



CRIME AND JUSTICE RESEARCH INSTITUTE

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**The Philadelphia Treatment Court, Its Development and Impact:  
The Second Phase (1998-2000)**

*Philadelphia's Drug Court:  
Research Report II*

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# The Philadelphia Treatment Court, Its Development and Impact: The Second Phase (1998-2000)

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## Executive Highlights

This report describes findings from the evaluation of the Philadelphia Treatment Court in its second Phase, beginning in January 1998. This research builds on an earlier report, *The Implementation of the Philadelphia Treatment Court: A Descriptive Analysis of Early Stages of Implementation*, which examined the Treatment Court in its formative, pilot period. The Phase II findings draw from analyses based on:

- aggregate and trend data relating to the court's operation, workload, and performance examined from April 1997 through August 2000;
- one-year follow-up for all participants and comparison group defendants entering the court system from January 1998 through August 1999 based on criminal justice, court, assessment, and treatment court data; and
- six-month follow-up of all participants and comparison group participants from January 1998 through November 1999.

The discussion of findings is presented in the following sections of this report:

- **Part One** briefly reviews the background and key elements of the Philadelphia Treatment Court approach, and the questions posed for evaluation.
- **Part Two** describes the design of the Phase II study of the court and its impact, including the comparison groups employed to place the outcomes of Treatment Court participants in context.
- **Part Three** presents findings from analyses of the Treatment Court's ability to reach its target population, including trends and projections of referrals, assessments, enrollments, terminations, and graduations from the court.
- **Part Four** examines the workload of the Treatment Court as it developed over time.
- **Part Five** describes the attributes of Treatment Court participants, including self-reported data relating to substance abuse, health, and related issues from assessments.
- **Part Six** charts the progress of the Phase II Treatment Court participants through the program with six-month and one-year treatment outcomes.
- **Part Seven** examines the criminal justice outcomes for the Phase II participants, contrasting their case dispositions and records of failure-to-appear, rearrest, and confinement with several comparison groups of defendants entering the court system during the same period of time.
- **Part Eight** summarizes the key findings from the evaluation and discusses their implications.

## **Evaluation Design**

Measurement of participant performance focused in-depth on individual level data and made use of the following comparison groups of defendants who were ordered to assessment between January 1998 and November 1999 and then tracked through processing:

1. Defendants ordered to assessment but not assessed (never appeared) (n=304)
2. Defendants assessed but found not to be in need of treatment (n=308)
3. Defendants assessed in need of treatment who chose not to enter Treatment Court (n=355)
4. Defendants found to be ineligible after referral (n=513)
5. Assessed defendants who chose to enter Treatment Court (n=352)

The evaluation originally employed an experimental design after agreement of all parties. When it was suspended part-way into the evaluation at the insistence of the Philadelphia Defender, we selected a post hoc comparison group of presumptively eligible defendants who had not been routed to the Treatment Court screening and enrollment process. The purpose of the comparison group was to obtain a baseline measure of defendants similar to those entering Treatment Court during the same period, but who were not exposed to its processes. To do this, we drew a retrospective random sample (n=255) of presumptively eligible felony drug defendants appearing at preliminary arraignment during the study period who were not listed for Treatment Court.

## **Reaching the Target Population**

During the Phase II Treatment Court study period (January 1998 through August 2000), the volume of arrests and of inmates confined in the Philadelphia Prisons population moved steadily upward. More specifically, drug arrests increased sharply and steadily in Philadelphia from 1996 through 1999 (by about 167 percent). These trends were paralleled by a similarly dramatic increase in the numbers of preliminary arraignments of defendants charged in drug cases in Municipal Court. The Philadelphia justice system background data suggest that—in numbers of drug arrests, preliminary arraignments, and inmates confined—the population targeted by the Philadelphia Treatment Court appeared to be in abundant and steadily increasing supply during the study period (and beyond). Treatment Court enrollments increased modestly during the Phase II study period as the Court reached its self-imposed capacity limit of an active caseload of 300 participants.

### **Active Caseload**

The active caseload of the Philadelphia Treatment Court grew from enrollment of its first four participants in April 1997 to 362 participants in August 2000. From January 1998 through August 2000, the period of the Phase II study, the Treatment Court's active caseload increased nearly fivefold percent in size, from 62 to 362 participants. This growth was achieved through generally small monthly increases averaging less than eight participants per month, with increases of ten participants or less in 18 of the 32 months recorded. During the first eight

months of 2000, however, the overall active caseload increased by a total of 27 participants—or less than three per month.

On average, overall listings—a measure of the volume of the court’s workload—increased steadily from the Treatment Court’s first days to peak at more than 600 cases per month in the summer of 1999 and 500 cases per month in the early spring of 2000. The workload then dropped sharply in the summer of 2000 to just about 350 cases per month.

The number of monthly listings that involved new enrollments (defendants tendering pleas) roughly doubled from ten in January 1998 to over 20 a year later. Over the 32-month study period from January 1998 through August 2000, 572 defendants were enrolled in the Treatment Court, an average of about 18 per month or four defendants per week. These numbers are equivalent to an average enrollment rate of 208 participants per year.

### Treatment Court Screening Process

Although the dynamics of the screening process changed over time (e.g., in the decreasing rate of those found not in need of treatment), the production of enrollments for Treatment Court from the target population changed little from the pilot period to Phase II.

- During the pilot phase, the referral of Type I and Type II drug defendants to the Treatment court screening process produced 17 enrollees for every 100 referrals.
- During Phase II, the ratio improved slightly to 21 enrollees for every 100 defendants referred from preliminary arraignment.

Failed to Appear (“No-Shows”): During the eight-month trial implementation period, about 13 percent of referred felony drug defendants did not appear at assessment (or at court). This rate was slightly higher (18 percent) during the 32-month period from January 1998 through August 2000.

Not in Need of Treatment: A much smaller proportion of the Phase II candidates (13 percent) than Phase I referrals (30 percent) were found not to be in need of treatment, suggesting that the targeting of Treatment Court candidates was becoming more efficient.

Ineligible: Roughly similar portions of the Phase I (27 percent) and Phase II (29 percent) defendants were found to be ineligible after more extensive background checks.

Rejected by the District Attorney: Very few referrals (one percent or less) were rejected by the District Attorney’s Office in each period.

Declined Treatment Court: About 13 percent of the Phase I referrals and 18 percent of Phase II referrals refused or declined Treatment Court.

Enrolled in Treatment Court: Overall, about 17 percent of all Phase I referrals and 21 percent of all Phase II referrals actually enrolled in Treatment Court.<sup>1</sup>

To put the enrollment and disposition process in context, we estimate that 3,429 felony drug arrests reached preliminary arraignment during the 23-month period from January 1998 through November 1999. Municipal Court bail commissioners ordered about 1,912 (or 56 percent) of these to Treatment Court assessment as a condition of supervised pretrial release, an average of about 83 per month during the Phase II study period. The remaining 1,517 (44 percent) were not referred to assessment, possibly because of the limitation placed by the Court on referrals at about 35 candidates per week, or because they had prior criminal records or other justice-related problems that excluded them from supervised pretrial release or Treatment Court eligibility at the preliminary arraignment stage.

Of those ordered to the substance abuse assessment appointment (scheduled from three to five days after preliminary arraignment),

- 40 percent were never assessed (at least as of August 31, 2000) and were presumed to be “no-shows.”
  - Of those not attending assessment, 47 percent had been found ineligible, 26 percent were fugitives, and 11 percent refused assessment;
- 13 percent were assessed as not in need of treatment; and
- 47 percent were found to be in need of treatment.

Of the 904 Phase II participants found to be in need of treatment at the Treatment Court assessment during that period,

- nine percent (78 defendants) failed to attend Treatment Court as ordered;
- 31 percent (283 defendants) opted not to participate in Treatment Court;
- 17 percent (149 defendants) were found to be ineligible after assessment; and
- 42 percent (383 defendants) tendered a guilty or *nolo contendere* plea to formally enter Treatment Court.

### Treatment Court Enrollments

The 383 candidates actually tendering a plea to enter Treatment Court represented 20 percent of the defendants referred from preliminary arraignment during the Phase II period. Of these entering Treatment Court,

- 38 percent had graduated as of August 31, 2000;
- nine percent had been terminated from the program for lack of compliance; and
- 54 percent were still active in Treatment Court.

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<sup>1</sup> The screening statuses were measured as of the end of December 1997 for Phase I defendants and as of August 31, 2000 for Phase II defendants. Note that a very small proportion in each period were in “pending” status at the time the data were collected, meaning that they had not progressed far enough to have a final screening disposition.

- Of these—more than half of those entering Treatment Court—28 percent were in fugitive status, five percent had been sanctioned, and 67 percent were recording acceptable status reviews.

Of those defendants who did not enter Treatment Court,

- half were not identified as potential candidates or were not ordered to the Treatment Court screening process by the Municipal Court bail commissioners;
- about 13 percent were assessed but found not to be in need of treatment;
- about 17 percent were discovered to be ineligible after the referral;
- about nine percent failed to appear in the screening process (they were “no-shows”), simply skipping the assessment and Treatment Court appearance requirements; and
- about 12 percent declined participation in the Treatment Court.

Though restricted by the Treatment Court’s policy of limiting enrollments, we estimate that half of presumptively eligible defendants (based on current charges, prior criminal and juvenile history, and guidelines classification), were not referred to Treatment Court. This suggests that, if resources for expansion of the Court’s caseload were to become available, the active caseload could be doubled.

### **Courtroom Workload**

As one might expect, in the early months of the trial implementation period (April 1997 through December 1997), the Treatment Court received mostly new cases, with the result that only a minority of listings were for reviews of participants’ progress in treatment.

- During the pilot period, status reviews grew from about 20 percent of the court workload in the early months to 42 percent of its weekly business in September to October 1997, and then declined in November and December to about 30 percent of listings.
- After the pilot period, however, status hearings accounted for an increasingly larger portion of the workload, growing from 35 percent of the January to February 1998 listings to roughly 60 percent from January through June 2000, and to a high of 69 percent—a large majority of overall listings—in June to July 2000.

In short, the content of the monthly Treatment Court workload inverted from an early predominance of non-status review matters (including new listings and enrollments) to a major emphasis on status reviews in the later period of the study. This finding reflects the express intent of the Treatment Court to see participants as frequently as necessary to monitor progress, thus differing from the normal court process, which seeks to dispose of large numbers cases efficiently and with a minimum of hearings.

### **Ratio of Enrollments to Total Listings**

The proportion of cases representing new eligible listings—or the portion of the monthly workload likely to include new admissions to the program—dropped by half during the court’s second phase of operation from 37 percent of all listings in the pilot period to 18 percent during

Phase II. From April 1997 through August 2000, there was a fairly steady drop in the proportion of the workload represented by new eligible listings, from roughly 40 percent (with fluctuation) to about 12 percent.

The ratio of new actual enrollments (pleas tendered) to total listings decreased from about one to 13 at the beginning of the pilot phase to one to 30 in Phase II. If this trend is projected forward without change, the Treatment Court workload will experience an impractically small ratio of enrollments to total Treatment Court listings. Although the philosophy of the Philadelphia Treatment Court emphasizes the importance of many visits to the courtroom during the treatment process, the ratio of enrollments to overall workload raises questions about the level of enrollments that should be maintained for the court to function effectively—within its resource constraints. From the perspective of the larger court system, which, in contrast, is concerned with the traditional goal of disposing cases, court leaders will have to determine what is an acceptable balance for the Treatment Court between total volume (heavily influenced by status reviews) and new admissions, and to allocate resources accordingly.

### **Attributes of Assessed Defendants**

Of those ordered to assessment as a condition of pretrial release during the Phase II study period, 33 percent attended and completed assessment before their first listing in Treatment Court, an additional 25 percent were assessed at or after the first Treatment Court listing, and 40 percent were never assessed.

Based on assessment information, Treatment Court participants, as a group, had the following attributes:

- **Race/Ethnicity:** More than half (58 percent) were African-American, 28 percent were Hispanic, and 13 percent were white. This represented a shift from proportionately fewer Hispanic participants (17 percent) and more white and African-American participants (17 and 66 percent, respectively) during the pilot period.
- **Age:** The median age of participants (23 years old) was similar to the average age of defendants overall, but slightly lower than during the pilot period (24 years old).
- **Gender:** Most (83 percent) were male. Seventeen percent were female (compared to 28 percent of the pilot period participants).
- **Employment:** 53 percent were unemployed during the last three years; only 20 percent reported full-time employment.
- **Charges:** Most were charged with a drug felony (96 percent), but a few (three percent) were charged with misdemeanors.
- **Prior Arrests:** Out of 46 percent who had prior arrests, 23 percent had two or more, 15 percent had prior misdemeanors, and 51 percent had prior felony drug arrests.
- **Prior Convictions:** According to court records, 16 percent had prior adult convictions. At assessment, however, 28 percent self-reported prior convictions.
- **Prior FTAs:** 13 percent had records of prior failures to attend court (FTAs).
- **Jail in Prior Cases:** 19 percent had been in jail on other charges at some time in the past.
- **On Probation:** 12 percent self-reported at assessment that they were currently on probation.

- Juvenile History: 20 percent had at least one arrest as a juvenile; 11 percent had been adjudicated delinquent.
- DHS Involvement: five percent had been involved with the Department of Human Services on non-criminal, family related matters; four percent had been removed from their families as children or had children taken from them.

### Self-Reported Substance Abuse

All assessed defendants (including those not entering Treatment Court) reported the following patterns of substance abuse within the last 30 days at assessment:

- No use (22 percent)
- Alcohol (41 percent)
- Marijuana (58 percent)
- Cocaine or crack cocaine (22 percent)
- Heroin/other opiates (11 percent)
- Barbiturates/sedatives (seven percent)
- Amphetamines (two percent)
- Hallucinogens (five percent)

Most assessed Philadelphia defendants who self-reported substance use reported using a combination of substances of abuse in the last 30 days:

- No drug use reported (22 percent)
- No combinations reported (five percent)
- Alcohol only (six percent)
- Marijuana only (21 percent)
- Alcohol and marijuana (16 percent)
- Cocaine and other drugs (not opiates) (14 percent)
- Opiates and other drugs (not cocaine) (four percent)
- Cocaine and opiates (six percent)
- Other single drug and multi-drug use categories (seven percent)

### Level of Care and Time to Treatment from Preliminary Arraignment

From January 1998 through November 1999, Treatment Court assessors recommended outpatient treatment services for about three-fourths of persons found to be in need of treatment (73 percent), including 33 percent regular outpatient and 40 percent intensive outpatient services. Residential treatment was recommended for about 26 percent of persons found to be in need of Treatment. The Phase II level of care recommendations changed little from the recommendations made by assessors during the trial implementation period.

## **Participant Performance**

Treatment Court participants during the Phase II period (from January through November 1998) moved from preliminary arraignment to pretrial services orientation in about six days (median) and to assessment in about 17 days,<sup>2</sup> compared with an average time of six days from arrest to assessment during the Phase I pilot period. On average, defendants appeared in Treatment Court for their first listings about ten days after preliminary arraignment. For defendants who were ultimately admitted to Treatment Court, the time from preliminary arraignment to tendering a plea averaged about two months (65 days, median), about 48 days after assessment, and 55 days after first listing.

This median (average) time from preliminary arraignment to enrollment (via tendering a plea) for all admittees masks a shorter time to entry for persons processed directly after preliminary arraignment (shorter average time) and persons entering through a “side door” (a longer average time from preliminary arraignment to entry in the Treatment Court). “Side door” admittees included persons who were referred at a stage of criminal processing subsequent to preliminary arraignment, for example at or after preliminary hearing, arraignment in Common Pleas, or pretrial motions. Treatment Court officials have placed great value on adding points of entry from which candidates can be referred. At the same time, they have recognized the need to shorten the time frames for likely participants from the stage of referral to involvement in treatment.

In addition, the Treatment Court adopted a policy of requiring some candidates to observe drug court status hearings for a day prior to tendering a plea to enter the program. Although this approach has lengthened the time from referral at preliminary arraignment to admission into the Treatment Court (because status hearings only take place one day each week), court officials believe that it has provided candidates with an opportunity to make a more informed decision about their participation and, ultimately, to make certain that treatment resources are focused most efficiently on those who are committed to the treatment process. (In other words, the “look-see” approach to enrollment is thought to prevent early and unnecessary treatment failures.

### **Failure to Appear**

Overall, one-fourth (25 percent) of Treatment Court participants failed to attend court at least once within six months from preliminary arraignment. During the first 12 months, 35 percent had recorded at least one failure to appear. Few participants recorded more than one failure-to-appear.

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<sup>2</sup> Note that because some defendants did not have assessments until after appearing in Treatment Court, the time to assessment is longer than the six or seven days one might expect (because it should occur on the same day as Pretrial Services orientation).



## Sanctions

Within a six-month follow-up period, 31 percent of participants received at least one sanction for non-compliance with treatment conditions and 12 percent received two or more. Within a 12-month follow-up, 47 percent received at least one sanction, 22 percent received only one, 12 percent received two, and 13 percent received three or more.

During the six-month follow-up, about one-fifth (21 percent) of participants wrote an essay as a sanction for non-compliance with a Treatment Court condition, seven percent spent at least one day in the jury box as a sanction, seven percent spent one day at the Philadelphia Prisons at the OPTIONS program (with no overnight in custody), four percent were sent to jail for a short period, and four percent had other miscellaneous sanctions. During the 12-month follow-up period:

- about one-third (34 percent) wrote an essay as a sanction;
- nearly one-fifth (18 percent) spent time in the jury box;
- more than one-fourth spent time in jail, including 15 percent spending one day at the Options program and 11 percent in jail for several days; and
- nine percent had other miscellaneous sanctions assigned.

Whichever follow-up period is employed, it appears that the Treatment Court drew on a range of sanctions as responses to noncompliant behavior, as might have been expected from the drug court model. The use of jail as an intervention was relatively rare and often consisted of a one-day visit to the OPTIONS treatment program at the Philadelphia Prisons.

## Completion of Treatment

Forty-two percent of participants did not complete Phase I of treatment within six months. Almost half (48 percent) completed Phase I but proceeded no farther within six months. Ten percent completed Phase II; none completed Phase III.

At 12 months, 19 percent of Treatment Court participants had not completed Phase I while 25 percent had completed Phase I. Forty percent had completed Phase II and 17 percent had completed Phase III.

When the total cumulative caseload of enrolled study Phase II participants (n=383) is examined (i.e., all persons entering Treatment Court from January 1998 through November 1999), we found the following:

- As of August 31, 2000, 38 percent were shown in the court's records to have graduated.
- Nine percent were shown as having been terminated from the program.
- Treatment Court participants graduated an average (median) of 438 days from entry into the Treatment Court program—or between 14 and 15 months from the time they tendered a plea.
- Participants who were terminated from Treatment Court (failing the program) were terminated an average (median) of 356 days from tendering a plea.

### Graduation and Termination at Fixed Interval Follow-up Periods

- Within Six Months: At 180 days, no participants had graduated and 1.5 percent had been terminated.
- Within 12 Months: At 365 days, less than one percent had graduated and about three percent had been terminated.
- Within 15 Months: At 450 days, 35 percent of participants had graduated and six percent had been terminated from Treatment Court.

### Graduation from Cumulative Total Caseload (as of August 31, 2000)

- Total Caseload: As measured on August 31, 2000, of all enrollees from January 1998 through November 1999, 38 percent had graduated and nine percent had been terminated.
- Total Caseload with at Least 540 Days: Considering only those enrollees during that period with at least 540 days since preliminary arraignment, 33 percent had graduated and five percent had been terminated.

The analysis of participant progress through the Treatment Courts suggests the following:

Selective Graduation: The Philadelphia Treatment Court is fairly selective in its graduation of participants, with a graduation rate somewhere between 33 and 38 percent, depending on the measure.<sup>3</sup> From this, one may conclude that the Treatment Court regimen does not represent an “easy” or lenient path substituting for normal adjudication; successful graduation was by no means an assumed outcome for those entering the program. This rate of graduation is similar to that of some other well-established and effectively functioning drug courts in the nation.

Low Rate of Termination and Long Time to Termination: At the same time, the Treatment Court has terminated very few participants for non-compliance with program requirements, no more than about nine percent of enrollees however measured. It is important to note that this rate of “termination” may be explained by two factors, according to Treatment Court officials. The first is the underlying philosophical orientation of the court. The Philadelphia Treatment Court was designed to encourage addicts to stay in treatment and to provide the combination of discipline, support, and flexibility required to further that purpose. Thus, persons who are noncompliant in the early stages of treatment, to a point, are shown a second and third chance before they are terminated from the program. In short, it may be difficult to graduate, but it is also difficult to be dismissed from the program. Participants are given many opportunities to make favorable progress.

The second explanation for the low rate and long time to termination from Treatment Court is that the measure of “termination” employed in this study differs from those employed in

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<sup>3</sup> Although there is no standard with which this rate can be compared, it is similar to graduation rates found in our study of the Portland and Las Vegas drug courts.

other drug court jurisdictions. It does not represent the point at which the participant has been so non-compliant that he or she is discontinued from the program (more or less according to fixed criteria). Rather, it reflects the point in time at which a participants' case is concluded after a "show-cause" hearing has determined that the person should be terminated and proceed to sentencing (usually in short order). The reason these two conceptions of "termination" are different is that in Pennsylvania, the court cannot legally conclude a case (i.e. pass sentence) without having the defendant present. Thus, persons who are fugitive—and who may have been so for a long period of time—are not "terminated" until they are apprehended, have a hearing, and the judge decides to terminate (by accepting the tendered plea of guilty or *nolo contendere*). Hence, there appears to be an unusually low rate of termination in the Philadelphia Treatment Court, when in fact, it is an artifact of the specific legal process followed.

### **Comparative Criminal Justice Outcomes: Treatment Court Participants versus Comparison Groups**

Criminal justice outcomes of Phase II Treatment Court participants were recorded over two follow-up periods: January 1998 through August 1999 (with six-month follow-up) and January 1998 through November 1999 (with 12-month follow-up). Participant outcomes were contrasted with the following groups of felony drug defendants:

- Defendants referred to assessment but found not in need of treatment
- Defendants referred to assessment but never appearing
- Defendants appearing in court but found not eligible
- Defendants declining Treatment Court
- Defendants whose decisions were pending at the end of the Phase II period
- A comparison group of defendants apparently eligible for Treatment Court but not referred at preliminary arraignment (the post-hoc comparison group).<sup>4</sup>

Two groups—those refusing Treatment Court and those in the not-referred comparison group—were the most similar to the group of Treatment Court participants studied and offer the most appropriate comparisons.

### **Case Status at Six and Twelve Months**

Within six months of preliminary arraignment, Treatment Court participants compared with comparison groups of defendants in the following way:

**Fugitive Status:** Treatment Court participants showed the second lowest rate of fugitive status (nine percent), similar to the low fugitive rate of defendants found not in need of treatment. They were slightly less often fugitive than those who declined Treatment Court, half as often fugitive as the non-referred comparison group, and showed less than one-sixth the rate of the no-show defendants.

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<sup>4</sup> Many of the non-referrals are explained by the Treatment Court's resource driven policy of "capping" referrals from preliminary arraignment at no more than 35 defendants per week.

Measured one year from enrollment, 16 percent of Treatment Court participants were fugitives, compared to 12 percent of those who refused Treatment Court and 23 percent of the non-referred comparison group of felony drug defendants.

Non-Fugitive, Active Case: While participants are in Treatment Court, their cases are considered to be unadjudicated or still active. (This status would change when the tendered plea is accepted, which would indicate a Treatment Court failure). Thus, by definition, one would expect a greater proportion of Treatment Court than comparison group participants to have cases as yet unadjudicated at the six- and 12-month marks. As expected, at six months 90 percent of participants were in active status and at 12 months 82 percent were in this status. Half or slightly more of most of the other groups at six months and about one-fourth or slightly more of the other groups at 12 months were unadjudicated.

Charges Dismissed: At six months, no Treatment Court participants had charges dropped or dismissed. This compares with 20 percent of the not-in-need defendants, 17 percent of those declining Treatment Court, 13 percent of ineligible defendants, and 17 percent of the non-referred comparison group. Only a small proportion (three percent) of the no-show defendants had their cases dismissed by six months.

At the one-year mark, 25 percent of not-in-need defendants, 25 percent of defendants declining Treatment Court, 22 percent of ineligible defendants, and 26 percent of the non-referred comparison group had charges dismissed, compared with one percent of Treatment Court participants.

In short, and perhaps obviously, a larger proportion of the cases of Treatment Court enrollees were retained in criminal processing—at least in the sense that few cases were dismissed once enrolled.

On Probation: At six months, one percent of the Treatment Court participants were on probation, compared to 16 percent of the not-in-need defendants, nine percent of defendants who declined Treatment Court, seven percent of ineligible defendants, and seven percent of the non-referred comparison group. At 12 months, the differences were more pronounced with 31 percent of the not-in-need group, 21 percent of the declining group, 13 percent of the ineligible group, and 17 percent of the non-referred group, but still only one percent of the Treatment Court participants being on probation.

Serving Jail Sentence: Few defendants in any of the groups of felony drug defendants and almost none of the Treatment Court participants were serving jail sentences at six or 12 months from preliminary arraignment.

Serving Prison Sentence: Few defendants in any of the groups were serving prison sentences at either six months or 12 months from preliminary arraignment.

## Failure to Appear

Treatment Court participants recorded the lowest percentage failing to appear in court (at least once) during the first six months (29 percent) of any defendant group. Their failure-to-appear rate was notably lower than the two most similar comparison groups: those who declined to enter Treatment Court (44 percent) and the sample of non-referred felony drug defendants (50 percent). At 12 months, 41 percent had recorded at least one failure to appear, a rate still lower than all other defendant comparison groups.

## Days Confined in the First Six Months

Because the Treatment Court was designed to serve in part as an alternative to incarceration, we compared the time spent in jail by Treatment Court participants during six and 12-month follow-up periods. We divided the measure of jail days into pretrial confinement, subsequent to pretrial confinement, and total (the two parts combined) for the follow-up period. While the total is of interest, the most relevant measure was the post-pretrial confinement jail days—those most likely to have occurred while participants were under supervision of the Treatment Court.

- Overall, Treatment Court participants averaged 9.28 days in confinement from arrest through six months from preliminary arraignment.
- This was a lower average number of days in jail confinement than the average for all defendants referred to the Treatment Court (14.50 days per person), for the non-referred comparison group defendants (13.26 days), for defendants who declined Treatment Court (10.49 days), and for defendants found to be ineligible (30.61 days per person).
- In six months from preliminary arraignment, Treatment Court participants were confined longer than no-show defendants (8.53 days per person) and defendants not in need of treatment (4.72 days per person).

## Days Confined in the First 12 Months

- Treatment Court participants averaged 24.34 days of confinement per person in the 12 months following preliminary arraignment.
- This was lower than the overall average confinement for referred defendants (36.43 days), the comparison group of non-referred defendants (29.90 days), defendants who declined Treatment Court (29.09 days), defendants found to be ineligible (71.01 days), and pending defendants whose cases were in pre-Treatment Court status (25.85).
- They were confined more days in the first year than defendants not in need of treatment (16.88 days).
- They were confined for about as many days as the no-show defendants (23.13 days). (Note that no-show defendants would be confined much less frequently by definition; they were fugitives and not in custody for a large part of the follow-up.)

When focusing specifically on the post-pretrial period (or the confinement most likely to have occurred under supervision of the Treatment Court), Treatment Court participants averaged 12 days in jail less per person than all defendants referred from preliminary arraignment, six jail

days per person less than the “presumptively eligible” but not referred comparison group, and five jail days per person less than those declining participation in Treatment Court.

#### Rearrest within Six Months of Preliminary Arraignment

- Any Rearrest: In a six-month period, Treatment Court participants showed the lowest 33percentage rearrested (21 percent) of all groups.<sup>5</sup> They showed the lowest percentage with two or more rearrests as well (three percent).
- Any Felony Rearrest: Treatment Court participants showed the lowest rate of felony rearrests.
- Any Drug Rearrests: Treatment Court participants were rearrested for drug offenses proportionately less often (17 percent) than defendants who declined Treatment Court (25 percent), defendants found to be ineligible (37 percent), no-show defendants (30 percent), and the non-referred felony drug defendant comparison group (26 percent).<sup>6</sup> They were rearrested about as often as the not-in-need defendants (19 percent).

#### Rearrest within 12-Months of Preliminary Arraignment

- Any Rearrest: One year from preliminary arraignment, Treatment Court participants showed the lowest rearrest rate (32 percent) of all groups,<sup>7</sup> including the most similar comparison groups: defendants who declined Treatment Court (43 percent) and the non-referred felony drug defendant comparison group (38 percent). They also recorded the lowest rate (eight percent) of two or more arrests.
- Any Felony Rearrest: Treatment Court participants showed the second lowest rate of rearrest (27 percent) for felony offenses, almost matching the rate for pending defendants. Treatment Court participants were rearrested slightly less often than defendants who declined Treatment Court and the non-referred comparison group defendants (both 33 percent).
- Any Drug Rearrests: Treatment Court participants were rearrested for drug offenses proportionately less often (27 percent) than defendants in all other groups. Thirty-eight percent of those who declined Treatment Court and 36 percent of the non-referred comparison group were rearrested for drug offenses during the one-year follow-up period.

When the comparison is simplified to contrast Treatment Court participants only with the comparison group of non-referred defendants, Treatment Court participants recorded significantly lower rearrest rates when measured as any rearrests, two or more rearrests, any felony rearrests, or any drug rearrests during the six-month follow-up. During the 12-month follow-up, Treatment Court participants generated significantly lower rates of rearrest measured

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<sup>5</sup> When controls for differences in sample contributions are exercised, the differences between Treatment Court participants and comparison groups were not significant.

<sup>6</sup> Only the differences between Treatment Court participants, ineligible defendants, and no-show defendants were significant after controls for sample differences.

<sup>7</sup> When controls for differences in sample contributions are exercised, the differences between Treatment Court participants and comparison groups were not significant.

as two or more rearrests (any type) and any drug rearrest. While the rates of rearrest were lower among Treatment Court participants in other categories, they were not statistically significant using the 12-month follow-up.





## **The Philadelphia Treatment Court, Its Development and Impact: The Second Phase (1998-2000)**

### **Overview of the Phase II Evaluation Report**

This report describes findings from an evaluation of the Philadelphia Treatment Court in its first two and a half years of formal operation—from January 1998 through August 2000. This research builds on an earlier (Phase I) report<sup>8</sup> that examined the implementation of the Philadelphia Treatment Court in an eight-month trial demonstration period, during which planned procedures were put into effect for the first time in the Philadelphia court system. The Phase I report characterized the early development, implementation, and operation of the Treatment Court and identified issues that emerged in the very early stages of the innovation. The second phase of research described in this report continued to monitor the development and growth of Philadelphia’s drug court in its first stages of formal operation and examined its impact on participant performance.

The Phase II findings draw from analyses based on

- aggregate and trend data relating to the court’s operation, workload, and performance examined from April 1997 through August 2000;
- one-year follow-up for all participants and comparison group defendants entering the court system from January 1998 through August 1999 based on criminal justice, court, assessment, and treatment court data; and
- six-month follow-up of all participants and comparison group participants from January 1998 through November 1999.

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<sup>8</sup> Goldkamp, J. S., Weiland, D., Collins, M., & Moore, J. (1999). *The Implementation of the Philadelphia Treatment Court: A Descriptive Analysis of Early Stages of Implementation*. Philadelphia: Crime and Justice Research Institute.

The discussion of findings is presented in the following parts:

- **Part One** briefly reviews the background and key elements of the Philadelphia Treatment Court approach, and the questions posed for evaluation.
- **Part Two** describes the design of the Phase II study of the court and its impact, including the comparison groups employed to place the outcomes of Treatment Court participants in context.
- **Part Three** presents findings from analyses of the Treatment Court's ability to reach its target population, including trends and projections of referrals, assessments, enrollments, terminations, and graduations from the court.
- **Part Four** examines the workload of the Treatment Court as it developed over time.
- **Part Five** describes the attributes of Treatment Court participants, including self-reported data relating to substance abuse, health, and related issues from assessments.
- **Part Six** charts the progress of the Phase II Treatment Court participants through the program with six-month and one-year treatment outcomes.
- **Part Seven** examines the criminal justice outcomes for the Phase II participants, contrasting their case dispositions and records of failure-to-appear, rearrest, and confinement with several comparison groups of defendants entering the court system during the same period of time.
- **Part Eight** summarizes the key findings from the evaluation and discusses their implications.

## **PART ONE The Development and Operation of the Philadelphia Treatment Court**

The implementation of the Philadelphia Treatment Court was planned in two phases. During a first “pilot” or preliminary implementation phase, the court and health systems would begin to put into operation the various elements of the Drug Court Plan. The expectation was that an initial period of about nine months, from April through December 1997, would serve as a flexible period to perform basic program implementation tasks and to have a chance to “road-test” aspects of the plan. The purpose of the preliminary implementation phase was to identify unanticipated problems and to obtain feedback on the proposed approach so that adjustments or improvements could be made. The second phase of implementation, beginning in 1998, marked the formal beginning of the Treatment Court’s operation and would incorporate changes suggested during the pilot period.

The early history and development of the Philadelphia Treatment Court and its progress during the first phase is described in detail in the Phase I report. The collaboration, a multi-agency planning effort spearheaded by Municipal Court, the Department of Public Health, the Philadelphia District Attorney, the Philadelphia Public Defender, and other supporting participants, produced a comprehensive *Drug Court Plan* in December 1996. In a year and a half long period of preparation beginning in 1995, the planners of the Philadelphia Treatment Court sought to craft a version of the drug court model that was suitable to Philadelphia’s justice system and fully supported by the participating agencies. The Planning Committee considered a range of drug court approaches—from the Miami drug court model based on deferred adjudication (diversion) to the Portland model based on a stipulated plea process (deferred sentencing)—as they considered issues relating to the structure of the drug court process as it would apply to the Philadelphia setting. Among the issues considered were those having to do

with the content and delivery of treatment services, the availability of and accessibility to treatment resources, the availability of ancillary services, the need for strong case management and a responsive management information system, and the implications of the Treatment Court for court, health, and related agency resources. The planning process carefully considered the different perspectives, interests, responsibilities, and requirements of the Philadelphia judiciary, prosecution, defense, and health (treatment) systems.

Under the leadership of the Honorable Louis Presentza, Municipal Court judge (now President Judge), the Philadelphia Treatment Court opened its doors in Pennsylvania's First Judicial District Municipal Court for its trial implementation period on April 4, 1997 and produced its first graduate a year later in April 1998. The Philadelphia Treatment Court Oversight Committee, representing the full spectrum of agencies and actors involved in the court, has met regularly since implementation to review practices and to identify and resolve operational issues. As of August 2001, after more than four years of operation, the Treatment Court has an active caseload of 292 participants and has produced 351 graduates.

### **The Drug Court Process**

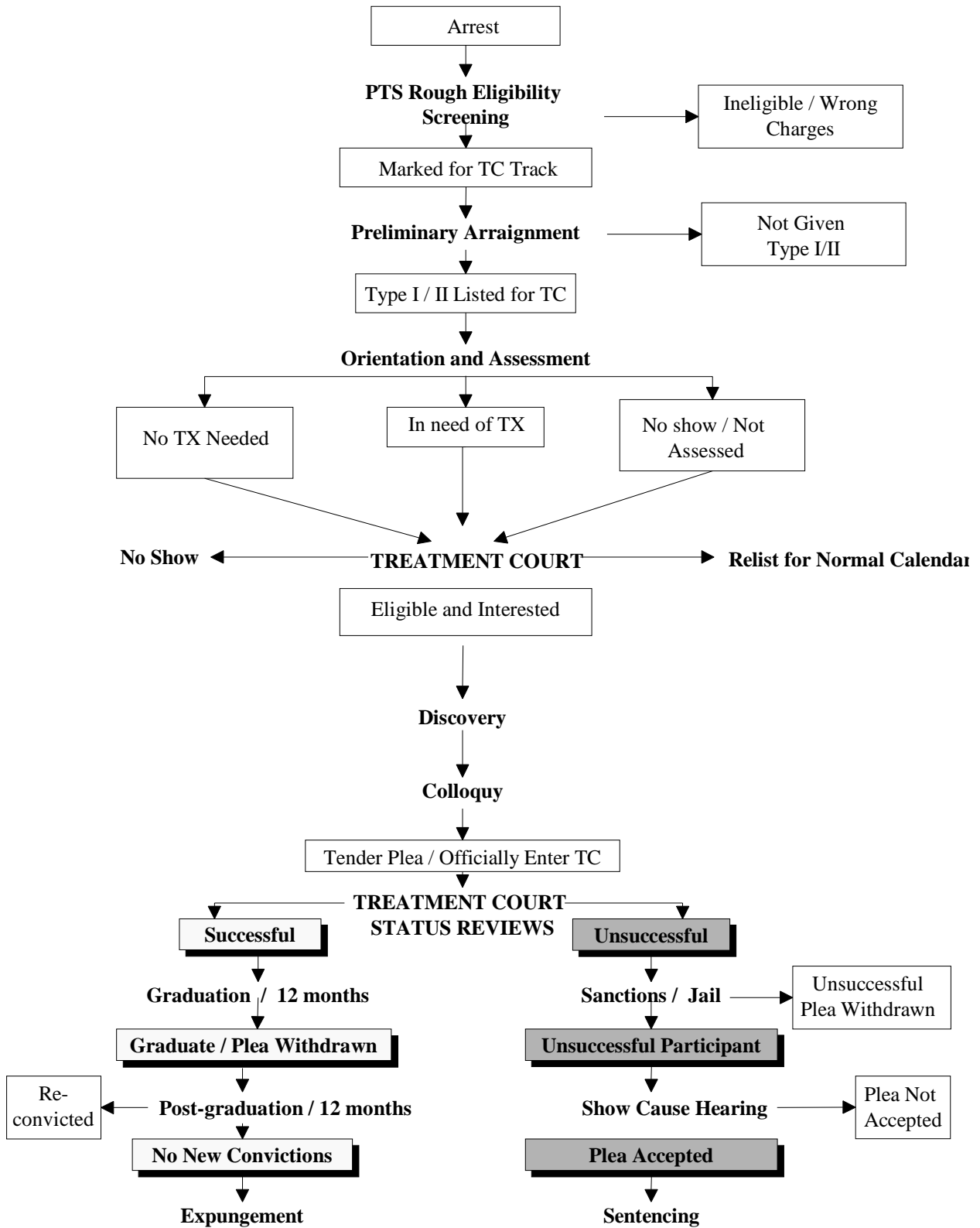
The basic flow of cases from arrest, through screening, and to the Treatment Court is illustrated in Figure 1. Identification of Treatment Court candidates begins shortly after arrest and before arrestees make their first appearance before the Municipal Court bail commissioners at preliminary arraignment. During this time the prosecutor reviews the police complaint, reviews probable cause, and decides on appropriate charges. Once the prosecutor determines that the arrestee appears to be eligible for Treatment Court based on the charges (felony level drug possession with intent to deliver, involving quantities not subject to a mandatory sentence and not accompanied by firearms violation charges), further screening and background

investigation is carried out by Pretrial Services staff in their interview of defendants within hours of arrest and prior to their first appearance in court. Pretrial Services interviewers routinely gather a variety of information from defendant interviews and court records, including prior criminal history information, to classify defendants according to the pretrial release guidelines of the First Judicial District, which designate preferred release options. To finalize classification within the pretrial release guidelines and determine whether a defendant will fall into one of the release categories appropriate for Treatment Court, Pretrial Services needs to know the charges that will be lodged by the District Attorney. During most of the period covered by this study, under procedures adopted for the Treatment Court, Pretrial Services interviewers have identified presumptive drug court candidates within two categories of recommended supervised release (Type I or Type II)<sup>9</sup> and flagged the eligible cases for the bail commissioner who presides over preliminary arraignment (the defendant's first court appearance, at which pretrial release is determined).

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<sup>9</sup> These categories represent defendants who had a high likelihood of pretrial confinement under past practices but who were targeted for purposes of crowding reduction and community safety for release under supervision and, with the introduction of the Treatment Court, treatment during the pretrial period. Recently, the Treatment Court has expanded its eligibility to persons who would ordinarily be released on personal recognizance (ROR).

**Figure 1 Planned Case Flow Model for the Philadelphia Treatment Court**



At preliminary arraignment, the Municipal Court bail commissioner considers the pretrial release guidelines classification and Treatment Court eligibility in deciding whether to grant supervised (Type I or II) release. Treatment Court-eligible defendants released to supervision are listed for a first appearance in Treatment Court. The bail commissioner orders them to report to Pretrial Services within three or four days to start the release supervision process (a standard requirement of supervised release) and to be evaluated for substance abuse problems. (All ordered defendants must be assessed for substance abuse.) Candidates who are found not to need treatment are rescheduled for regular preliminary hearing in Municipal Court according to the deadlines normally observed in felony cases (i.e., no delay is incurred because of the assessment).

Eligible defendants are then scheduled for a first appearance (within ten days of preliminary arraignment) in the Treatment Court courtroom. Ideally, all persons appearing in Treatment Court for their first case listing should already have been assessed for substance abuse treatment needs.<sup>10</sup> Final eligibility for defendants meeting charge, pretrial release, and treatment need criteria is determined by the District Attorney's Office, which conducts a more in-depth review of eligibility and ideally prepares discovery (once evidence is provided by the police) in time for the first appearance in Treatment Court. If procedures work appropriately, by the defendant's first appearance in Treatment Court, he or she will be in a position to consult with

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<sup>10</sup> Defendants appearing for first listing after failing to report for assessment were an early and ongoing problem which was resolved by conducting assessments immediately prior to court or by continuing the case until an assessment had been done, delaying entry or relisting for another courtroom. Unassessed defendants later found not to need treatment unnecessarily took up limited courtroom capacity each day and delayed criminal processing and early intervention for those found to be eligible for Treatment Court. Procedures implemented in June 1998 to avoid these problems included pre-screening at preliminary arraignment by a public defender, with the condition that defendants denying a chemical dependency problem at this stage might be later referred if found in fact to be in need of treatment. Other efforts at streamlining the enrollment process included relisting of defendants as soon as the assessment unit had determined that they were not in need of treatment, thereby avoiding an unnecessary first listing in Treatment Court.

counsel (the Treatment Court public defender or, in some cases, private counsel) and decide whether to pursue the drug court option; and the judge and the prosecutor will know whether the defendant meets the eligibility criteria of the Treatment Court.

The screening role of the District Attorney in this process operates at two principal stages. The first involves review of defendants' charges between arrest and preliminary arraignment. The second involves further review of criminal and juvenile history, as well as other relevant issues, such as prior convictions, juvenile adjudications, and open cases between preliminary arraignment and the first listing in Treatment Court. Any issues that might disqualify the defendant are raised at that first appearance in Treatment Court.<sup>11</sup> Defendants found ineligible are reminded of the conditions of their pretrial release (the requirements of supervision) and are re-listed for processing in another courtroom. In addition, the District Attorney provides discovery relating to evidence (particularly in drug cases) in advance of the first Treatment Court hearing so that the Defender can advise the defendant on an informed basis.

In court, eligible defendants have an opportunity to meet with the defender who explains the drug court program and advises them of available options. Before the judge, defendants who are simply not interested in the treatment option and prefer to stand trial decline the opportunity and have their cases reset for preliminary hearing and normal felony case processing. Defendants who tell the judge that they wish to enter the Treatment Court program are scheduled for a plea hearing at which they officially tender a plea of guilty or *nolo contendere*. These

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<sup>11</sup> Defendants with more than two prior nonviolent convictions, juvenile adjudications, or ARD/Section 17 (diversion) dispositions are ineligible, as are defendants with any convictions or open cases involving crimes of violence. By original agreement among all parties, the District Attorney has reserved discretion to reject an otherwise eligible candidate who is a witness in another serious case, is the subject of an ongoing investigation, or



defendants then begin the five-phase Treatment Court regime of attending court and participating in a designated treatment program for a period of at least twelve months.<sup>12</sup> (See Appendix A for a summary of the treatment milestones.)

The Treatment Court plan requires drug testing of all participants on a regular basis until graduation. For those in outpatient treatment, drug testing is required at each treatment appointment, and, when appropriate, at other random, unannounced times, including in court when ordered by the judge on occasion.<sup>13</sup> Participants are required to appear in Treatment Court for a review at roughly the two-week mark, at one-month intervals over the next three months, and then at two-month intervals through graduation. Court reviews, in practice, are scheduled as needed. Successful completion of program requirements earns participants graduation from the Treatment Court. If, within one year after graduation, they have not been rearrested and convicted on new offenses and if there is no reliable evidence of substance use during that year, the record of the arrest that brought them into Treatment Court may be expunged (open cases resulting from new arrests will delay decisions on expungement until those cases are adjudicated).

### **The Funding of Treatment**

In order to have treatment resources sufficient to initiate the Treatment Court program, the Coordinating Office of Drug and Alcohol Abuse Program (CODAAP) of the Philadelphia

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for other reasons. The District Attorney has exercised this discretion only infrequently since the drug court went into operation.

<sup>12</sup> The original four phase structure of the Treatment Court was revised in the spring of 1998 at the suggestion of the District Attorney, who felt that Phase III (pre-graduation) was too long a span of time for participants to go without the positive reinforcement of a phase transition. The time frames suggested in the Plan were meant to be estimates; it was understood that they might vary in individual cases. Actual progression from one phase to another would be based on meeting performance requirements and authorization by the Treatment Court judge.

<sup>13</sup> The Drug Court Plan (3.1) stated that: “the Treatment Court will require the provider to carry out routine drug testing based on an agreed upon schedule and to make results immediately available to the Court and, when appropriate, may require random and unannounced testing.”

Department of Public Health agreed to support treatment services through its network of providers for a reasonably sized start-up caseload of clients during the first year.<sup>14</sup> This major commitment served as the foundation on which the treatment program could begin, with the understanding that the Planning Committee would work to locate additional funds to supplement CODAAP's contribution. In fact, although the commitment from CODAAP has continued, this initial source of funding for treatment was subsequently supplemented by grants from the Commonwealth of Pennsylvania's Byrne agency (the Pennsylvania Commission on Crime and Delinquency, or PCCD),<sup>15</sup> an implementation grant from the Drug Court Program Office,<sup>16</sup> two successive grants from the Bureau of Justice Assistance's Local Law Enforcement Block Grant program through the City of Philadelphia, and an extension and supplemental award from PCCD.<sup>17</sup>

### **Challenges from the Implementation Period (Phase I)**

Overall, the pilot implementation period involved dealing with a large number of difficult issues, including

- coordination of court processes and actors;
- establishment of a treatment system;
- securing of court resources, staff, and space;
- agreement on a clear operational plan;

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<sup>14</sup> CODAAP agreed to support up to 100 clients during the first year of the program in the event that other funding for treatment could not be found.

