



School of Social Work
Indiana University

**Program Evaluation of the Monroe County
(Indiana) Drug Court**

Submitted to:

Steven E. Malone
Monroe County Drug Treatment Coordinator/Supervisor

Submitted by:

Dr. John R. Gallagher, PhD, LSW, LCAC
Indiana University School of Social Work
Associate Professor
johngall@iupui.edu

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Executive Summary

Findings from this program evaluation highlight that the Monroe County (Indiana) drug court is an effective program at reducing recidivism and a valuable resource for individuals who have substance use disorders, the community, and other stakeholders. Drug court participants (n = 116) were significantly less likely to recidivate than participants in the comparison group (n = 54). Specifically, only 18% of drug court participants' recidivated, whereas the recidivism rate for the comparison group was 54%. Perhaps even more promising are the differences between the 2014 and 2019 program evaluations. When comparing the evaluations, the drug court increased its graduation rate (54% in 2014 to 66% in 2019) and decreased its recidivism rate (32% in 2014 to 18% in 2019).

In regard to graduation, drug court participants who were unemployed at the time they were deemed eligible for the program were more likely to graduate than participants who were employed, a student, on disability, or retired at the time they were deemed eligible for the program. Additionally, drug court participants who were married at the time they were deemed eligible for drug court were more likely to graduate than participants who were not married at the time they were deemed eligible for drug court. In regard to recidivism, male drug court participants were more likely to recidivate than female participants. Additionally, drug court participants who had a mental health diagnosis were more likely to recidivate than participants who did not have a mental health diagnosis. Finally, participants who had a violation within the first 30 days after admission to drug court were more likely to recidivate than participants who did not have a violation during that timeframe.

Drug court participants (n = 15) who were in the program in 2018 completed surveys in which they answered five open-ended questions related to key components of the drug court

model. Participants reported mixed feelings related to the quality of counseling they received, and some felt that their individualized treatment needs were not being met. Overall, participants viewed the drug court team as supportive, and they felt that praise from the judge was one of the most helpful incentives they received. Some participants noted that the frequent and random drug testing system deterred them from using drugs and resulted in positive, cognitive changes that supported their recovery. The most common challenges associated with frequent and random drug testing were that some participants thought that it was too expensive and time-consuming which they felt could delay their progress in the program, or even their graduation.

Three recommendations are offered to enhance an already effective drug court. First, it is recommended that the drug court refer participants to treatment providers who are trained in assessing for and treating mental illnesses, and providers that offer both individual and group counseling. Treating mental health symptoms concurrently with substance use disorders is best practice, and this may improve recidivism outcomes for drug court participants who have mental illnesses. Second, it is recommended that interventions be increased during the first 30 days of drug court for high-risk participants (e.g. those who score high on the IRAS). Having a violation within the first 30 days after admission to drug court increases the risk of recidivating. Therefore, increasing the frequency of drug screens and status hearings where the judge can offer incentives (e.g. praise and encouragement) may deter violations during this critical time. Third, it is recommended that the drug court continue to incorporate qualitative methods (e.g. surveys, focus groups, individual interviews) into their program evaluations. The qualitative findings from this program evaluation should be interpreted as preliminary themes and ongoing evaluations are needed to further develop a “behind the scenes” perspective of the drug court.

Sampling and Variables

The drug court group (n = 116) included all drug court participants who started the program by 01/01/2014 and had an outcome of graduated or terminated by 06/30/2018. The comparison group (n = 54) included all participants deemed eligible for drug court but opted out between 01/01/2014 and 06/30/2018. For the drug court group, in order to identify who was most likely to graduate and recidivate, data was collected on the variables noted in Table 1.

Table 1
Variables and Coding for the Drug Court Group

Variables	Coding
Sex	0 = Female 1 = Male
Age	Age at time deemed eligible for drug court
Race	0 = Non-white 1 = White
Education	0 = Does not have high school diploma/equivalent at time deemed eligible for drug court 1 = Has a high school diploma/equivalent at time deemed eligible for drug court
Employment	0 = Unemployed at time deemed eligible for drug court 1 = Employed/student/disabled/retired at time deemed eligible for drug court
Married	0 = Not married at time deemed eligible for drug court 1 = Married at time deemed eligible for drug court
Mental Health	0 = Has a mental health diagnosis 1 = Does not have a mental health diagnosis
Drug of choice	0 = Opioids 1 = All other drugs
Violation within the first 30 days	0 = Had a violation within the first 30 days after admission to drug court (e.g. positive drug test, dilute drug test, missed treatment, late for court, failure to attend court, new offense) 1 = Did not have a violation within the first 30 days after admission to drug court
Outcome	0 = Terminated 1 = Graduated
Recidivism	0 = Recidivated 1 = Did not recidivate

What is the drug court graduation rate and which drug court participants were most likely to graduate?

