



An Evaluation of Federal Support Court in Connecticut

Joseph Dule, MS, MA

David Myers, PhD

Kevin Earl, MS

Mengbei Wang, MS, MA

Timothy Dady, MEd

University of New Haven

Henry C. Lee College of Criminal Justice and Forensic Sciences

Department of Criminal Justice

Introduction

Recent data indicate there are over 189,000 federal prison inmates, nearly half of which (over 82,000) are serving time for drug offenses (Carson, 2018). Drug-related offenses, in fact, represent the most common type of crime among federal inmates. In comparison, less than 8% of federal inmates are imprisoned for violent offenses, about 6% are incarcerated for property crimes, and around 38% are in federal prison for public order crimes (which include weapons offenses).

In addition to the federal prison population, the total number of adults under federal supervision in the community stands at nearly 132,000 (Kaeble, 2018). Of these individuals, approximately 17,000 (or 13%) are on federal probation, while over 114,000 (87%) are on supervised release following a period of incarceration. The total population of adults under state probation or parole supervision stands at nearly 4,500,000. When combined, a significant portion of individuals under federal or state supervision were convicted of drug-related offenses. Specifically, 24% of federal and state probationers and 31% of federal and state parolees were convicted of drug crimes.

Federal and state correctional populations, and particularly individuals incarcerated or supervised for drug-related offenses, are a nationwide concern. Furthermore, the recidivism of known offenders has come to the forefront in discussions of criminal justice issues and reform (Johnson, 2017). Overall, research indicates persistently high recidivism rates among known offenders. To illustrate, one study tracked over 25,000 federal offenders over an 8-year period, beginning in 2005 (Hunt & Dumville, 2016). About half were rearrested, almost one-third were reconvicted, and one-quarter were reincarcerated. Of those individuals who reoffended, most did so within the first 2 years of release (the median time to rearrest was 21 months). Those who were released from incarceration had a rearrest rate of 52%, while those given a probationary sentence had a rearrest rate of 35%.

A separate 2016 study produced similar findings. In this research, of approximately 43,000 offenders placed on federal community supervision in 2005, 35% were rearrested within 3 years, and 43% were arrested within 5 years (Markman, Durose, Rantala, & Tiedt, 2016). Among those released from federal prison, nearly half (47%) were arrested within 5 years, and about 30% returned to prison during the same period. Finally, and perhaps more troubling, an analysis of over 400,000 state prisoners released in 2005 across 30 states revealed that 68% were rearrested within 3 years, 79% were rearrested within 6 years, and 83% were rearrested within 9 years (Alper, Durose, & Markman, 2018).

In sum, large correctional populations continue to be a national concern, and a substantial portion of prison inmates and individuals on correctional supervision in the community have been convicted of drug-related crimes. Moreover, many other inmates and supervised offenders present a history of drug and alcohol problems, regardless of their official criminal record. Research also indicates persistently high recidivism rates, with the effects of drug and alcohol history and use being likely factors in this repeat offending.

This study evaluates one federal initiative to provide support and structure to individuals in the criminal justice system who struggle with drug and alcohol problems. Specifically, this research examines a federal Support Court created by the United States District Court of Connecticut. The specialized court originated in 2009 and operates in three locations: Bridgeport, Hartford, and New Haven. Initial research activities centered on conducting a process evaluation of Support Court operations and services, as well as a descriptive assessment of participant outcomes. Future comparative research, utilizing similar federal offenders who did not participate in Support Court, is anticipated.

Drug Use and Criminal Justice

According to the National Survey on Drug Use and Health, in 2013 an estimated 4.5 million adults aged 18 or older were on probation at some time during the past year (SAMHSA, 2014). Close to one-third (31%) were current illicit drug users, with about one-quarter (24%) reporting current use of marijuana and 12% reporting current nonmedical use of psychotherapeutic drugs. These rates were higher than those reported by adults who were not on probation during the past year, which stood at 9% for current illicit drug use, 7% for current marijuana use, and 2% for current nonmedical use of psychotherapeutic drugs. Past research also indicates as many as 45% of federal inmates report having drug dependence or abuse issues, while only 17% of inmates receive treatment for addiction while incarcerated (Mumola & Karberg, 2006). Thus, a large portion of the federal inmate population presents unique challenges to the federal criminal justice system, as their substance abuse needs often are not addressed sufficiently. Traditional supervision models appear to fail to meet the rehabilitation needs that accompany addiction, making it more likely that drug-involved offenders will return to their previous habits (Banks & Gottfredson, 2004). As a result, offenders with substance abuse problems remain at greater risk to recidivate, and this ultimately imposes greater costs on the criminal justice system.

History and Design of Drug Courts

In an effort to respond more effectively to criminal offenders with drug and alcohol problems, the first drug court in the United States was established in Miami, FL, in 1989 (Goldkamp, White, & Robinson, 2001). As a result of criticisms of ineffective law enforcement and correctional policies, more substance abusers entering the criminal justice system, and a growing recognition that substance abuse disorders are chronic medical conditions that require individualized tailored treatments, drug courts quickly spread (Sevigny, Fuleihan, & Ferdik, 2013). Over the next two decades, drug courts were implemented in all 50 states (Finigan & Carey, 2004). Among the more than 3,000 drug courts operating in the U.S. today, roughly half are adult drug courts (Marlowe, Hardin, & Fox, 2016). Annual enrollments in adult drug courts are estimated at about 55,000 court-involved individuals (Bhati, Roman, & Chalfin 2010).

In general, drug courts were designed to put treatment and rehabilitation ahead of punishment. There is empirical evidence that treatment improves long-term outcomes compared to incarceration, because it addresses the causes of crime and improves an individual's ability to reintegrate into the community (Brown, 2010, 2011). In contrast to a traditional, administrative court process that prioritizes adjudication and the role of the judge in resolving a legal outcome,

drug courts adhere to collaborative a process, whereby the judge coaches a treatment team to work on alternative legal resolutions in favor of therapeutic results.

Target Population and Selection

For most drug courts, the target population is offenders who are being charged with a substance-involved offense (Mitchell, Wilson, Eggers, & MacKenzie, 2012a). This usually includes drug charges, but may include other non-violent offenses committed by defendants with substance abuse issues (Peters & Murrin, 2000). Drug court participants are often first-time offenders, but sometimes are chosen due to a history of substance-involved offenses. Screening criteria vary between drug courts and depend on local policies, but most include some measure of how motivated the offender is to be treated, in addition to considerations of criminal and substance use histories (Evans, Li, Urada, & Anglin, 2014). Law enforcement officials typically are involved in screening court-involved individuals with substance use disorders for drug court participation. Drawing on research by Bonta and Andrews (2007), the National Institute of Justice (2011) recommends the Risk-Need-Responsivity Model of screening and assessment, in order to match the treatment program intensity with the individual's risk of recidivism.

Once individuals successfully pass screening for drug court participation, they typically receive an offer to participate and learn about how their charges will be reduced or dropped upon program completion. There are two main approaches to court processing: 1) a "pre-plea" method, in which clients waive their right to a speedy trial and enter drug court; and 2) a "post-plea" method, in which clients who already have been convicted, but not yet sentenced, are admitted to drug court (Mitchell et al., 2012b). Adult drug court programs average about 12-15 months in length (Rempel et al., 2012), and nationally, about half of adult drug court participants graduate or complete their treatment programs (Brown, 2010).

Treatment Methods

The exact type of treatments offered varies widely between drug courts. Behavioral treatments include cognitive behavioral therapy (CBT), as well as individual, group, and family therapy. Some programs include medical detoxification treatments, whereas others offer acupuncture, 12-step programs, or behavioral relapse prevention programs (Gottfredson, Najaka, & Kearley, 2003).

Despite wide variation in drug court treatment approaches, most drug courts generally follow a model that incorporates three phases of treatment (Mitchell et al., 2012; Peters & Murrin, 2000). The first phase is stabilization, which may involve treatment for medical or psychological disorders in addition to detoxification from substances. The second stage is intensive treatment, which usually lasts for several months, and up to a year. During this period, offenders participate in the substance abatement treatments offered by their program. Other services may be offered to help participants maintain their sobriety, such as education and assistance to find a job (Lutze & van Wormer, 2007; Peters & Murrin, 2000). Some programs require participants to find and keep employment for the duration of treatment (Peters & Murrin, 2000). Status hearings with the judge occur during the intensive treatment phase, and participants may have a case manager in the probation department (Lutze & van Wormer, 2007). The program often ends with a period of

transition, to help the offender stay sober and continue being pro-social once the period of intensive supervision is over (Mitchell et al., 2012; Peters & Murrin, 2000).

Monitoring Compliance

In addition to frequent hearings, drug court participants are required to submit to frequent urinalysis. The Department of Justice's Drug Courts Program Office (1997) recommends testing every two weeks for the first few months of treatment. The tests should be scheduled randomly, so that offenders are not able to prepare for them (Marlowe et al., 2006). The Drug Courts Program Office (1997) also recommends that courts should make allowances for the fact that early relapses are common in substance use abatement programs, meaning that the response should be more encouraging than punishing, especially if the offender has passed urine screens in the past. Most drug courts require participants to remain sober for a certain length of time before they can graduate, ranging from 14 weeks to six months (Marlowe et al., 2006). Research suggests participants who are required to take more drug tests each month are more likely to stay in treatment and fulfill the conditions of the drug court (Turner et al., 2002). This is consistent with other findings, indicating the most effective drug courts use frequent drug testing in combination with evidence-based therapies (Drug Courts Program Office, 1997; Goldkamp et al., 2001; Lowenkamp et al., 2005).

Drug Court Effectiveness

There were over 150 effectiveness studies of drug courts conducted from 1993-2012, which generally indicate positive effects of adult drug court programs (Sevigny et al, 2013; Mitchell et al., 2012a, 2012b). The results of these and more recent drug court evaluations have been synthesized in multiple meta-analyses, systemic reviews, and multi-site studies, as summarized below.

Recidivism: Adult drug courts can reduce 2-year rearrest rates by an average of 8% to 14% (Marlowe et al., 2016), although some studies show rates of recidivism reduction as high as 35% to 80% (Carey et al., 2012; Lowenkamp et al., 2005; Shaffer, 2011). Most drug court studies assess recidivism 1 or 2 years after program participation (GAO, 2011); however, some meta-analyses (Mitchell et al., 2011a, 2012b) and some randomized control trials (Gottfredson et al., 2005, 2006) have shown that positive effects of adult drug courts on recidivism may last for 3 years after program completion. In fact, one study reported that effects on recidivism lasted a remarkable 14 years (Finigan, Carey, & Cox 2007).

The results of a 2012 meta-analysis of 154 drug courts (92 evaluations of adult drug courts, 34 of juvenile drug courts, and 28 of DWI drug courts) show that drug court participants have lower recidivism rates than non-participants, with an average difference in recidivism of 50% for non-participants and 38% for participants (Mitchell et al., 2012). DWI courts produced similar effects as adult drug courts, although more methodologically rigorous evaluations do not find as strong of effects. Separately, studies of juvenile drug courts report substantially smaller effects on recidivism. Finally, larger reductions in recidivism were found in adult drug courts that had higher graduation rates, as well as those that accepted only non-violent offenders.

Incarceration: A 2013 meta-analysis of 19 studies investigating the effects of adult drug courts on incarceration outcomes found that drug courts significantly reduced sentences of incarceration for the precipitating offense, corresponding to a reduction in confinement from 50% to 42% for jail sentences and to 38% for prison sentences. However, it was also found that drug courts did not significantly reduce the average amount of time offenders spent behind bars, suggesting that any benefits realized from a lower incarceration rate are offset by the longer sentences imposed on participants when they fail the program. Consequently, these findings suggest that the typical drug court yields small to moderate reductions in the use of jail and prison incarceration, but also that they may deliver no significant advantage in reducing the aggregate number of jail or prison days incarcerated.

Population Specific Effectiveness: Only a few studies exist that explore gender-responsive (GR) treatment for women in drug court (e.g., there are only women in the program and/or on staff; GR treatment curricula is used), as compared to traditional mixed gender programs. Overall, the evidence indicates inconsistent positive effects on program outcomes, such as alcohol and drug use, psychiatric symptoms, and criminal behavior. For example, in a randomized controlled trial of four GR drug court programs, participants exhibited better in-treatment performance (i.e., fewer jail time sanctions). However, there were no statistically significant differences in drug use reduction, psychological functioning, or reductions in arrest (Messina et al., 2012).

Other Outcomes: Adult drug courts also have demonstrated a number of other benefits in conjunction with their positive effects on recidivism and incarceration, which include reductions in drug and alcohol abuse, improvements in socioeconomic outcomes (e.g., employment and education), enhanced family relationships, and access to social services. For example, Rossman and colleagues (2011) conducted a quasi-experimental analysis of 23 adult support courts and found that small positive effects (less family conflict, reduced drug/alcohol use, and less need for financial and social services) were retained up to 18 months after program completion. Importantly, however, NIJ's Multisite Adult Drug Court Evaluation (MADCE) did not report any benefits from adult drug court on improved mental health or reduced homelessness 18 months after program completion. In effect, MADCE found that adult drug courts were ineffective for substance use outcomes among individuals with co-occurring mental health disorders.

Cost effectiveness: Numerous individual studies and meta-analyses show that adult drug court is highly cost effective (Drake, 2012; Mayfield et al., 2013; Rossman et al., 2011). Studies on cost effectiveness generally report a 200-400% return on investment. Specifically, for every dollar spent, an average of \$2 to \$4 in future court and related costs is saved, or somewhere between \$3,000-\$22,000 of net economic savings per participant (Marlowe et al., 2016).

Research Design Challenges

It must be recognized that most studies on the effectiveness of drug courts employ research methodology that is somewhat weak (Brown, 2011; Mitchell et al., 2012a, 2012b). These studies tend to be retrospective and experience difficulty in obtaining accurate records for all past drug court participants. More specifically, in the first decade of the 21st Century, many studies of drug

courts were conducted using a retrospective descriptive designs, which involved collecting data on drug court graduates and then checking official records for arrests and substance use since they completed the program. Others used quasi-experimental designs, with current drug court participants and comparison subjects who matched the characteristics of the treatment group. Sometimes the comparison group would be comprised of ineligible offenders, which may bias the results, because there may be a systematic difference between eligible and ineligible offenders (Brown, 2011). Nevertheless, in an analysis of differential effect sizes reported relative to methodological rigor, Mitchell et al. (2012a, 2012b) concluded that while more rigorous studies produce smaller effect sizes (for reduced recidivism and drug use), the difference in effect sizes was not statistically significant.

In order to enhance the quality of drug court research, the Drug Courts Program Office (1997) recommends that all drug courts should include a method of data collection and storage in their design. Data should be collected on participant demographics and program compliance, as well as future arrests and convictions after graduation. Participants should be followed for as long as possible after program completion, preferably several years. Data then can be used to assess how effective the drug court is in preventing recidivism and drug relapse. The Drug Courts Program Office also recommends that drug courts bring in an outside researcher with expertise on rehabilitation to facilitate the design and implementation of data collection and analysis. Future research efforts also should strive to incorporate a more rigorous methodology, including randomized experimental design (Emigh, 2017).

Best Practices of Drug Courts

Researchers have looked carefully at the practices that are associated with significantly better outcomes in adult drug courts. Practices that are associated consistently with stronger positive effects are referred to as “best practices” (Marlowe et al., 2016). Over the past two decades, the National Association of Drug Court Professionals (2015) has worked with governmental agencies at the federal, state, and local levels to help guide improvements in drug court policies and practices. The following 10 Best Practice Standards were published first in 2013 (Vol. 1) and updated in 2015 (Vol. 2). Among 25 states that responded to a 2015 NADCP survey, prior to release of Vol. 2, 20 of them (80%) previously had adopted Volume 1. The following represents a summarized list of NADCPs Best Practice Standards:

1. Use empirical evidence to guide decisions of drug court eligibility and exclusion criteria, as well as evidence-based assessment tools and procedures to determine which court-involved individuals should be admitted to drug court.
2. Provide equal access to drug court participation and systemic support for success to individuals who have historically experienced sustained discrimination.
3. Ensure that drug court judges are knowledgeable about current drug court laws and best practices.
4. Provide incentives and consequences that are predictable and fair.
5. Implement evidence-based interventions that are documented in treatment manuals.
6. Provide drug court participants with complementary treatment and social services for conditions that co-occur with substance use.
7. Implement accurate, timely, and comprehensive assessment of unauthorized substance use throughout individuals’ participation in drug court programs.

An Evaluation of Federal Support Courts in Connecticut

8. Engage a dedicated multidisciplinary team of professionals to manage day-to-day drug court operations.
9. Serve as many eligible individuals as practicable, while maintaining continuous fidelity to best practice standards.
10. Routinely monitor the drug court's adherence to best practice standards and employ scientifically valid and reliable procedures to evaluate its effectiveness.

Similarly, in December 2016 the National Drug Court Institute published a series of six tips for transferring probation practices to drug court programs, in order to enhance participant and program outcomes (Cobb, 2016). Tip 1 stresses the use of validated risk and need assessment tools (similar to NADCP Best Practice #1), as research indicates that these instruments are predictive within a moderate level of accuracy. Tip 2 emphasizes the use of Risk-Needs-Responsivity (RNR) and Core Correctional Practices (CCPs), to go beyond compliance monitoring. In effect, there is a growing body of research showing probation officers can have a significant impact on individual outcomes through personal interactions. Accordingly, many probation departments are moving from a supervision strategy in which the officer simply does a check-in with the probationer, to a strategy in which the officer is engaging in conversations and using skill sets aligned with CCPs. Probation officers also should be encouraged to conduct office contacts and home visits.

Tip 3 stresses the need for plans and goals to be developed based on the need and responsivity factors. Goals should be specific, measurable, attainable, realistic, and time-bound. Tip 4 stresses the need to incorporate treatment goals into case and goal plans. Probation officers should be engaged actively with treatment and service providers to ensure that treatment goals are built into the case and goal plans. Tip 5 emphasizes the use of programmatic data to enhance the program, consistent with NADCP Best Practice #10. Finally, Tip 6 underscores the importance of teamwork. It is critical that all team members are operating from the same perspective. For example, if one member is operating from a rehabilitative approach, while another is operating from a compliance-only approach, then drug court is likely to be less effective.

