Research on the Effectiveness of the Rhode Island Adult Drug Court

Stephen T. Burke
Rhode Island College, sburke@courts.ri.gov

Follow this and additional works at: https://digitalcommons.ric.edu/honors_projects

Part of the Courts Commons, Criminology and Criminal Justice Commons, Food and Drug Law Commons, Law Enforcement and Corrections Commons, and the Legal Remedies Commons

Recommended Citation
https://digitalcommons.ric.edu/honors_projects/21

This Honors is brought to you for free and open access by the Honors Projects at Digital Commons @ RIC. It has been accepted for inclusion in Honors Projects Overview by an authorized administrator of Digital Commons @ RIC. For more information, please contact digitalcommons@ric.edu.
RESEARCH ON THE EFFECTIVENESS OF THE
RHODE ISLAND ADULT DRUG COURT

By

Stephen T. Burke
An Honors Project Submitted in Partial Fulfillment
Of the Requirements for Honors
In
The Justice Studies Program
Sociology Department

The School of Arts and Sciences
Rhode Island College
2009
TABLE OF CONTENTS

Abstract.......................................................................................................................... 3
Introduction......................................................................................................................4
Brief Summary ..................................................................................................................4
History ..............................................................................................................................4
Drug Courts as an Alternative to Incarceration..............................................................6
Defining Addiction ...........................................................................................................7
Recidivism Rates .............................................................................................................8
Costs and Benefits ..........................................................................................................9
Significance of Research and Plan for Communicating the Findings.........................10
The Present Study...........................................................................................................11
Goal ................................................................................................................................11
Data and Population .......................................................................................................11
Independent Variable: Treatment Services....................................................................11
Dependant Variables .......................................................................................................13
Control Variables ...........................................................................................................13
Results .............................................................................................................................14
Conclusions and Discussion ..........................................................................................32
Clinician’s Comments on RIADC and its Treatment Modalities.................................33
Limitations and Future Research ..................................................................................36
References .......................................................................................................................38
Appendix A: Diagram: Drug Court Flow Chart
Appendix B: RI Adult Drug Court Bio-Psychosocial Assessment
Appendix C: RI Adult Drug Court Information Package

LIST OF TABLES

Univariate Table 1: Gender.............................................................................................14
Univariate Table 2: Age...................................................................................................14
Univariate Table 3: Race..................................................................................................15
Univariate Table 4: Offense Type..................................................................................16
Univariate Table 5: Treatment Modality........................................................................17
Univariate Table 6: Success in Drug Court.................................................................18
Bivariate Table 1: Treatment and Success in Drug Court..........................................19
Bivariate Table 2: Offense Type and Success in Drug Court.......................................21
Bivariate Table 3: Race and Success in Drug Court.....................................................22
Bivariate Table 4: Gender and Success in Drug Court................................................23
Pearson Correlations: Age, Success, Offense, Treatment.............................................24
Multivariate Table 1: Treatment and Success, by Offense..........................................26
Multivariate Table 2: Treatment and Success, by Gender...........................................28
Multivariate Table 3: Treatment and Success, by Race...............................................30
Logistic Regression: Success on Treatment, Offense, Demographics.......................31
ABSTRACT

This study investigates the effectiveness of the Rhode Island Adult Drug Court. It examines the impact of the treatment modalities offered by the Drug Court on participants’ likelihood of graduating successfully from the program. Anonymous, public data on the 71 participants in the Rhode Island Adult Drug Court during the 2005-6 court cycle provided the basis for the study. Data examined include clients’ demographic characteristics, the type of offense for which each was charged (drug related or non-drug related), and also the type of treatment in which the participant was engaged at the beginning of his or her participation in the program. The study uses cross-tabulation, correlation and logistic regression analysis to evaluate the impact of client characteristics and court ordered treatment modalities on the likelihood of clients’ graduation or failure from the program. The results suggest that outpatient treatment had the most consistent positive effect leading to the highest number of graduates. The Rhode Island Adult Drug Court Program seems to work best for those clients who came into the court specifically because of a drug offense, not because of other offenses that were a consequence of their drug problem. Men were more positively impacted by the program than were women; and blacks were not as well served by the program as non-blacks. The implications of these results are considered and contextualized through an interview with an experienced clinical coordinator responsible for administering the bio-psycho-social assessment instrument used to identify potential candidates for the Rhode Island Adult Drug Court Program.
RESEARCH ON THE EFFECTIVENESS OF THE
RHODE ISLAND ADULT DRUG COURT

Introduction

**Brief Summary.** The goal of this exploratory study is to examine the effectiveness of the Rhode Island Adult Drug Court (RIADC) Program. The Rhode Island Adult Drug Court’s mission is to improve the quality of life for individuals who have been negatively affected by drugs and alcohol. To achieve this goal, the court’s clients are provided with access to substance abuse treatment and social services through the justice intervention of the RIADC. The Drug Court strives to reduce substance abuse and decrease involvement in the criminal system and also to reduce the state’s total incarceration expenses.

Using the anonymous secondary public data on the 71 clients who entered the Rhode Island Adult Drug Court in 2005, this project examines the treatment modalities through which the RIADC rehabilitates most effectively and efficiently, and considers whether the offense type that brought the individual before the court makes a difference. Because the data are secondary and anonymous, containing no client names or addresses, and because they are based on records from the 2005-6 court cycle, obtaining client consent is not at issue. The data are also public: The RIADC administrator regularly provides them to interested journalists, policy-makers and researchers. Since the data are secondary, anonymous and public, I have not submitted this proposal to the Institutional Review Board at Rhode Island College.

**History.** The pilot initiative for the Rhode Island Adult Drug Court began in the Superior Court in 2002 through the efforts of a collaboration of dedicated professionals
from the Rhode Island Superior Court, the Office of the Attorney General, the Public Defenders’ Office, the Rhode Island Department of Mental Health and Retardation and Hospitals (MHRH), and the Department of Corrections. With all these parties involved, the Court has been able to provide a service for non-violent felony offenders who suffer from addiction to seek the appropriate level of substance abuse counseling and change their lifestyle to become productive members of society living sober, drug-free lives. During treatment and their involvement with the Court, participants are subjected to random weekly drug screens and are closely monitored by the Adult Drug Court team. This is done through weekly or bi-weekly case reviews and in-house or out-patient treatment centers.

If all expectations and requirements are achieved and completed within a 12-month period, these participants are given the opportunity to have their charges dismissed and court records expunged. Utilizing the resources available through this program, participants are able to return to school, gain meaningful employment and become reengaged with family and friends whom they may have lost in the past due to their habits of their addiction. A flow chart describing the RIADC process is attached at the end of this proposal in Appendix A.

In 2005, the Rhode Island Adult Drug Court expanded from the earlier pilot initiative serving approximately 35 to 50 people into a full time program with over 115 active participants and 144 participants by 2006. Federal grants funded this operation without any State sponsorship. Federal funding ran out in the latter part of FY2007. Emergency funding was provided to pay for Court operations until the end of the 2008 fiscal year. Unfortunately, the State of Rhode Island did not initiate state funding for the
ADC in the FY2008 budget. The RIADC does not currently have funding to accept new participants who cannot pay for their own treatment.

**Drug Courts as an Alternative to Incarceration.** The first Drug Court was established in Miami, Florida in 1989. The objective was to offer an alternative to incarceration for substance abuse addicts. Nationally the prison population was increasing due to drug related offenders. These programs are designed to reduce substance abuse behavior and recidivism rates of non-violent offenders who suffer from addiction by engaging them in a structured judicial monitoring program outside of prison walls. There are over 1700 Drug Courts currently functioning in the United States and both government and private studies confirm that these programs reduce substance abuse and recidivism rates, while saving the government an average of $4.00 for every dollar invested in Drug Court programs (Government Accountability Office (GAO), 2005, cited in Palevski, 2007: 2, 4).

Rhode Island has a higher demand for the treatment and rehabilitation provided by the ADC than most other states. Out of all fifty states and the District of Columbia, Rhode Island has the fourth highest percentage of individuals needing but not receiving treatment for illicit drug use (Wright et. al., 2004: 138-41, cited in Palevski, 2007: 2). After the District of Columbia, Rhode Island has the highest percent of illicit drug users and addicts in the United States (Palevski, 2007: 1). This figure is explained by the fact that 18-25 year olds in Rhode Island have a higher incidence of illicit drug abuse or dependence than any other age group and in comparison to any other state; more than 12 percent of 18-25 year olds are affected (Palevski, 2007: 1). The Rhode Island Adult Drug Court is considered an effective and successful program. On a national level, graduation
rates for Drug Courts vary anywhere from 22 to 70 percent (Palevski, 2007: 1). Under the Rhode Island Drug Court’s Magistrate (Magistrate Smith), over 60 percent of participants graduated from the ADC, which is well above the national average noted above. Also, unlike many Drug Courts that accept mostly low level addicts and petty criminals, Rhode Island’s Drug Court has a history of taking defendants with serious addictions and extensive criminal records (Palevski, 2007: 3). The RIADC is one of the few programs in the State that offers treatment instead of incarceration to those who have charged with offenses stemming from their substance abuse.

