

**PROBLEM-SOLVING  
COURTS  
PROGRAM EVALUATION  
TRAINING**

State Court Administrative  
Office  
Trial Court Services



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**Training Topics**

- Understanding Performance Measures and Evaluations
- Conducting Process Evaluation on Program Design
- Learning Various Research Designs
- Conducting Outcome Evaluation
- Conducting Impact Evaluation



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**Why Collect Data and Evaluate?**

- Statutory Requirements
- Key Component #8 / Essential
- Funding Requirements
- Community Stakeholders
- Fidelity to the Model (Process Evaluation)
- Overall Program Effectiveness (Outcome Evaluation)



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## Performance Measures

- "Performance measurement refers to the establishment of research-based **indicators** to measure program activity." (Local Drug Court Research: Navigating Performance Measures and Process Evaluations).
- "Performance measurement is an excellent option for drug court research and can assist in developing **correlations** between program activities and outcomes." (Epstein, Coates, Wray, & Swain, 2005). (Adult Drug Court Review. V2, Issue 2)




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## Performance Measures

The Adult Drug Court Best Practice Standards, Vol. II, identifies 5 performance measures:

1. **Retention**
2. **Sobriety**
3. **Recidivism – in program.**
4. **Units of Service**
5. **Length of Stay in Program**

- Performance measures are ongoing. Identifies potential problems for further scrutiny. May differ based on grant types.




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## What is an evaluation?

- Evaluation is a systematic and objective process for determining the success or impact of a policy or program.
- Evaluation addresses questions about whether and to what extent the program is achieving its goals and objectives and the impact of the intervention.

**A GOOD evaluation:**

- Assesses the effectiveness of an ongoing program in achieving its objectives, and;
- Through its design, helps to distinguish the effects of a program or policy from those of other forces that may influence the outcomes.

With this information, practitioners can then implement program improvements through modifications to the current program model or operations. - Is This a Good Quality Outcome Evaluation Report? A Guide for Practitioners. BJA. 2011




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## Process Evaluation Defined

"A process evaluation documents a program's actual caseflow, service delivery and resources in relation to its planned target population, policies and procedures over time."

<http://www.nij.gov/topics/courts/drug-courts/pages/measures-evaluation.aspx>




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## Process Evaluation

**A. Assesses program implementation, operations and target population**

- How was it developed?
- Policy and procedures manual that document all operations
- Program requirements
- Screening and referral process
- Who was rejected and why
- Demographics and criminal history
- Drug of choice

**B. Assess adherence to the 10 Key Components/  
Essential Elements -Performance Benchmarks**




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## What Does a Process Evaluation Look Like?

- Case study, descriptive, and investigative, and non-experimental, (does not use a control group).
- Generally uses simple statistics (mean, median, mode, xtabs).
- Addresses whether program was implemented and provided services as intended.
- Allows an *assessment* of reasons for success or failure.




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**Process Evaluation Measures**

According to NRAC, program components that should be measured in process evaluations are:

1. **Program Goals**
2. **Target Population**
3. **Team Member Cooperation**
4. **Court Processes**
5. **Units of Service**
6. **Substance Abuse/Mental Health Treatment**
7. **Community Support**




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**Process Evaluation Measures**

1. Who is the target pop? (KC #2)
2. What is the referral process? (KC #2)
3. Are participants identified early and promptly admitted into the program? (KC #3)
4. Do participants have immediate access to treatment? (KC #3,4)
5. Substance Abuse/Mental Health treatment – modalities. (KC #3,4)
6. What is the program length/phase length? (KC #4)
7. What types of incentives/sanctions? (KC #6)
8. How frequently are review hearings occurring? (KC #7)
9. What is the drug testing protocol? (KC #5)
10. PO/case manager monitoring/Home checks (KC #6)
11. Graduation requirements? (KC #6)




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**Conducting a Process Evaluation**

An Exercise in a Process Evaluation of your Program Design




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**Data Check**  
Target Population

**Program Design:**

The target population is a misdemeanor, non-violent offender who resides within the courts jurisdiction and has been assessed to have a substance abuse disorder.

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**Data Reflects:**

Ninety-one percent entered the program on a misdemeanor charge.