Federal Government Support for Drug Courts

The federal government has demonstrated strong support for the drug court model, primarily through financial support of drug court programs, research, and various drug court initiatives. For example, each year the Bureau of Justice Assistance (BJA) and the Substance Abuse and Mental Health Administration (SAMHSA) distribute grants to states and localities to support the creation and enhancement of drug courts. In FY2017, over \$100 million in federal funding was appropriated for drug courts (Sacco, 2018). Additionally, in 2017 the President's Commission on Combating Drug Addiction and the Opioid Crisis also recommended that DOJ establish a federal drug court in every federal judicial district. Relatedly, enacted in 2016, Section 14003 of the 21st Century Cures Act (the Cures Act; P.L. 114-255) required DOJ to establish a pilot program to determine the effectiveness of federal drug courts and mental health courts. Within one year of enactment, DOJ, with assistance from the Administrative Office of the United States Courts and the United States Probation Offices, must establish a pilot program in at least one U.S. judicial district that will divert certain offenders with mental illness or intellectual

An Evaluation of Federal Support Courts in Connecticut

disabilities from federal prosecution, probation, or prison and place offenders in these specialized courts. As of January 2018, this pilot program is still in the planning stages (Sacco, 2018).

At present, there remains little high-quality research on the effectiveness of federal drug courts. However, a quasi-experimental process and impact evaluation was completed in November 2009, examining the Federal District Court of Massachusetts Court Assisted Recovery Effort (C.A.R.E.) program (Farrell & Wunderlich, 2009). The program used a modified drug court model to provide enhanced supervision to 46 offenders (divided into three separate cohort groups), while addressing the problems that accompanied their addiction. Results from the quasi-experiment, in which CARE participants were matched with 68 similar offenders under regular supervision, revealed CARE individuals were more successful than non-participants during a 12-month time span (success was measured as no new charges, employed, and no positive drug tests). Specifically, the odds of success for C.A.R.E. participants were 2.6 times greater than for comparison group members. However, these findings should be treated with caution, as there were a small number of participants in the treatment and control groups, and the study only covered a 12-month period for each of the cohort groups.

More recent research from the Federal Judicial Center (Meierhoefer & Breen, 2013; Rauma, 2016) examined “judge-involved supervision programs” throughout the country, with an emphasis on reentry courts. Initial quasi-experimental evaluation of 20 programs from 19 districts revealed that offenders being served by these programs were at higher risk than those in the general supervision population (Meierhoefer & Breen, 2013). As compared to a group of similar offenders on regular supervision, those involved in judge-involved supervision programs were supervised more closely, were referred to services more often, had their supervision revoked for technical violations more frequently, and were arrested for criminal offenses slightly less often.

Subsequent experimental research, with random assignment to treatment (reentry court) and control (standard supervision) groups in five sites across three districts, found no significant difference in revocation rates and recidivism rates between the treatment and control groups (Rauma, 2016). This latter research, however, also revealed difficulty in maintaining fidelity to the reentry program model. Some aspects of treatment were changed intentionally, while other program features (e.g., carrying out additional supervision by probation officers) proved difficult to achieve. This allows for the possibility that the findings of no difference in revocation rates or recidivism rates were due to poor program implementation.

Separately, the federal government has taken extensive steps to address the needs of offenders who are military veterans (Sacco, 2018). Approximately 10% to 20% of veterans deployed to Iraq or Afghanistan suffer from combat related PTSD, traumatic brain injury, clinical depression, or a substance abuse disorder (Ilgen et al., 2012; Kemp & Bossarte, 2012). Consequently, substance use and PTSD significantly increase the odds that a veteran will commit an offense and become involved in the criminal justice system (Elbogen et al., 2012). According to the Bureau of Justice Statistics’ National Inmate Survey, approximately 8% (181,500) of the total incarcerated population in the United States are veterans. For approximately 14% (25,300) of these incarcerated veterans, the most serious offense that led to their incarceration was a drug

An Evaluation of Federal Support Courts in Connecticut

offense, and for approximately 4% (7,100), their most serious offense was driving while intoxicated or impaired.

In response to the combined mental health and substance abuse treatment need of justice system-involved veterans, in 2008 the first veterans' court was established in Buffalo, NY. Court programs like these are a hybrid of drug court and mental health treatment court. As of June 2015, there were approximately 306 veteran treatment courts and 6 federal veterans' courts (Sacco, 2018). At this time, there is a lack of rigorous empirical evaluations of veteran courts. Completed studies largely are based on anecdotal accounts, or they include potentially biased comparison groups, such as veterans who refused to enter the program (Baldwin, 2017; Holbrook & Anderson, 2011). It is therefore premature to state conclusively the degree of effectiveness of veteran courts.

Other Noteworthy Substance Abuse Reentry Programs

Initial evaluations of the Hawaii Opportunity Probation with Enforcement (HOPE) program found success in reducing drug use and recidivism (Hawken & Kleiman, 2009). This initiative was a community supervision strategy for substance-abusing probationers featuring mandatory drug tests combined with swift and certain sanctions. The HOPE program was deemed effective, showing statistically significant reductions in missed probation appointments, positive urine tests for illicit substances, new arrests, probation revocations, and prison-days sentenced for HOPE probationer's relative to control probationers. Due to HOPE's initial success, Oleson (2016) reported at least 160 HOPE-like replications have taken place within the U.S., and the concept is spreading internationally. A recent quasi-experimental study examining a Project Hope-like implementation in Washington also found the strategy to be effective (Hamilton et al., 2016). However, two recent randomized controlled experiments, conducted by O'Connell et al. (2016) in Delaware and Lattimore et al. (2016) in four U.S. communities across the country, did not find evidence in support of HOPE's effectiveness. Thus, the empirical findings on the effectiveness of HOPE-like programs are mixed.

Current Evaluation

This study adds to the current literature on adult drug courts and federal specialized courts by examining a statewide effort to process and treat federal offenders in the United States District Court of Connecticut. Operating in Bridgeport, Hartford, and New Haven, this federal Support Court seeks to identify and assist drug-involved clients with addressing their risks and needs, in order to achieve and maintain law-abiding behavior. The following section compares and contrasts the 2016 Connecticut Support Court Policies and Procedures Manual with best practices identified in evaluation research of drug court best practices. Next, the research questions and research methodology are presented, followed by the results of the evaluation.

District of Connecticut Support Court

The Connecticut Support Court Policies and Procedures Manual (2016) is a 19-page document that details the program's mission, goals, structure, target population, eligibility criteria, disqualification criteria, entry process, phases, incentives, sanctions, treatment protocol, drug-

testing protocol, and evaluation design. A variety of these policies have been assessed previously in the Multisite Adult Drug Court Evaluation (MADCE), a five-year quasi-experimental study of 23 adult drug courts (Zweig et al., 2012), and during a national review of 69 drug court programs examined between 2000-2010 (with over 200 “best practices” assessed; Carey, Mackin, & Finigan, 2012). Overall, the 2016 Connecticut Support Court Policies and Procedures Manual stipulates practices that are consistent with established best practices. A few aspects, however, are not supported fully by the drug court best practices literature.

Target Population

The Connecticut Federal Support Court serves pretrial, pre-sentence, and post-conviction participants. According to the MADCE study, courts that serve participants at multiple points of entry within the criminal justice system (or “combination courts”) are among the least effective. Rather, drug courts with a single point of entry into the program (e.g., all pre-plea or all post-plea) are more effective and prevent more crime. It may be that single-entry drug courts are better able to tailor their practices to their target population, whereas a population consisting of participants from multiple points of entry may be less organized in their approach. Also, drug courts serving a combined population may be uniformly implementing standard practices, when such practices may be inappropriate for different types of clientele (Zweig et al., 2012).

In contrast to the MADCE findings, however, the national review of 69 Drug Court programs conducted between 2000-2010 revealed drug courts that mix pre- and post-adjudication participants, or those that allow participants with misdemeanors or felonies into the program, exhibited no difference in recidivism or cost outcomes (Carey et al., 2012). Thus, it is not entirely clear if the combined model used by the federal Support Court in Connecticut can be expected to perform worse, better, or the same as similar programs that only allow for a single point of entry.

The target population of the federal Support Court also focuses on individuals who are struggling with substance abuse, who are at heightened risk for drug/alcohol use relapse, or whose past or current charged criminal conduct is attributed reasonably to drug and alcohol addiction. It includes those in the Bureau of Prison’s custody who are about to be released and are assessed to be high risk for renewed drug/alcohol abuse (Connecticut Support Court Policies and Procedures Manual, 2016). Incorporating individuals into Support Court whose criminal conduct is “reasonably attributed to drug and alcohol addiction” is consistent with Drug Court best practices, as drug addiction and abuse can play an important role in criminal involvement. In fact, in the national review of 69 drug court programs conducted between 2000-2010, it was found that drug courts allowing nondrug charges (e.g., theft or forgery) had 95% greater reductions in recidivism than drug courts that accepted only drug charges (Carey, Mackin, & Finigan, 2012).

A variety of other exclusionary criteria for participants are listed in the 2016 Support Court Policies and Procedures manual. Disqualifying criteria include offenders with mental health problems, serious medical issues, and those with histories of sex-related crimes, arson, serious firearm charges, violent crime, and any pending state felony charges. It is worth noting that none of these disqualifications have been identified as a “best practices” within the drug court

An Evaluation of Federal Support Courts in Connecticut

literature. For example, in Carey, Mackin, and Finigan's (2012) review, they did not find a statistically significant difference in recidivism if participants with serious mental health issues were included or excluded.

Research findings also show that drug courts allowing participants with current violence charges or prior violence convictions exhibited no difference in recidivism or cost outcomes (Carey et al., 2012). In effect, participants with violence charges fair equally well with non-violent offenders (Saum, Scarpitti, & Robbins, 2001; Saum & Hiller, 2008). Accordingly, some scholars have argued that drug courts may actually do a better job than the traditional "incarceration to community supervision model," whereby offenders convicted of violence typically are not incarcerated for very long, and are then released back into their community with less intensive supervision and treatment than in drug courts. Given that drug court programs generally produce lower recidivism rates, they may actually do a better job of protecting public safety. Importantly, however, choosing the kind of violence charges that are allowed in drug court is imperative, because the safety of staff and other participants is paramount (Carey et al., 2012).

In Connecticut Support Court, each divisional court is capped at 16 participants. This population size for each court program is consistent with drug court best practices. In the review of 69 drug court programs, the "best practice" with the largest effect size was whether a drug court program kept a caseload of less than 125 active participants (Carey et al., 2012). More specifically, drug courts adhering to caseload sizes of less than 125 participants experienced more than five times greater reductions in recidivism than programs exceeding 125 participants.

Drug Testing

The Connecticut Support Court Policies and Procedures Manual (2016) does not specify the frequency of drug testing. Instead, the manual stipulates that during Phases I-IV, each participant will undergo "random drug testing." However, in order to advance from each phase within the program, there is a required amount of "clean time." More specifically, in order to advance from Phase I to Phase II, participants need 30 days of clean time. Subsequently, 60 days of clean time is required to advance from Phase II to Phase III; 90 days of clean time is needed to advance from Phase III to Phase IV; and 5 months (approximately 150 days) of clean time is necessary in order to advance from Phase IV to graduation from the program. Additionally, prior to being formally admitted into the program, clients may be directed to take an initial drug or alcohol test, which could require the participant to be drug and alcohol free for up to 30 days prior to admission.

Drug Court best practices derived from Carey and colleagues (2012) indicate that programs requiring drug tests two or three times per week produced a 68% greater cost-savings benefit compared to those that did not. Similarly, programs that obtained test results within 48 hours also experienced a 68% cost-savings benefit. In terms of recidivism outcomes, the MADCE study found that programs requiring participants to be clean for at least 90 days before graduation experienced substantial reductions in recidivism, as compared to programs that required less substance-free time. Thus, the 5-month requirement to be substance free in order to graduate the federal Support Court in Connecticut exceeds the 90-day minimum substance-free best practice.

However, despite the Connecticut Support Court's adherence to the 90-day substance-free graduation recommendation, it remains less clear as to how frequent drug tests are conducted on participants, and how long it takes for drug tests results to be produced. This study will investigate the court's use of drug testing, along with the corresponding results.

Procedural Fairness

In terms of procedural fairness, the Connecticut Support Court Policies and Procedures manual (2016) stipulates "the Team, recognizing the nature of substance addiction, will treat participants with dignity and respect, to promote a rehabilitative atmosphere that empowers participants to lead law-abiding lives." This philosophy is consistent with best practices identified in the MADCE study. For instance, findings from the 5-year MADCE study reveal that drug courts scoring high on positive judicial attributes (e.g. the judge demonstrates respect, fairness, attentiveness, enthusiasm, consistency, predictability, caring, and knowledge about the participant's case and situation) are among the most effective programs (Zweig et al., 2012).

Sanctions & Incentives

The five-year MADCE study found that drug courts possessing a "medium-predictability" of sanctions were deemed most effective. Courts having a sanction policy that was highly rigid or highly predictable, or low in predictability, fared worse. In short, medium predictability sanctions have schedules that participants may or may not know about, and they may not always be enforced. The Court, therefore, allows for some degree of flexibility when choosing to impose a sanction. Accordingly, this may be the most effective approach, because it helps to account for participant circumstances and is perceived as being fairer. Sanctions that are too rigid, in contrast, may serve to frustrate and weaken the resolve of participants (Zweig et al., 2012).

The sanctions policy in the Connecticut Policies and Procedures Manual (2016) appears to resemble a "medium-predictability" sanctions model, which is consistent with drug court best practices. For example, the manual delineates a variety of possible sanction outcomes, to include a verbal reprimand, increased reporting, community service, phase evaluation, no credit earned for week in phase, phase demotion, additional homework or writing assignments, and an overnight stay or day in detention (maximum of 2 days in a row and 7 days total.) There is no set policy that specifies actions leading to a sanction. Instead, the Support Court manual simply specifies that sanctions are the imposition of a consequence as a direct result of a prohibited activity. Further, participants themselves or team members may recommend sanctions. Ultimately, however, the Support Court Judge makes the final determination on which incentives or sanctions are implemented.

It is also worth noting that the Support Court Policies and Procedures Manual (2016) allows for a variety of incentives including certificates, verbal praise, applause, standing to be acknowledged, all-star participant of the month acknowledgement, gift cards, considerations for pretrial diversion, sentence reduction, and time-off of supervision (one-year maximum for post-conviction participants, to be determined by the Judge over each participant's criminal case).

An Evaluation of Federal Support Courts in Connecticut

Although the practice has been generally encouraged, the use of incentives has not been identified as a “best practice” for reducing recidivism or in generating drug court cost savings (Carey et al., 2012; Zweig et al., 2012). However, drug court best practices derived from Carey and colleagues (2012) concluded that drug courts where sanctions were imposed immediately after noncompliant behavior had 100% greater cost savings. The value of having sanctions imposed immediately after non-compliant behavior also is a core tenet of behavior modification.

The results of Carey, Mackin, and Finigan’s (2012) study also show that longer imposed jail sanctions tend to produce worse outcomes than shorter jail sanctions. More specifically, programs using sanctions of less than six days generated recidivism reductions of 46% compared to only 19% for programs that used longer jail sanctions. Further, programs that relied on jail sanctions longer than two weeks experienced 45% less costs savings. Thus, the best practice recommendation is to “use jail as a sanction sparingly.”

Use of Internal Program Data and External Evaluation

Lastly, the Connecticut Support Court Policies and Procedures manual (2016) stipulates “the Support Court Steering Committee will meet periodically to review the program and, if deemed appropriate, propose changes to policy, procedures, etc.” Using program data to consider and inform changes would be consistent with drug court best practices, to the extent it is being implemented. For instance, programs where internal review of data and program statistics led to modifications in program operations had 131% higher cost savings and 105% greater reductions in recidivism (Carey et al., 2012). Further, programs with independent evaluators and using them to make modifications in drug court operations had 100% greater cost savings and had 85% greater reductions in recidivism than programs that did not use these results.

In conclusion, the core principles stipulated in the 2016 Connecticut Support Court Policies and Procedures manual largely adhere to identified “best practices” discussed within the drug court literature, with a few exceptions. Of critical importance, however, is how these policies actually are implemented. The current research seeks to assess implementation of Support Court through a process evaluation and provide descriptive information on participant outcomes.

Research Questions and Research Methodology

To guide the evaluation of federal Support Court in the District of Connecticut, four research questions were articulated. Data from multiple sources will be used to answer each of the following questions:

1. Is the intended target population being served?

According to the Connecticut Support Court Policies and Procedures Manual (2016):

Our target population includes pretrial and post-conviction releasees who are struggling with substance abuse, who are at heightened risk for drug/alcohol use relapse, or whose past or current charged criminal conduct is reasonably attributed to drug and alcohol addiction. Our target population also includes those in Bureau

An Evaluation of Federal Support Courts in Connecticut

of Prison's custody who are about to be released and are assessed as being at high risk for renewed drug/alcohol abuse. Acceptance to Support Court is contingent on an applicant meeting our eligibility criteria as set forth in Section VII. Our target population is supervised by the U.S. Probation Office, and is subject to the jurisdiction of the United States District Court for the District of Connecticut. (p. 5).

In addition, in terms of eligibility criteria, the Policies and Procedures Manual (2016) further specifies that applicants must satisfy the following criteria for entry to Support Court:

- Verified history of substance abuse
- Desire to overcome substance abuse
- Be in need of drug education, substance abuse counseling and drug monitoring
- Past or current criminal conduct that is reasonably attributed to substance abuse
- Supervised by the U.S. Probation Office, and subject to the jurisdiction of the U.S. District Court for the District of Connecticut
- In addition to meeting the criteria, applicants must proceed through the admission process and be accepted into the program by the Support Court Judge. (p. 6)

Concerning disqualification criteria, the Manual (2016, p. 7) provides that the following criteria and offenses will generally make a person ineligible for admission to the Support Court program, subject to case-by-case determination by the Support Court Judge:

Offenders/Defendants:

- Mental Health - actively psychotic, noncompliant with medication, disruptive to the group process
- Serious medical issues that would prevent full participation in Support Court activities or would be disruptive to the group process

Offenses:

- Sex offenders, or history of sex offenses, or pending sex offense charges
- History of arson
- Serious firearm cases
- Pending state criminal charges
- History of felony crime of violence conviction within the past 10 years

Note: In this context, "Crime of violence" means an offense that is a felony and has as an element the use or attempted use, of physical force against a person. (p. 7)

The Manual (2016) also presents a detailed explanation of the Support Court entry process: "defendants and supervisees can be referred for Support Court by any judicial

officer, prosecutor, defense counsel, or probation officer” (p. 8). This can occur at the pretrial or presentence stage and at the post-conviction stage. Following a consideration of various court documents and information contained in a referral package by the Support Court Team, a candidate is required to observe Support Court at least two times and subsequently is considered for admission into the program.