<sup>15</sup> PCCD awarded a \$200,000 start-up grant to the City of Philadelphia/First Judicial District beginning January 1997, with a \$66,000 match from the City.

<sup>16</sup> DCPO awarded the City of Philadelphia/First Judicial District \$400,000 beginning August 1997, with an in-kind match of \$133,000 from the City of Philadelphia, Department of Public Health (CODAAP). A \$200,000 continuation grant was awarded in September 1999.

<sup>17</sup> The Treatment Court was awarded \$138,000 from the City's BJA Local Law Enforcement Block Grant (LLEBG) in October 1997 and \$175,000 in 1998 with matches from the City of \$14,000 and \$19,000 respectively. PCCD awarded a supplemental grant of \$120,000 in September 1998.

- drug testing;
- management information;
- confidentiality and defendant access to counsel;
- early screening and assessment procedures;
- coordination with the Prisons;
- arranging early discovery in drug cases;
- funding treatment services;
- case management; and
- capacity.

### Targeting

During the planning process, Treatment Court officials had carried out analyses of the Philadelphia criminal justice population and considered the potential size of the desired target population. They also considered the resource constraints they faced in revising the size of the workload thought likely to be feasible in a new drug court. In planning for workload size, the Treatment Court's advisory committee decided upon a goal of 300 to 500 persons. (See *Drug Court Plan: Philadelphia's Drug Treatment Court*, January 8, 1997: 10-11.) This was interpreted by the Treatment Court officials as the size of the intended, manageable active caseload per year.<sup>18</sup>

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<sup>18</sup> The Drug Court Plan (1997: 10-11) dealt with caseload size in the following section:

#### **2.3 Projecting the Desired Working Caseload of the Drug Court: Practical Constraints on Program Size**

Using the estimates for felony drug and theft defendants for planning purposes, the Drug Court Planning Committee then anticipated enrolling a target population of drug or theft defendants of from 900 to 1,000 defendants per year and, thereafter, to reach a program size of about 1,000, as persons entering and leaving the Drug Court would equalize at that level. Having determined that there would be no shortage of appropriate categories of drug-involved defendants, the Planning Committee sought to decide how large a

Difficulties in achieving the enrollment of the targeted population, a common challenge faced by all new drug courts, were described in the Phase I implementation stage report. Targeting continued to be a concern and a topic of discussion for the Oversight Committee throughout Phase II. On December 1, 1997, a hearing in Federal Court raised the possibility that the Federal consent decree to relieve crowding in the Philadelphia prisons might be reinstated, a

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working caseload the Drug Court could, at least in the initial stages of operation, reasonably be expected to handle.

#### Assuming a Full-Time Drug Court

We begin the estimation of a reasonable Drug Court workload by assuming a full-time Drug Treatment Court in Municipal Court which operates five days per week with an average of 24 hours of on-the-bench judge time per week or nearly five hours per day. (Note, we also assume that additional hours per day will be spent by the judge, defender, prosecutor, drug court coordinator, pretrial services staff, etc. in preparing for the court sessions.) If we also assume that a drug court hearing would average about eight minutes, we would estimate that a judge could hear about 80 defendants per week in various stages of programming.) Using this framework, we assumed that 20 new cases will be added per week, for a total of 1,040 for the year. In addition, this scenario assumes that, after the first hearing, every defendant reports back to the court in two weeks, and thereafter reports to the court in one month, and then about every other month as needed, averaging 10 to 12 court appearances per year. The weekly workload of the court would grow steadily from the initial 20 case-per-week average in the first week to the maximum capacity of 160 by the end of the first year, including persons in all stages of reporting. Given these assumptions, thereafter, as defendants complete the program, new admissions and persons completing the program will occur at equal rates, maintaining a level of about 160 court appearances in Drug Court per week. The estimated workload, according to this method of calculation, roughly approximates the size of the expected caseload described above, focusing on felony drug and theft defendants.

#### **Reducing Estimates of the Drug Court Workload Based on Resource Constraints and the Requirements of Evaluation**

The estimates of the target population and the likely Drug Treatment Court workload are based on available empirical data and the assumptions detailed above. However, as planning has progressed to address resource questions, the needs of evaluation, and the practical constraints likely to result from major changes in delivery and funding of behavioral health care in Philadelphia and Pennsylvania (including a new City managed care initiative), the Drug Treatment Court Planning Committee decided to prepare, during the initial implementation period, for a caseload that would be much smaller. Specifically, it is probable that the Drug Court Treatment will begin operation as a part-time court building gradually to a full time court, within the first year or two. In addition, it appears unlikely that funding sufficient to support a full-time caseload will be available during the first year of implementation. Finally, because the evaluation will begin immediately as the Drug Treatment Court starts operating and will involve an experimental design, it is likely that a portion of the target population will not be enrolled in the Drug Treatment Court but will serve as a control group for comparison purposes. In preparation for the implementation stage, the Planning Committee has drafted an RFP for treatment services, subject to modification, that will ask for treatment services **for 300 and 500 clients**. If the search for funding is not immediately successful, the Planning Committee has also conceived a back-up plan for a low-cost, no-frills approach designed for 100-200 participants that will allow the program to start as planned in late January 1997.

mandate for the Treatment Court to identify a larger proportion of its target population as well as to prepare for the potential impact of the re-imposed decree on its enrollment process. In January 1998, because a large number of apparently eligible theft defendants required a large expenditure of time, effort, and resources to screen but yielded very few defendants actually eligible for Treatment Court, theft charges were excluded from targeting at preliminary arraignment, although theft defendants might still be referred at later processing stages.

In March 1998, the number of non-viable first listings in Treatment Court again became a matter of concern to the Oversight Committee. Defendants ineligible because of residence outside the county, disqualifying open cases, prior violent convictions, or more than two prior convictions took up Treatment Court capacity for first listings, reduced the number of defendants actually entering the program, and eliminated the possibility of a control group for the formal evaluation (to consist of eligible defendants in excess of the court's daily capacity). The committee also suspected that many appropriate candidates were simply not being targeted.

#### DCPO Site Visit and Findings

In late April 1998, the Drug Courts Program Office (DCPO) of the Office of Justice Programs conducted a site visit to the Philadelphia Treatment Court. The DCPO report cited numerous program strengths, including the enthusiasm and commitment of the Treatment Court team and partner agencies; strong leadership; the high level of collaboration, demonstrated in part in the regular Oversight Committee meetings; and a non-adversarial approach. The report also noted the strong partnership with the Department of Public Health (CODAAP) that provided access to a broad range of treatment services.

The reviewers identified some areas that needed strengthening. They noted a need to continue efforts to increase the numbers of clients served by the court, to reach the goal of an

active caseload of 300 to 350 clients per year estimated in the grant proposal. They indicated a need to provide ancillary services more consistently and effectively and recommended strengthening the aftercare phase of the program, noting that aftercare plans should be in place before graduation. The reviewers suggested that the team learn more about the “issues and dynamics” of addiction and treatment. Finally, they suggested that the Presiding Judge should train at least one other judge as a back-up.

In response to the mandate to increase numbers to a minimum of 15 new listings per court day, the Oversight Committee met in May 1998 to discuss ways to improve targeting. The process had to be more effective in screening out ineligible defendants taking up court capacity each day, allowing the court to increase the number of eligible listings. The committee found that the most common kinds of ineligible listings were out-of-jurisdiction cases and defendants with disqualifying juvenile convictions or open mandatory sentence drug cases. Another major problem was the large number of defendants not in need of treatment who were required to appear in Treatment Court only to be rescheduled to another courtroom to rejoin the normal adjudication process. To reduce the number of ineligible listings taking up court capacity each day, the Oversight Committee agreed to immediate relisting of defendants assessed as not in need of treatment. The Defender agreed on the conditions that the defense attorney in arraignment court be able to speak with the defendant about Treatment Court and encourage complete honesty during drug assessment, and that it be possible to bring a defendant back into Treatment Court if a drug problem later became apparent. Once the first 15 defendants had been identified, any additional eligible defendants would be flagged for possible later review. A routing sheet was implemented to facilitate the process. These changes went into effect in June 1998.

### Expansion

On January 12, 1998, the Treatment Court began to operate two days per week, largely to accommodate the growing number of status hearings (a Monday and Wednesday schedule was changed to a Tuesday and Wednesday schedule on October 6 to avoid losing court days to Monday holidays). To manage the growing workload, new listings and pleas were scheduled for the first day and status hearings for the second. Morning and afternoon sessions on Wednesdays allowed for a full day of hearings without exceeding the capacity of the courtroom. Treatment providers were assigned to specific sessions, making Treatment Court appearances a predictable part of their counselors' or case managers' weekly schedules and requiring them to spend less time in court. The restructured calendar also saved one day per week of court stenographer's time because, unlike plea hearings, there is no requirement to record status reviews. A disadvantage was that defendants appearing in court for the first time would not observe the court in action, which in other settings has been found to be a factor in defendants' decisions to participate or not. (In order to overcome this disadvantage, the court began requiring defendants to attend court for one day to observe status hearings before tendering a plea to enter the program.)

By February 1999, accommodating pleas on regular weekly plea days had become a problem, with pleas having to be scheduled as much as four to six weeks in advance, even though the defendant had decided to participate and technically had been accepted into the program. The Oversight Committee decided to schedule extra plea dates on a monthly basis to handle the backlog. The first additional plea date was in August 1999, with at least 20 pleas scheduled.

### Management Information

One of the most difficult challenges for the Treatment Court was to develop reliable procedures for an array of treatment providers, not accustomed to sharing information with the court and certainly not with the frequency required by Treatment Court, to communicate information about their clients' status on a continual basis and in advance of Treatment Court sessions. A related challenge was to develop procedures and technology to collect, manage, and provide Treatment Court team members access to information concerning clients' progress and compliance. At first, information management was largely manual, assisted by a simple database maintained by the court coordinator. Assessments were done manually, with a minimal amount of information entered into a database used by the assessment/case management unit overseeing male clients. Information on female clients, assessed and case managed by the FOCIS Network, was also largely manual. Treatment provider reports were faxed, distributed, reviewed, and discussed by the Treatment Court team in advance of each court session. The process was time consuming, burdensome, and often left the judge and other staff insufficient opportunity before court to review information and make timely decisions.

In the spring of 1998, the Treatment Court agreed to collaborate with the FOCIS Network in developing a management information system. They chose to adapt an application developed for the Brooklyn Treatment Court, a program with elements and data needs similar to the Philadelphia programs. They obtained the application from the Fund for the City of New York and contracted the Brooklyn Court's MIS developer to make needed changes.

A test version of the MIS was installed and available to Treatment Court and FOCIS staff by December 1999 for testing and staff training. After some modifications and enhancements, the system was deployed in the courtroom in July 2000. In use by the court for over one year,



the application enhances the ability of the judge to make decisions based on accurate, complete, timely, and readily available information. Although the treatment providers are not linked to the system and must still submit paper reports, that information can now be entered into the MIS and easily made available to the Treatment Court team. The system also facilitates tracking of phase completion requirements, eliminating delays and errors in the courtroom.

### Treatment Issues

A critical task of the early stage of implementation was to establish an effective working relationship between the Treatment Court and its network of treatment providers, defining new roles and making new demands on providers. Issues surrounding these roles and demands are continually revisited as providers are added and provider staff change. Biweekly treatment provider meetings have provided a regular forum in which issues in court-treatment provider relationships, both specific and general, can be discussed and resolved. Several concepts key to the operation of the Treatment Court that have been continually reinforced through these meetings as well as through special court-treatment cross-training sessions include: (1) the primacy of judicial control over level of care and termination decisions; (2) the importance of frequent drug tests and timely test reports; and (3) the importance of treatment representatives attending court and providing client information and clinically based recommendations.

In July 1998, CODAAP added five new providers to the treatment network with the goal of creating a network of geographically dispersed facilities specializing in criminal justice treatment for four ongoing criminal justice initiatives: the Forensic Intensive Recovery (FIR) Program, the Intermediate Punishment (IP) Program, the Treatment Court, and the FOCIS Network. In August 1998, case management procedures were modified to improve coordination

of services between treatment providers and the court's case managers, with court case managers assigned to work with particular facilities.

### Staffing Changes

The Treatment Court began operations in April 1997 with temporary staff from the Court of Common Pleas. When, in September, the First Judicial District requested that these staff return to their regular posts by October 1, Judge Presentza received an extension to allow the court additional time to hire a coordinator and case managers, positions that had been filled by staff temporarily assigned from Pretrial Services. In November, these staff returned to Pretrial Services and the Health Department's FIR assessment unit assumed assessment and case management roles for male Treatment Court candidates. Female candidates continued to be served by the FOCIS Network. One assessor/case manager was officially assigned on December 1 and on December 22, one of the acting coordinators was named permanent Treatment Court Coordinator. In January 1998, the Oversight Committee discussed the hiring of case managers and a Memorandum of Understanding was drafted between the First Judicial District and CODAAP, with plans to hire an additional case manager in the second year. Although the positions would ultimately be funded by a block grant, CODAAP advanced the funds to hire two assessors through FIR until the City Council approved the funds.

## **PART TWO Evaluation Design: Measuring the Implementation and Impact of the Philadelphia Treatment Court**

In the second phase of the Philadelphia Treatment Court evaluation, the research had two emphases: a) to document the further growth and trends in the operation of the Treatment Court in its first two years; and b) to examine its impact, at least as measurable at the early stages of operation.

### **Court Processing and Operation**

The first objective was accomplished by the continued collection and analysis of aggregate data compiled by CJRI staff from Treatment Court and Pretrial Services sources. These aggregate level data—extending from January 1998 through August 2000—permitted analysis of trends in the growth, volume, processing, and dispositions relating to cases of defendants entering the Philadelphia Treatment Court.

### **Treatment Court Impact on Participant Performance**

An important part of the Phase II research focused on assessing the impact of the Treatment Court on participant outcomes. These outcomes were roughly divided into treatment outcomes (including measures of progress through the Treatment Court treatment program) and criminal justice outcomes (including measures of case disposition, rearrest, failure-to-appear, and confinement). Both types of Treatment Court outcomes required collection of individual-level data from criminal court, Treatment Court, Pretrial Services, assessment, and related sources. Analysis of individual-level Treatment Court outcomes supplemented the analysis of aggregate data by charting the progress of all participants entering Treatment Court from January 1998 through August 1999 (n=348) using a one-year observation period and through November 1999 (n=341) using a six-month observation period.

## **The Interrupted Experiment**

Ideally, in an analysis of impact, both treatment and criminal justice outcomes of the Treatment Court participants should be compared to a control group made up of essentially similar defendants who, alike in all other respects, were not processed through the Treatment Court. On February 20, 1997, an evaluation design was presented to the Treatment Court Oversight Committee. The need for a control group and the necessity of random assignment for an acceptable formal evaluation initiated a long debate with the Public Defender, with negotiations lasting until the start of formal evaluation in February 1998, when an acceptable control-group strategy was agreed upon. Under that plan, a portion of candidate defendants referred at preliminary arraignment by the bail commissioner would be randomly assigned to a control group. The selection ratio of control group defendants would have produced a smaller control group than treatment group by the end of the study period, but one of sufficient size to permit the comparative analysis of outcomes.

The experimental design was the topic of discussion and negotiation for a number of reasons. First, the Defender voiced ethical concerns about the appropriateness of potentially denying needed treatment to candidates because they were randomly assigned to a control group. This issue was resolved by recognizing the capacity constraints of the Treatment Court and devising a second treatment condition, voluntary referral to treatment, for control group members who were assessed to be in need of treatment. While treatment group defendants would be ordered to appear in Treatment Court once assessed (where they would make their decisions about participation), control group defendants (i.e. those who exceeded the resource capacity of the court) would receive a written statement informing them that they had been found to be in need of treatment and that if they were interested in pursuing treatment options, the social

services staff of the Defender's office would assist them. Thus, the random assignment of treatment candidates would form two groups of candidates offered different routes to voluntary treatment: one to the Treatment Court (where defendants would decide whether or not to participate) and one to the Defender for voluntary referral to services (based solely on candidates' interest in seeking treatment).

A second concern about forming a control group through random assignment was that it would draw off a significant portion of the Treatment Court's potential caseload, at a time when the court was trying to become fully operational. Because an objective of the Treatment Court during the pilot period was to build a sizeable caseload (estimates ranged from 300 to 900 per year), a control group could siphon off a significant portion of probable participants from the target caseload and thus could undermine the court's efforts to develop sufficient volume. This practical concern was heightened by the lower than expected number of initial enrollments in the Treatment Court in the trial implementation phase.

After much discussion, it was agreed that the ethical concerns could be addressed through a working understanding of Treatment Court "capacity." Analysis of the incoming population of felony drug defendants showed that there were likely to be considerably more candidates than the Treatment Court (and treatment resources) would reasonably be able to handle—at least at first. Initially, capacity was viewed as treatment capacity. Simply, the Health Department (CODAAP) was providing a sizeable but limited amount of treatment funding based on available treatment network resources. Health officials had estimated and provided contractually for a treatment capacity of an average of seven new cases per week during the first year of operation (with court initially in session one day a week, that meant seven new cases per court day). Ultimately, a lower limit of five was determined by the number of defendants that the Treatment

Court public defender estimated she could reasonably interview on a court day. It was agreed, therefore, that the control group would consist of defendants arrested and processed after the capacity had been reached each week. (The capacity constraint was also understood as 35 “referrals” from preliminary arraignment—the amount that was estimated to result in about seven actual enrollments in the Treatment Court.) Because the entry of arrestees into the criminal justice process could be expected to occur in random fashion, the strategy assumed that those processed before and after the limit was reached would be similar and would, in effect, have been randomly assigned.

This approach was set to be implemented on February 25, 1998, but it immediately faced problems. First, weeks went by with no or few overflow defendants for the control group. The main explanation for this was that the Treatment Court continued to have difficulty identifying the target population in the numbers anticipated and effectively pre-screening candidates, so that, in court, eligible referrals seldom exceeded the agreed upon limit. As a result, the control group grew at a pace far too slow to meet the timetable of the evaluation. As of the beginning of 1999, only 20 defendants had been assigned to the control group, obviously an insufficient number to permit the comparative analyses contemplated.

The final blow to the experimental design was dealt when a defender representing a control group defendant at sentencing made an issue of the random assignment. The defendant, who had been referred to the Philadelphia Defender’s social services unit to seek treatment on a voluntary basis, successfully entered and completed treatment. When a Common Pleas Court judge was about to pass sentence (to probation or a short jail term), the defender argued that the sentence would be unfair because, had the defendant by chance been in the treatment (experimental) group in the Treatment Court study, he would have been permitted to withdraw

the plea and have the charges dismissed. He would not have been convicted and sentenced. In short, the defender argued that this amounted to unequal treatment of his client. The judge, who knew nothing about the study or the means of assignment, was apparently outraged. As a result, the Defender's Office withdrew its commitment to the control group design that had been negotiated and refused to participate further in or condone any kind of random assignment to support evaluation of the Treatment Court. Moreover, Defender staff subsequently contacted all other control group members to determine if they had been disadvantaged by the study procedures. Given the Defender's new position regarding the evaluation design, the experimental design was abruptly abandoned by the Treatment Court. As a result, and given the time that had already passed in employing the agreed-upon approach, the researchers were forced to devise a comparison group approach "after the fact."

### **The Comparison Group Design**

The revised research design featured two elements: collection of follow-up data for a) Treatment Court participants and contemporaneous cohorts of defendants referred to the Treatment Court process but who did not enter the program during the study period; and b) a special sample of presumptively eligible felony drug defendants who were not referred by the bail commissioners to the Treatment Court screening process.

### **Cohorts of Defendants Ordered to Assessment for Treatment Court**

The cohorts of felony drug defendants who were ordered to assessment between January 1998 and November 1999 and then tracked through processing included the following groups:

1. Defendants ordered to assessment but not assessed (never appeared) (n=304)
2. Defendants assessed but found not to need treatment (n=308)
3. Defendants who chose not to enter Treatment Court (n=355)

4. Defendants found to be ineligible after referral (n=513)
5. Assessed defendants who chose to enter Treatment Court (n=352)

Post-Hoc Comparison Group: Sample of Presumptively Eligible Non-Referred Defendants

Because of the abrupt suspension of the experimental design for the evaluation, we needed to select a comparison group of presumptively eligible defendants who were not routed to the Treatment Court screening and enrollment process. The purpose of such a comparison group would be to obtain a baseline measure of defendants similar to those entering Treatment Court during the same period, but not exposed to its processes. To do this, we drew a retrospective random sample (n=255) of presumptively eligible felony drug defendants appearing at preliminary arraignment during the study period but not listed for Treatment Court.

This group was identified in two steps. First, based on criminal charges, we drew a random sample of about 400 presumptively-eligible-but-not-referred defendants for the study period from preliminary arraignment data kept by Pretrial Services. Second, this group was then checked against all further Treatment Court eligibility criteria measurable by available data.<sup>19</sup> Defendants who did not meet the criteria were excluded, leaving a randomly selected sample of 255 presumptively eligible defendants entering the court system between January 1998 and November 1999. We believe that this non-Treatment Court comparison group served as a reasonable alternative to the control group that would have been generated through the attempted experimental design.<sup>20</sup>

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<sup>19</sup> Using available data sources, we were mainly able to review defendants' prior criminal histories for eligibility.

<sup>20</sup> It was understood that the comparison with Treatment Court-routed defendants would probably not be perfect. Thus, any differences in outcomes would be evaluated using post-hoc statistical controls for any significant differences in composition.



### **PART THREE Reaching the Target Population: Enrolling Eligible Defendants**

We have argued in other drug court research (Goldkamp, 1999; Goldkamp & Weiland, 1993; Goldkamp, White, & Robinson, 2000, 2001) that, before discussing the impact of the court on participant performance, it is first necessary to gauge the extent to which the drug court was able to enroll or reach its target population. It would be misleading to interpret analysis of participant outcomes without knowledge of whether the drug court enrolled a relatively large or small portion of its intended target population.

#### **The Treatment Court's Target Population**

According to its Plan, the Philadelphia Treatment Court targeted felony defendants who were identified through Municipal Court's pretrial release guidelines as posing a medium-high risk of pretrial misconduct (of failure to appear or rearrest) and who, therefore, were candidates for non-financial pretrial release under two categories of release (designated Type I and Type II) with only slightly varying conditions of supervision. These targeted categories—estimated at the time of the Plan to generate about 400 to 500 likely enrollees per year—represented defendants who would have been very likely to be jail bound and for whom, even with the pretrial release guidelines, there was no guarantee that the bail commissioners would grant the type of release indicated.<sup>21</sup> These categories included felony drug charges of the type not subject to mandatory prison terms (possession with intent to deliver of controlled substances below certain amounts).<sup>22</sup>

Selection of these categories as the primary “targets” of the enrollment efforts of the Treatment Court had several advantages as a starting point. First, the penalties in some of these cases could involve substantial terms of confinement, thus optimizing the chances that, in many

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<sup>21</sup> Pretrial release guidelines options were, as a matter of judicial policy, to be followed in the majority of cases. Commissioners could depart from the guidelines, setting more or less restrictive conditions, with good (written) reason.

cases, the Treatment Court could be serving as an alternative to incarceration. A large proportion of defendants in these kinds of cases also spent time confined in the Philadelphia institutions awaiting trial. Second, the Committee believed that these categories were relatively easy to identify at the earliest stages of processing, thus maximizing the chances that screening of candidates could proceed effectively. Third, studies of Philadelphia defendants (and the literature more generally) suggested that these types of defendants were very likely to be actively drug involved.

In addition to the categories designated by the pretrial release guidelines, by March 1996, the Committee had adopted the following criteria to govern the candidacy of defendants entering Treatment Court:

- “Confirmed” addiction (identified through an assessment process)
- Non-mandatory (imprisonment) felony drug possession-with-intent-to-deliver or felony theft charges
- No more than two non-violent prior convictions and/or diversion dispositions (Accelerated Rehabilitative Diversion or Section 17), with a provision for waiving this limit in cases where the charge was a misdemeanor or felony level retail theft. (This included juvenile delinquency adjudications.) Defendants with any convictions for violent crimes would not qualify<sup>23</sup>
- No charges involving violations of the uniform firearms act (VUFA) accompanying otherwise eligible charges
- No open cases involving violent crimes

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<sup>22</sup> See discussion of the various estimates of alternative target populations in the *Drug Court Plan* (6-8).

- No strong objection to a drug court disposition on the part of the victim
- Restitution would be a condition of supervision whenever warranted

In estimating its targeted caseload, the Treatment Court Planning Committee anticipated the need for the flexibility to admit appropriate cases not included in the initial target population categories on a case-by-case basis. In addition, the Committee anticipated that the Treatment Court would address the potential target population in increments, starting small and then expanding in scope as it gained experience and perfected procedures.

Although felony theft defendants were initially part of the target population, the early months of implementation demonstrated that the large number of apparently eligible theft defendants yielded very few viable Treatment Court candidates after assessment and eligibility screening, but required a large expenditure of time and effort to screen. Theft charges were consequently excluded from the list of eligibility criteria at preliminary arraignment as of January 21, 1998.

### **The Target Population in Context**

The Philadelphia Treatment Court was designed as part of a strategy for developing community-based options for defendants who otherwise probably would have been held in pretrial detention pending adjudication in the overcrowded Philadelphia Prisons. Earlier analysis of the jail population in Philadelphia identified drug cases as disproportionately contributing to the population of those confined. An underlying initial aim of the Treatment Court was to divert a critical component of the targeted population of felony drug defendants away from

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<sup>23</sup> Crimes of violence include rape, statutory rape, involuntary deviate sexual intercourse, murder, manslaughter, aggravated or indecent assault, arson, burglary, reckless endangerment, kidnapping, unlawful restraint, terroristic threats, and robbery.

confinement and into treatment in the hopes also of reducing their rate of return to the Philadelphia justice system.

Figure 2 displays a graph of the average monthly population of Philadelphia Prisons inmates against monthly arrests from 1996 (a period slightly before the establishment of the Treatment Court) through 1999.<sup>24</sup> The bottom part of the graph plots the trend lines for the inmate population and monthly arrests. Both parts of the graph indicate clearly that, during the Treatment Court study period (from January 1998 through November 1999), the volume of arrests and of inmates confined in the Philadelphia Prisons population moved steadily upward. Figure 3 shows more specifically that drug arrests increased sharply and steadily in Philadelphia from 1996 through 1999 (about 167 percent). Similarly, Figure 4 shows a parallel trend of sharply increasing numbers of preliminary arraignments of defendants charged in drug cases in Municipal Court during the same period. Taken together, these measures of justice system data in Philadelphia suggest that, in numbers of drug arrests, preliminary arraignments, and inmates confined, the population targeted by the Philadelphia Treatment Court appeared to be in abundant and steadily increasing supply during the study period (and beyond).

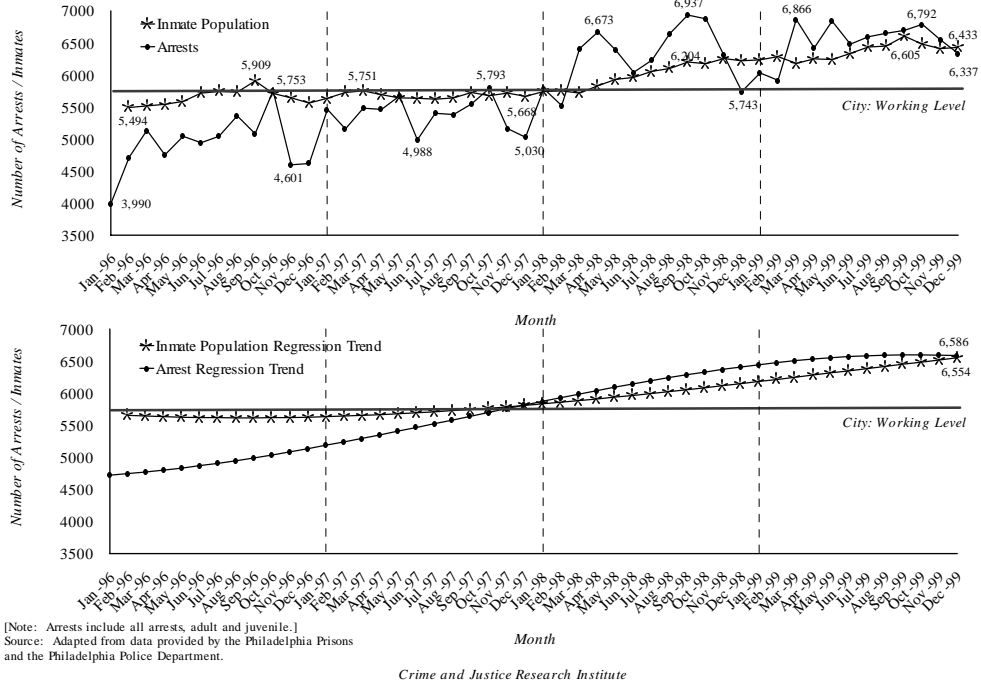
Figure 5 places the trend in Treatment Court enrollments in the larger context of the trend in drug arrests in Philadelphia during Phase II. The trend in enrollments was projected forward one year from November 1999 (to November 2000) to show a slightly increasing average monthly number of Treatment Court enrollments. This modest increase in enrollments occurs against the background of a steadily increasing projected trend in drug arrests in Philadelphia. In short, Treatment Court enrollments did not reflect the apparently dramatic increases in the targeted population occurring in Philadelphia during the study period. Court officials attribute

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<sup>24</sup> For discussion of these background trends in Philadelphia justice data, see Goldkamp et al. (2000a; 2000b).

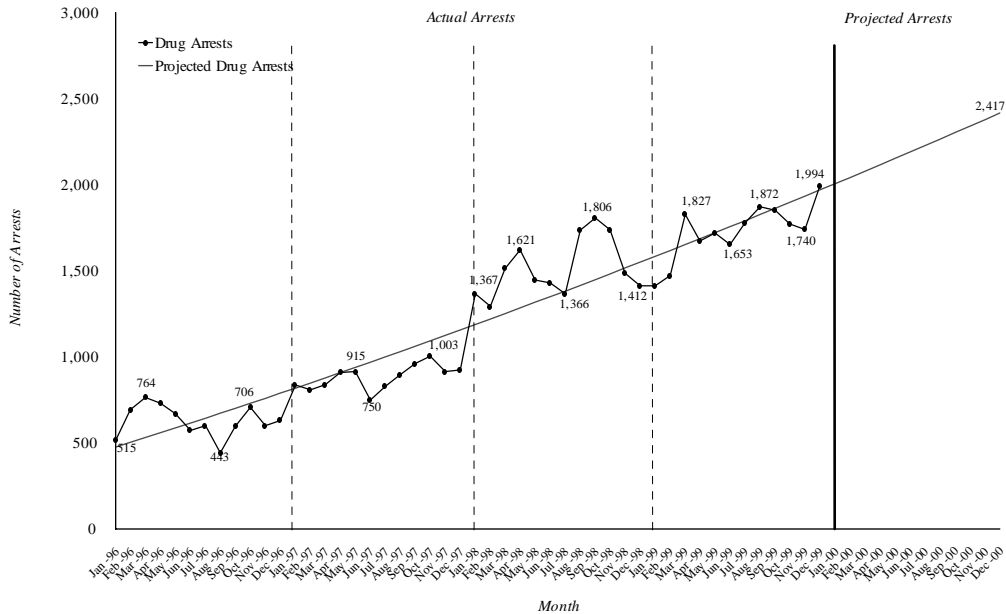
the slow growth in enrollments to resource limitations and maintain that a steady funding source would allow Treatment Court enrollments to reflect these increases in the target population.

**Figure 2 Number of Arrests in Philadelphia, January 1996 - December 1999, and Monthly Average Daily Inmate Population in the Philadelphia Prisons, February 1996 - December 1999, by Month**



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**Figure 3 Trend in Drug Arrests in Philadelphia, January 1996 - December 1999, with Projections through December 2000, by Month**



Source: Adapted from data provided by the Philadelphia Police Department.

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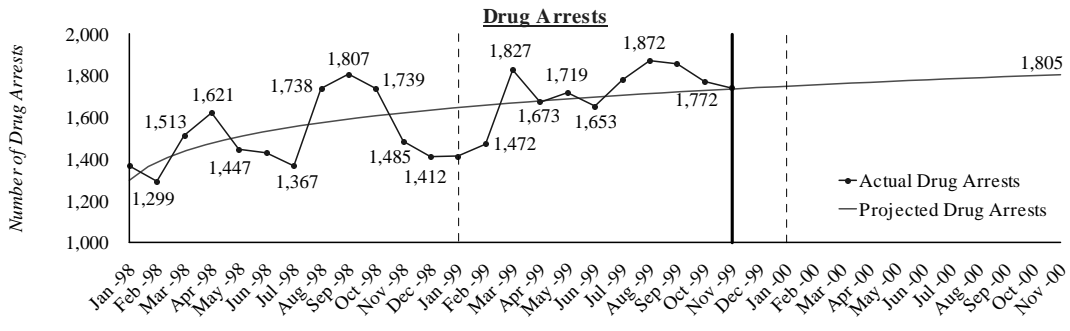
**Figure 4 Number of Drug-Related Preliminary Arraignments in Philadelphia, September 1996 - December 1999, with Projections through December 2000, by Month**



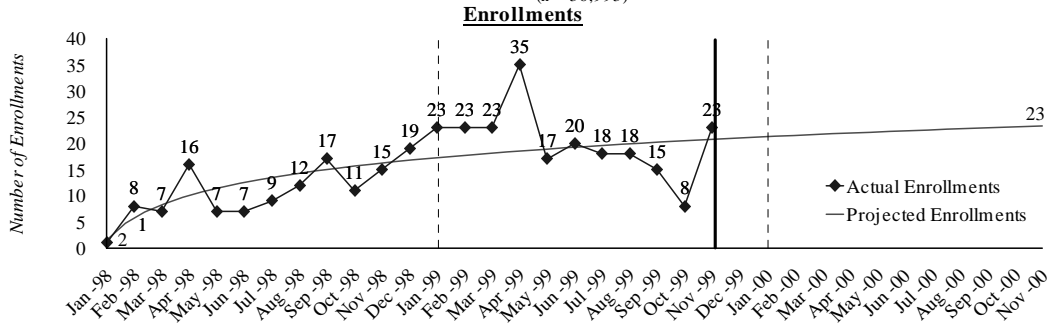
Source: Adapted from data provided by the Philadelphia Pretrial Services Division, Court of Common Pleas.

Crime and Justice Research Institute

**Figure 5 Trends in Philadelphia Drug Arrest and Treatment Court Enrollments, January 1998 through November 1999, with Projections to November 2000**



Power Model



Logarithmic Model

Crime and Justice Research Institute

These data suggest at least that the Treatment Court's targeted population continued to play an important role in the justice population and that, except for resource limitations, considerable numbers of additional candidates were available as a result of enforcement emphases in Philadelphia during the Phase II study period.

### **Treatment Court Caseload**

The size of the Treatment Court's active caseload is determined by the combination of the number of participants newly admitted, the length of time participants spend on average in treatment before graduation, and the number completing Treatment Court requirements.<sup>25</sup> Determining the desired levels of each of these ingredients amounts to a subjective or policy assessment, depending on a number of possible concerns.<sup>26</sup> In fact, the Treatment Court limited its enrollments based on resource constraints to about 35 referrals (about seven enrollments) per week as a matter of policy. One could also have set specific enrollment goals—so many new participants per month or per year—that would have a major influence on caseload size, depending on assumptions about length of stay in treatment (including failures and successes) and rate of favorable and unfavorable completion of the program.

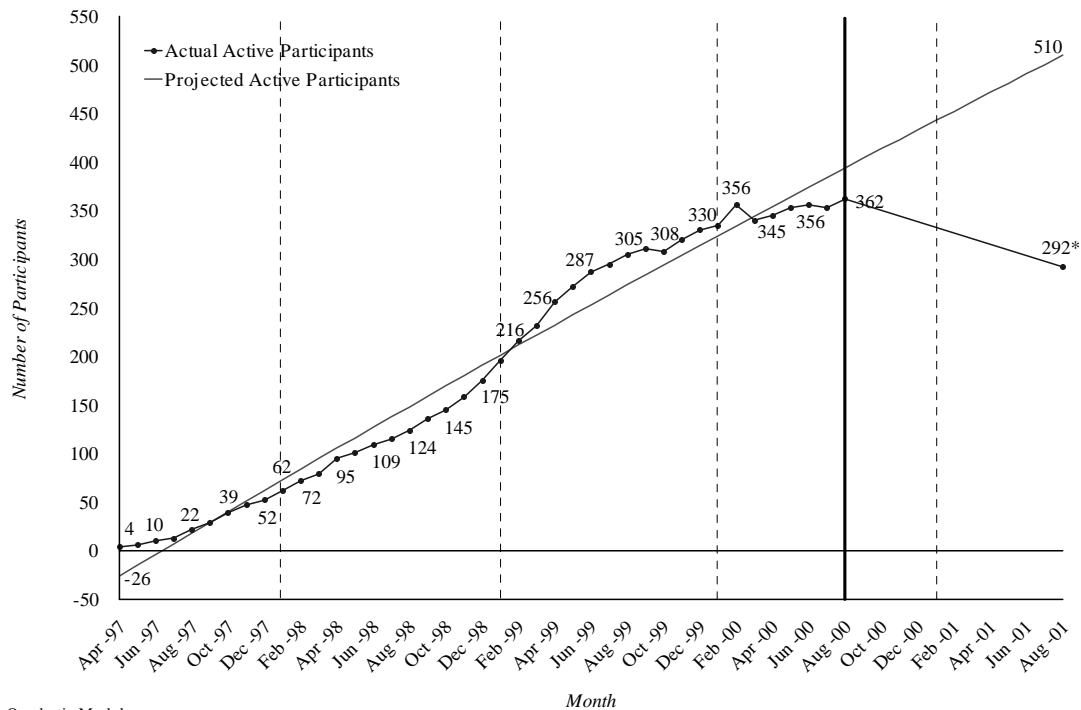
Figure 6 charts the growth of the active caseload of the Philadelphia Treatment Court from enrollment of its first four participants in April 1997 through August 2000 when the active caseload reached 362 participants. From January 1998 through August 2000, the period of the Phase II study, the court's active caseload increased nearly six-fold, from 62 to 362 participants. This growth was achieved through generally small monthly increases averaging less than eight

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<sup>25</sup> Making assumptions about each of these is one way of estimating average active caseload and setting workload expectations.

participants per month, with increases of ten participants or less in 18 of the 32 months recorded from January 1998 through August 2000. During the first eight months of 2000, the overall active caseload increased a total of 27 participants—or less than three per month.

**Figure 6 Number of Active Participants (Active Caseload) in Philadelphia Treatment Court, April 1997 through August 2000, with Projection through August 2001**



Quadratic Model

\*This data point came from data provided by the Philadelphia Treatment Court; it was not derived from our aggregate data set.

Crime and Justice Research Institute

If we had projected forward the trend in active monthly caseload size from the end of our data in August 2000 through the next year—as if the same rate of caseload growth were to continue—we would have expected the Treatment Court’s active caseload to reach about 510 cases one year later (by August 2001). This projection does not take into consideration the fact that a number of factors may work to limit the size of the active caseload, with probably the most important being the Treatment Court’s self-imposed capacity limit of about 35 referrals per week. In fact, as of August 2001, the active caseload of the Philadelphia Treatment Court stood

<sup>26</sup> Note the active caseload consists of participants in any stage of Treatment Court program who have tendered a



at 292. Thus, the initial rate of growth in caseload from the early stages of the Treatment Court's operation appears to have reached equilibrium at around 300 to 350 participants, right about at the level officials believed could be supported by available resources.

### **Enrollment of Participants**

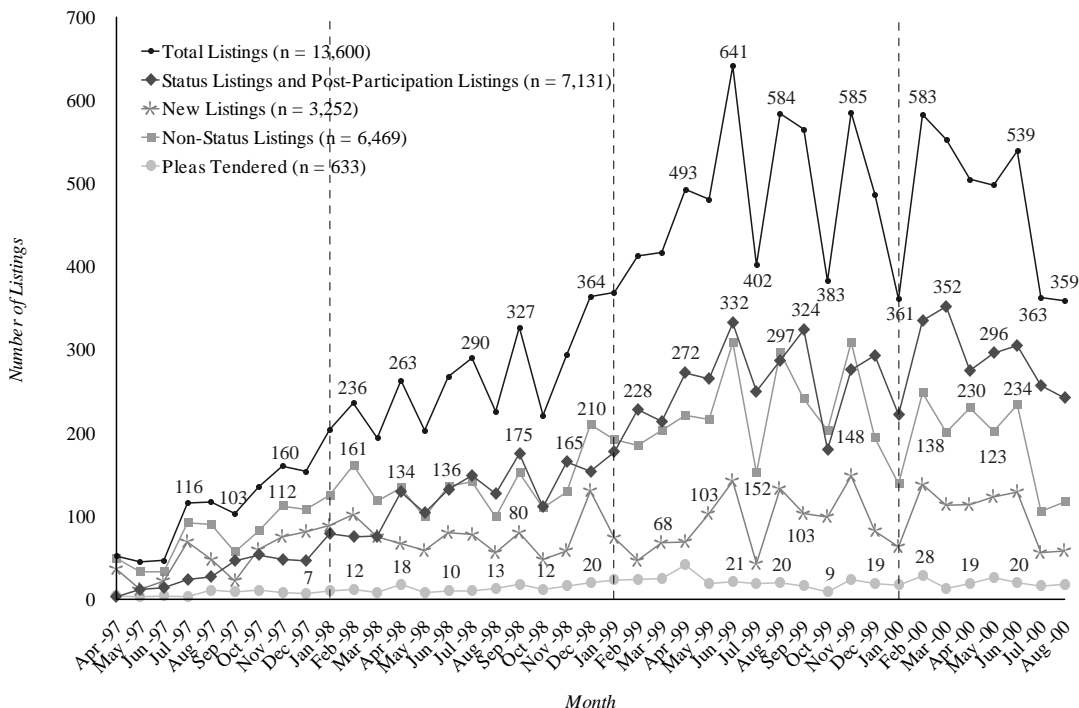
From the perspective of arrest and confinement trends in Philadelphia, the initial planning estimates for annual enrollments (300 to 500 participants) and the feedback of the DCPO site visit (more than 300-350 participants enrolled per year), enrollment of felony drug defendants in treatment appears somewhat less than anticipated during the study period.

Figure 7 charts the monthly listings of cases in Treatment Court from its inception through August 2000. On average, overall listings—a measure of the volume of the court's workload—increased steadily from the court's first days to peak at more than 600 cases per month in the summer of 1999 and more than 500 cases per month in the early spring of 2000. The workload then dropped sharply in the summer of 2000 to just about 350 cases per month.

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plea and continued in the program, except those who have completed requirements or who have been terminated.

**Figure 7 Number of Treatment Court Listings, by Month, April 1997 through August 2000**



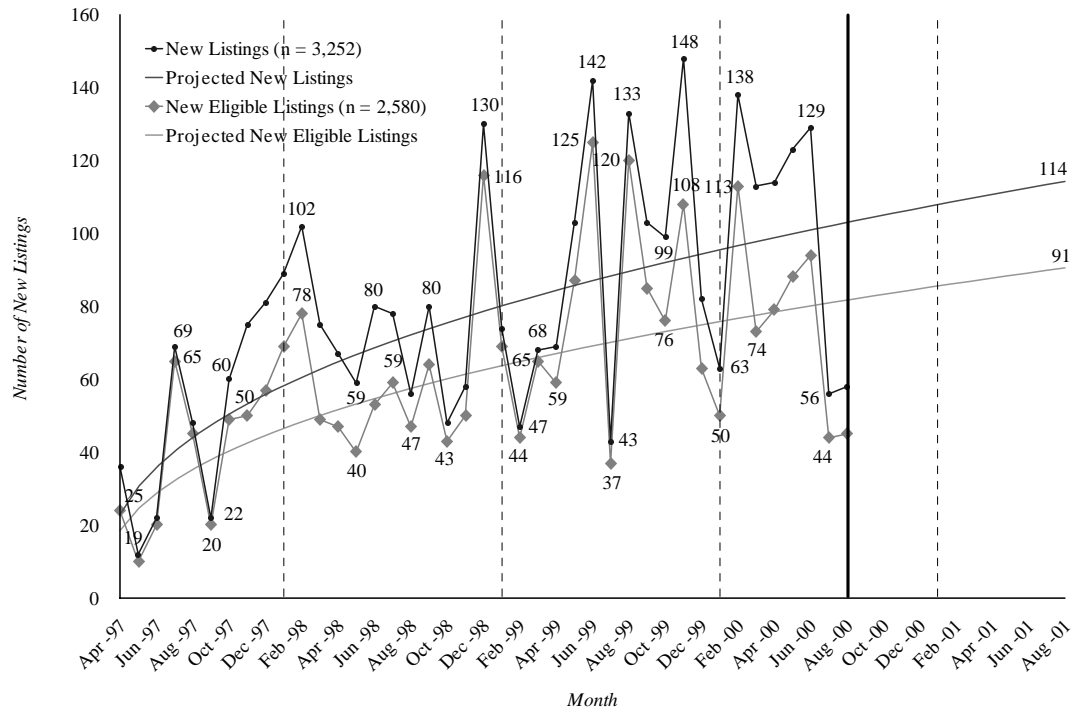
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In moving to two sessions per week in January 1998, the Treatment Court had planned to accept up to 15 new candidates per session or a maximum of 30 per week, with the expectation that about half of them would formally enter the program. At 15 new enrollments per week, the court could have expected 780 new enrollments per year. At seven new enrollments per week, the court could have expected 395 enrollments per year or just under 30 each month. (The recommendation of the DCPO staff after their site visit was that the Philadelphia Treatment Court should enroll at least 300 per year.)

Figure 8 shows that new listings of presumptively eligible defendants increased slightly during Phase II from around 70 cases per month to over 100, peaking at 125 in June 1999. When the trend in new listings and, more specifically, new eligible listings is projected forward from August 2000 through August 2001, we would have expected an average of 114 new listings and

an average of about 91 new eligible listings (fully screened candidates) per month in Treatment Court, both reflecting a steady but slow rate of growth in numbers of incoming candidates.

**Figure 8 New Listings in the Philadelphia Treatment Court, April 1997 through August 2000, by Month, with Projections through August 2001**



Power Model

Crime and Justice Research Institute

The number of listings that involved new enrollments (defendants tendering pleas) roughly doubled from ten in January 1998 to 23 a year later. Over the 32-month study period from January 1998 through August 2000, 572 defendants were enrolled in the Treatment Court, an average of about 18 per month or 4 defendants per week. These numbers are equivalent to an average enrollment rate of 208 participants per year. This rate of enrollment places the Treatment Court about 100 enrollments per year below the 300 level. These fluctuations in enrollments notwithstanding, the Philadelphia Treatment Court had reached its self-defined capacity limit of an active caseload of from 300-350 participants at the end of 1999 and fell only slightly below that range in the summer of 2001.

