



Adult Substance Abuse Court
2008 Annual Report
Second Judicial District

ASAC was created seven years ago to further public safety by diverting substance abusing and mentally ill adults involved in the criminal justice system from incarceration to mental health, substance abuse and other support services in the community.

Executive Summary

- There were 78 individuals served in ASAC in 2008. Of the 34 individuals who left the program, 24 (71%) graduated. These graduates were in the program for an average of 796.17 days (2.18 years) and were sober for an average of 485.78 days (1.33 years).
- There were 33 individuals who entered into the program in 2008. More than half (55%) were charged with Fifth Degree Possession.
- In July, ASAC was awarded funding from the Department of Human Services to increase the number of Track IV (probation violations) participants into the program.
- Sanctions were tracked by both the reason and the type of sanction administered. The most common reason that sanctions were given was for missed UAs and the most common sanction was community service.
- This year, the court also tracked the incentives the participants received. The most common reasons for incentives were for program compliance that results in a “fishbowl” entry and sobriety. There were 158 sobriety medallions that were earned over the last year.
- The Psychiatric Court Clinic had six people successfully complete the clinic and all graduates had improved functioning scores as measured by the Global Assessment of Functioning (GAF).
- For both the one year and three year follow-up, graduates had fewer convictions than those in the comparison group.

History of the Adult Substance Abuse Court (ASAC)

ASAC was created seven years ago to further public safety by diverting substance abusing and mentally ill adults involved in the criminal justice system from incarceration to mental health, substance abuse and other support services in the community. The program is designed to provide individuals the opportunity to change their lives and to break the cycle of substance abuse. It is unique because it represents a closer working union of criminal justice partners (judge, psychiatric professionals, prosecuting and defense attorneys, case managers, and treatment providers) than is traditionally seen in criminal courts.

The program's target population includes those who are non-violent offenders, are at least 18 years old, have a substance abuse problem and in need of treatment, and are willing to participate in the ASAC. Components of the abstinence-based program include: chemical dependency assessment and treatment, assessment for participation in other programming (cognitive learning groups, mental health interventions), random alcohol and drug testing, regular court appearances, case management meetings, attendance of community support groups, obtain employment or pursue education, participate in pro-social activities, and pay program fees. The program is 12-24 months in length and is divided into three major phases, each minimally four months in length.

Structure/Model

The Adult Substance Abuse Court is divided into four Tracks: Track I – Diversion; Track II – Pocket Plea; Track III – Post-Plea; and Track IV – Probation Violators.

Eligibility Criteria

All offenders will be screened for substance abuse problems, residency and offense status for the Adult Substance Abuse Court Program when they make their first appearance in court after being charged with a felony offense.

Eligibility criteria for **all** participants:

- Ramsey County resident
- Substance abuse problem and in need of treatment
- Voluntary participation in program

Eligibility criteria for **Track I** (Diversion) include:

- No prior offenses
- Low level alcohol/drug and/or drug-related property charge
- Essentially, the same criteria as traditional diversion cases (which has some exceptions) except that the participant has an identified substance abuse problem.

Eligibility criteria for **Track II** (Pocket Plea) include:

- Offender with multiple misdemeanor offenses
- Low-level alcohol/drug or drug-related property charges, including felonies
- Offender must admit elements of crime in front of judge

Eligibility criteria for **Track III** (Post-Plea) include:

- Some prior felony offenses
- Commission of a 3rd, 4th or 5th degree drug offense or drug-related property offense (e.g. felony theft, forgery or some burglaries). First, Second and Third degree will be eligible on a case-by-case basis.

- Offender pleads guilty

Eligibility criteria for **Track IV** (Probation Violator) include:

- Technical violation
- Recommendation of probation officer and approval by sentencing judge
- Offender must admit violation
- Disqualification Criteria
- Violence in current or past felony offenses. The case must be staffed by all members of the staffing team and is accepted only if consensus is reached.

Dispositions

Track I (Diversion) participants are placed on the Ramsey County Attorney's Diversion Program and directed to the Adult Substance Abuse Court for treatment and other conditions. There is no finding of guilt and no conviction unless the participant fails to complete the program.

Track II (Pocket Plea) participants plead guilty to the charges but the court withholds accepting the guilty plea. If the participant successfully completes the ASAC program, the plea of guilty is not accepted and the charge(s) is (are) dismissed.

