



Are Drug Courts the Answer? In Ohio, it's Hard to Tell: **A Snapshot of the System**

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Introduction

Across Ohio, in our Statehouse, our courtrooms, our jails and prisons, and on our streets, drug courts are promoted as a significant answer to drug crimes and the treatment of substance use disorders. Because drug courts are so popular among judges who wield much influence on public policy when they speak on such matters, many take their word regarding drug courts' crucial role.

Anecdotally, there is no doubt drug courts help some people, judging from directly impacted people who share their positive experiences. But anecdotes alone should not drive significant policy decisions and major expenditures without consistent data and research to determine the effectiveness of Ohio's drug courts.

In 2021, basic questions about how drug courts in our state operate and their effectiveness remain unknown or hidden from public view. What is the criteria for admission to Ohio's drug courts? Who does this criteria leave out? How many recidivate, and how do drug courts define recidivism? Do drug courts help white Ohioans more than (or less than) people of color? Which local courts are more successful than others? How do courts define success? What useful data is not tracked by drug courts and why?

Without the ability to analyze drug courts across Ohio or compare them to each other, how drug courts operate, what they do right, and what they do wrong is hard to determine. Ohioans must have access to actual data and evidence.

Are Drug Courts the Answer? In Ohio, it's Hard to Tell: A

Snapshot of the System is a new report that is not meant to comprehensively analyze the effectiveness of Ohio's drug courts. Instead, the goal is to highlight all that we do not know about drug courts, to caution against making major policy and financial decisions based on assumptions, and to urge better and broader data collection and reporting. Only then can we have a complete conversation about the role and operation of drug courts across Ohio.

Drug courts are supposed to offer participants an opportunity for community-based substance use disorder treatment and, in many cases, reduced or dismissed charges upon successful completion of treatment.

Background

Millions of state and federal dollars support Ohio's drug courts. In October 2019, Governor Mike DeWine allocated \$7.5 million toward opening 30 more drug courts throughout Ohio.ⁱ **Currently, there are 135 specialized adult and juvenile drug court dockets in Ohio.**ⁱⁱ Tennessee, comparatively, has only 57 adult or juvenile drug courts.ⁱⁱⁱ **Unlike Tennessee, Ohio (until July 2019) did not require drug courts to track any data to demonstrate the operation and effectiveness of drug courts** (see Appendix B). The tracking systems Ohio drug courts used during the 2017 and 2018 calendar years were difficult to access, lacked uniformity across the state, and were overly complicated.

Requiring Ohio drug courts to track participant eligibility, demographics, and graduation and recidivism rates will increase understanding of the effectiveness and weaknesses of drug courts. This is critically important as Ohio devotes many resources to drug courts and their role in the criminal legal system is consistently promoted. That's why the ACLU of Ohio decided it was important to investigate Ohio drug court data, tracking systems, and outcomes.

Until July 2019, Ohio did not require drug courts to track any data to demonstrate the operation and effectiveness of drug courts.

What Are Drug Courts?

In response to an unprecedented number of drug cases straining local court systems in the 1980s, drug courts were developed as specialized systems for judicial, corrections, and treatment staff to work collaboratively to monitor defendants' compliance with addiction treatment.^{iv, v} **Instead of processing defendants with substance use disorders through the traditional court system, drug courts are supposed to offer participants an opportunity for community-based drug treatment and, in many cases, reduced or dismissed charges upon successful completion of treatment.**

The nature and operation of drug courts can vary widely across jurisdictions, but many include similar core components. The drug court system typically involves a team-based approach between court staff, probation officers, and treatment providers. Most require participants to undergo treatment for substance use disorder(s) and/or other forms of treatment, appear for frequent status review hearings in front of a judge, and submit to frequent and random drug testing. In doing so, the court leverages its legal authority to compel compliance.^{iv, v}

