Transferability of the Anchorage Wellness Court Model

Executive Summary

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Table of Contents

Executive Summary

The Anchorage Wellness Court is a "therapeutic" court program located in Anchorage, Alaska. It was established in 1999 to provide alternative case processing for misdemeanor defendants who had chronic alcohol problems. Defendants voluntarily waived their right to a trial, entered substance abuse treatment, and agreed to monitoring, frequent court hearings, and other program requirements in return for reduced jail time, reduced fines, and the opportunity to achieve sobriety.

The National Institute of Justice funded this research to study the Anchorage Wellness Court including: the outcomes of the program, such as possible reduced criminal recidivism and increased defendant quality of life and productivity; the cost-effectiveness of the program; and whether the court's policies and practices were transferable to other courts and locations. The principal research was assigned to the Justice Center at the University of Alaska. It was to perform the outcome analysis, including exit and follow-up interviews with participants to gather information on previously unstudied socioeconomic outcomes that are otherwise difficult to capture. The University contracted with the Urban Institute to perform the cost-benefit and with the Alaska Judicial Council to conduct the transferability study.

To study transferability, the council conducted 146 interviews, 150 hours of court observation, and a review of relevant literature. Interviewees included therapeutic court judges, attorneys, program staff, and service providers from the Anchorage Wellness Court and other therapeutic courts in Alaska, as well as local and state policymakers. This report summarizes the Judicial Council's findings on the transferability of the practices and policies of the Anchorage Wellness Court to other jurisdictions and situations.[1] A summary of outcome and cost-benefit analysis from the Urban Institute is appended to this report.[2]

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[1] The Judicial Council's full report may be downloaded from the Council's website at http://www.ajc.state.ak.us/reports/transfer08.pdf

The full report provides detailed background information on Alaska's criminal justice system and therapeutic courts so that readers may fully understand the legal environment in which the Anchorage Wellness Court developed and operated. The full report presents interview and court observation findings in significant detail. Findings are organized into discrete sections to enable researchers, practitioners, and policymakers to review issues of particular interest.

[2] The Urban Institute's full report may be downloaded from: http://www.urban.org/UploadedPDF/411746_anchorage_wellness.pdf.

Findings from all three parts of the study were to have been integrated into a single report. Due to unforseen circumstances, the research instead generated separate reports from the Judicial Council and the Urban Institute, which ultimately performed the outcome analysis. A significant limitation on the Judicial Council's report was that it was not informed by the outcome or cost-benefit data or findings, which became available only shortly before publication of the Council's report. To address this limitation, the council received permission to append the

Background

The Anchorage Wellness Court began operations in August, 1999, within the auspices of the Alaska Court System. Like the better-known drug courts, it is a therapeutic court program.[3] The founders of the Anchorage Wellness Court chose to focus on alcohol-addicted offenders, instead of drug-addicted offenders, because of the prevalence of alcohol as a factor in crime in Alaska. One study estimated that almost 70% of convicted defendants who were charged with a felony in Alaska had an alcohol problem. (Alaska Judicial Council, 2004). Another study estimated that alcohol was a primary or contributing factor in 80-95% of all criminal offenses in Alaska. (Alaska Criminal Justice Assessment Commission, 2000).

The hopes of the founders of the Anchorage Wellness Court were twofold. First, they wanted to implement a successful program in Anchorage that would treat alcohol-addicted offenders in a different way: by treating the offender's substance abuse problem and by requiring the offender to become accountable for his or her problem. It was hoped that the program would render a responsible citizen who was able to follow the law, maintain employment, and fulfill societal obligations in the community. Second, they wanted to take the program, once established, into other areas in Alaska with as-bad or worse problems with alcohol-induced crime. The program was to be portable – in other words, "transferable."

The Anchorage Wellness Court began as a bail and sentencing option that allowed releasing the addicted offender into the community while undergoing substance abuse treatment and regular judicial supervision. Over the course of several years it developed into a full-scale therapeutic court that included substance abuse treatment, Moral Reconation Therapy (MRT), recovery meetings (such as Alcoholics Anonymous), employment and financial responsibility, case management and substance abuse monitoring, and judicial supervision. For most of its history, the program lasted at least eighteen months. If assessed as appropriate by clinical staff and prosecutors, criminal defendants could voluntarily enter the program in exchange for reductions in their jail terms and fines.