**Defining Addiction.** Definitions of drug addiction vary among academics, drug/alcohol practitioners, medical providers and politicians (Johnson et. al., 2000: 70-77). Drug addiction refers to compulsively using a substance despite its negative and sometimes dangerous effects and also the use of a drug in excess for non-medical purposes. A physical dependence on substance is not always a part of the definition of addiction. Drug abuse can lead to drug dependence or addiction and the exact cause of drug abuse and dependence is not known. The abuser’s genes, the action of the drug, peer pressure, emotional distress, anxiety, depression and a drug induced environment can be detrimental in the abuse. Abuse of drugs increases the chance that an individual will engage in serious criminal conduct (Marlowe, 2002: 989-1026). They will seek medical treatment due to the short and long term physical complications of addiction (Vastag, 2003: 1299-1303).

Scientists have discovered evidence that the human brain changes during the addiction process. Drugs of abuse activate the dopamine reward circuit which is essential to the path of pleasure and satisfaction (Vastag, 2003: 1299-1303). This is a reward
circuit which connects the brain to areas which control memory, emotion and motivation. Activities which bring pleasure activate these pathways and reinforce these behaviors. The dopamine circuit becomes tolerant of these drugs and the addiction takes over with more of a desire and less of euphoria. The majority of the biomedical community now considers addiction to be brain diseases given the findings that reveal persistent changes in brain structure and function (Leshner, 2001). Scientists refer to addiction as a bio-behavioral disorder. It contributes to job loss, family problems, medical problems and even jail time. Intervention must provide treatment which is behaviorally and medically based (Leshner, 2001).

**Recidivism Rates.** The Government Accountability Office has repeatedly reported that Drug Courts reduce recidivism rate (Treatment Research Institute, 2005). In Rhode Island, for those who complete the ADC program, recidivism rates for graduates one year after leaving the Drug Court are over 50 percent lower than at the State average. The Council of State Governments reports that 31 percent of offenders released from prison are back within one year, while 15 percent of ADC commit an offense within one year of graduating (Government Accountability Office (GAO), 2005, cited in Palevski, 2007: 2, 4).

Long term recidivism rates cannot be studied in Rhode Island’s Adult Drug Court because of its short existence. To some extent this is a problem nation-wide, and, partly as a result, drug courts are at a cross road now. They are struggling to obtain continuation funding in a difficult recessionary period, yet the programs they offer have not been in place long enough to have yet provided convincing evidence of success. Lutze and van Wormer (2007) warn that “the drug court model could go the way of other
correctional programs that fail to fine-tune their programs to incorporate the evidence of what works and fail to move beyond the convenience of existing programs.”

**Costs and Benefits.** The costs associated with treatment services for Drug Court participants can vary greatly depending on numerous factors. The ADC currently provides a mechanism for participants to obtain the appropriate level of treatment, including individual or out-patient counseling, group sessions, methadone maintenance and intensive out-patient treatment. Although drug screens are included in all of these available treatment services, the RIADC mandates that all participants be subjected to weekly supervised drug screens which come with an additional cost. According to a survey conducted by American University, 61 percent of drug court treatment providers report that the annual costs of treatment services per client ranges from $900 to $3,500 (Weldon, 2008: 1).

As mentioned earlier, in early 2006, RIADC reached a caseload of 144 active participants. The breakdown of these participants was 92 male and 52 female participants. If Drug Court were not an option for these defendants, approximately 65 percent of active participants would be incarcerated as a result of sentencing. According to the information provided in the “Population Report: FY2006”, published by the *Rhode Island Department of Corrections Planning and Research Unit*, the following numbers represent what the costs would be for incarcerating 65 percent of the Drug Court’s caseload. With 60 male offenders times $36,136 (the annual cost per offender at the Intake Service Center) the total expense would be $2,168,160.00. With 34 female offenders (which represents 65 percent of the female defendants) at a cost of $60,496 (the annual cost per offender at the Women’s Division), the total annual expense would be
$2,056,854 (Weldon, 2008: 1). Although there is no certainty regarding the percentage of the Drug Court caseload that would receive prison dispositions if left untreated, experience suggests that without court mandated substance abuse treatment, most would eventually be incarcerated as a result of probation violations.

Significance of the Research Effort and Plan for Communicating the Findings.
The objective of this proposal is to examine the treatment modalities and client eligibility restrictions through which RIADC rehabilitates most effectively and efficiently. Rehabilitation saves public funds and increases public safety because chronic substance abusers who are treated effectively are removed from future involvement with the criminal justice system. The more substance abusers the RIADC reaches, the fewer will be incarcerated.

Changes in the eligibility requirements of RIADC may be needed to target problematic offenders who are costly to the State and who pose a greater chance of re-offending to maintain their drug or alcohol related addictions. Since the Drug Court does not now operate with federal funding, the Drug Court team could establish new restrictions that were hindered by federal guidelines in the past. Data provided by this project on the most effective procedures, screening requirements and treatment approaches for the Adult Drug Court program could allow it to better attract sufficient funding and further improve the lives of Rhode Island residents.

The findings will be offered to those professionals responsible for the RIADC as feedback on existing policy and procedures. It is my hope that the results will be useful in shaping future drug court policy and instrumental in improving the fiscal stability and long-term tenability of the RIADC.
The Present Study

Goal. The goal of this exploratory study is to examine the effectiveness of the Rhode Island Drug Court Program with the 71 clients who entered during 2005, its first year of full-time operation, and one of only two years when it was fully federally funded. Using secondary, anonymous, public data on the court’s 71 participants during that year, I examine the effectiveness of specific treatment modalities on client success or failure in completing the program, and control for type of offense for which the client was screened into the program. Descriptive statistical analysis of other client characteristics as well as crosstabulation, correlation and logistic multivariate analysis are used to examine the court’s impact.

DATA AND POPULATION

Data from the study come from 71 participants who entered the Rhode Island Adult Drug Court program in 2005. Secondary anonymous data include race, age, gender, type of offense for which the participant was charged (drug related or other offense seen to be triggered by the drug habit), and the type of treatment prescribed by the clinician for the participant is at the beginning of his or her participation in the program. The dependent variable is whether or not the client was successful in graduating from the program or failed to comply with the program’s requirements resulting in termination from the program.

INDEPENDENT VARIABLE: TREATMENT SERVICES

Assessment is the first component in the process of establishing placement in the RIADC. A clinician from MHRH uses standards provided by the American Society of Addiction Medicine (ASAM) to evaluate prospective clients. (See Appendix B for the
Rhode Island Adult Drug Court’s Bio-Psychosocial Assessment Instrument.) Treatment needs for patients change as they participate in the program. This project examines only the influence of the client’s original assessment (referred to as treatment modality) because data on changes in treatment modality were not available. Residential Treatment, Intensive Out-Patient Treatment and Out-Patient Treatment are the levels found in this population. In assigning treatment six dimensions of illness were assessed: acute intoxication and/or withdrawal potential, bio-medical conditions and complications, emotional and behavioral conditions or complications, treatment, acceptance and resistance, continued use potential and recovery environment (www.mhrh.ri.gov/SA/treatDescription.php).

Residential Treatment: The rationale behind residential treatment is that separation from the environment and from outside influences is vital for treatment to be most effective. These residential environments provide the opportunity to focus on treatment without interference from outside influences. The length of stay is determined by the individual needs of the client. Some of these programs also allow clients to maintain employment (www.mhrh.ri.gov/SA/treatDescription.php).

Intensive Out-Patient: Intensive outpatient treatment program are comprised of a minimum of nine hours of structured programming per week consisting of bio-psycho social assessment, counseling, education and treatment plans geared towards individuals. In addition, clients are given goals and objectives to associate with other levels of care to assist in recovery (www.mhrh.ri.gov/SA/treatDescription.php). The patient’s needs for psychiatric and medical services are also addressed through referrals.
Day Treatment: Day Treatment programs provide a minimum of twenty hours of counseling services per week, including bio-psycho social assessments, counseling and individual treatment plans (www.mhrh.ri.gov/SA/treatDescription.php). None of the clients in this study were in Day Treatment.

Out-Patient Treatment: Out-Patient Treatment programs give the client clinically directed evaluation, treatment and recovery services providing regularly scheduled sessions of up to nine contact hours a week. Services are customized to each patient’s level of clinical assessment.

**DEPENDENT VARIABLES**

The dependent variable in this study is whether or not the participant graduated from the program. Clients who were successful in meeting all program requirements were classified as graduates of the Rhode Island Adult Drug Court program. Clients who were unsuccessful in completion of the program were classified as failures. (Coding for the Success in Drug Court variable was 1=Graduate, 2=Failure.)

**CONTROL VARIABLES**

The control variables used in this study were race, gender, age and type of offense (drug related or non-drug related). The variables and their coding are: Sex (male=1, female=0); age (at the time of program entry); race or ethnicity (black=2, non-black=1); (drug related=1, non-drug related =2); and type of treatment coded ordinally from most to least intense (residential =3, outpatient intensive=2, outpatient=1). These demographic and offense related client characteristics were included in the analysis to assess the possibility that RIADC’s program is more effective with some types of clients than with others.
RESULTS

*Characteristics of the study group.* Tables 1-6 provide frequency distributions or descriptive statistics for the variables used in the analysis. Table 1 indicates that there are 27 females and 44 males in our study group.