Track III (Post-plea) participants enter the substance abuse court program after the plea and the sentence is pronounced and stayed, and the offender enters the Substance Abuse Court program.

Track IV (Probation Violator) participants enter the Substance Abuse Court program at the recommendation of the probation officer and the approval of the sentencing judge.

Program Requirements

- Attend court appearances regularly
- Participate in substance abuse treatment
- Submit to alcohol and other drug tests
- Timeliness
- Remain law-abiding
- Remain free from alcohol and other drugs
- Obtain employment or education
- Participate in pro-social activities
- Pay program fees

Referral and Entry Process

Cases are reviewed upon arrest by Project Remand staff to determine basic eligibility-the case is then referred to the program screener who will speak to the participant during the Arraignment Court process and offer the opportunity to participate in the program. In order to formally enter the program, the participant must have a chemical dependency treatment start date or be actively engaged in treatment. A participant is considered "in" the program once a formal plea has been made.

The table below compares people who were charged with a Fifth Degree in Ramsey County in 2008 to those who were or were not accepted into ASAC. Women were more likely to be accepted into ASAC than men. Caucasians and Hispanics are represented in ASAC in greater numbers than those who are charge with a Fifth Degree offense and those who did not enter ASAC. Participants in ASAC were also less likely to be charge with a Fifth Degree offense compared to those who did not enter the court.

	2008 Fifth Degree Filings (n = 439)	2008 ASAC Acceptances (n = 33)	2008 ASAC Non-Acceptances (n = 46)
Gender			
Men	83.3%	63.6%	71.1%
Women	16.7%	36.4%	28.9%
Age			
	Range: 18-63 years Average: 30.94 Years	Range: 20-47 years Average: 30.84 Years	Range: 1-59 years Average: 32.09 Years
Race			
Caucasians	44.6%	54.5%	57.8%
African Americans	44.9%	33.4%	33.3%
Hispanic	1.1%	6.0%	0.0%
Asian	7.3%	6.1%	4.4%
Native American or Hawaiian	1.7%	0.0%	4.4%
Other	.3%	0.0%	0.0%
Charge			
Fifth Degree		54.6%	73.3%
Theft/Burglary/Forgery		36.3%	20.0%
Second or Third Degree		9.1%	6.7%
Days from referral to acceptance:		Range: 7-113 Days Average: 41.28 Days	

The most common reasons for individuals not to be accepted into ASAC were: Declined by the County Attorney, Not interested in participating, Non-compliant with court requirements, Eligible for diversion, and Mental health issues were too severe.

Program Graduates and Terminations

In 2008, there 24 graduates and 10 individuals who were terminated from the program. Below is a table that compares these two groups on demographic variables. Graduates were more likely to be women than men. There appears to be minimal differences between graduates and terminations with regard to age and race.

	Graduated (n = 24)	Terminated (n = 10)
Gender		
Men	16.7%	80.0%
Women	83.3%	20.0%
Age	Range: 20-49 years Average: 35.87 Years	Range: 21-52 years Average: 36.00 Years
Race		
Caucasians	62.5%	70.0%
African Americans	25.0%	20.0%
Hispanic	8.3%	10.0%
Asian	4.2%	0.0%



Pictured above are two of ASAC's 2008 graduates.

Drug Use Data

Graduates were more likely to have used methamphetamines, alcohol, cocaine, and prescription medications than terminations. Graduates spent nearly twice as many days in both inpatient and outpatient treatment compared to those were terminated. The longer time in treatment may be due to the fact that graduates spent more time in the program than those who were terminated before treatment could be completed.

	Graduates (n = 24)	Terminations (n = 10)
Drugs Used (will be greater than 100%)		

Alcohol	54.2%	40.0%
Cocaine	62.5%	40.0%
Methamphetamine	58.3%	30.0%
Heroin	8.3%	10.0%
Marijuana	41.7%	40.0%
Prescription drugs	29.2%	10.0%
Other: LSD/PCP	4.2%	0.0%
Chemical Health Assessment Level		
No Identifiable Problem	4.2%	0.0%
Abusing	8.3%	0.0%
Dependent	87.5%	100%
Number of days of Sobriety	Range: 171-1,095 days Average: 485.78 days	
Number of days in Inpatient Treatment	Range: 19-50 days Average: 54.14 days	Range: 10-57 days Average: 27.67 days
Number of days in Outpatient Treatment	Range: 15-966 days Average: 201.30 days	Range: 17-193 days Average: 102.67 days

