

OFFICE OF THE UTAH STATE AUDITOR

AUDIT BRIEF

A Performance Audit of Utah's Felony Drug Court Program

Improved Data Collection, Coordination, and Oversight will Enhance Program Results

Felony drug court (FDC) programs, when administered effectively, are a collaborative approach to rehabilitate substance abusers at the lowest cost while focusing on the most effective forms of treatment. FDCs utilize community resources rather than costly and less effective treatment substance abusers receive while incarcerated. National data suggests that FDCs are most effective when participants have a high need of treatment and pose a high risk to society, as shown below.



Source: Treatment Research Institute RANT® tool

<u>Finding 1: Insufficient Data Limits Full-Scale Review of Utah Drug Court</u> Effectiveness

Despite requirements in Judicial Rules, the Administrative Office of the Courts (AOC) does not collect recidivism or relapse data, nor does the AOC track sanction statistics. Additionally, demographic data collected by the Division of Substance Abuse and Mental Health (DSAMH) is incomplete, unverified, and unreliable. Improved data collection and analysis could maximize the benefits from Utah's FDCs for its participants.

While national data supports the positive effect of drug courts, state-specific data and analysis will further improve Utah's FDCs and help to ensure that proper treatment is given to participants. The state's Commission on Criminal and Juvenile Justice could provide expertise and analysis that could further strengthen drug court procedures and processes.

Drug Court Facts

States with Drug Courts: 50

Number of National Drug

Courts: 2,700+

Types of Utah Drug Courts: Adult Felony, Family, & Juvenile

Number of Utah FDCs: 25

Utah FDC Participants: 1,500+

Average Annual Cost/FDC Participant in Utah: \$5,800

<u>Finding 2: Better Coordination with the Department of Workforce Services (DWS) Could Improve</u> Individual Outcomes and Reduce State Costs

Employed participants are up to 30 percent more likely to successfully complete the FDC program than unemployed participants. Coordination with workforce development specialists could improve FDC participants' rate of employment, which would increase program success.

Coordination with medical insurance, including Medicaid, could create funding for an additional 113 FDC participants per year. Treating additional eligible clients could further reduce incarceration costs by more than \$3.1 million per year, as shown below.

Additional FDC Slots Available	Annual Incarceration Cost	Total Savings
113	\$28,000	\$3,164,000

Source: OSA Analysis

Finding 3: Better Oversight of Drug Courts May Reduce Risk and Improve Outcomes

Centralized AOC oversight and a more rigorous certification process could help to promote effective drug court practices in the 25 Utah FDCs. Best practices required for FDC certification are applied inconsistently, limiting FDC team training and focus on evidence-based practices.

Administering an assessment which defines the risk and needs level of all non-violent offenders at the time of arrest could improve individual treatment outcomes, reduce recidivism, and decrease incarceration costs. Currently many participants receive the assessment after an initial screening by prosecutors, which increases the risk of missing eligible participants in the target population.

Finding 4: Focus on Variables Influencing Program Success Could Improve Drug Court Outcomes

DSAMH could improve FDC treatment success by focusing on key variables from Utah's drug court population that increase the likelihood of successful program completion. Though DSAMH cannot control all variables affecting successful completion of the FDC program, analysis of data and trends could help identify successful practices. In addition to employment mentioned above, such variables that indicate success include: stable housing, full-time employment, an effective provider, and increased age and education.

Key Recommendations to the AOC:

- Collect and analyze key data, including sanctions
- Establish clear lines of responsibility
- Encourage FDCs to refer clients to DWS services
- Improve FDC certification and review process
- Communicate FDC expectations to clients
- Coordinate FDC training

Key Recommendations to the DSAMH:

- Verify accuracy of data
- Establish clear lines of responsibility
- Release annual report with key data
- Analyze treatment statistics