**Table Univariate 1**  
Frequency Distribution of Gender

<table>
<thead>
<tr>
<th></th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>27</td>
<td>38%</td>
</tr>
<tr>
<td>Male</td>
<td>44</td>
<td>62%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>71</strong></td>
<td><strong>100%</strong></td>
</tr>
</tbody>
</table>

As Table 2 suggests, the client’s examined range in age from 23 to 63, with a mean age of 37 years.

**Table Univariate 2**  
Descriptive Statistics for Age

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of Cases</td>
<td>71</td>
</tr>
<tr>
<td>Minimum Age</td>
<td>23</td>
</tr>
<tr>
<td>Maximum Age</td>
<td>63</td>
</tr>
<tr>
<td>Mean Age</td>
<td>37</td>
</tr>
<tr>
<td>Median Age</td>
<td>37</td>
</tr>
</tbody>
</table>
Table 3 provides a recoded version of respondent’s race or ethnicity. There are 53 whites, 14 blacks and 4 Hispanics in the group. Hispanics were combined with whites into the non-black category, shown in the table. This was done because there were too few Hispanics to leave in their own category, and their success in the Drug Court mirrored that of whites more than that of blacks.

### Table Univariate 3
**Frequency Distribution of Race**

<table>
<thead>
<tr>
<th></th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nonblack</td>
<td>57</td>
<td>80%</td>
</tr>
<tr>
<td>Black</td>
<td>14</td>
<td>20%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>71</strong></td>
<td><strong>100%</strong></td>
</tr>
</tbody>
</table>

The offense that led the client into the Drug Court Program was classified as either drug-related or non-drug-related. (Non-drug related offenses were seen by the court to enable the participant’s drug habit.) Table 4 indicates that fifty-five study-group members (or 78%) were charged with drug-related offenses and 16 (or 22%) were charged with non-drug offenses.
Table Univariate 4  
Frequency Distribution of Offense Type

<table>
<thead>
<tr>
<th></th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Drug Offense</td>
<td>55</td>
<td>78%</td>
</tr>
<tr>
<td>Non-Drug Offense</td>
<td>16</td>
<td>22%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>71</strong></td>
<td><strong>100%</strong></td>
</tr>
</tbody>
</table>

Table 5 indicates that sixty-two participants (or 87%) started the Drug Court Program with outpatient treatment, while five (or 7%) started with intensive outpatient treatment. Four participants (6%) started with residential treatment, the most intense type of treatment. Outpatient treatment is provided by agencies like Pro-Cap and the Kent Center. The treatment program involves daily counseling sessions, group participation, and daily or multi-hour monitoring programs for 3-6 months or more. As noted above, five clients were enrolled in the intensive outpatient treatment program. Intensive outpatient treatment is sometimes provided at the same facilities as outpatient treatment. But intensive outpatient treatment could also be provided at outpatient agencies like Phoenix House, Kent House Outpatient, or CODAC. All day or 6-9 hour counseling sessions, the application of more stringent monitoring and stricter testing guidelines differentiate intensive from regular outpatient treatment. Residential treatment was provided by agencies like Discovery House, Phoenix House Residential, the Salvation
Army or Sstarbirth. These agencies serve long-term drug-abusers for 90 days up to six months depending on the severity of the client’s addiction problems.

<table>
<thead>
<tr>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>62</td>
<td>87%</td>
</tr>
<tr>
<td>5</td>
<td>7%</td>
</tr>
<tr>
<td>4</td>
<td>6%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>100%</strong></td>
</tr>
</tbody>
</table>

Participants’ success in the Drug Court is shown in Table 6. Forty participants (57%) successfully completed the program and graduated. Thirty-one participants (43%) failed to comply with some aspect of the program and were classified as failures. Participants who failed were non-compliant in areas such as attendance at counseling sessions, obtaining employment or meeting the drug-screening requirements (such as urine testing), or community service.
Table Univariate 6
Frequency Distribution of Success in Drug Court

<table>
<thead>
<tr>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Graduate</td>
<td>40</td>
</tr>
<tr>
<td>Failure</td>
<td>31</td>
</tr>
<tr>
<td>Total</td>
<td>71</td>
</tr>
</tbody>
</table>

Bivariate associations. Crostabulations among the independent and dependent variables are provided in Bivariate Tables 1-4. Bivariate Table 1 contains the crosstabulation between Type of Treatment and whether or not the participant graduated from the Drug Court or failed to graduate. Type of treatment is ordered from least (outpatient) to most (residential treatment) intense. Fifty percent of those in residential treatment graduated, while 50 percent did not. Sixty-one percent of those who received outpatient treatment graduated from the drug court program, while about 39 percent did not. All of the five clients in who received intensive outpatient care failed the ADC program. Those in outpatient treatment were 11 percent more likely to graduate than those who began with residential treatment.
Table Bivariate 1.
Relationship Between Treatment Modality and Participant’s Success in Drug Court

<table>
<thead>
<tr>
<th>Treatment Modality</th>
<th>Graduate</th>
<th>Failure</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outpatient</td>
<td>61%</td>
<td>39%</td>
<td>100%</td>
</tr>
<tr>
<td></td>
<td>38</td>
<td>24</td>
<td>62</td>
</tr>
<tr>
<td>Intensive Outpatient</td>
<td>0%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td></td>
<td>0</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>Residential</td>
<td>50%</td>
<td>50%</td>
<td>100%</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>Total</td>
<td>56%</td>
<td>44%</td>
<td>100%</td>
</tr>
<tr>
<td></td>
<td>40</td>
<td>31</td>
<td>71</td>
</tr>
</tbody>
</table>

Chi Square Value:  7.14   Significance:  .028

Gamma:   .64

While those who received outpatient treatment fared best, since only four clients received residential treatment, and only five received intensive outpatient treatment, comparison of percentage differences could be misleading. Similarly, the statistically significant chi square, and the moderate to strong gamma value of .64 should be interpreted with caution. While the results suggest that those receiving outpatient and residential treatment had good odds of success, the uneven distribution of cases among treatment modalities limits our confidence in the findings.

The small number of cases (71) and their uneven distribution among the treatment types must be taken into consideration when examining these results, suggesting that we interpret them with caution. But drug court participants might typically be expected to be
unevenly distributed among treatment types, making these results at least instructive for policy-makers considering programmatic arrangements for drug courts. It is possible that the 5 patients who received intensive outpatient care were not assessed appropriately given their treatment needs, and that future participants with a problem too severe for outpatient treatment when they enter the program should be assigned to residential treatment instead of intensive outpatient treatment. The “treatment” variable data currently available for this project captures only the initial entry phase for each client after assessment for their needs on the basis of past history as understood by the clinician responsible for entry evaluation. Clients may have had fluctuating treatment modalities during their period in the Drug Court Program. For example, a client who entered the court with a period of Outpatient Treatment, may later have had increased treatment intensity (such as a period in a residential facility). Similarly, a client initially ordered to receive “intensive outpatient treatment” may later have had the intensity of their treatment reduced to “outpatient” if they were compliant with their drug court contract. Future research could track “Treatment Modality” on a quarterly basis to facilitate more accurate understanding of, and detailed findings regarding the relationships among clinical assessment, assignment of treatment, and client success in the Drug Court Program.

Bivariate Table 2 shows the relationship between the type of offense that brought the participant into the drug court (drug related or non-drug related) and whether or not they graduated or failed to complete the program. Sixty-two percent of those who entered with a drug offense graduated, and 38 percent failed. Thirty-seven percent who entered the program as a result of a non-drug offense graduated, while 63 percent failed.
Those who entered the drug court because of a drug offense were 25% more likely to graduate than those who entered with a non-drug offense. The phi coefficient of .21 indicates a low relationship between these two variables in the direction of drug offenders being more likely to graduate than those charged with a non-drug offense. The chi square is not quite statistically significant at the .05 level; its significance level is .08.)

**Table Bivariate 2.**  
**Relationship Between Offense Type and Participant’s Success in Drug Court**

<table>
<thead>
<tr>
<th>Offense Type</th>
<th>Graduate</th>
<th>Failure</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Drug Offense</td>
<td>62%</td>
<td>38%</td>
<td>100%</td>
</tr>
<tr>
<td></td>
<td>34</td>
<td>21</td>
<td>55</td>
</tr>
<tr>
<td>Non-Drug Offense</td>
<td>37%</td>
<td>63%</td>
<td>100%</td>
</tr>
<tr>
<td></td>
<td>6</td>
<td>10</td>
<td>16</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>56%</td>
<td>44%</td>
<td>100%</td>
</tr>
<tr>
<td></td>
<td>40</td>
<td>31</td>
<td>71</td>
</tr>
</tbody>
</table>

Chi Square Value: 2.98  Significance: .084

Phi: .21

In Bivariate Table 3 we see the relationship between race and participant’s success or failure in the drug court program. In this table, whites and Hispanics are combined into the “non-black” category and coded as “1”; blacks are coded as “2”. Sixty percent of the nonblack (that is, white and Hispanic group) graduated from the program, while 40 percent failed. Forty-three percent of black participants graduated, while fifty-seven percent failed. Non-blacks are 17% more likely to graduate from the drug court
than blacks. Chi square indicates that the relationship was not statistically significant, and the phi coefficient was weak (.135).

