatment plans in place prior to their release.

The delivery of alcohol or drug abuse treatment to the incarcerated non-violent alcohol & substance abuser eligible for the program, who is incarcerated, awaiting release, and case disposition and those sanctioned by the Drug Court for non-compliance in the program can best be grounded in the following principles.

- Treatment is not a substitute for punishment and or sanctions.

- Treatment should be universally available as needed for persons who come to the attention of the criminal justice system.
- AOD treatment services should be tailored to the needs of the specific offender, based on a thorough assessment that should occur as early as possible after the offender enters the criminal justice system.
- Offender's supervision should not be relinquished once an individual enters treatment.
- Offenders supervision should not be relinquished once an individual is sentenced
- Offenders should remain accountable to the sentencing Drug Court Judge.
- A strong communication system that keeps all stakeholders well informed (e.g., judges and community agencies supporting the program) is critically important to program success.

**Objective 3.2:** Provide case management services to the re-entry/jail based clients.

The courts at both sites appear to have improved service delivery as well as the ability to gather timely and accurate information through the establishment of an effective communication network and the modification of their existing database. This communication system provided a means for generating real time reports that document client progress in terms of drug test results, treatment attendance, and other factors impacting participant recovery. By offering participants treatment, as well as a wide array of ancillary services, ongoing case management, and judicial monitoring, the Re-entry Program provided participants with a realistic chance to succeed in treatment and subsequently to preserve their sobriety.

The treatment plans developed by the case management teams identify specific services and community referrals that are appropriate to the participant, based on the underlying clinical diagnosis, cultural and demographic factors, financial arrangements, geographic location, and his/her legal circumstance. Cultural issues, including the participant's ethnicity, beliefs, customs, language, and social context, are all factors in determining the appropriateness of community services. Other factors in identifying appropriate services are the preference of the participant, including what type of treatment he/she is motivated to participate in, and any positive or negative experiences he/she has had in the past with specific providers.

The appropriateness of specific placements are determined in consultation with the community team. A complete discharge summary, including diagnosis, medications and dosages, legal status, treatment plan, and any other relevant information is faxed to the community provider prior or close to the time of release. The program ensures that everyone who has entered jail with a Medicaid



card or other public benefit card or identification receives these items and the rest of their property back when released. Special effort should be made to engage the Veteran Benefits Administration in determining eligibility and providing services to qualified veterans.

**Objective 3.3:** Statistics/data involving demographic information as well as statistics stipulated by the DOJ/OJP will be collected and evaluated with regard to outcomes projected by the 8<sup>th</sup> District grant submission.