After considering the advice of the Support Court Team, the Support Court Judge has final authority to permit or deny participation in Support Court.... Prior to signing the Participant’s Agreement and being formally admitted to Support Court, the candidate must pass any drug or alcohol testing directed by the Probation Office. The applicant may be required to be negative for alcohol and unlawful use of 10 substances (“clean time”) for up to 30 days prior to signing the Participant Agreement.... Each divisional Support Court shall be capped at 16 participants” (pp. 9-10).

2. *Are the intended personnel/stakeholders in place and engaged?*

The Policies and Procedures Manual (2016) specifies the individuals who are expected to “participate on the Support Court Team and may also be responsible for planning, implementation, evaluation, as well as ongoing assessment and revision of the Support Court Program” (p.2). These individuals include the U.S. District Judge at each Support Court location (Bridgeport, Hartford, and New Haven, CT), representatives of the United States Attorney’s Office, representatives of the Federal Defenders Office, representatives of the United States Probation Office, and a representative from treatment providers.

The Manual (2016) furthers specifies:

The program embraces honest and open communication among the judge, team, and participants.... Support Court will generally meet once a week in each seat of Court, but on occasion it may meet in other locations. The United States Probation Office will disseminate information regarding each participant’s progress by email to the Team one or two business days prior to each Support Court meeting. Team meetings generally will be held prior to the start of each Support Court meeting. Any team member may call for additional team meetings. The Support Court Judge will decide whether to hold additional team meetings. The level of formality of a Support Court meeting is determined by the presiding Support Court Judge.... The overriding goal is to encourage an open and honest discussion among the Team and the Participants” (p.4).

3. *Are the intended services being provided?*

According to a mission statement contained in the Policies and Procedures Manual (2016):

The United States District Court for the District of Connecticut has developed a Support Court Team to provide support and structure to participants who struggle

with drug and alcohol addiction to assist them in achieving lifelong sobriety. We will connect participants with treatment, employment, educational resources, and pro-social organizations in the community. The Support Court Judges will address participants' behavior through meaningful incentives and timely sanctions. The Team, recognizing the nature of substance addiction, will treat participants with dignity and respect, to promote a rehabilitative atmosphere that empowers participants to lead law-abiding lives. (p. 2)

Support Court programming is offered in four phases, as outlined in the Policies and Procedures Manual (2016, pp. 11-13) and presented in Appendix A. Each phase requires 8 to 16 weeks to complete provides expectations and requirements for participants to meet (e.g., honesty, reporting, planning and goals, treatment, drug testing, employment, education, journaling, community service, and clean time). Termination or suspension criteria also are presented (i.e., threat to program integrity/disruption of Support Court, new arrest (case-by-case basis), pattern of noncompliance with Support Court requirements, other significant supervised release/probation violation conduct, unexcused absences, uncooperative/negative attitude, and failure to progress). Also presented in Appendix A are specified incentives and sanctions for Support Court, which are intended to either reward compliance with expectations and requirements or hold participants accountable for violations.

Concerning treatment and drug testing provided through Support Court, the Policies and Procedures Manual (2016) states:

Treatment available to participants includes: detoxification, residential (short-term/long-term), intensive outpatient (IOP), group (e.g., relapse prevention), individual counseling, co-occurring, medication monitoring (where appropriate) and sober living residences. The level of treatment is tailored to the individual. Successful participation and completion of treatment is a requirement of Support Court.... Drug testing will be conducted in the office and field. Drug testing may also be conducted by the treatment provider. Alcohol detection devices and drug testing patches will be administered when deemed appropriate in the office or field. See Phases section for frequency. (pp. 15-16)

4. Are the anticipated outcomes being achieved?

Finally, the Policies and Procedures Manual (2016, p. 3) provides the following goals for Support Court participants and the community:

Participants:

- Honesty
- Trust
- Accountability
- Sobriety/Drug-Free
- Involved in a recovery lifestyle

An Evaluation of Federal Support Courts in Connecticut

- Employment
- Parental responsibility
- Obtain ID / benefits
- Improved mental well-being
- Improved physical condition
- Increased coping skills
- Community support
- Financial management skills
- Improved life skills
- Stable housing
- Improved family relationships
- Law-abiding lifestyle
- Improved self-worth
- Independence

Community:

- Reduced crime/recidivism
- Resource for employers
- Improved quality of life
- Improved relationships between the justice system and community organizations

To answer the research questions listed and described above, a mixed-methods research design was employed, involving the collection and use of both quantitative and qualitative data (Creswell & Creswell, 2017; Creswell & Plano Clark, 2017; Welsh & Harris, 2016). More specifically, data were collected from four sources:

1. Observational Data from Team meetings and Support Courts

During the spring and summer of 2018, members of the research team visited and directly observed each of the three federal Support Court locations operating in Connecticut. The research team consisted of a faculty member and four doctoral students from the Criminal Justice PhD Program at the University of New Haven. Each location (Bridgeport, Hartford, and New Haven) was visited once during the spring and once during the summer, by at least two members of the research team. Direct observations were made of Team meetings occurring prior to each Support Court session, followed by observations of the Support Court sessions. Observational data were recorded utilizing forms developed in previous drug court research (Cosden et al., 2013; Janes et al., 2017).

2. Service Record Data Pertaining to Support Court Participants

Members of the research team collected quantitative data from the federal Probation and Pretrial Services Automated Tracking System (PACTS). This case management system contains information on all federal defendants, including those processed in the District of Connecticut. Data pertaining to Support Court participants from 2009-2017 were collected and coded for statistical analysis. Types of variables included demographics,

Support Court duration and outcome, risk scores, history of substance use and treatment, mental health history, previous criminal and violent behavioral patterns, sentencing information, housing, employment, drug testing, and pre- and post-conviction conditions. Recidivism data existing in PACTS were supplemented by criminal record data collected and made publicly available by the State of Connecticut Judicial Branch (<https://www.jud.ct.gov/crim.htm>).

3. *Survey Data from Support Court Participants*

During summer 2018, members of the research team collected survey data from current Support Court participants. The participant survey is contained in Appendix B. A total of 22 individuals completed the survey during summer site visits. The survey participants included five from Bridgeport, eight from New Haven, and nine from Hartford. Time spent in Support Court among survey participants ranged from less than 3 months to more than 16 months, with approximately equal representation across length of participation time periods. Survey items captured participant perceptions of the Support Court judge, probation officer, treatment staff, assistant U.S. attorney, federal defense attorney, numerous aspects of Support Court, and participant preparedness for future success. Both closed and open-ended questions were utilized, to generate quantitative and qualitative data.

4. *Survey Data from Support Court Stakeholders*

Also during summer 2018, members of the research team collected survey data from members of the Support Court team at each location. The Stakeholder survey is contained in Appendix C. A total of 20 individuals completed this survey: seven from Bridgeport, seven from Hartford, and six from New Haven. Survey items captured stakeholder perceptions about Support Court operations, interactions among team members, treatment and services offered, use of data and evidence-based approaches, and use of incentives and rewards. Again, both closed and open-ended questions were presented, to generate quantitative and qualitative data.

Support Court Observations

The Support Court system operates in three separate locations in Connecticut: New Haven, Bridgeport, and Hartford. Through collaboration among U.S. Probation Officers, the U.S. Attorney's Office, U.S. Public Defenders, and other stakeholders, designated judges lead the procedural aspects of the Support Court program. The research team directly observed treatment team meetings and Support Court proceedings twice at each location; once in spring 2018 and once in summer 2018. Based on these site visits, several similarities and differences were observed.

In terms of similarities, at all three drug court locations, there was similar stakeholder attendance at the team meetings and in the courtroom. Specifically, participants included the presiding Judge of each Support Court, two probation officers, treatment representatives, a U.S. Attorney, and a U.S. Public Defender. The team meetings took place immediately before the court

An Evaluation of Federal Support Courts in Connecticut

proceedings. During the meetings, the judge led the discussion, in which the team of treatment liaisons, case managers, probation officers, and attorneys review each client's progress. Specifically, time was spent discussing the treatment needs, goals, and objectives of the client. Team members also discussed the clients' family and friends, along with health and employment situations. In general, team meetings were used to inform the judge about both successes and the issues or concerns that need to be addressed during the subsequent drug court hearing.

The atmosphere of all three locations was also very similar, consisting of a more informal setting in which team members speak freely and openly to the Judge and to each other, at both the team meetings and court proceedings. Team members appeared to have a good rapport with each other, and it was apparent that everyone felt comfortable speaking. Time spent per client varied, with some clients getting noticeably more attention than others. This would seem to be expected, as some clients were reportedly doing well, while others had numerous issues that needed attention. Each Judge also demonstrated a familiarity with all the Support Court participants. It is clear that each Judge is engaged fully in the Support Court program and believes in the value it offers.

During Support Court in both New Haven and Bridgeport, clients, stakeholders, and the judge conducted themselves in an informal manner. By sitting in a circle and/or at the same level, everyone was able to talk to each other freely and directly. In contrast, Hartford had a slightly more formal feel to the session. The Judge initially sat on the bench, as opposed to being situated at the same level (and directly across from each client.) Accordingly, each Hartford Support Court client utilized a microphone to communicate with the Judge and other stakeholders. Despite Hartford's seemingly more formal appearance, the general demeanor of the Judge and interactions with each client were quite similar to the Support Courts in New Haven and Bridgeport. In short, in all three courts the judge made regular eye contact with the clients, talked directly to them in a caring manner, and engaged with them throughout the court session. The clients were able to talk freely in the courtroom to the judge, stakeholders, and other court participants. It appears each drug court facilitates comradery among the clients. In numerous cases, clients offered each other words of encouragement or praise. They also offered each other advice with obtaining better employment and general tips to improve their success in the program and in life.

During the team meetings, the Hartford Judge commonly discussed issues of health and wellness for each participant, which also came up in participant discussions during the Support Court session. Based on those discussions, it appeared that the Hartford Judge correlated lifestyle habits with criminal or law-abiding behavior. The Hartford Judge cited how better eating habits and weight loss would translate into positive life outcomes for the participants. Other topics of discussion centered on Support Court participant financial problems, family relationships, personal interests, cooking habits, transportation problems, employment goals, and participant incentives. In contrast, the topic of 'sanctions' or failed drug tests did not come up frequently in conversation, nor was there much discussion on any mental health related issues or progress. In her interactions with the participants, it seemed as though self-management and a strong belief system were guiding principles for the Judge. During one court session, four former Support Court clients who had successfully graduated shared their experiences with the current program participants. When past graduates discussed their relationship with the Judge, it was evident that

An Evaluation of Federal Support Courts in Connecticut

personal enlightenment was important. The participants discussed how the Judge taught them to self-reflect on their life experiences and use this awareness to guide future decisions. Each graduate also shared their experiences before and after the program, and their past and current accomplishments were applauded. At the end of the session, each graduate received a silver heart necklace from the Judge to acknowledge their accomplishments.

For the Bridgeport Judge, professional development skills seemed to be of greatest interest. The Judge sought to understand the shortcomings each participant had in relation to skillset and job attainment. This was most evident during Support Court proceedings, when the Bridgeport Judge conducted mock interviews with the participants. The Judge encouraged the participants to be more proactive and to highlight personal strengths when interviewing for jobs. Additionally, during a Support Court session, the Bridgeport Judge advised a client to exit the court and make a phone call for a job that he had expressed some interest in pursuing. Other topics discussed within the Bridgeport team meeting included substance abuse progress, housing issues, family problems, education goals, drug testing, and overall treatment progress. Interestingly, sanctions were considered at length for a particular client, but the Judge ultimately vetoed the idea and suggested that imposition of a sanction would likely not lead to a better outcome. This conversation suggested that the Judge was skeptical of using punishment as a means to influence compliant behavior.

During the New Haven team meeting, most of the updates centered around housing and employment status, although mental health progress, drug testing, extracurricular activities, family and relationship problems, transportation problems, education goals, and overall treatment progress also were topics of interest. During Court, the Judge was seated at the center of a table and was circled by participants. Clients were called upon to speak directly by the Judge, and in general, conversations were casual. The Judge asked each of them about their treatment progress, short-term goals, and mental and physical state. Some answers were entirely positive, such as finding a job, submitting all drug tests in a timely manner, testing clean every time, finding a sponsor, or connecting with their already-established sponsor. Other answers were uncertain, such as clients undergoing job interviews and not knowing whether they were going to be hired, or currently working on a relationship but knowing how it might turn out.

In sum, Support Court treatment team meetings and court proceedings in each location exhibited some similarities and differences. All three environments appeared to be positive, in terms of focusing on the success of clients through information sharing, active case management, treatment services, and assisting clients with employment and other personal needs. Although each Judge presented at least a slightly different style and approach to working with clients, all three judges are leading a similarly composed treatment team that appears committed to client behavioral change and collaboration among stakeholders.

Participant Service Record Data

Tables 1 through 20 summarize the data and initial findings based on case management information obtained from PACTS. Frequencies and descriptive statistics are presented, along with comparisons between pre-trial and post-conviction Support Court participants, and an examination of potential predictors of sentencing outcomes.

Table 1: Support Court Start Year

Variable	%	N	
Year	2009	1.9%	4
	2010	10.5%	22
	2011	11.0%	23
	2012	12.0%	25
	2013	12.0%	25
	2014	17.2%	36
	2015	13.4%	28
	2016	9.6%	20
	2017	12.4%	26
Total	100.0%	209	

During 2009, 4 participants entered SC. Between the years of 2010 and 2017, at least 20 participants entered SC on any given year. 2014 experienced the highest influx of SC participants (36).

Table 2: Support Court Location

Variable	%	N
Bridgeport	33.0%	69
Hartford	37.8%	79
New Haven	29.2%	61
Total	100%	209

Each CT location received approximately one-third of Support Court participants, with Hartford receiving the most (37.8%), followed by Bridgeport (33%), and New Haven (29.2%).

Table 3: Demographic Information

	Variable	Mean or %	N	Min	Max
Sex	Female	18.2%	38		
	Male	81.8%	171		
	Total	100.0%	209		
Age at start in Support Court	19-29	26.3%	55	19	29
	30-39	36.4%	76	30	39
	40-49	26.3%	55	40	49
	50-59	10.0%	21	50	59
	60-65	1.0%	2	60	65
	Mean age	36.77 (mean)	209	19	65
Race/Ethnicity	Caucasian	31.1%	65		
	White Hispanic	25.8%	54		
	African American	41.6%	87		
	Black Hispanic	1.4%	3		
	Total	100.0%	209		
Marital status	Single	62.7%	131		
	Divorced or Separated	13.9%	29		
	Married or Cohabiting	23.4%	49		
	Total	100.0%	209		
Education	No HS diploma or GED	26.8%	56		
	HS Diploma or GED	48.8%	102		
	Above HS Diploma or GED	20.6%	43		
	Total (8 missing)	96.2%	201		
Medical issue or disorder	Yes	34%	71		
	No	66%	138		
	Total	100%	209		

Of the 209 Support Court participants, 81.8% were male and 18.2% were female. The mean age was nearly 37 years old. In terms of racial composition, African Americans make up the largest percentage of participants (41.6%), followed by Caucasian (31.1%), White Hispanic (25.8%), and Black Hispanic (1.4%). At the time of Support Court entry, approximately two-thirds of the participants (62.7%) were single, 23.4% were married or cohabiting, and 13.9% were divorced or separated. Approximately half (48.8%) had a high-school diploma or GED, 26.8% had no high-school diploma or GED, and 20.6% had above a high-school level education. Lastly, approximately two-thirds (66%) of participants did not have a medical issue or disorder, while one-third (34%) did have a medical issue or disorder.

Table 4: Support Court Time in Weeks

Variable	Mean or %	N	
Number of weeks	1-25	23.9%	50
	26-50	21.1%	44
	51-75	36.8%	77
	76-100	14.4%	30
	101-125	2.8%	6
	126-150	1.0%	2
Mean # of weeks	49.6 (mean)	209	

The average number of weeks spent in Support Court was 49.6 (about 12 months), with 45% spending 50 weeks or less, and 82% spending 75 weeks or less. Only 18% of participants spent 76 weeks or more in Support Court

Table 5: Support Court Outcomes

Variable	%	N
Active	9.6%	20
Graduated	42.6%	89
Left Successfully	5.3%	11
Left Unsuccessfully	19.1%	40
Terminated	23.4%	49
Total	100%	209

Of the 209 participants, 9.6% were currently active at the time of data collection, and 42.6% had successfully graduated. Another 5.3% left successfully (but without formally graduating), while 19.1% left unsuccessfully. Nearly a quarter (23.4%) were terminated from the program.

Table 6: Pre-Trial and Post-Conviction (PC)

Variable		Mean or %	N
Pretrial Services	Yes	33.0%	69
	No	67.0%	140
	Total	100%%	209
PC supervision	Yes	86.1%	180
	No	13.9%	29
	Total	100%%	209
PC close out	Yes	67.0%	140
	No	33.0%	69
	Total	100%	209
Special conditions under PC supervision	Yes	70.9%	100
	No	29.1%	41
	Total	100.0%	141
Mental Health treatment under PC supervision	Yes	52.5%	74
	No	47.5%	67
	Total	100%	141
Substance abuse treatment under PC supervision	Yes	95.7%	135
	No	4.3%	6
	Total	100%	141

Approximately one third (33%) of Support Court participants entered during the pretrial stage, whereas two-thirds (67%) began the program post-conviction. Of the total participants, 86.1% had experienced post-conviction supervision at the time of data collection, while 13.9% had not. Approximately 71% of participants received special conditions while under post-conviction supervision, while 29% did not. Over half (52.5%) of participants received mental health treatment while under post-conviction supervision, while 47.5% did not. Finally, the vast majority of participants (95.7%) received substance abuse treatment while under post-conviction supervision.

Table 7: Risk

Variable		Mean or %	N	Min	Max
Number of prior arrests	0	16.3%	34		
	1-3	28.7%	60		
	4-6	18.6%	39		
	7-9	13.0%	27		
	10-12	8.6%	18		
	13-15	14.8%	31		
Mean # of arrests		5.55 (mean)	209		
RPI score		4.38 (mean)	209	0	9
PTRA recorded	Cat 1	9.1%	5		
	Cat 2	9.1%	5		
	Cat 3	30.9%	17		
	Cat 4	32.7%	18		
	Cat 5	18.2%	10		
Total		3.42 (mean)	55	1	5
Beginning PCRA recorded	Low	9.6%	20		
	Low/Mod	22.5%	47		
	Mod	14.4%	30		
	High	9.6%	20		
Total		2.43 (mean)	117	1	4
Ending PCRA recorded	Low	9.6%	20		
	Low/Mod	21.2%	44		
	Mod	12.9%	27		
	High	9.6%	20		
Total		2.3 (mean)	111	1	4

The average number of prior arrests for Support Court participants was 5.55, and the average Risk Prediction Index (RPI) score was 4.38 (ranging from 0 – 9). The average Pretrial Services Risk Assessment score was 3.42 (between Category 3 and 4). The beginning Post Conviction Risk Assessment (PCRA) average score was 2.43, while the ending PCRA average score was 2.3 (between low/moderate and moderate).