## **Identifying, Referring, Assessing, and Enrolling: The Treatment Court Screening Process**

The enrollment of candidates from the targeted pool of presumptively eligible defendants was influenced by the following contingent probabilities: a) the percentage of eligible candidates listed and ordered to assessment (“referred”) by bail commissioners at preliminary arraignment;<sup>27</sup> b) the percentage of ordered defendants attending assessment (i.e., the no-show rate); c) the percentage of assessed defendants found to be in need of treatment; d) the percentage of those attending court and then found to be ineligible; and e) the rate at which eligible defendants attending Treatment Court decided to enter the program.

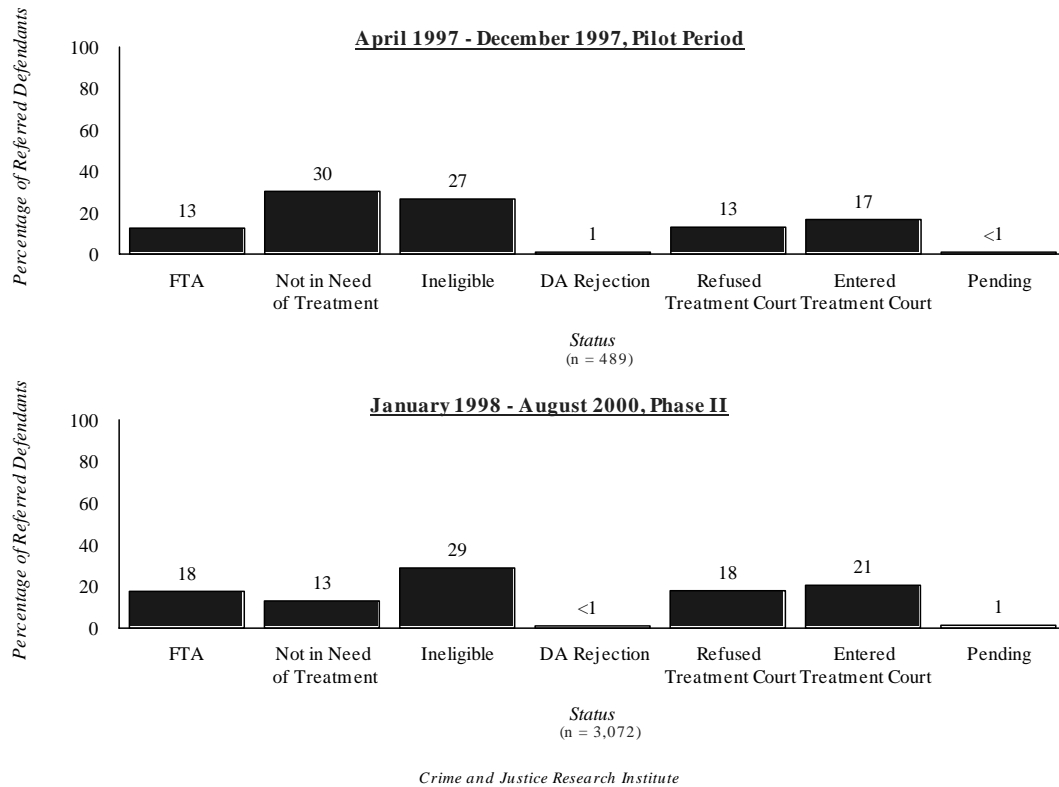
Figure 9 examines the screening and enrollment of all defendants referred (ordered) to assessment from preliminary arraignment by bail commissioners over two time periods: a) all referred defendants during the pilot period (April 1997 through December 1997); and b) all referred defendants during Phase II (from January 1998 through August 2000). Although the dynamics of the screening process changed over time (e.g., in the rate of those found not in need), the production of enrollments for Treatment Court from the target population changed little from the pilot period to Phase II.

- During the pilot phase, the referral of Type I and Type II drug defendants to the Treatment court screening process produced 17 enrollees for every 100 referrals.
- During Phase II, the ratio improved only slightly to 21 enrollees for every 100 defendants referred from preliminary arraignment.

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<sup>27</sup> This is the most difficult screening stage to estimate because candidates are only roughly or presumptively identified at preliminary arraignment. A low rate of referral by commissioners of those identified as possibly eligible may be explained by at least two factors: a) the fact that commissioners have better information by the time of actual arraignment and do not find referral to Treatment Court appropriate; b) commissioners exceeded the Treatment Court limit of 35 referrals per week from preliminary arraignment, and/or c) the commissioners did not refer candidates for other reasons not explained by their eligibility. This last explanation was probably very rare.

**Figure 9 Identification, Screening, and Enrollment of Treatment Court Candidates, April 1997 through 2000, by Phase**



Failed to Appear (“No-Shows”): During the eight-month trial implementation period, about 13 percent of referred felony drug defendants did not appear at assessment (or in court). This rate was slightly higher (18 percent) during the 32-month period from January 1998 through August 2000.

Not in Need of Treatment: A much smaller proportion of the Phase II candidates (13 percent) than Phase I referrals (30 percent) were found not to be in need of treatment.

Ineligible: Roughly similar portions of the Phase I (27 percent) and Phase II (29 percent) defendants were found to be ineligible after more extensive background checks.

Rejected by the District Attorney: Hardly any referrals (one percent or less) were rejected by the District Attorney’s Office in each period.

Declined Treatment Court: About 13 percent of the Phase I referrals and 18 percent of Phase II referrals refused or declined Treatment Court.

Enrolled in Treatment Court: Overall, about 17 percent of all Phase I referrals and 21 percent of all Phase II referrals actually enrolled in Treatment Court.<sup>28</sup>

### **Statuses of Phase II Defendants in the Treatment Court Process (as of August 31, 2000)**

Figure 10 indicates the most advanced status or disposition of potentially eligible cases referred to the Treatment Court at the point of entering the criminal process between January 1998 and November 1999<sup>29</sup> as measured on August 31, 2000.<sup>30</sup> To put the enrollment and disposition process in context, we estimate that 3,429 felony drug arrests reached preliminary arraignment during that 23-month period. Municipal Court bail commissioners ordered about 1,912 (or 56 percent) of these to Treatment Court assessment as a condition of supervised pretrial release, an average of about 83 per month during the Phase II study period. The remaining 1,517 (44 percent) were not referred to assessment, possibly because they had prior criminal records or other justice-related problems that excluded them from supervised pretrial release at the preliminary arraignment stage, or because the court's resource driven cap of 35 referrals from preliminary arraignment had been reached in particular weeks.<sup>31</sup>

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<sup>28</sup> These screening statuses were measured as of the end of December 1997 for Phase I defendants and as of August 31, 2000 for Phase II defendants. Note that a very small proportion in each period were in "pending" status at the time the data were collected, meaning that they had not progressed far enough to have a final screening disposition.

<sup>29</sup> Thus, this figure deals with a narrower population than that described in the screening disposition section above.

<sup>30</sup> In other words the shortest follow-up period was nine months for cases entering the process in November 1999, with their statuses checked on August 31, 2000.

<sup>31</sup> In our screening of this population (persons apparently charged with eligible drug offenses) for the purposes of creating a comparison group of similar non-Treatment Court defendants, our review of their prior convictions only ruled out about one-third of them. Thus, about two-thirds appeared to be eligible based on current charge and prior criminal history.

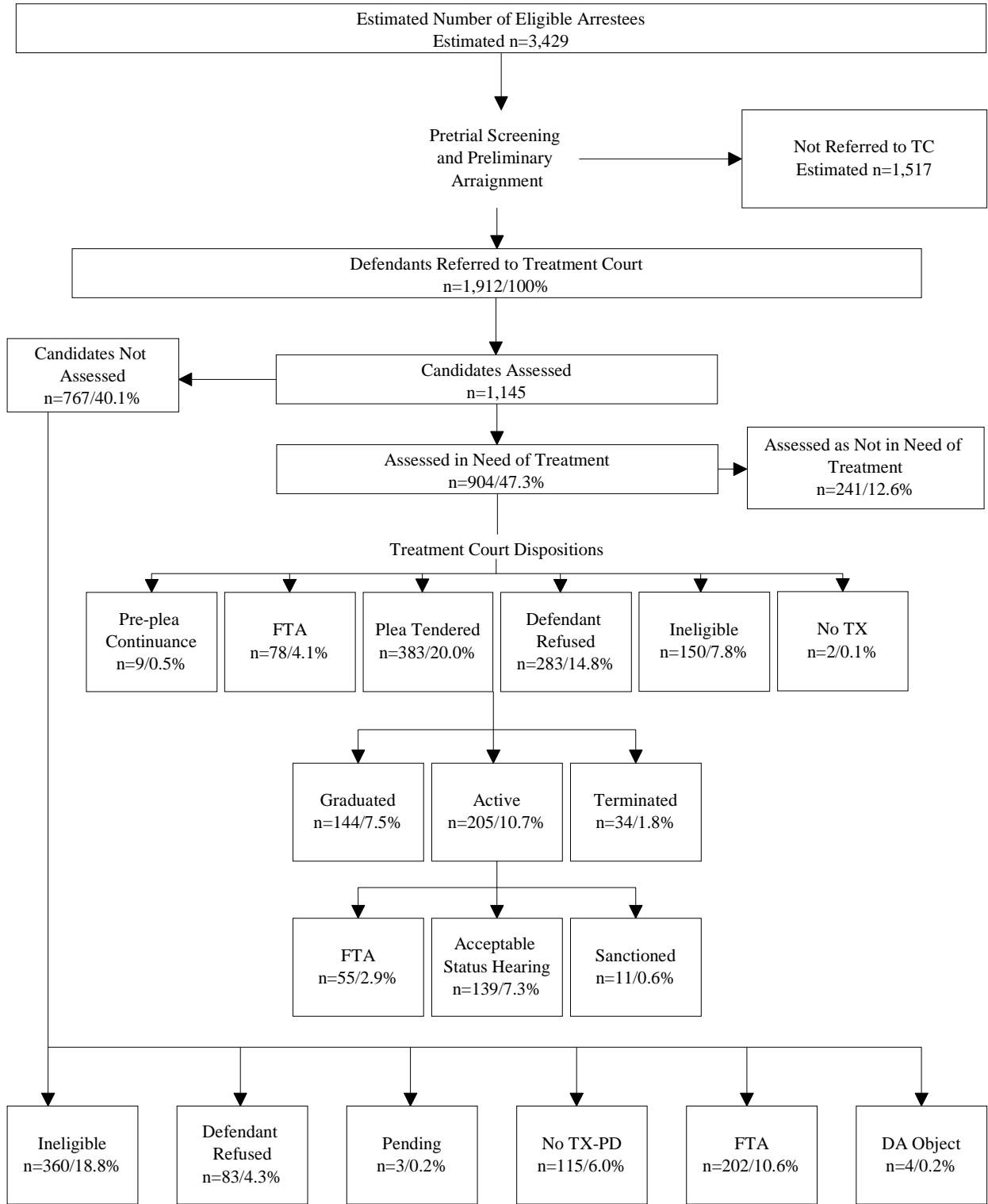
### Defendants Ordered to Assessment from Preliminary Arraignment

Of those ordered to substance abuse assessment (scheduled from 3 to 5 days after preliminary arraignment):

- 40 percent were never assessed (at least as of August 31, 2000) and are considered to be “no-shows.”
  - Of those not attending assessment, 47 percent were found ineligible, 26 percent were fugitives, and 11 percent refused assessment;
- 13 percent were assessed as not in need of treatment; and
- 47 percent were found to be in need of treatment.

Figure 11 graphs the trends in the number of defendants ordered to assessment, attending assessment, and enrolling in Treatment Court from January 1998 through November 1999 and projects those trends forward one year. Based on these data, assuming factors shaping the process remained constant, referrals (persons ordered to assessment) should have grown slightly to about 71 by November 2000, defendants attending assessment should have increased slightly to about 66 per month, and enrollments should have averaged around 31 per month.

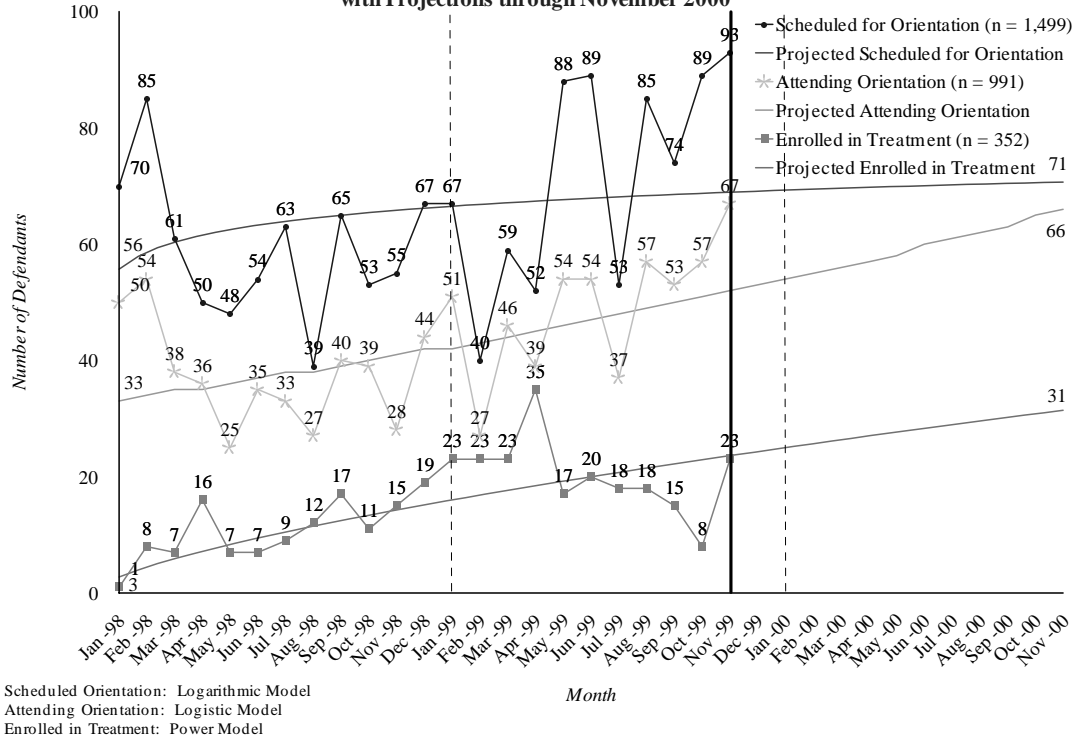
**Figure 10 Identification and Screening of Treatment Court Candidates during the Formal Evaluation, January 1998 through August 2000, Outcomes as of August 31, 2000**



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**Figure 11 Enrolling the Target Population: Scheduled Orientations, Orientation Attendance, and Enrollment of Candidates in the Philadelphia Treatment Court, January 1998 through November 1999, with Projections through November 2000**



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Total Found In Need of Treatment

Figure 10 further shows that of the 904 participants found to be in need of treatment at the Treatment Court assessment during that period:

- nine percent (78 defendants) failed to attend Treatment Court as ordered;
- 31 percent (283 defendants) opted not to participate in Treatment Court;
- 17 percent (150 defendants) were found to be ineligible after assessment;
- 42 percent (383 defendants) tendered a plea to formally enter Treatment Court.

Enrollment in Treatment Court

The 383 candidates actually tendering a plea to enter Treatment Court represented 20 percent of the defendants referred from preliminary arraignment. From Figure 10 again, of these entering Treatment Court during the Phase II period:

- 38 percent had graduated as of August 31, 2000;
- nine percent had been terminated from the program for lack of compliance; and
- 54 percent were still active in Treatment Court.
  - Of these—more than half of those entering drug court—28 percent were in fugitive status, five percent had been sanctioned, and 67 percent were receiving acceptable status reviews.

#### Explaining Non-Enrollment: Sources of Target Population Attrition

From this and the preceding analysis of the screening of candidates from the large, roughly identified target pool at preliminary arraignment, it appears that about one in five potential felony drug defendant candidates were ultimately enrolled in the Treatment Court from January 1998 through November 1999. Figure 12 displays the principal categories of defendants who did *not* enter Treatment Court:

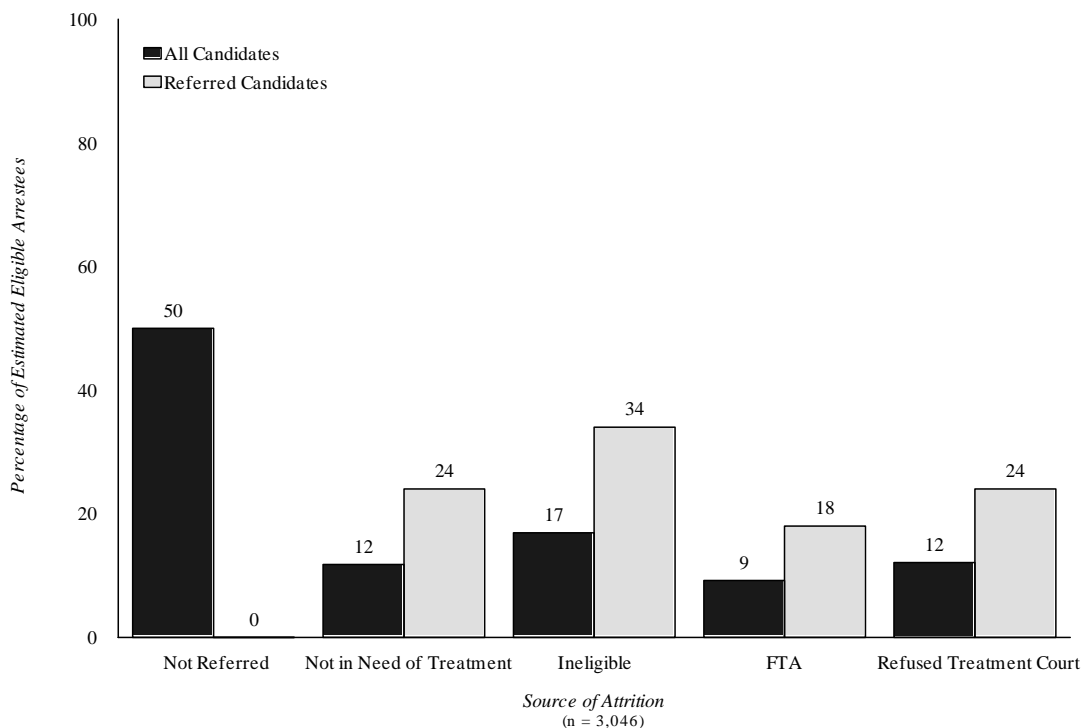
- Half were not identified as potential candidates or were not ordered to the Treatment Court screening process by the Municipal Court bail commissioners at preliminary arraignment. We assume these were not referred because of the Treatment Court’s capacity limits of 35 referrals per week.
- About 13 percent were assessed but found not to be in need of treatment.
- About 17 percent were discovered to be ineligible after referral.
- About nine percent failed to appear in the screening process (they were “no-shows”), simply skipping the assessment and Treatment Court appearance requirements.
- About 12 percent declined to participate in the Treatment Court.

When considered from the perspective of all potentially eligible defendants appearing at preliminary arraignment, these findings reflect a fairly positive screening process. However,

when considered from the perspective of all defendants referred to screening for Treatment Court eligibility and not reaching the enrollment stage, the following have implications for improved screening and enrollment of candidates. First, one in four of those referred to assessment but not enrolling were found not to be in need of treatment during Phase II. Although this is not an overly large proportion of those not enrolling in Treatment Court, an implication of this finding is that three of four referred defendants were substance abusers needing treatment. Second, of those referred and not enrolling in the program, another one-fourth of referrals represented defendants in need of treatment but who declined to pursue the Treatment Court option. (For whatever reasons, these defendants felt that their interests were best addressed through normal adjudication of their charges.) About one in five (18 percent), however, failed to attend court and were lost to the potential Treatment Court population. Third, about one in five of referrals not enrolling in the Treatment Court simply absconded.

About one in three of the nonenrolling defendants were found ineligible at some stage after the substance abuse assessment. Ideally, these defendants would be identified earlier and directed to other Municipal criminal court courtrooms to have their preliminary hearings—thus, avoiding unnecessary assessment and Treatment Court calendaring.

**Figure 12 Sources of Attrition in Targeted Population: Potential Candidates Not Enrolled in Treatment Court Based on Estimated Eligible and All Referred Defendants, January 1998 through November 1999**



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Strictly from the perspective of maximizing enrollment of the target population, the category with the greatest impact on the Treatment Court was made up of apparently eligible defendants who were not referred by the Municipal Court commissioners mostly because, we assume, of the limits on the number of referrals the Treatment Court would accept.

We examined this population of defendants who accounted for 51 percent of the defendants who were potentially eligible for Treatment Court but who were not referred from preliminary arraignment and, as a result, were not enrolled. We do not have a good method for estimating how many of these were never identified as potential Treatment Court candidates, how many had prior criminal histories that suggested that they were not appropriate risks or how many had other criminal justice entanglements (probation detainers, outstanding warrants, other open cases) that convinced the commissioners not to order Treatment Court assessment, or for determining how many were simply not referred because of the capacity limit placed on referrals

from preliminary arraignment by the Treatment Court's resource constraints. We can say that in trying to devise a comparison group from non-referred felony drug defendants, out of a sample of 400 roughly (criminal charge) screened candidates from the same period of time, further examination (on prior record) caused us to discard 145 defendants as likely to have been excluded based on Treatment Court eligibility criteria. However, this left 255 defendants or about two-thirds of the non-referred who appeared to be legitimate candidates for Treatment Court screening. This exercise suggests that half of presumptively eligible defendants (based on current charges, prior history, and pretrial release guidelines classification) were not referred to Treatment Court, a potentially large portion of the population intended to be targeted by the Philadelphia Treatment Court. To the extent that resource constraints are shaped by concerns that the Treatment Court's intended target population is insufficient to warrant more resources, these findings suggest that a considerable share of the potential target population is not being addressed simply because of the availability of adequate resources.



## **PART FOUR Courtroom Workload: Measuring the “Business” of the Treatment Court**

In our first report, we examined the day-to-day business of the Philadelphia Treatment Court by studying its daily and weekly dockets over time in the first year as a measure of “what the court does.” This analysis extends consideration of the content of the Treatment Court’s business over time, contrasting the calendars of the pilot period through December 1997 with the court’s workload through August 2000. The content of the courtroom workload, viewed over time, serves as a measure of the development or evolution of the Treatment Court from its early implementation stages to more advanced stages of operation as a maturing court program.

For simplicity, Figure 13 represents the business of the Treatment Court in monthly periods as a series of pie charts. A first analysis shows the proportion of matters listed for Treatment Court that involved status hearings and those that did not. As one might expect, in its early months, the Treatment Court received mostly new cases, with the result that only a minority of listings involved status reviews of participants’ progress in treatment.

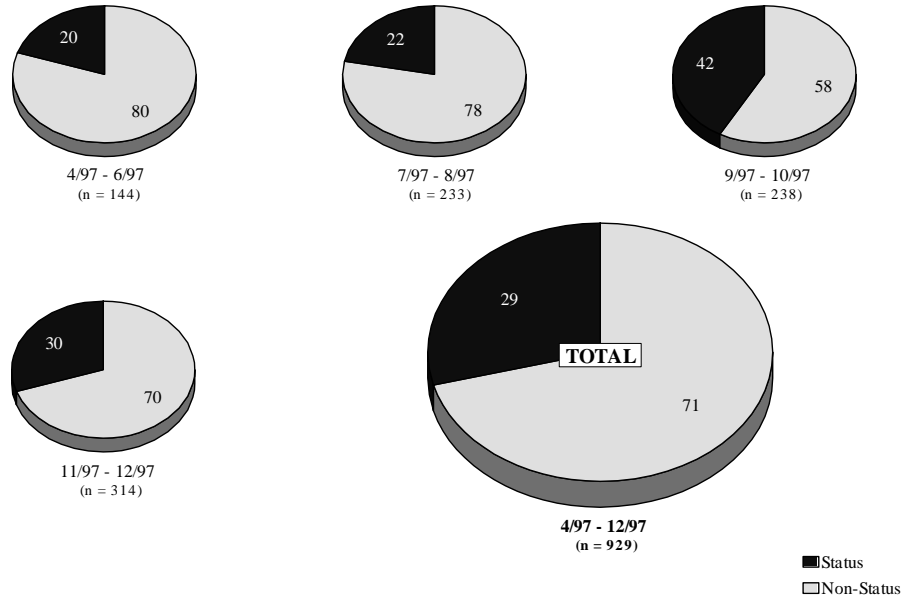
- During the pilot period, this portion of the court workload grew from about 20 percent in the early months to 42 percent of the business conducted in September-October 1997, and declining in November and December to about 30 percent of listings.
- After the pilot period, however, the status hearings accounted for an increasingly larger portion of the workload, growing from 35 percent of the January-February 1998 listings to roughly 60 percent from January through June 2000, and reaching a high of 69 percent—a large majority of listings—in June-July 2000.

In short, as one might predict based on the drug court model’s reliance on frequent court appearances as a treatment and supervisory tool, the content of the monthly Treatment Court

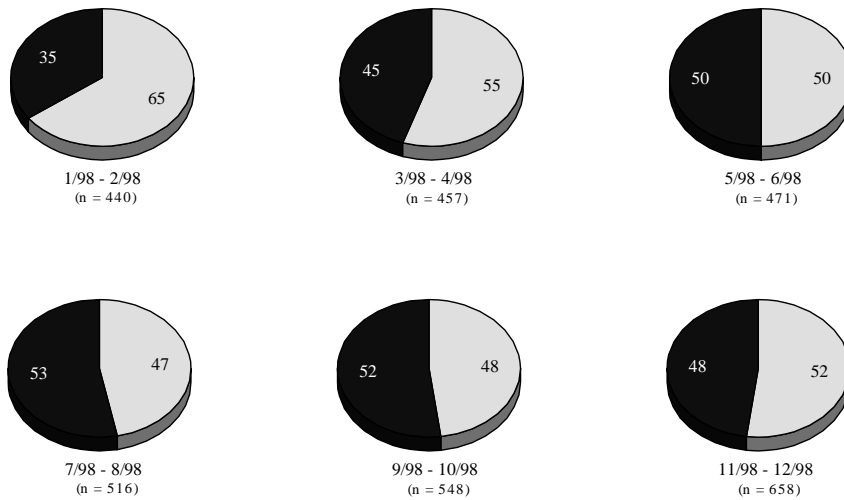
workload was reversed from a predominant emphasis on non-status review matters in the earlier periods to a major emphasis on status reviews in the later period of the study.

**Figure 13 Role of Status Listings in Philadelphia Treatment Court, April 1997 through August 2000**

**April 1997 - December 1997, Pilot Period**



**January 1998 - August 2000, Phase II**

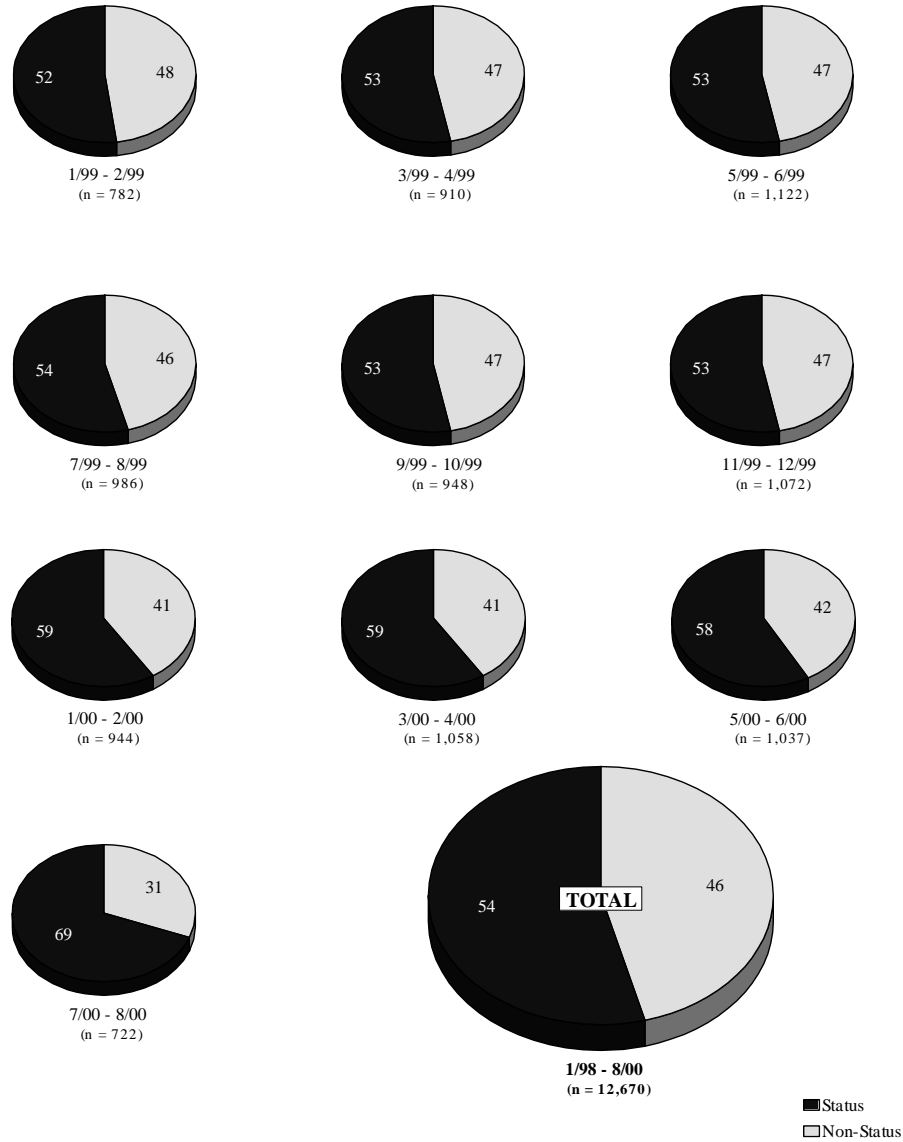


[Note: Status Listings include all hearings held after the hearing at which the plea is accepted.]

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Figure 13 Role of Status Listings in Philadelphia Treatment Court, April 1997 through August 2000 (Cont.)



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When the dispositions of the status reviews are examined as either favorable (acceptable progress by the participant) or unfavorable (unacceptable progress), Figure 14 shows that only a small proportion of all status reviews—fluctuating between about ten and 20 percent—resulted in unfavorable dispositions, including admonitions from the judge and sanctions or termination from the Treatment Court. (As status hearing outcomes, sanctions increased slightly over time

from about five percent of such listings in the pilot period to about 11 percent in Phase II). This finding, with minor fluctuation, was consistent over time; unfavorable reviews were reasonably rare, occurring in no more than one in five status review listings.

The remainder of the business conducted in the courtroom—the “non-status” listings— included the following dispositions:

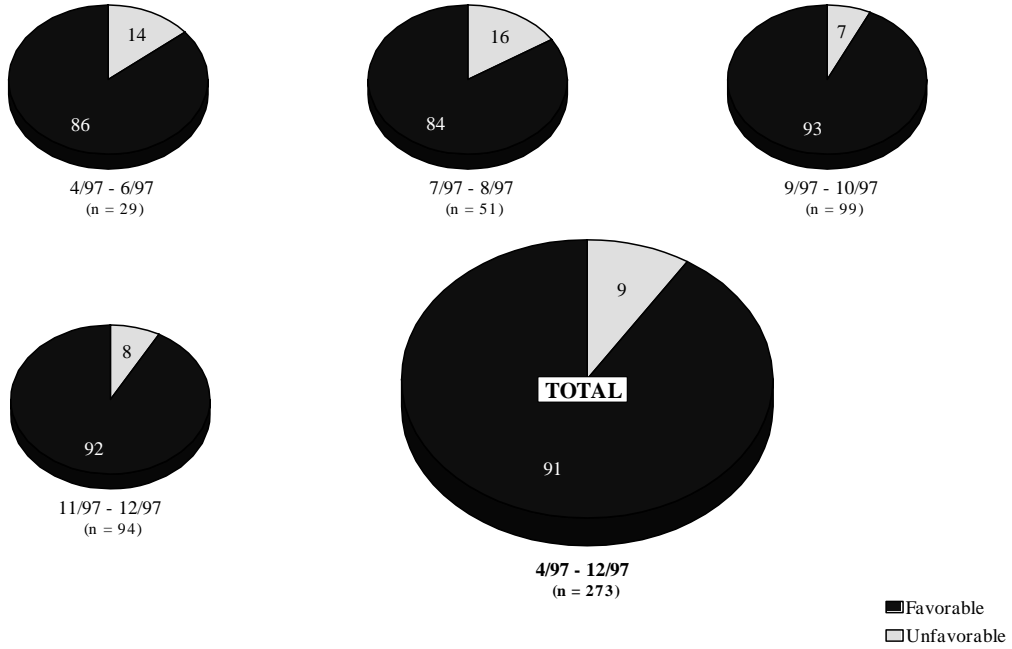
- First/listings continued: these matters often included persons appearing for the first time who may not have been prepared to enroll, needed to have other matters resolved or additional information obtained, had not yet been assessed, or would enter the program at a subsequent hearing.
- Failed to appear (FTA): a bench warrant was issued for a defendant who failed to attend Treatment Court.
- Found ineligible or district attorney rejects:<sup>32</sup> participants who had appeared eligible in the early stages of screening were later found not to be eligible and were rescheduled for normal adjudication in other courtrooms.
- Candidates declined to enter Treatment Court, though eligible.
- Candidates formally entered Treatment Court by tendering a plea.
- Other miscellaneous matters.

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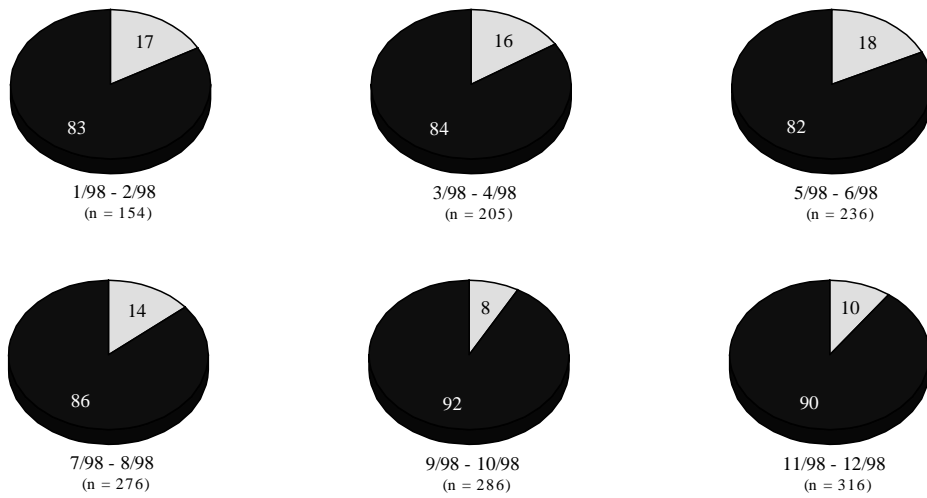
<sup>32</sup> The district attorney rejected candidates in less than one percent of cases.

**Figure 14 Favorable versus Unfavorable Status Hearing Outcomes in Philadelphia Treatment Court, April 1997 through August 2000**

**April 1997 - December 1997, Pilot Period**



**January 1998 - August 2000, Phase II**



[Note: Favorable Outcomes include continuances and graduations. Unfavorable Outcomes include failures to appear, sanctions, plea withdrawals, pleas. Also, this figure does not represent hearings occurring after graduation.]

Figure 14 Favorable versus Unfavorable Status hearing Outcomes in Philadelphia Treatment Court, April 1997 through August 2000 (Cont.)

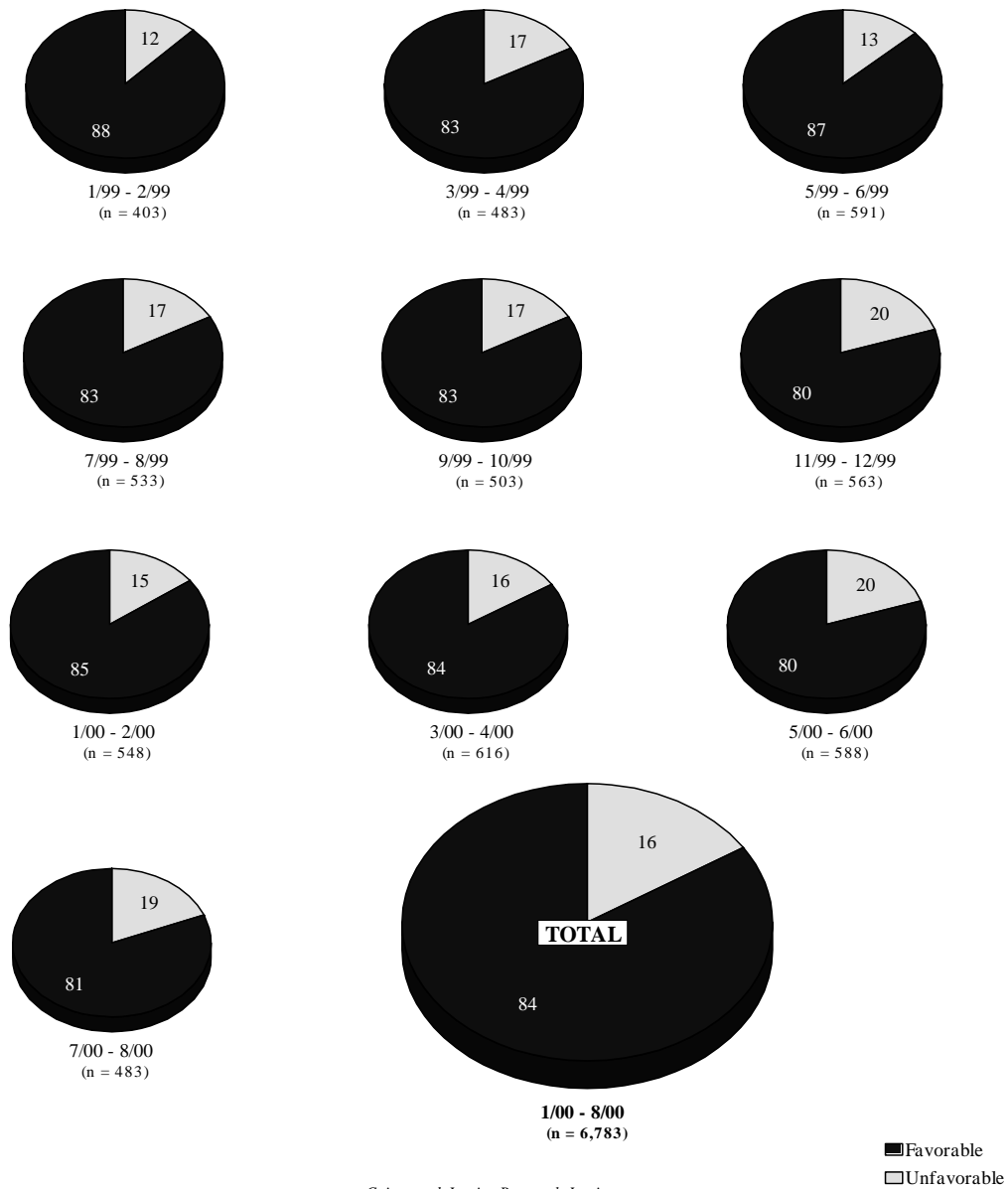


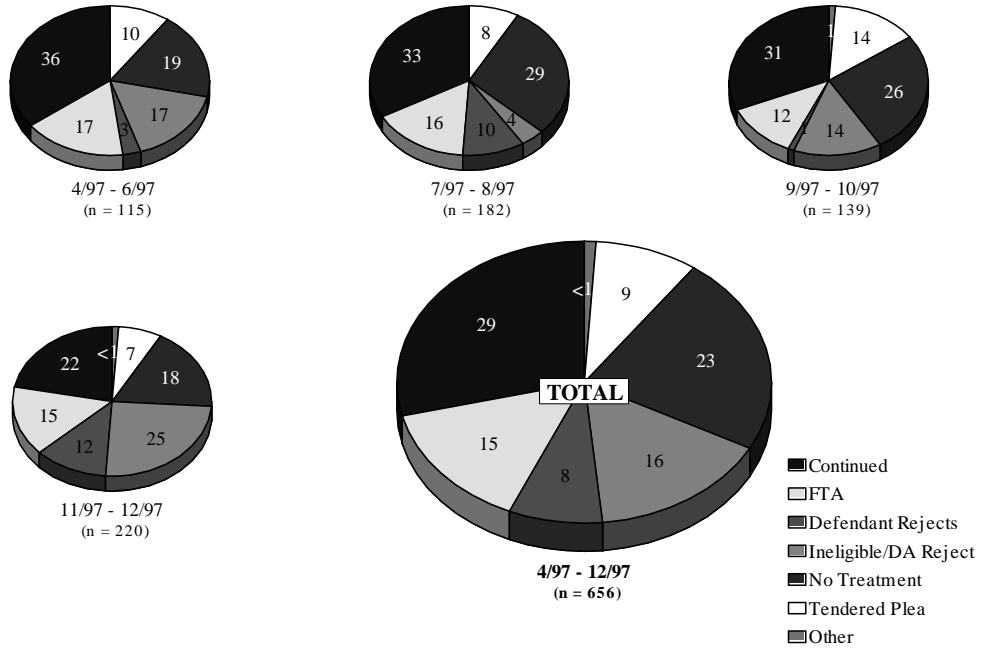
Figure 15 shows some changes in the kinds of dispositions associated with non-status matters heard in Treatment Court from the pilot through the Phase II period.

- Continued matters increased from 29 percent of non-status dispositions during the pilot period to 40 percent during Phase II. The growth in continuances in Phase II derived mainly from an increase beginning in July to August 1998 (35 percent) and

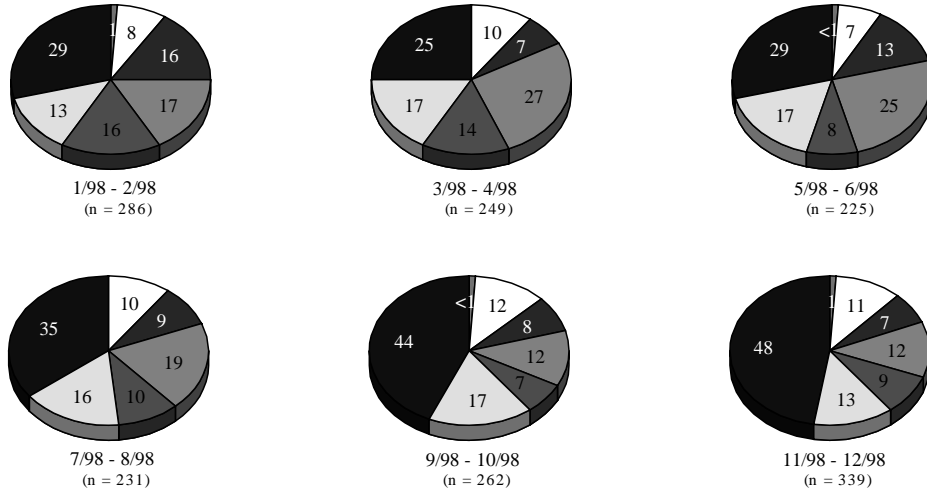
- peaking in May to June 1999 (53 percent). The portion of non-status matters resulting in continuances then decreased over time to just over 30 percent.
- The relatively small proportion (nine percent) of non-status listings in the pilot period resulting in pleas tendered by persons wishing to enter Treatment Court increased only slightly to about ten percent of non-status listings in Phase II. (The peak period was in July-August 2000 when about 15 percent of non-status listings resulted in pleas tendered.)
  - The portion of listings involving persons not in need of treatment was reduced from about 23 percent of non-status listings during the pilot period to about seven percent during Phase II. This was effected by devising a procedure for diverting persons assessed as not needing treatment to be scheduled in Municipal Court, bypassing Treatment Court (avoiding an unnecessary appearance).
  - The proportion of non-status listings of defendants found to be ineligible at their first court listing remained at roughly similar levels during the two study periods (16 percent in the pilot period and 17 percent in the Phase II period). However, this overall finding masks the fact that, from September 1999 through June 2000, the proportion found to be ineligible in court increased to over 20 percent of non-status listings. This had decreased to 16 percent in June-July 2000.
  - The portion of non-status listing accounted for by defendants declining to enter Treatment Court was similarly low during the two periods (eight percent in the pilot period, ten percent in Phase II).
  - The proportion of non-status matters listed resulting in failures-to-appear remained constant over time at about 15 percent.