Judicial Council researchers chose to investigate the transferability of the program by interviewing the people mostly closely involved with the development of the Anchorage Wellness Court program and other therapeutic court programs – including attorneys, court professionals, policymakers, and service providers. Researchers supplemented the knowledge gleaned from these

executive summary of the Urban Institute's report to this publication.

[3] Throughout this report, the term "therapeutic court" is used to designate alternative court processing systems that include substance abuse or mental health treatment, ongoing judicial supervision, and case management. "Therapeutic court" is the preferred term in Alaska.

interviews with hundreds of hours directly observing the Anchorage Wellness Court and other therapeutic courts. Judicial Council researchers did not perform participant interviews because the University of Alaska had retained that function.

During the course of this study, two events occurred that expanded its boundaries from the original transferability question. First, new therapeutic courts in other jurisdictions emerged that incorporated specific elements of the Anchorage Wellness Court. Second, notions of another kind of transferability began to emerge from the literature and from criminal justice administrators – those of institutionalization and broad application of drug court principles and practices without specialty "courts." These developments enabled researchers to explore these concepts, as well as to compare experiences from the emerging courts and to follow the developments of the Anchorage Wellness Court, in a series of follow-up interviews. Interviews were completed in early 2007.[4]

Findings

The Anchorage Wellness Court is very similar to other drug court programs around the country. The main differences are the program's target of misdemeanor DUI offenders, the eighteen month program, the required use of naltrexone, required employment and financial responsibility, and MRT. Similarities include substance abuse treatment, judicial supervision, case coordination, and criminal justice collaborations. Analysis of the interviews and court observations led to the following main findings. Topics here track main topics in the body of the report and are loosely arranged to follow the "Ten Key Components" of standard drug courts. For more detailed information on any of these topics, please refer to that section of the full report.

- **Overall Impressions:** Most interviewees had a positive overall impression of the Anchorage Wellness Court. Most people believed that treating addicted offenders' underlying substance abuse would stop them from reoffending and would improve the quality of their lives, their families, and their communities. Interviewees expressed persistent concerns about resources needed for the court, efficiency, and the inability of criminal justice practitioners to collaborate.

- **Target Population, Incentives and Eligibility Criteria:** Targeted offenders were chronic misdemeanor DUI offenders. Due to statutory changes making chronic offenders felons, the pool of eligible misdemeanor offenders was significantly decreased after the program's conception. Incentives for the targeted misdemeanor DUI offenders – reduced jail terms and fines – were insufficient compared with program requirements, which included eighteen months of substance abuse treatment

[4] Additional information about this study's methodology may be found at Appendix A.

and court supervision instead of relatively short jail terms. According to interviewees, this led to intake problems and low participation. Attorney communications to their clients about perceived lack of incentives may have contributed to the problems. Program staff attempted to shift the target to other offenders to increase participation; these offenders were often chronic inebriates with substantially greater needs, including housing, job training and medical needs. Program requirements did not shift with the new target population. When prosecutors attempted to shift the target back to the original intended target, the court all but collapsed. Perhaps due to the shifting target population, program eligibility was not clearly understood by interviewees.

- **Screening, referral and recruiting:** Prosecutors and other program staff screened out potential participants despite their meeting legal and clinical eligibility criteria, and despite available program capacity. Decisions were based on perceived public safety risks and defendant motivation. Interviewees did not understand screening processes or standards and perceived screening standards as highly subjective. This led to suspicion of those performing the screening. But many supported the screening as a way to allocate resources to those who would benefit most.

- **Assessment and Opt-in:** A significant lag time – sometimes months – occurred between the defendant being identified as appropriate for Anchorage Wellness Court and the entry of the defendant's plea agreement. Although the defendant received substance abuse treatment and program services during that time, the lag may have contributed to intake and low participation problems because many defendants decided to "opt out" even before they had officially "opted in."