Table 8: Drug Use History

Variable		Mean or %	N	Min	Max
Age drug use began		14.63 (mean)	209	6	57
First Drug of Choice	Other	11.0%	23		
	Cannabinoids	35.4%	74		
	Heroin	16.3%	34		
	Alcohol	15.3%	32		
	Cocaine	11.5%	24		
	Prescription Opiates	10.5%	22		
	Total	100.0%	209		
Second Drug of Choice	Other	14.8%	31		
	Cannabinoids	29.7%	62		
	Heroin	3.8%	8		
	Alcohol	10.0%	21		
	Cocaine	25.8%	54		
	Prescription Opiates	3.8%	8		
	Total (missing 25)	88.0%	184		
Third Drug of Choice	Other	10.0%	21		
	Cannabinoids	13.9%	29		
	Heroin	3.8%	8		
	Alcohol	11.0%	23		
	Cocaine	13.4%	28		
	Prescription Opiates	4.8%	10		
	Total (missing 90)	56.9%	119		

The mean age of initial drug use was 14.63 years. Cannabinoids were the most popular first (35.4%), second (29.7%), and third (13.9%) drug of choice. The second most reported first drug of choice was heroin (16.3%), followed by alcohol (15.3%), cocaine (11.5%), and prescription opiates (10.5%). Cocaine was the second most reported (25.8%) second drug of choice, followed by other (14.8%), alcohol (10%), heroin (3.8), and prescription opiates (3.8%). Cocaine is also the second most reported third drug of choice (13.4%), followed by alcohol (11%), other (10%), prescription opiates (4.8%), and heroin (3.8%). In sum, Support Court participants most often reported cannabinoids to be their drug of choice, with heroin, cocaine, alcohol, and prescription opiates also commonly reported.

Table 9: Substance Abuse Status

Variable	%	N
Sustained remission	53.6%	112
Early remission	23.4%	49
Actively abusing	21.1%	44
Actively dependent	1.9%	4
Total	100%	209

Over half (53.6%) of Support Court participants were in sustained remission at the time of entering the program, while nearly a quarter (23.4%) were in early remission. Approximately one in five (21.1%) were actively abusing substances, and 1.9% were actively dependent.

Table 10: Treatment

Variable	%	N
Current inpatient	10.0%	21
Current outpatient	61.2%	128
Current self help	15.8%	33
History inpatient	44.5%	93
History outpatient	72.7%	152
History self-help	18.7%	39
History confined	18.7%	39
Total	100%	209

The majority of Support Court participants were currently involved in outpatient treatment (61.2%) when entering the program, and about 73% had a history of outpatient treatment. In addition, 44.5% had a history of inpatient treatment, and 10% were currently receiving inpatient treatment. In terms of self-help treatment, 15.8% were currently participating in self-help, while 18.7% had a history of self-help treatment. Lastly, 18.7% of participants had a history of receiving treatment while confined.

Table 11: Mental Health

Variable	%	N
No evidence of condition	50.2%	105
History, not active	23.9%	50
Treatment ongoing	23.0%	48
Therapy within last 12 months	11.0%	23
Current medication	8.1%	17
Physician within last 12 months	7.7%	16
Hospitalized within last 24 months	2.4%	5
Total	100.0%	209

Approximately half (50.2%) of Support Court participants had no evidence of any mental health conditions at the time of entering the program, whereas nearly one quarter had a history of mental health problems (23.9%) or were participating mental health treatment (23%). Only 11% of participants received mental health therapy within the last 12 months (but not currently), while 8.1% were on medication when entering Support Court. Finally, 7.7% of participants had been to a mental health physician with the past year, and 2.4% had been hospitalized due to mental health problems with the past two years.

Table 12: Prior Criminal Patterns & Violence

Variable	%	N
Criminal activity on supervision	24.9%	52
Pattern of similar criminal activity	33.5%	70
Criminal associations	19.1%	40
Weapons not instance offence	9.1%	19
Other violence	12.0%	25
Institutional adjustment problems	4.3%	9
Domestic violence	8.1%	17
Gang involvement	5.7%	12
Pending charges	3.8%	8
Total	100%	209

Approximately one quarter (24.9%) of Support Court participants previously engaged in criminal activity while on supervision, while one-third (33.5%) previously engaged in a pattern of similar criminal activity. Nearly one in five (19.1%) had maintained criminal associations. Prior violent or antisocial behavior included weapons use (9.1%), other violence (12%), institutional adjustment problems (4.3%), domestic violence (8.1%), gang involvement (5.7%), and pending charges (3.8%).

Table 13: Sentencing Information

Variable		Mean or %	N	Min	Max
Grade of conviction: Felony		91.9%	192		
Grade of conviction: Non-Felony		1.0%	2		
Convicted of a drug charge		68.9%	144		
Not convicted of a drug charge		23.9%	50		
Guideline prison minimum (months)	0-60	57.6%	114		
	61-180	34.3%	68		
	181-292	8.1%	16		
	Mean total of months	74.1 (mean)	198	0	292
Guideline prison maximum (months)	6-60	49.0%	97		
	61-188	41.4%	82		
	189-365	9.6%	19		
	Mean total of months	90.88 (mean)	198	6	365
Recommended sentence by probation (months)		62.54 (mean)	198	0	292
Guideline TSR minimum (months)		34.98 (mean)	198	2	120
Recommended TSR by probation (months)		40.30 (mean)	198	0	120
Total offense level from guidelines		20.77 (mean)	198	0	39
Criminal history points from guidelines		6.55 (mean)	198	0	48
Prison time sentence length (months)		36.32 (mean)	194	0	212
Time on supervised release or probation length (months)		42.84 (mean)	194	0	120

A large majority of participants (91.9%) experienced a felony conviction on their current charges; only 1% did not. The remaining cases (7%) were awaiting trial at the time of data collection. Approximately two-thirds (68.9%) were convicted on a drug charge, while 23.9% were not. Recommended sentencing guideline prison minimums were between 0-60 months for over half (57.6%) of all participants, while approximately one-third (34.3%) had 61-180 months recommended, and 8.1% had 181-292 months. The mean guideline prison minimum was 74.1 months. In terms of recommended sentencing guideline prison maximums, about half (49%) were between 6-60 months, while 41.4% were 61-188 months, and 9.6% were 189-365 months. The mean guideline prison maximum was 90.88 months. In addition, the mean recommended sentence length by probation was 62.4 months. The mean guideline Term of Supervised Release (TSR) minimum was 34.98 months, with a mean recommended TSR by probation of 40.3 months. The mean total offense level from the sentencing guidelines was 20.77 months, and the mean criminal history points from the guidelines was 6.55 months. Finally, the mean prison sentence length ordered was 36.32 months, while the mean time on probation or supervised released was 42.84 months.

Table 14: Employment and Housing

Variable		Mean or %	N	Min	Max
Addresses	# of addresses prior to SC entry	2.64 (mean)	209	1	12
	# of addresses post SC entry	2.06 (mean) ^a	209	1	9
	Total addresses	4.7 (mean)	209		
Ending monthly income (\$)		1208.7 (mean)	208	0	7305.1
Employed at SC start date		51.7%	108		
Employed during SC		73.7% ^b	154		
Employed at SC end date		65.1% ^c	136		
Total		100%	209		

Note:

^a Reduction in number of addresses was statistically significant ($p < .001$)

^b Increase in employment from start to during Support Court was statistically significant ($p < .001$)

^c Increase in employment from start to end of Support Court was statistically significant ($p < .001$)

Prior to entering Support Court, participants averaged 2.64 addresses (including their current address at entry). After entering Support Court, participants averaged 2.06 addresses (including the current address at entry). **This reduction in number of addresses was statistically significant.** Approximately half (51.7%) of the participants were employed at Support Court entry, while 73.7% were employed during Support Court, and 65.1% were employed when ending Support Court. **Both increases in employment (from start to during Support Court and from start to end of Support Court) were statistically significant.** Finally, the mean monthly income for participants at the end of Support Court was \$1208.70.

Table 15: Drug Tests

Variable		Mean	N	Min	Max
Drug Tests During SC	Total drug tests	17.23 (mean)	209	0	71
	Total positive drug tests	2.46 (mean)	209	0	46
	Proportion of Positive Drug Tests	0.14189 (mean)	209	0	1
During SC	Average number of drug tests per week	0.4429 (mean)	209	0	6
Drug Tests After SC	Total drug tests	5.92 (mean)	209	0	46
	Total positive drug tests	1.33 (mean)	209	0	28
	Proportion of Positive Drug Tests	.11854 (mean)	209	0	1

The mean number of drug tests given to Support Court participants was 17.23, while the mean number of positive drug tests was 2.46. The proportion of positive drug tests to total drug tests during Support Court was .14189 (14%). The mean number of drug tests provided per week while in drug court was 0.4429, indicating that on average, participants took about 1 test every two weeks. The mean number of drug tests following Support Court was 5.92, with the mean number of positive drug tests following Support Court being 1.33. The proportion of positive drug tests to total drug tests following Support Court was .11854 (12%).

Table 16: Type of Positive Drug Tests During SC

Variable		%	n
Drug Name	Cocaine/Benzoylecgonine	23.4%	49
	Cannabinoids/THC	16.3%	34
	Opiates	12.0%	25
	Morphine	6.2%	13
	Oxycodone	5.7%	12
	Oxymorphone	4.3%	9
	Phencyclidine	5.7%	12
	Amphetamine	4.8%	10
	Methamphetamine	1.9%	4

The most common positive drug tests were for cocaine, as over 24% of Support Court participants tested positive for cocaine or benzoylecgonine (the major metabolite of cocaine). About 16% of Support Court participants tested positive for cannabinoids/THC. Other positive drug tests were commonly for opiates, morphine, oxycodone, or oxymorphone; phencyclidine; and amphetamine or methamphetamine.

Table 17: Recidivism

Variable		%	N
Revocation after SC participation	Yes	23%	48
	No	77%	161
	Total	100%	209
New offense within six months of SC start	Yes	5.7%	12
	No	94.3%	197
	Total	100.0%	209
New offense within one year of SC start	Yes	11.5%	24
	No	88.5%	185
	Total	100.0%	209
New offense within two years of SC start	Yes	21.1%	44
	No	78.9%	165
	Total	100.0%	209
Future conviction on new offense following SC start	Yes	28.7%	60
	No	71.3%	149
	Total	100.0%	209
Conviction on new felony or non-felony following SC start	Non-Felony	18.7%	39
	Felony	10.0%	21
	Not convicted	71.3%	149
	Total	100.0%	209
Conviction on new offense type following SC start	Other	11.0%	23
	Drug offense	7.7%	16
	Person offense	6.7%	14
	Property offense	3.3%	7
	None	71.3%	149
	Total	100.0%	209
Incarceration on new offense following SC start	Yes	22.5%	47
	No	77.5%	162
Incarceration length in months on new offense following SC start	0 (not incarcerated)	77.5%	162
	1-12	13.9%	29
	13-24	0.9%	2
	25-36	1.0%	2
	37-48	2.9%	6
	49-60	3.3%	7
	61-72	0.0%	0
	72-84	0.5%	1
	Total	100%	209
Multiple future convictions on new offenses following SC start	Yes	14.4%	30
	No	85.6%	179
	Total	100.0%	209

An Evaluation of Federal Support Courts in Connecticut

In Table 17, while 23% of SC participants experienced a revocation after SC participation, most (77%) did not. Other recidivism data present in Table 17 are based on criminal record data collected and made publicly available by the State of Connecticut Judicial Branch (<https://www.jud.ct.gov/crim.htm>). In order for a criminal record to appear in this database, a conviction had to occur in Connecticut following an arrest (i.e., an arrest without a subsequent conviction in Connecticut would not appear in this database). Recidivism data were collected from this database in August 2018.

The vast majority of Support Court participants (94.3%) did not commit a new substantiated offense within 6 months of starting Support Court. A strong majority (88.5%) also did not commit a new substantiated offense within 1 year. Within a two-year follow-up period, 78.9% of participants did not commit a new substantiated offense, while 21.1% did commit an offense that resulted in a future conviction in Connecticut.

In terms of future convictions, 28.7% of SC participants had at least one future conviction, comprised of 18.7% receiving a non-felony conviction and 10% receiving a felony conviction. Most participants (71.3%) did not have any future convictions. First new offense types for all Support Court participants consisted of “drug offense” (7.7%), “person offense” (6.7%), “property offense” (3.3%), “other” (11%), and none (71.3%).

Approximately one in five (22.5%) SC participants experienced future incarceration on a new offense, whereas most participants (77.5%) did not. Among those who experienced incarceration on a new offense, most were incarcerated for 1-12 months. The remaining portion of participants who experienced a future incarceration were sentenced between 13-84 months. Finally, 14.4% of Support Court participants experienced multiple future convictions, while the majority (85.6%) did not.

Table 18: Pre-Trial Services vs. Post-Conviction

	Pretrial Services (Yes)	N	Mean	Std. Deviation	Std. Error Mean
Support court time in weeks	No	140	51.12	28.501	2.409
	Yes	69	46.70	27.200	3.274
Outcome recoded	No	140	.51	.502	.042
	Yes	69	.42	.497	.060
Number prior arrests	No	140	6.07	4.926	.416
	Yes	69	4.49*	4.958	.597
RPI score	No	140	4.52	1.980	.167
	Yes	69	4.09	1.900	.229
Total offense level from guidelines	No	140	21.09	7.797	.659
	Yes	58	20.00	6.196	.814
Criminal history points from guidelines	No	140	7.25	7.826	.661
	Yes	58	4.84*	6.836	.898
Prison time sentence length	No	140	42.94	46.324	3.915
	Yes	54	19.17***	23.282	3.168
Time on supervised release or probation length	No	140	44.87	15.952	1.348
	Yes	54	37.56**	14.752	2.007
Number of addresses prior SC entry	No	140	2.86	1.824	.154
	Yes	69	2.19**	1.438	.173
Number of addresses post SC entry	No	140	1.84	1.108	.094
	Yes	69	2.49**	1.605	.193
Employed at start date	No	140	.49	.502	.042
	Yes	69	.57	.499	.060
Employed during support court	No	140	.73	.446	.038
	Yes	69	.75	.434	.052
Employed at end date	No	140	.66	.474	.040
	Yes	69	.62	.488	.059
Proportion Positive Drug Tests	No	140	.17173	.261837	.022129
	Yes	69	.08135**	.177994	.021428
Drug tests per week in Support Court	No	140	.4020	.39341	.03325
	Yes	69	.5258	.74773	.09002
Reoffense within 6 months of Support Court start	No	140	.06	.233	.020
	Yes	69	.06	.235	.028
Reoffense within 12 months of Support Court start	No	140	.14	.344	.029
	Yes	69	.07	.261	.031

Note: * p < .05 ** p < .01 *** p < .001

An Evaluation of Federal Support Courts in Connecticut

In Table 18, a series of significance tests were conducted to examine possible differences between pre-trial Support Court participants and post-conviction Support Court participants. The results indicated the following significant differences:

- Number of prior arrests: pretrial participants had significantly fewer prior arrests
- Criminal history points from guidelines: pretrial participants had significantly fewer criminal history points
- Prison time sentence length: pretrial participants received significantly lower prison time sentence lengths
- Time on supervised release or probation length: pretrial participants received significantly lower time on supervised release or probation length
- Number of addresses prior to Support Court entry: pretrial participants had significantly fewer addresses prior to Support Court entry
- Number of addresses post Support Court entry: pretrial participants had significantly more addresses following Support Court entry
- Proportion positive drug tests: pretrial participants had a significantly lower proportion of positive drug tests

In Tables 19 and 20, two Ordinary Least Squares (OLS) regression equations were estimated to examine possible predictors of prison sentence length and time on supervised release or probation supervision.

The results of the prison sentence length model (Table 19) indicated males (as compared to females) received significantly longer prison sentences, as did Support Court participants with greater total offense levels and criminal history points from the federal sentencing guidelines. Pretrial participants (as compared to post-conviction participants) received significantly shorter prison sentence lengths. Other demographic variables were insignificant, and there were no significant differences in prison sentence length across the three Support Court locations.

Concerning time on supervised released or probation supervision (Table 20), Support Court participants with greater total offense levels from the federal sentencing guidelines experienced significantly longer supervision times. Pretrial participants (as compared to post-conviction participants) experienced significantly shorter periods of supervision. No other independent variables were statistically significant.