Figure 15 Disposition of Non-Status Listings in Philadelphia Treatment Court, April 1997 through August 2000

April 1997-December 1997, Pilot Period

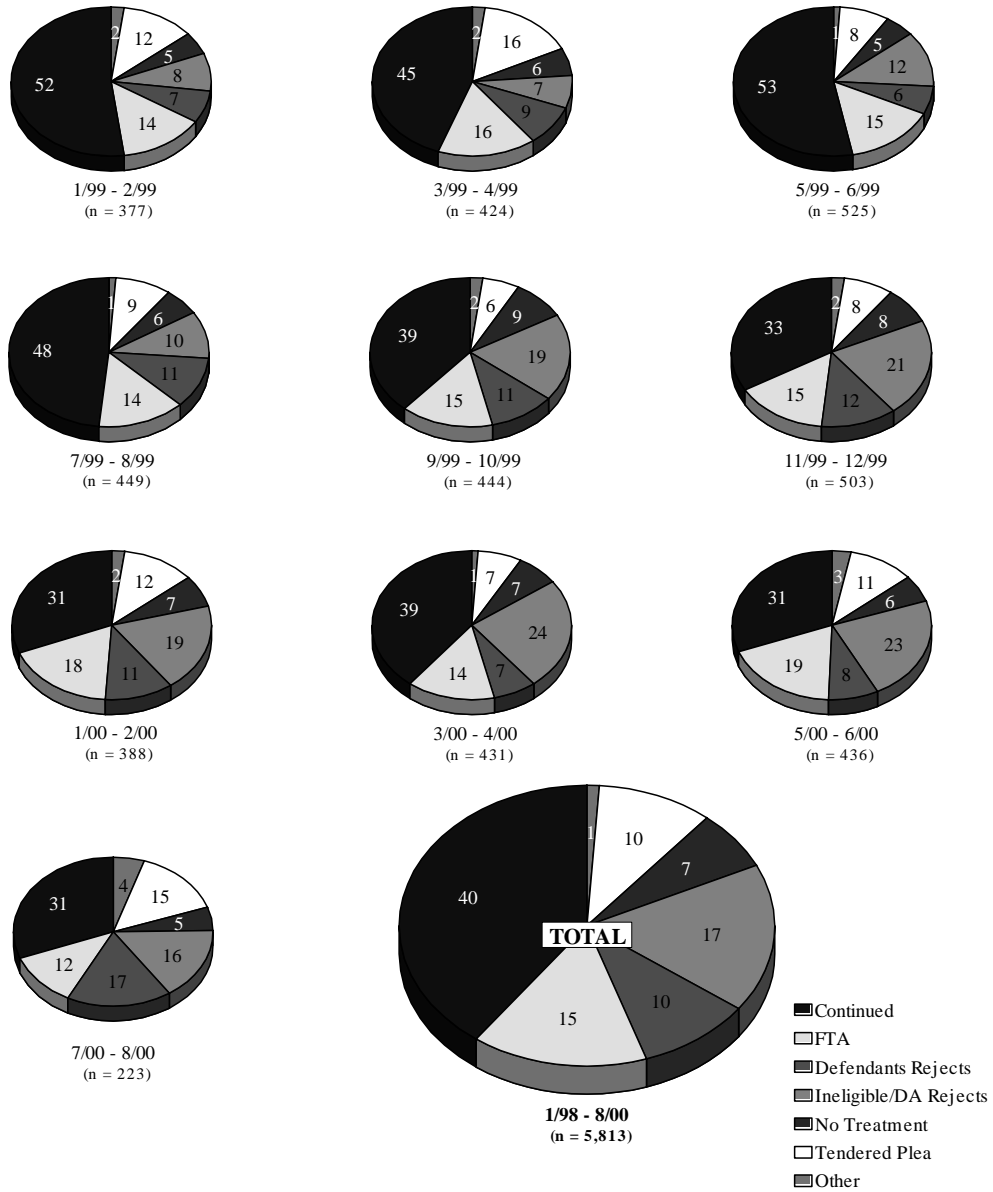


January 1998 - August 2000, Phase II



[Note: Non-Status Listings include all hearings prior to and including the plea hearing.]

Figure 15 Disposition of Non-Status Listings in Philadelphia Treatment Court, April 1997 through August 2000 (Cont.)



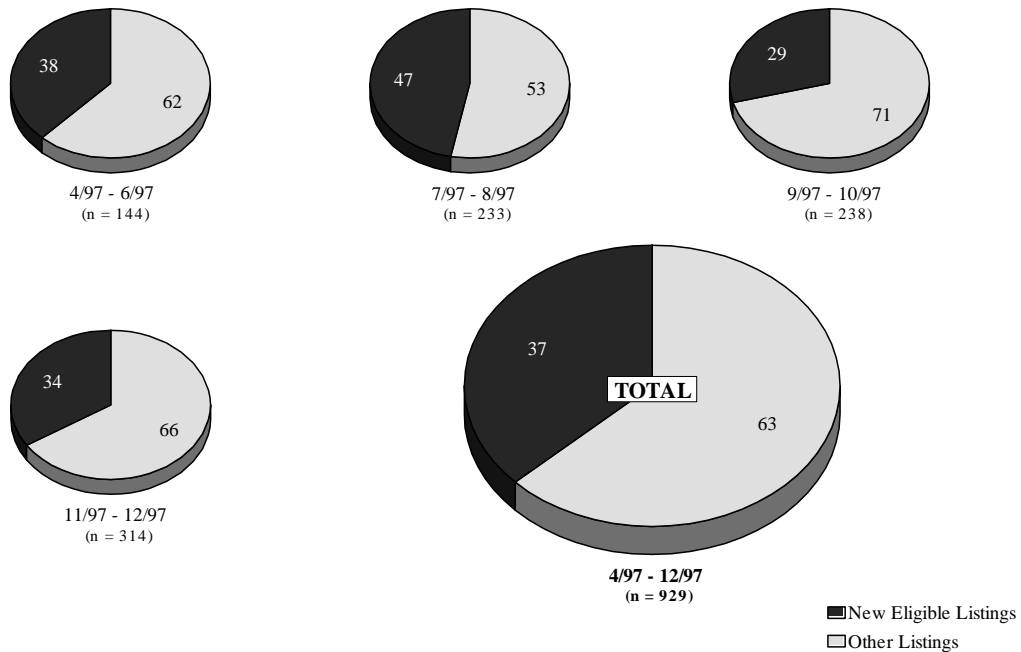
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Obviously, one critical element of the business of the Treatment Court is to enroll its target population from among the newly presented listings. Figure 16 shows that the proportion of cases representing new eligible listings—or the portion of the monthly workload likely to include new admissions to the program—dropped by half during the court’s second phase of

operation from 37 percent of all listings in the pilot period to 18 percent during Phase II. This phenomenon, the growing dominance of status reviews and decreasing role of new listings, is a natural result of the drug court methodology, which emphasizes frequent court appearances for participants as a part of the treatment regimen.

**Figure 16 Role of New Eligible Listings in Courtroom Workload, April 1997 through August 2000**

April 1997 - December 1997, Pilot Period



January 1998 - August 2000, Phase II

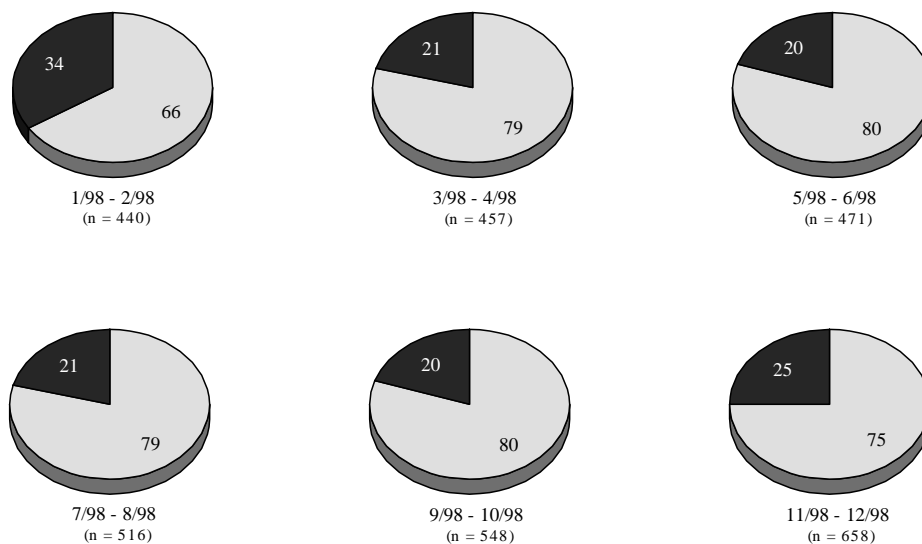




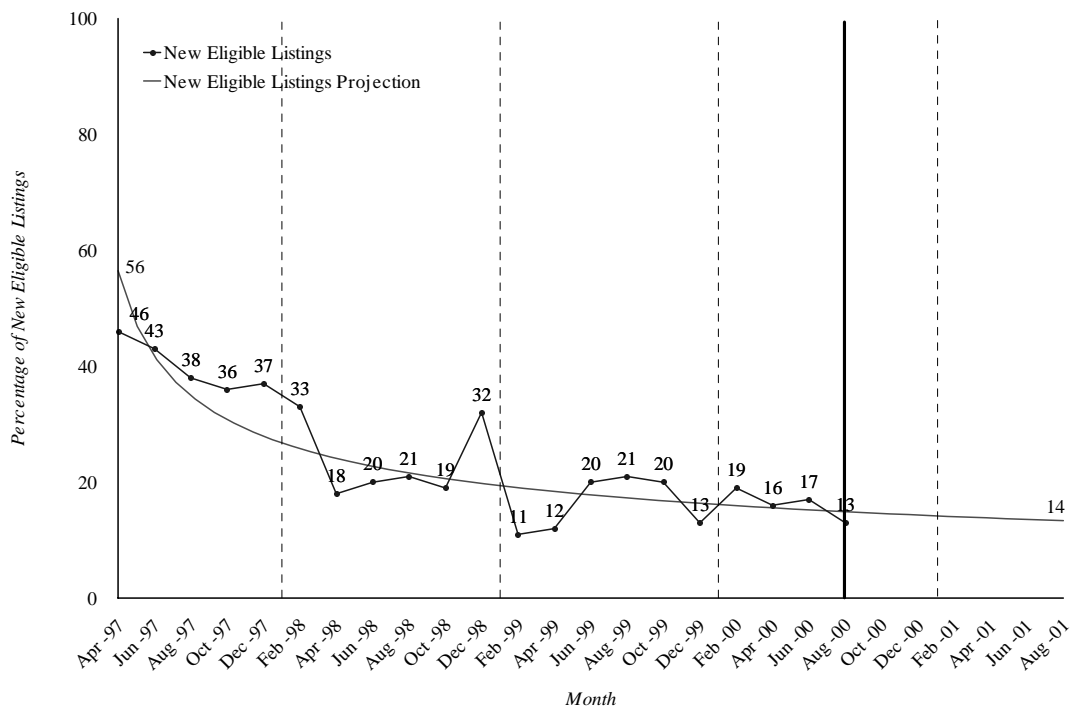
Figure 16 Role of New Eligible Listings in Courtroom Workload, April 1997 through August 2000 (Cont.)



Figure 17 graphs the trend in new listings (potential recruits) as a share of the total Treatment Court workload from April 1997 through August 2000. The line graph shows a fairly steady drop in the proportion represented by new eligible listings from roughly half (with fluctuation) to about one-eighth (13 percent in July and August 2000). A steadily decreasing

share of the Treatment Court workload was devoted to new eligible cases (enrollment of the target population) and more to reviews of cases already enrolled. That figure also projects the trend in the portion of the caseload made up of new eligible listings from August 2000 through August 2001, showing that one year later we should have expected the rate of new eligible listings to plateau at about 14 percent of all Treatment Court listings—if all other factors remained the same.

**Figure 17 Percentage of New Eligible Listings among Total Treatment Court Listings, April 1997 through August 2000, with a Projection through August 2001**



Power Model

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This picture—of a declining share of the workload consisting of new eligible cases—and the earlier finding that enrollments plateaued at around 18 per month or four per week during Phase II, raises two questions:

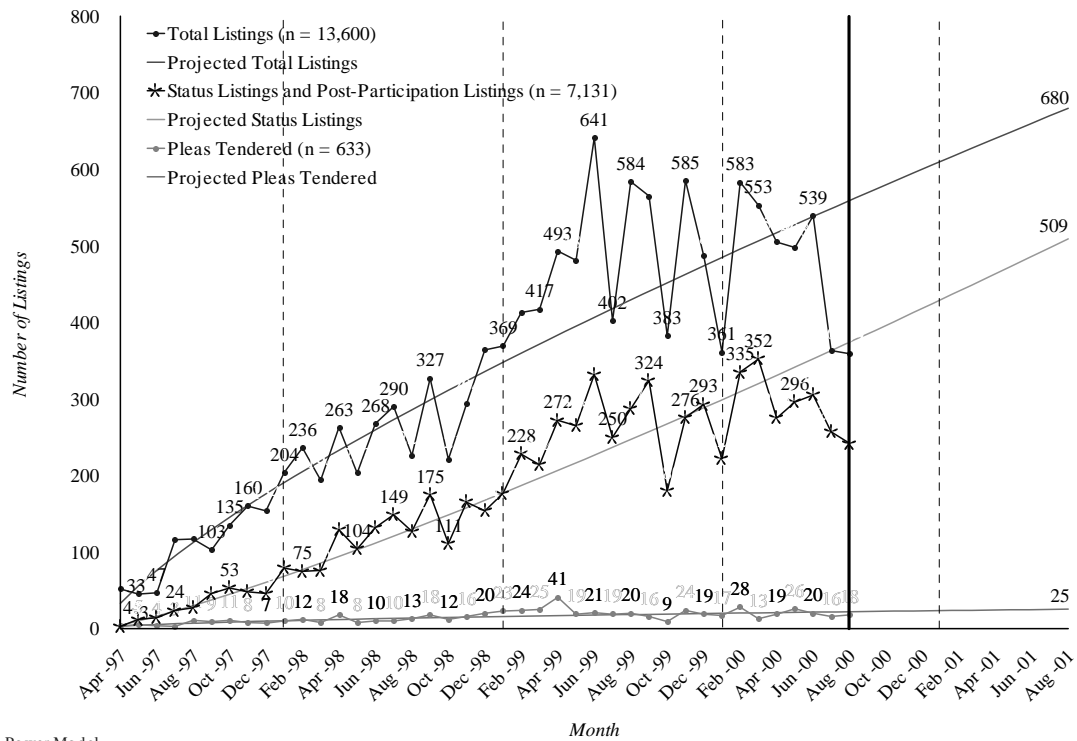
1. Will this portion of the Treatment Court workload sustain sufficient enrollments to address the target population as desired and to sustain a fully engaged drug court operation?

2. How much will the Treatment Court workload (average calendar) expand in relation to a fixed rate of enrollment (18 cases per month) as status reviews multiply?

Looked at in another way, the ratio of new actual enrollments (pleas tendered) to total listings decreased from about one to 13 at the beginning of the pilot phase to one to 30 in Phase II. Based on past patterns, Figure 18 projects continuation of the trend showing a small ratio of enrollments to total Treatment Court listings. This phenomenon—the growing gap between the numbers of participants formally admitted to the Treatment Court (low and fixed or slightly increasing) and the numbers of status reviews of current cases (growing sharply)—is found in drug courts nationwide (see Figure 19.) This finding reflects the express intent of the Treatment Court to see participants as frequently as necessary to monitor progress, thus differing from the normal court process, which seeks to dispose of large numbers cases efficiently and with a minimum of hearings. The “gap” between new and continuing cases is a product of the drug court philosophy. In planning court resource allocation (courtrooms, staff, etc.), the larger court system can now recognize an implication of the drug court model which can result in an ever expanding workload (in number of court appearances) when the number of cases it “disposes” (to use traditional case processing language) remains at a comparatively low and fixed level. Although the philosophy of the Philadelphia Treatment Court emphasizes the importance of many visits to the courtroom during the treatment process, the ratio of enrollments to overall workload raises questions about the level at which enrollments should be maintained for the court to function effectively—within its resource constraints. Although this dynamic is predictable from the underlying values and goals of the drug court methodology, drug courts are now beginning to have accumulated sufficient experience to discuss at what point an acceptable equilibrium is reached between total volume (heavily influenced by status reviews) and new

admissions or, alternatively, at what point the ratio between the two measures reaches a point of “imbalance.” Treatment Court officials point out that any consideration of the resources required by treatment court processing must take into account the fact that the total time for (generally brief) status listings per defendant is probably less than the average VOP or preliminary hearing and that, while a courtroom may have many of the latter scheduled each day, many are continued whereas the majority of status hearings take place as scheduled.

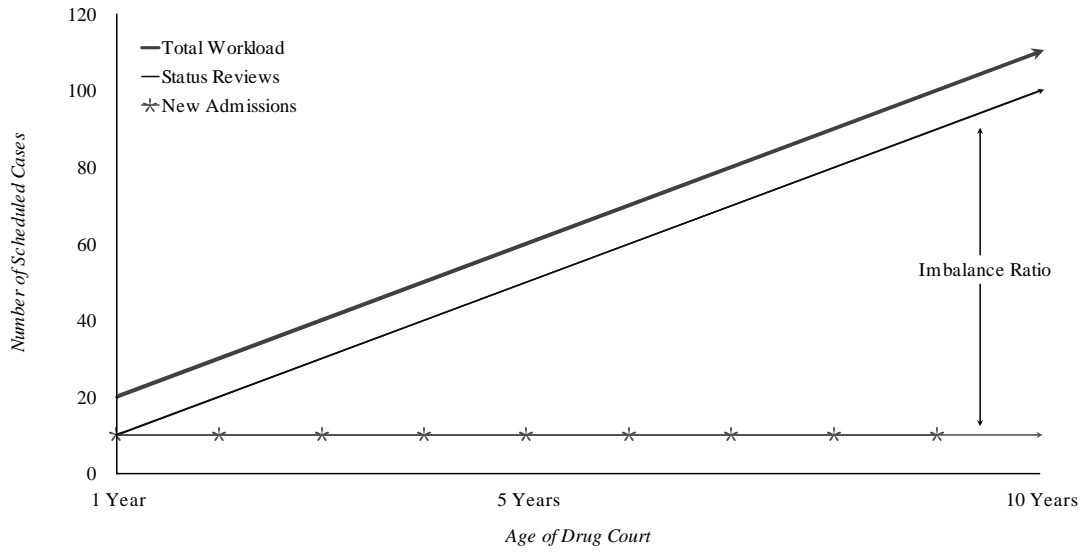
**Figure 18 Total Number of Treatment Court Listings, Number of Status Listings, and Number of Pleas Tendered, April 1997 through August 2000, with Regression Lines Projecting Values through August 2001**



Power Model

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**Figure 19 The Drug Court Workload: Disparity between Enrollments and Status Reviews**



Ratio =  $\frac{\text{Status Reviews}}{\text{New Admissions}}$

	1 Year	5 Years	10 Years
Ratio	1:1	5:1	10:1

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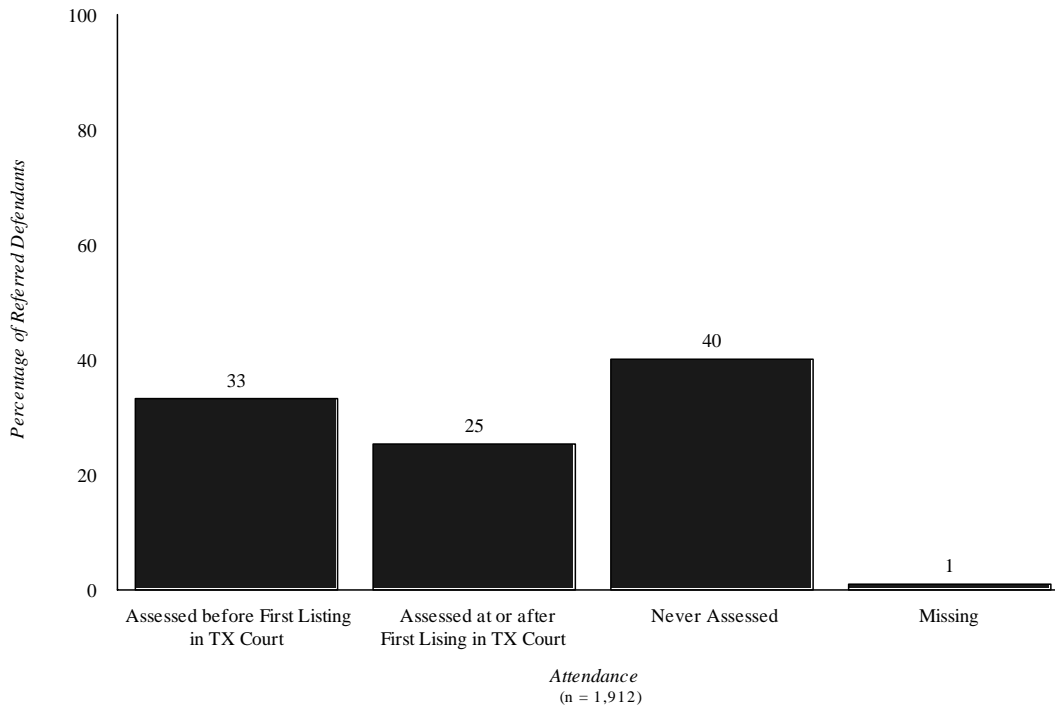


## PART FIVE Attributes of Treatment Court Participants during Phase II (January 1998 through November 1999)

### General Attributes

Of the 1,912 defendants referred to assessment for possible participation in Treatment Court between January 1998 and November 1999, as of August 31, 2000, 383 or 20 percent ultimately progressed through the assessment to actual participation in the Treatment Court. Figure 20 shows that of those ordered to assessment as a condition of pretrial release, 33 percent attended and completed assessment before their first listing in Treatment Court, an additional 25 percent were assessed at or after the first Treatment Court listing, and 40 percent were never assessed.

Figure 20 Assessment of Defendants Referred to Philadelphia Treatment Court, January 1998 through November 1999



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Table C1 compares the attributes of Treatment Court participants with those of the six groups of defendants who did not enter drug court during that period. Although the differences

among the groups are important to understand the character of the candidate screening process, this section focuses mainly on the attributes of those who formally entered Treatment Court during this period.

As a group, Treatment Court participants had the following attributes:

- Race/Ethnicity: More than half (58 percent) were African-American, 28 percent were Hispanic, and 13 percent were white, a shift from proportionately fewer Hispanic participants (17 percent) and more white (17 percent) and African-American participants (66 percent) during the pilot period.
- Age: The median age of participants (23 years old) was similar to the average age of defendants overall, but slightly lower than during the pilot period (24 years old).
- Gender: Most (83 percent) were male, 17 percent were female (compared to 28 percent of the pilot period participants).
- Marital Status: Most were never married (83 percent); about 87 percent lived with a partner, a parent, children, other family, or some combination.
- Employment: 53 percent were unemployed during the last three years, only 20 percent reported full-time employment.
- Charges: Most were charged with a drug felony (96 percent), but a few (three percent) were charged with misdemeanors.
- Other Open Matters: 22 percent had other open cases, most often involving felony theft, felony, or misdemeanor drug charges
- Prior Arrests: 46 percent had prior arrests, 23 percent had two or more. Fifteen percent had prior misdemeanors, and 51 percent had prior felony drug arrests.



- Prior Convictions: 16 percent had prior (adult) convictions according to court records. At assessment, however, 28 percent self-reported prior convictions.
- Prior Sentences to Confinement: Few had served prior jail (four percent) or prison sentences (one percent).
- Prior FTAs: 13 percent had records of prior failures to appear in court (FTAs).
- Jail in Prior Cases: 19 percent had been in jail on other charges at some time in the past.
- Self-Reported Incarceration: 21 percent reported that they had been incarcerated in the past, three percent for more than one year.
- On Probation: 12 percent reported at assessment that they were currently on probation.
- Juvenile History: 20 percent had at least one arrest as a juvenile; 11 percent had been adjudicated delinquent.
- DHS Involvement: five percent had been involved with the Department of Human Services on non-criminal, family-related matters; four percent had been removed from their families as children or had children taken from them.

Phase II participants were younger, with proportionately fewer female, fewer African-American and white, and more Hispanic participants than during the pilot period. Again, slightly over half of participants were “first-time” offenders: 54 percent had no prior arrests. We noted in the previous report that the fact that a majority of participants had no prior record reduces the immediate impact of the Treatment Court in contributing to a reduction in use of confinement resources to the extent that it is not dealing with a predominantly jail-bound population “up front.” Treatment Court officials maintain that the approach does contribute to reduction in use of confinement in preventing these “first-time offenders” from recording convictions that would

mean that—as often happens with untreated substance abusing offenders—when they reappeared in the justice system, they would be likely to be sentenced to confinement terms. By preventing the first conviction in a high risk population, Treatment Court officials argue, participants are kept at a greater distance from an encounter with the system that would involve incarceration.

### **Substance Abuse Attributes**

Table C2 summarizes self-reported attributes and substance abuse habits of defendants assessed for Treatment Court. More than half (52 percent) indicated that they were moderately to extremely bothered by an alcohol problem at assessment. Most (85 percent) reported that they were moderately to extremely bothered by drug problems at assessment and 67 percent characterized their drug problems as extremely serious. At assessment, assessed Phase II defendants reported using a variety of drugs during the 30 days prior to their pre-court assessment (see Table C2):

- No use reported (22 percent)
- Alcohol (41 percent)
- Marijuana (58 percent)
- Cocaine or crack cocaine (22 percent)
- Heroin/other opiates (11 percent)
- Barbiturates/sedatives (seven percent)
- Amphetamines (two percent)
- Hallucinogens (five percent)

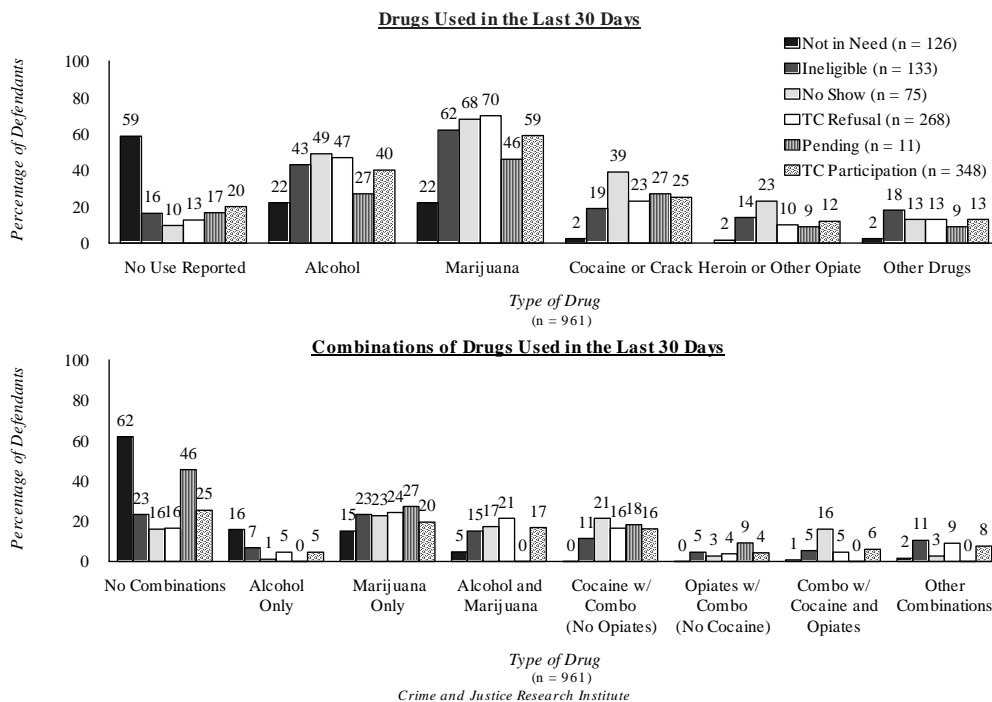
Most assessed defendants reported using a combination of substances of abuse in the last 30 days:

- No use reported (22 percent)

- No combinations reported (five percent)
- Alcohol only (six percent)
- Marijuana only (21 percent)
- Alcohol and marijuana (16 percent)
- Cocaine and other drugs (not opiates) (14 percent)
- Opiates and other drugs (not cocaine) (four percent)
- Cocaine and opiates (six percent)
- Other single drug and multi-drug use categories (seven percent)

In the last report, we asked whether, given the recent drug use reported by defendants at the assessment stage, the Treatment Court was in part an “alcohol and marijuana court.” In Phase II, a large share (41 percent) of defendants indicated that their drug use included only alcohol and marijuana, alone or in combination. However, a majority indicated recent use of other drugs mostly in combination. (See Figure 21).

**Figure 21 Drug Use among Defendants Assessed by the Philadelphia Drug Treatment Court, January 1998 through November 1999**



Nearly half (47 percent) of the Treatment Court participants in Phase II had received treatment in the past for substance abuse, 16 percent for alcohol abuse, 31 percent for drug abuse, and eight percent for both.

### **Health and Related Problems Reported at Assessment**

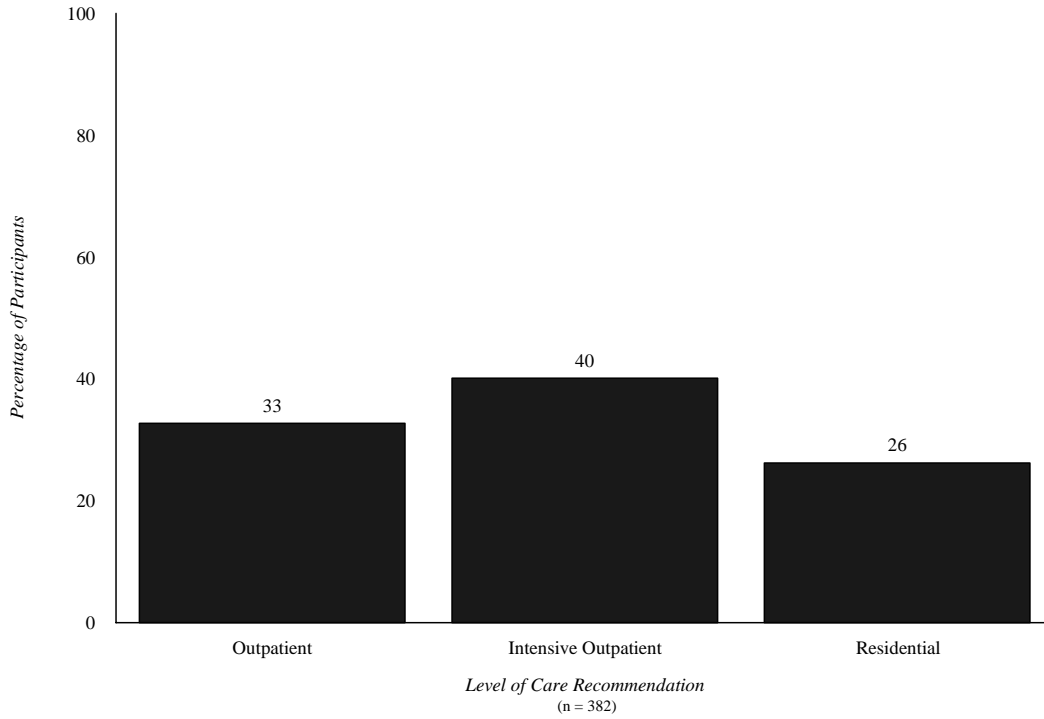
Twenty-nine percent of Treatment Court participants reported chronic physical health problems at assessment, with 25 percent reporting previous hospitalizations for health problems. Almost one-fifth (29 percent) indicated that they were then taking prescribed medications of some sort. A large proportion of participants reported serious depression in the last 30 days (47 percent) or in the recent past (73 percent). Seventeen percent reported that they had trouble concentrating or remembering things in the last 30 days. Eighteen percent reported that they had problems controlling violent behavior in the recent past (only four percent in the last 30 days). Six percent had been hospitalized for mental health or psychological problems in the past. About one-fourth (26 percent) reported being moderately to extremely bothered by psychological problems at the time of assessment. About one-fifth (21 percent) reported having suffered abuse, 19 percent physical, and 10 percent sexual.

### **Level of Care Recommendations from Assessment**

In planning for treatment, the Treatment Court Planning Committee estimated that the majority of participants would require outpatient services, with a minority needing inpatient care. These planning assumptions were borne out during both the trial implementation phase and Phase II. (See Figure 22.) From January 1998 through November 1999, Treatment Court assessors recommended outpatient treatment services for about three-fourths of persons found to be in need of treatment (73 percent), including 33 percent regular outpatient and 40 percent intensive outpatient services. Residential treatment was recommended for about 26 percent of

persons found to be in need of treatment. Phase II level of care recommendations changed little from the recommendations made by assessors during the trial implementation period.

**Figure 22 Level of Care Recommendation for Treatment Court Participants from January 1998 through November 1999**



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## **PART SIX Progress of Phase II Candidates through Treatment Court**

### **Source of Referrals**

The original emphasis of the Treatment Court was to target felony drug defendants who fell within supervised release categories Type I and Type II on the pretrial release guidelines. Figure 23 shows that 15 percent of defendants referred to the Treatment Court assessment during Phase II had not been released in those categories: two percent had been released on recognizance (ROR), and 13 percent were released on ten percent cash bail to the Treatment Court. An even greater proportion of actual Treatment Court enrollees had not gained Type I or Type II release: five percent were ROR and 18 percent had been released on cash bail.

The majority of these non-Type I or Type II enrollments can be explained as “side door” entries, which included defendants who for various reasons were not initially eligible for Treatment Court but became eligible and expressed an interest in participating at a later stage of criminal processing, usually after being referred by a public defender or private defense attorney.<sup>33</sup> They include some defendants who were ROR at preliminary arraignment and would not have been referred and others who may have become appropriate Treatment Court candidates.<sup>34</sup> The Treatment Court was as a matter of policy amenable to admission of defendants identified as appropriate candidates at later stages, even though the primary focus was on the initial stages of processing. A particular increase in such referrals was noted by the Oversight Committee in the early months of 1999, prompting the Court of Common Pleas in

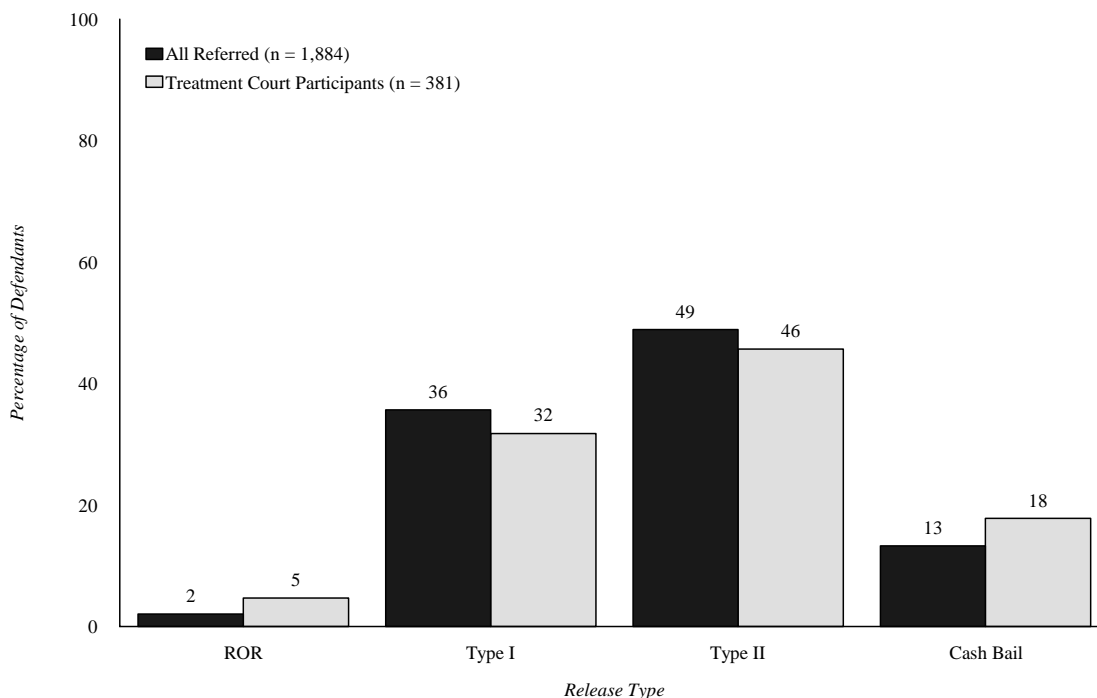
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<sup>33</sup> Reasons defendants might become eligible at a later stage of processing include chemical analyses showing drug amounts to be below mandatory sentencing thresholds or because open cases had been disposed.

<sup>34</sup> An effort to systematically target defendants at felony arraignment who might not have been identified as candidates at an earlier stage of processing was temporarily suspended due to logistical difficulties but later reinstated as a procedure for referring defendants from the Felony List Room.

May to establish felony arraignment as the last processing stage at which cases might be scheduled for Treatment Court.

**Figure 23 Pretrial Release Type of Defendants Referred to the Philadelphia Treatment Court, January 1998 through November 1999, by Study Group**



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### **Processing Time**

Treatment Court participants during the Phase II period (from January 1998 through November 1999) moved from preliminary arraignment to pretrial services orientation in about six days (median) and to assessment in about 17 days.<sup>35</sup> This compares with an average time of six days from arrest to assessment during the Phase I pilot period. Figure 24 shows that, on average, defendants appeared in Treatment Court for their first listings about ten days after preliminary arraignment. For defendants who ultimately ended up admitted to Treatment Court,

<sup>35</sup> Note that because some defendants did not have assessments until after appearing in Treatment Court, the time to assessment is longer than the six or seven days one might expect (because it should occur on the same day as orientation).



the time from preliminary arraignment to tendering a plea averaged about two months (65 days, median), about 48 days after assessment and 55 days after first listing. In the Phase I report, formal entry into the Treatment Court through plea averaged (median) 33 days from arrest (no more than a day before preliminary arraignment).

Figure 24 shows this lengthening in average time from first court listing to enrollment in the Philadelphia Treatment Court over time. From roughly January through August 1998 about two-thirds (65 percent) of enrollees tendered a plea within 30 days of first listing in Treatment Court. The proportion gaining enrollment in that short a period dropped sharply thereafter: less than 40 percent of enrollees from September 1998 through April 1999 and less than 30 percent of enrollees from May 1999 through November 1999 tendered their pleas to enter Treatment Court within 30 days of first listing.

At their face, these Phase II findings showing a near doubling of the average time from preliminary arraignment to Treatment Court admission would appear to raise questions about the timeliness of Treatment Court intervention.<sup>36</sup> Recall that one of the principles of the original drug court model—and one of the “key components” espoused by the National Association of Drug Court Professionals (NADCP)<sup>37</sup>—is early intervention. “Early intervention” is generally interpreted as meaning as soon after arrest as possible. These findings raise the possibility that screening and enrollment procedures are taking more rather than less time, compared to the pilot period.

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<sup>36</sup> Median time to admission during the last six months of 1999 was about two and one-half times the median time during the first six months of 1998.

<sup>37</sup> National Association of Drug Court Professionals, Drug Court Standards Committee, January 1997. *Defining Drug Courts: The Key Components*. Washington, DC: Drug Court Programs Office, Office of Justice Programs, U.S. Department of Justice.

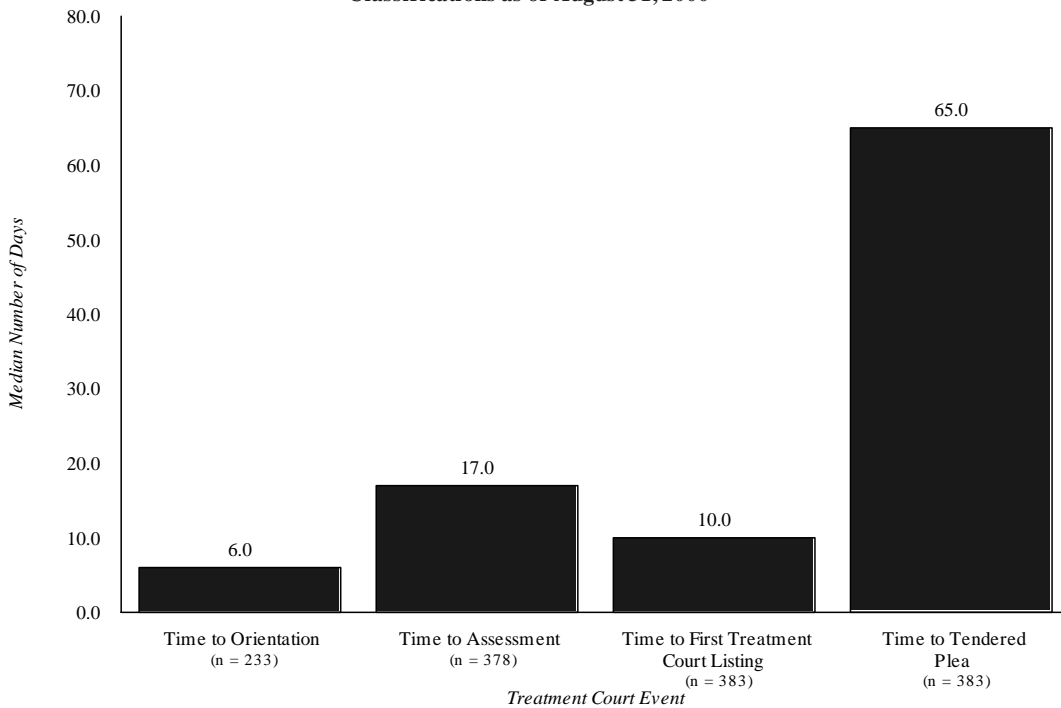
It is likely, however, that this longer median (average) time from preliminary arraignment to enrollment (via tendering a plea) for all Treatment Court admittees is at least partly explained by a mixing of shorter times to entry associated with persons processed directly after preliminary arraignment and of longer average times associated with persons entering Treatment Court through a “side door” (at a later judicial stage with a longer average time from preliminary arraignment to entry in the Treatment Court). “Side door” admittees included persons who became eligible and were referred at a stage of criminal processing subsequent to preliminary arraignment, for example at or after preliminary hearing, arraignment in Common Pleas or pretrial motions. Although Treatment Court officials have placed a great value on considering candidates referred at stages after preliminary arraignment, they decided for a number of reasons to exclude potential candidates after the Common Pleas arraignment stage (which could be from two to four months after preliminary arraignment).

Another factor in the longer apparent average times to enrollment may be the adoption of a practice in the Treatment Court requiring candidates to observe drug court status hearings for one day prior to tendering a plea to enter the program, which, because of the court’s schedule, could delay entry by one or two weeks. Although this approach has lengthened the time from referral at preliminary arraignment to admission into the Treatment Court, court officials believe that it has provided candidates with an opportunity to make a more informed decision about their participation and, ultimately, to make certain that treatment resources are focused most efficiently on those who are committed to the treatment process. (In other words, the “look-see” approach to enrollment is thought to prevent early and unnecessary treatment failures.

Even given these various explanations for the lengthening time from preliminary arraignment to enrollment in the program, Treatment Court officials have still placed a high

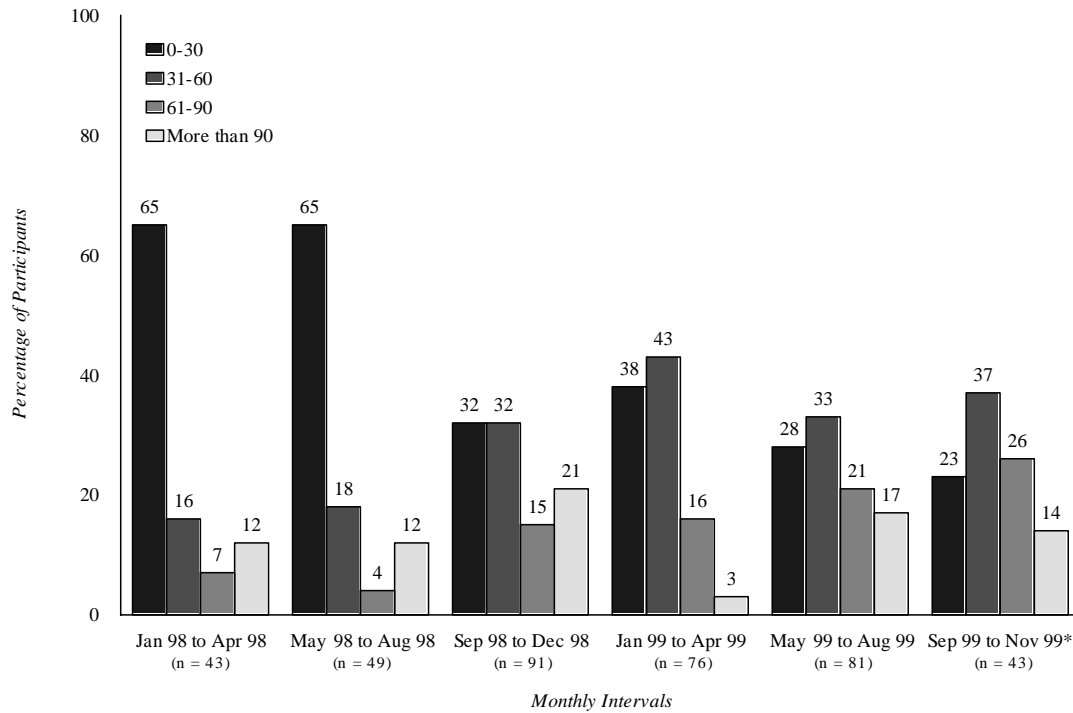
priority on procedures for shortening the time frames for the screening and enrollment process. Because of a concern for prompt intervention, with the help of the Health Department, the Treatment Court initially sought to bridge the time to formal entry by a pre-plea enrollment into treatment option. That practice could not be sustained, primarily because of limitations on treatment resources and funding, some imposed by managed care regulations. In December 1999, when treatment waiting lists sometimes delayed entry into treatment even further, well beyond the plea date, the court arranged for its case management units to obtain baseline urines within 24 hours of the plea and provide interim monitoring of defendants awaiting a treatment placement.

**Figure 24 Time from Preliminary Arraignment to Selected Drug Court Screening Events among Philadelphia Treatment Court Participants, January 1998 through November 1999, Using Study Group Classifications as of August 31, 2000**



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**Figure 24A Time to Enrollment from First Treatment Court Listing among Philadelphia Treatment Court Participants, January 1998 through November 1999, by Four Month Intervals**



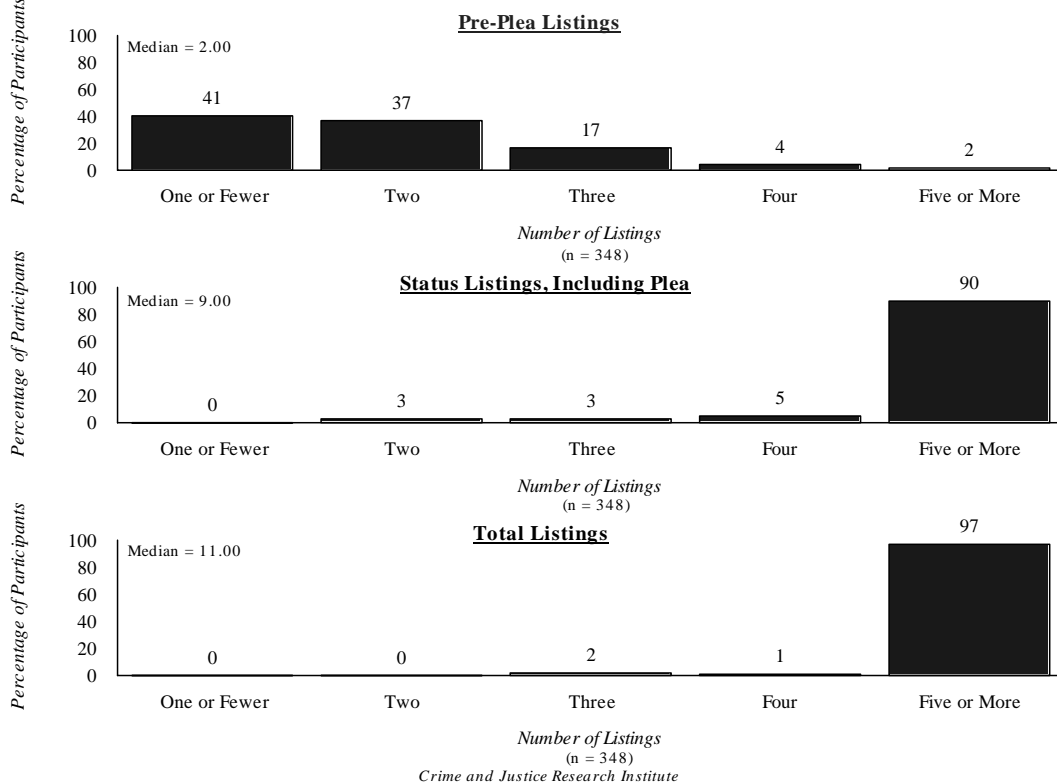
\*Three month period only.

