Wisconsin Statewide Drug and Hybrid Court Performance Measures

Mental Health Track Supplement

Kathryn J. Genthon, MS

Erika J. Bailey, MA

Miriam Hamilton, MS

Lindsey E. Wylie, J.D., Ph.D.

Sarah Vandenberg Van Zee, LMSW

TABLE OF CONTENTS

ACKNOWLEDGEMENTS

Performance Measures Work Group (continued)

Robyn Van Bogart
Mental Health Court Coordinator
Outagamie County

Mark Vanden Hoogen
Criminal Justice Services Manager
Brown County

Derek Veitenheimer
Director of Bureau of Justice Information and Analysis
Wisconsin Department of Justice

Janet Weix
Branch 3 Court Coordinator
Eau Claire County

National Center for State Courts Staff

Erika J. Bailey, MA
Court Research Analyst

Erica J. Boyce, Ph.D.
Senior Court Research Associate

Michelle Cern, MPA
Principal Court Management Consultant

Kathryn J. Genthon, MS
Senior Court Research Associate

Miriam Hamilton, MS
Court Research Analyst

Allison Trochesset, Ph.D.
Court Research Associate

Sarah Vandenberg Van Zee, LMSW
Program Specialist

Lindsey E. Wylie, J.D., Ph.D.
Court Research Associate

INTRODUCTION

These measures function as a supplement to the *Wisconsin Statewide Drug and Hybrid Court Performance Measures*, with the focus of these supplementary measures on the needs of drug court participants with mental health treatment needs. While some drug or hybrid courts may only need to implement the original drug and hybrid court performance measures, courts with a mental health track would benefit from incorporating these supplementary performance measures to ensure they are meeting the needs of those participants.

The measures are listed by performance category in **Table 1** below. *Outcome measures* target efforts of the court to hold participants accountable for substance use, re-offending, and financial obligations. Both in-and post-program recidivism measures now include arrests *and* convictions as indicators. An additional measure addressing time between arrests has also been added to this category. *Processing and Admission Measures* focus on key steps and components of processing participants through drug court. They include measures of timeliness, target population, and outcomes. A measure addressing team collaboration is added here. *Dosage Measures* examine the amount of treatment services, court and supervision, and drug and alcohol testing participants receive. There are no supplemental mental health track measures for this category since mental health-specific treatment is included under the original treatment measure. The original *Perceived Procedural Fairness Measure* examines participants' perceptions of drug court components and team members. Additional *Procedural Fairness Measures* in this supplement address access and fairness and the availability of needed services during the program. *Social Functioning Measures* focus on behaviors that influence participants' capacity to function successfully in society and which may, if not properly addressed, be criminogenic for some participants. This supplement adds a measure regarding medication compliance to this category.

Table 1: Wisconsin MHT Supplemental Treatment Court Performance Measures

Outcome Measures

1. In-Program Recidivism
    a. In-Program Rearrests
    b. In-Program Convictions
2. Post-Program Recidivism
    a. Post-Program Rearrests
    b. Post-Program Convictions
3. Average Time Between Arrests

Processing and Admission Measures

4. Team Collaboration

Procedural Fairness Measures

5. Access and Fairness
6. Availability of Services
   a. Average Time Waiting for Services
   b. Percentage of Services Unavailable

Social Functioning Measures

7. Medication Compliance

Measurement Considerations

Performance measurement systems require an extensive supporting informational infrastructure, including a database containing the required data elements recorded at the level of the individual participant. For example, the dates and results of each drug test must be recorded for each participant.

These supplementary mental health track measures follow the same measurement considerations as the original drug and hybrid court measures. NCSC recommends organizing admission and discharge streams of participants into *cohorts* for reporting purposes. Longitudinal and retrospective cohorts, corresponding to "admission" and "discharge" cohorts, respectively, have long been a staple of bio-medical research and more recently of sociological and criminological research.

Admission cohorts consist of all drug court participants admitted during the same time period. Because all members of the cohort are admitted during the same timeframe, they will be equally subject to the same set of historical influences during the time they participate in drug court, some of which may influence their progression through drug court. For example, drug court policy may change as the cohort progresses through drug court (e.g., the frequency of urinalysis may increase or decrease as a result of the court's budget or treatment providers may change). By using admission cohorts, we are able to link changes in the performance of different admission cohorts to particular events. For example, decreasing the frequency of urinalysis for a particular admission cohort may result in an increased termination rate for that cohort in comparison to previous admission cohorts that had a higher frequency of urinalysis. Because we know everyone in the admission cohort is subject to the same set of historical

influences, and that the only difference between the two cohorts is the frequency of urinalysis, it is easy to explain the performance differential. Thus, admission cohorts are used to control for historical artifacts that may lead to incorrect conclusions about drug court performance.

Discharge cohorts consist of all drug court participants that are discharged from (leave) the drug court during the same period of time, whether successfully or in some other fashion. They do not provide the same level of protection against historical artifacts as do admission cohorts. However, they do avoid the delays in reporting information that are associated with admission cohorts (which must be tracked until every member of the admission cohort is discharged to provide complete information). Because drug courts can rarely wait for admission cohorts to be discharged before they can produce performance data, the use of discharge cohorts is recommended for most performance measures, except where noted. The Drug and Hybrid Court Performance Measures Work Group agreed to the use of a cohort approach and defined the cohort timeframe for Wisconsin's Statewide Performance Measures System.

It is important to note that the mental health supplementary measures expand the focus of the analysis beyond admission and discharge cohorts. The access and fairness measure uses a referral cohort, or all of the individuals referred to the court in the same period. The team collaboration measure uses meetings, rather than participants as the unit of analysis.

Throughout this report, reference is made to annual admission or discharge cohorts. This annual timeframe was used for two reasons. First, many drug courts are relatively small with few participants admitted or discharged during a given period of time. Courts in this category will require a year to accumulate a sufficient number of admissions and discharges to be able to draw any valid inferences about their performance. Because most performance measures are reported in percentages, smaller courts will not be penalized for a small reporting sample. However, to put the performance measure into perspective, it is recommended that the frequencies (e.g., number of participants for a specific measure) should be reported in conjunction with the percentages. Second, annual reporting for most measures somewhat reduces the burden of reporting for drug and hybrid courts, compared with more frequent reporting. The exception to this guidance is the team collaboration measure, which should be completed quarterly.

Distinct from the use of cohorts to report performance measures information, some performance measures must be measured over time to increase their utility. For example, percentage of failed drug tests is measured by quarter of participation to provide information not only about how often participants are failing drug tests, but also about when these failures occur. If failures are clustered at certain points of processing, programmatic changes may be

required at that processing point. The choice of time frame for each measure (monthly, by phase, or quarterly) was informed by relevant research.

The mental health track supplemental measures differ from the original drug and hybrid court measures in that they do not yet include performance targets. Although the mental health field is evolving, there is a lack of methodologically rigorous evaluations of mental health courts or mental health tracks (Sarteschi et al., 2011; Wolff & Polgorzelski, 2005). Consequently, there is a corresponding lack of empirically validated best practices for mental health courts and mental health tracks. Drug court performance measures, by comparison, draw heavily from the Adult Drug Court Best Practice Standards (National Association of Drug Court Professionals (NADCP), 2013 and 2015), two documents that provide empirically based guidance on best practices for specific aspects of the drug court program. These standards are based on the Ten Key Components of Drug Courts (U.S. Department of Justice, Drug Courts Program Office, 1997), which are comparable to the Essential Elements of Mental Health Courts (U.S. Department of Justice, Bureau of Justice Assistance (BJA) 2007), in that they explicate important factors that should be addressed by the problem-solving court, but do not provide specific levels for those factors.

Mental health court and mental health track research has not yet progressed to a comparable level to that of drug courts. Implementing the supplemental measures provided below and recording the data associated with them is an important step on the path to developing empirically validated performance targets. Courts can also use these measures to monitor changes over time and gauge whether court performance and participant outcomes are improving or declining. This information can be used to ensure that the program is not changing in an undesired way and inform policy change to correct any shift in that direction.

OUTCOME MEASURES

1. In-Program Recidivism

A. In-Program Rearrests

Definition: The number and percentage of participants who are arrested for a new offense between admission and discharge.[1] In addition to the total in-program rearrest rate, in-program rearrest recidivism should be reported by type of program discharge and by offense level and type.[2] Arrests for offenses that cannot result in incarceration, such as non-criminal traffic offenses, should be excluded from this measure.

B. In-Program Convictions

Definition: The number and percentage of participants convicted of a new criminal offense occurring between admission and discharge[1]. In addition to the total in-program conviction rate, in-program conviction recidivism should be reported by type of program discharge and by offense level and type.[3] Case filings for offenses that cannot result in incarceration, such as non-criminal traffic offenses, should be excluded from this measure.

Cohort:
- Annual Discharge

Data Required:
- Date of Program Discharge
- Type of Program Discharge
- Date of Offense
- Level of Offense
- Type of Offense
- Date of Conviction
- Level of Conviction
- Type of Conviction

---

[1] If offense date is not available, please use arrest date. Always attempt to use the date which is closest in time to the offending behavior. Note that this measure requires tracking an offense that was committed during program participation to determine whether a charge was filed. If a charge was filed, tracking should commence with the date of the offense for which the charge was filed.

[2] See **Appendix A** for more details on the recommended offense classification scheme and its application to performance measures.

[3] Ibid.

Purpose: Treatment courts are expected to produce low rates of in-program recidivism among participants in comparison to other more traditional interventions such as probation or community-based treatment. The combination of judicial supervision, treatment, and incentives and sanctions that uniquely characterize treatment courts are expected to lower recidivism, a finding that is supported by research. This measure allows programs to examine recidivism in a particular year and explore changes over time which can illuminate effects of programmatic changes.

Sources: Heck, 2006
U.S. Government Accountability Office, 2005

USER'S NOTE:

INDICATOR A: In-Program Rearrests can be calculated with the following formula:

$$\text{In-Program Rearrests} = \frac{\text{\# of Participants Arrested for New Offense During Program}}{\text{\# of Participants}} *100$$

INDICATOR B: In-Program Convictions can be calculated with the following formula:

$$\text{In-Program Convictions} = \frac{\text{\# of Participants Convicted for New Offense During Program}}{\text{\# of Participants}} *100$$

In Wisconsin, Operating After Revocation (OAR), a traffic offense, is sometimes classified as a criminal offense and sometimes not. If the OAR is classified as criminal, it should be included in this measure. To put the percentages in the proper context, frequencies should also be reported.

These formulas can be adjusted for type of discharge and type of in-program offense.

Additional information about offense categories and levels can be found in **Appendix A**.

2. Post-Program Recidivism

A. Post-Program Rearrests

Definition: The percentage of participants who are arrested within three years from time of discharge from drug court, reported by type of discharge.[4] Post-program rearrest recidivism is defined as any new arrest for a felony or misdemeanor offense for participants after discharge from the program for the following time frames:

- *0-6 months after program completion*
- *7-12 months after program completion*
- *13-24 months after program completion*
- *25-36 months after program completion*

B. Post-Program Convictions

Definition: The percentage of participants who commit an offense within three years from time of discharge from drug court who are convicted of the offense, reported by type of discharge.[5] Post-program conviction recidivism is defined as any new felony or misdemeanor offense resulting in a conviction for drug court participants after discharge from the program for the following time frames:

- *0-6 months after program completion*
- *7-12 months after program completion*
- *13-24 months after program completion*
- *25-36 months after program completion*

Cohort:
- Annual Discharge

Data Required:
- Date of Program Discharge
- Type of Program Discharge
- Date of New Offense
- Level of New Offense
- Type of New Offense
- Date of New Conviction
- Level of New Conviction
- Type of New Conviction

---

[4] Identifying post-program rearrests may require the courts to access Portal. Every county in Wisconsin has an individual with access to Portal, usually the sheriff or the district attorney. Courts may be able to work with these individuals to access rearrest data.

[5] Note that this measure requires tracking an offense that was committed after program participation to determine whether it ultimately produced a conviction. If a conviction occurred, tracking should commence with the date of the offense that produced the conviction.

Post-program recidivism will be reported similarly to in-program recidivism, by type of discharge, category, and level of offense (see **Appendix A**). To put the percentages in the proper context, frequencies should also be reported.

Purpose: The NCSC recommends tracking the percentage of participants who are rearrested following departure from the program (successfully or not). The NCSC generally recommends using the definition for recidivism as an arrest that results in a conviction. Convictions provide an added layer of protection for local variations in arresting and charging practices. However, the NCSC recommends that programs with a high incidence of mental health diagnoses track all rearrests, as participants with mental health treatment needs may not be charged with a crime if they are found incompetent to stand trial, found not criminally responsible, or if they "time out" while being held in jail or in a hospital. Such factors impact conviction rates differently for this population and do not provide as accurate of a measure of criminal behavior.

Sources: Heck, 2006
              Skeem et al., 2014

USER'S NOTE:

INDICATOR A: Post-program Rearrests can be calculated with the following formula:

$$\text{Post-Program Rearrests} = \frac{\text{\# of Participants Arrested for New Offense after Discharge}}{\text{\# of Participants}} *100$$

INDICATOR B: Post-program Convictions can be calculated with the following formula:

$$\text{Post-Program Convictions} = \frac{\text{\# of Participants Convicted for New Offense after Discharge}}{\text{\# of Participants}} *100$$

In Wisconsin, Operating After Revocation (OAR), a traffic offense, is sometimes classified as a criminal offense and sometimes not. If the OAR is classified as criminal, it should be included in this measure. To put the percentages in the proper context, frequencies should also be reported.

This formula can be adjusted for type of discharge, time frame of post-program offense, and type of post-program offense.

Additional information about offense categories and levels can be found in **Appendix A**.

3. Average Time Between Arrests

Definition: The average amount of time, in days, between program discharge and first post-program arrest or between post-program arrests within three years of program discharge, disaggregated by discharge type.

The NCSC generally recommends defining recidivism as an arrest that results in a conviction. Convictions provide an added layer of protection for local variations in arresting and charging practices. However, the NCSC recommends that measures for programs with a high incidence of participants with mental health treatment needs track all rearrests, as participants may not be charged with a crime if they are found incompetent to stand trial, found not criminally responsible, or if they "time out" while being held in jail or in a hospital. Such factors impact conviction rates differently for this population and do not provide as accurate of a measure of criminal behavior.

Cohort:
- Annual Discharge Cohort

Data Required:
- Dates of New Arrests
- Date of Program Discharge
- Type of Program Discharge

Purpose: While the primary outcome for participants is no additional involvement with the criminal justice system, researchers and practitioners argue that recidivism or rearrest rates do not fully capture successful outcomes for participants with mental health treatment needs. Although mental illness is not a criminogenic risk factor (does not lead to increased rates of reoffending), recidivism is a critical outcome measure. General risk factors predicted recidivism, with no incremental utility added by risk factors unique to mental illness (Skeem et al., 2014). Rather than focusing solely on the percentage of individuals convicted, the average time between arrests disaggregated by discharge type allows programs to see if individuals who successfully complete the program are spending a longer period without criminal justice contact than those who do not complete successfully.

Sources: Skeem et al., 2014

USER'S NOTE:

Due to inherent difficulties and limitations in tracking this performance measure, Average Time Between Arrests should be tracked only for the first three years following program discharge. The measure is calculated by discharge cohort. All criminal arrests should be included, even those which do not result in conviction.

Average Time Between Arrests can be calculated with the following formulas, which should be disaggregated by program discharge type. This first formula indicates the total number of days between discharge and first post-program arrest, calculated for each participant:

$$\text{Days Between Discharge and New Arrest} = \text{Date of Arrest} - \text{Discharge Date}$$

For each subsequent post-program arrest, use the following formula:

$$\text{Days Between Arrests} = \text{Date of New Arrest} - \text{Date of Previous Arrest}$$

Calculate total days between arrests, which is the sum of all previous calculations (from discharge to the first arrest, and the days between subsequent arrests) for all arrests in the discharge cohort and divide that by number of post-program arrests for all participants in the discharge cohort to determine the average time between arrests:

$$\text{Average Time Between Arrests} = \frac{\text{Sum of Number of Days Between Arrests for All Participants}}{\text{\# of Arrests for All Participants}}$$

PROCESSING AND ADMISSION MEASURES

4. Team Collaboration

Definition: The percentage of staffings that all required team members either attended or for which they provided relevant information despite not attending. For each meeting,[6] track whether each required team member or agency:

1) Attended staffing

2) Did not attend staffing, but provided relevant information by other means

3) Did not attend staffing and did not provide relevant information by other means

Summarize the data quarterly. This measure is not reported by discharge or admission cohort. This measure is program-specific, and results should not be generalized to other courts or conclusions about agencies.

Purpose: Collaboration is integral to the case management of an effective treatment court program. It is most effective when each agency and actor in the drug court is aware of the others' interactions with and viewpoints about the participants. Pertinent information gathered during assessment and monitoring must be provided to the entire team in time for the court's periodic review of each participant's progress. The accuracy and promptness of this information sharing are not only critical for developing a unified supervision and treatment plan and appropriate sanctions and incentives but also help to maintain quality assurance across program components. Additionally, timely information-sharing reduces undue burdens for program participants and team members alike and enhances the efficiency of the program. Preliminary studies have found that a high level of collaboration, which is enabled by information sharing, is a crucial factor in helping a program adhere to program standards and achieve successful outcomes.

> *Focus of Analysis:*
> - Quarterly Team Meetings
>
> *Data Required:*
> - Dates of Meetings
> - Meeting Attendance
> - If Information Provided

---

[6] Note that this measure does not track missing information by participant, nor by team member. It simply tracks incomplete information at the meeting level. If the percentage of meetings with incomplete information is higher than expected, it might be warranted to disaggregate by team member/agency to explore the reasons for the high frequency of missing information.

This measure provides a gauge to the court of the level of collaboration across the entire program team and helps to identify gaps in information sharing. Tracking such gaps will allow the court to investigate reasons, such as a lack of resources, lack of commitment by individuals/agencies, structural barriers, and other obstacles to effective collaboration.

Sources: Monchick, 2006
National Association of Drug Court Professionals, 2015
U.S. Department of Justice, 1997
van Wormer et. al, 2020

USER'S NOTE:

Track team member attendance and the provision of relevant information if a team member does not attend in person at each staffing. There are three possible options for each required team member at each meeting:

1) Attended staffing
2) Did not attend staffing, but provided relevant information by other means
3) Did not attend staffing and did not provide relevant information by other means

If any member of the team does not attend or provide relevant information by other means, that is considered a staffing with incomplete information.

Adjusting the timeframe as needed, summarize the number of meetings with incomplete information on a quarterly basis. Then calculate the percentage of staffings that information relevant for discussion was unavailable:

$$\text{\% of Staffings with Incomplete Information} = \frac{\text{Total \# of Staffings with Incomplete Information}}{\text{Total \# of Staffings}} * 100$$

If the court sees a high percentage of staffings with incomplete information, look into the data by team member to determine if there is a pattern in the cause of incomplete information at staffings.

$$\text{\% of Staffings with Incomplete Information by Team Member} = \frac{\text{Total \# of Staffings where Team Member did not Attend and did not Provide Information}}{\text{Total \# of Staffings}} * 100$$

PROCEDURAL FAIRNESS MEASURES

5. Access and Fairness

Definition: This measure tracks a referral cohort as it progresses through drug court. At each of three processing points, the percentage of each demographic group of interest in the referral cohort is examined to identify changes in its composition, as members drop out or change status from previous processing steps.

- **Referral:** Referrals are disaggregated by race, ethnicity, gender, and age, and percentages are compared to similar percentages of *drug court eligible arrests*, if available. If not, compare referrals to the percentages of all arrests in the jurisdiction.

> *Cohort:*
> - Annual Referral Cohort
>
> *Data Required:*
> - Race, ethnicity, gender, and age of referral(s)
> - Date of referral
> - Referral Source
> - Date of Admission or reason referral was not admitted
> - Date of Discharge
> - Type of Discharge

- **Admission:** For the demographic characteristic of interest (e.g., race): The number of referral cohort members of each race who are admitted is divided by the total number of referrals of each race. This percentage can be interpreted as the probability that a referral of each race will be admitted. This probability can be compared to other races to determine whether the admission rates are comparable.

- **Discharge:** For the demographic characteristic of interest (e.g., gender): The number of referral cohort members admitted who are male who *Successfully Complete* is divided by the total number of referral cohort members admitted. This probability is compared to the percentage of female admissions to determine the extent of attrition from admission to discharge. These probabilities should be compared to determine if attrition rates are comparable between the groups being compared.

Purpose: A 2010 resolution by the Board of Directors of the NADCP directs drug courts to monitor whether unfair disparities exist in their programs for racial and ethnic minority participants and to take affirmative steps to ameliorate such disparities if they exist. The minority resolution places an affirmative obligation on drug courts to continually monitor whether minority participants have equal access to the programs, receive equivalent services

in the programs, and successfully complete the programs at rates equivalent to non-minorities. Further, *Adult Drug Court Best Practice Standards* (NADCP, 2015) urges adult drug courts to specifically determine whether equivalent access to drug court and equivalent retention in drug court exists among all ethnic, gender, and racial groups.

Sources: National Association of Drug Court Professionals, 2013 and 2015

USER'S NOTE:

Access and Fairness is measured based on the percentages of different demographic groups of interest in each cohort (race, ethnicity, gender, and age) as compared to percentages of other demographic groups.

Example:

The following is an illustrative calculation for African American referrals:

$$\text{\% of African Americans in Referral Cohort} = \frac{\text{Total \# of African Americans in Referral Cohort}}{\text{Total \# of Referrals in Cohort}}$$

$$\text{\% of African Americans in Referral Cohort Admitted} = \frac{\text{Total \# of African Americans in Referral Cohort Admitted}}{\text{Total \# of African Americans in Referral Cohort}}$$

$$\text{\% of African American Admissions Successfully Completing} = \frac{\text{Total \# of African Americans who Successfully Complete}}{\text{Total \# of African Americans in Referral Cohort Admitted}}$$

6. Availability of Services

A. Average Time Waiting For Services

Definition: If an individual is able to access a referred service, the average number of days between the date of referral to a service and the date of first access to that service.

B. Percentage Of Services Unavailable

Definition: The percentage of time a service was functionally unavailable to a participant because the waiting list was too long or there were not sufficient existing resources to serve the participant. This measure captures referrals that cannot be included in Indicator A since they do not, by definition, have a Date of First Appointment or Intake to include in the calculation.

Cohort:
- Annual Discharge Cohort

Data Required:
- Date of Program Admission
- Date of Program Discharge
- Date of Referral to Service
- Date of First Appointment or Intake
- If Service is Not Available

Purpose: It is important for drug courts to connect participants with needed treatment services in an efficient manner throughout program participation. The goal of this measure is to track length of time from each referral to services to a participant's first appointment with that service, and whether the service was not available. In addition to tracking how wait lists affect individuals for different types of services, this measure also tracks resource limitations that constrain the court. The goal of this measure is to identify system-wide service gaps and provide leverage for discussing how to secure appropriate community resources to meet the needs of the participants at early system intercepts.

Source: Pinals & Callahan, 2020

USER'S NOTE:

INDICATOR A: Average Time Waiting for Services is a calculation of the number of days spent waiting for services from program admission to discharge. Each referral is tracked separately for each participant, but all wait times across all participants in the cohort are summed for a total, then divided by the number of participants in the cohort. It can be calculated using the following formula:

$$\substack{Average\ Time\ Waiting \\ for\ Services} \quad = \quad \frac{Sum\ (First\ Appointment\ or\ Intake\ Date - Referral\ Date)}{\#\ of\ Participants}$$

INDICATOR B: Percentage of Services Unavailable calculates the percentage of time a referral is unable to be completed because the waitlist is too long for the service to be a reasonable option, or access is otherwise precluded by other resource shortages at the facility providing the service. It can be calculated using the following formula:

$$\substack{Percentage\ of\ Services \\ Unavailable} \quad = \quad \frac{Referrals\ Unable\ to\ be\ Completed\ Due\ to\ Resource\ Lack}{\#\ of\ Referrals}$$

SOCIAL FUNCTIONING MEASURES

7. Medication Compliance

Definition: The rate of medication compliance among participants with a medication plan, tracked at each staff meeting. This measure is recorded weekly and reported by quarter of program participation.

Purpose: Medication stability is necessary for achieving improved outcomes for individuals in drug court. It is important for courts to monitor compliance with medication plans that address physical, substance use disorder, and mental health treatment needs that may negatively impact a participant's ability to participate fully in, and receive all the benefits from, treatment court participation.

> *Cohort:*
> • Annual Participants
>
> *Data Required:*
> • Date of Meeting
> • Compliance Status

The NCSC recommends that courts track medication compliance at each staff meeting for all participants with a medication plan that is monitored by the court or part of the case plan. At each case review/staff meeting, all participants in discussion should be recorded as "compliant" or "non-compliant" on their medication plan. Medication compliance should be defined as adherence to their clinical treatment plan, such as taking prescribed medications routinely. This information may be gathered using urinalysis results or other clinical tests as gathered by the treatment provider or community monitor. It may also be reported by a third party able to verify individual compliance (e.g., treatment provider, probation officer, group home coordinator).

Sources: Kane et al., 2013

USER'S NOTE:

Rate of Medication Compliance is recorded for each participant with a medication plan at weekly staff meetings. The following formulas can be used to calculate the average rate of medication compliance for each quarter and can be adjusted to calculate the rate for the entire discharge. First calculate the rate of medication compliance recorded at each weekly staff meeting.

$$\begin{matrix} Participant\ rate\ of \\ medication\ compliance \end{matrix} = \frac{\#\ of\ meetings\ participant\ deemed\ compliant}{\#\ of meetings\ w/\ participant\ on\ a\ medication\ plan}$$

Then add the total number of participants with a medication plan deemed compliant for all weekly meetings in the quarter and divide by the sum of all participants with a medication plan for all weekly meetings in the quarter.

$$\begin{matrix} Total\ rate\ of \\ medication\ compliance \end{matrix} = \frac{Sum\ of\ participants\ deemed\ compliant}{Sum\ of\ participants\ with\ a\ med\ plan}$$

REFERENCES

Cheesman, Fred L., et al. *Wisconsin Statewide Drug and Hybrid Court Performance Measures*, 2016, www.wicourts.gov/courts/programs/problemsolving/docs/hybridcourtperfmeasures.pdf. Accessed 13 Sept. 2022.

Heck, Cary. *Local Drug Court Research: Navigating Performance Measures and Process Evaluations,* National Drug Court Institute, 2006, www.ndci.org/wp-content/uploads/Mono6.LocalResearch.pdf. Accessed 12 Sept. 2022.

Kane, John M., et al. "Non-adherence to medication in patients with psychotic disorders: Epidemiology, contributing factors and management strategies." *World Psychiatry*, vol. 12, no. 3, 2013, pp. 216-26, https://doi.org/10.1002/wps.20060. Accessed 12 Sept. 2022.

Monchick, Randy, et al. *Drug Court Case Management: Role, Function, and Utility*, vol. 7, National Drug Court Institute, 2006, bja.ojp.gov/sites/g/files/xyckuh186/files/Publications/Drug_Court_Case_Management.pdf. Accessed 13 September 2022.

National Association of Drug Court Professionals. *Adult drug court best practice standards: Volume I*, 2015, www.nadcp.org/wp-content/uploads/2018/12/Adult-Drug-Court-Best-Practice-Standards-Volume-I-Text-Revision-December-2018.pdf. Accessed 12 Sept. 2022.

---. *Adult drug court best practice standards: Volume II*, 2015, www.nadcp.org/wp-content/uploads/2018/12/Adult-Drug-Court-Best-Practice-Standards-Volume-2-Text-Revision-December-2018-1.pdf. Accessed 12 Sept. 2022.

Pinals, Debra A, & Callahan, L. "Evaluation and Restoration of Competence to Stand Trial: Intercepting the Forensic System Using the Sequential Intercept Model" *Psychiatric Services*, vol. 71, issue 7, 2020, pp. 698-705, https://doi.org/10.1176/appi.ps.201900484. Accessed 12 Sept. 2022.

Sarteschi, Christine M., et al. "Assessing the Effectiveness of Mental Health Courts: A Quantitative Review." *Journal of Criminal Justice*, vol. 39, no. 1, *APA PsychNet*, 2011, pp. 12-20, https://doi.org/10.1016/j.jcrimjus.2010.11.003. Accessed 12 Sept. 2022.

Skeem, Jennifer L., et al. "Offenders with Mental Illness Have Criminogenic Needs, Too: Toward Recidivism Reduction." *Law and Human Behavior*, vol. 38, no. 3, 2014, pp. 212-24. https://doi.org/10.1037/lhb0000054. Accessed 12 Sept. 2022.

U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Assistance. *Improving Responses to People with Mental Illnesses: The Essential Elements of a Mental Health Court*. Council of State Governments Justice Center, 2007, bja.ojp.gov/ sites/g/files/xyckuh186/files/Publications/MHC_Essential_Elements.pdf. Accessed 12 Sept. 2022.

U.S. Department of Justice, Office of Justice Programs, Drug Courts Program Office. *Defining Drug Courts: The Key Components*. The National Association of Drug Court Professionals, Drug Court Standards Committee, 1997, www.ojp.gov/pdffiles1/bja/ 205621.pdf. Accessed 12 Sept. 2022.

U.S. Government Accountability Office (GAO). *Adult Drug Courts: Evidence Indicates Recidivism Reductions and Mixed Results for Other Outcomes* (GAO-05-219). Report to Congressional Committees, 2005, www.gao.gov/products/gao-05-219. Accessed 12 Sep. 2022.

van Wormer, Jacqueline, et al. "Collaboration Within Drug Courts: A National Survey of Drug Court Professionals." *Justice Evaluation Journal*, vol. 3, no. 2, *Academy of Criminal Justice Sciences*, 27 Mar. 2020, pp. 178-99, https://doi.org/10.1080/24751979. 2020.1744470. Accessed 12 Sept. 2022.

Wolff, Nancy, and Wendy Pogorzelski. "Measuring the Effectiveness of Mental Health Courts: Challenges and Recommendations." *Psychology, Public Policy & Law*, vol. 11, no. 4, 2005, pp. 539-69, https://doi.org/10.1037/1076-8971.11.4.53. Accessed 12 Sept. 2022.

Appendix A

Charge Categories for Criminal Histories/RAP Sheets

The following categorization for criminal records is based upon the FBI's Uniform Crime Reporting (UCR) Program and Black's Law Dictionary. The categorization was developed by the National Center for State Courts for project work specific to problem-solving courts.

CHARGE CATEGORIES FOR CRIMINAL HISTORIES/RAP SHEETS

Person Offenses: refer to offenses against a person defined by the FBI's Uniform Crime Reporting (UCR) Program as those offenses involving force or the threat of force.

Murder	Homicide, non-negligent manslaughter, voluntary homicide
Sex offenses	Forcible intercourse, sodomy, penetration with a foreign object, carnal knowledge of minor, internet sex crimes, pornography, nonviolent or non-forcible sexual assault
Robbery	Unlawful taking of anything of value by force or threat of force; armed, unarmed, and aggravated robbery, car-jacking, armed burglary, armed mugging
Assault	Aggravated assault, aggravated battery, assault with a deadly weapon, felony assault or battery on a law enforcement officer, simple assault, and other felony or misdemeanor assaults
Other person offense	Vehicular manslaughter, involuntary manslaughter, negligent or reckless homicide, kidnapping unlawful imprisonment, hit-and-run with bodily injury, intimidation, and extortion
Family violence	Spousal or intimate partner assault or battery, spousal or intimate partner abuse, child abuse or neglect, cruelty to a child, reckless endangerment

Property Offenses: refer to property offenses defined by the FBI's Uniform Crime Reporting (UCR) Program as the taking of money or property, or the damage of property, without the use or threat of force against the victims.

Burglary	Any type of entry into a residence, industry, or business with or without the use of force with the intent to commit a felony or theft. Breaking and entering.
Larceny/theft	Unlawful taking, carrying, leading, or riding away of property from the possession or constructive possession of another. Grand or petty theft or larceny, shoplifting, or the stealing of any property or article that is not taken by force and violence or by fraud such as thefts of bicycles, motor vehicle parts and accessories
Motor vehicle theft	Auto theft, conversion of an automobile, receiving and transferring an automobile, unauthorized use of a vehicle, possession of a stolen vehicle, larceny or taking of an automobile
Fraud/Forgery	Forging of a driver's license, official seals, notes, money orders, credit or access cards or names of such cards or any other documents with fraudulent intent, uttering a forged instrument, counterfeiting, possession and passing of worthless checks or money orders, possession of false documents or identification, embezzlement, obtaining money by false pretenses, credit card fraud, welfare fraud, Medicare fraud, insurance claim fraud, fraud, swindling, stealing a thing of value by deceit, and larceny by check
Other property offense	Receiving or buying stolen property, arson, reckless burning, damage to property, criminal mischief, vandalism, criminal trespassing, possession of burglary tools, and unlawful entry for which the interest is unknown

Drug Offenses: refer to drug offenses defined by the FBI's Uniform Crime Reporting (UCR) Program as the violation of laws prohibiting the production, distribution, and/or use of certain controlled substances and the equipment or devices utilized in their preparation and/or use.

Drug trafficking	Trafficking, sales, distribution, possession with intent to distribute or sell, manufacturing, and smuggling of controlled substance
Other drug offenses	Possession of controlled substances, prescription violations, possession of drug paraphernalia, and other drug law violations
OWI	Driving Under the Influence

Public Order Offenses: refer to public order offenses akin to the public nuisance defined by *Black's Law Dictionary* as any unreasonable interference with rights common to all members of community in general and encompasses public health, safety, peace, morals, or convenience.

Weapons	The unlawful sale, distribution, manufacture, alteration, transportation, possession or use of a deadly weapon or accessory
Driving-related	Driving with a suspended or revoked license, and any other felony in the motor vehicle code. DOES NOT INCLUDE OWI
Other public order	Flight/escape, prison contraband, habitual offender, obstruction of justice, rioting, libel, slander, treason, perjury, prostitution, pandering, bribery, disturbing the peace, indecent exposure and tax law violations

Technical Offense: refers to any other type of offense not otherwise addressed by the categories described above.

Violation of court order   Violation of court order resulting in a new charge (violation of a law, e.g., Failure to register as sex offender). Includes violation of probation/parole/commitment order.

Other Offense: refers to any other type of offense not otherwise addressed by the categories described above.

Other criminal offense

Appendix B

Procedural Fairness Survey

PARTICIPANT EXPERIENCES SURVEY INSTRUCTIONS

The Participant Experiences Survey[1] can be administered by recreating the survey in an online format or can be printed directly from the provided PDF file ("*Participant Experiences Survey Instrument.pdf*"). Responses should be scored in the provided Excel file ("*Participant Experiences Survey Data.xlsx*"). Specific instructions for data entry and interpreting score ranges are below.

Data entry should be as follows:

- "Strongly Agree"   = 7
- "Agree"   = 6
- "Somewhat Agree"   = 5
- "Neither Disagree nor Agree"   = 4
- "Somewhat Disagree"   = 3
- "Disagree"   = 2
- "Strongly Disagree"   = 1
- "Not Applicable"   = -98

Score ranges for all four sections are as follows:

- Maximum Score   = 7
- *"High"* Score   = 6
- "*Low*" Score   = 2
- Minimum Score   = 1

---

[1] Measure items were developed by the National Center for State Courts or taken and amended from the following sources:

- Henderson, H., Wells, W., Maguire, E. R., & Gray, J. (2010). Evaluating the measurement properties of procedural justice in a correctional setting. *Criminal Justice and Behavior, 37*, 384-399.
- Skeem, J. L., Eno Louden, J., & Polaschek, D. (2007). Assessing relationship quality in mandated community treatment: Blending care with control. *Psychological Assessment, 19*, 397-410.
- Tomkins, A. J., Bornstein, B. H., Herian, M. N., & PytlikZillig, L. M. (2011-2014). Testing a three-stage model of institutional confidence across branches of government. Ongoing research project funded by National Science Foundation (SES-1061635).

PROCEDURAL FAIRNESS SURVEY

Thank you for your willingness to complete this survey. We are interested in learning more about your personal experiences with the court staff and services to date. The following four sections specifically target the **judge, probation, treatment staff, and the court generally**. In each section, please consider all of your interactions with the indicated person or persons and indicate how much you agree or disagree with each statement listed in the left hand column. For each statement, please select the response option that **best represents your opinion** by placing an **X** in the corresponding box.

Today's Date: _____

What is the name of the court you are involved in?

_____

What is your current phase in the program?

_____

How long have you been in the program? _____*months*

---

[1] Measure items were developed by the National Center for State Courts or taken and amended from the following sources:

- Henderson, H., Wells, W., Maguire, E. R., & Gray, J. (2010). Evaluating the measurement properties of procedural justice in a correctional setting. *Criminal Justice and Behavior, 37*, 384-399.
- Skeem, J. L., Eno Louden, J., & Polaschek, D. (2007). Assessing relationship quality in mandated community treatment: Blending care with control. *Psychological Assessment, 19*, 397-410.
- Tomkins, A. J., Bornstein, B. H., Herian, M. N., & PytlikZillig, L. M. (2011-2014). Testing a three-stage model of institutional confidence across branches of government. Ongoing research project funded by National Science Foundation (SES-1061635).

Section 1: Your Experiences with the Judge In this section, please consider all of your interactions with the primary judge with whom you have had contact throughout your dealings with the court.	Strongly Agree (7)	Agree (6)	Somewhat Agree (5)	Neither Agree nor Disagree (4)	Somewhat Disagree (3)	Disagree (2)	Strongly Disagree (1)
1. The judge applies rules consistently to everyone.	☐	☐	☐	☐	☐	☐	☐
2. The judge makes me feel comfortable enough to say how I really feel about things.	☐	☐	☐	☐	☐	☐	☐
3. The judge gives me a chance to tell my side of the story.	☐	☐	☐	☐	☐	☐	☐
4. The judge treats me politely.	☐	☐	☐	☐	☐	☐	☐
5. The judge is knowledgeable about my case.	☐	☐	☐	☐	☐	☐	☐
6. The judge makes decisions about how to handle my problems in a fair way.	☐	☐	☐	☐	☐	☐	☐

Section 2: Your Experiences with your Case Manager In this section, please consider all of your interactions with your primary case manager.	Strongly Agree (7)	Agree (6)	Somewhat Agree (5)	Neither Agree nor Disagree (4)	Somewhat Disagree (3)	Disagree (2)	Strongly Disagree (1)
7. My case manager interacts with me in a professional manner.	☐	☐	☐	☐	☐	☐	☐
8. I know that my case manager truly wants to help me.	☐	☐	☐	☐	☐	☐	☐
9. My case manager gives me enough of a chance to say what I want to say.	☐	☐	☐	☐	☐	☐	☐
10. The way my case manager handles my case is fair.	☐	☐	☐	☐	☐	☐	☐
11. My case manager treats all of his or her clients equally.	☐	☐	☐	☐	☐	☐	☐
12. I feel safe enough to be open and honest with my case manager.	☐	☐	☐	☐	☐	☐	☐

Section 3: Your Experiences with Probation In this section, please consider all of your interactions with your primary probation officer.	Strongly Agree (7)	Agree (6)	Somewhat Agree (5)	Neither Agree nor Disagree (4)	Somewhat Disagree (3)	Disagree (2)	Strongly Disagree (1)
13. My probation officer interacts with me in a professional manner.	☐	☐	☐	☐	☐	☐	☐
14. I know that my probation officer truly wants to help me.	☐	☐	☐	☐	☐	☐	☐
15. My probation officer gives me enough of a chance to say what I want to say.	☐	☐	☐	☐	☐	☐	☐
16. The way my probation officer handles my case is fair.	☐	☐	☐	☐	☐	☐	☐
17. My probation officer treats all of his or her clients equally.	☐	☐	☐	☐	☐	☐	☐
18. I feel safe enough to be open and honest with my probation officer.	☐	☐	☐	☐	☐	☐	☐

Section 4: Your Experiences with Treatment In this section, please consider all of your interactions with your primary treatment provider.	Strongly Agree (7)	Agree (6)	Somewhat Agree (5)	Neither Agree nor Disagree (4)	Somewhat Disagree (3)	Disagree (2)	Strongly Disagree (1)
19. The treatment staff gives me a chance to tell my side of the story.	☐	☐	☐	☐	☐	☐	☐
20. I believe the treatment staff is genuinely interested in helping me with my problems.	☐	☐	☐	☐	☐	☐	☐
21. The treatment staff interacts with me in a professional manner.	☐	☐	☐	☐	☐	☐	☐
22. The treatment staff treats all clients equally.	☐	☐	☐	☐	☐	☐	☐
23. I feel safe enough to be open and honest with treatment staff.	☐	☐	☐	☐	☐	☐	☐
24. The way treatment handles my case is fair.	☐	☐	☐	☐	☐	☐	☐

Section 5: Your Experiences with the Court in General In this section, please consider all of your interactions with the staff of the court that have not been specifically mentioned above.	Strongly Agree (7)	Agree (6)	Somewhat Agree (5)	Neither Agree nor Disagree (4)	Somewhat Disagree (3)	Disagree (2)	Strongly Disagree (1)
25. They treat all people and groups equally.	☐	☐	☐	☐	☐	☐	☐
26. They are fair in their dealings.	☐	☐	☐	☐	☐	☐	☐
27. They care about me.	☐	☐	☐	☐	☐	☐	☐
28. They treat me with courtesy.	☐	☐	☐	☐	☐	☐	☐
29. They listen to me.	☐	☐	☐	☐	☐	☐	☐
30. They are trustworthy.	☐	☐	☐	☐	☐	☐	☐