- **Treatment Components**: Providers offered an eclectic approach to treatment, including cognitive-behavioral treatment, insight therapy, drug and alcohol awareness and education, and family counseling. In theory, the treatment was highly individualized. In reality, most participants received most of the modules because the mandated treatment period was so long. The independently facilitated and manualized cognitive-behavioral treatment module MRT (Moral Reconation Therapy) was viewed as highly successful, low-cost, and highly transferable. Many viewed the medication naltrexone as a useful tool but not as a necessary component of a therapeutic court focused on alcoholic offenders. Some continued to advocate its required use.

- **Treatment Resources:** Although benefits from multiple and single-source treatment providers were identified, interviewees strongly preferred a sole provider system. In

any event, a sole provider is the norm in Alaska, which lacks sufficient substance abuse treatment resources, especially in rural communities. The lack of culturally-sensitive treatment did not appear to be a significant barrier to implementing successful therapeutic courts. Treatment costs were not a significant barrier to potential participants due to sliding-scale fees but some were left with large debts. Insufficient state subsidies, however, limited treatment provider's ability to provide services; this in turn limited the capacity of the court. The level of political support for treatment resources had a significant effect on the therapeutic courts.

- **Collaborative Processes:** The Anchorage Wellness Court team worked well together. Collaborations worked best when team members were stable and the number of stakeholders were limited. The success of collaborations did not depend on initial planning processes but on programs' responses to problems that arose during implementation. Collaborations worked best when institutional policy was clear. When institutional leaders equivocated, local supervisors became key decision makers and sometimes acted in a way that did not support stated policy.

- **Attorneys:** Attorney "buy-in," or the lack thereof often determined how successfully a program operated. When attorneys bought into the program, the program operated; when they did not, the program did not function due to lack of referrals by defense attorneys or the lack of accepted plea agreements by prosecutors. For prosecutors and defense attorneys to "buy-in" to a proposed therapeutic project, they had to believe that their clients' interests were well served, their agencies were adequately funded, and their time was well spent. Having an experienced attorney from prosecution and defense agencies dedicated to the court was seen as highly useful.

- **Community Partnership**: The group Partners for Progress was instrumental in founding the Anchorage Wellness Court, securing funding, and proposing legislation that enabled the therapeutic courts in Alaska. Interviewees reported that, now that structures exist to support therapeutic courts, a community partner would be welcomed by a developing court, but may not be a necessary ingredient to its development. Interviewees believed that a community partner enhanced the community's awareness of, and participation in, a developing court.

- **Judges:** Judicial changes significantly affected court operations. This often occurred when new judges implemented new procedures, which were resisted by existent team members. New judges also needed time to build relationships with other team members. Having a particular judge was not seen as critical but certain personality traits were viewed as helpful in a therapeutic court judge. These traits included a

belief in the therapeutic court process, compassion, and a willingness to sanction defendants when necessary. Different characteristics were deemed advantageous at different stages of a court's development. Voluntary service by judges, rather than assignment or rotation, was highly preferred. Having a number of judges serve as therapeutic judges was seen as one way to institutionalize therapeutic courts.

- **Judicial Supervision:** While direct judicial interaction with a defendant is one of the hallmarks of a therapeutic court, many viewed judicial/defendant interactions as taking much too long, which fueled perceptions of inefficiency. While most interactions were positive, some were perceived as paternalistic or preachy. Incentives beyond judicial recognition and audience applause were rare and sanctions usually were days in jail. The court did not employ a formal graduated sanctions and rewards schedule.

- **Case Management and Community Supervision:** Case management and community supervision approaches worked well. The court effectively used emerging technological tools to test participants for alcohol and drug use and to monitor their whereabouts to assure public safety when released into the community.

- **Evaluation:** The program lacked sufficient evaluation. Program stakeholders and policymakers were eager for process and outcome information, which was not readily available. Interviewees especially wanted information on the program's effect on "big picture" issues such as successful participants' economic contributions, drug and alcohol-free babies, and healthier families. Interviewees also expressed a desire for specific information about discrete components of the courts to assist in making programmatic changes.