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**Number of Treatment Court Listings per Participant**

The drug court model is based on frequent in-court meetings between the participant and the drug court judge. The Philadelphia Treatment Court, like other drug courts, requires a minimum of 12 months in the program before graduation is possible. Figure 25 shows that participants who enrolled in the Treatment Court between January 1998 and August 1999 appeared in court before the judge an average (median) of 11 times in the first 12 months. A majority (60 percent) appeared in court more than ten times during the first 12 months. Recall that these findings include all participants, successful and unsuccessful. Thus, one would expect that participants with six or fewer court appearances within 12 months failed in the early stages of the program.

**Figure 25 Treatment Court Listings among Philadelphia Drug Treatment Court Participants, January 1998 through November 1999, with 365 Day Follow-up**



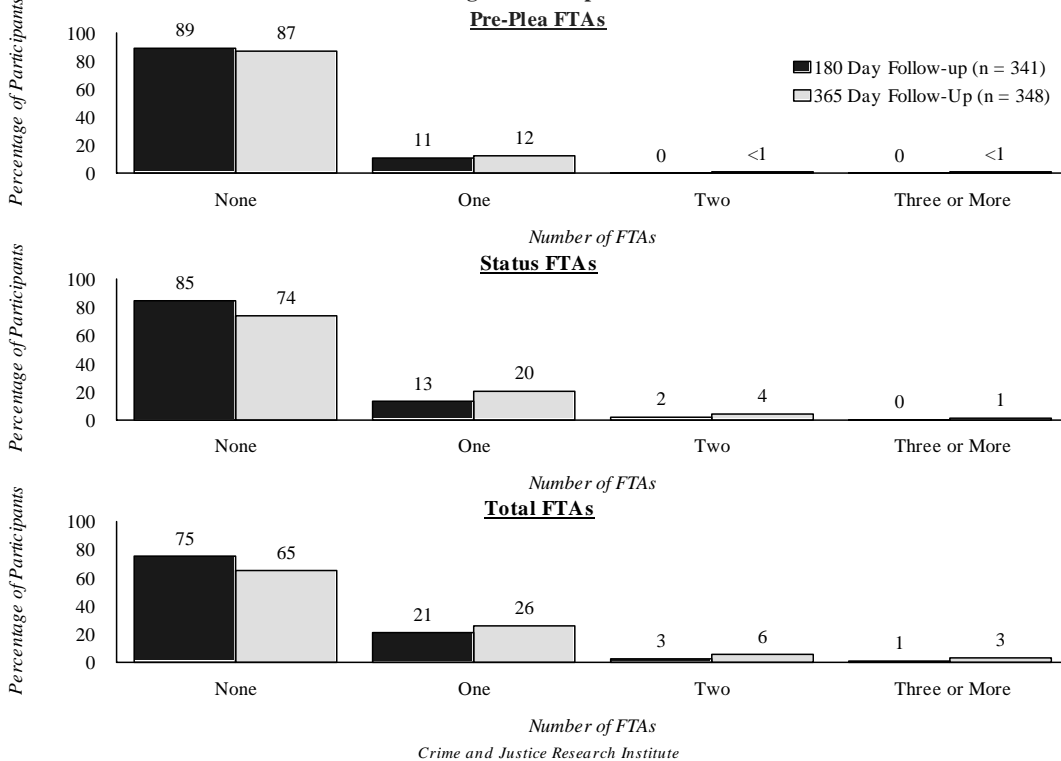
On average, participants recorded a median of two appearances in Treatment Court prior to the plea hearing. The same figure shows that many participants (41 percent) required only one appearance prior to the hearing at which they entered the Treatment Court program. More than a third (37 percent) required two pre-plea listings. (In other words, 78 percent required one or two appearances in court before tendering their pleas.) Nearly one-fifth (17 percent), however, required three pre-plea appearances; six percent required four or more listings.

Including the plea appearance at which they officially entered Treatment Court, participants recorded an average (median) of seven court appearances within a six-month follow-up period; over a 12 month follow-up period, the median number of appearances was 11. Within 12 months, 28 percent of participants had more than ten status reviews, 34 percent had nine or ten, and 38 percent had eight or fewer reviews before the judge.

## Failures to Attend Court

Figure 26 shows the percentage of Treatment Court participants failing to attend court during a six- and 12-month observation period. Overall, one-fourth (25 percent) of participants failed to attend court at least once within six months from preliminary arraignment. During the first 12 months, 35 percent had recorded at least one failure to appear. Few participants recorded more than one failure-to-appear.

**Figure 26 Failures to Appear among Philadelphia Treatment Court Participants during a 180 Day Follow-up, January 1998 through November 1999, and a 365 Day Follow-up, January 1998 through August 1999, by Stage of Participants**



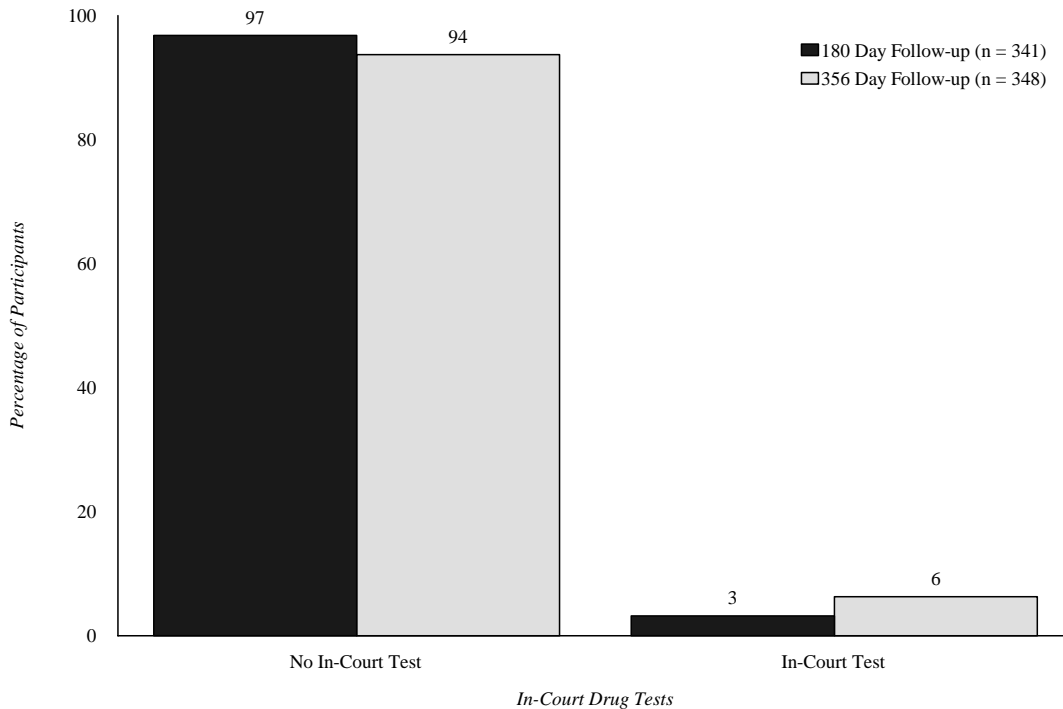
About 11 percent of participants during the six-month follow-up and 13 percent during the 12-month follow-up failed to attend court at a stage prior to the plea hearing at which they would formally enter Treatment Court. Fifteen percent of participants during the six-month follow-up and 25 percent during the 12-month follow-up failed to appear at a status review listing.

## In-Court Drug Testing and Reassessment

Unfortunately, we were unable to collect detailed information relating to the drug testing of Treatment Court participants because of the number of providers involved and the different procedures that were used by them. Indirectly, we could measure drug test results through a) in court drug test results (which were available to us), and b) sanctions for lack of compliance with conditions of treatment (one condition was to record negative drug tests).

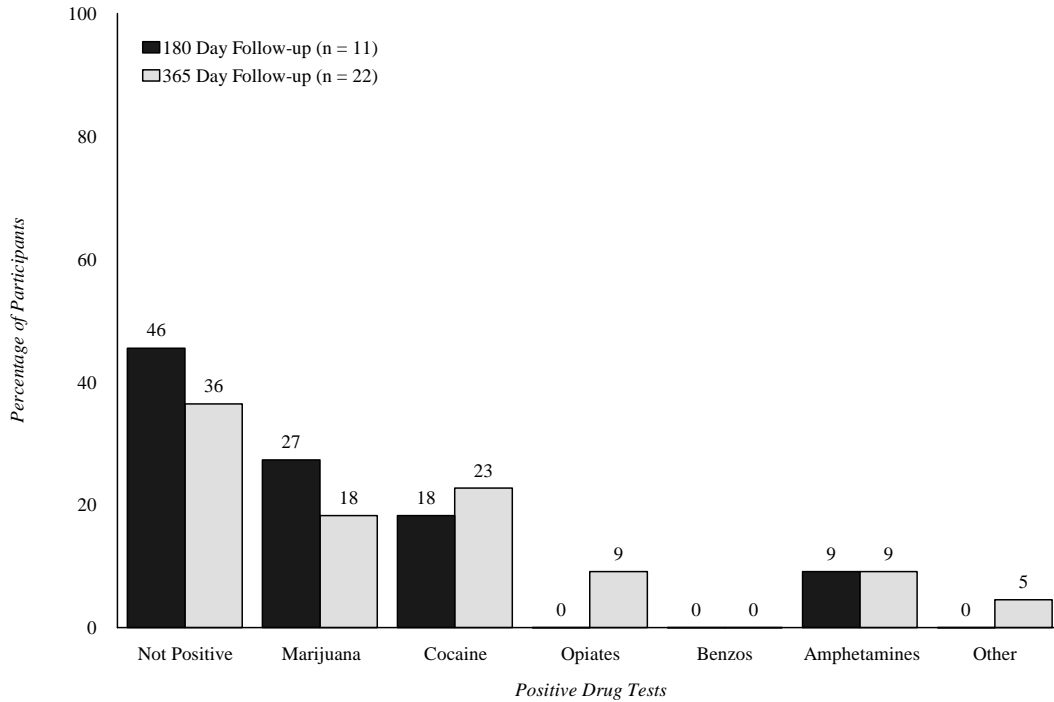
Figure 27 shows that, whether the six-month or 12-month follow-up samples are examined, only three to six percent of participants were tested in Treatment Court. In the few instances when in-court tests were required, during a six-month follow-up, 46 percent tested negatively. Over a 12-month follow-up, 36 percent of participants tested negatively.

**Figure 27 In-Court Drug Tests among Philadelphia Drug Court Participants during a 180 Day Follow-up, January 1998 through November 1999, and a 365 Day Follow-up, January 1998 through August 1999**



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**Figure 27A Positive In-Court Drug Tests among Philadelphia Treatment court Participants during a 180 Day Follow-up, January 1998 through November 1999, and a 365 Day Follow-up, January 1998 through August 1999**



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### **Sanctions for Non-Compliance**

During the six-month follow-up, 30 percent of participants received at least one sanction for non-compliance with treatment conditions and 12 percent received two or more. (See Figure 28.) During the 12-month follow-up, 47 percent received at least one sanction, 22 percent received only one, 12 percent received two, and 13 percent received three or more.

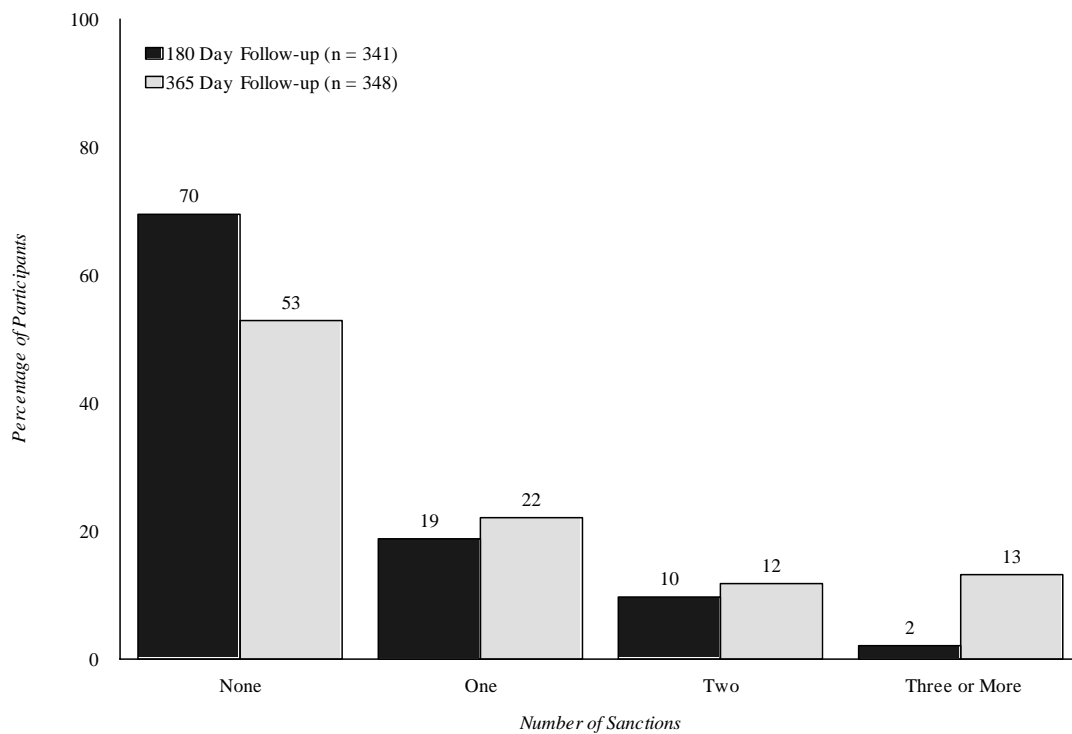
In the first six months, about one-fifth (21 percent) of participants wrote an essay as a sanction for non-compliance with some Treatment Court condition, seven percent had to spend at least one day in the jury box, seven percent spent one day at the Prisons' OPTIONS program (with no overnight in custody), four percent were sent to jail for a short period, and four percent had miscellaneous other sanctions. (See Figure 29.) During the 12-month follow-up, about one-third (34 percent) wrote an essay as a sanction, nearly one-fifth (18 percent) spent time in the



jury box, 15 percent spent one day at the OPTIONS program, 11 percent spent brief periods of time in jail, and eight percent had miscellaneous other sanctions assigned.

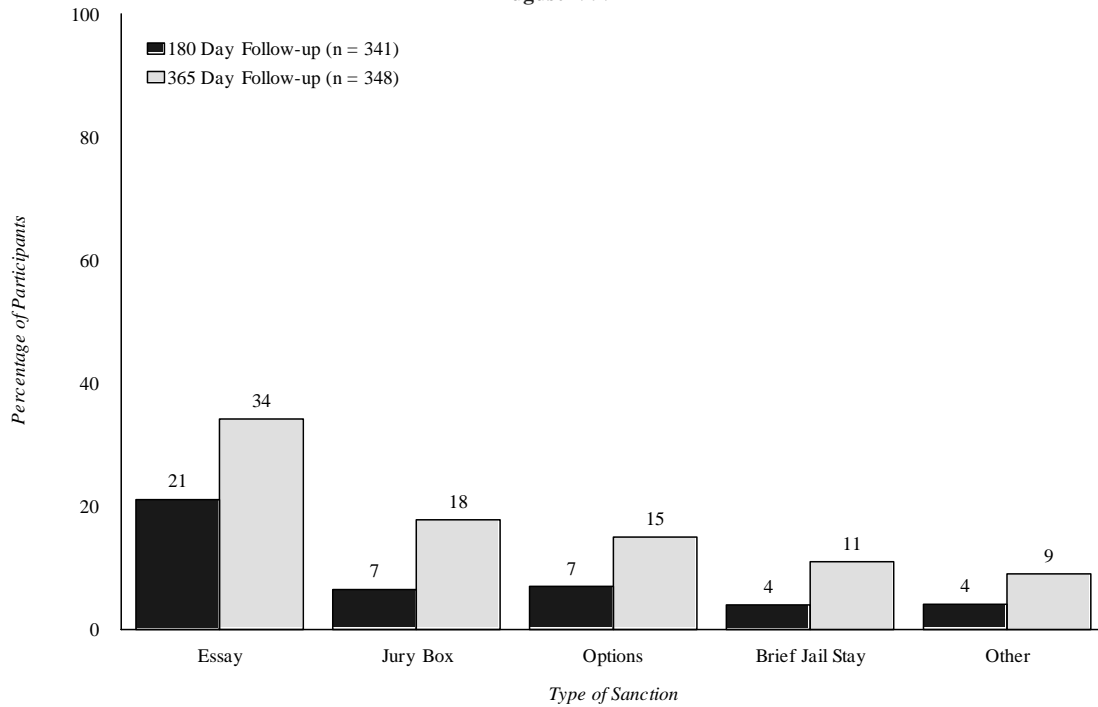
Whichever follow-up period is employed, it appears that the Treatment Court drew on a range of sanctions as responses to noncompliant behavior. The use of jail as an intervention was relatively rare and often consisted of a one-day visit to the Options treatment program at the Philadelphia Prisons.

**Figure 28** Number of Court Imposed Sanctions among Philadelphia Drug Treatment Court Participants during a 180 Day Follow-up, January 1998 through November 1999, and 365 Day Follow-up, January 1998 through August 1999



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**Figure 29 Types of Sanctions Imposed on Philadelphia Drug Treatment Court Participants during a 180 Day Follow-up, January 1998 through November 1999, and 365 Day Follow-up, January 1998 through August 1999**

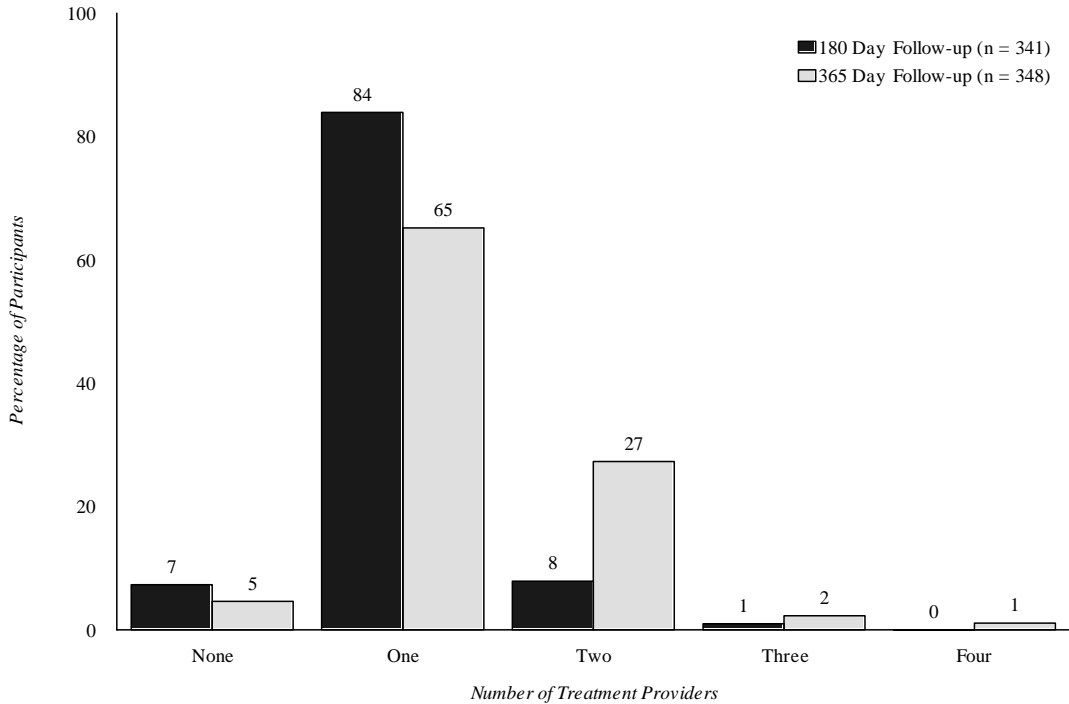


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### **Treatment Providers and Ancillary Services**

During Phase II, the majority of participants were involved with only one provider: 84 percent of participants during the six-month follow-up and 65 percent of participants during the 12-month follow-up. Figure 30 shows that when 12 months are used as the follow-up period, 27 percent of participants had been involved with two providers, and only three percent had worked with three or four. The use of more than one provider in a minority of cases may appropriately reflect the movement of participants from more to less intensive levels of care (i.e., residential to outpatient) as they progress through treatment.

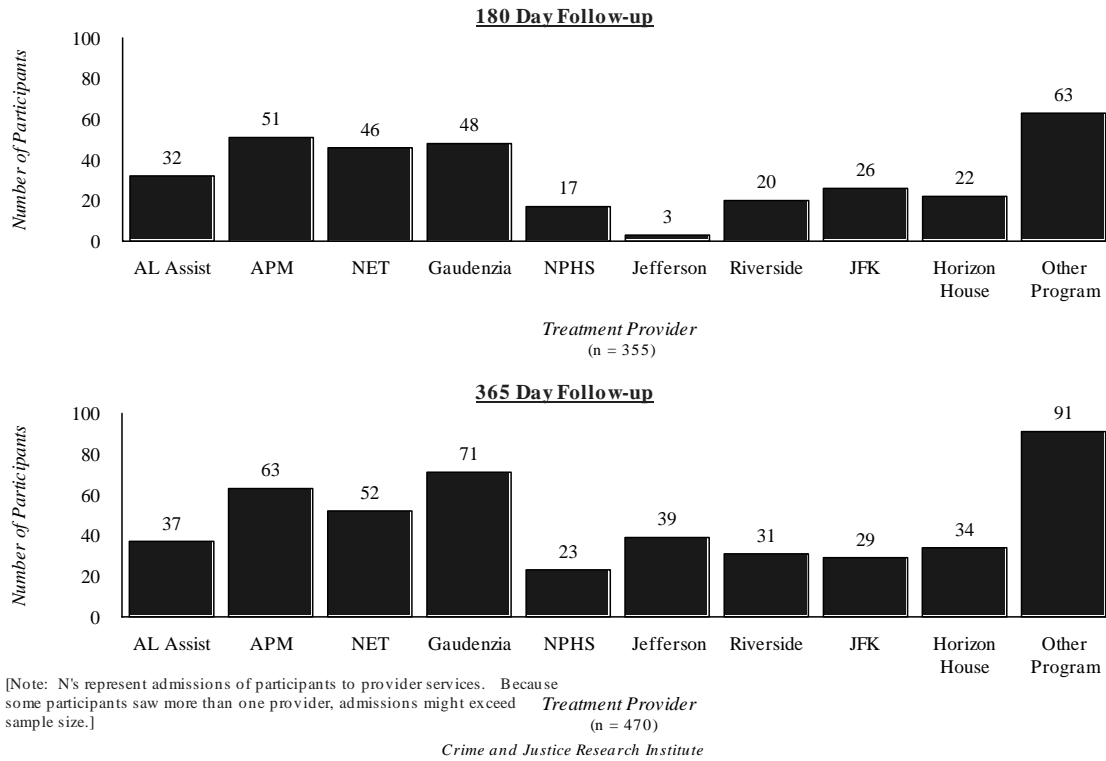
**Figure 30 Number of Treatment Providers among Philadelphia Treatment Court Participants during a 180 Day Follow-up, January 1998 through November 1999, and a 365 Day Follow-up, January 1998 through August 1999**



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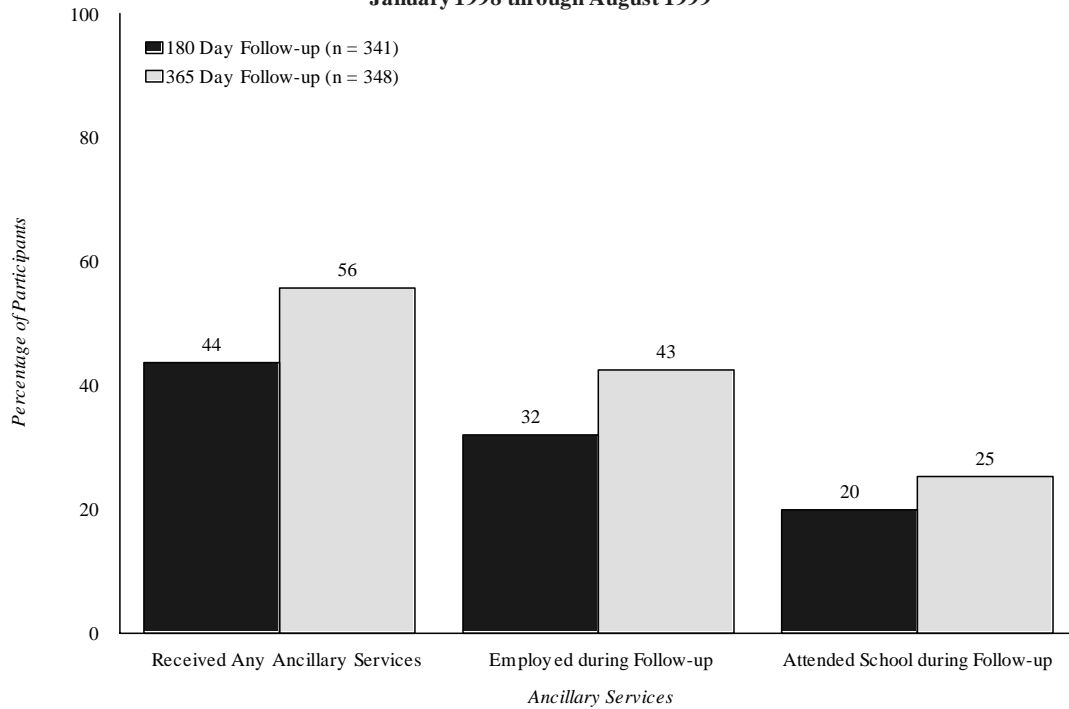
Figure 31 indicates the number of participants admitted to treatment services with nine principal CODAAP network providers. (A number of other providers enrolled smaller numbers of participants and are combined as “other programs.”) Asociación de Puertorriqueños en Marcha (APM), Gaudenzia, and North-East Treatment Center (NET) admitted the largest number of participants in both the six-month and 12-month follow-up samples. The 352 participants entering the Treatment Court from January 1998 through August 1999 produced 470 admissions to network providers, 186 (40 percent) to the three principal providers.

**Figure 31 Number of Treatment Court Participants Admitted to CODAAP Network Providers during a 180 Day Follow-up, January 1998 through November 1999, and a 365 Day Follow-up, January 1998 through August 1999**



During the 12-month follow-up period, 56 percent of Treatment Court participants received documented ancillary services (see Figure 32), which included primarily educational and employment assistance; (43 percent of participants were employed and 25 percent attended school during the one-year follow-up period). The treatment facilities providing services to Treatment Court participants generally offer a variety of ancillary services such as life skills training, family therapy, HIV/AIDS awareness, and health screenings in the course of treatment but may not routinely document these for each client. Several providers were selected by the court for their capacity to provide culturally appropriate services to Latino clients.

**Figure 32 Involvement in Ancillary Services, Employment, and Education among Philadelphia Treatment Court Participants during a 180 Day Follow-up, January 1998 through November 1999, and a 365 Day Follow-up, January 1998 through August 1999**



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### **Completion of Treatment Phases**

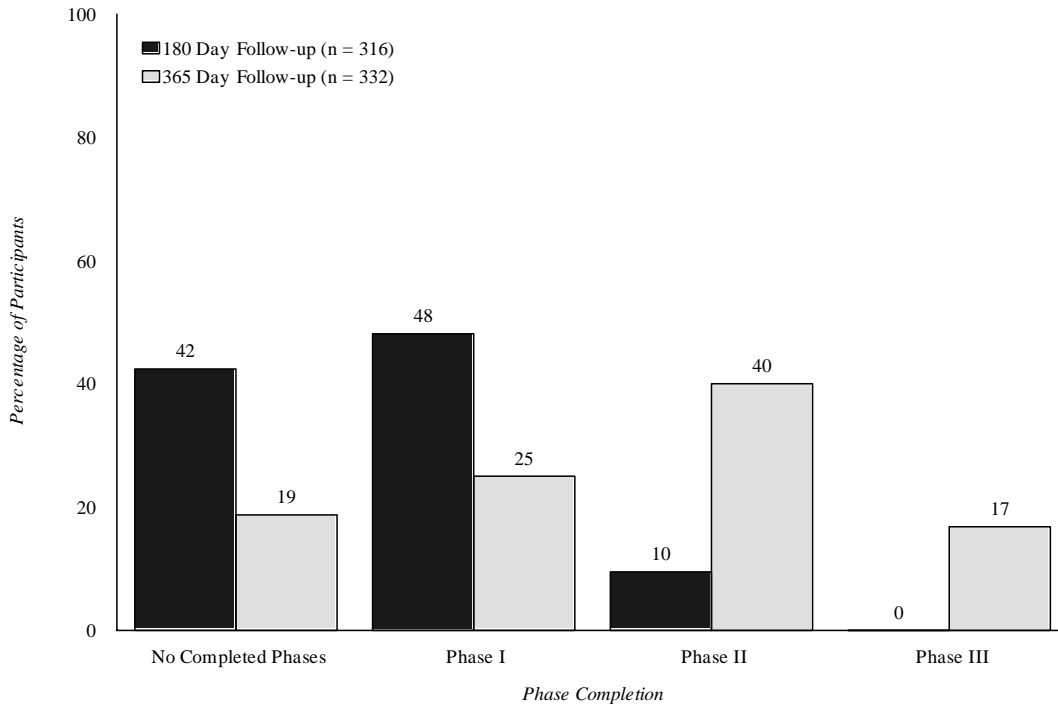
During the pilot phase of implementation, the Treatment Court required a participant to complete three phases of treatment in a minimum of 12 months before qualifying for graduation. (See “Philadelphia Treatment Court Planning and Implementation Milestones” in Appendix B.) At the beginning of Phase II of the court’s operation (in February 1998), the Oversight Committee changed the treatment milestones to include four phases of treatment prior to graduation—basically dividing phase III into two parts, with Phase V representing aftercare (previously Phase IV). (Thus, the figure discussed in this section does not refer to the same “Phase III” as in the first report describing the pilot period.)

Figure 33 depicts the most advanced treatment stage completed (up to Phase III) by the January 1998-November 1999 six-month follow-up sample and by the January 1998-August

1999 12-month follow-up sample. Figure 33 shows that almost half (42 percent) of the participants did not complete Phase I of treatment within six months. Almost half (48 percent) completed Phase I but proceeded no farther within six months. Ten percent completed Phase II; none completed Phase III.

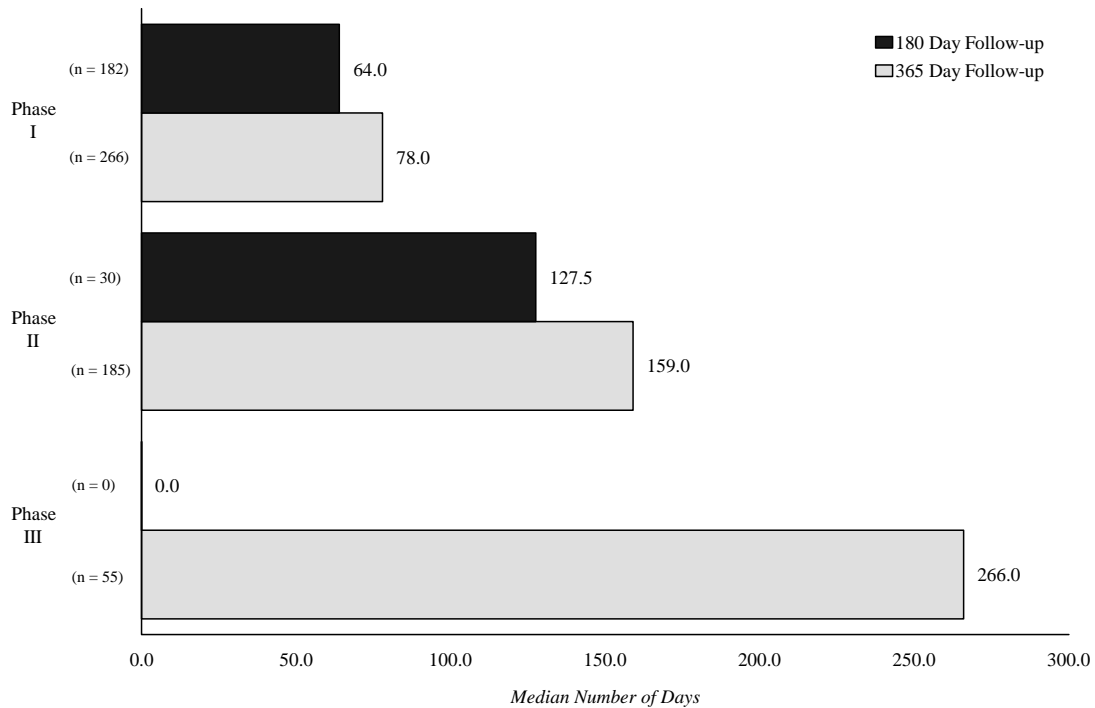
When the sample permits a full 12-month follow-up, a different picture emerges. At 12 months, 19 percent of Treatment Court participants had not completed Phase I, 25 percent had completed Phase I, 40 percent had completed Phase II, and 17 percent had completed Phase III.

**Figure 33 Highest Phase Level Completed among Philadelphia Treatment Court Participants during a 180 Day Follow-up, January 1998 through November 1999, and a 365 Day Follow-up, January 1998 through August 1999**



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**Figure 33A Time to Phase Completion among Philadelphia Treatment Court Participants during a 180 Day Follow-up, January 1998 through November 1999, and a 365 Day Follow-up, January 1998 though August 1999**

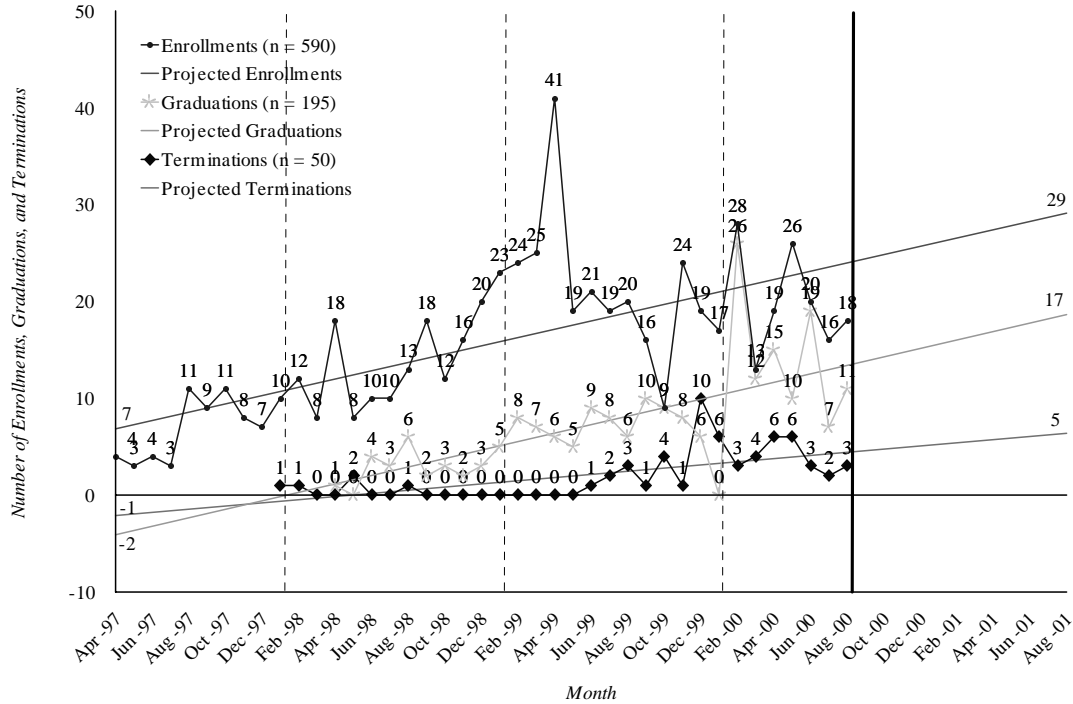


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**Termination and Graduation from Treatment Court**

Figure 34 charts the numbers of defendants enrolled, graduated, and terminated from Treatment Court on a monthly basis from the beginning of the pilot implementation period (April 1997) through August 2000 and projects the trends forward for one year (to August 2001). This picture of Treatment Court case processing suggests that since its beginning, monthly enrollments will have increased slightly, graduations will have grown in volume, and terminations will have remained at a very low level.

**Figure 34 Enrollments, Graduations, and Terminations among Defendants Referred to the Philadelphia Treatment Court, April 1997 through August 2000, with Projections through August 2001**





Inferring rates of graduation and termination (identifying clear “successes” and “failures”) from cumulative caseload data is problematic because although they do describe what has happened to all the Treatment Court’s enrollees from the beginning of its operation to a certain date, they do not allow characterization of the court’s outcomes per cohort or group of enrollees over fixed periods of time (e.g., at six months, 12 months, etc., from entry). These total caseload data are based on variable length follow-up periods for participants, with the length of the follow-up depending on when they may have entered the program and when their statuses are checked.

Thus, as of August 31, 2000, for example, participants entering Treatment Court in January 1998 would have had a follow-up period of more than two and a half years from their preliminary arraignment dates, while those entering Treatment Court in November 1999, in contrast, would have had a follow-up period of only eight months. (Participants in the first group could have had time to complete the program twice, while participants in the second group would not have been able to graduate once because of the minimum 12-month period required.)

#### Fixed Follow-up Periods

It is preferable to examine participant performance at fixed intervals measured from some common starting point. In this study, we measured (criminal justice and treatment) outcomes from the date of preliminary arraignment. This provided a common starting point for both Treatment Court participants and comparison group defendants. As we noted above, we used two follow-up periods, six-months and 12-months. Given a) the Treatment Court’s requirement of a minimum of 12 months of satisfactory performance in treatment before graduation, and b) our finding that the average (median) time from preliminary arraignment to enrollment into Treatment Court for Phase II participants was two months, we would not expect to obtain a

reasonable measure of graduation. (In short, the 12-month follow-up really amounts to a ten-month follow-up if participant performance were measured from the date of enrollment, rather than from preliminary arraignment.)

- Phase II Treatment Court participants graduated an average (median) of 438 days from entry into the Treatment Court program—or between 14 and 15 months from the time they tendered a plea.
- Participants who were terminated from Treatment Court (failing the program) were terminated an average (median) of 356 days from tendering a plea.

A 15-month follow-up period measured for the date of preliminary arraignment would have been more useful in measuring participant success in treatment. We were not able to capture participant status in Treatment Court for all Phase II participants 15 months after preliminary arraignment, but hope to update the data to permit that analysis.

With available data, we measured the Treatment Court status of participants in several ways (see Figure 35). First, we obtained three fixed follow-up measures: at six months,<sup>38</sup> 12 months,<sup>39</sup> and 15 months.<sup>40</sup> In addition, we employed two total caseload measures: the status of all enrollees through November 1999 as measured on August 31, 2000 (reported above) and the status of all enrollees on August 31, 2000 who had at least 540 days or 18 months from preliminary arraignment.

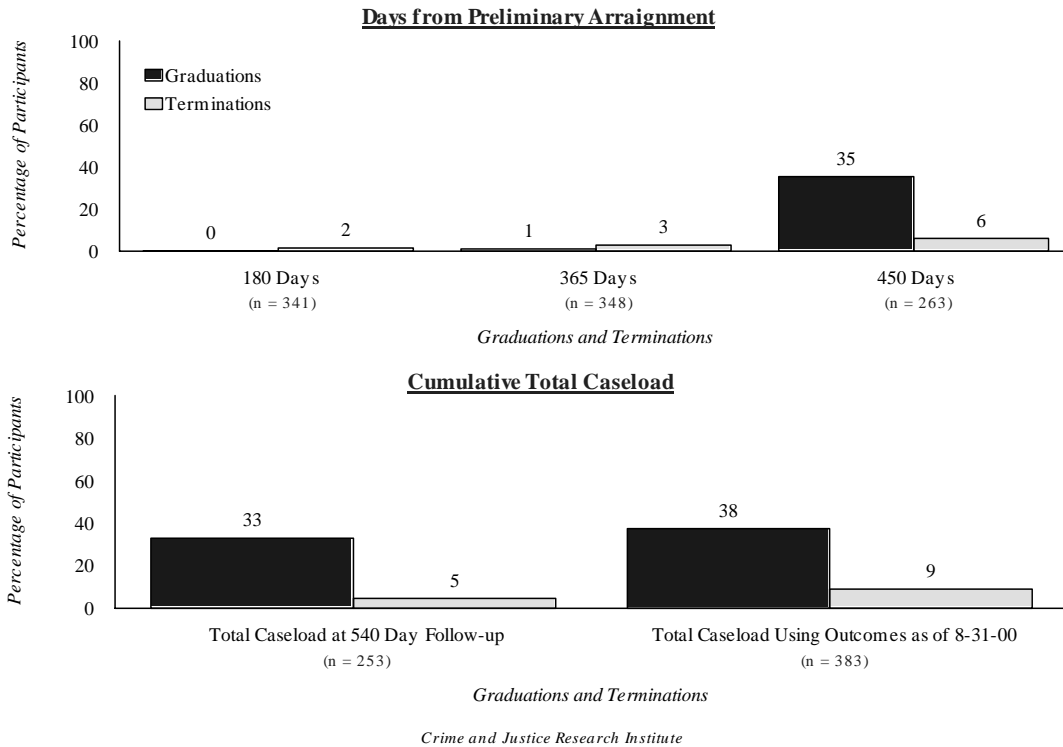
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<sup>38</sup> Participants entering court between January 1998 and November 1999 (n=341).

<sup>39</sup> Based on participants entering court between January 1998 and August 1999 (n=348).

<sup>40</sup> Based on participants with at least 15 months since preliminary arraignment as examined on August 31, 2000 (n=311). This includes enrollees through May 1999.

**Figure 35 Graduations and Terminations among Philadelphia Treatment Court Participants Listed during the Formal Evaluation, January 1998 through November 1999; during a 180 Follow-up, 365 Day Follow-up, 540 Day Follow-up, and Outcomes as of August 31, 2000**



Fixed Interval Follow-up Periods

- Within Six Months: At 180 days, no participants had graduated and 1.5 percent had been terminated.
- Within 12 Months: At 365 days, one percent had graduated and about three percent had been terminated.
- Within 15 Months: At 450 days from preliminary arraignment, 35 percent of participants had graduated and six percent had been terminated from Treatment Court.

Cumulative Total Caseload Status (as of August 31, 2000)

- Total Caseload: As measured on August 31, 2000, of all enrollees from January 1998 through November 1999, 38 percent had graduated and nine percent had been terminated.

- Total Caseload with at Least 540 Days: When considering only those enrollees during that period with at least 540 days since preliminary arraignment, 33 percent had graduated and five percent had been terminated.

The picture that emerges from these data suggests the following:

Selective Graduation: The Philadelphia Treatment Court is fairly selective in its graduation of participants, with a graduation rate somewhere between 33 and 38 percent, depending on the measure.<sup>41</sup> From this, one may conclude that the Treatment Court regimen does not represent an “easy” or lenient path substituting for normal adjudication: successful graduation was by no means an assumed outcome for those entering the program. This rate of graduation is similarly shown in some of the other well-established and effectively functioning drug courts in the nation.

Low Rate of Termination and Long Time to Termination: At the same time, the Treatment Court has terminated very few participants for non-compliance with program requirements, no more than about nine percent of enrollees however measured. It is important to note that this rate of “termination” may be explained by two factors, according to Treatment Court officials. The first is the underlying philosophical orientation of the court. The Philadelphia Treatment Court was designed to encourage addicts to stay in treatment and to provide the combination of discipline, support, and flexibility required to further that purpose. Thus, persons who are noncompliant in the early stages of treatment, to a point, are shown a second and third chance before they are terminated from the program. In short, it may be difficult to graduate, but it is also difficult to be dismissed from the program. Participants are given many opportunities to make favorable progress.

The second explanation for the low rate and long time to termination from Treatment Court is that the measure of “termination” employed in this study differs from those employed in other drug court jurisdictions. It does not represent the point at which the participant has been so non-compliant that he or she is discontinued from the program (more or less automatically according to fixed criteria). Rather, it reflects the point at which a participant’s case is concluded after a “show-cause” hearing has determined that the person should be terminated and should proceed to sentencing (usually in short order). The reason these two conceptions of “termination” are different is that in Pennsylvania the court cannot legally impose sentence (and conclude the case) without having the defendant present. Thus, persons who are fugitive—and who may have been so for a long period of time—are not “terminated” until they are apprehended, have a hearing, and the judge decides to terminate (by accepting the tendered plea of guilty or *nolo contendere*). Hence, what appears to be an unusually low rate of termination in the Philadelphia Treatment Court, is, in fact, an artifact of the specific legal process followed.

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<sup>41</sup> Although there is no standard with which this rate can be compared, it is similar to graduation rates found in our study of the Portland and Las Vegas drug courts.



## **PART SEVEN Criminal Justice Outcomes**

Interpretation of findings related to participant progress through the Treatment Court suffers from lack of a baseline or comparison group. We can discuss the most advanced treatment phases achieved by participants, termination, and graduation, for example, but we lack an ability to compare it with similar data relating to a comparison group. Such treatment data simply do not exist, or, at least, were not available for this study. As a result, assessment of the progress of Treatment Court participants—of whether the outcomes are favorable or unfavorable—is descriptive and, with no agreed-upon yardstick, subjective.

In contrast, when examining criminal justice outcomes, we are able to contrast the statuses or performance of Treatment Court participants with a number of relevant comparison groups, offering a relative appraisal of outcomes and placing the performance of participants in a larger context. (These are described in more detail in Section III above.) We juxtapose outcomes of samples of Treatment Court participants representing two periods of time—January 1998 through August 1999 (six-month follow-up) and January 1998 through November 1999 (12-month follow-up)—with those associated with:

- defendants referred to assessment, but found not in need of treatment;
- defendants referred to assessment but never appearing;
- defendants appearing in court but found not eligible;
- defendants declining Treatment Court;
- defendants whose decisions were pending at the end of the Phase II period; and
- a comparison group of defendants apparently eligible for Treatment Court, but not referred by commissioners at preliminary arraignment.