| Variable  | Buffalo Sentenced | Buffalo Sanctioned | Niagara Sentenced | Niagara Sanctioned | Total        |
|---|-------------------|--------------------|-------------------|--------------------|--------------|
| # of participants                                       | 222 (46.6%)       | 264 (2.5%)         | 22 (48.4%)        | 198 (2.5%)         | 706(100%)    |
| Gender  |                   |                    |                   |                    |              |
| % females   | 86 – (39%)        | 94 – (36%)         | 2- (9%)           | 48 –( 24%)         | 230 – ( 33%) |
| % males   | 136 - (61%)       | 170 – (64%)        | 20- (91%)         | 150 – (76%)        | 476 – ( 67%) |
| Ethnicity   |                   |                    |                   |                    |              |
| % Caucasian   | 85 -(38%)         | 102- (39%)         | 11- (50%)         | 120- (61%)         | 318-(45%)    |
| % African American                                      | 117- (53%)        | 131- (49%)         | 9– (41%)          | 68 – (34%)         | 325-(46%)    |
| % Hispanic  | 18- (8%)          | 28–(11%)           | 2 - (9%)          | 10 – (6%)          | 58- (8%)     |
| % Other   | 2- (1%)           | 3- (1%)            |                   |                    | 5 – (1%)     |
| Mean Age  | 32.8              | 35.7               | 34.6              | 37.5               | 35.1         |
| Employed  |                   |                    |                   |                    |              |
| % yes   | 26 – (12%)        | 46 – (17%)         | 3 – (14%)         | 38– (19%)          | 113 – (16%)  |
| % no  | 196 –(88%)        | 218 – (83%)        | 19 –( 86%)        | 160– (81%)         | 593 – (84%)  |
| Prior Arrests (Pre-program enrollment)                  | 222- (100%)       | 264-(100%)         | 22-(100%)         | 198-(100%)         | 706-(100%)   |
| Prior periods of Incarceration (Pre-program enrollment) | 222- (100%)       | 264-(100%)         | 22-(100%)         | 198-(100%)         | 706-(100%)   |
| Ever receive mental health counseling                   | 78 – (35%)        | 87 – (33%)         | 5 – (23%)         | 43– (21%)          | 213 – (30%)  |
| Primary Drug  |                   |                    |                   |                    |              |
| % alcohol   | 52– (23%)         | 43 – (16%)         | 8 – (36%)         | 22 – (11%)         | 125-(18%)    |
| % cocaine   | 131- (59%)        | 160 – (61%)        | 13 – (59%)        | 110 – (56%)        | 414-(59%)    |
| % heroin  | 34– (15%)         | 47 - (18%)         | 1 – (5%)          | 66 – (33%)         | 148-(21%)    |
| % marijuana   | 5 –(3%)           | 14 -(5%)           |                   |                    | 19-(2%)      |
| % poly-drug   | 186 – (83%)       | 223- (84%)         | 4 – (18%)         | 157- (79%)         | 570-(81%)    |
| Prior TX Attempts                                       | 222- (100%)       | 264-(100%)         | 22-(100%)         | 198-(100%)         | 706-(100%)   |

**Outcome:** There is no “representative or typical” offender. However, it is more likely that the offender is male, a member of a cultural or minority group and is less than 36 years old. Major health issues for this population include substance abuse dependency and two hundred an thirteen (30%) have a prior history of mental health counseling in addition to receiving counseling for their

substance abuse disorders. Preliminary review of the participant characteristics has indicated that participant/offenders are most likely to be adult males. Two thirds (2/3) of offenders were under thirty-eight (38) years old, 22% of this population were under twenty-five (25), and 46% percent were age twenty-five (25) to thirty (30). The racial and ethnic data showed that 55% of the participants were members of minority groups (46% African American, 8% Hispanic, and 1% “other”) 45% were Caucasian. The primary drugs of addiction were crack-cocaine (59%), alcohol (18%), and heroin (21%).

The results of this analysis indicate that for females, cocaine and crack are the primary drugs of choice (61%). The pattern is similar for males. Overall, 570 (81%) participants were identified as poly-substance abusers. Additional concerns were raised with the high-risk behaviors of the heroin dependent, 82% were IV users. However, the majority of non-IV users were young male’s whose primary route of ingestion was sniffing or smoking. It would appear that the program participant’s pattern of use is similar to the national, state and local treatment provider findings that indicate that most clients today are poly-substance dependent, many of which have co-morbid mental health diagnoses, developmental disorders, and functional limitations in basic skills of living, learning, and working. Program participants reported that they were arrested 2,118 times over a 24-month period prior to admission to the program. One-hundred percent (100 %) reported being arrested at least once prior to the arrest that led to referral however, the majority of participants (68%) reported within a range of 1-5 prior arrests. One-hundred percent (100%) of the 706 participants who were questioned reported a history of treatment attempts prior to enrollment in the program. It appears that the pre-Drug Court system of treatment has not been structured to provide specialized services to this offender population, as evidenced by the number of prior treatment attempts before current arrest. It suggests that treatment works when systems of case management are integrated with ongoing intervention and monitoring systems.

**This goal was fully achieved.**

**Goal #4:** To establish an effective MIS program that will measure recidivism and substance abuse among those clients who participate in the jail based/re-entry program.