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**Data Check**  
Eligibility Criteria

**Program Design:**

Eligibility criteria include that the defendant must be residing within the court's jurisdiction, they must have a serious pattern of substance abuse or dependency, the offense must be an OWI 1st, 2nd, or a felony OWI reduced to a misdemeanor, the defendant is not to have a serious mental health or medical issue which would impeded him/her from completing the program successfully, and they must be a non-violent offender.

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**Data Reflects:**

A review in DCAS showed that 62 percent of the participants had a primary DSM of alcohol dependence, followed by 38 percent with alcohol intoxication.




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**Data Check**  
Eligibility Criteria

**Program Design:**

Eligibility criteria include that the defendant must be residing within the court's jurisdiction, they must have a serious pattern of substance abuse or dependency, the offense must be an OWI 1st, 2nd, or a felony OWI reduced to a misdemeanor, the defendant is not to have a serious mental health or medical issue which would impeded him/her from completing the program successfully, and they must be a non-violent offender.

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**Data Reflects:**

Ninety-eight percent of the participants entered the program on an OWI 2nd or subsequent offense. *There were two participants who entered the program on offenses other than an OWI offense (Retail Fraud and Possession of Marijuana).*




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**Data Check**  
Referrals

**Program Design:**  
Potential participants can be referred by pre-bond investigators, law enforcement, probation agents, prosecuting attorneys, case managers, self-referred, the treatment provider, judges, defense attorneys, or family members.

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**Data Reflects:**  
The referral source was most often court/judicial (50 percent) followed by defense attorney (44 percent).




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**Data Check**  
Early Identification: Screening to Admission

**Program Design:**  
Eligible participants are referred to the sobriety court probation officer immediately after they plea and sentencing is scheduled for a maximum of two weeks out in order to conduct the alcohol assessment.

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**Data Reflects:**  
The average number of days from screening to admission was 22 days, ranging from 0 to 161 days.




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**Data Check**  
Treatment

**Program Design:**  
Once placed into the program, the participant is referred to a licensed practitioner who performs a clinical assessment within five days of sentencing.

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**Data Reflects:**  
The average number of days from admission to treatment was six days, ranging from 0 to 46 days. However, there were three participants that did not have a first treatment date entered in DCCMIS and four participants that had first treatment dates that preceded their admission date. Attention should be given to ensuring that treatment received prior to admission is not included in overall treatment and that the first treatment dates are entered for all participants.




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**Data Check**  
Treatment

**Program Design:**

There are several agencies that provide counseling. The list includes Hard Knock Therapy Center (male population, outpatient substance abuse treatment), Happy Family Center (female population, outpatient substance abuse treatment), and Path to Sobriety (residential substance abuse treatment and three-quarter housing).

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**Data Reflects:**

A review in DCAS showed that 100 participants averaged 48 substance abuse treatment contact hours, ranging from three to 177 hours. There were three participants that did not have any substance abuse treatment contact hours entered; however, two were admitted to the program less than 30 days ago and the third has been in the program for over 60 days with no treatment entered.

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**Data Check**  
Treatment

**Program Design:**

There are several agencies that provide counseling. The list includes Hard Knock Therapy Center (male population, outpatient substance abuse treatment), Happy Family Center (female population, outpatient substance abuse treatment), and Path to Sobriety (residential substance abuse treatment and three-quarter housing).

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**Data Reflects:**

A review in DCAS showed that 25 participants (24 percent) received intensive outpatient services averaging 92 hours, ranging from nine to 177 hours. Seventy-five participants (73 percent) received outpatient substance abuse treatment averaging 33 hours, ranging from three to 53 hours.

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**Data Check**  
Program Length

**Program Design:**

The grant application states that the program length is 18 to 24 months. Length in the program is determined by the participants' compliance with the program conditions.

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**Data Reflects:**

Graduates averaged 540 days in the program (18 months) ranging from 498 to 693 days.

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**Data Check**  
Phase Length

**Program Design:**

The grant application states that the phase one is 75-90 days in length, phase two is a minimum of 90 days in length, phase three is a minimum of 120 days in length, and a participant must have 90 days sober in phase four in order to graduate.