**Table Bivariate 3**  
**Relationship Between Race and Participant’s Success in Drug Court**

<table>
<thead>
<tr>
<th>Racial Category</th>
<th>Graduate</th>
<th>Failure</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nonblack</td>
<td>60%</td>
<td>40%</td>
<td>100%</td>
</tr>
<tr>
<td></td>
<td>34</td>
<td>23</td>
<td>57</td>
</tr>
<tr>
<td>Black</td>
<td>43%</td>
<td>57%</td>
<td>100%</td>
</tr>
<tr>
<td></td>
<td>6</td>
<td>8</td>
<td>14</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>56%</strong></td>
<td><strong>44%</strong></td>
<td><strong>100%</strong></td>
</tr>
<tr>
<td></td>
<td><strong>40</strong></td>
<td><strong>31</strong></td>
<td><strong>71</strong></td>
</tr>
</tbody>
</table>

Chi Square Value: 1.28  
Significance: .256

Phi: .135

Bivariate Table 4 indicates that fifty nine percent (59.3%) of females graduated successfully compared to about 55% (54.5%) of male participants. Women were about 5% more likely to graduate than their male counterparts. The chi square for this relationship is not statistically significant.
### Table Bivariate 4
**Relationship Between Gender and Participant’s Success in Drug Court**

<table>
<thead>
<tr>
<th>Gender</th>
<th>Graduate</th>
<th>Failure</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>59%</td>
<td>41%</td>
<td>100%</td>
</tr>
<tr>
<td></td>
<td>16</td>
<td>11</td>
<td>27</td>
</tr>
<tr>
<td>Male</td>
<td>55%</td>
<td>45%</td>
<td>100%</td>
</tr>
<tr>
<td></td>
<td>24</td>
<td>20</td>
<td>44</td>
</tr>
<tr>
<td>Total</td>
<td>56%</td>
<td>44%</td>
<td>100%</td>
</tr>
<tr>
<td></td>
<td>40</td>
<td>31</td>
<td>71</td>
</tr>
</tbody>
</table>

Chi Square Value: .151    Significance: .697

Phi: .046

Examination of the relationship between participant’s age and success in the drug court resulted in a Pearson’s correlation coefficient of -.19, indicating a low level of association in the direction of older participants being more likely to graduate. (See Pearson Correlations on the next page.) The Pearson’s coefficient was not statistically significant at the .05 level. Consideration of the relationship between participant’s age and nature of the offense for which the participant was charged (drug or non-drug related) yielded a Pearson’s correlation coefficient of -.11. This coefficient suggests a weak relationship in the direction of those who are older being charged with a drug offense. The relationship was not statistically significant. This relationship was examined to determine whether or not older substance abusers were less likely to be involved in other crimes to support their habits than were young substance abusers.
Older participants were more likely to have received outpatient treatment, as indicated by a Pearson’s correlation coefficient of -.20 (which does not quite reach statistical significance at the .05 level). (Use of Kendall’s tau b and Spearman’s rho provided similar results for this relationship, with correlation coefficients of -.14 and -.17 respectively, with neither being statistically significant at the .05 level.)

**Pearson Correlations**

**Correlations of Participant’s Age with their Success in Drug Court, Offense Type and Treatment Modality**

<table>
<thead>
<tr>
<th>Participant’s Age</th>
<th>Success in Drug Court</th>
<th>Offense Type</th>
<th>Treatment Modality</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1=graduate</td>
<td>1=drug related</td>
<td>1=outpatient</td>
</tr>
<tr>
<td></td>
<td>2=failure</td>
<td>2=non-drug related</td>
<td>2=intensive outpatient</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>3=residential</td>
</tr>
<tr>
<td></td>
<td>-.19</td>
<td>-.11</td>
<td>-.20</td>
</tr>
</tbody>
</table>

None of these correlation coefficients are statistically significant at the .05 level.

**Results of Multivariate Analysis**

Multivariate Table 1 examines ordinal treatment modality and likelihood of graduation within categories of nature of the client’s offense (drug or non-drug). These results suggest that for those picked up for a drug offense outpatient treatment is even a bit more effective in contributing to graduation than it is for the group as a whole:

Among the 55 participants sent to the court for a drug-related offense, 68 percent of those
who had outpatient care graduated (reported in multivariate table 1), in contrast to 62 percent for the drug-related offense group as a whole. Chi square (8.91) suggests that these results are statistically significant (.012). But with so few cases among those charged with a drug offense having received intensive outpatient (4) or residential (1) treatment, we should not place too much weight on these findings.

Among the 16 participants sent to the court for a non-drug offense, only 33 percent of those who received outpatient care graduated. Drug offenders who received outpatient care were 35 percent more likely to graduate than were non-drug offenders who received outpatient care. Among those sixteen clients whose charge was for a non-drug offense, two-thirds of those receiving residential treatment graduated. It is important to remember, that these offenders were determined to have a drug problem, even though the offense that led them to the court was non-drug related. Again, since so few clients received residential treatment (only 4), caution is necessary in interpreting this success rate.
Table Multivariate 1. Relationship Between Treatment Modality and Participant’s Success in the Drug Court, within Categories of Client’s Offense Type

### Clients Charged with a Drug Offense

<table>
<thead>
<tr>
<th>Treatment Modality</th>
<th>Graduate</th>
<th>Failure</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outpatient</td>
<td>68%</td>
<td>32%</td>
<td>100%</td>
</tr>
<tr>
<td></td>
<td>34</td>
<td>16</td>
<td>50</td>
</tr>
<tr>
<td>Intensive Outpatient</td>
<td>0%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td></td>
<td>0</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>Residential</td>
<td>0%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td></td>
<td>0</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>62%</td>
<td>38%</td>
<td>100%</td>
</tr>
<tr>
<td></td>
<td>34</td>
<td>21</td>
<td>55</td>
</tr>
</tbody>
</table>

Chi Square Value: 8.91  
Significance: .012  
Gamma: 1.00  
Spearman’s Correlation: .402

### Clients Charged with a Non-Drug Offense

<table>
<thead>
<tr>
<th>Treatment Modality</th>
<th>Graduate</th>
<th>Failure</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outpatient</td>
<td>33%</td>
<td>67%</td>
<td>100%</td>
</tr>
<tr>
<td></td>
<td>4</td>
<td>8</td>
<td>12</td>
</tr>
<tr>
<td>Intensive Outpatient</td>
<td>0%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td></td>
<td>0</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Residential</td>
<td>67%</td>
<td>33%</td>
<td>100%</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>37%</td>
<td>63%</td>
<td>100%</td>
</tr>
<tr>
<td></td>
<td>6</td>
<td>10</td>
<td>16</td>
</tr>
</tbody>
</table>

Chi Square: 1.78  
Significance: .411  
Gamma: -.385  
Spearman’s Correlation: -.185
The second multivariate table (M2) shows the relationship between treatment modality, likelihood of graduation and gender. Of the 27 women among the drug court participants, 21 received outpatient care. Of those, 67% graduated and 33% failed. Among the 44 men in the drug court, 41 received outpatient care. Of these, 58% graduated and 42% did not. It appears that even when we control for gender, outpatient care has the highest rate of success. The chi squares suggest that the relationship between treatment modality and success in drug court is not statistically significant among either females or the males.
Table Multivariate 2. Relationship Between Treatment Modality and Participant’s Success in the Drug Court, within Categories of Gender

<table>
<thead>
<tr>
<th></th>
<th>Females Success in Drug Court</th>
<th></th>
<th>Males Success in Drug Court</th>
</tr>
</thead>
<tbody>
<tr>
<td>Treatment Modality</td>
<td>Graduate Failure Total</td>
<td>Graduate Failure Total</td>
<td></td>
</tr>
<tr>
<td>Outpatient</td>
<td>67% 33% 100% 14 7 21</td>
<td>58% 42% 100% 24 17 41</td>
<td></td>
</tr>
<tr>
<td>Intensive Outpatient</td>
<td>0% 100% 100% 0 2 2</td>
<td>0% 100% 100% 0 2 2</td>
<td></td>
</tr>
<tr>
<td>Residential</td>
<td>67% 33% 100% 2 1 3</td>
<td>0% 100% 100% 0 1 1</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>59% 41% 100% 16 11 27</td>
<td>55% 45% 100% 24 20 44</td>
<td></td>
</tr>
</tbody>
</table>