Court Data

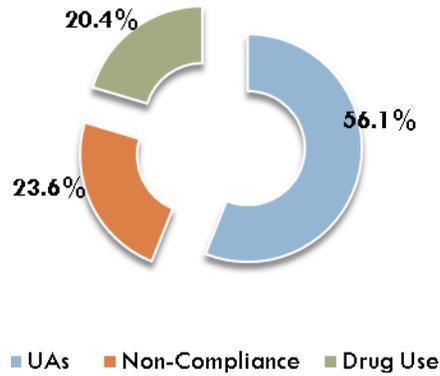
Both graduated and terminated participants had a similar percentage of property crimes; however, there were more 1st and 3rd degree cases for graduates compared to those who were terminated. Tracks III and IV were also represented at a higher rate in the graduate group. Terminations also had a slightly higher number of days from referral to acceptance.

	Graduates (n = 24)	Terminations (n = 10)
Main Charge		
Theft/Forgery/Motor Vehicle	29.2%	30.0%
Theft/Possession of Burglary Tools		
Fifth Degree	54.2%	70.0%
First-Third Degree	16.7%	0.0%
Entry Track		
I	4.2%	0.0%
II	54.2%	70.0%
III	20.8%	10.0%
IV	20.8%	20.0%
Number of days from referral to acceptance	Range: 5-150 days Average: 39.62 days	Range: 14-113 days Average: 45.80 days
Number of days in ASAC	Range: 497-1,213 days Average: 796.17 days	Range: 63-1,099 days Average: 489.30 days

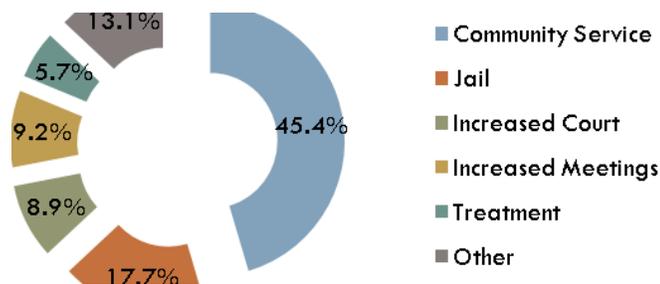
Sanctions and Incentives

The sanctions and incentives will be applied as soon as possible after notice of the participant's behavior. The principle applied is that the participant should receive the least restrictive sanction based upon earlier behavior and sanctioning.

In April, 2008 we created a database to track sanctions and incentives. The most common reason that a sanction was administered was for UA problems—missed UAs, diluted UAs, and tampered UAs. The second most common reason was program non-compliance: missing groups, not completing Sentence to Serve, or discharge from treatment.



The most common response for a sanction was community work service or STS. Other responses include jail or a warrant being issued, increase in court requirements (e.g., more UAs, more court hearings, going to an earlier phase), an increase in meetings, treatment plan (e.g., new chemical health assessment or re-entry into treatment, and other (e.g., relapse presentation, writing assignment).



Most of the incentives for program compliance which resulted in a “fishbowl” entry where participants’ names are entered into a drawing for a prize at the beginning of court. Since April, 1, 2008, there were 683 fishbowl entries earned. Additionally, incentives were provided as medallions to mark sobriety milestones. There were 158 medallions earned by participants.

Sobriety Milestone	Medallions Earned
Thirty Days	40
Sixty Days	37
Ninety Days	33
Six Months	24

Nine Months	13
One Year	7
Two Years	3
Three Years	1
Total	158

Drug Testing

Drug and alcohol testing is one of the ten key components for a problem-solving court and most important for program integrity. Test results can act as a deterrent to future drug use, identify participants who are maintaining abstinence, identify participants who have relapsed, provide incentive, support and accountability for participants and is adjunct to treatment and frames sanction decisions. Effective testing is frequent, must be random (unexpected, unannounced, unanticipated) and progressive (linked to phase requirements).