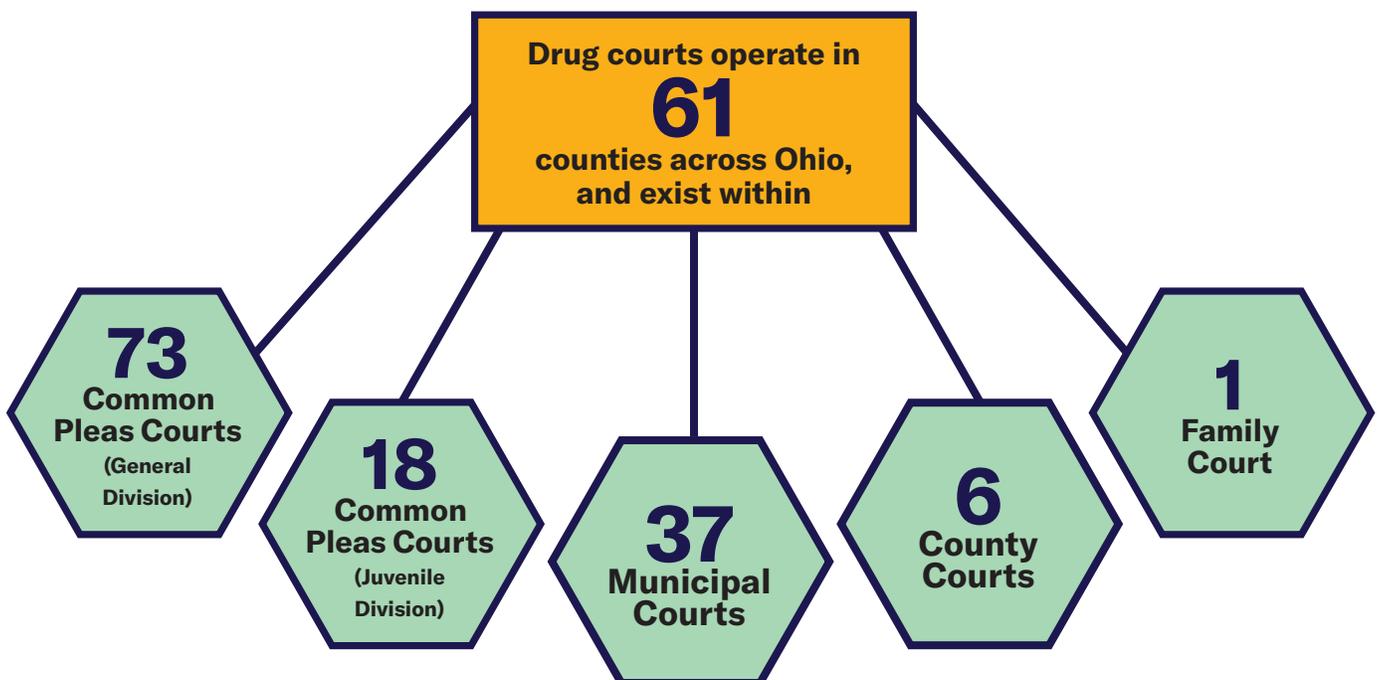
In some cases, multiple judges oversee different drug court dockets within the same court.

How Many Drug Courts Are in Ohio?

Each of Ohio's 88 counties has a Court of Common Pleas where felony criminal cases are handled (and can include General, Juvenile, Probate, and/or Domestic Relations Divisions). Additionally, there are both county-run and municipal (i.e., city-run) courts, which have full jurisdiction over misdemeanor charges. Drug courts can exist at the common pleas, county, and municipal levels. **This means multiple drug courts run by separate entities can exist within the same county.**

Drug courts operate in 61 counties across Ohio (as of September 24, 2020).ⁱⁱ Across these 61 counties, drug courts exist within a total of 73 Common Pleas Courts (General Division), 18 Common Pleas Courts (Juvenile Division), 37 Municipal Courts, six County Courts, and one Family Court (i.e., Combined Common Pleas, Juvenile and Domestic Relations Divisions).

In some cases, multiple judges oversee different drug court dockets within the same court (e.g., two drug court dockets are operated by separate judges within a single Common Pleas Court). Ohio currently has a total of 135 adult and juvenile drug court dockets (as of September 24, 2020).ⁱⁱ Separately, other specialized dockets exist in Ohio to provide court-mandated substance use disorder treatment such as mental health dockets, veterans' dockets, human trafficking dockets, OVI dockets, and family dependency dockets. These dockets often adhere to a model similar to drug courts, but they may serve a more specialized population or seek to primarily address other needs of participants.