Chi square: 4.91 Significance: .086
Gamma: .474
Spearman’s r: .240

Chi square: 3.86 Significance: .145
Gamma: 1.00
Spearman’s r: .296
The third multivariate table (M3) shows the relationship between treatment modality, likelihood of graduation and race (coded as nonblack, which includes whites and Hispanics, or black). Again it appears that outpatient treatment has the highest rate of success. Of the 49 nonblacks who received outpatient care, 65 percent graduated. Of the 13 blacks who received outpatient treatment, 46 percent graduated. Since no blacks received residential treatment and only one received intensive outpatient care we cannot make further comparisons.
<table>
<thead>
<tr>
<th>Treatment Modality</th>
<th>Graduate</th>
<th>Failure</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outpatient</td>
<td>65%</td>
<td>35%</td>
<td>100%</td>
</tr>
<tr>
<td></td>
<td>32</td>
<td>17</td>
<td>49</td>
</tr>
<tr>
<td>Intensive Outpatient</td>
<td>0%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td></td>
<td>0</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>Residential</td>
<td>50%</td>
<td>50%</td>
<td>100%</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>Total</td>
<td>60%</td>
<td>40%</td>
<td>100%</td>
</tr>
<tr>
<td></td>
<td>34</td>
<td>23</td>
<td>57</td>
</tr>
</tbody>
</table>

Chi square: 2.33
Gamma: .641
Spearman’s r: .27

<table>
<thead>
<tr>
<th>Treatment Modality</th>
<th>Graduate</th>
<th>Failure</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outpatient</td>
<td>46%</td>
<td>54%</td>
<td>100%</td>
</tr>
<tr>
<td></td>
<td>6</td>
<td>7</td>
<td>13</td>
</tr>
<tr>
<td>Intensive Outpatient</td>
<td>0%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td></td>
<td>0</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Residential</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td></td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total</td>
<td>43%</td>
<td>57%</td>
<td>100%</td>
</tr>
<tr>
<td></td>
<td>6</td>
<td>8</td>
<td>14</td>
</tr>
</tbody>
</table>

Chi square: .808
Gamma: 1.00
Spearman’s r: .24
Logistic regression analysis is appropriate for this analysis because the dependent variable, whether or not the participant graduates from drug court, is bivariate. A logistic regression in which the impact of treatment modality on graduation from the drug court was examined while controlling for race, gender and offense type indicated that outpatient treatment retained its greater likelihood of success in graduation even after controls were imposed. Non-blacks, males and those charged with a drug offense were more likely to succeed in graduating from the drug court, when all variables were controlled.

<table>
<thead>
<tr>
<th>Variable</th>
<th>Log Odds (B)</th>
<th>Odds  (Exp (B))</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Outpatient Treatment</strong></td>
<td>-.135</td>
<td>.873</td>
</tr>
<tr>
<td><strong>Intensive Outpatient</strong></td>
<td>21.829</td>
<td>3.022E9</td>
</tr>
<tr>
<td><strong>Nonblacks</strong></td>
<td>-.774</td>
<td>.461</td>
</tr>
<tr>
<td><strong>Males</strong></td>
<td>-.553</td>
<td>.575</td>
</tr>
<tr>
<td><strong>Drug Offense</strong></td>
<td>-1.307*</td>
<td>.271</td>
</tr>
<tr>
<td><strong>Constant</strong></td>
<td>1.496</td>
<td>4.465</td>
</tr>
</tbody>
</table>

*Statistical significance .051.

Examination of the odds ratios indicates that the odds of program failure were 13% lower among those who received outpatient treatment (1.00-.87 = 13%) (or, equivalently, the odds of program failure were decreased by a factor of .873). This relationship is independent of race, gender and the nature of respondents’ offense. (All
five of those who received intensive outpatient care failed the Drug Court program, yielding the large odds ratio of 3.02E9.) The odds of failure are 54% (1.00-.46) lower for nonblacks (whites and Hispanics), relative to blacks and controlling for the other independent variables. The odds of failure are also lower (43%) (1-.57) for males than for females, and for drug offenders (73% lower) (1.0-.27) than for non-drug related offenders. None of the coefficients in the logistic regression analysis reached statistical significance at the .05 level, though offense type was significant at .051. It is likely that the significance levels were to some extent affected by the small size of the 2005-6 Drug Court client group.

Conclusions

This investigation of the impact of the treatment modality offered by the RIADC and participant’s likelihood of graduating from the Drug Court found that the outpatient treatment program had the most consistent positive effect leading to the highest number of graduates. The Adult Drug Court Program seems to work best for those clients who came into the court specifically because of a drug offense, and not because of other offenses that were a consequence of their drug habit. For the “drug offenders” outpatient treatment was the most effective form of treatment leading to graduation, and it worked better for them than for those charged with a non-drug offense. In addition, the logistic regression results suggested that men were more positively impacted by the ADC program than were women. Exactly why this is the case, cannot be determined with these data. Examination of the whether or not women were more likely to fall into the other categories least well served by the court (blacks and non-drug offenders) suggested that that this was not the case. Thus, the possibility that the ADC experience is less
relevant for women who are trying to “get beyond their drug problem” than for men is open. Also open is the possibility that men are more effective in achieving the specific goals of the drug court program than are women, possibly because women grapple with their drug habit in a different context (i.e. with greater family responsibilities). The logistic regression results also suggested that blacks do not do as well in the drug court program as do nonblacks (whites and Hispanics). Exactly why, is not clear from these results. Blacks all received outpatient care, most were not women, and most came into the court because of a drug offense. Thus, other characteristics of the black participants cannot be “blamed” for their relative lack of success in the program. These findings suggest that new strategies should be developed to increase the drug court’s success with both blacks and women.

**Discussion**

In order to put the findings in contextual perspective, an interview was conducted with an experienced clinical coordinator responsible for administering the bio-psycho-social assessment instrument used to identify potential candidates for the ADC program. (This is the instrument used to determine whether or not the client has a drug problem that makes them eligible for admission to the Drug Court program and what level of care they will need based on that assessment.) The following questions were asked of David Lema, (LCDP, CCSP), Senior Public Health Promotion Specialist for the Department of Mental Health Retardation and Hospitals (MHRH) for Rhode Island on March 13, 2009. He agreed to have his comments included in my paper.

**Clinician’s comments on RIADC and its Treatment Modalities**

*Questions and Interview with David Lema:*
Question 1: How long have you been involved with drug abuse and alcohol counseling?
Answer: Since 1994 (15 years)

Question 2: When did you start working with the Rhode Island Adult Drug Court?

Question 3: What are the requirements of the job?
Answer: I assess potential candidates who would be eligible for drug court using the bio-psycho-social assessment to determine eligibility and future placement for type of treatment. I work with caregivers, probation officers, attorney general, public defenders, private attorneys, drug court coordinator, drug court manager and drug court magistrate to ensure proper placement.

Question 4: Is the assessment the most important part of the process at the beginning of Drug Court?
Answer: This is an open-ended question, because everything goes by assessment, but attitude and willingness to change lifestyles to further benefit one self and those around them are also very important in the treatment process.

Question 5: How has treatment changed in the last ten years?
Answer: Social service programs have recognized mental health co-occurring disorders. People are self-medicating because of misdiagnosis or because they did not receive a clinical evaluation when picked up for a crime or placed in a locked facility. Mental health issues such as bi-polar disorder, post traumatic stress syndrome, paranoid-schizophrenia, and past histories of sexual and mental abuse are now considered in assessing people with addictions.

Question 6: Do you think the Rhode Island Adult Drug Court works?
Answer: Yes, it reduces crime, reunites families, strengthens structure for people who are lacking discipline in treatment issues, reduces prison populations, improves quality of life for the participants and helps with harm reduction of the individuals who seek help in the healing process.

Question 7: What is wrong the Drug Court in Rhode Island?

Answer: The Drug Court does not get the respect of peers who control most of the funding compared to Rhode Island Family Court, which is funded consistently. Family Court better coordinates its efforts with those of the Drug Court to help with the transition of juveniles and family members who could benefit from the Adult Drug Court. Cost analysis studies have never been done consistently to evaluate the savings that Drug Court might implement. Data from other drug courts throughout the country have been used in making estimates of the potential cost of RIADC. It would be better to examine the cost of RIADC itself, rather than relying on these external estimates. This would provide a more accurate estimate of the cost in Rhode Island of drug court versus incarceration.

Question 8: How would you change the program to make it more effective.

Answer: One would have to change or deviate from the Federal Guidelines which would help some be eligible who would not be if these Guidelines had to be followed. Widen eligibility scope of standards and initiate a reentry court with recovery coaches to help with the transition to options such as follow-up treatment.

Question 9: Where do you see the Rhode Island Adult Drug Court in five years?

Answer: I hope it continues and they find the funding. I stress that they need to do adequate studies of the cost of treatment services in comparison to the cost of
incarceration statistics. Currently there is no clinician in the RIADC. I left in January of 2008 and six months ago, my superior had to eliminate the position due to the drastic cuts in state government.

**End of clinician’s comments**

Mr. Lema is clearly committed to the goals of the drug court. His focus throughout the interview was on the importance of continuing funding for it. In his experience the Adult Drug Court improves the quality of life for participants and reduces the harm to individuals seeking help through this healing process. He stressed that treatment, law enforcement and the courts should all work together to reduce individuals’ problems with drugs and allow them to function independently in the community.