**Objective 4.1:** The Re-entry Program modified The C.O.U.R.T.S. Program information system for use. The Buffalo DMIS-2001 is a management information system (MIS) built on Access 97 that was initially designed and customized on site at the C.O.U.R.T.S. Program and later adapted for the Buffalo City Drug Court operations. Although this MIS was primarily designed for adult Drug Courts, it provided the Re-entry Program with: A structured psychosocial intake screening for all participants including information on demographics, education, employment, physical and mental health, drug use and, treatment history; Ongoing monitoring of participant compliance with court appearances, drug testing, and treatment attendance; and Areas for comments, case notes, and structured entry of occurrences and court responses to both achievements and infractions.

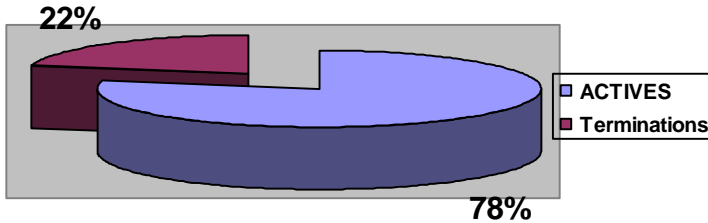
The project coordinator and support staffs were responsible for the collection of the data. The data was easily exported for analysis purposes into spreadsheets and data tables, such as those that can be directly used by the program manager for monitoring purposes, as well as for use by the evaluator. In addition, this system provided the judge with an easy-to-read, printed summary (see Appendix C) of each participant's progress throughout the program. This timely information increased accountability and improved judicial decision-making. Other key features of this MIS were:

- The ability to quickly store and retrieve information about drug court participants;
- The creation of statistical reports for program improvements;
- The ability to create Power Point visual graphics for snapshot overview presentations;
- The ability to sort data by predictive variables for success (return court date, last name, age, treatment history, educational levels, and other);
- The opportunity for user(s) to print hard copies of participants records; and the user's ability to document a participant's treatment history, types of service received, start dates, and discharge dates. Additionally, the program allowed automatic calculation of the length of stay (in days).

**This goal was fully achieved.**

**Objective 4.2:** To track client retention rates.

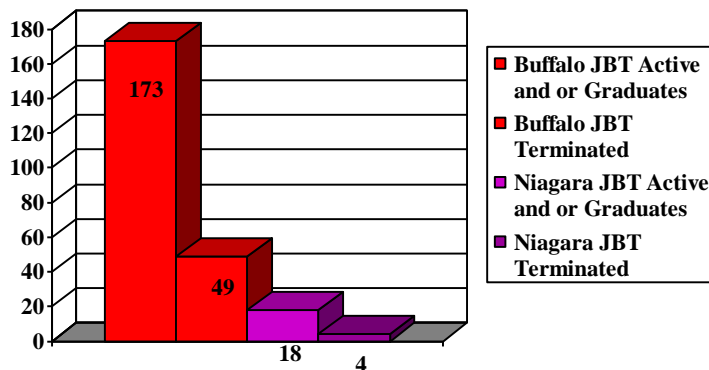
### Program Retention Rate



Of the 244 custodial participants (222 in Buffalo and 22 in Niagara Falls) who were offered an opportunity to continue with their respective courts after a period of incarceration that generally ranged from 30 to 180 days, 191 were still active and or graduated as of 6-30-04. The 78% retention rate is consistent with the method suggested by the GAO (U.S. GAO, 1997) to calculate retention and graduation rates. This method defines retention as equaling the number of graduates, plus the number still active divided by the number of total participants. The shortcoming of this method is that it does not control for time in the program; active participants who have been in the program for one month or 12 months are counted as the same.

As there were few graduates at the time of this process evaluation, it was difficult to get a clear picture of those participants likely to be successful. For this reason and providing more scientific

### 8th Judicial District JBT Sentenced Participants



investigation to whether this re-entry initiative made a difference, it is recommended that both a predictive and prospective research study be conducted. This could be accomplished with an experimental/control group design with pre /post test measures. Those accepted versus those refusing would serve as the investigated cohorts with outcomes assessment at 6 months, one year, and two years from entry. These type of longitudinal studies allow for identifying variables on treatment utilization, participation, and costs.

### **Outcome**

All 244 re-entry sentenced participants received a full DSM-IV Diagnostic Summary, problem assessment, and initial treatment plan recommendations & level of care determination.