How Are Drug Courts Funded?

In Ohio, as in the rest of the United States, drug courts are funded through a combination of federal, state, and local sources. Federal sources of funding and technical assistance include the Drug Court Program Office of the U.S. Department of Justice, the Adult Drug Court Discretionary Grant Program of the Bureau of Justice Assistance (BJA), and the Substance Abuse and Mental Health Services Administration (SAMHSA) of the U.S. Department of Health and Human Services.^{vi}

The current opioid epidemic also prompted a number of new drug court funding initiatives in states across the country. In Ohio, the Department of Mental Health and Addiction Services (OhioMHAS) provides funding and support for drug courts through the Specialized Dockets Subsidy Project.^{vii} **OhioMHAS grant funding in the state budget increased by 50 percent from 2019 to 2020 (i.e., from \$5 million to \$7.5 million), with an additional \$10 million budgeted for 2021.**ⁱ These funds are intended to help establish new drug and other specialty courts in Ohio and may be used to cover court payroll costs and a variety of clinical and treatment costs.^{viii} Separately, the Ohio state budget allocated \$6 million in funding to OhioMHAS in 2020 and \$6 million in 2021 to support specialized docket programs by providing coverage of administrative expenses incurred by courts and community providers of substance use treatment.ⁱ

Finally, as part of a new initiative to provide vocational services to Ohio drug court participants, Ohio allocated over \$600,000 in 2020 and over \$1.3 million in 2021 to Opportunities for Ohioans with Disabilities (OOD).^{ix} These funds were intended to help OOD staff provide vocational rehabilitation services to drug court participants, including job placement and referral, as well as funding for transportation and work clothes.^x During SFY 2020, OOD staffed drug court treatment teams in seven counties with three OOD staff members, a vocational rehabilitation counselor, a job developer, and a caseload assistant. In SFY 2021, the program was to be expanded to an additional seven counties. Due to the economic strain caused by the COVID-19 pandemic, the expansion was eliminated as well as one of the staff positions dedicated to each drug court.

OhioMHAS grant funding in the state budget increased by 50 percent from 2019 to 2020.

How Are Drug Courts Certified?

In Ohio, individual drug courts obtain certification by the Supreme Court of Ohio Specialized Dockets Section.^{xi} The application must include a program description, participant handbook, participant agreement, and the local rule or administrative order establishing the drug court docket. Initial certification is granted once the Supreme Court of Ohio's Commission on Specialized Dockets reviews and approves the submitted application. Then the Court must undergo a site visit where officials observe operations and interview staff. If approved, the Court is then granted final certification status. Each Court must recertify its docket every three years or when there is a change in the presiding judge.^{xi}

As part of this certification process, Ohio drug court dockets must demonstrate adherence to 12 “Specialized Docket Standards.”^{xi} These include:

1. A planning process for operations, policies and procedures;
2. A non-adversarial approach to case processing;
3. Formal participant eligibility and termination criteria;
4. Proper assessment and referral of participants for treatment services;
5. Services that meet individual participant needs and incorporate evidence-based practices;
6. Participants' performance and progress monitoring;
7. Regular status review hearings;
8. Random and frequent drug testing;
9. A range of treatment and other rehabilitation services;
10. Immediate, graduated, and individualized incentives and sanctions for participant compliance/noncompliance;
11. Ongoing education of drug court team members; and
12. Mechanisms to evaluate docket effectiveness. Ohio's specialized docket standards mirror the National Association of Drug Court Professionals (NADCP) guidelines for drug courts.^{xii} Although the NADCP is a national organization that provides and promotes training, research, and advocacy on drug courts, they do not certify drug courts.



Data Analysis Overview

Key Take Away:

We were able to review 73 Ohio drug courts (a 74 percent response rate) – 64 adult and nine juvenile.