Table 19: OLS Regression: Prison Sentence Length

Model Summary^b

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Durbin-Watson
1	.660 ^a	.436	.408	32.708	1.605

a. Predictors: (Constant), Criminal history points from guidelines, Bridgeport participant, Hispanic, Age at start in years, Total offense level from guidelines, Pretrial services support court, Sex of participant, New Haven participant, African American

b. Dependent Variable: Prison time sentence length

ANOVA^a

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	152182.282	9	16909.142	15.806	.000 ^b
	Residual	196839.904	184	1069.782		
	Total	349022.186	193			

a. Dependent Variable: Prison time sentence length

b. Predictors: (Constant), Criminal history points from guidelines, Bridgeport participant, Hispanic, Age at start in years, Total offense level from guidelines, Pretrial services support court, Sex of participant, New Haven participant, African American

Coefficients^a

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.	Collinearity Statistics	
		B	Std. Error	Beta			Tolerance	VIF
1	(Constant)	-49.841	13.285		-3.752	.000		
	Sex of participant	18.219	6.379	.165	2.856	.005	.917	1.091
	Age at start in years	.316	.262	.070	1.208	.229	.903	1.107
	African American	-5.191	6.044	-.061	-.859	.392	.615	1.627
	Hispanic	-2.899	6.490	-.030	-.447	.656	.684	1.461
	Pretrial services support court	-18.012	5.475	-.190	-3.290	.001	.916	1.092
	Bridgeport participant	-3.515	5.744	-.039	-.612	.541	.739	1.353
	New Haven participant	-.710	6.160	-.008	-.115	.908	.724	1.382
	Total offense level from guidelines	2.843	.329	.496	8.638	.000	.929	1.076
	Criminal history points from guidelines	1.490	.334	.267	4.462	.000	.854	1.171

a. Dependent Variable: Prison time sentence length

Table 20: OLS Regression: Supervision Length

Model Summary^b

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Durbin-Watson
1	.379 ^a	.143	.101	15.103	1.768

- a. Predictors: (Constant), Criminal history points from guidelines, Bridgeport participant, Hispanic, Age at start in years, Total offense level from guidelines, Pretrial services support court, Sex of participant, New Haven participant, African American
- b. Dependent Variable: Time on supervised release or probation length

ANOVA^a

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	7020.822	9	780.091	3.420	.001 ^b
	Residual	41967.899	184	228.086		
	Total	48988.722	193			

- a. Dependent Variable: Time on supervised release or probation length
- b. Predictors: (Constant), Criminal history points from guidelines, Bridgeport participant, Hispanic, Age at start in years, Total offense level from guidelines, Pretrial services support court, Sex of participant, New Haven participant, African American

Coefficients^a

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.	Collinearity Statistics	
		B	Std. Error	Beta			Tolerance	VIF
1	(Constant)	27.546	6.134		4.490	.000		
	Sex of participant	.270	2.945	.007	.092	.927	.917	1.091
	Age at start in years	.113	.121	.067	.938	.349	.903	1.107
	African American	-1.990	2.791	-.062	-.713	.477	.615	1.627
	Hispanic	4.116	2.997	.113	1.373	.171	.684	1.461
	Pretrial services support court	-5.839	2.528	-.165	-2.309	.022	.916	1.092
	Bridgeport participant	-1.363	2.652	-.041	-.514	.608	.739	1.353
	New Haven participant	2.703	2.844	.076	.950	.343	.724	1.382
	Total offense level from guidelines	.534	.152	.249	3.515	.001	.929	1.076
	Criminal history points from guidelines	.135	.154	.065	.874	.383	.854	1.171

- a. Dependent Variable: Time on supervised release or probation length

Support Court Participant Survey

Tables 21 through 30 provide the results from the survey of currently active Support Court participants. Descriptive statistics are presented and discussed, followed by a summary of qualitative comments obtained through the survey.

the Judge	N	Minimum	Maximum	Mean	Std. Deviation
The Judge treats me with respect	22	4	5	4.86	.351
The Judge is fair	22	4	5	4.77	.429
The Judge is concerned about me	22	4	5	4.86	.351
Sessions with the Judge help me to stay drug/alcohol free	22	4	5	4.64	.492
The Judge expects too much of me	21	1	5	1.86	1.062
The Judge gives you a chance to tell your side of the story	22	3	5	4.55	.596
The Judge remembers your situation and needs from hearing to hearing	22	3	5	4.50	.673
The judge is intimidating or unapproachable	22	1	4	1.41	.734
The judge knows you by name	22	4	5	4.77	.429
The judge was too hard on me	21	1	3	1.43	.598
Valid N (listwise)	21				

In Table 21, mean (average) scores indicate participants “agreed” (score of 4.0) to strongly agreed (score of 5.0) that their assigned Judge is treating each participant with respect, is fair, remains concerned about participant success, helps the participant remain drug/alcohol free, listens well, and remembers each participant’s name and situational background. The three lower mean scores (1.41, 1.43, 1.86) indicate that participants either “strongly disagreed” (score of 1.0) to “disagreed” (score of 2.0). Accordingly, these responses indicate that respondents did not feel intimidated by the judge, that the judge was expecting too much of them, or that the Judge was too hard on the participant. Taken together, these responses from Support Court participants indicate that Judges are perceived to be acting in a procedurally just manner and are viewed in a favorable manner across each item.

An Evaluation of Federal Support Courts in Connecticut

Table 22: Attitudes toward the					
Probation Officer (PO)	N	Minimum	Maximum	Mean	Std. Deviation
The PO treats me with respect	22	3	5	4.68	.568
The PO is fair	22	4	5	4.64	.492
The PO is concerned about me	21	4	5	4.62	.498
Meetings and visits with the PO help to stay drug/alcohol free	22	3	5	4.55	.596
The PO expects too much of me	22	1	5	2.27	1.453
The PO gives you a chance to tell your side of the story	22	4	5	4.64	.492
The PO helps you succeed	22	3	5	4.55	.596
The PO was easy to reach by phone	22	3	5	4.55	.596
Valid N (listwise)	21				

On average, participants “agreed” (score of 4.0) to strongly agreed (score of 5.0) that their assigned Probation Officer is treating them with respect, acts fair, remains concerned about participant success, is helpful in keeping the client off of drugs/alcohol, is helpful in ensuring client success, listens well, and is easy to reach by phone. When asked if their PO expects too much of them, the mean score was 2.27, or between “disagree” (score of 2.0) and “neutral” (score of 3.0), but still closer to “disagree.” Taken together, participant views of the Probation Officer are highly favorable.

An Evaluation of Federal Support Courts in Connecticut

Treatment Staff	N	Minimum	Maximum	Mean	Std. Deviation
The Treatment Staff treats me with respect	22	4	5	4.55	.510
The Treatment Staff is fair	22	4	5	4.59	.503
The Treatment Staff is concerned about me	20	3	5	4.50	.607
Sessions and groups with the Treatment Staff help me to stay drug free	22	3	5	4.55	.596
Sessions and groups with the Treatment Staff improve my life	22	2	5	4.32	.780
The Treatment Staff expects too much of me	22	1	5	2.45	1.438
The Treatment Staff give you a chance to tell your side of the story	22	3	5	4.45	.596
The Treatment Staff know you by name	22	3	5	4.50	.598
Valid N (listwise)	20				

Table 23 indicates average participant scores of statements about treatment staff were each between “agree” (score of 4.0) and strongly agree (score of 5.0). The only exception was to the statement “The treatment staff expects too much of me,” which produced a mean of 2.45. Accordingly, this response is approximately half-way between disagree (score of 2.0) and “neutral” (score of 3.0). Taken together, these scores indicate that participants have a favorable view of how the treatment staff performs in Support Court. Participants agree that the treatment staff is respectful, fair, concerned, helpful, and sensitive to participants concerns and individual circumstances.

Assistant U.S. Attorney (AUSA)	N	Minimum	Maximum	Mean	Std. Deviation
The AUSA treats me with respect	21	3	5	4.29	.717
The AUSA Staff is fair	21	3	5	4.29	.717
The AUSA is concerned about me	21	3	5	4.19	.814
Discussions with the AUSA help me to stay drug free	21	1	5	3.90	1.044
The AUSA expects too much of me	21	1	5	2.57	1.248
Valid N (listwise)	21				

Average participant scores of perceived AUSA fairness, respectability, and concern for participants were between “agree” (score of 4.0) and “strongly agree” (score of 5.0), although scores were more closely matched to “agree.” Respondents responded between “neutral” to “agree” when prompted with the statement “discussions with the AUSA help me stay drug free.” Additionally, when prompted with the statement “The AUSA expects too much of me”, the responses fell between “neutral” and “disagree” (mean score of 2.57). Therefore, participant views of the AUSA are favorable, in general agreement that the AUSA is respectful, fair, and concerned.

An Evaluation of Federal Support Courts in Connecticut

Federal Defenders Office (FDO)	N	Minimum	Maximum	Mean	Std. Deviation
The FDO treats me with respect	20	3	5	4.50	.607
The FDO is fair	20	3	5	4.50	.607
The FDO is concerned about me	20	3	5	4.45	.686
Visits with the FDO help me to stay drug free	20	1	5	4.15	1.089
The FDO expects too much of me	20	1	5	2.65	1.387
Valid N (listwise)	20				

Average participant scores of perceived FDO fairness, respectability, concern for participants, and help towards drug abstinence were between “agree” (score of 4.0) and “strongly agree” (score of 5.0). When prompted with the statement “The FDO expects too much of me,” the responses fell between “neutral” (score of 3.0) and “disagree” (score of 2.0). Taken together, participant perceptions of the FDO are highly favorable.

Support Court	N	Minimum	Maximum	Mean	Std. Deviation
Support Court helped me obtain my GED or attain other educational goals	21	1	5	3.67	1.238
Support Court helped me find a job or attain other employment goals	21	1	5	3.71	1.347
Support Court helped me find a place to live or improve my housing	21	1	5	3.43	1.326
Support Court helped me receive effective drug and alcohol services	21	3	5	4.48	.680
Support Court helped me reduce my drug and alcohol use	20	1	5	4.30	1.174
Support Court helped me become a law abiding citizen	21	1	5	4.24	1.091
Appearing in court on a regular basis helps me	22	2	5	4.36	.953
Participation in Support Court has helped me change the way I live my life	22	4	5	4.64	.492
Attending treatment on a regular basis helps me	22	3	5	4.68	.568
It has taken me awhile to "buy-in" to Support Court	21	1	5	2.81	1.365
The journaling group is not helpful	22	1	5	2.09	1.109
I think my participation in Support Court helps me avoid drug use in the future	22	2	5	4.55	.739
Journaling is helpful to my success	22	2	5	4.23	.813
Support Court set me up to fail	22	1	4	1.36	.727

An Evaluation of Federal Support Courts in Connecticut

The material used during Support Court sessions is relevant to my life	21	1	5	4.24	.944
Support Court expectations were realistic to me	21	4	5	4.62	.498
The Support Court team has my best interest in mind	22	3	5	4.55	.596
I would recommend Support Court to others struggling with addiction	22	3	5	4.73	.550
I think that my participation in Support Court will help me change the way I see the world	22	3	5	4.59	.590
Sanctions are helpful in refocusing my efforts	22	2	5	4.14	.889
Support Court is more challenging than expected	22	1	5	3.09	1.411
My participation in self-help meetings (AA/NA/GA) helps me in my recovery	22	3	5	4.41	.796
I feel too scared or intimidated to say what I really want to say in Support Court	22	1	4	1.77	1.110
I feel people who committed the same offense were treated the same way in Support Court	22	1	5	4.09	1.065
I am disadvantaged by Support Court because of my age, income, sex, race, or some other reason	22	1	4	1.55	.912
I understand what is going on in court	22	4	5	4.77	.429
I understand what my rights are during the processing of my case	22	4	5	4.68	.477
As I leave the court, I know what I need to do next	22	4	5	4.64	.492
Support Court provides adequate support for helping clients secure safe housing	22	1	5	3.86	1.207
Support Court provides adequate support for helping clients find employment	22	1	5	4.05	1.133
Support Court provides adequate support for helping clients secure treatment services	22	4	5	4.64	.492
The Support Court team helps clients to prepare for when they finish Support Court	22	3	5	4.59	.590
Clients know specifically what is required of them in order to graduate from the program	22	4	5	4.59	.503
I have the same treatment program as other people in	22	2	5	3.91	1.065

An Evaluation of Federal Support Courts in Connecticut

Support Court with the same types of needs as me					
My participation in Support Court is changing or has changed my opinion of the criminal justice system in a positive way	22	2	5	4.05	1.133
My participation in Support Court in Support Court is changing or has changed my family's opinion of the criminal justice system in a positive way	22	2	5	4.00	1.024
I have been treated fairly and respectfully by Support Court team members	22	4	5	4.77	.429
Due to my participation in Support Court, if I should encounter law enforcement or criminal justice professionals in the future, I am more likely to be cooperative	22	2	5	4.27	.935
Valid N (listwise)	19				

In Table 26, most average responses ranged from “agree” to “strongly agree.” However, several exceptions are noted. Statements pertaining to help obtaining educational goals, housing, employment, equal and fair treatment, and that support court is more difficult than expected produced average scores from “neutral” (score of 3.0) to “agree” (score of 4.0). Only two responses averaged between “disagree” and “neutral.” Specifically, respondents generally disagreed or were neutral about whether it took a while to “buy-in” to support court. Participants also generally disagreed with the following statement: “The journaling group is not helpful.” Participant scores ranged from “strongly disagree” (score of 1.0) to “disagree” (score of 2.0) for statements pertaining to whether or not support court set up participants for failure, if the support court itself was too intimidating, or if support court disadvantaged participants in some way by either their age, income, sex, or race. Thus, the “disagree” to “strongly disagree” scores indicate that participants have positive attitudes towards each category.

Overall scores therefore reflect that participants have favorable views about the Support Court program. Nevertheless, there does appear to be less consensus amongst participants towards the notion that support court provides help with education, housing, employment, equal and fair treatment, and that it is more difficult than expected.

An Evaluation of Federal Support Courts in Connecticut

Support Court Activities	N	Minimum	Maximum	Mean	Std. Deviation
I found guest speakers helpful	22	2	5	4.55	.739
Field trips were helpful to me	22	2	5	4.14	.889
Assigned homework was beneficial to me	22	3	5	4.32	.646
Drug testing was helpful to my sobriety	22	3	5	4.50	.598
AA/NA meetings were useful for my success	22	3	5	4.27	.703
Valid N (listwise)	22				

In Table 27, average scores all range from “agree” (score of 4.0) to “strongly agree” (score of 5.0). Accordingly, Support Court participants believe that guest speakers, field trips, homework, drug testing, and AA/NA meetings were helpful to one’s success in the program.

	N	Minimum	Maximum	Mean	Std. Deviation
Were you ever in trouble with the law before your Support Court offenses?	22	0	1	.73	.456
Were you ever in treatment (addiction/mental health) before Support Court?	22	0	1	.82	.395
Valid N (listwise)	22				

Table 28 shows 73% of participants were in trouble with the law before their Support Court offenses, and 27% were not in trouble with the law before their Support Court offenses. In addition, 82% of participants were in treatment (addiction/mental health) before Support Court, while 18% did not attend treatment prior to Support Court.

An Evaluation of Federal Support Courts in Connecticut

Future Problems	N	Minimum	Maximum	Mean	Std. Deviation
Do you feel equipped to handle problems relating to housing?	22	0	1	.82	.395
Do you feel equipped to handle problems relating to drug/alcohol services?	22	0	1	.95	.213
Do you feel equipped to handle problems relating to mental health services/meds?	22	0	1	.91	.294
Do you feel equipped to handle problems relating to medical problems?	22	0	1	.91	.294
Do you feel equipped to handle problems relating to education?	22	0	1	.95	.213
Do you feel equipped to handle problems relating to employment?	22	0	1	.86	.351
Do you feel equipped to handle problems relating to family and relationship issues?	22	0	1	.95	.213
Valid N (listwise)	22				

Overall, 82-95% of participants responded in the affirmative for each statement shown above. Specifically, 82% of participants agreed that they “feel equipped to handle problems relating to housing,” meaning 18% of participants did not agree. 95% of participants agreed that they “feel equipped to handle problems relating to family and relationship issues,” while 5% disagreed. 91% of participants feel prepared to handle mental health and medical problems, while 9% do not. 95% of participants feel equipped to handle problems pertaining to education, while 5% do not. 86% of participants feel equipped to handle problems related to employment, while 14% do not. Lastly, 95% of participants feel equipped to handle problems relating to family and relationship issues, while 5% do not.

An Evaluation of Federal Support Courts in Connecticut

Table 30: Sanctions and					
Incentives	N	Minimum	Maximum	Mean	Std. Deviation
Have you ever received a sanction while in the program?	22	0	1	.36	.492
Have you ever received a reward/incentive while in the program?	22	0	1	.59	.503
Valid N (listwise)	22				

In Table 30, 36% of participants received a sanction while in the program, while 64% did not. Also, 59% of participants received a reward/incentive while in the program, while 41% did not.

Qualitative Comments from Participants

Qualitative comments provided by participants on the survey generally confirm the quantitative scores. Overall, participant comments regarding Support Court were quite favorable:

Support Court:

Is the best thing that happen to me

Changing my life

Is key to my sobriety

Has allowed me to the time to regain custody of my daughters

The following responses indicate what participants like most about Support Court:

How much the team helps

My peers

The team is very helpful

The support from team and participants

Written responses about journaling indicate why it is viewed favorably:

Is a good way for expressing feelings

Is very cathartic and provides valuable insight

Concerning the least favorite aspects of Support Court, participants reported:

The commute

Meeting during the work day

The traveling required from Hartford to New Haven

The drive

Finally, the participants offered various recommendations for Support Court:

Help with housing

More in the recreation category

Another year

Support Court Stakeholder Survey

Tables 31 through 38 provide the results from the survey of current Support Court stakeholders (team Members from each Support Court location). Descriptive statistics are presented and discussed, followed by a summary of qualitative comments obtained through the survey.

Table 31: Perceptions of Support					
Court Services	N	Minimum	Maximum	Mean	Std. Deviation
The judge values the treatment provider's recommendations about the participants	20	4.00	5.00	4.7500	.44426
Support Court is providing the appropriate dosage of treatment for clients	20	2.00	5.00	4.0500	.82558
Client treatment needs (as determined by assessment) are being addressed	20	3.00	5.00	4.3000	.57124
Support Court clients are admitted in a timely fashion	20	2.00	5.00	3.6500	.98809
Drug tests and other services are occurring on a timely basis	20	3.00	5.00	4.1000	.71818
The clients are getting services they need	20	2.00	5.00	4.1500	.74516
Drug test results are quickly communicated to the support court team	20	3.00	5.00	4.3000	.65695
Precautions are taken to prevent participants from tampering with their drug tests	20	4.00	5.00	4.5000	.51299
Valid N (listwise)	20				

Average stakeholder responses to each question above range from “agree” (score of 4.0) to “strongly agree” (score of 5.0), with the exception of the statement pertaining to client admittance timeliness. More specifically, the statement “Support Court clients are admitted in a timely fashion” received a 3.65 mean score, indicating that the overall score fell between “neutral” (score of 3.0) and “agree” (score of 4.0). Overall, these scores indicate that stakeholders feel the treatment is being provided efficiently, and client needs’ pertaining to treatment are being met. Additionally, stakeholders believe that drug testing is done securely, on a timely basis, and that the results are communicated back to the Support Court staff swiftly.

An Evaluation of Federal Support Courts in Connecticut

Support Court Success	N	Minimum	Maximum	Mean	Std. Deviation
Support Court is achieving its program goals	20	3.00	5.00	4.2000	.69585
Support Court is reaching the defined target population	20	3.00	5.00	4.0500	.68633
Valid N (listwise)	20				

Stakeholders agreed that Connecticut Support Court is achieving its program goals (mean score of 4.2) and is reaching the defined target population (mean score of 4.05). Scores closer to 4.0 indicate that respondents “agree” with these statements, whereas scores closer to 5.0 would indicate a “strongly agree” belief. Thus, the consensus of the Support Court program among surveyed stakeholders is that it is achieving its goals and is directed towards the appropriate target population.

