

Critical Performance Indicators for Florida's Drug Courts

(Adapted from the Florida Statewide Technical Assistance Project, *Development of a Plan for the Statewide Evaluation of Florida's Drug Courts*, National Center for State Courts as recommended by the Florida Supreme Court Task Force on Treatment-Based Drug Courts, July 2008)

In 2006, the Supreme Court Task Force on Treatment-Based Drug Courts (Task Force) was charged with developing a proposal for a statewide evaluation of Florida's drug courts pursuant to administrator order AOSC06-51. To assist the Task Force in developing a comprehensive evaluation proposal, the National Center for State Courts (NCSC) was consulted through their Bureau of Justice Assistance-funded *Statewide Drug Court Technical Assistance Project* to provide guidance to the Task Force. During the development of the evaluation proposal, NCSC staff recommended that Florida consider adopting each of the four National Research Advisory Committee (NRAC) core drug court performance measures released in June 2006 by the National Drug Court Institute publication *Local Drug Court Research: Navigating Performance Measures and Process Evaluations*.¹

Several years ago, the Task Force adopted Recidivism and Retention as critical performance indicators for Florida's drug courts, two of the four NRAC measures. The Task Force ultimately decided to retain the two indicators currently in place with some modifications and clarification, and adopt the two additional NRAC measures which include Sobriety and Units of Service. The four proposed indicators include:

- 1. Recidivism**
- 2. Retention**
- 3. Sobriety**
- 4. Units of Service**

The purpose of developing performance indicators is for drug courts to have the ability to provide research based indicators to supplement program evaluations. It is critical for drug courts to capture performance indicators to demonstrate the effects of the drug court on the clients and community served. To that end, the Task Force recognizes the importance for drug courts in Florida to document performance indicators that can be compiled and compared statewide. The Task Force also recognizes that these indicators are not the only indicators that may document program outcomes. However, the Task Force recommends that these proposed indicators be captured at a minimum by all drug courts in Florida.

1. Recidivism

This performance indicator should be based on six-month cohorts (i.e. everyone exiting from drug court during a specified six month time period).

Adult and Juvenile Drug Court: Recidivism is defined as any felony, or misdemeanor drug or DUI rearrest resulting in the filing of a charge for drug court participants during

¹ The National Research Advisory Committee (NRAC) is a group of leading scholars and researchers convened by the National Drug Court Institute through funding from the Bureau of Justice Assistance. NRAC developed a uniform research plan for drug court data collection and analysis, including the identification of a core set of performance measures for adult drug courts. NRAC's work is documented in the publication *Local Drug Court Research: Navigating Performance Measures and Process Evaluations*, National Drug Court Institute, Alexandria, VA, 2006. The NCSC technical assistance consultant Dr. Fred Cheesman is a member of NRAC.

involvement in the drug court program and upon exit from the program for the following time frames: 0-12 months after program completion; 1-2 years after program completion; and 2+ years after program completion. Case disposition should also be captured.

Family Dependency Drug Court: Recidivism is defined as the number and percent of children and parents or primary caregivers within in-home reports with documented findings of “verified” or “some indicators” of at least one maltreatment with a type of abuse, neglect, or threatened harm AND a report received date (or incident date) through the Department of Children and Families for drug court participants while in the program and graduates for the following timeframes: 0-12 months after program completion; 1-2 years after program completion; and 2+ years after program completion.

The above measure:

- 1) Includes only maltreatments where the parents or caregivers who were included as a subject in the original report, or were named in the original report that was the cause of the dependency drug court participation, are also caregivers in the subsequent report.
- 2) Includes only those intact homes, where the child remained with, or was returned to, the parent involved in drug court.
- 3) Excludes reports occurring in out-of-home care so as not to count if the child was maltreated after being removed from the parent and in placement.

2. Retention

This performance indicator should be based on six-month *admissions* cohorts (i.e. everyone admitted to drug court during a specified six month time period). Track each admission until they have permanently exited the drug court by Type of Exit, including:

1. Graduates
2. Terminations
3. Transfers
4. Voluntary Withdrawals
5. Deceased

Retention is calculated as the percentage representation of each Type of Exit. If a participant is still active in the program, they should be identified in a separate category as Active.

In addition, the amount of time in the drug court from admission to exit, by number of days, should be captured for each admission within the cohort reported for each Type of Exit. Ideally, the time interval will exclude any time that a participant was not an active participant because of bench warrants and non-drug court related jail time.

3. Sobriety

The performance indicator for sobriety should include both the *percent of positive drug tests* and the *period of longest continuous sobriety* for each participant while in the drug court.

A. Percent of Positive Drug Tests: This performance indicator should be based on six-month *exit* cohorts. The percent of drug tests that are positive are calculated for each participant in the exit cohort, excluding those tests that are returned positive for prescription drugs used for valid medical purposes. The percentage is calculated by dividing the number of drug tests that return positive for an illegal or forbidden substance (i.e. alcohol) or have results that are considered positive by the total number of drug tests administered to the participant while in drug court.

Along with test results that indicate use of an illegal or forbidden substance, the following test results will be considered positive:

- a. No show
- b. Not producing a sample in a reasonable period of time
- c. Tampered
- d. Refusal
- e. Admitting to use

This performance indicator must include the results of all drug tests administered, including those administered by external treatment providers and those administered by the actual drug court. The ultimate result of whether a drug test was positive or negative will be made only after all challenges to the test results have been resolved.

B. Period of Longest Continuous Sobriety: This performance indicator should be based on six-month *exit* cohorts. The amount of time (in number of days) between consecutive positive drug tests will be calculated for each participant in the exit cohort to determine the period of longest continuous sobriety. If there are no positive drug tests, this period is equal to the number of days between the first drug test and exit (minus one day). If there is only one positive drug test, the amount of time between the first test and the positive test is compared to the amount of time between the positive test and exit, and the longer of these two periods is reported. If there is more than one positive drug or alcohol test, the amount of time between (1) the first test and the first positive test, (2) each of the remaining, consecutive positive drug tests, and (3) the last positive test and exit will be compared and the longer of these periods will be reported.

The performance indicator is the average over the entire release cohort of the period of longest continuous sobriety (the latter being calculated for each member of the exit cohort), broken out by type of exit. In the case that the offender tests positive for an illegal substance upon admission, the count of drug tests will begin with the first clean test. The beginning date for calculating the period of longest continuous sobriety will be the date of the first clean drug test.

4. Units of Service

This performance indicator should be based on six month *exit* cohorts. The dates that participants received outpatient or inpatient services should be recorded as well as the dates of referrals for ancillary services made by the drug court case manager. Units of service are counted as follows:

- a. Outpatient addiction-related services: Count number of sessions.
- b. Inpatient addiction-related services: Count number of days.
- c. Ancillary (non-addiction related) services: Count the number of referrals for ancillary services.

At the conclusion of the reporting period, the total number of units of service received by each participant who exited during that period will be accumulated by category as follows:

	<u>Inpatient Services</u>	<u>Outpatient Services</u>
Addiction-Related Services	# of days	# of sessions
Ancillary Services	# of referrals	# of referrals

The performance indicator is the average over the entire exit cohort of the number of units for each type of service (see table above) received by participants (the latter being calculated for each member of the exit cohort), broken out by Type of Exit, including:

1. Graduates
2. Terminations
3. Transfers
4. Voluntary Withdrawals
5. Deceased

Addiction-related services include:

- a. Clinical Assessment
- b. Residential (4 levels)
- c. Day/Night Treatment with Community
- d. Outpatient Group
- e. Outpatient Individual
- f. Intensive Outpatient
- g. Outpatient Detoxification
- h. Addiction Receiving Facility
- i. Substance Abuse Detoxification (residential)
- j. In-home Counseling
- k. Aftercare

Ancillary services (non-addiction-related services that address participants' criminogenic needs). Criminogenic needs (e.g., unemployment) are associated with an increased likelihood of reoffending and should be targeted for intervention. Ancillary services include:

- a. Housing
- b. Parenting
- c. Mental Health
- d. Employment Services (e.g., Voc/tech, job-readiness)
- e. Educational Services (including GED)
- f. Medical/Dental Services
- g. Health-related
- h. Anger Management
- i. Case Management
- j. Drug Testing
- k. AA/NA
- l. Transportation
- m. HIV Counseling and Testing
- n. Day Care