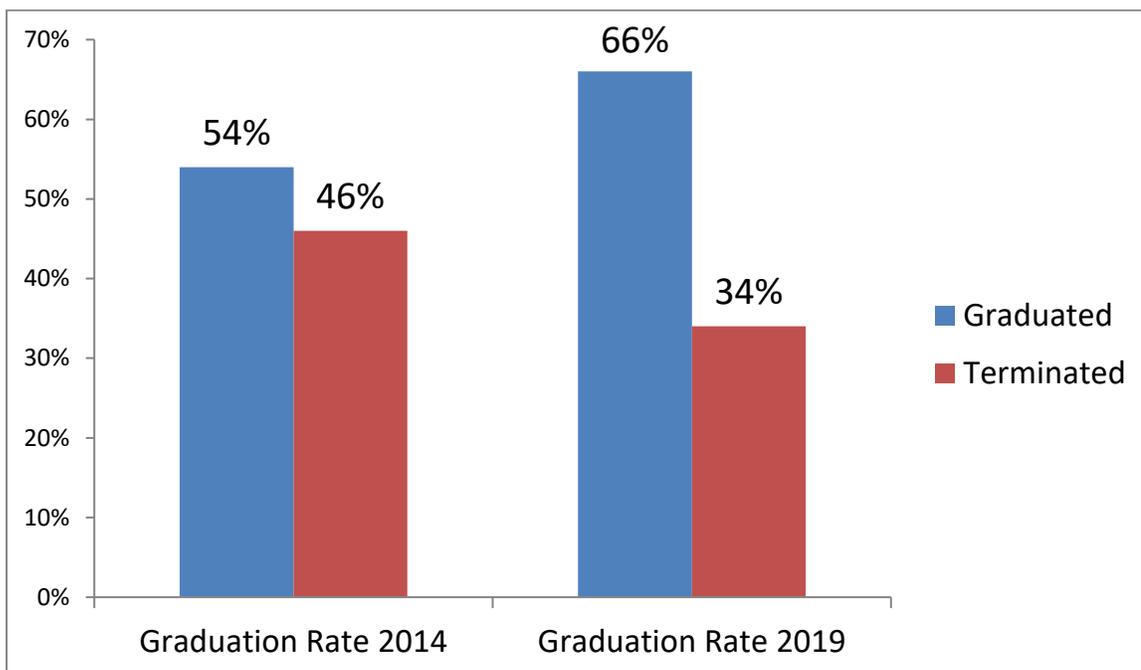
As noted in Figure 1, 66% of the drug court participants graduated from the program and 34% were terminated. Furthermore, when comparing the 2014 program evaluation to this 2019 program evaluation, the graduation rate increased by 12%. To assess which drug court participants were most likely to graduate, key demographic variables were included in the analysis. The variables included: (1) sex; (2) age; (3) race; (4) education; (5) employment; (6) married; (7) mental health; (8) drug of choice; and (9) violation within the first 30 days. Please refer to Table 1 for a description of each variable. The analysis revealed that two variables reached statistical significance.

First, interestingly, drug court participants who were unemployed at the time they were deemed eligible for the program were more likely to graduate than participants who were employed, a student, on disability, or retired at the time they were deemed eligible for the program (73% versus 57%, respectively). This is certainly a unique finding, as research has consistently demonstrated that being employed is a strong predictor of positive drug court outcomes. A possible explanation for this unique finding is the way the variable was coded. Data related to employment status were only collected at the time participants were deemed eligible for the program; therefore, this did not identify those who became employed during drug court. Regardless, it is promising to see that participants who began drug court unemployed had positive graduation outcomes. Second, drug court participants who were married at the time they were deemed eligible for drug court were more likely to graduate than participants who were not married at the time they were deemed eligible for drug court (89% versus 62%, respectively). This finding

highlights that marriage and family are protective factors that seem to support positive outcomes in drug court, such as improved graduation rates.

The other variables did not reach statistical significance, meaning graduations rates did not vary significantly within the variables. For example, younger and older drug court participants had equal likelihoods of graduating. Also, women and men graduated at equal rates (69% versus 66%, respectively). When comparing the current findings to the findings from the 2014 program evaluation, there has been a noticeable improvement with participants who identified opioids as their drug of choice. In 2014, only 28% of participants who identified opioids as their drug of choice graduated. However, the current program evaluation found that 68% of participants who identified opioids as their drug of choice graduated, a 40% increase from the previous evaluation.

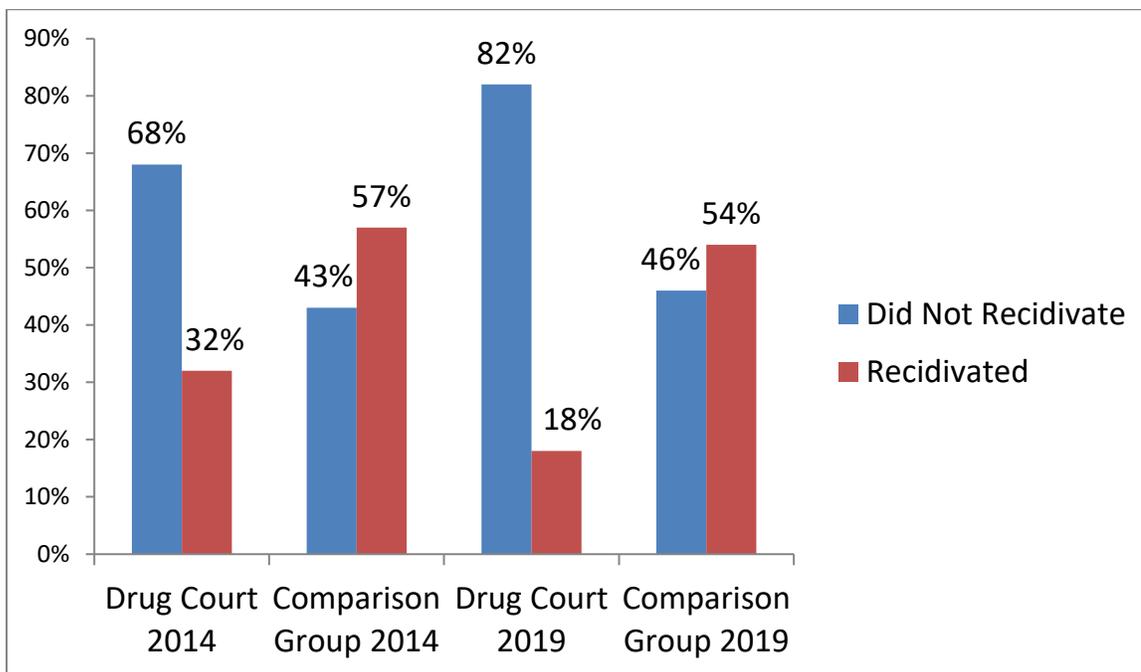
Figure 1
Drug Court Graduation Rates
Comparing the 2014 and 2019 Program Evaluations



Which program (drug court or comparison group) was most effective at reducing recidivism rates?

Recidivism was defined as any new arrest in Monroe County, Indiana from admission to drug court (for the drug court group) or opting out of drug court (for the comparison group) up to five years following admission/opting out. As noted in Figure 2, drug court was more effective than the comparison group at reducing recidivism rates. Specifically, 82% of drug court participants did not recidivate and only 18% did recidivate during the follow-up period. Conversely, the majority of participants in the comparison group did recidivate. During the follow-up period, 54% of the comparison group recidivated and 46% did not recidivate. For those who did recidivate in both groups, the drug court group had a longer timeframe to being arrested than the comparison group (671 days versus 532 days, respectively). It is also important to note that when comparing the 2014 program evaluation to the current findings, the drug court had a 14% reduction in recidivism.

Figure 2
Drug Court and Comparison Group Recidivism Rates
Comparing the 2014 and 2019 Program Evaluations



Which drug court participants were most likely to recidivate?

To assess which drug court participants were most likely to recidivate, key demographic variables were included in the analysis. The variables included: (1) sex; (2) age; (3) race; (4) education; (5) employment; (6) married; (7) mental health; (8) drug of choice; (9) violation within the first 30 days; and (10) outcome. Please refer to Table 1 for a description of each variable. The analysis revealed that three variables reached statistical significance. First, male drug court participants were more likely to recidivate than female participants (23% versus 6%, respectively). Second, drug court participants who had a mental health diagnosis were more likely to recidivate than participants who did not have a mental health diagnosis (31% versus 17%, respectively). Third, participants who had a violation within the first 30 days after admission to drug court were more likely to recidivate than participants who did not have a violation during that timeframe (31%

versus 10%, respectively). The other variables did not reach statistical significance, meaning recidivism outcomes did not vary significantly within the variables. For example, younger and older drug court participants had equal likelihoods of recidivating. Also, both those who graduated and those who were terminated from drug court had equal likelihoods of recidivating (19% versus 15%, respectively). This is a promising finding because it suggests that drug court may provide long-term benefits to all participants, even those who had some exposure to the program but were eventually terminated.

Additional Notable Findings

- For the drug court group, the average number of days from being deemed eligible for drug court to being admitted into the program was 48 days. For the comparison group, the average number of days from being deemed eligible for drug court to disposition to their respective program was 174 days.
- For the drug court group, the average number of days from being admitted into the program to starting treatment was 4 days. For the comparison group, the average number of days from disposition to their respective program to starting treatment was 41 days.
- For the drug court group, participants received a total of 5,192 incentives and 556 sanctions. This equates to approximately 45 incentives and 5 sanctions per participant.
- From the start to the end of their respective programs, the drug court group (19 to 12) had a larger decrease in Indiana Risk Assessment System (IRAS) scores than the comparison group (21 to 19).
- Throughout their respective programs, on average, the drug court group spent fewer days in jail (49 days per participant) than the comparison group (69 days per participant).

- The drug court group provided drug screens more frequently than the comparison group. On average, each drug court participant provided 52 urine/saliva drug screens and 294 PBT screens throughout the program. Conversely, on average, each participant in the comparison group only provided 9 urine/saliva drug screens and 57 PBT screens throughout their program.
- Urine/saliva drug screens are the most reliable and rigorous method. The drug court group was less likely to test positive than the comparison group. A positive urine/saliva drug screen included those that indicated new (not residual) drug use and screens that were diluted. For the drug court group, approximately 6% of their urine/saliva drug screens were positive. For the comparison group, however, approximately 41% of their urine/saliva drugs screens were positive.

Qualitative Findings (surveys)

The research question for this section of the program evaluation was: How do drug court participants view the program, regarding the quality of substance abuse counseling they receive, the supportiveness of the drug court team, the effectiveness of sanctions and incentives, the effectiveness of frequent contact with the judge, and the effectiveness of frequent and random drug tests? To answer the research question, drug court participants who were in the program in 2018 were invited to complete an open-ended survey in which they answered the five questions noted in Table 2. Standards were put in place to assure anonymity and confidentiality, and only the program evaluator, Dr. John Gallagher, viewed the results of the surveys. The survey was developed by Dr. John Gallagher and is based on key components of a drug court. Specifically, drug courts are guided by 10 key components, and drug court participants are directly affected by

6 of the 10 key components (one, two, four, five, six, and seven). Therefore, the survey questions focused on these 6, as noted in Table 2.

Table 2
Survey Questions

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- 1) Could you please describe your experiences with the strengths and limitations of the substance abuse counseling you receive in drug court? (Key Components 1 and 4)
 - 2) Could you please describe your experiences with whether or not you view the drug court team as being supportive? (Key Component 2)
 - 3) Could you please describe your experiences with whether or not sanctions and incentives are given appropriately in drug court? (Key Component 6)
 - 4) Could you please describe your experiences with whether or not having frequent contact with the judge helps you be successful in the program? (Key Component 7)
 - 5) Could you please describe your experiences with whether or not having frequent and random drug testing helps you be successful in the program? (Key Component 5)
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There were 15 drug court participants who completed surveys. In regard to sex, 8 were men and 7 were women. Nearly the entire sample identified their race as White (14 White and 1 Hispanic). At the time the surveys were completed, the average age of participants was 36 years old, and their average time in drug court was 11 months. Throughout the surveys, a number of major thoughts and experiences were shared consistently among the drug court participants. The findings are presented in reference to each question asked in the survey.