Our report focuses on Ohio drug courts for the 2017 and 2018 calendar years. We sent 105 public records requests to Ohio courts with adult and juvenile drug court dockets. Seven of the drug courts we contacted did not exist during 2017-2018. Out of the remaining 98 drug courts, nine did not respond at all. Of the 89 remaining courts, we received records from 73. **Thus, our report analyzed data from 73 of the active Ohio drug courts during 2017-2018.** Of the 73 public records request responses we received, 64 responses were from adult drug courts and nine were from juvenile drug courts. *See Appendix A for detailed methodology and data collection procedures.*

Collectively, over 1,200 hours were utilized obtaining and analyzing data from the 73 above-mentioned drug courts. The large amount of time dedicated to this project was necessary due to the lack of accessibility of the drug court data. Ohio drug court data is not easily available online, and a court would often reply that they did not track the data we requested. Once the records from the 73 drug courts were received, we found there were no standards for how data was tracked for each docket. Due to the lack of uniformity in the records we received, this made it very difficult to analyze Ohio’s drug courts and compare them to each other. It is crucial for government, including Ohio’s drug courts, to track and maintain data and make that information accessible to the public.

Program Description and Participant Eligibility

While each drug court is required to outline admission criteria for their court, there exists no uniformity in Ohio regarding eligibility. This makes it difficult to draw statewide takeaways on program eligibility. However, based on the records received, it was found that 46 of 73 courts disqualify people or reduce eligibility for drug court based on commission of a violent offense.¹ 29 of 73 courts disqualify people or reduce eligibility for drug court based on past or repeat convictions. 58 of 73 courts require a risk assessment for drug court participation.



46 of 73 courts disqualify people or reduce eligibility for drug court based on **commission of a violent offense**



29 of 73 courts disqualify people or reduce eligibility for drug court based on **past or repeat convictions**



58 of 73 require a **risk assessment** for drug court participation

¹ Some federal funding mandates only serving “non-violent offenders.” If a court receives such funding it can explain the exclusion of people with certain convictions from most specialized dockets.



Participant Data

In order to ensure federal and state dollars are supporting effective correctional treatment systems that are available to persons of all races and backgrounds, it is important to analyze who has access to Ohio's drug courts. **In our public records requests we asked for documents in order to review participant data based on demographics, graduation rates, and recidivism rates for the 2017 and 2018 calendar years.** For demographics, we requested race, gender, age, and socioeconomic status information. Regarding graduation, we requested how many participants were active on the court's docket(s) during the 2017 and 2018 calendar years and how many of those participants graduated during that period.

This information was difficult to collect. Many dockets responded they did not have the participant information we requested, since it previously was not required for specialized dockets in Ohio to keep track of such information.² Since there was no tracking requirement for Ohio specialized dockets during 2017-2018, we received a wide variety of court documents and responses from the courts we contacted. Again, the lack of uniformity in the responses we received made it very challenging to analyze the participant data. For this reason, the information in this section provides only a glimpse of Ohio drug court participants during 2017-2018.

Key Take Away:

Participant data information was difficult to collect. Many dockets responded they did not have the participant information we requested, since it previously was not required for specialized dockets in Ohio to keep track of such information.

² As of July 2019, all Ohio specialized dockets are required to report docket information monthly to the Supreme Court of Ohio (see Appendix B).



Demographics

RACE

Out of 35 courts (29 adult; six juvenile)

- **Adult:**
85.1% white, 12.4% Black
- **Juvenile:**
63.6% white, 20.2% Black,
7.1% multiracial

GRADUATION RATES

Out of 53 courts (45 adult; eight juvenile)

- **Adult: 36.1%**
- **Juvenile: 29.9%**

GENDER

Out of 40 courts (34 adult; six juvenile)

- **Adult:**
58.1% men, 41.8% women
- **Juvenile:**
82.8% boys, 17.2% girls

RECIDIVISM

Out of 32 courts (25 adult; seven juvenile)

- **Adult: 7.9%**
- **Juvenile: 57.5%**

For our participant demographic analysis, 32 dockets were not included in the analysis because they either did not provide any records or because the records they sent were unable to be analyzed for varying reasons. Additionally, we were unable to analyze participant age as each court tracked this information in different ways. Some courts only maintained participant date of birth, others sent us the exact ages of all participants, and even more sent us information in various age brackets.