707 sentenced and sanctioned participants, upon release, received an updated treatment plan, level of continued care reconsideration, and level of supervision recommended readjustment, if necessary.

707 sentenced and sanctioned participants, while incarcerated, received education/intervention and or group sessions on: Signs and Symptoms of Addiction, Recognizing Consequences, Breaking the Addiction Cycle, Warning Signs, Triggers and Relapse Prevention, Acceptance and Surrender, Making a Commitment, Recovery Process, and Building Support Systems.

286 participants received an employability assessment including career interests and recommendations for short term certificate training and/or job placement.

**This goal was fully achieved**

## Summary

The Re-entry Program concept drew heavily on the Drug Court experience-using judicial authority to apply graduated sanctions, positive reinforcements, and the marshalling of resources to support safe community reintegration. The goal to establish a seamless system of offender accountability and the provision of support services necessary for the re-entry process appears to have been successful. Central to all efforts was developing strategies in tracking and supervising offenders upon release using, a case management approach, preparing communities to address public safety concerns, and providing the services that help participants reconnect with their families and communities. Taken together the Re-entry Program appears to have been implemented as originally intended and to have significantly achieved it's stated goals. The program has successfully overcome most barriers to program implementation through the development of an effective collaboration of court personnel, the Department of Social Services, Assigned Council Program, the legal community, treatment providers, and through the development of formal procedures. The successful development of the treatment teams, comprised of representatives from all the major licensed providers, is particularly notable. The historical competitive orientation among these providers, a competition that has been recently exacerbated by the forces of reduced funding and the in-roads of managed insurance, has been successfully minimized to serve the best interests of the participant and the court.

The court has also effectively addressed the need for accurate and timely information regarding participant substance use that is key for effective supervision and treatment. In addition to the described system for routine and consistent reporting by providers, supervised on-site urine toxicology examinations during court sessions, performed at the judge's discretion and or random assignment, have been implemented. These examinations provide immediate feedback to the court that can be directly addressed prior the end of that court session, generally within five minutes of test administration.

The effectiveness of the Re-entry Program is in part contingent on the perception of defendants that the sanctions for failure to comply with the program are credible and significant. This requires that defendants perceive that non-compliance will result in the sure and swift application of the sanctions applied by the judge, including incarceration.

## Recommendations

- Length of stay in treatment and in aftercare are identified factors associated with positive outcomes and in particular, with the cessation of drug use, reduction in recidivism rates, and improvement in educational and employment status and family relationships. It is recommended that the program continue to be the catalyst of change for the types of treatment services offered to offenders. To be effective, these services must be intensive and occur over a long period of time. It appears that the program must go beyond the nomenclature of the existing treatment system to define a level and type of treatment service that is appropriate for the target population. This will require the program focusing on the types of services provided within the context of the drug court, not merely linking into existing services. It is suggested that the program look at a core concentration of recovery services and then have modules for the individual with mental health issues, those with abuse issues, and those with educational limitations. This approach would look closely at functional improvements.
- It is recommended that the program develop and implement on-site orientation. This may include treatment groups/treatment readiness groups to improve the engagement and retention. They could also provide soft skills training in Success Skills in the World and Recovery - peer/alumni driven support groups.
- One of the greatest challenges faced by both the criminal justice and AOD treatment systems is to understand the variations among offenders. With limited resources, the criminal justice and AOD systems are faced with serving increasing numbers of individuals, while using program models developed to treat a Caucasian, male population—these models are not directly transferable to treatment models which are gender and culturally sensitive and effective. Thus, new techniques and methods are needed to meet these requirements. It is recommended that the program develop a focus group through its oversight committee to address this issue.
- The 8<sup>th</sup> District has long recognized that enhancements in physical, intellectual, vocational, and emotional skills are needed to complement the participant's recovery and reintegration into the community. Vocational placement and job retention are a requirement for completion of the program and the judge monitors this requirement in a manner similar to the monitoring required to ensure abstinence from alcohol and drugs. To meet this requirement, it is recommended that the program continue and expand the collaborative effort with The New York State Department of Labor, The State University of New York (SUNY), Erie Community College, and the Erie County Department of Social Services. The Vocational Life Enhancement and Action Program (LEAP) developed to serve BDTC participants primary focus is to reduce the time it takes for

these individuals to become employed (self-sufficient). The program goal is to provide individuals disabled by substance abuse alcoholism and/or mental health problems with academic/vocational skills improvement, while actively participating in residential, outpatient and/or transitional services. Education and vocational assessments should start while the participant is incarcerated in the Re-Entry Program.