**Data Reflects:**

A review using DCAS showed that active participants who had completed phase one spent an average of 117 days in phase one, ranging from 99 to 252 days. A review of active participants who had completed phase two showed that they spent an average of 129 days in phase two, ranging from 98 to 301 days. A review of active participants who had completed phase three showed that they spent an average of 161 days in phase three, ranging from 0 to 504 days. There was one participant who was advanced to phase four without having accumulated any days in phase three.

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**Data Check**  
Incentives

**Program Design:**

The grant application lists the following as incentives: verbal praise, phase advancement, certificates, and fishbowl drawings.

**Data Reflects:**

An Incentives Report was run in DCCMIS and 674 incentives had been awarded to 98 participants. The types of incentives entered were phase advancements, court appearances ended, gift card or certificate, entry into gift drawing, and applause. Attention should be given to ensure that participants receive only one incentive for each rewarded behavior.

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**Data Check**  
Sanctions

**Program Design:**

The grant application lists the following as sanctions: verbal warnings, writing assignments, and incarceration.

**Data Reflects:**

A Sanctions Report was run in DCCMIS for the previously stated time period and showed that 161 sanctions had been given to 58 participants. The types of sanctions included verbal warning, essays, community service, driving restrictions, and jail.

A review in DCAS showed that 31 participants served an average of eight days in jail due to a sanction, ranging from two to 26 days.

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**Data Check**  
Review Hearings

**Program Design:**  
The grant application states that in phases one and two, participants attend court review hearings every other week. In phases three and four, they attend monthly.

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**Data Reflects:**  
A random review of participants' Program History page showed that participants are attending status review hearings as often as stated in the grant application.




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**Data Check**  
Substance Abuse Testing

**Program Design:**  
The grant application states that in phase one, participants are submitting to daily alcohol tests and random drug tests a minimum of four times per week. In phase two, participants are subject to random alcohol testing a minimum of five times per week and random drug tests a minimum of three times per week. In Phase three and four, participants submit to random alcohol testing a minimum of three times per week and random drug testing a minimum of two times per week.

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**Data Reflects:**  
A review of the open cases using DCAS showed that 102 participants averaged 524 drug and alcohol tests, ranging from six to 1025 tests. One participant had not received any drug or alcohol tests and had been active in the program for over 45 days.




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**Data Check**  
Substance Abuse Testing

**Program Design:**  
The grant application states that in phase one, participants are submitting to daily alcohol tests and random drug tests a minimum of four times per week. In phase two, participants are subject to random alcohol testing a minimum of five times per week and random drug tests a minimum of three times per week. In Phase three and four, participants submit to random alcohol testing a minimum of three times per week and random drug testing a minimum of two times per week.

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**Data Reflects:**  
A random review of the Substance Abuse Testing page in DCCMIS showed that alcohol testing is conducted frequently, randomly, and as often as daily. Drug testing appeared to be frequent, random, and included testing on weekends.




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**Data Check**  
Substance Abuse Testing

**Program Design:**

Participants are tested for the following drugs: THC, cocaine, opiates, amphetamines, methamphetamines, benzodiazepines, or methadone. Synthetic marijuana tests are also conducted. Alcohol abstinence is monitored by regularly reviewing ignition interlock testing results via the internet for those participants using the interlock for alcohol testing.

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**Data Reflects:**

A Substance Abuse Test report was run and showed that the program administers urine drug tests, alcohol breath tests, alcohol enzyme tests, and tether tests.




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**Data Check**  
Monitoring

**Program Design:**

In all phases, the grant application indicates that participants are required to meet with their case manager "as directed."

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**Data Reflects:**

A review of the Monitoring Report in DCCMIS showed that participants were meeting with their probation officer/case manager minimally every other week throughout the program.

A review of the Monitoring Report in DCCMIS showed that home visits were being conducted often and randomly on each participant.




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**Data Check**  
Graduation Requirements

**Program Design:**

The grant application states that in order to graduate, participants must complete all program requirements, including financial obligations. They must have a minimum of 90 days of sobriety before graduation, must be gainfully employed (if able), they must have earned a GED or high school diploma (if needed), and they must prepare and present a commencement speech at their graduation ceremony.