**Limitations and Future Research**

This study is based on one year of results for the drug court participants who either completed or failed the program in 2005-6. Data over a longer period of time and including more participants would provide more conclusive results. The data used in the current study measured treatment modality at the entry point of admission to drug court, and did not include change in treatment modality or sanctions that might have been imposed as a result of the participant’s failure to meet contract obligations. Future studies should take these additional aspects of the Drug Court process into account. Future studies should also examine more closely the situation of black clients and of female participants with a view toward developing treatment efforts that will reduce the disparities in their graduation rate in comparison to nonblacks (whites and Hispanics) and to men. Additional demographic information on participants could include: education,
employment history, income, social class, history of mental illness or substance abuse on
the part of the client or their family, past history of criminal victimization and prior
history with the courts. It would also be important to have information on the exact
nature of the “non-drug charge” that led some participants into the court. The Federal
Guidelines for drug courts exclude from the drug court those charged with some types of
offenses, but the results of this research project suggest that those “non-drug” offenders
who are included are less likely to succeed. More detail on the nature of their offenses
would enable reevaluation of the federal and state inclusion standards for Adult Drug
Court.
References


Government Accountability Office (GAO) 2005 *Adult Drug Courts: Evidence Indicates Recidivism and Mixed Results for Other Outcomes*.


Huddleson, C. West, Douglas B. Marlowe and Rachel Casebolt, 2008 *Painting the current picture: A National Report Card on Drug Court and Other Problem Solving Court Programs in the United States*. Bureau of Justice Assistance and National Drug Court Institute.


Lutze, F. and van Wormer, J. 2007 “The Nexus Between Drug and Alcohol Treatment


Rhode Island Department of Mental Health, Retardation and Hospitals,

[http://www.mhrh.state.ri.us/](http://www.mhrh.state.ri.us/)


Welden, Matthew D., Adult Drug Court Manager. 2008 *Summary of Adult Drug Court*, February 28.

Appendix A: Diagram: Drug Court Flow Chart
Person is charged and arraigned by Attorney General

Defendant applies to Drug Court

Drug Court Coordinator receives application

Nature of charge equals eligibility

AG receives application

Criminal record and substance abuse review

Initial drug court screen equals eligibility

AG performs background check

AG background check equals eligibility

AG determines defendant is eligible for Drug Court

Clinical coordinator assessment

Evaluation results determine defendant is eligible for Drug Court

Evaluation Recommendations reported to Drug Court Coordinator

Case presented to and reviewed by Drug Court Team

Defendant executed all documents required for Drug Court

Defendant pleads nolo contendere sentence stayed pending completion. If defendant completes program charge is dismissed and record expunged

Defendant ineligible for Drug Court
Appendix B:  RI Adult Drug Court Bio-Psychosocial Assessment
Adult Drug Court Bio-Psychosocial Assessment

Date of Assessment ____________________________

Clinician Name

Incarcerated at time of Assessment  □ Yes  □ No

Citizen of the United States  □ Yes  □ No

Name ____________________________

DOB ____________________________

Address ____________________________

City ____________________________

State ____________________________

Zip ____________________________

(401) Telephone # ____________________________

DBH Code ____________________________

Insurance ____________________________

(401) Contact Person (Attorney) ____________________________

Telephone # ____________________________

(Contact Person) ____________________________

Race/Ethnicity ____________________________

**BIO-PSYCHOSOCIAL ASSESSMENT**

Presenting Problem (current physical dependency and any other problems identified by client):

____________________________________________________________________________________

____________________________________________________________________________________

American Society of Addiction Medicine Placement Criteria (ASAM)

**ASAM Dimension I – Acute Intoxication and/or Withdrawal Potential**

**HISTORY OF DRUG USE**

<table>
<thead>
<tr>
<th>1st Drug of Choice</th>
<th>2nd Drug of Choice</th>
<th>3rd Drug of Choice</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type of Drug</td>
<td>Date of Last Use</td>
<td>Amount</td>
</tr>
<tr>
<td>Heroin</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Opiates (percocan, Methadone, dilaudid)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Alcohol</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Type of Drug</td>
<td>Date of Last Use</td>
<td>Amount</td>
</tr>
<tr>
<td>-------------</td>
<td>------------------</td>
<td>--------</td>
</tr>
<tr>
<td>Cocaine</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Xanax/Valium</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Marijuana</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Barbiturates</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Treatment History: (substance abuse and Mental health/Psychiatric treatment received)

<table>
<thead>
<tr>
<th>Name of Program or Hospital (include outpatient)</th>
<th>Dates Attended</th>
<th>Type of Tx (i.e. inpatient detox, outpatient methadone, psychiatric)</th>
<th>Did You Complete The Program?</th>
<th>Was it Helpful</th>
<th>How long did you stay clean/sober after TX?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Were any problems identified in any of the above admissions? 

ASAM Dimension II - Bio-Medical Conditions and Complications

1. Current Medical Complaints and or Symptom(s): □ Yes □ No
   Describe ____________________________________________________________

2. Do you have any allergies? □ Yes □ No

3. Have you had a physical exam within the past year? □ Yes □ No

4. Are you currently on any medication? (Name of meds. and prescribing doctor) (Obtain necessary releases)
   _________________________________________________________________

5. Have you been hospitalized (for medical reasons) in the past five years? □ Yes □ No
   If yes, please specify:
   _________________________________________________________________
   Have you had any diseases: TB _______ Hepatitis _______ STD’s _______ If other communicable disease, please specify:
   Date of last TB Test ____________________________________________
1. Do you feel you have any mental health concerns? □ Yes □ No
   If yes, explain: __________________________________________________________
   __________________________________________________________

2. Have you ever been hospitalized for mental health problems? □ Yes □ No
   Where? ________________________________________________________________
   ________________________________

3. Are you currently receiving treatment for any mental health/emotional issues? □ Yes □ No
   Where: ____________________________  Contact: ____________________________
   Diagnosis: _________________________

4. Have you ever been □ suicidal or □ homicidal? □ Yes □ No
   If yes, explain including whether or not you were taking drugs/alcohol at the time:
   __________________________________________________________
   __________________________________________________________

5. Do you own or have access to a gun? ________________________________ □ Yes □ No

6. Does anyone in your family have a history of psychiatric problems? □ Yes □ No
   Who: ____________________________  Type: ____________________________

7. Have you ever been sexually abused? □ Yes □ No  Physically abused? □ Yes □ No
   Verbally/emotionally abused? □ Yes □ No  If yes, explain: ________________
   ________________________________
   ________________________________

8. Do you need help accessing mental health services? □ Yes □ No □ NA
   If yes, explain: ____________________________
   ____________________________________________
   ____________________________________________
## Current Mental Status:

### General Behavior:

<table>
<thead>
<tr>
<th>Behavior</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unkempt</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Withdrawn</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Uncooperative</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Belligerent</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bizarre</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Poor Rapport</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hyperactive/Agitated</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Motor Retardation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Suspicious</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Intoxicated</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tremulous</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Perceptions:

<table>
<thead>
<tr>
<th>Perception</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hallucinations</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Auditory</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Visual</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Other</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Cognitive Functioning:

<table>
<thead>
<tr>
<th>Function</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alert</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Disoriented</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Time</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Place</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Person</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Memory Loss</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Recent</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Remote</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Difficulty Concentrating</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Thought/Speech Pattern:

<table>
<thead>
<tr>
<th>Pattern</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Altered Productivity (wds/min)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Increased</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Decreased</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tangential/Circumstantial</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Incoherent</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Blocking</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Loose Associations</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Flight of Ideas</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Racing Thoughts</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Thought/Speech Content:

<table>
<thead>
<tr>
<th>Content</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inadequacy/Worthlessness</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hopelessness</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Decreased Interests</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Obsessions/Compulsions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Phobias</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Delusional</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Grandiose</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Persecutory</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Somatic</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Mood Affect:

<table>
<thead>
<tr>
<th>Affect</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sad/Depressed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Anxious</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Angry</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Euphoria/Expansive</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Flat</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inappropriate</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Labile</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Irritable</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Grandiose</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Symptom Free</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
ASAM Dimension IV - Readiness to Change

1. Do you think you have a problem with alcohol and other drugs? □ Yes □ No
   Describe: ____________________________________________________________

2. Do you feel your use of alcohol and other drugs is normal? □ Yes □ No □ N/A
   Describe: ____________________________________________________________

3. Rate your addiction severity. On a scale of 0-10. 0 being no problem and 10 meaning severe. _________

4. Which of the following terms, in your opinion, best describes you:
   A. A drug addict □  B. An alcoholic □  C. An alcohol or drug troubled person □
   D. No significant problems □  E. In need of help □

5. Do you think you need help with your problem? □ Yes □ No □ N/A

6. Does anyone worry or complain about your use of alcohol and other drugs? □ Yes □ No
   Who: ___________________________________________________________________

7. Have you ever lost friends or significant others due to your use of alcohol or other drugs?
   □ Yes □ No
   Who: ___________________________________________________________________

ASAM Dimension V - Relapse, Continued Use or Continued Problem Potential

1. What is your longest period of sobriety?: _______________________________________________________

2. When was this?: _______________________________________________________________________

3. What was helpful during this period? _______________________________________________________________________

4. Why do you think you relapsed? _______________________________________________________________________

5. How many times have you tried to stop using, but failed? _______________________________________________________________________

6. Do you want to stay sober after treatment? □ Yes □ No

7. Do you have any friends who are sober? □ Yes □ No

8. Are they in a recovery program? □ Yes □ No □ NA

9. If you are required to do community service or volunteer work, what are your areas of interest?
   _______________________________________________________________________

ASAM Dimension VI - Recovery/Living Environment

1. Do you have a safe/drug free place to live? □ Yes □ No

2. Does anyone in your family have a history of substance abuse? □ Yes □ No
   Who: _______________________________________________________________________

3. Are you □ Married □ Divorced □ Separated □ Widowed □ Single
How many times have you been married? 

Do you have children? □ Yes □ No How many Children? 