Collaboration	N	Minimum	Maximum	Mean	Std. Deviation
Support Court team members work well together	20	3.00	5.00	4.5500	.60481
The support court team has worked hard to understand each other’s perspective.	20	3.00	5.00	4.3000	.57124
Major decisions are made collaboratively by the support court team.	20	3.00	5.00	4.3000	.80131
Everyone feels like they are an important part of the support court team.	20	3.00	5.00	4.4000	.68056
Team members understand each other’s roles.	20	3.00	5.00	4.6000	.59824
Valid N (listwise)	20				

In Table 33, average stakeholder responses are each between the “agree” (score of 4.0) and “strongly agree” (score of 5.0) category. Accordingly, stakeholder’s feel that the Support Court team works cohesively, each member understands one another’s perspective, and that decisions are reached collaboratively. Further, each team member values other team member’s input and recognizes their contribution to the success of the program.

An Evaluation of Federal Support Courts in Connecticut

Participation	N	Minimum	Maximum	Mean	Std. Deviation
Participants attend regular status/review hearings with the judge.	20	2.00	5.00	4.1500	.74516
Participants can participate in educational and vocational assessment and training.	20	2.00	5.00	4.1500	.74516
Valid N (listwise)	20				

In Table 34, stakeholder responses are equal for both statements (4.15 mean) and are therefore slightly above the “agree” (score of 4.0) category. Scores closer to a 5.0 would indicate a “strongly agree” belief. In effect, stakeholders agree that participants regularly attend status/review hearings with the judge and have the opportunity to participate in educational and vocational assessment and training.

Treatment	N	Minimum	Maximum	Mean	Std. Deviation
Treatment plans are individualized to the needs of each participant.	20	4.00	5.00	4.4000	.50262
The support court has a satisfactory network of treatment resources.	20	2.00	5.00	4.2500	.71635
Gender-specific treatment is available to those who need it.	20	2.00	5.00	3.7500	.71635
Valid N (listwise)	20				

In Table 35, average stakeholder responses are each between the “agree” (score of 4.0) and “strongly agree” (score of 5.0) category for the first two statements pertaining to individualized treatment plans and treatment resources. Thus, stakeholders believe that treatment plans are individualized to each client, and that there is a satisfactory network of available treatment resources. Separately, responses for “gender-specific treatment is available for those who need it” (mean score of 3.75) fell in the range of “neutral” (score of 3.0) to “agree” (score of 4.0), but were closer to the “agree” category, suggesting there is general agreement that there is gender-specific treatment available to those who need it.

An Evaluation of Federal Support Courts in Connecticut

Community and Media	N	Minimum	Maximum	Mean	Std. Deviation
The community is supportive of the support court's efforts.	20	3.00	5.00	3.7000	.65695
The support court uses the news media to garner support.	20	1.00	5.00	2.3000	1.21828
Media attention on support court has been positive.	20	2.00	5.00	3.5500	.82558
Valid N (listwise)	20				

In Table 36, average scores ranged between “disagree” to “agree.” The statement “the community is supportive of the support court’s efforts” received a 3.7 mean, indicating stakeholder responses are between the “neutral” (score of 3.0) and “agree” (score of 4.0) categories. Accordingly, the community is believed to be moderately supportive of the Support Court program. Separately, the statement “the support court uses the news media to garner support” scored a 2.3 mean, indicating stakeholder responses are between “disagree” (score of 2.0) and “neutral” (score of 3.0). This finding suggests that stakeholders are not relying on media to garner support. Lastly, the statement “media attention on support court has been positive” scored a 3.55, indicating stakeholder responses are between “neutral” (score of 3.0) and “agree” (score of 4.0), suggesting that media attention for Support Court has been moderately positive.

An Evaluation of Federal Support Courts in Connecticut

Table 37: Perceptions of					
Requirements and Services	N	Minimum	Maximum	Mean	Std. Deviation
The team regularly uses data to assess the operations of the program.	20	2.00	5.00	3.5500	1.09904
Requires participants to be drug free for at least 90 days in order to graduate.	20	4.00	5.00	4.6500	.48936
Provides participants with at least 3 minutes with the judge during Court hearings.	20	3.00	5.00	4.5500	.68633
Encourages frequent communication among treatment providers and court officials to maintain effective and immediate sanctions and rewards.	20	4.00	5.00	4.5000	.51299
Requires a treatment provider representative to attend team meetings.	20	4.00	5.00	4.7000	.47016
Uses internal review of program data to improve program performance and operations, and guide training and staff development.	20	2.00	5.00	3.9500	.94451
Requires a treatment provider representative to attend court hearings.	20	3.00	5.00	4.3500	.74516
Serves clients with non-drug charges (e.g., theft or forgery) with co-occurring substance use.	20	3.00	5.00	4.6000	.59824
Uses empirical evidence and evidence-based assessment tools to guide decisions on support court eligibility, admissions, and exclusion criteria.	20	2.00	5.00	3.8000	.89443
Provides equal access to support court participation and systemic support for success to individuals who have historically experienced discrimination.	19	3.00	5.00	4.4211	.69248
Ensures that support court judges are knowledgeable about current support court laws and best practices, are regular participants in team meetings, and support the contributions of all team members to serve support court participants' success.	19	3.00	5.00	4.4737	.61178
Implements evidence-based interventions documented in treatment manuals, based on standardized assessment of	19	2.00	5.00	3.8947	.73747

An Evaluation of Federal Support Courts in Connecticut

individuals' risks and treatment needs.					
Provides support court participants with complementary treatment and social services for conditions that co-occur with substance use.	19	4.00	5.00	4.4737	.51299
Implements accurate, timely, and comprehensive assessment of unauthorized substance use throughout individuals' participation in support court programs.	19	4.00	5.00	4.3684	.49559
Engages a dedicated multidisciplinary team of professionals to manage day-to-day support court operation and deliver appropriate legal, treatment, and supervision services.	19	4.00	5.00	4.5263	.51299
Serves as many eligible individuals as practicable, while maintaining continuous fidelity to best practice standards.	19	2.00	5.00	4.1579	.68825
Routinely monitors the support court's adherence to best practice standards and employs scientifically valid and reliable procedures to evaluate its effectiveness.	19	2.00	5.00	3.6842	1.00292
Valid N (listwise)	19				

Table 37 indicates the majority of stakeholder average responses range from “agree” (score of 4.0) to “strongly agree” (score of 5.0). Specifically, there is general agreement that Support Court requires participants to be drug free for 90 days prior to graduation; Judges spend at least three minutes with each participant during Court; there is frequent communication between treatment officials and Court officials; treatment providers are required to attend team meetings and Support Court sessions; Support Court serves clients with non-drug charges and is not discriminating; team members participate collaboratively and are knowledgeable of best practices; Support Court provides complementary treatment, social services, and implements accurate and timely assessments of substance use; and Support Court serves as many clients as practicable and maintains a dedicated and multidisciplinary team to manage operations.

Of particular interest, however, are the responses to statements that assess if practices are evidence-based, data-driven, or scientifically valid. Accordingly, these average scores range from 3.55-3.95, or from “neutral” to just shy of the “agree” category. Therefore, there is less consensus among stakeholder’s that the Support Court program regularly uses data to assess performance, uses evidence-based assessment tools, and monitors the Support Court’s adherence to known best practice standards.

An Evaluation of Federal Support Courts in Connecticut

Sanctions	N	Minimum	Maximum	Mean	Std. Deviation
Provides incentives and consequences that are predictable, fair, consistent, and use evidence-based principles for effective behavior modification.	19	2.00	5.00	3.9474	.70504
The support court uses a graduated system of sanctions to address noncompliant behavior.	20	4.00	5.00	4.3500	.48936
The support court judge tends to individualize the sanctions given to the participants.	20	3.00	5.00	4.3500	.58714
The severity of the sanction is matched with the seriousness of the infraction.	20	1.00	5.00	4.0000	.91766
Rewards are matched to the level of compliance shown by the participant.	19	3.00	5.00	4.0000	.57735
Valid N (listwise)	18				

Stakeholder average responses pertaining to sanctions and incentives most closely align to the “agree” category (score of 4.0). Thus, stakeholders generally agree that Support Court provides incentives and consequences that predictable, fair, consistent, and use evidence-based principles for effective behavior modification. Additionally, there is general agreement that the Support Court uses a graduated system of sanctions to address noncompliance, sanctions are individualized, the severity of the sanction is matched with the seriousness of the infraction, and rewards are matched to the level of compliance shown by the participant.

Qualitative Comments from Stakeholders

Qualitative comments provided by stakeholders further indicate their views of Support Court are highly favorable. The following highlights were generated from stakeholder written responses regarding their overall opinion about the support court program:

“Very positive about the program. Stakeholders work well together, even in disagreement.”

“Great pride in the collaborative feeling the judge provides.”

“I enjoy support court and feel it works for those who choose to work the program.”

“Support court is extremely positive and effective. All 3 courts are slightly different, which I think is positive.”

Despite highly favorable views of the program, stakeholder’s offered a number of unique recommendations:

“I would allow the sentencing judge for a defendant preside over the support court in which the defendant participates. More info is better at sentencing.”

“More external activities.”

“Making adjustments for low risk participants, become more regular with sanctions and rewards and using more EBP in sessions.”

“Using more incentives to reward positive behavior.”

“I would enhance the educational and vocational offerings.”

All stakeholder responses suggest that the program costs of support court are well justified by the benefits it provides. Below are few written responses to illustrate:

“Due to the correlation of addiction and crime, addressing these co-occurring disorders can have an impact on the change process.”

“Our statistics show reduced recidivism, which has direct and indirect financial benefits to the criminal justice system and society, as well as strong social benefits.”

“Absolutely, yes. The costs are minimal compare to the costs of prison the benefits are permanent change.”

“Yes, this is what we do. Mitigate risk to our clients and the community. Can't put a price tag on that.”

Summary and Conclusions

This initial study sought to assess federal Support Court operating in three locations in Connecticut. More specifically, a process evaluation was conducted to assess the intended target population, the personnel in place and stakeholder engagement, and the services being provided, with a descriptive assessment of outcomes being achieved. Multiple sources of data were used to answer four primary research questions. Results of the evaluation are discussed below, along with the research limitations and recommendations based on the findings of the study.

Is Support Court Reaching the Intended Target Population?

According to the Connecticut Support Court Policies and Procedures Manual (2016), the target population consists of both pretrial and post-conviction releases who exhibit current or past substance abuse and/or are at heightened risk of relapse. Official data derived from PACTS confirms that both pretrial (N=69) and post-conviction (N=140) participants are being served. In terms of various risk factors exhibited by the target population, the average number of prior arrests for Support Court participants is 5.55, with a statistically significant difference ($p < .05$) between pre-trial (mean of 4.49 arrests) and post-conviction (mean of 6.07 arrests) participants. Consistent with Drug Court best practices (NADCP, 2015), Connecticut Support Court utilizes evidence-based assessment tools (PTRA, PCRA, and RPI) to assess participant risk scores. Among all Support Court participants, the average RPI score was 4.38 (RPI scores can range from 0-9); the average PTRA score was 3.42 (between Category 3 and 4, with Categories ranging from 1-5); and the average initial PCRA score was 2.43, while the ending PCRA average score was 2.3 (between low/moderate and moderate, with four possible risk categories). These scores suggest that Support Court clients are generally moderate risk. It is likely that some of the disqualifying criteria (listed in the Connecticut Support Court Policies and Procedures Manual), such as sex-related crimes, arson, serious firearm charges, & violent crime, may exclude many “high risk” offenders from program participation.

In terms of participant drug and alcohol risk factors, this study finds that substance use generally began at a fairly young age (mean age of 14.63 years), suggesting that the served target population (whose mean age was 36.77 years at program start date) typically exhibits long-term or chronic history with drug and/or alcohol use. In terms of current criminal convictions, approximately two thirds (68.9%) of participants were convicted of a drug charge, and 91.9% were convicted of a felony offense. Upon participant entry into the Support Court program, over half (53.6%) of participants were reported to be in sustained remission, nearly a quarter (23.4%) were in early remission, while approximately one in five (21.1%) were actively abusing substances, and 1.9% were actively dependent. Participant survey data (N=22) also revealed that 82% of participants had previously been in treatment (for either addiction or mental health) prior to Support Court. Results from this study also indicate that most participants had several drugs of choice. Specifically, cannabinoids were found to be the most popular first (35.4%), second (29.7%), and third (13.9%) drug of choice. The second most reported first drug of choice was heroin (16.3%), followed by alcohol (15.3%), cocaine (11.5%), and prescription opiates (10.5%).

From the Support Court stakeholder perspective, survey results (N=20) indicate that stakeholders “agree” (mean score of 4.05) that the program is reaching its defined target population. A score

closer to “strongly agree” (mean score of 5.0) was not achieved, which may suggest some concern over whether the target population is being reached. This may have to do with the characteristics of offenders enrolled or not enrolled in the program, and/or it could pertain to the typical number of Support Court participants. The Policies and Procedures Manual (2016) specifies that each divisional Support Court shall be capped at 16 participants. Although stakeholders generally agree that they are serving as many eligible individuals as practicable, while maintaining continuous fidelity to best practice standards, the average annual number of Support Court participants was about 25 from 2010 through 2017. Enrollment figures also varied across the three sites. Although Support Court enrollments are well within best practice standards (e.g., Carey et al., 2012, recommend caseloads of less than 125 active participants), there may be room for growth in terms of the number of participants served across the three sites.

Taken together, these results suggest that the Support Court program is appropriately targeting individuals who are at a heightened risk for continued or renewed substance use or abuse. Support court participants generally demonstrate a long history of substance use, have an established criminal history (including drug-related and felony convictions), have multiple drugs of choice, and often present a history of treatment prior to their participation in the Support Court program. Consideration should be given to the total number of participants served and whether these numbers can be increased, while targeting medium and higher risk offenders who may benefit most from the services and treatment provided.

Are the intended personnel/stakeholders in place and engaged?

The intended stakeholders in Support Court include the U.S. District Judge at each Support Court location, the United States Attorney’s Office, the Federal Defenders Office, the United States Probation Office, and treatment providers. On-site observations confirmed that representatives from all intended stakeholders were present for team meetings and Support Court sessions. Additional observational findings were favorable. Despite a few stylistic differences (e.g., the level of formality within a particular court session), each treatment team appeared highly committed to its mission and engaged in its work. Stakeholder survey results confirmed that stakeholders believe the Support Court team works cohesively, members understand each other’s perspective, decisions are reached collaboratively, and team members value other team member’s input and recognize their contributions to the success of the program.

Support Court participant perspectives about the team members also were highly positive. For example, survey responses of Support Court participants revealed they felt that the Judge, PO, Treatment Staff, AUSA, and FDO were fair, concerned, and respectful of Support Court participants. Further, participant responses about their interactions with the Judge indicate that they feel they are being treated in a procedurally just manner. In addition to feeling that the Judge was fair, concerned, and respectful, participants also felt that the Judge allowed them enough time to tell their side of the story, remembered their name and situation from week to week, and was not intimidating. Scores that appeared more neutral pertaining to the Support Court staff centered on whether or not a PO, Treatment Staff member, or FDO had too high of expectations for what the participant felt he/she could achieve.

An area that stakeholders appear less engaged in, based on results from stakeholder survey, pertain to the use of data and evidence-based practices. For example, stakeholder responses that scored somewhat lower pertained to how the program uses data to assess program operations and performance, along with the use of evidence-based assessment tools to guide program decision-making. Stakeholder scores regarding these activities generally were in the neutral to agree category, while most other responses ranged from agree to strongly agree. Additionally, stakeholder survey data revealed less favorable views about how the program has leveraged media to engage the public, as well as public perceptions of the program.

Are the intended services being provided?

The Connecticut Support Court Policies and Procedures Manual (2016) stipulates that participants will be connected to treatment, employment, educational resources, and pro-social organizations in the community. In terms of treatment, available options to participants include: detoxification, residential (short-term/long-term), intensive outpatient (IOP), group (e.g., relapse prevention), individual counseling, co-occurring, medication monitoring (where appropriate) and sober living residences. The level of treatment is tailored to the individual. Service record data from PACTS revealed that the majority of Support Court participants were currently involved in outpatient treatment (61.2%), while 10% were involved in inpatient treatment, and 15.8% were involved in self-help treatment. In terms of mental health treatment, about a quarter of participants (23%) were receiving mental health treatment, while 11% reported therapy within the past year. Most participants (50.2%) presented no evidence of a mental health condition, while about a quarter (23.9%) have a history of mental health problems, but no active problems.

Survey data revealed that stakeholders feel participants are receiving the appropriate dosage of treatment, treatments are individualized, needs are being met, the Judge values treatment-providers' recommendations, and that the Support Court has a satisfactory network of treatment providers. The lowest score pertaining to stakeholder views of treatment regarded gender-specific treatment (mean score of 3.75), which fell in the range of "neutral" (score of 3.0) to "agree" (score of 4.0). In line with stakeholder views on treatment, survey data from participants indicated that participants feel they are receiving effective drug and alcohol services, and that the services are helpful in reducing their substance use.

In terms of the Support Court program's goal of improving participant access to education and employment, the results from the participant's survey were somewhat less favorable than in the area of treatment. More specifically, participant survey scores pertaining to questions about the program's assistance with education, employment, and housing were comparatively lower than perceptions of treatment scores, indicating less consensus about how successful the program has been in these areas. It should be noted that these scores fell between the "neutral" and "agree" categories, meaning they were comparatively lower than other areas, but generally views on these items still were positive. In addition, the analysis of PACTS data focused on housing stability and employment (measured before and during Support Court) revealed that during Support Court both housing stability and employment improved significantly.

In terms of drug testing, stakeholders agreed that drug tests are occurring on a timely basis, results are communicated quickly to the Support Court team, and that sufficient precautions are

in place to prevent drug test tampering. Participants also agreed that drug testing was helpful for their sobriety. Analysis of drug testing frequency and results data revealed that participants average .4428 drug tests per week, or about 1 drug test every other week. Although no specific number of drug tests has been established as a definitive “best practice,” research suggests that programs utilizing more frequent testing (in combination with evidence-based therapies) tend to be the most successful (Drug Courts Program Office, 1997; Goldkamp et al., 2001; Turner et al., 2002, Lowenkamp et al., 2005). Research by Carey et al. (2012) did find that programs requiring drug tests two or three times per week produced substantially higher cost savings, suggesting Support Court drug testing frequency may be on the lower end of evidence-based recommendations.