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**Data Reflects:**

Graduates averaged 540 days in the program (18 months) ranging from 498 to 693 days. Graduates averaged 29 court review hearings, 707 drug/alcohol tests, and achieved an average of 429 consecutive sobriety days, ranging from 78 to 694 days. Nine graduates tested positive an average of 1.3 times. *There were three participants that had less than the required 90 days of sobriety to graduate.*




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**Data Check**  
Graduation Requirements

**Program Design:**

The grant application states that in order to graduate, participants must complete all program requirements, including financial obligations. They must have a minimum of 90 days of sobriety before graduation, must be gainfully employed (if able), they must have earned a GED or high school diploma (if needed), and they must prepare and present a commencement speech at their graduation ceremony.

**Data Reflects:**

Ten participants (42 percent) had improved their employment status prior to graduation and two participants (8 percent) improved their education status prior to graduation.




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**Look For Patterns to**  
**Assess Program**  
**Operations**

- Identify where services were lacking or not timely.
- Did the court achieve its objectives toward its goals?
- Are sanctions and incentives having the intended effect?
- Are we reaching the target population?
- Is there a pattern among different demographics?
- Are we meeting client treatment needs - treatment retention and compliance?
- Are transportation issues a barrier to success?
- Do legal incentives appear to influence participant compliance?
- Does the team work well together?




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**Process Evaluation**

**A. USE YOUR PROGRAM DESIGN (GRANT APP), 10 KEY COMPONENTS/10 ESSENTIAL ELEMENTS, AND BEST PRACTICES TO MEASURE IF YOU'RE DATA ALIGNS WITH OPERATIONS. (CASELOAD DESCRIPTIVE STATS)**

**B. DURING STAFFING MEETINGS, APPLY DATA POINTS TO DISCUSSION SO YOU CAN MEASURE. USE DATA TO LOOK FOR PATTERNS.**

**C. MAKE CHANGES BASED ON FINDINGS FROM DATA!!**




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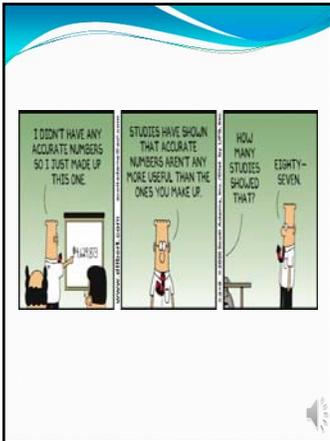
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## Research Designs

Blueprints! A design is used to structure the major parts of the research: sample/groups, measures, treatment/service.

- I. Experimental
- II. Quasi-Experimental
- III. Non-Experimental

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## Research Designs

- I. Experimental
  - a. "Gold standard"
  - b. Random assignment
  - c. Treatment/Control groups
  - d. Pretest and post test
  - e. Controls for external forces
  - f. Cause and effect

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Experimental Design  
 Exercise  
 "PainAway"

Treatment Group  
 (Receives Rx)

Control Group  
 (Does Not Receive Rx)



PainAway was effective in reducing pain  
 – cause and effect.

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Research Designs

II. Quasi-experimental

- a. Common to social research
- b. Not randomly assigned
- c. Comparison group
- d. Pre/post-tests and time series analysis.
- e. Correlation

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Research Designs

III. Non-experimental

- a. No comparisons made
- b. Descriptive and simple statistics
- c. Process Evaluation

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### Causation and Correlation

- **Causation:** Cause and effect!
  - Randomly assigned control group
  - Experimental treatment group
  - Found in experimental research design
- **Correlation:** Relationship! between 2 variables (drug court programs and participant outcomes)
  - Cannot control for external forces
  - Uses a comparison group
  - Found in quasi-experimental research design

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### Outcome evaluation

- Outcome evaluation looks at results – changes.
- Asks what effect is the program having on participants.
- Assesses the status of the participants after having exposure to the program.
- Measures goals.
- Asks what can be modified to make the program more effective.
- Most often is quasi-experimental design.