Children’s Names and ages

Do you pay child support? □ Yes □ No □ NA
How much? $__________ □ Weekly □ Bi-weekly □ Monthly

4. Who do you live with?:

5. Are they supportive of your efforts to stay sober? □ Yes □ No □ NA
Explain:

6. Present Family/Support Network (client’s description of current family, social, occupational and treatment/recovery supports):

7. Does/Has your use of alcohol or other drugs caused trouble in your relationships at home or with your family? □ Yes □ No
Explain:

8. Have you ever neglected your family due to your use of alcohol or other drugs? □ Yes □ No
Describe:

9. Highest grade completed in school? _____________ GED? □ Yes □ No

10. Leisure Interests:

11. Spiritual/Religious activities, beliefs): Do you believe in God? □ Yes □ No
Do you attend Church? □ Yes □ No

12. Are you currently employed? □ Yes □ No
13. Have you ever had problems at work/school due to your use of alcohol or other drugs?  
☐ Yes ☐ No  
Explain: ____________________________________________________________

14. Have you ever been unemployed due to your use of alcohol or other drugs?  
☐ Yes ☐ No  
Explain: ____________________________________________________________

15. Do people at work use alcohol and other drugs?  
☐ Yes ☐ No  ☐ N/A  
16. Does this use cause you concern?  
☐ Yes ☐ No  ☐ N/A  
17. What is your current income? $_____________ Source of Income: ________________

18. Legal Problems (note any current impact on treatment):  
☐ Yes ☐ No  
PENDING: ____________________________________________________________

DISPOSED: ____________________________________________________________

19. Have you ever been convicted of a crime of violence?  
☐ Yes ☐ No  
If so, what crime? ______________________________________________________

20. How many times have you been arrested? ______________

21. Are you on probation/parole?  
☐ Yes ☐ No  
Why: _________________________________________________________________

Probation/Parole Officers Name ____________________________________________

What City(s) is your Probation in? __________________________________________

Phone Number __________________________________________________________________

22. Are you aware of any current/past warrants out for your arrest?:  
☐ Yes ☐ No  
Describe ________________________________________________________________

23. Have you ever attended self-help meetings?  
☐ Yes ☐ No  
☐ AA,  ☐ NA,  ☐ CA,  ☐ Past  ☐ Currently  
Current Sponsor? ☐ Yes ☐ No  Sponsors Name ____________________________

Specific Group? ☐ Yes ☐ No  Name of Group ______________________________

If Stopped attending, Why? ______________________________________________

24. Do you have a history of military service which effects your ability to stay sober?  
☐ Yes ☐ No  ☐ NA  
Explain: ______________________________________________________________

25. Are you involved with DCYF?  ☐ Yes ☐ No  In the past?  ☐ Yes ☐ No  
Why: ________________________________________________________________

7
CAGE TEST
Cutting Down
Annoyed
Guilty
Eye opener

Have you ever tried to CUT DOWN your drinking or drug use to get it under control? ______________

Have you ever gotten Annoyed when confronted about your drinking/drug use? ______________

Have you ever felt bad or Guilty about your drinking or drug use? ______________

Have you ever had a drink or drugs (including aspirin, Advil, etc.) first thing in the morning to steady your nerves or to get rid of a hangover (Eye opener)? ______________

**Scoring**

Item responses on the CAGE are scored 0 or 1, with a higher score an indication of alcohol problems. A total score of 2 or greater is considered clinically significant.

**Preliminary DSM-IV Diagnosis:**

**Axis I:** Clinical Disorders/other conditions that may be focus of clinical attention

<table>
<thead>
<tr>
<th>Diagnostic Code</th>
<th>DSM IV Name</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Axis II:** Personality Disorders/Mental Retardation

799 . 9 Diagnosis or Condition Deferred on Axis II

**Axis III:** General Medical Conditions:

799 . 9 Diagnosis or Condition Deferred on Axis III

**AXIS IV:** (CHECK) Psychosocial and Environmental Problems

- Problems with primary support group Specify:
- Problems related to social environment Specify:
- Educational problems Specify:
- Occupational problems Specify:
- Housing problems Specify:
- Economic problems Specify:
- Problems with access to health care services Specify:
- Problems related to interaction with the legal system/crime Specify:
- Other psychosocial and environmental problems Specify:

AXIS V: GAF Score: ______________ Time Frame: ______________
Diagnostic Summary and Preliminary Treatment Plan (include level of care necessary):

Client Name ___________________________ DOB ____________

DATA:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

ASSESSMENT:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Treatment Planning Recommendations:
________________________________________________________________________
________________________________________________________________________

Motivation Impression:
☐ Motivated to remain abstinent  ☐ Motivation seems legally driven  ☐ Diminutive motivation
☐ Not motivated  ☐ Motivation undetermined

Appropriate for Adult Drug Court: ☐ Yes  ☐ No  ☐ Undetermined - review with Drug Court Team
Placement Recommendation: ☐ Outpatient  ☐ Intensive Outpatient  ☐ Day Treatment  ☐ Residential
☐ Detox  ☐ Narcotic/Outpatient Treatment  ☐ Dual Enrollment  ☐ In Need of Mental Health Assessment
☐ Mental Health issues may impede ability to follow strict Drug Court expectations and the recovery process
Name of treatment agency referring to: ____________________________ Referral Made? ☐ Yes  ☐ No

☐ Eligible for DBH Funding  ☐ Not Eligible for DBH Funding  ☐ Eligibility Undetermined
☐ Eligible for Drug Court Funding  ☐ Not Eligible for Drug Court Funding  ☐ Private Health Insurance
☐ Eligible for Drug Screen Funding Only  ☐ Self Pay

Clinician Signature/Title ___________________________ Date ____________

Clinician Printed Name/Title ___________________________ Date ____________
Appendix C: RI Adult Drug Information Package
**Eligibility Requirements**

- Adults residing in Rhode Island
- Charged with an alcohol or other drug (AOD) offense or charged with another nonviolent offense, but with a history of AOD use or abuse
- Exhibits a history of AOD use, dependency, or abuse
- No prior adjudication or finding involving a crime of violence and no currently pending charge of a crime of violence
- Indicate willingness to enter a plea of Nolo Contendre (No Contest)
- Agree to abide by the terms and conditions of the Drug Court as set forth in the Drug Court Contract

**Contact Information**

- The Honorable Joseph F. Rodgers, Jr.  
  Presiding Justice  
  Rhode Island Superior Court  
  401-222-3250
- The Honorable Gordon M. Smith  
  Magistrate  
  Drug Court Magistrate  
  401-222-3250
- Matthew D. Weldon  
  Adult Drug Court Manager  
  Superior Court, Providence County  
  250 Benefit Street, Room 618  
  Providence, RI 02903  
  401-222-6832
- Kimberly Brissette  
  Prosecutor  
  Rhode Island Department of Attorney General  
  401-274-4400
- David Lema, LCDF, CCSP  
  Clinical Coordinator  
  Department of Mental Health, Retardation and Hospitals  
  401-462-0075
- Arthur Robinson  
  Probation Officer  
  Department of Corrections  
  Probation and Parole  
  401-462-5341
- David Cannon  
  Public Defender  
  Office of the Public Defender  
  401-222-1520
MISSION

Our mission is to improve the quality of life for individuals who have been ravaged by the negative impact of drugs. This can be achieved through substance abuse treatment, social services and justice interventions. The Drug Court helps reduce the incidence of substance abuse among participants and decreases their involvement in the criminal justice system.

ADULT DRUG COURT

TEAM

Drug Court Judge
Prosecutor
Clinical Coordinator
Probation Officer
Public Defender
Drug Court Manager

PROGRAM

ADULT DRUG COURT

FEATURES

Post Plea,
Post Adjudication Model

Intensive Judicial Supervision

Frequent Random Drug Screens

Treatment Options

Participant Accountability

Incentives

Sanctions

Community and Law Enforcement Involvement

Average length of program: 9 to 12 months

ADULT DRUG COURT

GOALS

To IMPROVE PUBLIC SAFETY.

To REDUCE RECIDIVISM rates among participants.

To increase the participant’s ACCOUNTABILITY, particularly in relation to victims and the community.

To build a STRONGER FAMILY unit when appropriate.

To INCREASE COLLABORATION among the criminal justice system, substance abuse treatment providers, educational systems, and ancillary services.