Are the anticipated outcomes being achieved?

Results from this study indicate that several of the anticipated individual and community outcome variables identified in the Policy and Procedures Manual (2016) are being achieved. Survey responses of participants pertaining to sobriety and remaining drug-free, being involved in a recovery lifestyle, employment, independence, housing, life skills, mental and physical well-being, coping skills, trust, self-worth, and family relationships indicate that the program has made a positive impact. Participants also generally felt that the program had a positive impact on how their family viewed the criminal justice system.

As previously mentioned, analysis of PACTS data revealed that participant housing stability and employment status significantly improved while participants were in the program. In addition, drug test data indicated that participants on average completed 17 drug tests while in Support Court, with an average of 2.5 positive tests. Considering the backgrounds and history of drug use exhibited by drug court participants, the proportion of positive drug tests (.14189, or 14%) while in Support Court seems remarkably low, and the proportion of positive drug tests completed after participating in Support Court is slightly lower (.11854, or 12%). Additional individual anticipated outcomes stipulated in the Connecticut Support Court Policies and Procedures Manual (2016), such as parental responsibility, obtaining ID/benefits, and financial management, were not sufficiently captured by the data utilized in this study.

In a comparison of pre-trial versus post-conviction Support Court participants, it was found that pre-trial Support Court participants received significantly shorter sentences of incarceration, as compared to post-conviction participants. This analysis controlled for sentencing guideline scores, demographic characteristics, and court location. To a lesser extent, pre-trial participants also received significantly shorter terms of supervised release or probation supervision. In addition, a separate statistical finding indicated pre-trial participants exhibited a significantly lower proportion of positive drug tests compared to post-conviction participants. Overall, these results suggest the pre-trial component of Support Court has been effective in encouraging treatment and supervision compliance prior to sentencing, and, subsequently, reducing prison sentence lengths and periods of supervision.

In terms of anticipated community outcomes, the second phase of this evaluation will incorporate a matched comparison group, through which the effect of Support Court on recidivism can be better estimated. Nevertheless, descriptive measures of official recidivism for Support Court

An Evaluation of Federal Support Courts in Connecticut

participants appear promising. Based on PACTS data and official criminal records data maintained by the State of Connecticut Judicial Branch, 23% of Support Court participants had their supervision revoked after program participation, and 29% had a future conviction in Connecticut on a new offense (with varying amounts of time at risk in the community). Only 10% were convicted on a new felony, and only 8% were convicted on a drug offense. About 22% were sentenced to incarceration on a new offense, but only about 10% were incarcerated for more than 12 months on a new offense. Finally, only 6% of Support Court participants offended within 6 months for a crime that generated a future conviction, 12% offended with 12 months, and 21% offended within 24 months.

To provide some context on recidivism, the Connecticut Office of Policy and Management, Criminal Justice Policy and Planning Division, regularly examines the recidivism of Connecticut prisoners during a 3-year post-release period. Examinations of individuals released from Connecticut Department of Corrections custody in 2008 and 2014 revealed that 51% and 45%, respectively, were convicted on a new offense (Connecticut Office of Policy and Management, 2015, 2018). In addition, 37% and 34% were returned to prison to begin a new term of incarceration. Although these percentages are higher than those exhibited by Support Court participants, it is important to note that these figures reflect reconviction and reincarceration of Connecticut state offenders, not federal offenders whose recidivism rates tend to be lower than state offenders (Alper et al., 2018; Hunt & Dumville, 2016; Markman et al., 2016).

Finally, about half of all Support Court participants either have graduated or otherwise left the program successfully. While this finding is similar to completion rates uncovered in drug court research (Brown, 2010), it also means that about half of the Support Court participants have been terminated or otherwise left the program unsuccessfully. Support Court data indicate the percentage of participants who were terminated formally from the program (23%) was very similar to the percentage of participants who were revoked (23%) or had a future conviction on a new offense in Connecticut (29%). Although current recidivism findings are promising, increasing the percentage of graduated/successful program participants also could enhance recidivism outcomes.

Research Limitations

In interpreting and utilizing the findings discussed above, it is important to consider the various research limitations associated with this evaluation. To begin, participant and stakeholder survey sizes were small. All active participants and treatment team members across the three Support Court sites were surveyed in summer 2018. While this survey data is useful, particularly in combination with the other data sources, it may not be representative of participants and treatment team members associated with Support Court from 2009 through present day. The small sample sizes also limited the data analysis to univariate statistics.

The current process evaluation did not employ a comparison group or experimental design. The initial goal was to provide an in-depth examination of Support Court participants, operations, and outcomes, and answer the four research questions presented in this report. Future comparative research, utilizing similar federal offenders who did not participate in Support Court, will further assess the effect of Support Court on recidivism. Although random assignment to experimental

and control groups is not feasible, access to extensive service record data is anticipated to generate a strong quasi-experimental design with well-matched treatment and comparison groups.

Recommendations

Based on the findings (and limitations) of this evaluation, the following recommendations are provided:

1. ***Support Court personnel should review/discuss the available target population and program size.*** Emphasis should be placed on identifying and enrolling medium and higher risk participants, as research suggests these individuals can benefit the most from effective treatment. If possible, program expansion should be considered, as annual enrollment figures appear lower than program expectations and are far lower than “best-practice” caseload standards. Greater enrollment could benefit increasing numbers of participants, as well as their families and communities.
2. ***Support Court personnel should review/discuss the use of data and evidence-based programs and practices.*** Data-driven decision-making is a key aspect of evidence-based organizations, and evidence-based programs and practices are those that have attained the highest degree of research support (Myers, 2013, 2016). Use of risk and needs assessment to identify medium and higher risk individuals, and then match them with appropriate and effective services, is one key principle for evidence-based corrections. Overall, an evidence-based review of Support Court operations could be beneficial (Domurad & Carey, 2009; Guevara, Loeffler-Cobia, Rhyne, & Sachwald, 2010; Kempker, 2010).
3. ***Support Court personnel should review/discuss participant perceptions of treatment versus their perceptions of housing, education, and employment.*** Survey data indicated participants expressed high satisfaction with treatment services, but somewhat less satisfaction with housing, education, and employment services. It may be that these latter services could be enhanced. It is also possible, however, that treatment services are an appropriate priority for most Support Court participants, based on their risks and needs. To the extent this is true, the rationale for prioritizing treatment services could be better communicated to the participants.
4. ***Support Court personnel should review/discuss frequency of drug testing and drug test results.*** On average, Support Court participants are experiencing about one drug test every two weeks, or two drug tests per month. Depending on cost, along with participant availability and other obligations, more frequent drug testing may be worthwhile, particularly for those participants in earlier stages of Support Court.
5. ***Support Court personnel should review/discuss the data and findings on program completion and recidivism.*** Although program completion rates are in-line with findings from the drug court literature, and official measures of recidivism appear promising, it is possible that enhancing successful program completion would have a beneficial impact

An Evaluation of Federal Support Courts in Connecticut

on recidivism. The four recommendations listed above could be beneficial in improving program completion rates from their established level.

References

- Alper, M., Durose, M., & Markman, J. (2018, May). *2018 Update on Prisoner Recidivism: A 9-Year Follow-up Period (2005-2014)*. Retrieved from <http://www.antoniocasella.eu/nume/Alpermay2018.pdf>
- Baldwin, J. M. (2017). Whom do they serve? A national examination of veterans treatment court participants and their challenges. *Criminal Justice Policy Review*, 28(6), 515-554.
- Banks, D. and Gottfredson, D. (2004). Participation in drug treatment court and time to rearrest. *Justice Quarterly*, 21, 637-656.
- Bhati, A. S., Roman, J., & Chalfin, A. (2008). *To treat or not to treat: Evidence on the prospects of expanding treatment to drug-involved offenders*. Retrieved from <https://www.ncjrs.gov/pdffiles1/nij/grants/222908.pdf>
- Bonta, J., & Andrews, D. A. (2007). Risk-need-responsivity model for offender assessment and rehabilitation. *Rehabilitation*, 6(1), 1-22.
- Brown, R. T. (2010). Systematic review of the impact of adult drug-treatment courts. *Translational Research*, 155(6), 263-274.
- Brown, R. (2011). Drug court effectiveness: A matched cohort study in the Dane County Drug Treatment Court. *Journal of Offender Rehabilitation*, 50(4), 191-201.
- Bureau of Prisons. (2018). Statistics. July. Retrieved from https://www.bop.gov/about/statistics/population_statistics.jsp
- Carey, S. M., & Finigan, M. W. (2004). A detailed cost analysis in a mature drug court setting: A cost-benefit evaluation of the Multnomah County Drug Court. *Journal of Contemporary Criminal Justice*, 20(3), 315-338.
- Carey, S.M.; Mackin, J.R., & Finigan M.W. (2012). What Works? The Ten Key Components of Drug Court: Research-Based Best Practices. *Drug Court Review*, 8(1), 6-42
- Carson, E. A. (2018). *Prisoners in 2016*. Retrieved from <https://www.bjs.gov/content/pub/pdf/p16.pdf>
- Cobb, Kimberly. (2016, December). Tips for Transferring Probation Practices to Drug Court Programs to Enhance Participant and Program Outcomes. Retrieved from <https://www.ndci.org/wp-content/uploads/2009/04/Probation-Fact-Sheet.pdf>
- Connecticut Office of Policy and Management (2015). *Recidivism in CT: 2008 releasees*. Hartford, CT: Criminal Justice Policy and Planning Division.

An Evaluation of Federal Support Courts in Connecticut

- Connecticut Office of Policy and Management (2018). *CT recidivism rates: 2014 cohort*. Hartford, CT: Criminal Justice Policy and Planning Division.
- Connecticut Support Court Policies and Procedures Manual (2016). February. The United States District Court for the District of Connecticut.
- Creswell, J. W., & Creswell, J. D. (2017). *Research design: Qualitative, quantitative, and mixed-methods approaches* (5th ed.). Thousand Oaks, CA: Sage Publishing.
- Creswell, J. W., & Plano Clark, V. L. (2017). *Designing and conducting mixed-methods research* (3rd ed.). Thousand Oaks, CA: Sage Publishing.
- Domurad, F., & Carey, M. (2009). *Coaching Packet: Implementing evidence-based practices*. Silver Spring, MD: Center for Effective Public Policy.
- Drake, E. (2012). Chemical dependency treatment for offenders: A review of the evidence and benefit-cost findings. Retrieved from http://www.wsipp.wa.gov/ReportFile/11112/Wsipp_Chemical-Dependency-Treatment-for-Offenders-A-Review-of-the-Evidence-and-Benefit-Cost-Findings_Full-Report.pdf
- Drug Courts Program Office, US Department of Justice. (1997). Defining drug courts: The key components. Retrieved from <https://www.ncjrs.gov/pdffiles1/bja/205621.pdf>
- Elbogen, E.B., Sullivan, C.P., Wolfe, J., Wagner, H.R., & Beckham, J.C. (2013). Homelessness and money mismanagement in Iraq and Afghanistan veterans. *American Journal of Public Health, 103*(S2), S248–S254.
- Emigh, Meredith. (2017). The Efficacy of Drug Courts. Vol 2, 2. Retrieved from <https://www.ebpsociety.org/resources/quarterly/37-the-ebp-quarterly/vol-2-no-2/271-the-efficacy-of-drug-courts>
- Evans, E., Li, L., Urada, D., & Anglin, M. D. (2014). Comparative effectiveness of California's Proposition 36 and drug court programs before and after propensity score matching. *Crime & Delinquency, 60*(6), 909-938.
- Farrell, A., & Wunderlich, K. (2009). Evaluation of the Court Assisted Recovery Effort (CARE) Program. 23 November. United States District Court for the District of Massachusetts.
- Finigan, M., Carey, S.M., & Cox, A. (2007). *The impact of a mature drug court over 10 years of operation: Recidivism and costs*. Retrieved from http://npresearch.com/wp-content/uploads/10yr_STOP_Court_Analysis_Final_Report.pdf
- Goldkamp, J. S., White, M. D., & Robinson, J. B. (2001). Do drug courts work? Getting inside the drug court black box. *Journal of drug issues, 31*(1), 27-72.

An Evaluation of Federal Support Courts in Connecticut

- Gottfredson, D. C., Najaka, S. S., & Kearley, B. (2003). Effectiveness of drug treatment courts: Evidence from a randomized trial. *Criminology & Public Policy*, 2(2), 171-196.
- Gottfredson, D. C., Kearley, B. W., Najaka, S. S., & Rocha, C. M. (2005). The Baltimore city drug treatment court: 3-year self-report outcome study. *Evaluation Review*, 29(1), 42-64.
- Gottfredson, D. C., Najaka, S. S., Kearley, B. W., & Rocha, C. M. (2006). Long-term effects of participation in the Baltimore City drug treatment court: Results from an experimental study. *Journal of Experimental Criminology*, 2(1), 67-98.
- Guevara, M., Loeffler-Cobia, J., Rhyne, C., & Sachwald, J. (2010). *Putting the pieces together: Practical strategies of implementing evidence-based practices*. Washington, DC: National Institute of Corrections.
- Hamilton, Zachary; Campbell, Christopher; Van Wormer, Jaqueline; Kigerl, Alex; & Posey, Brianne. (2016). Impact of swift and certain sanctions: Evaluation of Washington State's policy for offenders on community supervision. *Criminology & Public Policy*, 15: 1009–1072.
- Hawken, A., & M. A. R. Kleiman. (2009). Managing Drug Involved Probationers with Swift and Certain Sanctions: Evaluating Hawaii's HOPE. Retrieved from <https://www.ncjrs.gov/pdffiles1/nij/grants/229023.pdf>
- Holbrook, J., & Anderson, S. (2011). Veterans courts: Early outcomes and key indicators for success. Widener Law School Legal Studies Research Paper Series No. 11-25. Retrieved from <http://www.cvlrf.org/files/96565777.pdf>
- Hunt, K. S., & Dumville, R. (2016). *Recidivism among federal offenders: A comprehensive overview*. Retrieved from https://www.ussc.gov/sites/default/files/pdf/research-and-publications/research-publications/2016/recidivism_overview.pdf
- Ilgen, M.A., McCarthy, J.F., Ignacio, R.V., Bohnert, A.S., Valenstein, M., Blow, F.C., & Katz, I.R. (2012). Psychopathology, Iraq and Afghanistan service, and suicide among Veterans Health Administration patients. *Journal of Consulting and Clinical Psychology*, 80(3), 323–330.
- Johnson, J. L. (2017). Comparison of recidivism studies. *Federal Probation*, 81(1), 52-54.
- Kaeble, D. (2018). *Probation and Parole in the United States, 2016*. Retrieved from <https://www.bjs.gov/content/pub/pdf/ppus16.pdf>
- Kemp, J. & Bossarte, R. (2012). *Suicide data report, 2012*. Washington, DC: Suicide Prevention Program, U.S. Department of Veterans Affairs. Retrieved from <http://www.va.gov/opa/docs/Suicide-Data-Report-2012-final.pdf>
- Kempker, G. (2010). *A framework for offender reentry*. Silver Spring, MD: Center for Effective Public Policy.

An Evaluation of Federal Support Courts in Connecticut

- Lattimore, P. K., MacKenzie, D. L., Zajac, G., Dawes, D., Arsenault, E., & Tueller, S. (2016). Outcome findings from the HOPE Demonstration Field Experiment: Is swift, certain, and fair an effective supervision strategy? *Criminology & Public Policy*, *15*(4), 1103-1141.
- Lowenkamp, C. T., Holsinger, A. M., & Latessa, E. J. (2005). Are drug courts effective: A meta-analytic review. *Journal of Community Corrections*, *15*(1), 5-11.
- Lutze, F. E., & Van Wormer, J. G. (2007). The nexus between drug and alcohol treatment program integrity and drug court effectiveness: Policy recommendations for pursuing success. *Criminal Justice Policy Review*, *18*(3), 226-245.
- Markman, J. A., Durose, M. R., Rantala, R. R., & Tiedt, A. D. (2016). *Recidivism of offenders placed on federal community supervision in 2005: Patterns from 2005 to 2010*. Washington, DC: Bureau of Justice Statistics.
- Marlowe, D. B., Festinger, D. S., Lee, P. A., Dugosh, K. L., & Benasutti, K. M. (2006). Matching judicial supervision to clients' risk status in drug court. *Crime & Delinquency*, *52*(1), 52-76.
- Marlowe, D.B. (Ed.) (2012). Best Practices in drug courts [special issue]. *Drug Court Review*, *8*(1).
- Marlowe, D. B., Hardin, C. D., & Fox, C. L. (2016). Painting the current picture: A national report on drug courts and other problem-solving courts in the United States. Retrieved from <http://www.ndci.org/wp-content/uploads/2016/05/Painting-the-Current-Picture-2016.pdf>
- Mayfield, J., Estee, S., Black, C., & Felver, B. E. M. (2013). Drug court outcomes: Outcomes of adult defendants admitted to drug courts funded by the Washington State Criminal Justice Treatment Account. Retrieved from <https://www.dshs.wa.gov/sites/default/files/SESA/rda/documents/research-4-89.pdf>
- Meierhoefer, B. S., & Breen, P. D. (2013). *Process-descriptive study of judge-involved supervision programs in the federal system*. Washington, DC: Federal Judicial Center.
- Messina, N., Calhoun, S., & Warda, U. (2012). Gender-responsive drug court treatment: A randomized controlled trial. *Criminal justice and behavior*, *39*(12), 1539-1558.
- Mitchell, O., Wilson, D.B., Eggers, A., & MacKenzie, D.L. (2012a). Drug courts' effects on criminal offending for juveniles and adults. *Campbell Systematic Reviews*. Oslo, Norway: The Campbell Collaboration.
- Mitchell, O., Wilson, D. B., Eggers, A., & MacKenzie, D. L. (2012b). Assessing the effectiveness of drug courts on recidivism: A meta-analytic review of traditional and non-traditional drug courts. *Journal of Criminal Justice*, *40*(1), 60-71.