- **Funding:** Like most other therapeutic courts, the Anchorage Wellness Court operated through "hodgepodge" funding. The approach appeared to be successful, though it required considerable administrative effort. The community partner was viewed as essential to the successful operations of the therapeutic courts in Alaska, at least initially, because of its funding contributions.

- **Perceptions of Transferability:** Interviewees generally believed that the Anchorage Wellness Court model was transferable; they identified both barriers and opportunities for using the Anchorage Wellness Court model:

    - When considering barriers to transferring the program, interviewees most often pointed to an overall dearth of resources including: substance abuse

treatment, case management, housing, medical services, employment, access to naltrexone, and even access to courts in rural locations. Interviewees also identified a lack of buy-in from prosecutors, defense attorneys, and private attorneys as significant.

- Full-scale replication was viewed as achievable in larger cities and small road-system accessible towns. To overcome the lack of resources, especially in rural locations, interviewees identified ways in which a pared-down model might be effective. These included innovative delivery of substance abuse treatment through videoconferencing, and the use of components *without* traditional substance abuse treatment, such as using MRT with drug and alcohol monitoring, and the use of naltrexone with MRT. To overcome a lack of attorney buy-in, interviewees suggested that agency policy be more directive towards local district attorney's offices.

- **Applications of Therapeutic Court Practices and Principles:** Interviewees expressed mixed views about applying therapeutic court principles and practices in conventional court cases. They believed that mainstreaming these would be a gradual process and occur naturally over time as more judges became familiar with therapeutic courts. Some judges, however, had already begun to apply them to non-therapeutic court settings.

Conclusions

One of the preliminary questions this study posed was: how was the Anchorage Wellness Court able to start up and operate when other such efforts in Alaska failed or stalled for lengthy periods of time? The Anchorage Wellness Court took root in 1999. The Juneau Wellness Court did not. The Anchorage Wellness Court set the Anchorage legal community abuzz. The Anchorage Felony Drug Court did not. Why?

Overall, the initial adoption of the Anchorage Wellness Court followed a pattern similar to other drug courts around the country. The key elements were all there including strong judicial and community leaders, salesmanship of the program, links to municipal and state policymakers, and considerable federal funding assistance. These elements all contributed to the early acceptance of the Anchorage Wellness Court as a program.

Replication of the therapeutic courts, however, has been slower in Alaska than has been seen nationally, in part because the court administration was cautious about investing resources in programs that, until recently, had not produced evidence of long-term success. Existing capacity also

has yet to be filled. Still, therapeutic courts continue to spread in Alaska due to community interest in addressing alcohol-driven crime. The court system has taken concrete steps to institutionalize therapeutic courts so that new projects are more easily implemented. It is still concerned, however, with low participation and high relative costs.

Much of the recent research on drug courts is now focused on getting inside the "black box" of drug court programs to see what works. As Alaska and other states look to replicate programs, adapt them to new target populations, or increase their capacity, findings about what works should be integral to program decisions. Each component should be considered individually with emerging research outcomes and costs in mind. Although the interviews did not generate quantitative findings, the findings here may be instructive when deciding "what works" in a practical sense when implementing a therapeutic court program.

Opportunities

Many aspects of the Anchorage Wellness Court model appear to be transferable and new therapeutic courts based on the Anchorage Wellness Court have already been successfully "transferred" to other locations in Alaska. Some communities without therapeutic courts are exploring ways to develop them. The proved success of many aspects of the model, and the now-established administrative structure to support the therapeutic courts, should be encouraging to any community looking to find ways to incorporate therapeutic justice.

Some distinctive components of the Anchorage Wellness Court model appear to be particularly transferable. These include the use of the cognitive-behavioral treatment module MRT, which appears to be helpful, is low-cost, and requires little training to facilitate. The use of naltrexone – whether as a required element or as an as-needed supportive tool – appears to be useful as long as appropriate medical services are available. Intensive supervision, combined with MRT, is particularly transferable with the advent of technologies that ease the monitoring of whereabouts and illicit substance use. The innovative use of these elements may allow a "therapeutic" response to alcohol-driven crime without the full-scale "court."