1. Could you please describe your experiences with the strengths and limitations of the substance abuse counseling you receive in drug court? Please give specific examples from your experiences.

Overall, participants reported mixed feelings related to the strengths and limitations of the counseling they received while in drug court. Some participants, for instance, reported that counseling was helpful because it addressed both their substance use disorders and mental health symptoms. This is a promising finding because it is common for individuals who have substance use disorders to also have mental illnesses, such as depression or anxiety, and treating both disorders concurrently is best practice. It appears that some of the agencies and counselors that the Monroe County (Indiana) drug court refers participants to are trained in treating dual diagnoses. It is important to mention, though, that some participants felt that their individualized counseling needs were not being met because all, or the majority of, their counseling was in groups. Some participants did not feel comfortable discussing certain topics, like trauma and relapse, in a group setting.

In regard to the strengths of counseling, a male participant who had been in drug court for nearly a year-and-a-half emphasized the importance of treating his substance use disorder and mental illness concurrently. He noted:

Before I started the program, I was already in the IOP [intensive outpatient program] group so it was easy for me to continue into the next phases of the program with my counselor. I was able to get the best answers to my concerns and bring up any situations that were bothering me at the time, like dealing with my OCD [obsessive-compulsive disorder]. We talk about staying clean and sober, but also how to manage my mental health and overcome my OCD. My counselor says

I have a dual diagnosis, and I know that I drink and use drugs to self-medicate. So, for me, it's important to go to counseling where I can discuss my abstinence from drugs and improve my mental health.

Similarly, a male participant who had been in drug court for nearly 2 months reported that he had a history of trauma and counseling was an opportunity for him to treat both his substance use disorder and trauma symptoms. He commented:

The strength is that counseling helped me with my past issues related to drugs and trauma, bad things that have happened to me in the past. I learned a lot about trauma and how it's impacted my behaviors and why I use drugs. The counselors are nice and it's a safe place to open up about that kind of stuff. I never really talked about my past before, but I'm glad I did.

Additionally, a female participant who had been in drug court for approximately 14 months shared how participating in counseling has helped her become more empathetic. Specifically, she shared:

I think that attending group IOP [intensive outpatient program] had some strengths. I was forced to interact with other people struggling with addiction and that made it easier to move into a friendship status as time went on. Stereotypes may exist for a reason, true, but to learn the reason behind a person's struggle was key. I thought of myself as a pretty empathetic person prior to this, but I have gained a new respect for the way some people struggle and why. My favorite requirement is AA [alcoholics anonymous]. My life is infinitely better for all aspects of AA, what I have allowed my life to become based on the experience, strength, and hope I have found in the rooms [of alcoholics anonymous].

As mentioned previously, some participants felt that their individualized treatment needs were being met; however, this was not the consensus for all participants. Actually, some participants felt that a limitation of the counseling they received was that they did not have a private, safe place to process certain topics that were important to their recovery, such as relapse and mental health symptoms related to childhood traumas. While these topics could have been discussed in group counseling, some participants felt most comfortable discussing them in individual counseling. In their experience, however, individual counseling was not offered or not offered enough to meet their treatment needs. For example, a male who had been in drug court for over a year shared that he preferred individual counseling over group counseling, but the majority of his counseling was in groups. Specifically, he noted:

The limitation with counseling is that I don't enjoy the groups as much as when I meet with my counselor one-on-one. The groups are more generic. They teach us a lot, but don't get to the core of why we use drugs and continue to relapse. When I relapsed, I didn't bring it up in group because sometimes they look down on you and it's just not helpful. The feedback isn't helpful when you already feel bad for relapsing. We should all be required to do individual counseling because that is where I learn the most.