The purpose of the use of multiple comparison groups is to put the performance of Treatment Court participants in the context of their contemporaneous cohorts of felony drug defendants processed into the Philadelphia court system. Together with the group of enrolled defendants, the entire cohort of cases referred forward to Treatment Court by the bail commissioners is represented. In addition, we contrast the outcomes of Treatment Court participants with a specially drawn comparison group of similar, presumptively eligible defendants who were not directed to Treatment Court assessment by the commissioners at preliminary arraignment.

These groups have known attributes from this and related earlier research and can be briefly characterized in the following way:

*Referred Comparison Groups of Felony Drug Defendants*

- No-Show Group: These defendants are slightly higher risk than Treatment Court participants.
- Not in Need Group: These defendants are lower risk overall than Treatment Court participants.
- Not Eligible Group: These defendants are notably higher risk, with more extensive prior histories than Treatment Court participants.
- Declined Treatment Group: These defendants are very similar to Treatment Court participants.
- Pending Group: These are a small number of defendants whose cases were not sufficiently advanced by the end of the follow-up period (who are difficult to characterize reliably).



### Non-Referred Felony Drug Defendants

- Comparison Group of Similar, Non-Referred Felony Drug Defendants: These presumptively eligible defendants, who were not ordered to assessment, are arguably most similar to Treatment Court participants and were processed in the normal fashion.<sup>42</sup>

### **Case Status at the End of Follow-up**

Within six months of preliminary arraignment, Figure 36 shows how Treatment Court participants stood in comparison with the other groups of defendants.

Fugitive Status: Treatment Court participants showed the second lowest rate of fugitive status (nine percent), similar to the low fugitive rate of defendants found not to be in need of treatment. They were slightly less often fugitive than those who declined Treatment Court and half as often fugitive as the non-referred comparison group (and showed less than one-sixth the rate of the no-show defendants).

Measured one year from enrollment, 16 percent of Treatment Court participants were fugitives, compared to 12 percent of those who refused Treatment Court and 23 percent of the non-referred comparison group of felony drug defendants.

Non-Fugitive, Active Case: While participants are in Treatment Court, their cases are still in unadjudicated or active pretrial status (until the tendered plea is accepted or is withdrawn and the case dismissed). As would be expected, at six months 90 percent of participants were in this status and at 12 months 82 percent were in this status, compared with half or slightly more of most of the other groups at six months and about one-fourth or slightly more of the other groups at 12 months. As expected, the pending cases showed a high rate not yet adjudicated.

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<sup>42</sup> Many of the non-referrals are explained by the Treatment Court resource-imposed "cap" which allows no more than 35 defendants to be referred from preliminary arraignment per week.

Charges Dismissed: At six months, no Treatment Court participants had charges dropped or dismissed, compared with 20 percent of the not-in-need defendants, 17 percent of those declining Treatment Court, 13 percent of ineligible defendants and 17 percent of the non-referred comparison group. Only small proportions (three percent) of the no-show referred defendants had their cases dismissed by six months.

At the one-year mark, 25 percent of not-in-need defendants, 25 percent of defendants declining Treatment Court, 22 percent of ineligible defendants and 26 percent of the non-referred comparison group had charges dismissed, compared with one percent of Treatment Court participants.

In short, and perhaps obviously, a notably larger portion of the cases of Treatment Court participants were retained in the judicial process longer than the cases of the comparison groups—at least in the sense that few cases of those enrolled were dismissed.

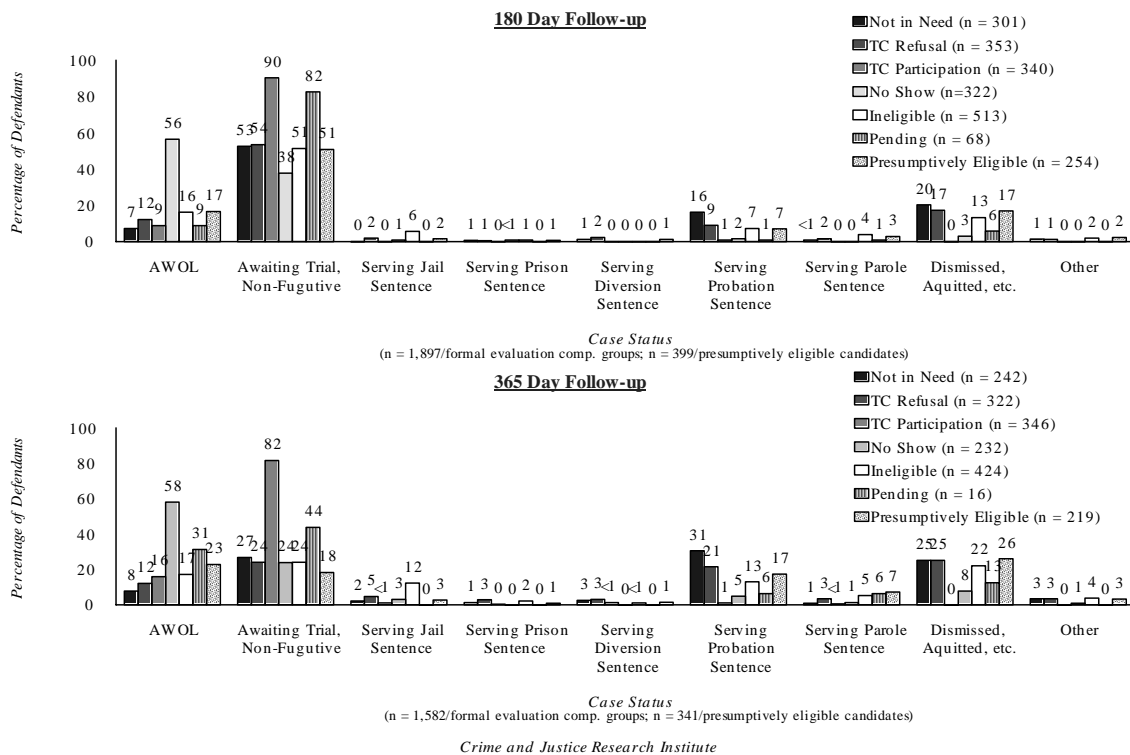
On Probation: At six months, one percent of the Treatment Court participants were on probation, compared to 16 percent of the not-in-need defendants, nine percent of defendants who declined Treatment Court, seven percent of ineligible defendants, and seven percent of the non-referred comparison group. At 12 months, the differences were more pronounced: one percent of Treatment Court participants compared with 31 percent of the not-in-need group, 21 percent of the declining group, 13 percent of the ineligible group, and 17 percent of the non-referred group were on probation. To some extent, then, Treatment Court appeared to serve as an alternative to probation, at least measured at six and 12 months from preliminary arraignment.

Serving Jail Sentence: Few defendants in any of the groups of felony drug defendants and almost none of the Treatment Court participants were serving jail sentences at six or 12 months from preliminary arraignment.

Serving Prison Sentence: Few defendants in any of the groups were serving prison sentences at either six months or 12 months from preliminary arraignment.

A review of the case status findings at six and twelve months presented in Figure 36 shows that Treatment Court participants differed from the other groups of felony drug defendants in three notable ways: their cases were much more often still active (unadjudicated and non-fugitive), much less often dismissed, and less often on probation. While they were mostly not in jail or prison at those times, neither were their comparison group counterparts.

**Figure 36 Case Status among Defendants Referred to the Philadelphia Treatment Court and Presumptively Eligible Candidates during a 180 Day Follow-up, January 1998 through November 1999, and a 365 Day Follow-up, January 1998 through August 1999**

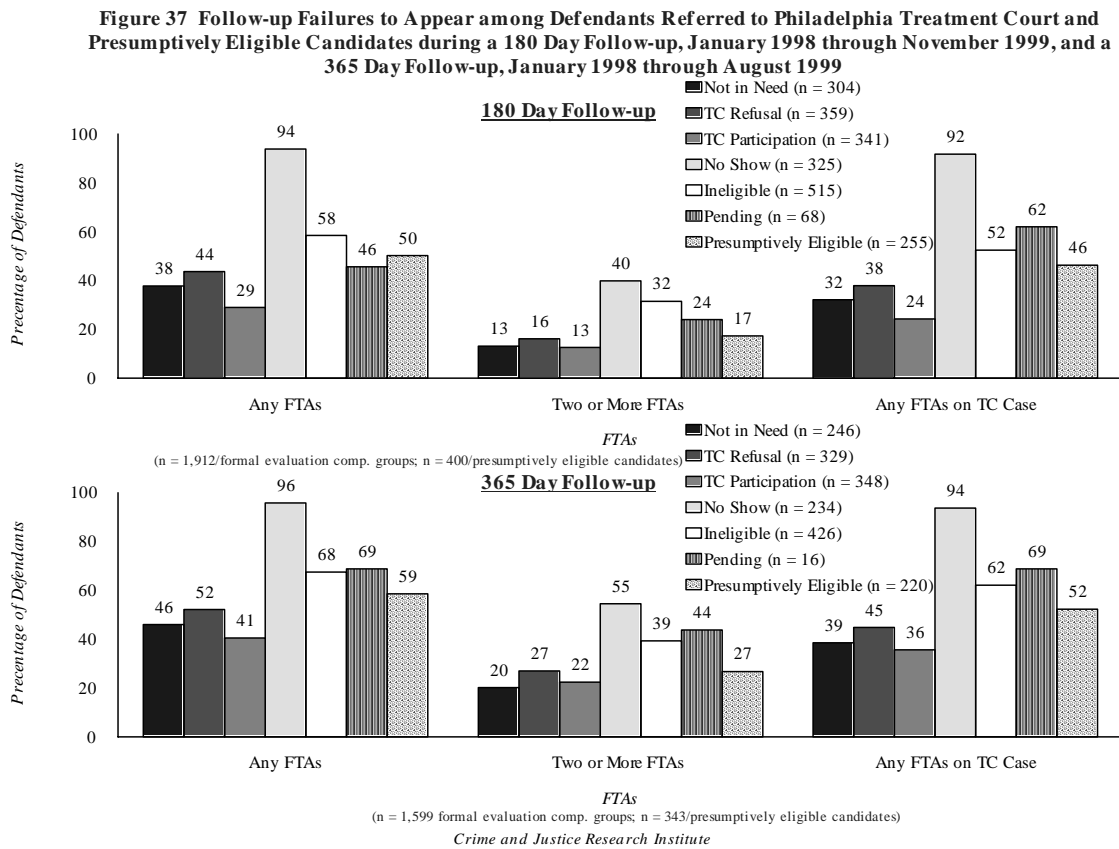


**Failure to Appear in Court**

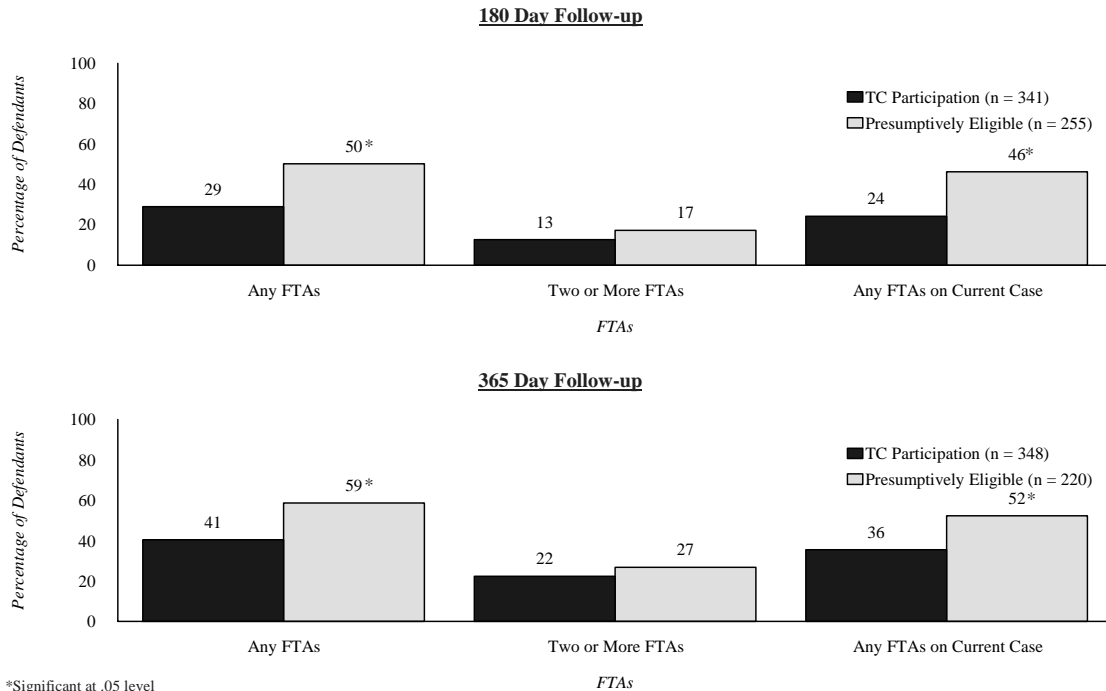
Treatment Court participants recorded the lowest proportion (29 percent) of any defendant group failing to appear in court (at least once) during the first six months. (See Figure 37.) Their failure-to-appear rate was notably lower than the two most similar comparison groups: those who declined to enter Treatment Court (44 percent) and the sample of non-

referred felony drug defendants (50 percent). At 12 months, 41 percent had recorded at least one failure to appear; this was still lower than all other defendant comparison groups.

Figure 38 limits the comparison of FTA rates to Treatment Court participants and their most similar comparison group, the presumptively eligible defendants who were not referred to the Treatment Court process by the bail commissioners. When compared to both groups—in the six-month comparison (29 versus 50 percent) and in the 12-month follow-up (41 versus 59 percent)—Treatment Court participants recorded significantly lower FTA rates when only the current case was considered.



**Figure 38 Follow-up Failures to Appear among Treatment Court Participants and Presumptively Eligible Candidates during a 180 Day Follow-Up, January 1998 through November 1999, and a 365 Day Follow-Up, January 1998 through August 1999**



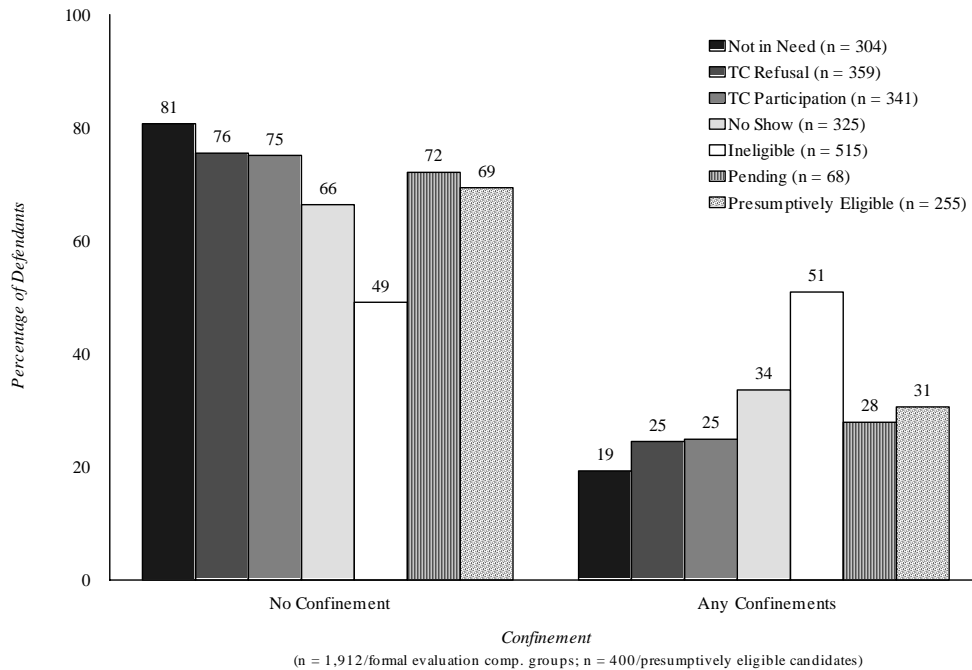
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## **Jail Confinement**

Figure 39 contrasts the percentages of Treatment Court participants and comparison group defendants who were detained in the six-month period from the date of preliminary arraignment. Treatment Court participants were slightly less often confined than non-referred comparison group defendants, no-show defendants, pending defendants, and ineligible defendants. They were slightly more often confined than not-in-need defendants. They were confined proportionately as often as defendants who declined to enter Treatment Court. Figure 40 shows that, by 12 months from preliminary arraignment, Treatment Court participants had been confined about as often (41 percent) as those who refused Treatment Court (41 percent) and less often than no-show defendants (48 percent), ineligible defendants (65 percent), and pending defendants (44 percent). A larger proportion of Treatment Court participants had been confined

within the 12-month period after preliminary arraignment than those in the presumptively eligible comparison group (37 percent).

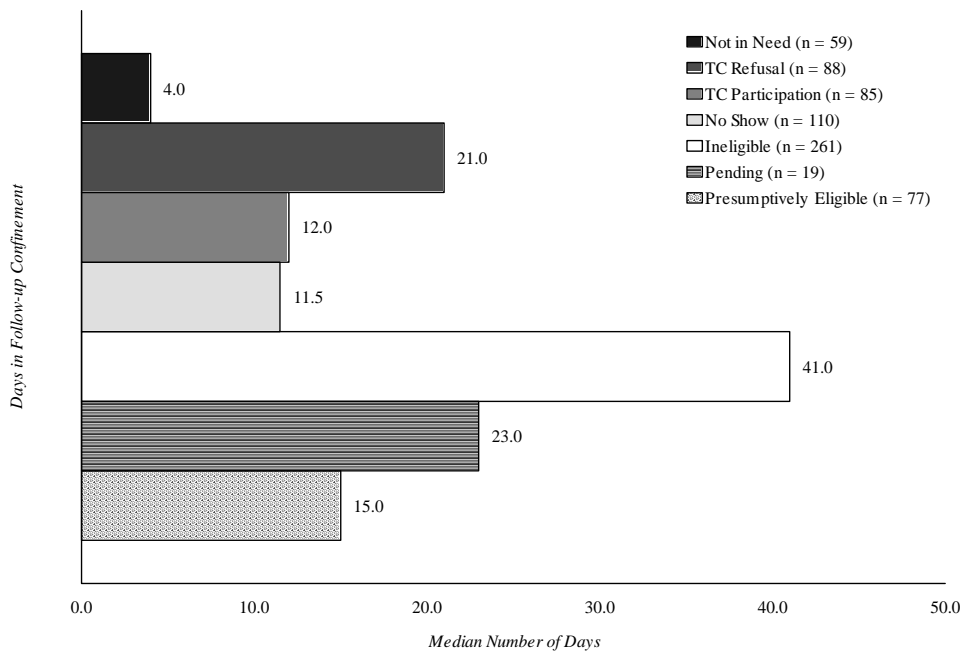
**Figure 39 Follow-up Confinements among Defendants Referred to the Philadelphia Treatment Court during a 180 Day Follow-up, January 1998 through November 1999**



(n = 1,912/formal evaluation comp. groups; n = 400/presumptively eligible candidates)

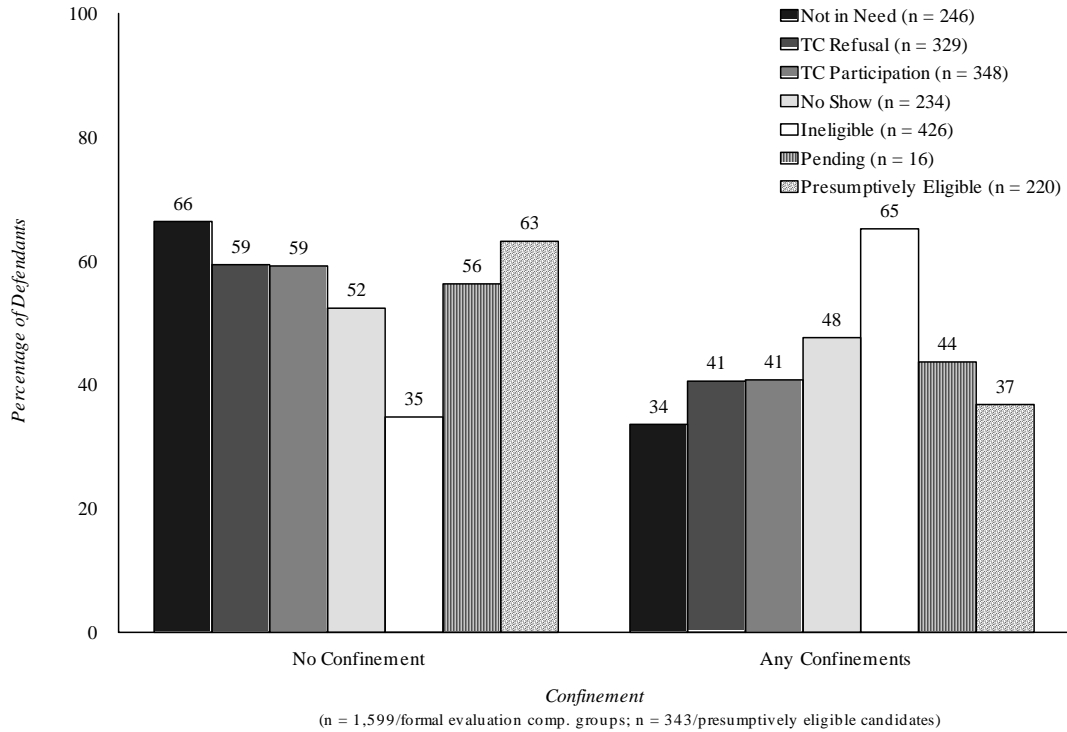
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**Figure 39A Median Days Confined among Defendants Referred to the Philadelphia Treatment Court during a 180 Day Follow-up, January 1998 through November 1999**



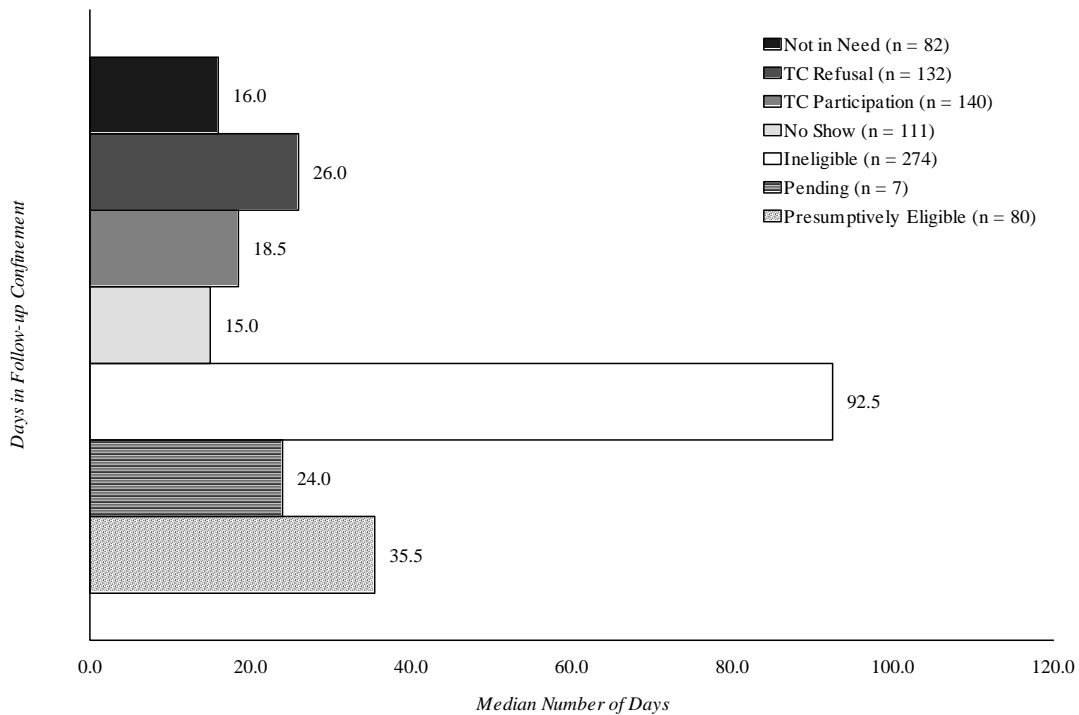
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**Figure 40 Follow-up Confinements among Defendants Referred to the Philadelphia Treatment Court during a 365 Day Follow-up, January 1998 through August 1999**



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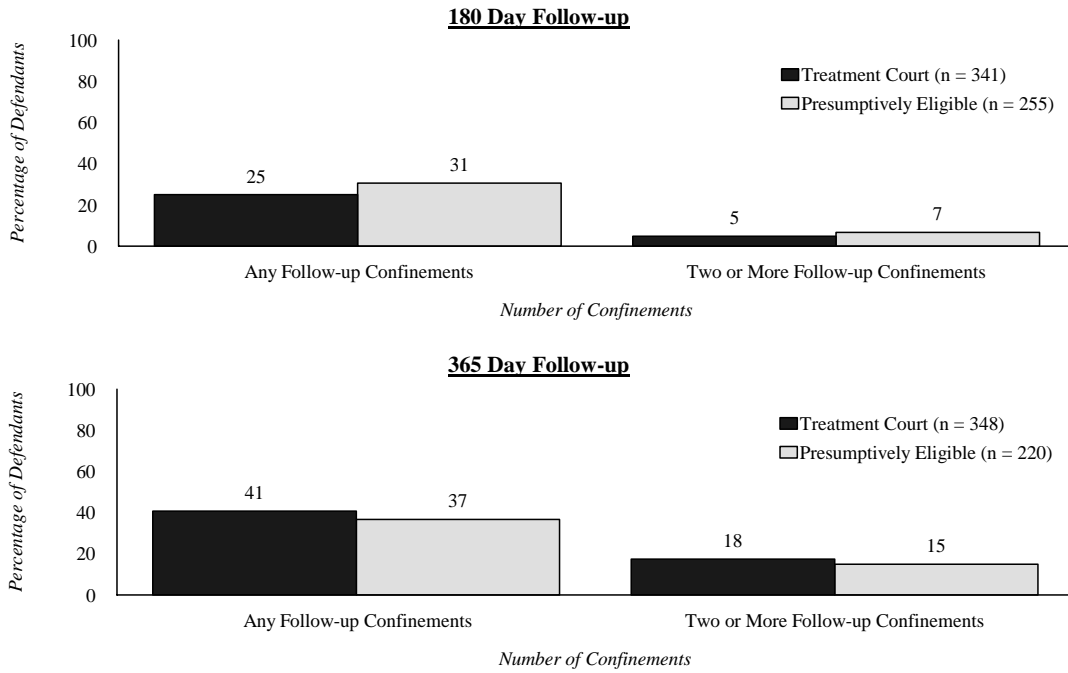
**Figure 40A Median Days Confined among Defendants Referred to the Philadelphia Treatment Court during a 365 Day Follow-up, January 1998 through August 1999**



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Figure 41 simplifies the comparison to include only Treatment Court participants and the comparison group of non-referred participants. The differences in the proportion of each group confined within six and 12 months were not statistically significant.

**Figure 41 Follow-up Confinements among Treatment Court Participants and Presumptively Eligible Candidates during a 180 Day Follow-up, January 1998 through November 1999, and a 365 Day Follow-Up, January 1998 through August 1999**



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Tables 3 and 4 compare the mean number of days spent by participants and comparison group defendants in confinement over six and 12 months, dividing the days confined in the total follow-up period into pretrial detention and post-detention confinement. The tables each show the average (mean) days Treatment Court participants were confined in the bottom row and compare each of the other defendants groups as having higher (+) or lower (-) average days in confinement.



**Table 3 Average Days in Jail among Defendants Referred to the Philadelphia Treatment Court and Presumptively Eligible Candidates during a 180 Day Follow-Up Period, January 1998 through November 1999**

<i>Defendant Group</i>	Initial Pretrial Jail			Follow-up Jail			Total Jail	
	(n)	Days	Difference	(n)	Days	Difference	Days	Difference
All TC Referrals	(1,912)	0.20	-0.06	(1,912)	14.30	+5.28	14.50	+8.22
Presumptively Eligible	(255)	0.00	-0.26	(255)	13.26	+4.24	13.26	+3.98
Not in Need of Treatment	(305)	0.05	-0.21	(305)	4.67	-4.35	4.72	-4.56
No Show	(324)	0.05	-0.21	(324)	8.48	-0.54	8.53	-0.75
Refused Treatment Court	(359)	0.11	-0.15	(359)	10.38	+1.36	10.49	+1.21
Ineligible	(515)	0.31	+0.05	(515)	30.30	+21.28	30.61	+21.33
Pending	(68)	0.91	+0.65	(68)	11.28	+2.26	12.19	+2.91
Treatment Court	(341)	0.26	--	(341)	9.02	--	9.28	--

\*Difference is calculated based on the Treatment Group; mean days for the treatment group subtracted from the mean number of days calculated for the other study groups.

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**Table 4 Average Days in Jail among Defendants Referred to the Philadelphia Treatment Court and Presumptively Eligible Candidates during a 365 Day Follow-up Period, January 1998 through August 1999**

<i>Defendant Group</i>	Initial Pretrial Jail			Follow-up Jail			Total Jail	
	(n)	Days	Difference	(n)	Days	Difference	Days	Difference
All TC Referrals	(1,599)	0.22	-0.21	(1,599)	36.21	+12.30	36.43	+12.09
Presumptively Eligible	(220)	0.00	-0.43	(220)	29.90	+5.99	29.90	+5.56
Not in Need of Treatment	(247)	0.04	-0.39	(247)	16.84	-7.07	16.88	-7.46
No Show	(233)	0.05	-0.38	(233)	23.08	-0.83	23.13	-1.21
Refused Treatment Court	(330)	0.12	-0.31	(330)	28.97	+5.06	29.09	+4.75
Ineligible	(428)	0.33	-0.10	(428)	70.68	+46.77	71.01	+46.67
Pending	(16)	0.00	-0.43	(16)	25.85	+1.94	25.85	+1.51
Treatment Court	(348)	0.43	--	(348)	23.91	--	24.34	--

\*Difference is calculated based on the Treatment Group; mean days for the treatment group subtracted from the mean number of days calculated for the other study groups.

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#### Days Confined in the First Six Months

Because the Treatment Court was designed to serve in part as an alternative to incarceration, we compared the time spent in jail by Treatment Court participants during six and 12-month follow-up periods. We divided the measure of jail days into pretrial confinement, subsequent to pretrial confinement and total (the two parts combined) for the follow-up period. While the total is of interest, the most relevant measure was the post pretrial confinement jail

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days—those most likely to have occurred while participants were under supervision of the Treatment Court.

- Overall, Treatment Court participants averaged 9.28 days in confinement from arrest to six months from preliminary arraignment.
- This was a lower average number of days in jail confinement than the average for all defendants referred to the Treatment Court (14.50 days per person), for the non-referred comparison group defendants (13.26 days), for defendants who declined Treatment Court (10.49 days), for defendants found to be ineligible (30.61 days per person), and for pending defendants (12.19 days per person).
- In six months from preliminary arraignment, Treatment Court participants were confined more days than no-show defendants (8.53 days per person) and defendants not in need of treatment (4.72 days per person).

#### Days Confined in the First 12 Months

- Treatment Court participants averaged 24.34 days of confinement per person in the 12 months following preliminary arraignment.
- This was lower than the overall average confinement for referred defendants (36.43 days), the comparison group of non-referred defendants (29.90 days), defendants who declined Treatment Court (29.09 days), defendants found to be ineligible (71.01 days), and pending defendants whose cases were in pre-Treatment Court status (25.85 days).
- They were confined more days in the first year than defendants not in need of treatment (16.88 days).

- They were confined for about as many days as the no-show defendants (23.13 days). (Note that no-show defendants would be confined much less frequently by definition; they were fugitives and not in custody for a large part of the follow-up.)

When focusing specifically on the post-pretrial period (or the confinement most likely to have occurred under supervision of the Treatment Court), Treatment Court participants averaged 12 days in jail less per person than all defendants referred from preliminary arraignment, six jail days per person less than the “presumptively eligible” but not referred comparison group, and five jail days per person less than those declining participation in Treatment Court.

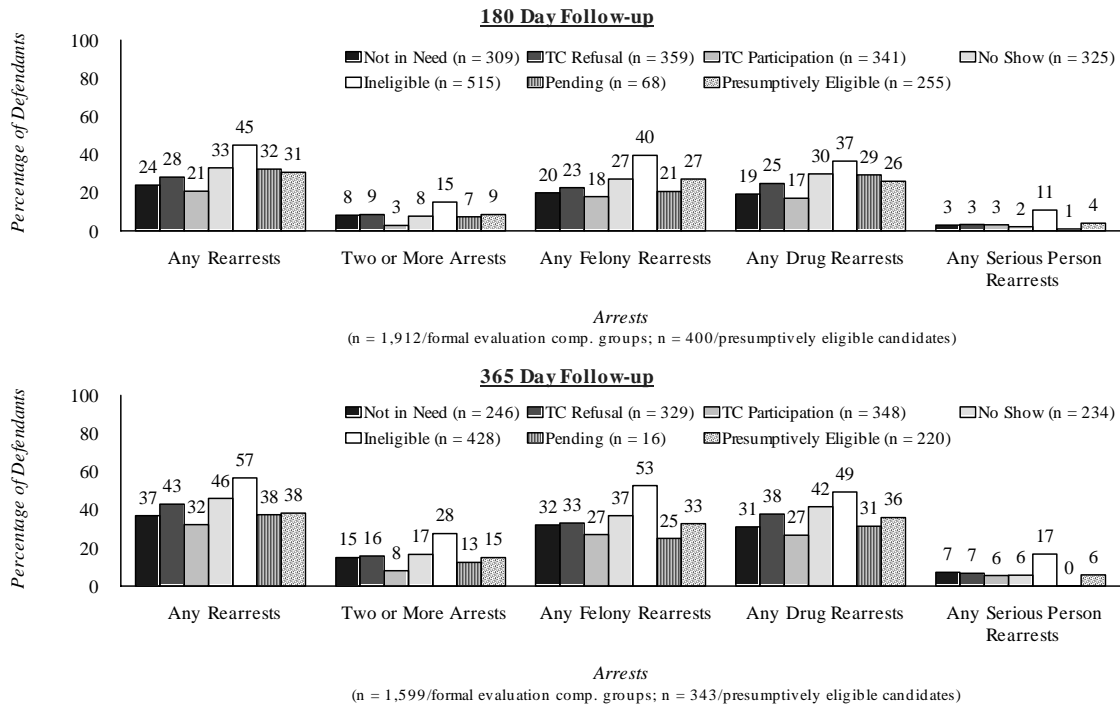
The general thrust of these findings is that Treatment Court defendants averaged fewer days in confinement than their most similar comparison groups, even when taking into account the use of jail as a “sanction” in Treatment Court. Treatment Court officials point out that this analysis does not include likely later savings in confinement days they believe are generated by the avoidance of (conviction and) probation among Treatment Court participants who, left untreated, would have had a high likelihood of violating probation because of continued substance abuse and serving back time. These evaluation data showed few, if any, of the Treatment Court participants or comparison group defendants serving jail or prison terms for any reason 12 months after preliminary arraignment. The Treatment Court officials maintain that a longer follow-up (e.g., going two or three years out) would be needed to investigate such a confinement reduction effect.

### **Rearrest of Participants within Six and 12 Months**

A central aim of the Philadelphia Treatment Court is to reduce reoffending among drug-involved participants by treating their substance abuse. In this study, we measured reoffending by determining whether participants were rearrested within the six-month and 12-month follow-

up period. Figure 42 contrasts the percentage of Treatment Court participants rearrested in those two timeframes with the other groups of felony drug defendants.

**Figure 42 Rearrests among Defendants Referred to the Philadelphia Treatment Court and Presumptively Eligible Candidates during a 180 Day Follow-up, January 1998 through November 1999, and a 365 Day Follow-up, January 1998 through August 1999**



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### Rearrest within Six Months of Preliminary Arraignment

- Any Rearrest: In a six month period, Treatment Court participants showed the lowest rearrest rate (21 percent) of all groups.<sup>43</sup> They showed the lowest rate of two or more rearrests as well (three percent).
- Any Felony Rearrest: Treatment Court participants showed the lowest rate of felony rearrests.
- Any Drug Rearrests: Treatment Court participants were rearrested for drug offenses proportionately less often (17 percent) than defendants who declined Treatment Court (26

percent), defendants found to be ineligible (37 percent), no-show defendants (30 percent) and the non-referred felony drug defendant comparison group (26 percent).<sup>44</sup> They were rearrested about as often as the not-in-need defendants (also 19 percent).

#### Rearrest within 12-Months of Preliminary Arraignment

- Any Rearrest: One year from preliminary arraignment, Treatment Court participants showed the lowest rearrest rate (32 percent) of all groups,<sup>45</sup> including the most similar comparison groups, defendants who declined Treatment Court (43 percent) and the non-referred felony drug defendant comparison group (38 percent). They also recorded the lowest rate (eight percent) of two or more arrests.
- Any Felony Rearrest: Treatment Court participants showed the second lowest rate of rearrest (27 percent) for felony offenses, slightly higher than the rate for pending defendants (25 percent). Treatment Court participants were rearrested slightly less often than defendants who declined Treatment Court and the non-referred comparison group defendants (both 33 percent).
- Any Drug Rearrests: Treatment Court participants were rearrested for drug offenses proportionately less often (27 percent) than all other defendant groups. Thirty-eight percent of those who declined Treatment Court and 36 percent of the non-referred comparison group were rearrested for drug offenses during the one-year follow-up period.

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<sup>43</sup> When controls for differences in sample contributions are exercised, the differences between Treatment Court participants and comparison groups were not significant.

<sup>44</sup> Only the differences between Treatment Court participants and ineligible and no-show defendants were significant after controls for sample differences.

<sup>45</sup> When controls for differences in sample contributions are exercised, the differences between Treatment Court participants and comparison groups were not significant.

When the comparison is simplified to contrast Treatment Court participants only with the comparison group of non-referred defendants, Treatment Court participants recorded significantly lower rearrest rates when measured as any rearrests, two or more rearrests, and any felony rearrests during the six-month follow-up. During the 12-month follow-up, Treatment Court participants generated significantly lower rates of rearrest measured as two or more rearrests (any type), and any drug rearrests.

## **PART EIGHT Implications of the Evaluation Findings: Conclusion**

Counting its trial implementation period, the Philadelphia Treatment Court was in its fourth year of operation at the time of this report. As a result, the evaluation described in this report is a study of a drug court still in the relatively early stages of development, but one that has emerged from its formative implementation period. The findings provide in-depth feedback on the progress and impact of Pennsylvania's first drug court and a drug court of national importance, located as it is in one of the nation's largest—and most challenging—urban court systems. As an initiative that moved from the planning stages to an active caseload of about 400 participants during the period studied (though at about 300 at the time of this report), the Philadelphia Treatment Court represents a major accomplishment of local and state court innovation and multi-agency problem-solving and cooperation.

In the period of time we have studied Treatment Court, procedures, services, resources, and personnel have been put into place and have been refined in practice to create a solidly functioning drug court of substantial proportions. Early measures of impact are impressive:

- During its first formal phase of operation (for purposes of the evaluation, Phase II extended from January 1998 through the summer of 2000), about 2,000 defendants were referred and nearly 400 were enrolled in Treatment Court and attended treatment.
- As of August 2001, about 351 participants had graduated from the Treatment Court after having met the requirements of the treatment process and the court program.
- When viewed in the context of six contemporaneous comparison groups of felony drug defendants, Treatment Court participants recorded either the lowest or one of the lowest failure to appear and rearrest rates and spent fewer days in confinement during the follow-up periods studied than most others.

The evaluation findings provide positive support for the argument that enrolling substance abusing felony drug defendants in treatment under the strict supervision of the Treatment Court can serve as a reasonable and responsible alternative to adjudication as well as to incarceration, can reduce reoffending, and can address the needs of a sizeable portion of the criminal justice population whose involvement in crime is related to drugs.

These significant accomplishments notwithstanding, the evaluation identified a number of issues that might usefully be addressed by the Philadelphia Treatment Court as it continues to grow and to perfect its procedures.

### **Enrollment**

During its site visit, the DCPO recommended a goal of enrolling 15 participants per Treatment Court session (which we would consider as a week of Treatment Court sessions because of the organization of its calendar). The evaluation found that the Treatment Court averaged around 18 enrollees per month—noticeably fewer than the enrollment targets—but reached a caseload of about 300 participants. Considering the volume of the apparent target population of felony drug defendants (not to mention drug-related defendants) in Philadelphia, the evaluation finding that about 20 of every 100 defendant/candidates ordered to assessment by the bail commissioner from preliminary arraignment were enrolled in Treatment Court suggests that improvements in the candidate referral, screening, and enrollment process might still be made. The enrollment of participants is affected not only by the dynamics of the screening process, but by policies relating to eligibility and program capacity determined by limited resources. Clearly, the Treatment Court’s policy to limit referrals from preliminary arraignment to 35 per week (producing about seven actual enrollments) because of resource constraints has played an important role in this area.



## **Eligibility**

In setting up initial procedures for determining eligibility for Treatment Court, the participating agencies arrived at reasonable initial criteria for admission. Adoption of eligibility criteria represents a policy decision that must address a number of competing concerns. First, to produce its intended impact, the Treatment Court seeks to target a population of substance abusing offenders whose successful treatment would make a real difference on crime and the lives of the individuals involved. Thus, the Treatment Court did not target low-level first time offenders who would by nature not be likely to reoffend.

To reduce crime and use of confinement in Philadelphia, the target population would, by definition, have a medium to high “degree of difficulty” associated with it. At the same time, the Treatment Court could not risk selecting a target population whose needs it could not address and whose treatment in the community would pose a public safety threat. Moreover, because resources for the Treatment Court effort were scarce and hard-won, an implicit aim of the Treatment Court plan was to make the biggest difference (in reoffending and use of confinement) with the resources at hand. The balancing of these concerns and the need to address the concerns of all of the agencies involved (with special deference to the District Attorney whose cooperation was essential) produced a workable, initial list of eligibility criteria that would permit the court experiment to move forward.

Compared to the available target population and the approaches of other drug courts nationally, the Philadelphia criteria might be considered fairly restrictive in their prior criminal history criterion. Although the Treatment Court does make exceptions on a case by case basis, defendants considered for Treatment Court by policy should have no more than a total of two of the following: adult convictions, juvenile delinquency adjudications, or diversions to be eligible

(in any combination). Thus, a person with any adjudication of delinquency, however minor, and two prior misdemeanor convictions is excluded from targeting. These criteria would appear to rule out a major portion of the drug-involved population in Philadelphia's justice system.

By definition, the most seriously drug-involved offenders are likely to have considerably more petty convictions than these criteria would allow. For example, most female defendants who have been involved in the cycle of prostitution, theft, and drug crimes would be excluded. As a result, fewer than half of the enrolled Phase II participants had prior arrests at all and only 17 percent had prior convictions of any sort.

In short, a majority of the Treatment Court enrollees are first-time offenders. By its focus on lower-risk first-time offenders, Treatment Court may be missing the potential payoff in impact on crime and reduced use of local incarceration likely to be associated with a higher-risk, less first-time type of population. Treatment Court officials have responded in two ways to this characterization. First, they note that the type of felony drug cases the Treatment Court targets (non-mandatory possession with the intent to distribute) are more serious than simple drug possession cases—and that the seriousness of this focus is more important than the prior criminal history criteria that define eligibility. They also maintain that because the charges are so serious, even though many such defendants might initially receive a probation sentence, they are highly likely to do poorly on probation, facing revocation and potentially substantial jail or prison time, and they will earn a major felony conviction if they do not enroll in Treatment Court, greatly increasing their chance of receiving an incarcerative sentence on the almost inevitable next case. This research—because of its limited follow-up periods—is not able to test those arguments.

All drug courts are appropriately concerned about the public safety implications of their undertaking. In fact, they are designed to reduce crime, not to increase public safety risk. Now

that it is established and has produced a low rate of reoffending among its participants, the Philadelphia Treatment Court may have reached a stage when it can review the criteria that define eligibility and consider whether other, additional categories of felony defendants might also be appropriate for the Treatment Court program. Such a review might identify categories of drug-involved defendants who could benefit from the Treatment Court program as well as increase the Treatment Court's impact on offending and the use of incarceration.

### **Progress through Treatment Court**

The Philadelphia Treatment Court has not offered an easy, alternative adjudication path for most of its participants. It is certainly not an "easy" route to dismissal of felony charges. The graduation to date of somewhere between 33 and 38 percent of participants—depending on the measure employed—suggests a selective and demanding drug court process. The average length of time to graduation, between 13 and 14 months, is also similar to that found in other major drug courts with similar populations, most involving 12-month programs. The relatively long period of time of just less than one year to termination of participants who are not complying with the requirements is explained by the Treatment Court's policy of patience and flexibility regarding the progress and behavior (ups and downs) of addicts in treatment. At the same time, it reflects the legal process which does not allow termination (sentencing) of a participant until the defendant has been apprehended and brought before the judge for a show-cause hearing. (Thus, in this instance, termination is a legal rather than a treatment measure.) We do not believe that the long average time to termination of program failures represents delay on the part of the Treatment Court in terminating participants who have clearly demonstrated the lack of will, interest, or ability to make it through Treatment Court.

## **Time to Treatment**

The logistics of “early intervention” are challenging in any jurisdiction. They include such issues as screening for eligibility, assessment for substance abuse treatment need, access to counsel, provision of discovery, etc. The evaluation found that Phase II participants averaged about two months from their preliminary arraignments to the formal entry in the Treatment Court, a timeframe from arrest to treatment that would appear to fall short of what is generally meant by “early intervention” in the drug court model (i.e., NADCP’s ten components of drug courts). In Miami, for example, defendants attend treatment within a day or two from arrest. In Portland, the time from arrest to entry into drug court is less than one week. However, the longer time to enrollment can be explained, at least in part, by the fact that “side-door” admissions—defendants becoming eligible at stages of processing weeks after the normal “front-end” procedures go into effect—show much longer periods from preliminary arraignment to enrollment and bias measures of time to enrollment upward. In addition, the Treatment Court sometimes requires apparent candidates to observe a day of status hearings before tendering their pleas. This practice—intended to prevent enrollment of offenders who have no real interest in treatment—also adds to the average length of time from preliminary arraignment to enrollment.

## **Level of Care and Treatment Resources**

In the planning stages, the Treatment Court Planning Committee sought to anticipate the kinds of treatment services—levels of care—that would be needed to treat the targeted criminal justice population effectively. In fact, the use of different levels of care has roughly corresponded to the expectations of the drug court model, i.e. that most (three-fourths) would be best placed in outpatient services and that a small minority (27 percent) would require residential

treatment. Nevertheless, the identification of large numbers of treatment candidates through Treatment Court processes raises difficult resource questions.