Barriers

Roman and his colleagues found, among other things, that the Anchorage Wellness Court "was effective in reducing recidivism and associated harms among the group that formally entered the program. Among those who were referred to the program, but who did not enter the program, there was no effect, or even a negative effect." (Roman, Chalfin, Reid, & Reid, 2008: 46). This finding has implications for the Judicial Council's findings that incentives to participate were considered insufficient, that participation was low, that the court was under capacity for much of its

history, and that screening and referral methods needed to be examined and revamped. If the program's benefit accrues mainly to those who formally enter the program, an attempt must be made to make the program more accessible.

Having the target population of misdemeanor offenders undergo an eighteen month long program does not appear to be a transferable aspect of the model given the lack of incentives to enter the program. The lack of transferability of that aspect of the program was borne out in the failure of one start-up misdemeanor DWI court, the struggle in all the therapeutic courts trying to attract misdemeanor offenders, and in the shift towards felony offenders in newly emerging therapeutic courts. The eighteen month long program is currently mandated by statute for all therapeutic court programs. That mandate currently prohibits presenting a shorter program for misdemeanor offenders.

The Anchorage Wellness Court experienced significant problems with screening and intake processes. Screening processes and standards were not well understood and shifted depending on who was making the decisions. Increasing certainty about eligibility and screening criteria could serve to increase referrals from attorneys and decrease the perceptions of subjectivity. Increasing certainty about screening standards by documenting them could also serve to stabilize the therapeutic courts' operations by limiting the risk of changing standards and procedures in high-turnover offices.

Therapeutic courts require significant resources, especially substance abuse treatment resources, that are not readily available in all areas of the state. They also require significant case management, monitoring, and legal resources. These would all need to be increased for full-scale replication efforts. Pared-down models, as discussed above, may present an alternative. Another alternative is to apply therapeutic court principles and methods in conventional settings, especially where judges' and attorneys' caseloads are less burdensome, as in some rural settings.

One remaining concern is that Roman and his colleagues suggested that the program's benefit accrues mostly during the first 24 months after initial arrest – most of this time is while the participant is in treatment and being intensely monitored. After 24 months, the positive effect dissipated and those who committed new crimes committed more serious ones than individuals in the comparison group (46). Attempts should be made to determine why this occurred and to alleviate this post-program relapse. Partners for Progress has started to address this by starting "alumni" support groups for those who complete the Anchorage Wellness Court and other therapeutic courts in Alaska.

Summary

As discussed, both barriers and opportunities exist for replicating and transferring the Anchorage Wellness Court program model, or adapting it or portions of it for alternative use. Overall, one of the most positive aspects of the Anchorage Wellness Court was its effect on community members, stakeholders and policymakers, who all benefitted by finding ways in which they could attempt to close the usual "revolving door" of justice for addicted offenders. This positive reaction suggested that those working in the criminal justice system, and those closest to it, strongly desired alternative and innovative ways in which to respond to the significant problem of alcohol-driven crime in Alaska. This innovative spirit could encourage many more justice initiatives by increasing confidence of policymakers that criminal justice innovations relating to substance abuse treatment will be well-received by criminal justice stakeholders and, especially, by communities across Alaska.

Appendix A

Table of Contents for Full Report

Table of Contents

Appendix B

Impact and Cost-Benefit Analysis: Executive Summary

RESEARCH REPORT JULY 2008

Impact and Cost-Benefit Analysis of the Anchorage Wellness Court

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research for safer communities

URBAN INSTITUTE
Justice Policy Center

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Despite their guidance, all remaining errors are our own.

EXECUTIVE SUMMARY

The primary goal of this research is to estimate the costs and benefits of serving misdemeanor DUI offenders in the Anchorage Wellness Court (AWC), a specialized court employing principles of therapeutic jurisprudence. The Urban Institute, as the subcontractor to the University of Alaska-Anchorage, conducted an impact and a cost-benefit analysis (CBA) to estimate the effectiveness of the AWC. The study focused on the impact of the program on reducing the prevalence and incidence of new criminal justice system contact. Costs were collected to estimate the opportunity cost of the AWC. Recidivism variables were monetized to estimate the benefits from crime reductions. Outcomes were observed at 24, 30, 36, and 48 months.