Similarly, a female participant who had been in drug court for over a year also reported that she benefited most from individual counseling, as compared to group counseling. She stated:

The counseling helps me stay sober, treat my addiction, and do what drug court wants me to do, but the limitation is that it doesn't cover the whole picture of what's going on in my life. I have PTSD [posttraumatic stress disorder] and anxiety because of abuse when I was younger. I don't like talking about that with my case

manager or judge or even at IOP [intensive outpatient program]. It's a private matter, and I wish I could see my counselor more too just help me do better, feel better about myself.

2. Could you please describe your experiences with whether or not you view the drug court team as being supportive? Please give specific examples from your experiences.

Overall, participants viewed the drug court team as supportive, and they gave examples of supportiveness for multiple team members, including the judge, case managers, attorneys, and treatment providers. The most common example of supportiveness was the drug court team being flexible with participants' schedules when situations outside of drug court occurred, such as family emergencies, medical issues and doctor's appointments, conflicts with work schedules, and childcare. For example, a male participant who had been in drug court for over a year gave an example of how the drug court team supported him during a family emergency. He noted:

Ever since the beginning, the team was very supportive. When I first filled out the documents, everything was very clear and was explained to me clearly. Before I started the program, when I was scheduled as an 'observer', I had a family emergency out of town and I had to take care of it. The team was very supportive and understood the situation, allowing me to take care of the problem and come back to start the process. I had the same experience all throughout the program with other situations and I was able to communicate with the team to look for a solution. Being in this program has taught me that the team really cares about me and wants me to do well.

Additionally, a female participant also identified the drug court team as supportive, flexible, and caring when it came to balancing the demands of drug court with the responsibilities of mothering.

Specifically, she shared:

Yes, the team can be very supportive, especially when it comes to my kids. The biggest challenge I face is finding childcare when I have to go to counseling and seeing the judge and the other stuff in the program. This is the most stressed I have been in a long time, but I found out that if you are honest with the team, they actually do care about you and will work around your schedule. As long as you are honest, they will work with you.

3. Could you please describe your experiences with whether or not sanctions and incentives are given appropriately in drug court? Please give specific examples from your experiences.

Overall, participants felt that sanctions and incentives were given appropriately in drug court. The most common and helpful incentive mentioned was the judge praising a participant's progress in the program. It is common and useful for drug courts to give tangible incentives (e.g. gift cards to local restaurants, recovery-based books). The findings from this study, however, also emphasize the importance of verbal praise from the judge and other members of the drug court team. Some participants reported that verbal praise from the judge enhanced their internal motivation for change, helped them sustain their recovery, and, overall, improved their mood and wellbeing. As for sanctions, the most common theme to emerge from the data was the importance of providing a rationale for each sanction given. The majority of participants felt that the sanctions they received or witnessed others receive were fair, but they were most helpful if a rationale was given. Participants continuously mentioned the need to be treated individually, and they felt that

this need was met when sanctions were tailored to their specific needs or challenges they were experiencing in drug court.

A female participant, for instance, who had been in drug court for nearly 1 month shared her initial impressions with sanctions and incentives. Specifically, she noted:

I am new to the program, but from what I have seen, the incentives help motivate people to continue doing well and the sanctions do the same thing. For me, just hearing that the judge is proud of me and that she thinks I am doing well is incentive enough to continue doing what I need to do. The sanctions are not too hard or too soft, they are just right. I have seen people get a little punishment or incarceration, and that is what we need to motivate us to get back on track and not end up in jail for a long time. If the sanctions were too harsh, we would probably give up. I think the sanctions are deliberately not too harsh to re-motivate us.

Furthermore, a male participant who had been in drug court nearly 2 years also reported that praise from the judge was a helpful incentive, and he felt sanctions were best received if the rationale for the sanction was explained. He commented:

The judge is always encouraging, while also being the authority figure. They often give incentives, and knowing that the judge is happy with me is the best incentive. I have received my share of sanctions and what I think is most important is having a reason for each sanction. I don't want to view it as a punishment. If sanctions are supposed to help me, I want to know how. My case manager ensures I understand the judge's reasons for sanctions. I don't always agree with the reasons, but at least I know they have given it some thought and do want to try to help me.

Additionally, a female participant who had been in drug court for over a year also discussed the importance of providing rationales for incentives and sanctions. She shared:

I have seen and received sanctions, as well as incentives, during my time in drug court and I must say they're well deserved when they have to be applied. When I earned my incentives, I was doing well. When I earned my sanctions, I was not following through with what I said I was going to do. Each time I got an incentive or sanction, I knew why I got them and the judge explained it to me. That was helpful to have the judge explain the sanctions and explain how it was in my best interest.

4. Could you please describe your experiences with whether or not having frequent contact with the judge helps you be successful in the program? Please give specific examples from your experiences.

Overall, participants felt that having frequent contact with the judge supported them in being successful in the program. They offered a range of experiences with the judge, but all were positive experiences that supported their recovery. Some participants, for instance, reported that they looked forward to seeing the judge so they could process with her what was going well in their lives and seek her feedback on certain topics related to their recovery. Other participants felt that seeing the judge frequently provided structure and accountability into their lives. They respected the judge's opinion of them and felt empowered to be honest and have a candid conversation with her during their status hearings. For example, a male participant who had been in drug court for over a year highlighted the importance of being honest with the judge, and being honest has also positively impacted his relationships with family and friends.

Specifically, he noted:

If I should relapse, which I have once, then I'm held responsible for my actions. Facing the judge, going to jail, and being required to restart IOP [intensive outpatient program] has made me reevaluate my choices I make. I have learned to trust more. The judge and drug court team is always there for me when I have a problem, as long as I'm honest and upfront with them. I have also been more honest with myself, friends, family, and everyone involved in my life.

Another male participant who had been in drug court for nearly 10 months emphasized the importance of incorporating accountability and structure into his recovery. He shared:

I feel it does. One problem all of us have coming into the program is the lack of accountability and structure in our lives. Seeing the judge frequently gives us that, as well as shows how much the judge cares about each of our situations. To maintain recovery, we need to be held accountable for our good and bad behaviors and have a daily routine and structure in our lives.

Additionally, a female participant who had been in drug court for approximately 3 months shared how seeing the judge weekly motivated her to do well in the program, and as a result of doing well, she is actively involved in her child's life. She commented:

I believe the judge is very supportive and I like seeing her each week. I came into drug court 8 months pregnant. When the time came for me to have my baby, and after the fact and up until now, they have been supportive on that aspect, along with everything else. I feel like I can have a real conversation with the judge about my life and parenting. She gives good advice and I enjoy checking in with her each

week. I feel like I can reach out to her and know she will be there and be super supportive.

5. Could you please describe your experiences with whether or not having frequent and random drug testing helps you be successful in the program? Please give specific examples from your experiences.

Overall, participants shared mixed feelings related to the effectiveness of frequent and random drug testing. On a positive note, some participants clearly noted that frequent and random drug testing deterred them from using drugs, and perhaps even more important, some participants reported positive, cognitive changes that they associated with the drug testing system. Specifically, some participants reported that they did not use drugs at the beginning of drug court because they feared consequences, such as incarceration. However, as a result of maintaining abstinence from drugs and alcohol, after some time in the program, their motivation to not use drugs changed from external motivation (e.g. avoid incarceration) to internal motivation for change. This is a promising finding because internal motivation for change is one of the strongest predictors of someone sustaining their recovery during and after drug court. Conversely, the most common challenges associated with frequent and random drug testing was that, for some, it was too expensive and time-consuming. Some participants felt that they did too many drug tests each week and the subsequent costs could delay their progress in the program, or even their graduation.

A female participant, for instance, who had been in drug court for approximately 1 year, discussed the benefits and challenges associated with frequent and random drug testing. Specifically, she noted:

I think the random drug tests are important. They work in that they help us not use drugs or alcohol and be aware of our triggers, like people, places, and things that

could make us use. I also think they cost too much and are too frequent. Drugs and alcohol stay in our systems long enough to make them needed less frequently. Some poor people have their 'time in' but it's my understanding the only thing keeping them in is they still owe the court money. How can people get out of debt when they keep getting charged for more [drug] tests? We did this to ourselves but it seems unfair to keep someone in the program because they can't afford all the [drug] tests.

Another female participant who had been in drug court for nearly 9 months shared a similar belief related to the financial impact of drug testing on her life. She, however, also highlighted that drug tests deterred drug use, especially when she was contemplating using drugs. She commented:

Yes, it helps, but it is too expensive and that's frustrating. Some of us can't afford it and I think some people just give up hope, like what's the use in trying to change if I'm never going to graduate anyways. I don't want to get in trouble, so I won't use and I do all my drug tests. I do have a desire to stay sober, but sometimes that desire lessens. It's then that the drug tests are very helpful to me because, although I want to get high, I know I have a test coming up so I stop thinking about getting high and start thinking about all the good stuff in my life, like not being in jail and spending time with my kids.