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## Outcome Measures

- Recidivism
- Abstinence (sobriety days)
- Success rate
- Employment
- Education
- Quality of Life
- Mental Health Status
- Medication Compliance

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Measure	Count	Percentage	Target
Successfully Completed	312	63.5%	60.0%
Discontinued/Non-Compliant	7	1.4%	10.0%
Discontinued/Failed	40	8.2%	10.0%
Discontinued/Abandoned	40	8.2%	10.0%
Voluntarily Withdrew	4	0.8%	5.0%
Transferred to another program	4	0.8%	5.0%
Admission Ineligibility	1	0.2%	5.0%
Medical Discharge	2	0.4%	5.0%
Death	1	0.2%	5.0%
Other	1	0.2%	5.0%

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## Outcome Evaluations Example

- Of the 490 participants that were discharged between 10/01/2014 and 6/30/2015:
  - 64% successfully completed the program;
  - 17% were noncompliant;
  - 14% absconded;
  - 2% voluntarily withdrew.

Look at the population that failed also!

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### Outcome Evaluation Example

- Of the 312 graduates, 52% improved their employment status while working the program.

~ Consider looking at who was unemployed at admission compared to discharge.

Speaks to improve living situation.

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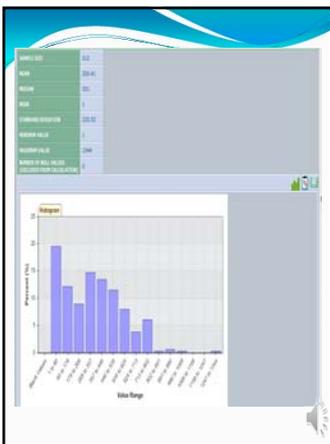
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## Outcome Evaluation Example

- Graduates averaged 330 consecutive days of sobriety while working the program!

~ Look at the range and determine if all achieved 90 days of sobriety or more (best practices).

Speaks to abstinence.




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## Impact evaluation

- What benefits occurred that would not have if the program did not exist.
- The value added by the program benefits that would not have occurred without the program.
- Assesses long-term goals.
- Must have an external comparison group.
- Uses matching.
- Recidivism.




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## Overload???



- Ugh, summarize, please
- Gee, lots of terminology
- I feel like my head is spinning
- How am I ever going to keep this straight??
- Yikes, what did I get myself into??




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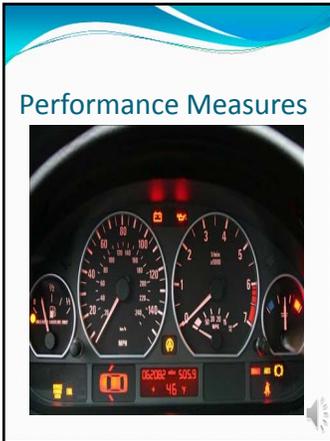
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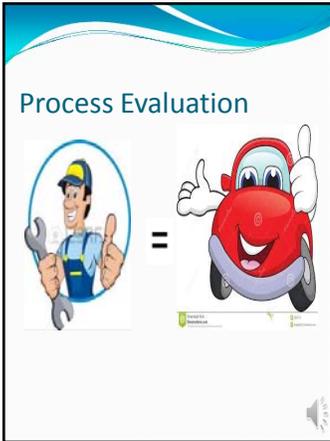
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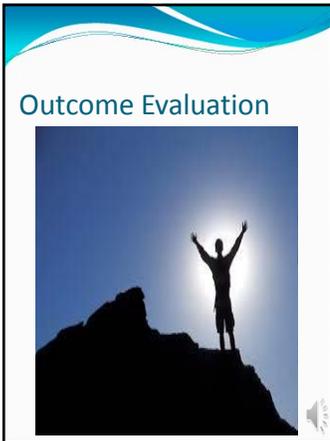
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### Conclusion Program Modifications!

- Determine where services are lacking and fill in gaps.
- Identify difficult populations.
- Determine if the resources can be increased.
- Determine whether your program is successful enough to convince stakeholders that it should continue operating.
- Determine whether your program is successful enough to replicate it elsewhere.

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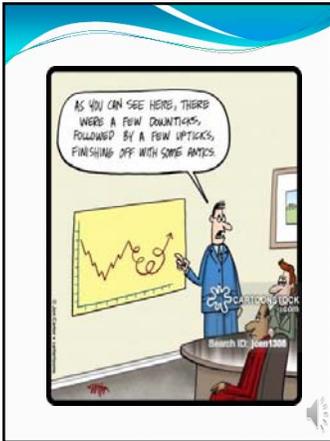
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# THANK YOU!!!

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