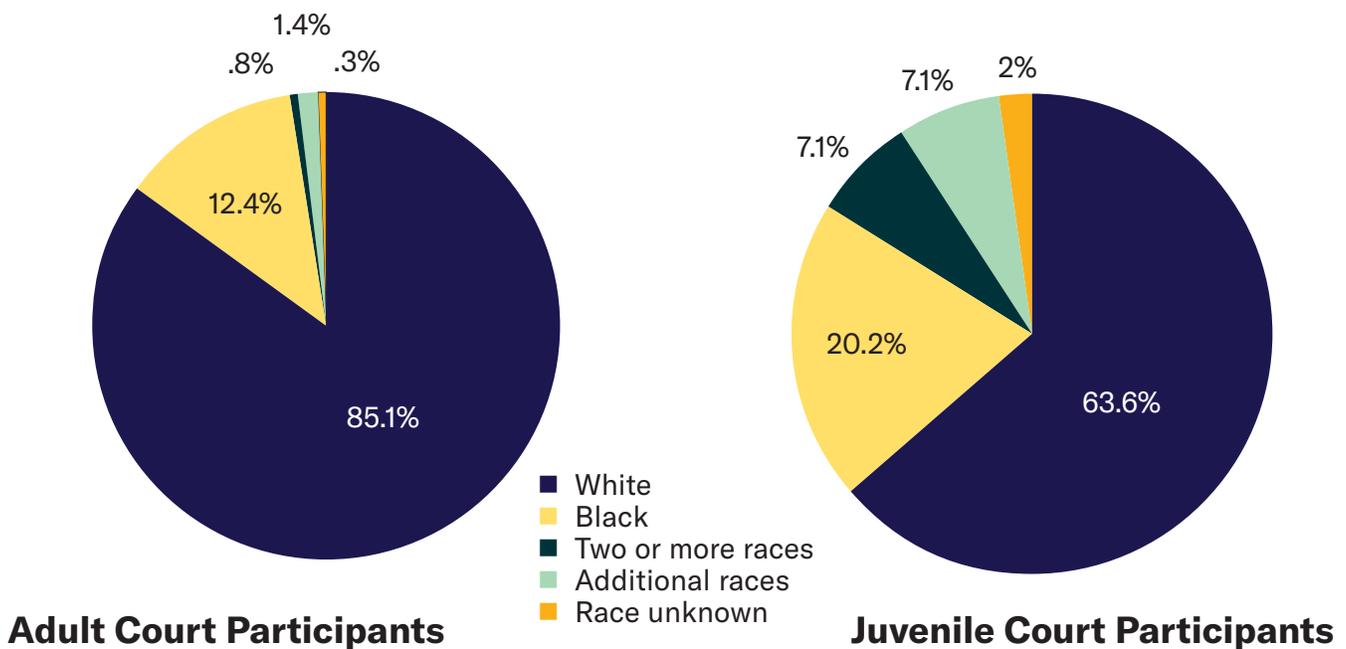
We were able to analyze participant demographic information from 41 dockets (35 adult and six juvenile), providing a 56.16 percent demographic response rate. However, since we could only analyze demographic information received from 41 dockets, this analysis only speaks to 41.84 percent of the total Ohio drug court participants for the 2017 and 2018 calendar years.³ **Broken down further, this provides a snapshot of 43.21 percent of adult drug court participants and 35.29 percent of juvenile drug court participants.**

³ Several demographics responses could not be used for data analysis: (1) three responses included demographic information for multiple years outside of the years requested so we were unable to determine demographic information for just the 2017-2018 calendar years; (2) two responses included multiple instances of participant overlap because we received quarterly reports instead of reports for (a) full year(s); (3) three responses included multiple instances of information that was missing and/or difficult to decipher; (4) seven dockets did not provide any response at all for this particular line item of our request; and (5) 17 dockets did not provide records for this response because they did not keep track of demographic information for their participants/there are no records on demographics to provide.