Additionally, a male participant who had been in drug court for approximately 8 months discussed the positive, cognitive changes he experienced as a result of frequent and random drug testing. He shared:

It makes you think differently about your recovery and using drugs. If I didn't have frequent and random drug testing, I would start thinking I can manipulate the

system and try to get by with using [drugs] occasionally, and I know that using occasionally eventually turns into using every day. You start thinking differently about several months into the program. You start telling yourself that you can do this. The random testing helps, but I am not getting high because I like recovery and freedom.

Recommendations

Based on the quantitative and qualitative findings of this program evaluation, below are three recommendations for the Monroe County (Indiana) drug court. Overall, the drug court is effective at reducing recidivism rates for individuals who have substance use disorders and arrests for non-violent offenses. Therefore, the recommendations should be interpreted as a way to enhance an already effective program. First, it is recommended that the drug court refer participants to treatment providers who are trained in assessing for and treating mental illnesses, and providers that offer both individual and group counseling. Treating mental health symptoms concurrently with substance use disorders is best practice, and this may improve recidivism outcomes for drug court participants who have mental illnesses.

It is important to mention that, in the surveys, participants had mixed reports related to the quality of treatment they received. Some participant were satisfied with the quality of treatment they received for their mental health and substance use disorders, while other participants felt that they were not receiving individualized treatment. Actually, some participants felt that a limitation of the counseling they received was that they did not have a private, safe place to process certain topics that were important to their recovery, such as mental health symptoms related to childhood traumas. These participants felt that they benefited most from individual counseling; however, in their experience, individual counseling was not offered or not offered enough to meet their

treatment needs. This, unfortunately, seems to be a trend in some drug courts where treatment is solely or primarily provided in groups. Drug court should not refer participants to treatment providers who only offer group therapy. It is important for the drug court to refer participants to treatment providers who offer a range of services (e.g. individual and group counseling), treatment providers who collaboratively develop treatment plans with participants, and, as mentioned previously, treatment providers who use evidence-based interventions, such as Integrated Dual Disorder Treatment (IDDT), to treat the common occurrence of substance use disorders and mental illnesses.

Second, it is recommended that interventions be increased during the first 30 days of drug court for high-risk participants (e.g. those who score high on the IRAS). Having a violation within the first 30 days after admission to drug court increases the risk of recidivating. In the surveys, some participants emphasized that participating in random and frequent drug testing and receiving praise from the judge were two helpful interventions that supported them in maintaining abstinence from drugs and sustaining internal motivation for change. For high-risk participants, increasing the frequency of drug screens and status hearings where the judge can offer incentives (e.g. praise and encouragement) may deter violations during the critical first month of the program. At the same time, however, it is important to consider the time and costs associated with more drug screens and status hearings. Therefore, the drug court should consider providing financial incentives (e.g. free drug screens, reductions in program costs) for positive behavioral changes, such as maintaining abstinence from drugs.

Third, it is recommended that the drug court continue to incorporate qualitative methods (e.g. surveys, focus groups, individual interviews) into their program evaluations. The qualitative findings from this program evaluation should be interpreted as preliminary themes and ongoing

evaluations are needed to further develop a “behind the scenes” perspective of the drug court. The next program evaluation is scheduled for 2022. At that time, or even before then, it would be beneficial to do face-to-face data collection with participants (e.g. focus groups or individual interviews), as this tends to offer an in-depth understanding of phenomena and allow the researcher to ask probing questions. For instance, a major finding from this evaluation was that participants who were married were more likely to graduate than participants who were not married. The difference between married and unmarried men and women’s experiences in drug court is unknown, and perhaps individual interviews with these populations could offer insight into why married participants graduate more often. Similarly, male drug court participants were more likely to recidivate than female participants. Logically, this difference in recidivism patterns is not due to sex and gender alone. Focus groups would be an excellent avenue to compare and contrast men and women’s experiences in the program to inform drug court programming through a gendered-lens.