Despite the solid support of CODAAP in the court's initial stages and good use of grant funding, the Philadelphia Treatment Court faces an increasing challenge in locating and maintaining sufficient resources to treat the citizens it enrolls. The funding needs of the Treatment Court population are substantial and could best be addressed through a stable and dedicated source of funding, perhaps most appropriately addressed in statewide legislation supporting the development of drug courts in Pennsylvania.



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**Appendix A**  
**Philadelphia Treatment Court Milestones**



## Philadelphia Treatment Court Milestones<sup>46</sup>

COURT COMPLETION REQUIREMENTS	SERVICE/ACTIVITY GUIDELINES	TREATMENT ACCOMPLISHMENTS	RESPONSES/SANCTIONS <sup>47,48</sup>
<b>PHASE I (1 month) (Non-medical detoxification and assessment)</b>			
<ul style="list-style-type: none"> <li>• Attend pretrial orientation (if required)</li> <li>• Comply with conditions of pretrial release</li> <li>• Complete assessment</li> <li>• Attend status listing hearing</li> <li>• Intake at treatment program</li> <li>• Attendance at treatment (make up missed sessions)</li> <li>• Five consecutive negative drug tests (at 3x per week)</li> <li>• No new arrests w/convictions<sup>49</sup></li> </ul>	<ul style="list-style-type: none"> <li>• Colloquy accepted</li> <li>• Substance abuse assessment</li> <li>• Physical exam</li> <li>• Treatment program intake</li> <li>• Treatment sessions</li> <li>• <b>Drug testing</b> every other day, observed</li> <li>• <b>Court appearances</b> every two weeks as needed</li> <li>• <b>ISC contacts</b> weekly</li> </ul>	<ul style="list-style-type: none"> <li>• Intake</li> <li>• Initial treatment plan</li> <li>• Detoxification</li> <li>• Obtain sponsor for and/or attend self-help</li> </ul>	<p><b><u>Sanctions:</u></b>            Recycle through Phase I until negative drug tests are achieved            Essays            Jury box            Increased frequency of 12 step            Increased drug testing            Increased court appearances            Electronic monitoring            Incarceration up to 10 days            Restart Phase I for termination from treatment with voluntary return            Nolo plea entered, sentencing</p> <p><b><u>Responses:</u></b>            Recognition in court            Certificate and promotion</p>

<sup>46</sup> These milestones establish as minimum court requirements those elements of the treatment process that can be held fairly constant, given the range of treatment modalities and providers in use, so that the court can have clearly defined criteria for completion of each phase.

<sup>47</sup> Possible infractions include failure to attend the initial treatment intake/assessment interview; unexcused absences from outpatient treatment; refusal to take drug tests, falsified or tampered urines, or positive test results; and absconding from residential treatment.

<sup>48</sup> The decision to impose a specific sanction, or to impose any sanction at all, rests with the Treatment Court judge and is based on consideration of the circumstances surrounding the infraction as well as the defendant's past performance. Minimally, any infraction will prompt immediate review by the court.

<sup>49</sup> Rearrests are dealt with on a case by case basis, taking into consideration the circumstances and the defendant's prior performance, and will not necessarily result in suspension or termination from the program. A third conviction or a conviction for a violent offense will make the defendant ineligible for further Treatment Court participation based upon the eligibility criteria.

**Philadelphia Treatment Court Milestones (Cont.)**

COURT COMPLETION REQUIREMENTS	SERVICE/ACTIVITY GUIDELINES	TREATMENT ACCOMPLISHMENTS	RESPONSES/SANCTIONS
<b>PHASE II (3 months) (Intensive treatment)</b>			
<ul style="list-style-type: none"> <li>• Attendance at court hearings</li> <li>• Attendance at treatment (make up missed sessions)</li> <li>• No more than two sanctions</li> <li>• Drug free for 90 consecutive days</li> <li>• No new arrests w/convictions</li> </ul>	<ul style="list-style-type: none"> <li>• Substance abuse treatment</li> <li>• Mental health treatment</li> <li>• Receive needed life skills training and counseling</li> <li>• Self-help</li> <li>• Drug testing twice weekly, observed</li> <li>• Court appearances monthly</li> <li>• ISC contacts biweekly or monthly</li> </ul>	<ul style="list-style-type: none"> <li>• Attend and actively participate in required treatment sessions</li> <li>• Be actively involved in meeting goals identified on treatment plan.</li> <li>• Maintain abstinence for 90 consecutive days</li> <li>• Attend self-help a minimum of twice per week</li> </ul>	<p><b><u>Sanctions:</u></b>            Essays            Jury box            Electronic monitoring            Brief incarceration            Increased drug testing            Increased freq. of self-help meetings            Increased court appearances            Restart Phase II (for more than two prior sanctions)            Restart Phase I (termination of treatment w/ voluntary return)            Nolo plea entered, sentencing</p> <p><b><u>Responses:</u></b>            Less freq. court appearances            Recognition in court            Certificate and promotion;            Mentoring status</p>

**Philadelphia Treatment Court Milestones (Cont.)**

COURT COMPLETION REQUIREMENTS	SERVICE/ACTIVITY GUIDELINES	TREATMENT ACCOMPLISHMENTS	RESPONSES/SANCTIONS
<b>PHASE III (4 months) (Focus on life skills)</b>			
<ul style="list-style-type: none"> <li>• Drug free for 120 consecutive days</li> <li>• Attendance at court hearings</li> <li>• Attendance at treatment (make up missed sessions)</li> <li>• No unexcused failures to meet with ISC</li> <li>• No new arrests w/convictions</li> </ul>	<ul style="list-style-type: none"> <li>• Continued substance abuse treatment</li> <li>• Life skills training</li> <li>• Vocational and housing assessment</li> <li>• Relapse prevention</li> <li>• Aftercare services</li> <li>• Transition/aftercare plan</li> <li>• Drug testing weekly and randomly, transitioning from observed to unobserved</li> <li>• Court appearances monthly or bimonthly</li> <li>• ISC contacts monthly</li> </ul>	<ul style="list-style-type: none"> <li>• Attend and actively participate in required treatment sessions</li> <li>• Be actively involved in meeting goals identified on initial treatment plan</li> <li>• Maintain abstinence for 120 consecutive days</li> <li>• Attend AA/NA or other 12 step meetings a minimum of once per week</li> <li>• Actively participate in life skills training if specified in the ISC service plan</li> <li>• Participate in at least 2 hours/week of relapse prevention sessions</li> </ul>	<p><b><u>Sanctions:</u></b>            Essays            Jury box            Brief incarceration            Increased drug testing            Continue or revert to observed drug testing            Increased frequency of self-help meetings            Increased court appearances            Restart Phase III            Return to Phase II            Guilty plea entered, sentencing</p> <p><b><u>Responses:</u></b>            Unobserved drug testing            Less freq. court appearances            Recognition in court            Certificate and promotion</p>

**Philadelphia Treatment Court Milestones (Cont.)**

COURT COMPLETION REQUIREMENTS	SERVICE/ACTIVITY GUIDELINES	TREATMENT ACCOMPLISHMENTS	RESPONSES/SANCTIONS
<b>Phase IV (4 months) (Pre-graduation phase)</b>			
<ul style="list-style-type: none"> <li>• Drug free for 120 consecutive days</li> <li>• Attendance at court hearings</li> <li>• Attendance at treatment (make up missed sessions)</li> <li>• No unexcused failures to meet with ISC</li> <li>• No new arrests w/convictions</li> <li>• Payment of fees</li> </ul>	<ul style="list-style-type: none"> <li>• Continued substance abuse treatment</li> <li>• Life skills training</li> <li>• Vocational and housing assessment</li> <li>• Relapse prevention</li> <li>• Aftercare services</li> <li>• Transition/aftercare plan</li> <li>• Graduation ceremony</li> <li>• Drug testing weekly and randomly, unobserved</li> <li>• Court appearances monthly or bimonthly</li> <li>• ISC contacts monthly</li> </ul>	<ul style="list-style-type: none"> <li>• Attend and actively participate in required treatment sessions</li> <li>• Be actively involved in meeting goals identified on initial treatment plan</li> <li>• Maintain abstinence for 120 consecutive days</li> <li>• Attend AA/NA or other 12 step meetings a minimum of once per week</li> <li>• Actively participate in life skills training if specified in the ISC service plan</li> <li>• Participate in at least 2 hours/week of relapse prevention sessions</li> </ul>	<p><b><u>Sanctions:</u></b>  Essays  Jury box  Brief incarceration  Increased drug testing  Continue or revert to observed drug testing  Increased frequency of self-help meetings  Increased court appearances  Restart Phase IV  Return to Phase III  Guilty plea entered, sentencing</p> <p><b><u>Responses:</u></b>  Unobserved drug testing  Less freq. court appearances  Recognition in court  Certificate on graduation  Case dismissed w/out prejudice</p>
<b>PHASE V (12 months) (Post-graduation)</b>			
<ul style="list-style-type: none"> <li>• No arrests w/convictions for one year following graduation</li> <li>• No reliable evidence of defendant engaging in substance use during one year period.</li> </ul>	<ul style="list-style-type: none"> <li>• Follow aftercare plan</li> <li>• Attend Treatment Court alumni/support groups</li> </ul>	<ul style="list-style-type: none"> <li>• Attend any available 12-step program</li> <li>• Maintain 100% abstinence</li> </ul>	<p><b><u>Sanctions:</u></b>  Arrest remains on record</p> <p><b><u>Responses:</u></b>  Arrest expunged</p>

**Appendix B**  
**Philadelphia Treatment Court Milestones**





## Philadelphia Treatment Court Planning and Implementation Milestones

- **December 1995:** First Judicial District receives OJP/DCPO drug court planning grant of \$25,546. Planning Committee is formed and work begins.
- **December 1995:** Planning Committee visits Miami Treatment Court for training.
- **March 1995:** Draft Drug Court Plan presented to Planning Committee, proposing stipulation-to-facts model.
- **April 10, 1996:** Planning Committee attends Mentor Court Training in Kansas City.
- **May 9-11 1996:** Planning Committee attends NADCP Training Conference.
- **November 1996:** District Attorney proposes, and Committee agrees, to operate court on basis of guilty or *nolo contendere* pleas rather than stipulation-to-facts.
- **November 1996:** Draft Drug Court Plan completed, including treatment plan using CODAAP treatment providers and assessment.
- **December 3, 1996:** PCCD awards \$200,000 for partial funding of court and City of Philadelphia commits matching funds of \$66,668 for first year, conditional upon demonstrated reduction in use of confinement.
- **January 1997:** Memoranda of Understanding finalized with participating agencies, including commitment by Health Department to provide treatment resources.
- **February 3, 1997:** District Attorney agrees to final Plan.
- **February 20, 1997:** Evaluation design presented to Planning Committee.
- **March 11, 1997:** Draft Urine Testing Policy discussed by Committee, with tentative approval.
- **March 24, 1997:** First Treatment Court candidates selected at preliminary arraignment and listed to appear in Treatment Court.
- **April 2, 1997:** Philadelphia Treatment Court begins operation for pilot period.
- **August 1997:** Treatment Court awarded \$400,000 OJP/DCPO implementation grant, with \$133,333 match, including process and formal evaluation requirement.
- **October 1, 1997:** Treatment Court awarded Local Law Enforcement Block Grant of \$138,000, with City match of \$14,000.
- **October 3, 1997:** In response to ongoing problems with targeting, memo sent to Bail Commissioners regarding inappropriate Treatment Court referrals.
- **December 22, 1997:** Treatment Court Coordinator appointed.
- **January 1, 1998:** CJRI application for formal evaluation, including control group design, funded by PCCD for \$200,000.

- **January 12, 1998:** Treatment Court expands to two-day schedule.
- **January 21, 1998:** Theft charges were excluded from targeting at arraignment and the Treatment Court only heard possession with intent to deliver cases.
- **February 1998:** Treatment Court Milestones, linking treatment objectives to court phases, are finalized.
- **February 25, 1998:** Formal evaluation begins.
- **April 20, 1998:** First Treatment Court defendant successfully completes program. First formal graduation ceremony June 17.
- **May 19, 1998:** In response to OJP mandate to list 15 viable cases per week, Oversight Committee discusses strategies for improving targeting procedures.
- **July 1998:** CODAAP begins adding new providers to treatment network.
- **August 1998:** Treatment Court judge visits Las Vegas Drug Court to study court procedures.
- **September 11, 1998:** Application submitted for PCCD supplement to original funding in amount of \$200,000 (\$100,000 in actual monies).
- **October 1, 1998:** Treatment Court receives second Local Law Enforcement block Grant of \$175,000, with City match of \$19,000.
- **October 6, 1998:** Court procedures modified to make workload more manageable, with new listings and pleas

scheduled for first day and status hearings for second.

- **November 1998:** Public Defender objects to current evaluation procedures for assigning defendants to control group.
- **December 4, 1998:** Draft revised evaluation design presented to Treatment Court judge.
- **May 1999:** Supervising Judge of Common Pleas Criminal Division establishes Common Pleas arraignment as the last stage at which cases may be referred to Treatment Court.
- **May 1999:** Treatment Court receives \$200,000 OJP continuation grant.
- **July 1999:** Treatment Court receives a new assessment/case management supervisor and assistant district attorney.
- **August 1999:** Contract for MIS development is finalized.
- **August 5, 1999:** The first additional monthly plea day is scheduled.
- **September 24, 1999:** Training workshop is held for Treatment Court and FOCIS case managers.
- **October 18, 1999:** Training workshop is held for treatment providers.
- **November 11, 1999:** Revisions of Treatment Court milestones are finalized to clarify requirements and simplify procedures for calculating phase completions.
- **November 15, 1999:** Philadelphia Treatment Court officials meet with

other Pennsylvania drug court officials to begin formation of a Pennsylvania Association of Drug Court Professionals.

- **November 24, 1999:** New procedures are implemented to ensure full and timely expungement of arrest records for graduates meeting the requirements.
- **December 1999:** The Treatment Court schedules an additional show cause/sentencing day to accommodate an increase in terminations.
- **January 2000:** A test version of the Treatment Court/FOCIS MIS is installed.
- **January 2000:** Procedure is implemented to make community service a sentencing option, under supervision by the Intermediate
- **September 2000:** Treatment Court expands its target population to include defendants granted ROR at preliminary arraignment.

Punishment Program with CODAAP funding.

- **February 10, 2000:** Training workshop is held for Treatment Court and FOCIS case managers.
- **February 17, 2000:** Training workshop is held for treatment providers.
- **March 2000:** The Philadelphia Health Department implements Environmental Training Incorporated (ETI), a forensic vocational initiative with over 200 slots for clients doing well in outpatient treatment.
- **June 1, 2000:** Treatment Court moves to new offices at 1401 Arch Street.
- **August 1, 2000:** The MIS is officially deployed in the Treatment Court courtroom.



**Appendix C**  
**Tables**



**Table C1 Selected Attributes of Treatment Court Participants and Comparison Groups of Referred and Non-Referred Felony Drug Defendants, January 1998- November 1998**

<i>Attributes</i>	<i>Referred Defendants</i>															
	<i>All Listed</i>		<i>Pending</i>		<i>Not in Need</i>		<i>No Show</i>		<i>Refused TC</i>		<i>Not Eligible</i>		<i>TC Participation</i>		<i>Presumptively Eligible</i>	
	(n)	Percent	(n)	Percent	(n)	Percent	(n)	Percent	(n)	Percent	(n)	Percent	(n)	Percent	(n)	Percent
<i>Median Age at Preliminary Arraignment</i>	(1,912)	100.0	(14)	100.0	(307)	100.0	(287)	100.0	(376)	100.0	(545)	100.0	(383)	100.0	(255)	100.0
<i>Race/Ethnicity</i>	(1,909)	23.0	(14)	25.0	(306)	23.0	(287)	24.0	(375)	23.0	(544)	22.0	(383)	23.0	(255)	23.0
Total	(1,904)	100.0	(14)	100.0	(306)	100.0	(286)	100.0	(373)	100.0	(544)	100.0	(381)	100.0	(253)	100.0
African-American	(1,105)	58.0	(8)	57.1	(182)	59.5	(143)	50.0	(220)	59.0	(330)	60.7	(222)	58.3	(162)	64.0
White	(209)	11.0	(2)	14.3	(23)	7.5	(31)	10.8	(47)	12.6	(56)	10.3	(50)	13.1	(20)	7.9
Hispanic	(576)	30.3	(4)	28.6	(96)	31.4	(110)	38.5	(106)	28.4	(154)	28.3	(106)	27.8	(68)	26.9
Other	(14)	0.7	(0)	0.0	(5)	1.6	(2)	0.6	(0)	0.0	(4)	0.8	(1)	0.8	(3)	1.2
<i>Gender</i>																
Total	(1,912)	100.0	(14)	100.0	(307)	100.0	(287)	100.0	(376)	100.0	(545)	100.0	(383)	100.0	(255)	100.0
Male	(1,632)	85.4	(13)	92.9	(248)	80.8	(230)	80.1	(337)	89.6	(485)	89.0	(319)	83.3	(215)	84.3
Female	(280)	14.6	(1)	7.1	(59)	19.2	(57)	19.9	(39)	10.4	(60)	11.0	(64)	16.7	(40)	15.7
<i>Pretrial Release Type</i>																
Total	(1,884)	100.0	(14)	100.0	(301)	100.0	(284)	100.0	(374)	100.0	(530)	100.0	(381)	100.0	(250)	100.0
ROR	(40)	2.1	(0)	0.0	(5)	1.7	(3)	1.1	(5)	1.3	(9)	1.7	(18)	4.7	(0)	0.0
Type I/Type II combined	(1,594)	84.6	(13)	92.9	(280)	93.0	(268)	94.4	(332)	88.8	(406)	76.6	(295)	77.4	(250)	100.0
Type I	(672)	35.7	(5)	35.7	(121)	40.2	(111)	39.1	(156)	41.7	(158)	29.8	(121)	31.8	(112)	44.8
Type II	(922)	48.9	(8)	57.1	(159)	52.8	(157)	55.3	(176)	47.1	(248)	46.8	(174)	45.7	(138)	55.2
Cash bail	(250)	13.3	(1)	7.1	(16)	5.3	(13)	4.6	(37)	9.9	(115)	21.7	(68)	17.8	(0)	0.0
<i>Orientation</i>																
Total	(1,395)	100.0	(9)	100.0	(259)	100.0	(239)	100.0	(291)	100.0	(364)	100.0	(233)	100.0	*	*
No show for orientation	(397)	28.5	(1)	11.1	(51)	19.7	(143)	59.8	(25)	8.6	(177)	48.6	(0)	0.0	*	*
Showed on time for orientation	(792)	56.8	(8)	88.9	(180)	69.5	(70)	29.3	(210)	72.2	(157)	43.1	(167)	71.7	*	*
Showed late for orientation	(206)	14.8	(0)	0.0	(28)	10.8	(26)	10.9	(56)	19.2	(30)	8.2	(66)	28.3	*	*
<i>Assessment</i>																
Total	(1,912)	100.0	(14)	100.0	(307)	100.0	(287)	100.0	(376)	100.0	(545)	100.0	(383)	100.0	*	*
Not assessed	(767)	40.1	(3)	21.4	(115)	37.5	(202)	70.4	(83)	22.1	(364)	66.8	(0)	0.0	*	*
Assessed in need of treatment	(904)	47.3	(9)	64.3	(2)	0.7	(78)	27.2	(283)	75.3	(150)	27.5	(383)	100.0	*	*
Not in need of treatment	(241)	12.7	(2)	14.3	(190)	61.9	(7)	2.4	(10)	2.7	(31)	5.7	(0)	0.0	*	*
Total assessed in need	(893)	100.0	(9)	100.0	(2)	100.0	(78)	100.0	(283)	100.0	(150)	100.0	(383)	100.0	*	*
In need of residential treatment	(234)	26.2	(3)	33.3	(0)	0.0	(21)	26.9	(64)	22.8	(46)	32.4	(100)	26.2	*	*
In need of intensive outpatient treatment	(361)	40.2	(43)	60.6	(0)	0.0	(32)	42.7	(97)	37.2	(55)	39.9	(134)	38.3	*	*
In need of outpatient treatment	(287)	32.1	(0)	0.0	(2)	100.0	(19)	24.4	(105)	37.4	(36)	25.4	(125)	32.8	*	*

\*Information not applicable to presumptively eligible group.

\*\*Computerized juvenile arrest information was available only for defendants with a birth date as of 1960 or later.

**Table C1 Selected Attributes of Treatment Court Participants and Comparison Groups of Referred and Non-Referred Felony Drug Defendants, January 1998- November 1998 (Cont.)**

<i>Attributes</i>	<i>Referred Defendants</i>															
	<b>All Listed</b>		<b>Pending</b>		<b>Not in Need</b>		<b>No Show</b>		<b>Refused TC</b>		<b>Not Eligible</b>		<b>TC Participation</b>		<b>Presumptively Eligible</b>	
	(n)	Percent	(n)	Percent	(n)	Percent	(n)	Percent	(n)	Percent	(n)	Percent	(n)	Percent	(n)	Percent
<i>Lead Charge of</i>																
Total	(1,912)	100.0	(14)	100.0	(307)	100.0	(287)	100.0	(376)	100.0	(545)	100.0	(383)	100.0	(255)	100.0
Serious person charge	(4)	0.2	(0)	0.0	(0)	0.0	(1)	0.3	(0)	0.0	(3)	0.6	(0)	0.0	(0)	0.0
Serious property charge	(2)	0.01	(0)	0.0	(0)	0.0	(0)	0.0	(0)	0.0	(2)	0.4	(0)	0.0	(0)	0.0
Felony theft charge	(31)	1.6	(0)	0.0	(10)	3.3	(2)	0.7	(3)	0.8	(13)	2.4	(3)	0.8	(0)	0.0
Misdemeanor drug charge	(36)	1.9	(0)	0.0	(1)	0.3	(3)	1.0	(7)	1.9	(14)	2.6	(11)	2.9	(0)	0.0
Felony drug charge	(1,825)	95.4	(14)	100.0	(292)	95.1	(280)	97.6	(363)	96.5	(508)	93.2	(368)	96.1	(255)	100.0
Weapon charge	(1)	0.01	(0)	0.0	(1)	0.3	(0)	0.0	(0)	0.0	(0)	0.0	(0)	0.0	(0)	0.0
<i>Felony or Misdemeanor Charge</i>																
Total	(1,912)	100.0	(14)	100.0	(307)	100.0	(287)	100.0	(376)	100.0	(545)	100.0	(383)	100.0	(255)	100.0
Misdemeanor charge	(47)	2.5	(0)	0	(4)	1.3	(4)	1.4	(10)	2.7	(17)	3.1	(12)	3.1	(0)	0.0
Felony charge	(1,865)	97.5	(14)	100.0	(303)	98.7	(283)	98.6	(366)	97.3	(528)	96.9	(371)	96.9	(255)	100.0
<i>Number of Open Cases</i>																
Total	(1,912)	100.0	(14)	100.0	(307)	100.0	(287)	100.0	(376)	100.0	(545)	100.0	(383)	100.0	(255)	100.0
None	(1,414)	74.0	(11)	78.6	(253)	82.4	(245)	85.4	(296)	78.7	(311)	57.1	(298)	77.8	(222)	87.1
One	(384)	20.1	(3)	21.4	(47)	15.3	(34)	11.8	(67)	17.8	(162)	29.7	(71)	18.5	(29)	11.4
Two	(88)	4.6	(0)	0.0	(7)	2.3	(6)	2.1	(10)	2.7	(52)	9.5	(13)	3.4	(4)	1.6
Three or more	(26)	1.4	(0)	0.0	(0)	0.0	(2)	0.7	(3)	0.8	(20)	3.7	(1)	0.3	(0)	0.0
<i>Most Serious Charge in Open Case</i>																
Total	(498)	100.0	(3)	100.0	(54)	100.0	(42)	100.0	(80)	100.0	(234)	100.0	(85)	100.0	(33)	100.0
Serious person charge	(16)	3.2	(0)	0.0	(3)	5.6	(0)	0.0	(0)	0.0	(12)	5.1	(1)	1.2	(0)	0.0
Serious property charge	(5)	1.0	(0)	0.0	(2)	3.7	(1)	2.4	(0)	0.0	(2)	0.9	(0)	0.0	(0)	0.0
Felony theft charge	(53)	10.6	(0)	0.0	(11)	20.4	(4)	9.5	(6)	7.5	(24)	10.3	(8)	9.4	(6)	18.2
Misdemeanor drug charge	(73)	14.7	(1)	33.3	(6)	11.1	(10)	23.8	(13)	16.3	(28)	12.0	(15)	17.6	(6)	18.2
Felony drug charge	(298)	59.8	(2)	66.7	(24)	44.4	(23)	54.8	(51)	63.8	(143)	61.1	(55)	64.7	(5)	15.2
Weapon charge	(9)	1.8	(0)	0.0	(0)	0.0	(0)	0.0	(2)	2.5	(6)	2.6	(1)	1.2	(6)	18.2
<i>Felony or Misdemeanor Charge</i>																
Total	(498)	100.0	(3)	100.0	(54)	100.0	(42)	100.0	(80)	100.0	(234)	100.0	(85)	100.0	(33)	100.0
Misdemeanor charge	(113)	22.7	(1)	33.3	(13)	24.1	(14)	33.3	(20)	25.0	(46)	19.7	(19)	22.4	(19)	57.6
Felony charge	(385)	77.3	(2)	66.7	(41)	75.9	(28)	66.7	(60)	75.0	(188)	80.3	(66)	77.6	(14)	42.4
<i>Number of Prior Adult Arrests</i>																
Total	(1,912)	100.0	(14)	100.0	(307)	100.0	(287)	100.0	(376)	100.0	(545)	100.0	(383)	100.0	(255)	100.0
None	(993)	51.9	(9)	64.3	(182)	59.3	(193)	66.7	(214)	56.9	(189)	34.7	(206)	53.8	(142)	55.7
One	(455)	23.8	(2)	14.3	(75)	24.4	(50)	17.4	(91)	24.2	(148)	27.2	(89)	23.2	(59)	23.1
Two	(226)	11.8	(1)	7.1	(27)	8.8	(17)	5.9	(36)	9.6	(96)	17.6	(49)	12.8	(23)	9.0
Three or more	(238)	12.4	(2)	14.3	(23)	7.5	(27)	9.4	(35)	9.3	(112)	20.6	(39)	10.2	(31)	12.2



**Table C1 Selected Attributes of Treatment Court Participants and Comparison Groups of Referred and Non-Referred Felony Drug Defendants, January 1998- November 1998 (Cont.)**

<i>Attributes</i>	<i>Referred Defendants</i>															
	<i>All Listed</i>		<i>Pending</i>		<i>Not in Need</i>		<i>No Show</i>		<i>Refused TC</i>		<i>Not Eligible</i>		<i>TC Participation</i>		<i>Presumptively Eligible</i>	
	(n)	Percent	(n)	Percent	(n)	Percent	(n)	Percent	(n)	Percent	(n)	Percent	(n)	Percent	(n)	Percent
<i>Number of Prior Adult Arrests (Last Three Years)</i>																
Total	(1,912)	100.0	(14)	100.0	(307)	100.0	(287)	100.0	(376)	100.0	(545)	100.0	(383)	100.0	(255)	100.0
None	(1,159)	60.6	(10)	71.4	(208)	67.8	(208)	72.5	(253)	67.3	(239)	43.9	(241)	62.9	(176)	69.0
One	(459)	24.0	(1)	7.1	(71)	23.1	(54)	18.8	(82)	21.8	(159)	29.2	(92)	24.0	(56)	22.0
Two	(181)	9.5	(2)	14.3	(17)	5.5	(15)	5.2	(26)	6.9	(86)	15.8	(35)	9.1	(17)	6.7
Three or more	(113)	5.9	(1)	7.1	(11)	3.6	(10)	3.5	(15)	4.0	(61)	11.2	(15)	3.9	(6)	2.4
<i>Most Serious Prior Arrest Charge</i>																
Total	(919)	100.0	(5)	100.0	(125)	100.0	(94)	100.0	(162)	100.0	(356)	100.0	(177)	100.0	(113)	100.0
Serious person charge	(225)	24.5	(2)	40.0	(34)	27.2	(19)	20.2	(35)	21.6	(104)	29.2	(31)	17.5	(32)	28.3
Serious property charge	(30)	3.3	(0)	0.0	(6)	4.8	(7)	7.4	(3)	1.9	(9)	2.5	(5)	2.8	(7)	6.2
Felony theft charge	(62)	6.7	(0)	0.0	(11)	8.8	(6)	6.4	(11)	6.8	(20)	5.6	(14)	7.9	(17)	15.0
Misdemeanor drug charge	(89)	9.7	(3)	10.7	(7)	5.6	(15)	14.6	(20)	12.6	(20)	5.9	(24)	14.8	(10)	8.8
Felony drug charge	(429)	46.7	(2)	40.0	(52)	42.6	(39)	41.5	(73)	45.1	(173)	48.6	(90)	50.8	(24)	21.2
Weapon charge	(21)	2.3	(0)	0.0	(4)	3.2	(2)	2.1	(5)	3.1	(7)	2.0	(3)	1.7	(9)	8.0
<i>Felony or Misdemeanor Charge</i>																
Total	(919)	100.0	(5)	100.0	(125)	100.0	(94)	100.0	(162)	100.0	(356)	100.0	(177)	100.0	(113)	100.0
Misdemeanor charge	(153)	16.6	(1)	20.0	(20)	16.0	(22)	23.4	(32)	19.8	(43)	12.1	(35)	19.8	(27)	23.9
Felony charge	(766)	83.4	(4)	80.0	(105)	84.0	(72)	76.6	(130)	80.2	(313)	87.9	(142)	80.2	(86)	76.1
<i>Number of Prior Cases with Convictions</i>																
Total	(1,912)	100.0	(14)	100.0	(307)	100.0	(287)	100.0	(376)	100.0	(545)	100.0	(383)	100.0	(255)	100.0
None	(1,659)	86.8	(14)	100.0	(278)	90.6	(259)	90.2	(342)	91.0	(446)	81.8	(320)	83.6	(215)	84.3
One	(171)	8.9	(0)	0.0	(19)	6.2	(12)	4.2	(27)	4.8	(69)	12.7	(28)	11.5	(31)	12.2
Two	(65)	3.4	(0)	0.0	(9)	2.9	(10)	3.5	(6)	2.4	(22)	4.0	(21)	4.7	(9)	3.5
Three or more	(17)	0.9	(0)	0.0	(1)	0.3	(6)	2.1	(1)	1.9	(8)	1.5	(14)	0.3	(0)	0.0
<i>Number of Prior Adult Convictions</i>																
Total	(1,912)	100.0	(14)	100.0	(307)	100.0	(287)	100.0	(376)	100.0	(545)	100.0	(383)	100.0	(255)	100.0
None	(1,659)	86.8	(14)	100.0	(278)	90.6	(259)	90.2	(342)	91.0	(446)	81.8	(320)	83.6	(215)	84.3
One	(111)	5.8	(0)	0.0	(13)	4.2	(8)	2.8	(18)	4.8	(44)	8.1	(28)	7.3	(16)	6.3
Two	(68)	3.6	(0)	0.0	(7)	2.3	(7)	2.4	(9)	2.4	(24)	4.4	(21)	5.5	(11)	4.3
Three or more	(74)	3.9	(0)	0.0	(9)	2.9	(13)	4.5	(7)	1.9	(4)	5.7	(14)	3.7	(13)	5.1
<i>Number of Prior Adult Convictions (Last Three Years)</i>																
Total	(1,912)	100.0	(14)	100.0	(307)	100.0	(287)	100.0	(376)	100.0	(545)	100.0	(383)	100.0	(255)	100.0
None	(1,753)	91.7	(14)	93.8	(293)	95.4	(267)	93.0	(358)	95.2	(482)	88.4	(339)	88.5	(227)	89.0
One	(85)	4.4	(0)	0.0	(9)	2.9	(7)	2.4	(12)	3.2	(35)	6.4	(22)	5.7	(14)	5.5
Two	(38)	2.0	(0)	0.0	(1)	0.3	(8)	2.8	(4)	1.1	(10)	1.8	(15)	3.9	(7)	2.7

**Table C1 Selected Attributes of Treatment Court Participants and Comparison Groups of Referred and Non-Referred Felony Drug Defendants, January 1998- November 1998 (Cont.)**

<i>Attributes</i>	<i>Referred Defendants</i>															
	<b>All Listed</b>		<b>Pending</b>		<b>Not in Need</b>		<b>No Show</b>		<b>Refused TC</b>		<b>Not Eligible</b>		<b>TC Participation</b>		<b>Presumptively Eligible</b>	
	(n)	Percent	(n)	Percent	(n)	Percent	(n)	Percent	(n)	Percent	(n)	Percent	(n)	Percent	(n)	Percent
Three or more	(36)	1.9	(0)	0.0	(4)	1.3	(5)	1.7	(2)	0.5	(18)	3.3	(7)	1.8	(7)	2.7
<i>Most Serious Prior Conviction</i>																
Total	(253)	100.0	(0)	100.0	(29)	100.0	(28)	100.0	(34)	100.0	(99)	100.0	(63)	100.0	(40)	100.0
Serious person charge	(12)	4.7	(0)	0.0	(0)	0.0	(0)	0.0	(1)	2.9	(11)	11.1	(0)	0.0	(0)	0.0
Serious property charge	(4)	1.6	(0)	0.0	(0)	0.0	(1)	3.6	(0)	0.0	(3)	3.0	(0)	0.0	(0)	0.0
Felony theft charge	(15)	5.9	(0)	0.0	(1)	3.4	(1)	3.6	(0)	0.0	(8)	8.1	(5)	7.9	(5)	12.5
Misdemeanor drug charge	(29)	11.5	(0)	0.0	(2)	6.9	(2)	7.1	(4)	11.8	(11)	11.1	(10)	15.9	(4)	10.0
Felony drug charge	(137)	54.2	(0)	0.0	(14)	48.3	(20)	71.4	(18)	52.9	(45)	45.5	(34)	54.0	(21)	52.5
Weapon charge	(18)	7.1	(0)	0.0	(3)	10.3	(1)	3.6	(3)	0.9	(4)	4.0	(7)	11.1	(4)	10.0
<i>Felony or Misdemeanor Conviction</i>																
Total	(253)	100.0	(0)	100.0	(29)	100.0	(28)	100.0	(34)	100.0	(99)	100.0	(63)	100.0	(40)	100.0
Misdemeanor charge	(83)	32.8	(0)	0.0	(13)	44.8	(6)	21.4	(14)	41.2	(29)	29.3	(21)	33.3	(11)	27.5
Felony charge	(170)	67.2	(0)	0.0	(16)	55.2	(22)	78.6	(20)	58.8	(70)	70.7	(42)	66.7	(29)	72.5
<i>Prior Diversion Sentences</i>																
Total	(1,912)	100.0	(14)	100.0	(307)	100.0	(287)	100.0	(376)	100.0	(545)	100.0	(383)	100.0	(255)	100.0
None	(1,821)	95.2	(13)	92.9	(298)	97.1	(277)	96.5	(353)	93.9	(518)	95.0	(362)	94.5	(240)	94.1
One	(88)	4.6	(1)	7.1	(9)	2.9	(9)	3.1	(23)	6.1	(25)	4.6	(21)	5.5	(15)	5.9
Two	(3)	0.2	(0)	0.0	(0)	0.0	(1)	0.3	(0)	0.0	(2)	0.4	(0)	0.0	(0)	0.0
Three or more	(0)	0.0	(0)	0.0	(0)	0.0	(0)	0.0	(0)	0.0	(0)	0.0	(0)	0.0	(0)	0.0
<i>Prior Probation Sentences</i>																
Total	(1,912)	100.0	(14)	100.0	(307)	100.0	(287)	100.0	(376)	100.0	(545)	100.0	(383)	100.0	(255)	100.0
None	(1,734)	90.7	(14)	100.0	(284)	92.5	(268)	93.4	(352)	93.6	(482)	88.4	(334)	87.2	(228)	89.4
One	(149)	7.8	(0)	0.0	(16)	5.2	(14)	4.9	(23)	6.1	(54)	9.9	(42)	11.0	(21)	8.2
Two	(24)	1.3	(0)	0.0	(7)	2.3	(4)	1.4	(1)	0.3	(5)	0.9	(7)	1.8	(6)	2.4
Three or more	(5)	0.3	(0)	0.0	(0)	0.0	(1)	0.3	(0)	0.0	(4)	0.7	(0)	0.0	(0)	0.0
<i>Prior Jail Sentences</i>																
Total	(1,912)	100.0	(14)	100.0	(307)	100.0	(287)	100.0	(376)	100.0	(545)	100.0	(383)	100.0	(255)	100.0
None	(1,828)	95.6	(14)	100.0	(303)	98.7	(272)	94.8	(367)	97.6	(505)	92.7	(367)	95.8	(242)	94.9
One	(69)	3.6	(0)	0.0	(4)	1.3	(11)	3.8	(9)	2.4	(29)	5.3	(16)	4.2	(12)	4.7
Two	(10)	0.5	(0)	0.0	(0)	0.0	(3)	1.0	(0)	0.0	(7)	1.3	(0)	0.0	(1)	0.4
Three or more	(5)	0.3	(0)	0.0	(0)	0.0	(1)	0.3	(0)	0.0	(4)	0.7	(0)	0.0	(0)	0.0
<i>Prior Prison Sentences</i>																
Total	(1,912)	100.0	(14)	100.0	(307)	100.0	(287)	100.0	(376)	100.0	(545)	100.0	(383)	100.0	(255)	100.0
None	(1,897)	99.2	(14)	100.0	(306)	99.7	(283)	98.6	(374)	99.5	(539)	98.9	(381)	99.5	(254)	99.6
One	(14)	0.7	(0)	0.0	(1)	0.3	(4)	1.4	(2)	0.5	(5)	0.9	(2)	0.5	(1)	0.4
Two	(1)	0.1	(0)	0.0	(0)	0.0	(0)	0.0	(0)	0.0	(1)	0.2	(0)	0.0	(0)	0.0
Three or more	(0)	0.0	(0)	0.0	(0)	0.0	(0)	0.0	(0)	0.0	(0)	0.0	(0)	0.0	(0)	0.0

**Table C1 Selected Attributes of Treatment Court Participants and Comparison Groups of Referred and Non-Referred Felony Drug Defendants, January 1998- November 1998 (Cont.)**

<i>Attributes</i>	<i>Referred Defendants</i>															
	<b>All Listed</b>		<b>Pending</b>		<b>Not in Need</b>		<b>No Show</b>		<b>Refused TC</b>		<b>Not Eligible</b>		<b>TC Participation</b>		<b>Presumptively Eligible</b>	
	(n)	Percent	(n)	Percent	(n)	Percent	(n)	Percent	(n)	Percent	(n)	Percent	(n)	Percent	(n)	Percent
<i>Prior VOPs</i>																
Total	(1,912)	100.0	(14)	100.0	(307)	100.0	(287)	100.0	(376)	100.0	(545)	100.0	(383)	100.0	(255)	100.0
None	(1,853)	96.9	(14)	100.0	(300)	97.7	(279)	97.2	(363)	96.5	(521)	95.6	(376)	98.2	(246)	96.5
One	(36)	1.9	(0)	0.0	(4)	1.3	(4)	1.4	(7)	1.9	(15)	2.8	(6)	1.6	(7)	2.7
Two	(14)	0.7	(0)	0.0	(2)	0.7	(1)	0.3	(4)	1.1	(6)	1.1	(1)	0.3	(1)	0.4
Three or more	(9)	0.5	(0)	0.0	(1)	0.0	(3)	1.0	(2)	0.5	(3)	0.6	(0)	0.0	(1)	0.4
<i>Prior VOPs (Last Three Years)</i>																
Total	(1,912)	100.0	(14)	100.0	(307)	100.0	(287)	100.0	(376)	100.0	(545)	100.0	(383)	100.0	(255)	100.0
None	(1,878)	98.2	(14)	100.0	(303)	98.7	(282)	98.3	(369)	98.1	(532)	97.6	(378)	98.7	(252)	98.8
One	(23)	1.2	(0)	0.0	(4)	1.3	(3)	1.0	(4)	1.1	(8)	1.5	(4)	1.0	(2)	0.8
Two	(11)	0.6	(0)	0.0	(0)	0.0	(2)	0.7	(3)	0.8	(5)	0.9	(1)	0.3	(1)	0.4
Three or more	(0)	0.0	(0)	0.0	(0)	0.0	(0)	0.0	(0)	0.0	(0)	0.0	(0)	0.0	(0)	0.0
<i>Prior FTAs</i>																
Total	(1,912)	100.0	(14)	100.0	(307)	100.0	(287)	100.0	(376)	100.0	(545)	100.0	(383)	100.0	(255)	100.0
None	(1,680)	87.9	(13)	92.9	(286)	93.2	(261)	90.9	(344)	91.5	(442)	81.1	(334)	87.2	(230)	90.2
One	(112)	5.9	(1)	7.1	(12)	3.9	(7)	2.4	(19)	5.1	(46)	8.4	(27)	7.0	(15)	5.9
Two	(52)	2.7	(0)	0.0	(3)	1.0	(5)	1.7	(6)	1.6	(26)	4.8	(12)	3.1	(3)	1.2
Three or more	(68)	3.6	(0)	0.0	(6)	2.0	(14)	4.9	(7)	1.9	(31)	5.7	(10)	2.6	(7)	2.7
<i>Prior FTAs (Last Three Years)</i>																
Total	(1,912)	100.0	(14)	100.0	(307)	100.0	(287)	100.0	(376)	100.0	(545)	100.0	(383)	100.0	(255)	100.0
None	(1,774)	92.8	(14)	100.0	(294)	95.8	(275)	95.8	(357)	94.9	(478)	87.7	(356)	93.0	(243)	95.3
One	(82)	4.3	(0)	0.0	(8)	2.6	(8)	2.8	(13)	3.5	(39)	7.2	(14)	3.7	(8)	3.1
Two	(27)	1.4	(0)	0.0	(3)	1.0	(1)	0.3	(2)	0.5	(14)	2.6	(7)	1.8	(1)	0.4
Three or more	(29)	1.5	(0)	0.0	(2)	0.7	(3)	1.0	(4)	1.1	(14)	2.6	(6)	1.6	(3)	1.2
<i>Prior Philadelphia Jail Stays</i>																
Total	(1,912)	100.0	(14)	100.0	(307)	100.0	(287)	100.0	(376)	100.0	(545)	100.0	(383)	100.0	(255)	100.0
None	(1,485)	77.7	(12)	85.7	(272)	88.6	(239)	83.3	(312)	83.0	(339)	62.2	(311)	81.2	(207)	81.2
One	(270)	14.1	(0)	0.0	(25)	8.1	(27)	9.4	(39)	10.4	(131)	24.0	(48)	12.5	(33)	12.9
Two	(101)	5.3	(1)	7.1	(8)	2.6	(9)	3.1	(18)	4.8	(47)	8.6	(18)	4.7	(9)	3.5
Three or more	(56)	2.9	(1)	7.1	(2)	0.7	(12)	4.2	(7)	1.9	(28)	5.1	(6)	1.6	(6)	2.4
<i>Prior Philadelphia Jail Stays (Last Three Years)</i>																
Total	(1,912)	100.0	(14)	100.0	(307)	100.0	(287)	100.0	(376)	100.0	(545)	100.0	(383)	100.0	(255)	100.0
None	(1,536)	80.3	(12)	85.7	(278)	90.6	(247)	86.1	(325)	86.4	(358)	65.7	(316)	82.5	(212)	83.1
One	(250)	13.1	(0)	0.0	(22)	7.2	(25)	8.7	(31)	8.2	(124)	22.8	(48)	12.5	(34)	13.3
Two	(93)	4.9	(1)	7.1	(6)	2.0	(10)	3.5	(15)	4.0	(46)	8.4	(15)	3.9	(5)	2.0
Three or more	(33)	1.7	(1)	7.1	(1)	0.3	(5)	1.7	(5)	1.3	(17)	3.1	(4)	1.0	(4)	1.6

**Table C1 Selected Attributes of Treatment Court Participants and Comparison Groups of Referred and Non-Referred Felony Drug Defendants, January 1998- November 1998 (Cont.)**