The Anchorage Wellness Court began serving misdemeanor DUI offenders in Anchorage, AK in August, 1999, with the goal of reducing alcohol-related offending through treatment and increased individual accountability. The Anchorage Wellness Court began as a bail and sentencing option. Arrestees with an identified alcohol problem were released into the community where they received substance abuse treatment and regular judicial supervision. Over time, the AWC expanded operations to include more components of therapeutic jurisprudence, eventually evolving into a mature therapeutic court. Program components included substance abuse treatment, moral reconation therapy (MRT), recovery meetings (such as Alcoholics Anonymous), employment and financial responsibility, case management and substance abuse monitoring, judicial supervision, and complex criminal justice collaborations.[1] Participant eligibility was determined by clinical staff and prosecutors. Defendants voluntarily enrolled into the program and received reductions in jail terms and fines if they successfully completed the program, which usually required about 18 months.

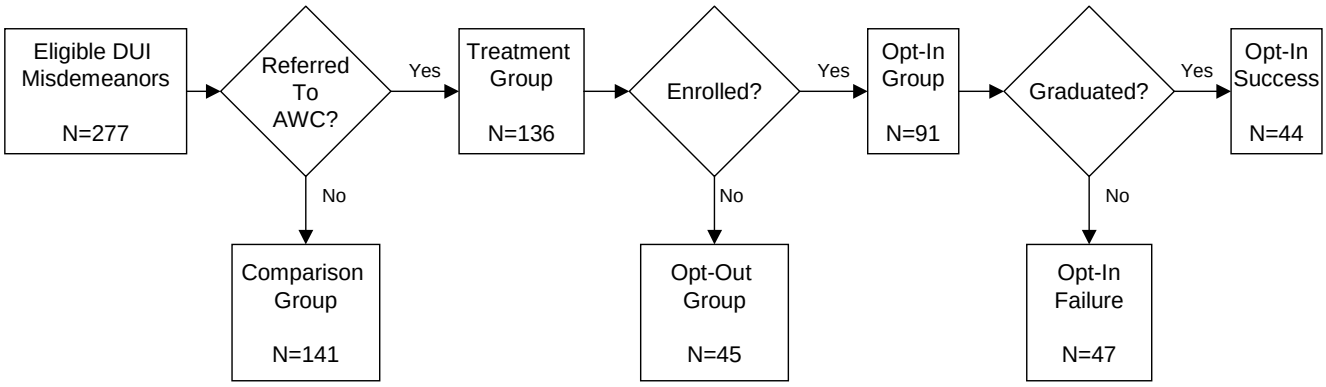
In this study we make two sets of comparisons to estimate the effect of AWC on participant behavior. First, we compare the outcomes for 277 individuals who were eligible for the Anchorage Wellness Court (AWC)—141 individuals who had no contact with the program (the Comparison Group), and 136 who were referred to the program (the Treatment Group). Although not everyone who was referred to the program formally enrolled, all who were referred received at least some exposure to AWC[2]. We refer to those who formally opt-in to the program as the Opt-In Group, and those who were referred but did not formally enroll as the Opt-Out Group. To account for the

[1] For a complete description of the program and operations of the Anchorage Wellness Court and a discussion of the transferability of the model, please see Susie Mason Dosik. (2008). Transferability of the Anchorage Wellness Court Model. Anchorage, AK: Alaska Judicial Council. 1-232.

[2] Dosik notes that "[a]significant lag time—sometimes months" might elapse between referral and formal enrollment, and "the defendant was receiving substance abuse treatment and program services during that time" (2008:4).

presence of two distinct groups within the Treatment Group, we then compare outcomes for the Opt-In Group (91, including those who ultimately graduate (44) and those who fail (47)), the Opt-Out Group (45), and the Comparison Group (141).[3]

Figure 1. Flow of Cases into the Anchorage Wellness Court



Source: urban Institute Analysis of program data.