Drug testing occurs through Ramsey County local contract vendor RS Eden, to conduct and analyze drug and alcohol (ETG) tests. The vendor has established testing protocol and provides training to staff on proper testing procedures. All urinalysis tests are observed. Participants are placed on a Code-A-Phone System which instructs them via means of a recorded message when a test has been scheduled. They are assigned a color which dictates the day they are to report to RS Eden for the drug test.

Testing is conducted at random twice per week for Phase 1, once per week for Phase 2, twice per month for Phase 3. In addition, the case managers and/or team has the ability to instruct participants to provide a random test upon instruction. Breathalyzers are also administered when necessary during court sessions, office and home visits. Instant urine kits are also used during home visits and court sessions when necessary.

Participants choosing to enter ASAC must agree to cease the use of all mood-altering substances that would test positive during a drug test (including, but not limited to narcotics, tranquilizers, sedatives, stimulants, opiates, opiate-based medications). If during the course of participation it becomes necessary for a participant to take prescription medication, prior approval must be sought by the ASAC Court Team with appropriate medical documentation provided. The use of the medication may be approved on a conditional, time-limited basis based on the established facts. Any use of doctor monitored prescription drugs is determined on a case-by-case basis by the ASAC Team.

In 2008, we switched databases; therefore, UA tests are documented for the last nine months of the year for Tracks III and IV and include all tests in 2008 for those in Tracks I and II. During that timeframe there were 2,664 UA tests and 176 (7%) were positive.

Pro Social Activities



Each year, ASAC holds court off-site for a picnic. This is a time for the participants to interact with the court in a fun, sober environment. The goal of the picnic is to get the participants together with their families to learn how to have a good time without drugs or alcohol. Pictured to the left are participants and their children enjoying the picnic.

Recidivism Analysis

The analysis includes all participants who left the program on or before 12-31-07. The second table includes convictions that occurred for cases where the offense date was in within one year of leaving the program or one year after the disposition date for the comparison group. The second table is for those who had three years pass since program exit. The percentages reflect the number of people with a new conviction. Individuals are counted only once for each category but may be represented in multiple categories.

The first table compares the ASAC participants to those in the comparison group on key demographic variables. Overall, ASAC participants regardless of whether they graduated or were terminated, were less likely to be convicted of a new offense than those in the comparison group.

	Comparison Group (n = 50)	ASAC (n = 127)
Race		
Caucasians	52%	61%
African Americans	42%	31%
Hispanic	4%	5%
Native American	2%	2%
Other	0%	1%
Age	32.76	33.11
Gender		
Women	42%	48%
Men	58%	52%
Charge		
5 th Degree	66%	64%
Prop Offense	34%	36%

Chemical Health Assessment Level		
Level 3 Dependence	74%	74%
Level 2 Abuse	22%	22%
Level 0 or 1	4%	4%

One Year Post Drug Court Exit (or disposition date for the comparison group)

	Graduates (n = 51)	Terminations (n = 76)	All ASAC¹ (n = 127)	Comparison Group (n = 50)
Any Conviction	8%	26%	19%	30%
Misdemeanor	6%	17%	13%	14%
Gross Misdemeanor	0%	7%	7%	4%
Felony	2%	9%	6%	18%

Three Years Post Drug Court Exit (or disposition date for the comparison group)

	Graduates (n = 25)	Non-Completers (n = 42)	All ASAC (n = 67)	Comparison Group (n = 50)
Any Conviction	20%	40%	33%	60%
Misdemeanor	16%	7%	10%	34%
Gross Misdemeanor	0%	17%	17%	18%
Felony	16%	24%	21%	36%

Community Functioning Variables

In addition to sobriety and law abiding behavior, the Adult Substance Abuse Court strives to help participants make positive changes in their lives. Therefore, data were also collected for driver's license, housing, education, and employment status upon entry and exit of the program.

Driver's License Status

Ten participants had a valid driver's license prior to starting the ASAC program. However, only three additional participants obtained a valid license while in the program and 50% of the graduates had a valid license upon graduation.

Education Status

There were three graduates (12.5%) who improved their educational status by attending college. However, 29% of graduates did not have a high school diploma.

Employment Status

There were seven graduates (excluding students and those who were disabled) who improved their employment status as follows:

- Three people went from being unemployed to working part-time.
- One person went from being unemployed to working full-time.

¹ New convictions exclude all traffic offenses, except DWIs.

- Three people went from working part-time to full-time.

There were two graduates (8%) who were unemployed upon graduation.