<i>Attributes</i>	<i>Referred Defendants</i>															
	<b>All Listed</b>		<b>Pending</b>		<b>Not in Need</b>		<b>No Show</b>		<b>Refused TC</b>		<b>Not Eligible</b>		<b>TC Participation</b>		<b>Presumptively Eligible</b>	
	(n)	Percent	(n)	Percent	(n)	Percent	(n)	Percent	(n)	Percent	(n)	Percent	(n)	Percent	(n)	Percent
<i>Prior Juvenile Arrests**</i>																
Total	(1,717)	100.0	(13)	100.0	(273)	100.0	(251)	100.0	(342)	100.0	(501)	100.0	(337)	100.0	(232)	100.0
None	(1,261)	73.4	(10)	76.9	(203)	74.4	(208)	82.9	(261)	76.3	(310)	61.9	(269)	79.8	(181)	78.0
One	(193)	11.2	(1)	7.7	(39)	14.3	(18)	7.2	(44)	12.9	(51)	10.2	(40)	11.9	(34)	14.7
Two	(135)	7.9	(2)	15.4	(17)	6.2	(17)	6.8	(21)	6.1	(58)	11.6	(20)	5.9	(12)	5.2
Three or more	(128)	7.5	(0)	0.0	(14)	5.1	(8)	3.2	(16)	4.7	(82)	16.4	(8)	2.4	(5)	2.2
<i>Most Serious Arrest Charge</i>																
Total	(456)	100.0	(3)	100.0	(70)	100.0	(43)	100.0	(81)	100.0	(191)	100.0	(68)	100.0	(51)	100.0
Serious person charge	(175)	38.4	(0)	0.0	(17)	24.3	(11)	25.6	(30)	37.0	(97)	50.8	(20)	29.4	(10)	19.6
Serious property charge	(24)	5.3	(2)	66.7	(6)	8.6	(4)	9.3	(4)	4.9	(7)	3.7	(1)	1.5	(2)	3.9
Felony theft charge	(66)	14.5	(0)	0.0	(10)	14.3	(2)	4.7	(10)	12.3	(25)	13.1	(19)	27.9	(10)	19.6
Misdemeanor drug charge	(14)	3.1	(0)	0.0	(2)	2.9	(1)	2.3	(4)	4.9	(3)	1.6	(4)	5.9	(2)	3.9
Felony drug charge	(133)	29.2	(1)	33.3	(25)	35.7	(20)	46.5	(24)	29.6	(48)	25.1	(15)	22.1	(16)	31.4
Weapon charge	(10)	2.2	(0)	0.0	(3)	4.3	(1)	2.3	(1)	1.2	(4)	2.1	(1)	1.5	(2)	3.9
<i>Felony or Misdemeanor Charge</i>																
Total	(456)	100.0	(3)	100.0	(70)	100.0	(43)	100.0	(81)	100.0	(191)	100.0	(68)	100.0	(51)	100.0
Misdemeanor charge	(54)	11.8	(0)	0.0	(9)	12.9	(6)	14.0	(13)	16.0	(14)	7.3	(12)	17.6	(12)	23.5
Felony charge	(402)	88.2	(3)	100.0	(61)	87.1	(37)	86.0	(68)	84.0	(177)	92.7	(56)	82.4	(39)	76.5
<i>Prior Juvenile Adjudications</i>																
Total	(1,717)	100.0	(13)	100.0	(273)	100.0	(251)	100.0	(342)	100.0	(501)	100.0	(337)	100.0	(232)	100.0
None	(1,403)	81.7	(12)	92.3	(224)	82.1	(228)	90.8	(287)	83.9	(351)	70.1	(301)	89.3	(200)	86.2
One	(162)	9.4	(1)	7.7	(30)	11.0	(13)	5.2	(38)	11.1	(54)	10.8	(26)	7.7	(24)	10.3
Two	(96)	5.6	(0)	0.0	(16)	5.9	(7)	2.8	(14)	4.1	(49)	9.8	(10)	3.0	(8)	3.4
Three or more	(56)	3.3	(0)	0.0	(3)	1.1	(3)	1.2	(3)	0.9	(47)	9.4	(0)	0.0	(0)	0.0
<i>Most Serious Adjudication</i>																
Total	(314)	100.0	(1)	100.0	(49)	100.0	(23)	100.0	(55)	100.0	(150)	100.0	(36)	100.0	(32)	100.0
Serious person charge	(46)	14.6	(0)	0.0	(3)	6.1	(0)	0.0	(8)	14.5	(35)	23.3	(0)	0.0	(0)	0.0
Serious property charge	(11)	3.5	(0)	0.0	(1)	2.0	(3)	13.0	(1)	1.8	(5)	3.3	(1)	2.8	(0)	0.0
Felony theft charge	(41)	13.1	(0)	0.0	(4)	8.2	(1)	4.3	(4)	7.3	(25)	16.7	(7)	19.4	(2)	6.3
Misdemeanor drug charge	(49)	15.6	(0)	0.0	(11)	22.4	(5)	21.7	(12)	21.8	(12)	8.0	(9)	25.0	(2)	6.3
Felony drug charge	(84)	26.8	(0)	0.0	(13)	26.5	(9)	39.1	(15)	27.3	(42)	28.0	(5)	13.9	(12)	37.5
Weapon charge	(9)	2.9	(0)	0.0	(1)	2.0	(0)	0.0	(2)	3.6	(6)	4.0	(0)	0.0	(0)	0.0
<i>Felony or Misdemeanor Adjudication</i>																
Total	(314)	100.0	(1)	100.0	(49)	100.0	(23)	100.0	(55)	100.0	(150)	100.0	(36)	100.0	(32)	100.0
Misdemeanor charge	(123)	39.2	(1)	33.3	(26)	53.1	(10)	43.5	(23)	41.8	(40)	26.7	(23)	63.9	(16)	50.0
Felony charge	(191)	60.8	(0)	0.0	(33)	46.9	(13)	56.5	(32)	58.2	(110)	73.3	(13)	36.1	(16)	50.0

**Table C1 Selected Attributes of Treatment Court Participants and Comparison Groups of Referred and Non-Referred Felony Drug Defendants, January 1998- November 1998 (Cont.)**

<i>Attributes</i>	<i>Referred Defendants</i>															
	<b>All Listed</b>		<b>Pending</b>		<b>Not in Need</b>		<b>No Show</b>		<b>Refused TC</b>		<b>Not Eligible</b>		<b>TC Participation</b>		<b>Presumptively Eligible</b>	
	(n)	Percent	(n)	Percent	(n)	Percent	(n)	Percent	(n)	Percent	(n)	Percent	(n)	Percent	(n)	Percent
<i>DHS Referrals</i>																
Total	(1,717)	100.0	(13)	100.0	(273)	100.0	(251)	100.0	(342)	100.0	(501)	100.0	(337)	100.0	(232)	100.0
None	(1,598)	93.1	(10)	76.9	(225)	93.4	(238)	94.8	(321)	93.9	(455)	90.8	(319)	94.7	(218)	94.0
One	(93)	5.4	(3)	23.1	(16)	5.9	(9)	3.6	(17)	5.0	(33)	6.6	(15)	4.5	(10)	4.3
Two	(23)	1.3	(0)	0.0	(2)	0.7	(3)	1.2	(4)	1.2	(11)	2.2	(3)	0.9	(2)	0.9
Three or more	(3)	0.2	(0)	0.0	(0)	0.0	(1)	0.4	(0)	0.0	(2)	0.4	(0)	0.0	(2)	0.9
<i>DHS Commitments</i>																
Total	(1,717)	100.0	(13)	100.0	(273)	100.0	(251)	100.0	(342)	100.0	(501)	100.0	(337)	100.0	(232)	100.0
None	(1,668)	97.1	(12)	92.3	(266)	97.4	(248)	98.8	(335)	98.0	(482)	96.2	(325)	96.4	(222)	95.7
One	(42)	2.4	(1)	7.7	(7)	2.6	(2)	0.8	(5)	1.5	(16)	3.2	(11)	3.3	(9)	3.9
Two	(6)	0.3	(0)	0.0	(0)	0.0	(0)	0.0	(2)	0.6	(3)	0.6	(1)	0.3	(1)	0.4
Three or more	(1)	0.1	(0)	0.0	(0)	0.0	(1)	0.4	(0)	0.0	(0)	0.0	(0)	0.0	(0)	0.0

**Table C2 Selected Assessment Attributes Self-Reported by Candidates Referred to the Philadelphia Treatment Court, 1998 through November 1999, by Study Group Classifications as of August 31, 2000**

<i>Attributes</i>	<i>Assessed Defendants</i>													
	<b>All Listed</b>		<b>Pending</b>		<b>Not in Need</b>		<b>No Show</b>		<b>Refused TC</b>		<b>Not Eligible</b>		<b>TC Participation</b>	
	(n)	Percent	(n)	Percent	(n)	Percent	(n)	Percent	(n)	Percent	(n)	Percent	(n)	Percent
	(1,145)	100.0	(11)	100.0	(192)	100.0	(85)	100.0	(293)	100.0	(181)	100.0	(383)	100.0
<i>Drug Use (Last 30 Days)</i>														
Total	(961)	100.0	(11)	100.0	(126)	100.0	(75)	100.0	(268)	100.0	(133)	100.0	(348)	100.0
No drug use reported	(210)	21.9	(4)	36.4	(74)	58.7	(8)	10.7	(33)	12.3	(20)	15.0	(71)	20.4
Alcohol	(392)	40.8	(3)	27.3	(28)	22.2	(37)	49.3	(127)	47.4	(57)	42.9	(140)	40.2
Marijuana	(559)	58.2	(5)	45.5	(28)	22.2	(51)	68.0	(187)	69.8	(82)	61.7	(206)	59.2
Cocaine or crack	(208)	21.6	(3)	27.3	(3)	2.4	(29)	38.7	(62)	23.1	(25)	18.8	(86)	24.7
Heroin or other opiates	(107)	11.1	(1)	9.1	(2)	1.6	(17)	22.7	(27)	10.1	(18)	13.5	(42)	12.1
Barbiturates or other sedatives	(70)	7.3	(1)	9.1	(2)	1.6	(6)	8.0	(22)	8.2	(19)	14.3	(20)	5.7
Amphetamines	(14)	1.5	(0)	0.0	(0)	0.0	(1)	1.3	(7)	2.6	(1)	0.8	(5)	1.4
Hallucinogens	(48)	5.0	(0)	0.0	(1)	0.8	(5)	6.7	(11)	4.1	(9)	6.8	(22)	6.3
<i>Drug Combinations (Last 30 Days)</i>														
Total	(961)	100.0	(11)	100.0	(126)	100.0	(75)	100.0	(268)	100.0	(133)	100.0	(348)	100.0
No Drug use reported	(210)	21.9	(4)	36.4	(74)	58.7	(8)	10.7	(33)	12.3	(20)	15.0	(71)	20.4
Alcohol only	(58)	6.0	(0)	0.0	(20)	15.9	(1)	1.3	(12)	4.5	(9)	6.8	(16)	4.6
Marijuana only	(203)	21.1	(3)	27.3	(19)	15.1	(17)	22.7	(65)	24.3	(31)	23.3	(68)	19.5
Alcohol and marijuana	(154)	16.0	(0)	0.0	(6)	4.8	(13)	17.3	(57)	21.3	(20)	15.0	(58)	16.7
Cocaine and other (no opiates)	(133)	13.8	(2)	18.2	(0)	0.0	(16)	21.3	(44)	16.4	(15)	11.3	(56)	16.1
Opiates and other (no cocaine)	(34)	3.5	(1)	9.1	(0)	0.0	(2)	2.7	(10)	3.7	(6)	4.5	(15)	4.3
Combo with cocaine and opiate	(53)	5.5	(0)	0.0	(1)	0.8	(12)	16.0	(12)	4.5	(7)	5.3	(21)	6.0
Other combinations and single drug use	(116)	12.1	(1)	9.1	(6)	4.8	(6)	8.0	(35)	13.1	(25)	18.8	(43)	12.4
<i>Drug Use (Lifetime)<sup>150</sup></i>														
No drug use reported	(64)	6.7	(1)	9.1	(55)	43.7	(2)	2.7	(1)	0.4	(1)	0.8	(4)	1.2
Alcohol	(609)	67.5	(5)	55.6	(41)	38.7	(50)	67.6	(181)	71.3	(93)	73.2	(239)	72.0
Marijuana	(742)	78.4	(8)	80.0	(45)	38.5	(59)	79.7	(231)	86.2	(108)	81.8	(291)	84.1
Cocaine or crack	(330)	34.9	(4)	36.4	(10)	8.1	(34)	47.2	(93)	35.2	(50)	38.2	(139)	40.4
Heroin or other opiates	(170)	17.9	(3)	27.3	(5)	4.0	(19)	25.7	(39)	14.6	(28)	21.2	(76)	22.3
Barbiturates or other sedatives	(141)	14.7	(1)	10.0	(5)	4.0	(10)	13.3	(40)	15.0	(31)	23.3	(54)	15.5
Amphetamines	(18)	1.9	(1)	9.1	(1)	0.8	(0)	0.0	(11)	4.2	(1)	0.8	(4)	1.1
Hallucinogens	(107)	11.4	(1)	9.1	(5)	4.0	(9)	12.3	(25)	9.6	(21)	16.5	(246)	13.5

<sup>50</sup> The total line has been removed for this category due to the variation in the samples. The total sample size for each group is as follows: no drug use (n=959), alcohol (n=902), marijuana (n=947), cocaine (n=946), opiates (n=950), sedatives (n=959), amphetamines (n=956), and hallucinogens (n=938).

**Table C2 Selected Assessment Attributes Self-Reported by Candidates Referred to the Philadelphia Treatment Court, 1998 through November 1999, by Study Group Classification as of August 31, 2000 (Cont.)**

<i>Attributes</i>	<i>Assessed Defendants</i>													
	<b>All Listed</b>		<b>Pending</b>		<b>Not in Need</b>		<b>No Show</b>		<b>Refused TC</b>		<b>Not Eligible</b>		<b>TC Participation</b>	
	(n)	Percent	(n)	Percent	(n)	Percent	(n)	Percent	(n)	Percent	(n)	Percent	(n)	Percent
<i>Drug Combinations (Lifetime)</i>														
Total	(959)	100.0	(11)	100.0	(126)	100.0	(75)	100.0	(268)	100.0	(133)	100.0	(346)	100.0
No Drug use reported	(64)	6.7	(1)	9.1	(55)	43.7	(2)	2.7	(1)	0.4	(1)	0.8	(4)	1.2
Alcohol only	(26)	2.7	(0)	0.0	(16)	12.7	(1)	1.3	(4)	1.5	(4)	3.0	(1)	0.3
Marijuana only	(140)	14.6	(3)	27.3	(23)	18.3	(10)	13.3	(39)	14.6	(17)	12.8	(48)	13.9
Alcohol and marijuana	(221)	23.0	(0)	0.0	(12)	9.5	(17)	22.7	(79)	29.5	(28)	21.1	(85)	24.6
Cocaine and other (no opiates)	(211)	22.0	(3)	27.3	(6)	4.8	(19)	25.3	(68)	25.4	(29)	21.8	(86)	24.9
Opiates and other (no cocaine)	(53)	5.5	(1)	9.1	(1)	0.8	(3)	4.0	(14)	5.2	(8)	6.0	(26)	7.5
Combo with cocaine and opiate	(103)	10.7	(1)	9.1	(2)	1.6	(14)	18.7	(21)	7.8	(18)	13.5	(47)	13.6
Other combinations and single drug use	(141)	14.7	(2)	18.2	(11)	8.7	(13)	17.3	(42)	15.7	(28)	21.1	(49)	14.2
<i>Money Spent (on Alcohol in the Last 30 Days)</i>														
Total	(643)	100.0	(7)	100.0	(86)	100.0	(47)	100.0	(180)	100.0	(81)	100.0	(242)	100.0
No	(505)	78.5	(5)	71.4	(76)	88.4	(34)	72.3	(138)	76.7	(55)	67.9	(197)	81.4
Yes	(138)	21.5	(2)	28.6	(10)	11.6	(13)	27.7	(42)	23.3	(26)	32.1	(45)	18.6
<i>Money Spent (on Drugs in the Last 30 Days)</i>														
Total	(708)	100.0	(7)	100.0	(89)	100.0	(54)	100.0	(201)	100.0	(95)	100.0	(262)	100.0
No	(380)	53.7	(3)	42.9	(75)	84.3	(21)	38.9	(99)	49.3	(43)	45.3	(139)	53.1
Yes	(328)	46.3	(4)	57.1	(14)	15.7	(33)	61.1	(102)	50.7	(52)	54.7	(123)	46.9
<i>Marital Status</i>														
Total	(914)	100.0	(9)	100.0	(84)	100.0	(72)	100.0	(270)	100.0	(135)	100.0	(344)	100.0
Married	(52)	5.7	(1)	11.1	(11)	13.1	(2)	2.8	(13)	4.8	(6)	4.4	(19)	5.5
Remarried	(4)	0.4	(0)	0.0	(1)	1.2	(0)	0.0	(1)	0.4	(1)	0.7	(1)	0.3
Widowed	(11)	1.2	(0)	0.0	(1)	1.2	(2)	2.8	(3)	1.1	(1)	0.7	(4)	1.2
Separated	(49)	5.4	(0)	0.0	(7)	8.3	(2)	2.8	(16)	5.9	(7)	5.2	(17)	4.9
Divorced	(34)	3.7	(0)	0.0	(1)	1.2	(2)	2.8	(7)	2.6	(6)	4.4	(18)	5.2
Never married	(764)	83.6	(8)	88.9	(63)	75.0	(64)	88.9	(230)	85.2	(114)	84.4	(285)	82.8
<i>Living Arrangements</i>														
Total	(909)	100.0	(9)	100.0	(86)	100.0	(69)	100.0	(263)	100.0	(136)	100.0	(346)	100.0
With partner and children	(125)	13.8	(2)	22.2	(18)	20.9	(9)	13.0	(36)	13.7	(19)	14.0	(41)	11.8
With children alone	(30)	3.3	(0)	0.0	(9)	10.5	(3)	4.3	(3)	1.1	(3)	2.2	(12)	3.5
Partner alone	(63)	6.9	(0)	0.0	(7)	8.1	(5)	7.2	(25)	9.5	(8)	5.9	(18)	5.2
Parents	(250)	27.5	(1)	11.1	(21)	24.4	(15)	21.7	(65)	24.7	(37)	27.2	(111)	32.1
Family	(293)	32.2	(5)	55.6	(21)	24.4	(20)	29.0	(86)	32.7	(50)	36.8	(111)	32.1
Friends	(24)	2.6	(1)	11.1	(3)	3.5	(5)	7.2	(6)	2.3	(2)	1.5	(7)	2.0
Alone	(96)	10.6	(0)	0.0	(6)	7.0	(11)	15.9	(36)	13.7	(11)	8.1	(32)	9.2
Controlled environment	(5)	0.6	(0)	0.0	(1)	1.2	(0)	0.0	(1)	0.4	(1)	0.4	(2)	0.6

**Table C2 Selected Assessment Attributes Self-Reported by Candidates Referred to the Philadelphia Treatment Court, 1998 through November 1999, by Study Group Classification as of August 31, 2000 (Cont.)**

<i>Attributes</i>	<i>Assessed Defendants</i>													
	<b>All Listed</b>		<b>Pending</b>		<b>Not in Need</b>		<b>No Show</b>		<b>Refused TC</b>		<b>Not Eligible</b>		<b>TC Participation</b>	
	(n)	Percent	(n)	Percent	(n)	Percent	(n)	Percent	(n)	Percent	(n)	Percent	(n)	Percent
No Stable arrangements	(23)	2.5	(0)	0.0	(0)	0.0	(1)	1.4	(5)	1.9	(5)	1.9	(12)	3.5
<i>Living with Someone Abusing</i>														
Total	(892)	100.0	(8)	100.0	(83)	100.0	(68)	100.0	(262)	100.0	(134)	100.0	(337)	100.0
Alcohol	(76)	8.5	(1)	12.5	(8)	9.5	(3)	4.3	(26)	10.0	(10)	7.5	(28)	8.4
Drugs	(50)	5.6	(2)	25.0	(4)	4.8	(2)	2.9	(18)	6.9	(11)	8.2	(13)	3.9
<i>Living in Controlled Environment (Last 30 Days)</i>														
Total	(1002)	100.0	(11)	100.0	(133)	100.0	(78)	100.0	(274)	100.0	(149)	100.0	(357)	100.0
No	(62)	6.2	(0)	0.0	(11)	8.3	(1)	1.3	(8)	2.9	(7)	4.7	(35)	9.8
Jail	(929)	92.7	(11)	100.0	(122)	91.7	(77)	98.7	(262)	95.6	(140)	94.0	(317)	88.8
Alcohol or drug treatment	(9)	0.9	(0)	0.0	(0)	0.0	(0)	0.0	(2)	0.7	(2)	1.3	(5)	1.4
Medical treatment	(1)	0.1	(0)	0.0	(0)	0.0	(0)	0.0	(1)	0.4	(0)	0.0	(0)	0.0
Other	(1)	0.1	(0)	0.0	(0)	0.0	(0)	0.0	(1)	0.4	(0)	0.0	(0)	0.0
<i>Days in Controlled Environment (Last 30 Days)</i>														
Total	(992)	100.0	(11)	100.0	(131)	100.0	(78)	100.0	(270)	100.0	(149)	100.0	(353)	100.0
Up to one day	(371)	37.4	(5)	45.5	(61)	46.6	(32)	41.0	(117)	43.3	(49)	32.9	(107)	30.3
2-3 days	(386)	38.9	(4)	36.4	(53)	40.5	(28)	35.9	(113)	41.9	(64)	43.0	(124)	35.1
4-7 days	(62)	6.3	(0)	0.0	(4)	3.1	(8)	10.3	(17)	6.3	(11)	7.4	(22)	6.2
8-15 days	(32)	3.2	(0)	0.0	(0)	0.0	(3)	3.8	(4)	1.5	(6)	4.0	(19)	5.4
16-30 days	(79)	8.0	(2)	18.2	(2)	1.5	(6)	7.7	(11)	4.1	(12)	8.1	(46)	13.0
<b>Education and Employment</b>														
<i>Level of Education Completed</i>														
Total	(969)	100.0	(10)	100.0	(120)	100.0	(73)	100.0	(120)	100.0	(273)	100.0	(351)	100.0
8 <sup>th</sup> grade or lower	(107)	11.0	(3)	30.0	(9)	7.5	(11)	15.1	(29)	10.6	(29)	10.6	(43)	12.3
9 <sup>th</sup> to 10 <sup>th</sup> grade	(291)	30.0	(3)	30.0	(39)	32.5	(22)	30.1	(80)	29.3	(80)	29.3	(96)	27.4
11 <sup>th</sup> grade	(187)	19.3	(0)	0.0	(23)	19.2	(14)	19.2	(52)	19.0	(52)	19.0	(73)	20.8
12 <sup>th</sup> grade	(313)	32.3	(3)	30.0	(42)	35.0	(22)	30.1	(91)	33.3	(91)	33.3	(116)	33.0
Post high school	(71)	7.3	(1)	10.0	(7)	5.8	(4)	5.5	(21)	7.7	(21)	7.7	(23)	6.6
<i>Employment Pattern (Last 3 Years)</i>														
Total	(963)	100.0	(10)	100.0	(115)	100.0	(73)	100.0	(271)	100.0	(142)	100.0	(352)	100.0
Full-time	(207)	21.5	(3)	30.0	(24)	20.9	(15)	20.5	(58)	21.4	(36)	25.4	(71)	20.2
Part-time (regular hours)	(99)	10.3	(1)	10.0	(10)	8.7	(4)	5.5	(34)	12.5	(8)	5.6	(42)	11.9
Part-time (irregular hours)	(43)	4.5	(1)	10.0	(2)	1.7	(5)	6.8	(16)	5.9	(7)	4.9	(12)	3.4
Student	(64)	6.6	(2)	20.0	(9)	7.8	(3)	4.1	(17)	6.3	(10)	7.0	(23)	6.5
Retired/disability	(32)	3.3	(1)	10.0	(3)	2.6	(0)	0.0	(7)	2.6	(5)	3.5	(16)	4.5
Unemployed	(517)	53.7	(2)	20.0	(67)	58.3	(46)	63.0	(139)	51.3	(75)	52.8	(188)	53.4
Controlled environment	(1)	0.1	(0)	0.0	(0)	0.0	(0)	0.0	(0)	0.0	(1)	0.7	(0)	0.0



**Table C2 Selected Assessment Attributes Self-Reported by Candidates Referred to the Philadelphia Treatment Court, 1998 through November 1999, by Study Group Classification as of August 31, 2000 (Cont.)**

<i>Attributes</i>	<i>Assessed Defendants</i>													
	<b>All Listed</b>		<b>Pending</b>		<b>Not in Need</b>		<b>No Show</b>		<b>Refused TC</b>		<b>Not Eligible</b>		<b>TC Participation</b>	
	(n)	Percent	(n)	Percent	(n)	Percent	(n)	Percent	(n)	Percent	(n)	Percent	(n)	Percent
<i>Days Paid for Working (Last 30 Days)</i>														
Total	(774)	100.0	(9)	100.0	(98)	100.0	(57)	100.0	(210)	100.0	(118)	100.0	(282)	100.0
None	(618)	79.8	(4)	44.4	(85)	86.7	(48)	84.2	(172)	81.9	(95)	80.5	(214)	75.9
1-7 days	(21)	2.7	(0)	0.0	(4)	4.1	(1)	1.8	(6)	2.9	(3)	2.5	(7)	2.5
8-15 days	(41)	5.3	(0)	0.0	(5)	5.1	(1)	1.8	(18)	8.6	(4)	3.4	(13)	4.6
16-29 days	(42)	5.4	(3)	33.3	(3)	3.1	(4)	7.0	(10)	4.8	(9)	7.6	(13)	4.6
All 30 days	(52)	6.7	(2)	22.2	(1)	1.0	(3)	5.3	(4)	1.9	(7)	5.9	(35)	12.4
<i>Primary Income (Last 30 Days)</i>														
Total	(962)	100.0	(10)	100.0	(115)	100.0	(73)	100.0	(271)	100.0	(142)	100.0	(351)	100.0
No money received	(505)	52.5	(2)	20.0	(54)	47.0	(37)	50.7	(139)	51.3	(74)	52.1	(199)	56.7
Employment	(227)	23.6	(5)	50.0	(24)	20.9	(13)	17.8	(74)	27.3	(29)	20.4	(82)	23.4
Unemployment compensation	(3)	0.3	(0)	0.0	(0)	0.0	(1)	1.4	(0)	0.0	(1)	0.7	(1)	0.3
DPA	(89)	9.3	(0)	0.0	(17)	14.8	(11)	15.1	(22)	8.1	(13)	9.2	(26)	7.4
Pension/benefits/SS	(57)	5.9	(2)	20.0	(9)	7.8	(1)	1.4	(12)	4.4	(11)	7.7	(22)	6.3
Family/friends	(55)	5.7	(0)	0.0	(8)	7.0	(4)	5.5	(18)	6.6	(9)	6.3	(16)	4.6
Illegal means	(26)	2.7	(1)	10.0	(3)	2.6	(6)	8.2	(6)	2.2	(5)	3.5	(5)	1.4
<i>Median Income (Last 30 Days)</i>														
Total	(962)	0.0	(10)	475.0	(115)	80.0	(73)	0.0	(271)	0.0	(142)	0.0	(351)	0.0
<b>Legal Status</b>														
<i>Prior Convictions</i>														
Total	(982)	100.0	(10)	100.0	(129)	100.0	(75)	100.0	(271)	100.0	(145)	100.0	(352)	100.0
None	(778)	79.2	(7)	70.0	(118)	91.5	(66)	88.0	(225)	83.0	(108)	74.5	(254)	72.2
One	(167)	17.0	(2)	20.0	(8)	6.2	(9)	12.0	(38)	14.0	(27)	18.6	(83)	23.6
Two	(31)	3.2	(1)	10.0	(3)	2.3	(0)	0.0	(6)	2.2	(8)	5.5	(13)	3.7
Three or more	(6)	0.6	(0)	0.0	(0)	0.0	(0)	0.0	(2)	0.7	(2)	1.4	(2)	0.6
<i>Time Incarcerated (Life)</i>														
Total	(982)	100.0	(10)	100.0	(129)	100.0	(75)	100.0	(271)	100.0	(145)	100.0	(352)	100.0
Not incarcerated	(801)	81.6	(7)	70.0	(120)	93.0	(59)	78.7	(229)	84.5	(107)	73.8	(279)	79.3
1-2 months	(87)	8.9	(2)	20.0	(4)	3.1	(8)	10.7	(19)	7.0	(17)	11.7	(37)	10.5
3-6 months	(38)	3.9	(0)	0.0	(1)	0.8	(4)	5.3	(7)	2.6	(7)	4.8	(19)	5.4
7-12 months	(18)	1.8	(1)	10.0	(0)	0.0	(1)	1.3	(4)	1.5	(6)	4.1	(6)	1.7
13-24 months	(19)	1.9	(0)	0.0	(2)	1.6	(0)	0.0	(5)	1.8	(7)	4.8	(5)	1.4
More than 24 months	(19)	1.9	(0)	0.0	(0)	1.6	(3)	4.0	(7)	2.6	(1)	0.7	(6)	1.7
<i>Time Incarcerated (Last 30 Days)</i>														
Total	(978)	100.0	(10)	100.0	(129)	100.0	(75)	100.0	(270)	100.0	(144)	100.0	(350)	100.0
Not incarcerated	(225)	23.0	(3)	30.0	(60)	46.5	(14)	18.7	(48)	17.8	(32)	22.2	(68)	19.4

**Table C2 Selected Assessment Attributes Self-Reported by Candidates Referred to the Philadelphia Treatment Court, 1998 through November 1999, by Study Group Classification as of August 31, 2000 (Cont.)**

<i>Attributes</i>	<i>Assessed Defendants</i>													
	<b>All Listed</b>		<b>Pending</b>		<b>Not in Need</b>		<b>No Show</b>		<b>Refused TC</b>		<b>Not Eligible</b>		<b>TC Participation</b>	
	(n)	Percent	(n)	Percent	(n)	Percent	(n)	Percent	(n)	Percent	(n)	Percent	(n)	Percent
1 day	(297)	30.4	(2)	20.0	(34)	26.4	(25)	33.3	(107)	39.6	(37)	25.7	(92)	26.3
2 days	(227)	23.2	(2)	20.0	(21)	16.3	(18)	24.0	(67)	24.8	(34)	23.6	(85)	24.3
3-7 days	(127)	13.0	(1)	10.0	(11)	8.5	(10)	13.3	(35)	13.0	(25)	17.4	(45)	12.9
8-15 days	(30)	3.1	(0)	0.0	(1)	0.8	(3)	4.0	(4)	1.5	(4)	2.8	(18)	5.1
16-30 days	(72)	7.4	(2)	20.0	(2)	1.6	(5)	6.7	(9)	3.3	(12)	8.3	(42)	12.0
<i>Currently on Probation/Parole</i>														
Total	(884)	100.0	(8)	100.0	(84)	100.0	(71)	100.0	(251)	100.0	(132)	100.0	(338)	100.0
No	(788)	89.1	(7)	87.5	(76)	90.5	(64)	90.1	(228)	90.8	(116)	87.9	(297)	87.9
Yes	(96)	10.9	(1)	12.5	(8)	9.5	(7)	9.9	(23)	9.2	(16)	12.1	(41)	12.1
<i>Most Serious Arrest, Charge Type, Awaiting Trial</i>														
Total	(856)	100.0	(7)	100.0	(75)	100.0	(67)	100.0	(247)	100.0	(126)	100.0	(334)	100.0
Drug charges	(836)	97.7	(7)	100.0	(68)	90.7	(67)	100.0	(243)	98.4	(120)	95.2	(331)	99.1
Burglary, larceny, or B&E	(1)	0.1	(0)	0.0	(0)	0.0	(0)	0.0	(0)	0.0	(0)	0.0	(1)	0.3
Forgery	(1)	0.1	(0)	0.0	(0)	0.0	(0)	0.0	(0)	0.0	(1)	0.8	(0)	0.0
Shoplifting/vandalism	(2)	0.2	(0)	0.0	(1)	1.3	(0)	0.0	(0)	0.0	(0)	0.0	(1)	0.3
Assault	(0)	0.0	(0)	0.0	(0)	0.0	(0)	0.0	(0)	0.0	(0)	0.0	(0)	0.0
Robbery	(0)	0.0	(0)	0.0	(0)	0.0	(0)	0.0	(0)	0.0	(0)	0.0	(0)	0.0
Other	(16)	10.0	(0)	0.0	(5)	6.7	(0)	0.0	(4)	1.6	(5)	4.0	(1)	0.3
<b>Medical Status</b>														
<i>Chronic Medical Conditions</i>														
Total	(987)	100.0	(11)	100.0	(123)	100.0	(77)	100.0	(276)	100.0	(149)	100.0	(351)	100.0
No	(694)	70.3	(10)	90.9	(79)	64.2	(54)	70.1	(199)	72.1	(101)	67.8	(251)	71.5
Yes	(293)	29.7	(1)	9.1	(44)	35.8	(23)	29.9	(77)	27.9	(48)	32.2	(100)	28.5
<i>Prior Hospitalizations</i>														
Total	(978)	100.0	(11)	100.0	(121)	100.0	(77)	100.0	(271)	100.0	(149)	100.0	(349)	100.0
None	(717)	73.3	(10)	90.9	(79)	65.3	(50)	64.9	(204)	75.3	(112)	75.2	(262)	75.1
One	(147)	15.0	(1)	9.1	(22)	18.2	(14)	18.2	(43)	15.9	(19)	12.8	(48)	13.8
Two	(40)	4.1	(0)	0.0	(9)	7.4	(3)	3.9	(11)	4.1	(7)	4.7	(10)	2.9
Three or more	(74)	7.6	(0)	0.0	(11)	9.1	(10)	13.0	(13)	4.8	(11)	7.4	(29)	8.3
<i>Currently on Prescribed Medication</i>														
Total	(988)	100.0	(11)	100.0	(123)	100.0	(77)	100.0	(272)	100.0	(150)	100.0	(355)	100.0
No	(807)	81.7	(11)	100.0	(91)	74.0	(65)	84.4	(229)	84.2	(125)	83.3	(286)	80.6
Yes	(181)	18.3	(0)	0.0	(32)	26.0	(12)	15.6	(43)	15.8	(25)	16.7	(69)	19.4
<b>Mental Status</b>														
<i>Serious Depression</i>														
Total	(923)	100.0	(9)	100.0	(86)	100.0	(74)	100.0	(267)	100.0	(138)	100.0	(349)	100.0

**Table C2 Selected Assessment Attributes Self-Reported by Candidates Referred to the Philadelphia Treatment Court, 1998 through November 1999, by Study Group Classification as of August 31, 2000 (Cont.)**

<i>Assessed Defendants</i>														
<i>Attributes</i>	<b>All Listed</b>		<b>Pending</b>		<b>Not in Need</b>		<b>No Show</b>		<b>Refused TC</b>		<b>Not Eligible</b>		<b>TC Participation</b>	
	(n)	Percent	(n)	Percent	(n)	Percent	(n)	Percent	(n)	Percent	(n)	Percent	(n)	Percent
No	(303)	32.8	(3)	33.3	(46)	53.5	(24)	32.4	(91)	34.1	(45)	32.6	(94)	26.9
Yes (last 30 days)	(410)	44.4	(3)	33.3	(29)	33.7	(36)	48.6	(113)	42.3	(64)	46.4	(165)	47.3
Yes (not last 30 days)	(620)	67.2	(6)	66.7	(40)	46.5	(50)	67.6	(176)	65.9	(93)	67.4	(255)	73.1
<i>Anxiety or Tension</i>														
Total	(923)	100.0	(9)	100.0	(86)	100.0	(74)	100.0	(267)	100.0	(138)	100.0	(349)	100.0
No	(359)	38.9	(6)	66.7	(55)	64.0	(28)	37.8	(109)	40.8	(46)	33.3	(115)	33.0
Yes (last 30 days)	(400)	43.3	(3)	33.3	(20)	23.3	(33)	44.6	(115)	43.1	(70)	50.7	(159)	45.6
Yes (not last 30 days)	(564)	61.1	(3)	33.3	(31)	36.0	(46)	62.2	(158)	59.2	(92)	66.7	(234)	67.0
<i>Hallucinations</i>														
Total	(923)	100.0	(9)	100.0	(86)	100.0	(74)	100.0	(267)	100.0	(138)	100.0	(349)	100.0
No	(835)	90.5	(8)	88.9	(77)	89.5	(64)	86.5	(241)	90.3	(121)	87.7	(324)	92.8
Yes (last 30 days)	(41)	4.4	(0)	0.0	(7)	8.1	(7)	9.5	(12)	4.5	(5)	3.6	(10)	2.9
Yes (not last 30 days)	(88)	9.5	(1)	11.1	(9)	10.5	(10)	13.5	(26)	9.7	(17)	12.3	(25)	7.2
<i>Trouble Concentration/Remembering</i>														
Total	(923)	100.0	(9)	100.0	(86)	100.0	(74)	100.0	(267)	100.0	(138)	100.0	(349)	100.0
No	(609)	66.0	(6)	66.7	(71)	82.6	(48)	64.9	(170)	63.7	(83)	60.1	(231)	66.2
Yes (last 30 days)	(163)	17.7	(1)	11.1	(7)	8.1	(14)	18.9	(51)	19.1	(31)	22.5	(59)	16.9
Yes (not last 30 days)	(314)	34.0	(3)	33.3	(15)	17.4	(26)	35.1	(97)	36.3	(55)	39.9	(118)	33.8
<i>Problems Controlling Violent Behavior</i>														
Total	(923)	100.0	(9)	100.0	(86)	100.0	(74)	100.0	(267)	100.0	(138)	100.0	(349)	100.0
No	(761)	82.4	(8)	88.9	(80)	93.0	(60)	81.1	(215)	80.5	(111)	80.4	(287)	82.2
Yes (last 30 days)	(55)	6.0	(0)	0.0	(3)	3.5	(7)	9.5	(16)	6.0	(14)	10.1	(15)	4.3
Yes (not last 30 days)	(162)	17.6	(1)	11.1	(6)	7.0	(14)	18.9	(52)	19.5	(27)	19.6	(62)	17.8
<i>Serious Thoughts of Suicide</i>														
Total	(923)	100.0	(9)	100.0	(86)	100.0	(74)	100.0	(267)	100.0	(138)	100.0	(349)	100.0
No	(744)	80.6	(7)	77.8	(71)	82.6	(59)	79.7	(219)	82.0	(113)	81.9	(275)	78.8
Yes (last 30 days)	(32)	3.5	(0)	0.0	(1)	1.2	(5)	6.8	(11)	4.1	(4)	2.9	(11)	3.2
Yes (not last 30 days)	(179)	19.4	(2)	22.2	(15)	17.4	(15)	20.3	(48)	18.0	(25)	18.1	(74)	21.2
<i>Attempted Suicide</i>														
Total	(923)	100.0	(9)	100.0	(86)	100.0	(74)	100.0	(267)	100.0	(138)	100.0	(349)	100.0
No	(817)	88.5	(9)	100.0	(78)	90.7	(62)	83.8	(241)	90.3	(121)	87.7	(306)	87.7
Yes (last 30 days)	(9)	1.0	(0)	0.0	(0)	0.0	(1)	1.4	(3)	1.1	(3)	2.2	(2)	0.6
Yes (not last 30 days)	(106)	11.5	(0)	0.0	(8)	9.3	(12)	16.2	(26)	9.7	(17)	12.3	(43)	12.3
<i>Hospitalized for Psychological Problems</i>														
Total	(916)	100.0	(9)	100.0	(86)	100.0	(73)	100.0	(267)	100.0	(136)	100.0	(345)	100.0
None	(861)	94.0	(9)	100.0	(81)	94.2	(69)	94.5	(252)	94.4	(124)	91.2	(326)	94.5

**Table C2 Selected Assessment Attributes Self-Reported by Candidates Referred to the Philadelphia Treatment Court, 1998 through November 1999, by Study Group Classification as of August 31, 2000 (Cont.)**

<i>Attributes</i>	<i>Assessed Defendants</i>													
	<b>All Listed</b>		<b>Pending</b>		<b>Not in Need</b>		<b>No Show</b>		<b>Refused TC</b>		<b>Not Eligible</b>		<b>TC Participation</b>	
	(n)	Percent	(n)	Percent	(n)	Percent	(n)	Percent	(n)	Percent	(n)	Percent	(n)	Percent
One	(34)	3.7	(0)	0.0	(4)	4.7	(2)	2.7	(9)	3.4	(8)	5.9	(11)	3.2
Two	(11)	1.2	(0)	0.0	(0)	0.0	(0)	0.0	(5)	1.9	(2)	1.5	(4)	1.2
Three or more	(10)	1.1	(0)	0.0	(1)	1.2	(2)	2.7	(1)	0.4	(2)	1.5	(4)	1.2
<i>Taking Psychotropic Medication</i>														
Total	(923)	100.0	(9)	100.0	(86)	100.0	(74)	100.0	(267)	100.0	(138)	100.0	(345)	100.0
Never	(823)	89.2	(8)	88.9	(74)	86.0	(66)	89.2	(242)	90.6	(115)	83.3	(318)	92.2
Yes (last 30 days)	(35)	3.8	(0)	0.0	(9)	10.5	(2)	2.7	(7)	2.6	(11)	8.0	(6)	1.7
Yes (not last 30 days)	(100)	10.8	(1)	11.1	(12)	14.0	(8)	10.8	(25)	9.4	(23)	16.7	(31)	8.9
<i>Experienced Abuse (Lifetime)</i>														
Total	(909)	100.0	(9)	100.0	(84)	100.0	(71)	100.0	(264)	100.0	(135)	100.0	(346)	100.0
Self-reported abuse	(172)	18.9	(1)	11.1	(12)	14.3	(10)	14.1	(52)	19.7	(23)	17.0	(74)	21.4
Physical abuse	(152)	16.7	(1)	11.1	(11)	13.1	(10)	14.1	(45)	17.0	(20)	14.8	(65)	18.8
Sexual abuse	(77)	8.5	(1)	11.1	(7)	8.3	(5)	7.0	(18)	6.8	(12)	8.9	(34)	9.8
<b>Treatment Importance</b>														
<i>Employment Problems</i>														
Total	(649)	100.0	(8)	100.0	(80)	100.0	(43)	100.0	(190)	100.0	(88)	100.0	(240)	100.0
Not at all	(179)	27.6	(4)	50.0	(26)	32.5	(10)	23.3	(49)	25.8	(23)	26.1	(67)	27.9
Slightly	(50)	7.7	(0)	0.0	(12)	15.0	(4)	9.3	(13)	6.8	(8)	9.1	(13)	5.4
Moderately	(73)	11.2	(2)	25.0	(8)	10.0	(4)	9.3	(24)	12.6	(12)	13.6	(23)	9.6
Considerably	(67)	10.3	(0)	0.0	(9)	11.3	(7)	16.3	(18)	9.5	(9)	10.2	(24)	10.0
Extremely	(280)	43.1	(2)	25.0	(25)	31.3	(18)	41.9	(86)	45.3	(36)	40.9	(113)	47.1
<i>Family Problems</i>														
Total	(869)	100.0	(8)	100.0	(82)	100.0	(64)	100.0	(248)	100.0	(133)	100.0	(334)	100.0
Not at all	(408)	47.0	(3)	37.5	(63)	76.8	(29)	45.3	(121)	48.8	(55)	41.4	(137)	41.0
Slightly	(25)	2.9	(2)	25.0	(3)	3.7	(1)	1.6	(5)	2.0	(5)	3.8	(9)	2.7
Moderately	(158)	18.2	(1)	12.5	(4)	4.9	(18)	28.1	(45)	18.1	(23)	17.3	(67)	20.1
Considerably	(59)	6.8	(0)	0.0	(6)	7.3	(3)	4.7	(16)	6.5	(14)	10.5	(20)	6.0
Extremely	(219)	25.2	(2)	25.0	(6)	7.3	(13)	20.3	(61)	24.6	(36)	27.1	(101)	30.2
<i>Legal Problems</i>														
Total	(677)	100.0	(7)	100.0	(70)	100.0	(50)	100.0	(202)	100.0	(94)	100.0	(254)	100.0
Not at all	(77)	11.4	(1)	14.3	(15)	21.4	(3)	6.0	(23)	11.4	(9)	9.6	(26)	10.2
Slightly	(15)	2.2	(0)	0.0	(4)	5.7	(3)	6.0	(2)	1.0	(2)	2.1	(4)	1.6
Moderately	(39)	5.8	(1)	14.3	(4)	5.7	(3)	6.0	(12)	5.9	(8)	8.5	(11)	4.3
Considerably	(70)	10.3	(2)	28.6	(8)	11.4	(3)	6.0	(18)	8.9	(13)	13.8	(26)	10.2
Extremely	(476)	70.3	(3)	42.9	(39)	55.7	(38)	76.0	(147)	72.8	(62)	66.0	(187)	73.6

**Table C2 Selected Assessment Attributes Self-Reported by Candidates Referred to the Philadelphia Treatment Court, 1998 through November 1999, by Study Group Classification as of August 31, 2000 (Cont.)**

<i>Attributes</i>	<i>Assessed Defendants</i>													
	<i>All Listed</i>		<i>Pending</i>		<i>Not in Need</i>		<i>No Show</i>		<i>Refused TC</i>		<i>Not Eligible</i>		<i>TC Participation</i>	
	(n)	Percent	(n)	Percent	(n)	Percent	(n)	Percent	(n)	Percent	(n)	Percent	(n)	Percent
<i>Medical Problems</i>														
Total	(977)	100.0	(10)	100.0	(120)	100.0	(75)	100.0	(272)	100.0	(149)	100.0	(351)	100.0
Not at all	(821)	84.0	(10)	0.0	(94)	78.3	(61)	81.3	(237)	87.1	(122)	81.9	(297)	84.6
Slightly	(20)	2.0	(0)	0.0	(3)	2.5	(3)	4.0	(5)	1.8	(4)	2.7	(5)	1.4
Moderately	(44)	4.5	(0)	0.0	(7)	5.8	(1)	1.3	(13)	4.8	(8)	5.4	(15)	4.3
Considerably	(26)	2.7	(0)	0.0	(1)	0.8	(3)	4.0	(7)	2.6	(4)	2.7	(11)	3.1
Extremely	(66)	6.8	(0)	0.0	(15)	12.5	(7)	9.3	(10)	3.7	(11)	7.4	(23)	6.6
<i>Psychological Problems</i>														
Total	(875)	100.0	(9)	100.0	(80)	100.0	(65)	100.0	(256)	100.0	(131)	100.0	(334)	100.0
Not at all	(622)	71.1	(6)	66.7	(56)	70.0	(43)	66.2	(188)	73.4	(93)	71.0	(236)	70.7
Slightly	(24)	2.7	(0)	0.0	(2)	2.5	(3)	4.6	(6)	2.3	(2)	1.5	(11)	3.3
Moderately	(114)	13.0	(2)	22.2	(11)	13.8	(8)	12.3	(29)	11.3	(18)	13.7	(46)	13.8
Considerably	(48)	5.5	(1)	11.1	(5)	6.3	(6)	9.2	(19)	7.4	(6)	4.6	(11)	3.3
Extremely	(67)	7.7	(0)	0.0	(6)	7.5	(5)	7.7	(14)	5.5	(12)	9.2	(30)	9.0
<i>Alcohol Problems</i>														
Total	(891)	100.0	(8)	100.0	(91)	100.0	(70)	100.0	(259)	100.0	(131)	100.0	(332)	100.0
Not at all	(428)	48.0	(4)	50.0	(76)	83.5	(35)	50.0	(113)	43.6	(64)	48.9	(136)	41.0
Slightly	(43)	4.8	(0)	0.0	(3)	3.3	(3)	4.3	(17)	6.6	(6)	4.6	(14)	4.2
Moderately	(132)	14.8	(1)	12.5	(4)	4.4	(11)	15.7	(47)	18.1	(16)	12.2	(53)	16.0
Considerably	(58)	6.5	(0)	0.0	(3)	3.3	(8)	11.4	(19)	7.3	(6)	4.6	(22)	6.6
Extremely	(230)	25.8	(3)	37.5	(5)	5.5	(13)	18.6	(63)	24.3	(39)	29.8	(107)	32.2
<i>Drug Problems</i>														
Total	(839)	100.0	(8)	100.0	(85)	100.0	(62)	100.0	(85)	100.0	(253)	100.0	(309)	100.0
Not at all	(155)	18.5	(1)	12.5	(65)	76.5	(6)	9.7	(35)	41.2	(21)	17.2	(27)	8.7
Slightly	(29)	3.5	(0)	0.0	(5)	5.9	(2)	3.2	(11)	13.0	(3)	2.5	(8)	2.6
Moderately	(49)	5.8	(0)	0.0	(1)	1.2	(3)	4.8	(18)	21.4	(9)	7.4	(18)	5.8
Considerably	(79)	9.4	(0)	0.0	(2)	2.4	(8)	12.9	(22)	26.2	(8)	6.6	(39)	12.6
Extremely	(527)	62.8	(7)	87.5	(12)	14.1	(43)	69.4	(167)	19.9	(81)	66.4	(217)	70.2