To have participants become RESPONSIBLE AND PRODUCTIVE community members.
R.I. Adult Drug Court Referral Form

*ALL FIELDS ARE REQUIRED - FORM WILL NOT BE PROCESSED IF INCOMPLETE*

Referral Date____________________

Name of Defendant: ____________________________________ A/K/A _______________________

D.O.B. _______________________

Social Security #: _________________

Referring Source/ Attorney: ___________________________________________________________

Source/Attorney Phone Number ________________________________

Pending Case Number and Type of Charge Court Date For:

______________________________________ ______________________ ______________________

______________________________________ ______________________ ______________________

Physical Location of Defendant for Contact:

ACI: _______ Division: _______ Bail Status: ______________ Other: ________________

Street Address: ________________________________________________________________

City/Town: __________________________ State: __________________________

Telephone Number: ______________________________

Alternate Telephone Contact #: ________________________________________________

Other Location Information: ______________________________________________________

Prior or Current Crime of Violence if Known: Possession of a Controlled Substance

Describe: ______________________________________________________________________

______________________________________________________________________________

Comments: _____________________________________________________________________

______________________________________________________________________________

This Completed Form Must be Faxed to:

RI Adult Drug Court
Attn: Matt Weldon, Adult Drug Court Manager
FAX#: 222-8831

FOR OFFICIAL USE BY THE DEPT. OF THE ATTORNEY GENERAL ONLY

Eligible ____________ Ineligible __________

______________________________________________________________________________
Drug Abuse Screening Test  
(D.A.S.T.)

Please check the one response to each item that best describes how you have felt over the past 12 months.

1. Have you used drugs other than those required for medical reasons?
   - Yes - 1  No - 0

2. Have you abused prescription drugs?
   - Yes - 1  No - 0

3. Do you abuse more than one drug at a time?
   - Yes - 1  No - 0

4. Can you get through the week without using drugs?
   - Yes - 0  No - 1

5. Are you always able to stop using drugs when you want to?
   - Yes - 0  No - 1

6. Have you had "blackouts" or "flashbacks" as a result of drug use?
   - Yes - 1  No - 0

7. Do you ever feel bad or guilty about your drug use?
   - Yes - 1  No - 0

8. Does your spouse (or parents) ever complain about your involvement with drugs?
   - Yes - 1  No - 0

9. Has drug abuse created problems between you and your spouse or your parents?
   - Yes - 1  No - 0

10. Have you lost friends because of your use of drugs?
    - Yes - 1  No - 0
11. Have you neglected your family because of your use of drugs?
   □ Yes - 1    □ No - 0

12. Have you been in trouble at work because of your use of drugs?
   □ Yes - 1    □ No - 0

13. Have you lost a job because of drug abuse?
   □ Yes - 1    □ No - 0

14. Have you gotten into fights when under the influence of drugs?
   □ Yes - 1    □ No - 0

15. Have you engaged in illegal activities in order to obtain drugs?
   □ Yes - 1    □ No - 0

16. Have you been arrested for possession of illegal drugs?
   □ Yes - 1    □ No - 0

17. Have you ever experienced withdrawal symptoms (felt sick) when you stopped taking drugs?
   □ Yes - 1    □ No - 0

18. Have you had medical problems as a result of your drug use (e.g., memory loss, hepatitis, convulsions, bleeding, etc.)?
   □ Yes - 1    □ No - 0

19. Have you gone to anyone for help for a drug problem?
   □ Yes - 1    □ No - 0

20. Have you been involved in a treatment program especially related to drug use?
   □ Yes - 1    □ No - 0
This quiz is scored by allocating 1 point to each 'yes' answer -- except for questions 4 and 5, where 1 point is allocated for each 'no' answer -- and totaling the responses.

Screening test scoring ranges:

- 0 - None Reported
- 1-5, Low Level
- 6-10, Moderate Level
- 11-15, Substantial Level
- 16-20, Severe Level
RHODE ISLAND ADULT DRUG COURT
SUPERIOR COURT
250 BENEFIT STREET
PROVIDENCE, RI 02903

CONTRACT

IN THE MATTER OF:

NAME: _______________________________________

CASE NO. ___________________________

I DO VOLUNTARILY AGREE TO ENTER THE DRUG COURT PROGRAM AND ABIDE BY THE FOLLOWING CONDITIONS:

1. I will not use or possess alcohol or illegal drugs.

2. I will appear in court as ordered by the magistrate or judge. Failure to appear can lead to a warrant for my arrest.

3. I will be honest, truthful and complete all my communications with the Court.

4. I will follow the treatment plan as developed by my treatment provider(s), attend all treatment sessions and follow all rules and regulations of the provider(s).

5. I will obey all laws; and I understand that if I engage in any criminal act, I will be prosecuted and may be immediately terminated from the Drug Court Program.

6. I will submit urine samples for testing upon request by the magistrate or judge, intake supervisors, treatment provider(s) or any other designated agency. I understand that a missed or refused test will be considered a positive test.

7. I understand that if I am not enrolled in school/college full-time, I will be required to seek and maintain employment and/or participate in job or vocational training.

8. If enrolled in school/college, I will attend all my classes each day.

9. If employed, I will provide verification of employment to the magistrate or judge.

10. I understand that if I fail to follow the terms of this contract and/or any court orders, the magistrate or judge may impose sanctions upon me which may include but are not limited to:

A. Community service work
B. Additional treatment sessions
C. Additional support group meetings
D. Additional drug testing and court sessions
E. Curfew or other restrictions
F. Home confinement
G. Residential placement
H. Incarceration at the Rhode Island Department of Corrections
I. Termination from the Drug Court Program

11. I hereby waive the requirement of the filing of a motion or other pleading and the holding of a hearing prior to the court imposing sanctions upon me. I agree to follow the sanctions imposed upon me.

12. I agree to allow the Magistrate or judge to engage in discussions with Drug Court Team members and others
involved with my Drug Court participation, regardless of the presence of counsel, for the purpose of monitoring my progress with Drug Court conditions.

13. I agree to waive the confidentiality, as described in 42 CFR Part 2, of Drug Court proceedings to permit other Drug Court participants, authorized visitors, and their families and their families to be present. I also understand that I must not disclose information about other program participants that may become known at Drug Court proceedings as such information is confidential.

14. I agree to waive the confidentiality as described in 42 CFR Part 2, or in Chapter 37.2 of Title 5 of Rhode Island General Laws to authorize the Drug Court Case Coordination Providers and the Direct Service Provider Agents or any other treatment providers to provide and exchange information with Drug Court team members for Drug Court purposes.

15. I understand that while in the Drug Court Program, the prosecution of the pending charge(s) and/or violation(s) will be stayed or placed on hold and, if I successfully complete the Drug Court Program, the pending charge(s) and/or violation(s) will be dismissed.

16. I understand that if I am terminated from the Drug Court Program, I will be sentenced on the pending charge(s) and/or violation(s) against me, in accordance with the minimum and maximum caps that I have agreed to.

17. I understand that information disclosed by me in the Drug Court Program regarding treatment and the current charge(s) may not be used against me by the prosecutor. The Federal Rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient. However, Federal Law does not protect information relating to crimes committed on the premises of the program, crimes against program personnel or the abuse or neglect of a child or a crime involving a substantial risk of death or serious bodily harm.

18. I understand that I will not be required to provide information about other people involved in illegal drug activity as a condition of remaining in the Drug Court Program.

19. I agree to participate in the development of the treatment plan and attend any counseling sessions as required by the magistrate or judge or treatment provider(s). I will also attend all court hearings. I understand that if I fail to participate as required, the magistrate or judge may impose sanctions upon me.

20. I have discussed this document with my attorney and fully understand the terms and conditions. I freely and voluntarily agree to the terms and conditions herein.

21. Special conditions or agreements:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Participant’s Signature ___________________________ Date ___________________________ 
Participant’s Attorney ___________________________ Date ___________________________ 
Attorney Bar No. ___________________________

ENTERED AS THE ORDER OF THE COURT ON THIS __ DAY OF __________, __________

BY ORDER: ___________________________

HONORABLE MAGISTRATE/JUDGE

ENTER: ___________________________

DEPUTY CLERK
RHODE ISLAND ADULT DRUG COURT
SUPERIOR COURT
250 BENEFIT STREET
PROVIDENCE, RI 02903

IMPORTANT NOTICE

An appointment has been scheduled for ____________________________ at __________
on ____________________________ in Courtroom ____ of the Rhode Island Superior Court, 250 Benefit Street, Providence, Rhode Island 02903. If for any reason you are unable to attend this appointment, please contact ____________________________ at (401)________ to reschedule.

This appointment is for the purpose of conducting a drug abuse/use screening. In order for this screening to be properly conducted, it is required that participants consent to openly discussing personal and confidential information. It should also be understood that you may revoke this consent to speak with the Drug Court staff at any time during the screening, however, this may result in your disqualification from the Drug Court Program.

This is a limited disclosure of information for the purpose of conducting the initial Drug Court screening and any disclosure is bound by Title 42 C.F.R.; Part 2, which governs the confidentiality of substance abuse patient records. The Federal Rules prohibit further disclosure of this information unless such a disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by Title 42 CFR, Part 2. It is a crime to violate this Federal confidentiality requirement, which the participant may report to the appropriate authorities.

The Federal Rules further restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient. However, federal law does not protect information relating to crimes committed on the premises of the program, crimes against program personnel, or the abuse or neglect of a child.

The undersigned hereby agrees to the foregoing and that his/her consent to this drug abuse/use screening is not the product of force or coercion.

__________________________   __________
Signature of Participant       Date