- Upon incarceration a request for a forensic psychological evaluation should occur for participants likely to be in jail beyond a few days. These evaluations are essential for linking individuals to appropriate treatment services upon release.
- Most released participants have been linked to ASAM level 3 treatment services, which are often costly and may not always expose the client to demands of community re-integration. To avoid moving the participant from one incarcerated system to another residential treatment program, an alternative would be supportive housing with recovery supports. For example, Salvation Army shelters for 30-60 days to bridge the transition. Participants could immediately link to educational and vocational services while in short stay housing.
- Recognizing the limited educational and career skills of participants, it is recommend that GED and College Certificate and Degree courses be established on Fridays and Saturdays through the local community college as a Learning/Recovering Community.
- We recommend increased coordination among the program stakeholders. We recommend that the advisory and oversight committee continue to meet on a regular basis (quarterly). Partners and stakeholders have indicated that quarterly meetings are beneficial for keeping community partners informed by sharing in its continued growth and development.
- We recommend that funding for a continued prospective evaluation be aggressively sought to allow for analyses of predictors for success because so few participants completed program during grant period.



# Appendix

## A

## Reentry Court Staff Interview Guide

Introductory Statements: [read informed consent letter, provide copy to respondent, and proceed after respondent agrees to be interviewed] I'd like to ask you some questions about your reentry court program

### Program Goals

1. What were the original goals of the program?
2. How were these goals established (i.e., who worked toward establishing goals and what was the level of consensus among key stakeholders)?
3. What agencies/department/organizations were originally involved in the formation of the reentry court initiative?
4. Currently, who do you consider to be the key stakeholders of the program (probe for roles/titles and agencies, not individual names)?
5. What resources were available when the reentry court was being planned (probe for pre-existing professional collaborations, contracts with services providers, funding, personnel, and facilities)
6. What was the original target population (probe for information on: criminal history, instant offense, length of incarceration, age, gender, substance abuse problems, and mental health problems)?
7. What were the initial plans for program capacity?
8. What is the current program enrollment?
9. Are there many people eligible to enter the program but who are not enrolled?
10. How many participants have graduated from the program?
11. What were the initial plans for...
  - a. Case Management?
  - b. Supervision/monitoring of progress?
  - c. Judicial contact/court appearances?
  - d. Program Length?
  - e. Sanctions and rewards?
12. Currently, what are the procedures for...
  - a. Case management? [if plan deviates from original, probe as to why it was modified]
  - b. Supervision/monitoring of progress? [if plan deviates from original, probe as to why it was modified]
  - c. Judicial contact/court appearances? [if plan deviates from original, probe as to why it was modified]

- d. Program length?
  - e. Sanctions and rewards [if plan deviates from original, probe as to why it was modified]
13. What were the initial plans for service provision in the reentry court program (probe for: substance abuse/mental health treatment, vocational training, education, family counseling, housing, aftercare, and any other services)?
  14. Currently, what services are provided through the program (probe for: substance abuse/mental health treatment, vocational training, education, family counseling, housing, aftercare, any other services)? [if services differ from initial plans, probe as to why the services provided were modified]
  15. What is the current program capacity?
  16. What are the procedures for getting someone into the program, specifically
    - a. How are potential participants referred/identified?
    - b. Does any assessment/screening take place prior to participation?
    - c. Who has the final approval for participation?
    - d. Does the offender have to agree to participate?
    - e. When are participants actually enrolled in the program (i.e., sentencing, during incarceration, upon release, etc.)?
  17. Is your program divided into any phases?
  18. Originally, what short-term (intermediate) outcomes did the reentry court program hope to affect (i.e., linkages among key stakeholders, enrollment, graduation rates, etc.)?
  19. How is information shared among the reentry court team (i.e. parole/probation officers, judge, and treatment providers)?
  20. How has the reentry court program influenced services available to program participants?
  21. What has been the impact of the reentry court program on the Drug Court
  22. Originally, what long-term outcomes did the reentry court program hope to affect (i.e., recidivism, family reintegration, employment, and substance use)
  23. How successful do you think the reentry court program has been at preventing recidivism among graduates?
  24. Do you think the reentry court program has been successful at treating AOD and other problems among participants?
  25. What impact do you think the reentry court program has had on community reintegration (probe for employment, community involvement)?