Given the complicated enrollment process, both tests are necessary to understand the effectiveness of AWC. Those who eventually opt-out of AWC may receive considerable services from AWC before exiting the program. In effect, the decision to enroll is an intermediate outcome where those who are doing well (or are expected to do well) formally enroll and those who are not, exit. If this initial success or failure is used to determine group composition, final outcomes are confounded. Those who are on a positive path and opt-in include individuals who would be expected to do better than the average person referred to AWC, since the Comparison Group includes both those who would have opted-in and also those who would have opted-out. If such a decision rule is used to determine who is in the Treatment Group, the results are likely to be biased. As a result, the impact of AWC on all who are referred must be tested.[4] However, it is also important to determine whether those who received the full program had better outcomes, and thus we include a second set of tests where the outcomes of the Opt-In and Opt-Out Groups are estimated separately.

RESULTS

Overall we find that AWC reduced recidivism and reconviction for the Treatment Group. Despite the decrease in the prevalence of recidivism, the Treatment Group returned negative benefits in the form of significantly higher costs to the criminal justice system and victims that result from their

[3] A complete explanation of this graphic can be found on page 7 of this report.

[4] There is an additional reason to evaluate the effectiveness of AWC on all who are referred to the program. That is, one critical measure of program effectiveness is how successful the program was in getting referred individuals to enroll and receive services. If those who are treated do well, but few who are eligible ultimately enroll, it is prudent to ask whether that program should be deemed successful. Including all those who were assigned to AWC within the Treatment Group allows for this type of comparison.

new offending. However, when the Treatment Group is divided into the Opt-in and Opt-Out Groups, a much different pattern emerges. We find that the Opt-In Group had significantly lower likelihood of any rearrest and reconviction and significantly fewer Opt-In Group members were rearrested and reconvicted in all four follow-up periods. Those in the Opt-In Group had large and significant benefits to the criminal justice system and crime victims, returning over three dollars in benefits for each dollar in program costs. By contrast the Opt-Out Group has worse outcomes than the Comparison Group on almost all measures.

RESULTS OF THE EVALUATION OF THE TREATMENT AND COMPARISON GROUPS

Bivariate Results

The general pattern of results is that the Treatment Group had better outcomes on most indicators of success, including the likelihood of a new arrest and the number of new arrests, but that the program was more costly to administer than the comparison, and the harms from new offending were greater. In the bivariate analysis, we find that at 24 months, 37 percent of the Treatment Group had been rearrested, compared to 53 percent of the Comparison Group. These significant differences ($p<0.01$) persist through 48 months where 47 percent of the Treatment Group had been rearrested compared to 66 percent of the Comparison Group. Those in the Treatment Group were less likely to be re-convicted as well, although the difference is only significant at 24 months. There were no significant differences in the number of rearrests or reconvictions. While the arrest and conviction prevalence were lower for the Treatment Group, we find negative benefits to the criminal justice system and the public from new offending – that is, the harms from new offending were higher for the Treatment Group than the Comparison Group. Overall, we estimate that the cost of the program was about $3,300 per participant. When the cost of AWC and the costs of new offending are combined, we find that AWC was not cost-beneficial.

Multivariate Results

There are differences between the Treatment and Comparison Groups in terms of the attributes of each group's membership. To control for any bias this may introduce, we ran multivariate analyses to confirm the bivariate findings. In general, the same results are returned. The odds of a Treatment Group member being rearrested are lower than the Comparison Group in all four periods, as are the odds of a reconviction (but again the differences are only statistically significant at 24 months). We again find no statistically significant differences in the number of re-arrests and the number of re-convictions. We also find no significant differences in the time to rearrest, though there is a significantly longer time to reconviction for the Treatment Group. In the multivariate models, we again find large negative benefits (additional costs) associated with the new offending of the Treatment Group. These differences are significant in the first three follow-up periods and average about $7,800 per participant (and these costs are in addition to the $3,300 in new costs associated with AWC programming.