An Evaluation of Federal Support Courts in Connecticut

- Mumola, C. and Karberg, J. (2006). *Drug Use and Dependence: State and Federal Prisons, 2004*. Retrieved from <https://www.bjs.gov/content/pub/pdf/dudsfp04.pdf>
- Myers, D. L. (2013). *Becoming an evidence-based organization: Demonstrating leadership and organizational growth*. Johns Creek, GA: Joyfields Institute for Professional Development.
- Myers, D. L., (2016). Becoming an evidence-based organization: Five key components to consider. *EBP Quarterly*, 1(1), 1-12.
- National Association of Drug Court Professionals. (2015). *Adult Drug Court Best Practice Standards. Vol. II*. Retrieved from <http://www.nadcp.org/wp-content/uploads/2018/03/Best-Practice-Standards-Vol.-II..pdf>
- National Center on Addiction and Substance Abuse. (1998). *Behind Bars: Substance Abuse and America's Prison Population*. New York: Columbia University.
- National Institute of Justice. (2011). *Seven Program Design Features: Adult Drug Court Principles, Research, and Practice (Issue brief)*. Washington, DC.
- O'Connell, Daniel, John J. Brent, and Christy A. Visser. 2016. Decide Your Time: A randomized trial of a drug testing and graduated sanctions program for probationers. *Criminology & Public Policy*, 15: 1073–1102.
- Oleson, James C. 2016. HOPE springs eternal: New evaluations of correctional deterrence. *Criminology & Public Policy*, 15: 1163–1183.
- Peters, R. H., & Murrin, M. R. (2000). Effectiveness of treatment-based drug courts in reducing criminal recidivism. *Criminal justice and behavior*, 27(1), 72-96.
- Rauma, D. (2016). *Evaluation of a federal reentry program model*. Washington, DC: Federal Judicial Center.
- Rempel, M., Green, M., & Kralstein, D. (2012). The impact of adult drug courts on crime and incarceration: findings from a multi-site quasi-experimental design. *Journal of Experimental Criminology*, 8(2), 165-192.
- Rossman, S. B., Roman, J. K., Zweig, J. M., Rempel, M., & Lindquist, C. H. (2011). The multi-site adult drug court evaluation: The impact of drug courts. Retrieved from <https://jpo.wrlc.org/bitstream/handle/11204/2050/3477.pdf?sequence=1>
- Sacco, Lisa. (2018). *Federal Support for Drug Courts: In brief*. 20 March. Retrieved from <https://fas.org/sgp/crs/misc/R44467.pdf>
- Saum, C.A., Scarpitti, F.R., & Robbins, C.A. (2001). Violent Offenders in Drug Court. *Journal of Drug Issues*, 31(1), 107–128

An Evaluation of Federal Support Courts in Connecticut

Saum, C.A. & Hiller, M.L. (2008). Should violent offenders be excluded from Drug Court participation: An examination of the recidivism of violent and nonviolent Drug Court participants. *Criminal Justice Review*, 33(3), 291–307.

Sevigny, E. L., Fuleihan, B. K., & Ferdik, F. V. (2013). Do drug courts reduce the use of incarceration? A meta-analysis. *Journal of Criminal Justice*, 41(6), 416-425.

Substance Abuse and Mental Health Services Administration. (2014). Results from the 2013 National Survey on Drug Use and Health: Summary of National Findings. September. Retrieved from <https://www.samhsa.gov/data/sites/default/files/NSDUHresultsPDFWHTML2013/Web/NSDUHresults2013.pdf>

Shaffer, D. K. (2011). Looking inside the black box of drug courts: A meta-analytic review. *Justice Quarterly*, 28(3), 493-521.

U.S. Sentencing Commission. (2016). Recidivism Among Federal Offenders: A Comprehensive Overview. March. Retrieved from <https://www.ussc.gov/research/research-reports/recidivism-among-federal-offenders-comprehensive-overview>

Welsh, W. N., & Harris, P. W. (2016). *Criminal justice policy and planning: Planned change*. New York: Routledge.

Zweig, Janine; Lindquist, Christine; Downey, Mitchell; Roman, John; Rossman, Shelli. (2012). Special Issue: Best Practices in Drug Courts. *Drug Court Review*, Volume III, Issue 1, pp. 42-78.

Appendix A

Phases of Support Court; Incentives & Sanctions

Phases:

All participants must follow the rules of the treatment providers and Support Court. Our phase system and phase requirements are as follows:

Phase I – 8 weeks:

- Demonstrate honesty
- Attend and participate in treatment as recommended
- Attend weekly Support Court meetings
- Weekly community visits with the Probation Officer
- Weekly call-ins
- Participate in random drug testing program
- Obtain/apply for state ID • Apply for state insurance
- Prepare a written relapse prevention plan
- Prepare written statement of long and short-term goals
- Journaling

Requirements to Advance to Phase II:

- 30-days of clean time
- Support Court program compliant

Phase II – 16 weeks:

- Demonstrate honesty
- Follow the rules of treatment provider
- Attend weekly Support Court meetings
- Weekly community visits the Probation Officer
- Weekly call-ins • Participate in random drug testing
- Employment or participation in employment readiness
- GED/ HS diploma if not yet obtained
- Update written relapse prevention plan
- Update long and short-term goals
- Journaling
- Employment readiness
- Participate in pro-social activities
- Pursue GED or continued education Requirements to Advance to Phase III
- 60 days of clean time
- Support Court program compliant Phase III – 12 weeks
- Demonstrate honesty
- Follow the rules of treatment provider
- Attend Support Court meetings every other week
- Field and office visits at least every other week • Weekly call-ins
- Participate in random drug testing
- Update written statement of long and short term goals

An Evaluation of Federal Support Courts in Connecticut

- Update relapse prevention plan
- Journaling
- Obtain or maintain employment or community service

Requirements to Advance to Phase IV:

- 90 days of clean time • full-time employment/education/community service
- Support Court program compliant

Phase IV – 16 weeks:

- Demonstrate honesty
- Attend Support Court meetings every other week
- Field and office visits at least every other week
- Participate in random drug testing
- Maintain employment/training/education
- Maintain pro-social activities
- Journaling
- Update written statement of long and short term goals
- Long term relapse prevention plan
- Develop transition plan for graduating Support Court

Requirements for Graduation:

- Minimum of 5 consecutive months of clean time
- Support Court program compliant

Discretionary Requirements may be assigned individually:

- MRT weekly groups
- AA/NA meetings
- Develop resume
- Writing assignments
- Employment readiness classes
- Parenting classes
- At the Support Court Judge's discretion, completion of a community service project

Termination/Suspension Criteria:

- Threat to program integrity/disruption of Support Court
- New arrest (case-by-case basis)
- Pattern of noncompliance with Support Court requirements
- Other significant supervised release/probation violation conduct
- Unexcused absences
- Uncooperative/negative attitude • Failure to progress

Incentives and Sanctions:

Incentives are responses to compliance, perceived as positive by the receiver. Sanctions are the imposition of a consequence, perceived as negative by the receiver, as a direct result of a prohibited activity. Participants may be requested to determine their own sanction. Participants may be

An Evaluation of Federal Support Courts in Connecticut

requested to recommend sanctions for other participants. The Team may recommend sanctions/incentives for participants. The Support Court Judge makes the final determination of all sanctions and imposes all sanctions.

Incentives:

- Certificates for completion of each phase and graduation
- Verbal praise
- Applause
- Stand to be acknowledged
- All Star (participant of the month)
- Consideration for pretrial diversion or sentence reduction
- Gift Cards
- Time off of supervision (one-year maximum for post-conviction participants, to be determined by Judge presiding over participant's criminal case)

Sanctions:

- Verbal reprimand
- Increased reporting
- Community service
- Phase re-evaluation
- No credit for week in phase/phase demotion
- Additional homework or writing assignments
- Overnight/day detention (maximum of 2 days in a row/seven days total)

Appendix B

Participant Survey

SURVEY FOR SUPPORT COURT PARTICIPANTS

Please circle the time (in months) you have spent in Support Court:

1-3

4-6

7-9

10-12

13-15

16 or more

Directions: Please complete all of the following questions to the best of your ability.

Do not record your name or any other identifying information.

PART I: Please circle the answer that best describes how you feel about Support Court.

Section A. Judge

1. The Judge treats me with respect.	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
2. The Judge is fair.	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
3. The Judge is concerned about me.	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
4. Sessions with the Judge help me to stay drug/alcohol free.	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
5. The Judge expects too much of me.	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
6. The judge gives you a chance to tell your side of the story.	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
7. The judge remembers your situation and needs from hearing to hearing.	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
8. The judge is intimidating or unapproachable.	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
9. The judge knows you by name.	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
10. The judge was too hard on me.	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
11. A warning from the judge about my progress was very helpful to me.	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree

Section B. Probation Officer (PO)

1. The PO treats me with respect.	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
2. The PO is fair.	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
3. The PO is concerned about me.	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
4. Meetings and visits with the PO help me to stay drug/alcohol free.	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
5. The PO expects too much of me.	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
6. The PO gives you a chance to tell your side of the story.	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
7. The PO helps you succeed	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
8. The PO was easy to reach by phone	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree

An Evaluation of Federal Support Courts in Connecticut

Section C. Treatment Staff.

1. The Treatment Staff treats me with respect.	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
2. The Treatment Staff is fair.	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
3. The Treatment Staff is concerned about me.	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
4. Sessions and groups with the Treatment Staff help me to stay drug free.	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
5. Sessions and groups with the treatment staff improve my life.	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
6. The Treatment Staff expects too much of me.	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
7. The Treatment Staff give you a chance to tell your side of the story.	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
8. The Treatment Staff know you by name.	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree

Section D. Assistant U.S. Attorney (AUSA).

1. The AUSA treats me with respect.	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
2. The AUSA Staff is fair.	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
3. The AUSA is concerned about me.	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
4. Discussions with the AUSA help me to stay drug free.	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
5. The AUSA expects too much of me.	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree

Section E. Federal Defenders Office (FDO).

1. The FDO treats me with respect.	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
2. The FDO is fair.	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
3. The FDO is concerned about me.	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
4. Visits with the FDO help me to stay drug free.	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
5. The FDO expects too much of me.	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree

Section F. Services

1. Support court helped me obtain my GED or attain other educational goals.	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
2. Support court helped me find a job or attain other employment goals.	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
3. Support court helped me find a place to live or improve my housing.	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
4. Support court helped me receive effective drug and alcohol services.	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
5. Support court helped me reduce my drug and alcohol use.	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
6. Support court helped me become a law-abiding citizen.	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree

An Evaluation of Federal Support Courts in Connecticut

Part II. Circle the answer that best describes your **overall experience in Support Court.**

1. Appearing in court on a regular basis helps me.	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
2. Participation in Support Court has helped me change the way I live my life.	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
3. Attending treatment on a regular basis helps me.	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
4. It has taken me awhile to “buy-in” to Support Court.	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
5. The journaling group is not helpful.	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
6. I think that my participation in Support Court helps me avoid drug use in the future.	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
7. Journaling is helpful to my success.	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
8. Support Court set me up to fail.	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
9. The material used during Support Court sessions is relevant to my life.	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
10. Support Court expectations were realistic to me.	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
11. The Support Court Team has my best interest in mind.	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
12. I would recommend Support Court to others struggling with addiction.	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
13. I think that my participation in Support Court will help me change the way I see the world.	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
14. Sanctions are helpful in refocusing my efforts.	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
15. Support Court is more challenging than expected.	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
16. My participation in self-help meetings (AA/NA/GA) helps me in my recovery.	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
17. I feel too scared or intimidated to say what I really want to say in Support Court.	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
18. I feel people who committed the same offense were treated the same way by Support Court.	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
19. I am disadvantaged by Support Court because of my age, income, sex, race, or some other reason.	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
20. I understand what is going on in court.	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
21. I understand what my rights are during the processing of my case.	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
22. As I leave the court, I know what I need to do next.	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
23. Support Court provides adequate support for helping clients secure safe housing.	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
24. Support Court provides adequate support for helping clients find employment.	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree

An Evaluation of Federal Support Courts in Connecticut

25. Support Court provides adequate support for helping clients secure treatment services.	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
26. The Support Court team helps clients to prepare for when they finish Support Court.	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
27. Clients know specifically what is required of them in order to graduate from the program.	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
28. I have the same treatment program as other people in Support Court with the same types of needs as me.	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
29. My participation in Support Court is changing or has changed my opinion of the criminal justice system in a positive way.	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
30. My participation in Support Court is changing or has changed my family's opinion of the criminal justice system in a positive way.	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
31. I have been treated fairly and respectfully by Support Court team members.	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
32. Due to my participation in Support Court, if I should encounter law enforcement or criminal justice professionals in the future, I am more likely to be cooperative.	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree

Part III. Rate each of the following programs by circling the answer that best describes your opinion.

1. I found guest speakers helpful.	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
2. Field trips were helpful to me.	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
3. Assigned homework was beneficial to me.	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
4. Drug testing was helpful for my sobriety.	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
5. AA/NA meetings were useful for my success.	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree

Part IV. Add to the following to make a complete sentence expressing your real feelings.

1. Journaling _____.
2. The criminal justice is _____.
3. Support Court _____.
4. My probation officer _____.
5. If only _____.

Part V. Please answer the remaining questions.

1. Were you ever in trouble with the law before your Support Court offense(s)? Yes No
2. Were you ever in treatment (addiction/mental health) before Support Court? Yes No

An Evaluation of Federal Support Courts in Connecticut

3. What do you like most about Support Court?

4. What do you like least about Support Court?

5. Do you feel equipped to handle problems relating to:

- | | | |
|-----------------------------------|-----------|----------|
| A. Housing: | Yes _____ | No _____ |
| B. Drug/Alcohol Services: | Yes _____ | No _____ |
| C. Mental Health Services/Meds: | Yes _____ | No _____ |
| D. Medical Problems: | Yes _____ | No _____ |
| E. Education: | Yes _____ | No _____ |
| F. Employment | Yes _____ | No _____ |
| G. Family and Relationship Issues | Yes _____ | No _____ |

6. Which of your needs are NOT being met in Support Court (e.g., Housing, Medical, Dental, etc.)?

7. Have you ever received a sanction while in the program? Yes _____ No _____

If yes, please indicate the type of sanctions you received:

Did receiving a sanction help motivate you to do well in the program?

8. Have you ever received a reward/incentive while in the program? Yes _____ No _____

If yes, please indicate the type of reward/incentive you received:

Did receiving a reward/incentive help motivate you to do well in the program?

9. What more do you think Support Court could offer you?

Appendix C
Stakeholder Survey

SURVEY FOR SUPPORT COURT STAKEHOLDERS
--

Directions: Please complete all of the following questions to the best of your ability.

All responses are confidential.

Part 1. Circle the answer that best describes how you feel about Support Court.

1. Support court is achieving its program goals.	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
2. Support court is reaching the defined target population.	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
3. The Judge values the treatment provider's recommendations about the participants.	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
4. Support court is providing the appropriate dosage of treatment for clients.	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
5. Client treatment needs (as determined by assessment) are being addressed.	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
6. Support Court clients are admitted in a timely fashion.	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
7. Drug tests and other services are occurring on a timely basis.	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
8. The clients are getting services that they need.	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
9. Drug test results are quickly communicated to the support court team.	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
10. Precautions are taken to prevent participants from tampering with their drug tests.	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
11. Support court team members work well together.	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
12. The support court team has worked hard to understand each other's perspective.	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
13. Major decisions are made collaboratively by the support court team.	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
14. Everyone feels like they are an important part of the support court team.	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
15. Team members understand each other's roles.	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
16. Participants attend regular status/review hearings with the judge.	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
17. Participants can participate in educational and vocational assessment and training.	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
18. Treatment plans are individualized to the needs of each participant.	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree

An Evaluation of Federal Support Courts in Connecticut

19. The support court has a satisfactory network of treatment resources.	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
20. Gender-specific treatment is available to those who need it.	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
21. The support court uses a graduated system of sanctions to address noncompliant behavior.	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
22. Rewards are matched to the level of compliance shown by the participant.	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
23. The support court judge tends to individualize the sanctions given to the participants.	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
24. Treatment plans are individualized to the needs of each participant.	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
25. The severity of the sanction is matched with the seriousness of the infraction.	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
26. The community is supportive of the support court's efforts.	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
27. The support court uses the news media to garner support.	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
28. The team regularly uses data to assess the operations of the program.	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
29. Media attention on support court has been positive.	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree

Part 2. Please write-in your answers

1. Are there certain characteristics that you've identified that suggest an offender or client is a good candidate for Support Court?

2. Is it possible to fulfill all the support court requirements and NOT graduate from Support Court, and/or is it possible to graduate from Support Court without fulfilling all requirements? How often does each of these situations occur?

3. What is the general feeling toward your Support Court, how does that general feeling compare to feelings toward the other two Support Courts (i.e., in New Haven, Hartford, and Bridgeport)?

An Evaluation of Federal Support Courts in Connecticut

4. What is the average time length (in months) for a client to graduate from your Support Court? Is this average time too long, too short, or appropriate?

5. Are there any aspects of Support Court that you would change? If yes, which ones and why?

6. Do you think the benefits of Support Court are justified by the costs? Why or why not?

Part 3: Circle the answer that best describes your level of agreement with each statement.

My Support Court:

1. Maintains appropriate caseload sizes that allow for effective treatment and behavioral change.	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
2. Requires participants to be drug free for at least 90 days in order to graduate.	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
3. Provides participants with at least 3 minutes with the judge during Court hearings.	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
4. Encourages frequent communication among treatment providers and court officials to maintain effective and immediate sanctions and rewards.	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
5. Requires a treatment provider representative to attend team meetings.	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
6. Uses internal review of program data to improve program performance and operations, and guide training and staff development.	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
7. Requires a treatment provider representative to attend court hearings.	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
8. Serves clients with non-drug charges (e.g., theft or forgery) with co-occurring substance use.	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
9. Uses empirical evidence and evidence-based assessment tools to guide decisions on support court eligibility, admissions, and exclusion criteria.	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree

An Evaluation of Federal Support Courts in Connecticut

10. Provides equal access to support court participation and systemic support for success to individuals who have historically experienced discrimination.	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
11. Ensures that support court judges are knowledgeable about current support court laws and best practices, are regular participants in team meetings, and support the contributions of all team members to serve support court participants' success.	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
12. Provides incentives and consequences that are predictable, fair, consistent, and use evidence-based principles for effective behavior modification.	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
13. Implements evidence-based interventions documented in treatment manuals, based on standardized assessment of individuals' risks and treatment needs.	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
14. Provides support court participants with complementary treatment and social services for conditions that co-occur with substance use.	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
15. Implements accurate, timely, and comprehensive assessment of unauthorized substance use throughout individuals' participation in support court programs.	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
16. Engages a dedicated multidisciplinary team of professionals to manage day-to-day support court operation and deliver appropriate legal, treatment, and supervision services.	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
17. Serves as many eligible individuals as practicable, while maintaining continuous fidelity to best practice standards.	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
18. Routinely monitors the support court's adherence to best practice standards and employs scientifically valid and reliable procedures to evaluate its effectiveness.	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree