

# LFC Evaluation of Adult and Juvenile Drug Courts

Presentation to the Courts, Corrections, and Justice  
Committee

September 7, 2018

## Individuals Eligible for Drug Court in New Mexico

Those eligible for drug court are individuals who:

- Have been arrested or convicted of drug offenses or drug related crimes having to do with alcohol or other drugs as defined in New Mexico Criminal Code and New Mexico Children's Code;
- Have non-drug related offenses that were committed while under the influence, or committed to support addiction or dependency, or are substantially related to the use or abuse of alcohol or drugs;
- Committed distribution or trafficking of illegal substances to support participant's dependency or addiction to alcohol or drugs (AOD);
- Have been arrested for drug offenses or drug related crimes and have qualified for a pre-prosecution or court-ordered AOD diversion program;
- Have violated probation by commission of a drug offense, drug related crime, or drug use;
- Have substantiated child abuse and/or neglect findings where alcohol or other drug use is a factor; or
- Have a severe alcohol or other drug abuse problem, which has put their children at risk of child abuse and/or neglect that could result in removal upon the filing of a petition.

Source: New Mexico Statewide Drug Court Standards

## Background

- Drug courts are an alternative model to the traditional judicial process for certain offenders with special treatment needs
- New Mexico has 21 adult and 12 juvenile drug courts
- Drug and property offenses are the most common offenses resulting in referrals to drug court

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## Key Findings of the LFC Evaluation

- Adult drug courts are a lower-cost alternative to other interventions, but opportunities exist to better understand outcomes.
- Additional operational changes could improve adult drug court effectiveness.
- New Mexico juvenile drug courts cannot demonstrate strong impact and participation has declined, resulting in significant deficiencies.

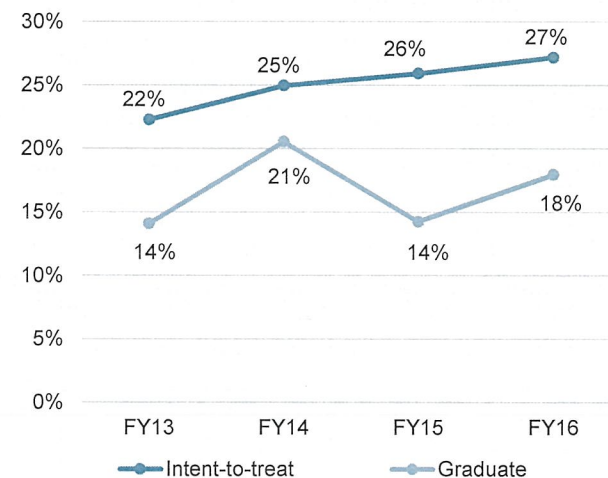
# Adult Drug Courts are a Lower-Cost Alternative to Other Interventions

- Research suggests adult drug courts have a positive benefit-to-cost ratio
- Adult drug courts cost an average of \$9,400 “all-in” per participant in FY17, compared to “business as usual” costs of \$11,500 per person
- AOC is working with drug courts to track “all-in” costs not necessarily included in drug court budgets (e.g., judges, prosecuting attorneys, probation, law enforcement, other court staff, and jail sanctions).

# ...But Opportunities Exist to Better Understand Outcomes

- AOC requires regular performance reporting by drug courts
- Drug courts required to report new felony arrests for participants within three years.
- Currently self-reported via individual drug court databases and performance measure worksheets
- Limited in ability to inform stakeholders on the value of drug courts relative to “business as usual”
- Limited in knowledge of participant risks and needs and their impact on reoffending

Average Self-Reported Recidivism of Adult Drug Courts, FY13-FY16



Source: LFC analysis of AOC data

# Additional Operational Changes Could Improve Adult Drug Court Effectiveness

- Drug court appropriations are not transparent, scattered between AOC, individual courts, and NMCD.
- AOC exploring integrating drug court data into the Odyssey judicial information system with uniform data definitions and formatting to support more consistent reporting.
- Tracking cohorts of drug court participants could improve understanding of long-term outcomes.
- AOC’s certification process offers a method to assess fidelity to drug court standards and best practices.

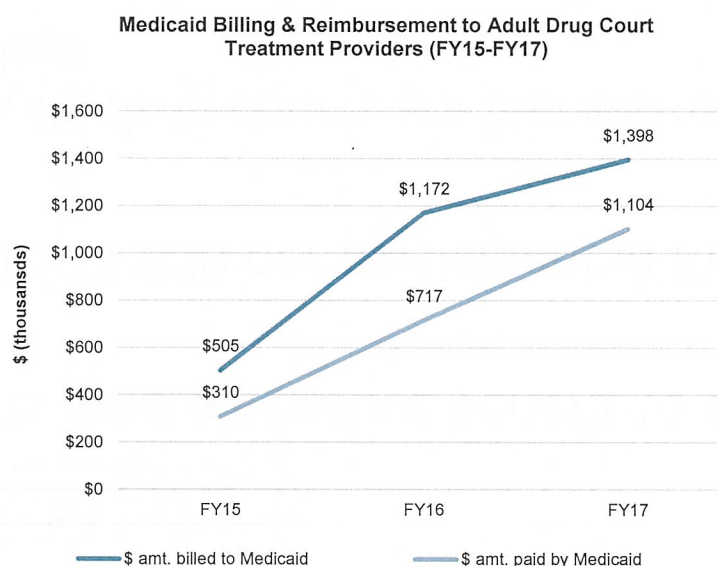
Overall adult drug court adherence to best practices

Key Components	Percent of Best Practices Followed
Key Component #1: Drug courts integrate alcohol and other drug treatment services with justice system case processing.	67%
Key Component #2: Using a non-adversarial approach, prosecution and defense counsel promote public safety while protecting participants' due process rights	96%
Key Component #3: Eligible participants are identified early and promptly placed in the drug court program.	71%
Key Component #4: Drug courts provide access to a continuum of alcohol, drug and other treatment and rehabilitation services	65%
Key Component #5: Abstinence is monitored by frequent alcohol and other drug testing	74%
Key Component #6: A coordinated strategy governs drug court responses to participants' compliance	66%
Key Component #7: Ongoing judicial interaction with each participant is essential	88%
Key Component #8: Monitoring and evaluation measure the achievement of program goals and gauge effectiveness	56%
Key Component #9: Continuing interdisciplinary education promotes effective drug court planning, implementation, and operations	25%
Key Component #10: Forging partnerships among drug courts, public agencies, and community-based organizations generates local support and enhances drug court program effectiveness	21%

Source: LFC analysis of NPC survey data

# Additional Operational Changes Could Improve Adult Drug Court Effectiveness

- Leveraging Medicaid funding for testing and treatment costs could support expansion of drug court services.
- 52% of adult drug court participants were Medicaid-eligible in FY17.



Note: The 2nd ADC did not report the total amount billed; these figures assume that it was the same as the amount paid by Medicaid  
Source: AOC Performance Measure Data (FY15-17)

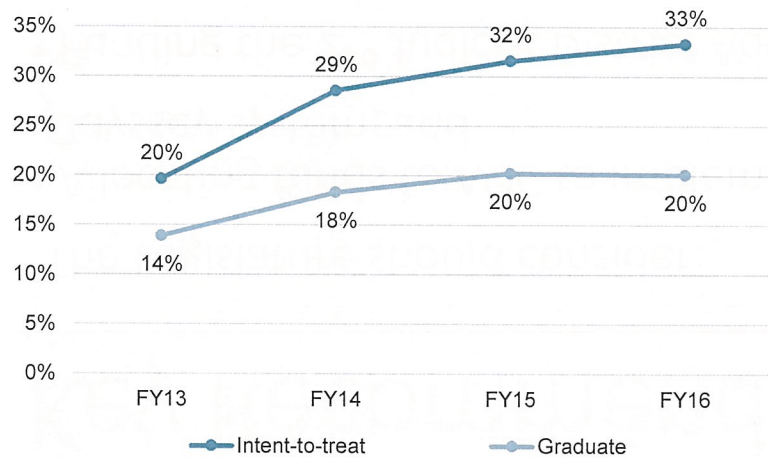
# Juvenile Drug Courts Cannot Demonstrate Strong Impact

- Research suggests juvenile drug courts have a negative benefit-to-cost ratio.
- New Mexico juvenile drug courts cost \$21,800 per participant in FY17 compared to \$9,400 for adults.
- Self-reported recidivism rates of juvenile drug courts are increasing while graduation rates are on the decline.
- 32 percent decrease in juvenile drug court participants from FY15 to FY17 and four juvenile drug courts closed.



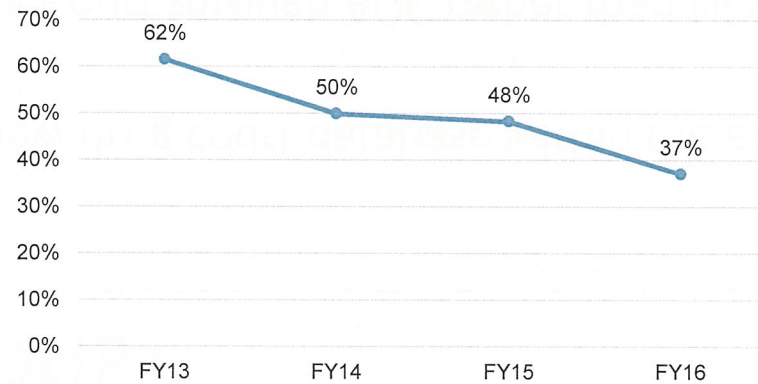
# Juvenile Drug Court Recidivism vs. Graduation

Average Self-Reported Recidivism of Juvenile Drug Courts, FY13-FY16



Source: LFC analysis of AOC data

Average Percentage of Juvenile Drug Court Exits Resulting in Graduation, FY13-FY16



Source: LFC analysis of AOC data

# Key Recommendations

The Legislature should consider:

- Allocating funds to AOC to implement a new drug court database within the existing Odyssey system; and
- Funding the 2<sup>nd</sup> Judicial District Adult Drug Court through AOC rather than NMCD.

# Key Recommendations

AOC should:

- Collect cost data on all costs incurred by drug courts – including non-drug court personnel and detention costs – to assess the “all-in” program costs.
- Require courts to track participants’ risk and needs assessment scores to understand the risk profile of drug court participants and ensure programs are serving target populations.
- Include performance measures such as graduation, recidivism, and costs in its program certification process to ensure courts are meeting meaningful performance targets in addition to implementing best practices.
- Implement a statewide database with uniform data fields and conventions to track participant data, including screening, demographics, activities, and outcomes.

# Key Recommendations

AOC should:

- Revise performance measures to better assess drug court outcomes, including performance by cohort.
- Require treatment providers to become Medicaid certified in order to contract with drug courts and work with HSD to help providers obtain Medicaid certification.
- Require drug court treatment providers to report Medicaid billing and reimbursement to drug court coordinators as part of contracts.
- Encourage treatment providers to bill Medicaid for all eligible services.

# Key Recommendations

AOC should:

- Assess whether resource or scale efficiencies can be achieved for juvenile drug court programs, such as resource sharing between adult and juvenile programs or consolidation of programs; and
- Target counties with high-risk, high-need juvenile populations willing to support drug courts as part of a continuum of evidence-based interventions for juveniles.