Housing Status

Upon entrance and exit, most graduates were either renting, owned a home, or were living in a facility (e.g., sober or half way house). One graduate had temporary housing upon graduation.

Program Fees

Program fees have been established as follows; Tracks I and II \$300.00 and Track III and IV \$200.00. Participants make payment arrangements with their case manager. Participants are required to have their program fees paid in full and half of their court ordered restitution paid before advancing to Phase III of the program. Restitution must be paid in full before a participant will be approved for graduation. Most of the participants charged with Drug offenses are not required to pay restitution as there is no designated victim. However, participants charged with crimes such as Theft; Forgery; or Burglary may be court ordered to pay restitution.

In 2008, there was a total of \$5,197.00 paid from participant fees. Since the program's inception, Tracks I and II have paid a total of \$5,182.21 in restitution. In 2008, \$3,511.48 was paid by Tracks III and IV for restitution.

Psychiatric Court Clinic

The Psychiatric Court Clinic is directly attached to the Mental Health Court and ASAC courtrooms. The Clinic began when the ASAC coordinator brought in a psychiatric nurse to evaluate how the court could better serve those with co-occurring disorders. The impetus for her work was based on the continual relapse issues in this population and those with co-occurring disorders who were failing in the ASAC program. When reviewing the data from ASAC's first years of operation, the court discovered that 77% of those terminated from the program suffered from a mental illness.

By incorporating the Psychiatric Clinic as a part of the drug court, participants with mental illness are able to receive more timely care for their mental illness. Prior to the Clinic, defendants had to wait an average of four months to meet with a psychiatrist in the community. During this waiting period, participants were languishing in the program because their mental health needs were not being met. When participants did meet with a psychiatrist in the community, they did not have a lot of interaction with the medical staff.

Close supervision of co-occurring participants is needed to identify when a medication is not working, as well as to help participants develop a plan for when medications do not work or when they are in crisis. Additionally, many participants had difficulty navigating the mental health systems alone. The Clinic provides direct access and monitoring so that participants do not have to do this alone. Participants need to have an Axis I mental health diagnosis in order to be accepted into the Clinic. The key elements of the PCC are: 1). Assessment and diagnosis of mental illness including: intake interview based on psychosocial, psychiatric and medical history; MSE and GAF scoring; continued evaluation of participant's diagnosis and how it changes with continued abstinence 2). Medication management and health education which includes finding the right medication; managing the participants response to medication; treatment planning; referral for case management; referral to group or individual counseling; and education to each participant about their diagnoses, symptom recognition and symptom management 3). Preparation for community integration including: monthly visits with participants who are



The Psychiatric Court Clinic's first two participants who successfully graduated from ASAC.

approaching graduation; connecting participants to psychiatric/medical care after graduation; connecting participants to support meetings specific to co-occurring individuals.

In 2008, there were 11 referrals to the PCC and only one of them was not accepted into the program. The average number of minutes for the nurse referral interview was 93 minutes. The most commonly used drugs by referees were alcohol (46%), Cocaine (36%), Marijuana (36%), and Methamphetamines (27%). A majority of the referrals came from ASAC (73%) and 27% were referred from the DWI Court.

In 2008, 62.5% clinic participants successfully graduated ASAC. There were five graduates who had a Global Assessment Functioning (GAF) assessment done upon entry and exit. This assessment provides a quantitative assessment of an individual's functioning across multiple areas of life (e.g., social, psychological, occupational). For these individuals, the average GAF score upon entry was 36.0 (indication of lower functioning) and the score upon exit was 67.4 (higher functioning). A report specific to the goals and accomplishments of the PCC is currently being developed.

Training and Teambuilding

Team members are highly skilled professionals who continually engage in training to enhance their skills and acquire knowledge. During the past year, case managers attended training in the areas of: working with female offenders, DBT, core communications, cognitive programming, trauma and the brain. Two case managers attended role specific case management training offered through NDCI. The program coordinator attended statewide coordinator training.

Throughout the year, various community providers have attended staffing to educate the team with their prospective programs. This will continue for the following year as well.

Team brown bag meetings were held on a monthly basis where day to day operations and procedures were enhanced, refined, deleted. Team retreats were held every quarter in an effort to focus in specific program issues and check in with all team members.