RESULTS OF THE EVALUATION OF THE OPT-IN, OPT-OUT AND COMPARISON GROUPS

Bivariate Results—Opt-In Group vs. Comparison Group

The Opt-In Group had better outcomes than the Comparison Group on virtually all indicators of success. In the bivariate analysis, we find that at 24 months, 26 percent of the Opt-In Group had been rearrested, compared to 53 percent of the Comparison Group. These significant differences ($p<0.01$) persist through 48 months where 42 percent of the Opt-In Group had been rearrested compared to 66 percent of the Comparison Group. Those in the Opt-In Group were less likely to be re-convicted as well in all four follow-up periods. The Opt-In Group had fewer reconvictions in all four periods and fewer rearrests at 36 and 48 months. We find no difference in the bivariate comparisons of benefits to the criminal justice system and the public from new offending – although costs to police from new offending by the Opt-In Group were significantly lower, costs to supervision agencies were significantly higher. Overall, we estimate that the cost of the program was higher for the Opt-In Group then the Comparison Group, averaging about $3,900 per participant.

Bivariate Results—Opt-Out Group vs. Comparison Group

For the Opt-Out Group, we largely find no effect or negative effects. In the bivariate analysis, we find that at 24 months, 55 percent of the Opt-Out Group had been rearrested, compared to 53 percent of the Comparison Group, and there were no differences at any of the follow-up periods. At 48 months 55 percent of the Opt-Out Group had been rearrested compared to 66 percent of the Comparison Group, but the difference is not statistically significant[5]. There are no differences between the Opt-Out Group and the Comparison Group on measures of the likelihood of a reconviction or the number of rearrests and reconviction. However, in the bivariate comparisons of benefits to the criminal justice system and the public from new offending, the Opt-Out Group had large and significant negative benefits. That is, at 48 months, the costs of new offending by the Comparison Group were about $25,300, while the costs associated with new offending by the Opt-Out Group were about $37,500. We estimate that the program expenditures were much lower for the Opt-Out Group then the Treatment Group, averaging about $700 per participant.

Multivariate Results—Opt-In Group vs. Comparison Group

Because there are differences between the Opt-In Group and Comparison Groups in terms of the attributes of their membership, we ran multivariate analyses to confirm the bivariate findings. In general, the same results are returned. The odds of an Opt-In Group member being rearrested are significantly lower for the Opt-In Group in the first three periods, as are the odds of a reconviction (but the differences are only significant at 24 and 30 months). We find significant reductions in the number of re-arrests and re-convictions (at 24 and 36 months). In the multivariate models, we again find large positive benefits (a reduction in costs) associated with the new offending of the Opt-In Group at 24 months (a savings of about $13,400) and 30 months (a savings of about $11,900). These

[5] Unless otherwise noted in the text, throughout this paper, results are considered to be statistically significant if $p<0.05$.

differences are significant and more than offset the additional cost of about $3,900 of treating this group. In addition, there is a significantly longer time to re-arrest for the Opt-In Group.

Multivariate Results—Opt-Out Group vs. Comparison Group

Multivariate models were run to control for baseline differences in attributes between the Opt-Out Group and Comparison Groups. Again, similar results are returned. The odds of an Opt-Out Group member being rearrested are higher than the Comparison Group in the first two follow-up periods and lower in the last two follow-up periods, although none of the differences are significant. Interestingly, by 48 months, the odds of re-arrest for the Opt-In Group and the Opt-Out Group are almost identical. Odds of a reconviction are higher for the Opt-Out Group than the Comparison Group in all four periods, but none of the differences are significant. An identical pattern for the odds of any reconviction and the number of reconvictions is observed. In the multivariate models, we again find large and significant negative benefits (an increase in harms associated with new offending) for the Opt-In Group at all four periods, and the Opt-Out Group had average negative benefits of $15,900-$17,400. These differences are significant and add to the additional cost of about $700 of treating each member of the Opt-Out Group.

SUMMARY

In general, we find that the AWC was effective in reducing recidivism and associated harms for the Opt-In Group. Among those who were referred to the program, but who did not enter the program (the Opt-Out Group), there was no effect on some outcomes and negative effects on other outcomes including a finding that this group contributed substantial additional harms to society. Thus, if the AWC is evaluated only on the effectiveness of serving those who were sufficiently motivated to formally enroll in the program, the results are an unqualified success. If a more expansive lens is used, and the effectiveness of the program considers whether the program was effective in serving all who were referred, which is surely a goal of the program, then the effectiveness of the program is modest.