26. Have you observed any unintended consequences of the reentry court program?
27. What barriers has your program encountered? What solutions were you able to employ to deal with these barriers?
28. How would you describe the level of support your program has received from:
- a. Service providers?
  - b. The courts?
  - c. Defense attorneys?
  - d. Prosecutors?
  - e. Parole or probation?
  - f. The community?
29. What are your plans for continuing the program?

# Appendix B

## Reentry Court Participant Interview Guide

1. How did you end up in the program? Specifically...
  - a. Who approached you about reentry court?
  - b. At what stage in the criminal justice system were you when you began reentry court (i.e., at you sentencing hearing, while you were incarcerated, and after you were released)?
  - c. Were you given a choice about whether to participate in reentry court?
  - d. What did you think would happen to you if you didn't agree to participate in reentry court (probe for any retribution)?
2. How long have you been in the reentry court program?
3. Do you appear before the reentry court judge regularly? How often (record as weekly, biweekly, monthly, etc.)?
  - a. [if yes] can you tell me about the monitoring hearings you attend?
4. Who supervises you and monitors your compliance?
5. Do you have a case management plan?
  - a. [if yes] who developed this plan?
6. How often do you meet with your case manager, primary therapist?
7. Do you think enough services are provided through the reentry court program?
8. What services are provided through the program (probe for: substance abuse/mental health treatment, vocational training, education, family counseling, housing, aftercare, and any other services)?
9. What sanctions or punishments for noncompliance do they use in the reentry court program? What sanctions have you received?
10. How successful do you think the reentry court program is at preventing people from committing crimes?
11. How successful do you think the reentry court program is at treating drug use and solving other problems among participants?
12. How successful do you think the reentry court program is at helping people reconnect with their families and communities?

# Appendix C

# Appendix D



### 8<sup>th</sup> District Reentry Program Advisory Board

| NAME                   | TITLE  | ORGANIZATION   |
|------------------------|--|--|
| Hon. Thomas P. Amodeo  | Chief Judge, Buffalo City Court                                | Buffalo City Court<br>8 <sup>th</sup> Judicial District,<br>New York State             |
| Hon. Robert T. Russell | Judge, Buffalo City Court                                      | Buffalo City Court 8th<br>Judicial District, New<br>York State                         |
| Henry G. Pirowski      | C.O.U.R.T.S.<br>Program, Director<br>Drug Court<br>Coordinator | Buffalo City Court 8th<br>Judicial District, New<br>York State                         |
| Genevieve Capizzi      | Senior<br>Administrative<br>Assistant                          | 8th Judicial District,<br>New York State   |
| Hon. Mark Violanti     | Niagara Falls City<br>Court                                    | Niagara Falls City Court   |
| Danielle Maichle       | Senior Staff Attorney  | Buffalo City Court,<br>Public Defenders<br>Office/Legal Aid<br>Bureau of Buffalo, Inc. |
| Kathi Isch             | Program Director   | City of Buffalo,<br>Department of Human<br>Services,                                   |
| Thomas Kubiniak        | Assistant District<br>Attorney                                 | Erie County District<br>Attorney's Office  |
| Robert Koch            | Assistant<br>Superintendent                                    | Erie County Holding<br>Center  |
| Richard Washousky      | Associate Vice<br>President                                    | Erie Community<br>College  |
| Jeff Smith             | Court Analyst  | 8 <sup>th</sup> Judicial District  |

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