Success Stories

Heather E

Heather entered ASAC in August of 2005 but was not referred to the Psychiatric Clinic until July of 2006. The reason for referral was her inability to maintain sobriety with relapses occurring every 30 to 60 days. Her drug of choice was methamphetamine. Upon intake to the clinic we learned that Heather had been to treatment seven times. She also had six solid years of recovery following a treatment during late adolescence. During that time she went to school, graduated, and became a nurse. Her specialty was the Intensive Care Unit. Her high level of energy lent itself well to the rapid pace of her job. She experienced a clinical depression during this time, missed a lot of work, and was unable to get out of bed. It was during this time that she began the use of meth. The drug got her up and moving, but ultimately cost her the nursing job and eventually her license. Her ultimate goal for ASAC was to maintain one year of sobriety so she could re-apply for her nursing license. She continued to relapse between 30 and 60 days but each time, we would process the physical manifestations that accompanied her cognitive changes and she started to make the mind-body connection. We also referred her to DBT therapy which she completed. As part of her treatment plan, we encouraged her to move into a sober house and immerse herself in the 12 steps. It was there, surrounded by other recovering women, that Heather achieved her first solid year of continual sobriety. She worked full time as a cashier at a grocery store. In her second year, she graduated from ASAC and took the steps necessary to get her nursing license back. She now has her conditional license and is working as a nurse and now has two years of sobriety. She is also the ASAC alumni group facilitator.

Daniel T

Daniel had been a past graduate of ASAC. He suffered many relapses the first time ultimately graduating, but not with the tools to change his life. The team agreed that if we were to take Daniel again, it would be with the provision that he seek help from the Psychiatric Clinic. Our initial intake assessment was done in a correctional facility. Daniel was fraught with symptoms of Obsessive Compulsive Disorder that were making it unbearable to live in a group setting. He was having constant altercations with peers. He was also unable to be still and couldn't sleep. He had seen a Psychiatrist twice in his life time with a diagnosis of Depression. He had tried many different antidepressants that more than likely exacerbated his symptoms. Daniel had been to treatment 19 times. The only sobriety he did maintain was 11 months with ASAC the first time. The Clinic continued to see him regularly and changed medications as his situation would warrant. He has re-united with his wife, bought a home and moved into it. He has 18 months sobriety and has a full time job. He has occasionally brought his wife for appointments as he has learned to trust her perspective and is open to her feedback. He will continue to be seen monthly until his graduation. The sum of money that he owes for restitution is slowing down the graduation process. He accepts this fact and continues to move along with his recovery. Daniel is a changed man, with a long criminal history. He has changed his criminal thinking, has an amazing work ethic, and has given this program his all.

Program Accomplishments

National Association of Drug Court Professionals Annual Conference

In May, 2008, Judge Smith and Brigid Chase (Psychiatric Nurse) presented on the Psychiatric Court Clinic's accomplishments at the National Association of Drug Court Professionals Annual Conference in St. Louis, Missouri.

Partnership with Ramsey County Sherriff

Last year, Deputies Bruce Booher and Taia Piekarski began conducting home visits with ASAC participants to provide supportive monitoring. Participants were informed of the deputy's reporting responsibilities and that they may be asked to perform a breath test (using a PBT unit) should the need arise. This addition has received positive feedback from both the deputies and the participants. The deputies have the opportunity to see participants engaging in positive behaviors and getting their lives back on track. Additionally, the team and participants have praised the deputies for the positive rapport they have established with everyone.

Department of Human Services Grant

In July, 2008, ASAC was awarded a grant by the Department of Human Services (DHS) to recruit and serve more Track IV (Probation Violations) participants. This grant allowed ASAC to hire a case aide to identify new Track IV participants and to help connect them to community services. The goal of this grant is to accept 25 Track IV participants each of year of the two year period of the grant.

Alumni Group

All Phase Three participants are mandated to attend the Alumni Group once per month. The goal of the Alumni group is to provide a supportive environment give participants a chance to be mentored by a graduate of the program. The foundation of the group is honesty. The format is support, not structured around the traditional twelve-step model. The content of the meeting promotes honesty and self-disclosure away from the court process, case managers, ASAC team and is a confidential and safe place. Ideas and topics of discussion are introduced by the community facilitator, which are then talked about with the group at large. Graduates rotate in and facilitate the meetings as well.