Racial disparities remain a crisis in our criminal legal system. This disparity is echoed in our drug courts. We conclude some of this is due to eligibility criteria disqualifying many Black Ohioans from participating. A majority of Ohio drug courts use past convictions to determine eligibility. Black people are prosecuted at disproportionately higher rates with more serious charges.^{xiii} On average, they are also stopped by the police at a younger age.^{xiii} Among others, disparities like these mean less participation by Black people in drug courts. Without better data collection and reporting, it is impossible to analyze exact racial impacts of such disqualifiers.

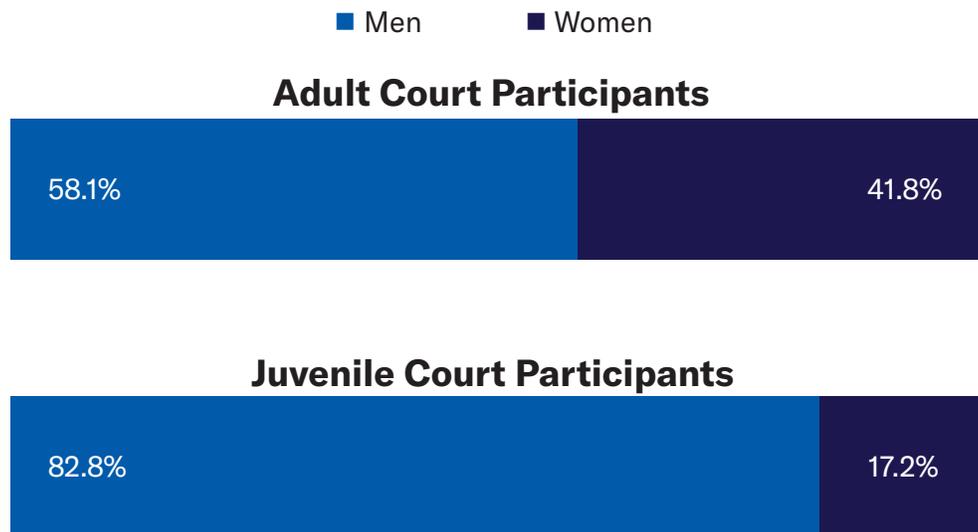
For racial demographics, 35 responses provided information we were able to use for analysis. This analysis includes information from 29 adult and six juvenile drug court dockets, providing a 35.71 percent snapshot of total Ohio drug court participant racial demographics for the 2017 and 2018 calendar years. **Our results highlighted that the vast majority of drug court participants in Ohio are white (84.20 percent).**

2017-2018 Ohio Racial Demographics:



We were able to use 40 responses for our analysis of participant gender. **This provides a 40.82 percent snapshot of total Ohio drug court participant gender.** The responses we received listed only “male” or “female” as their docket participant genders, so we assume the courts were documenting the participant’s sex listed on a legal document (such as driver’s license or state ID) and not necessarily their gender. Because our research requested information on participant gender (not sex), our results are stated as “men” and “women,” but we acknowledge these results may have some inaccuracy due to the records we received only stating participant sex.⁴ **Our analysis shows that a majority of drug court participants are men (58.97 percent) versus women (40.96 percent).**

2017-2018 Ohio Gender Demographics:



Note: In the adult court statistics, .07 percent of participants were categorized with an unknown gender. The juvenile courts did not report any participants with a non-binary or unknown gender identity.

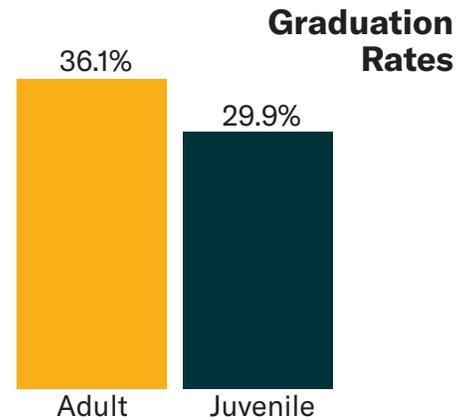
Regarding participant socioeconomic status, 22 of the demographic responses we received from courts either did not respond to this part of our request or stated they did not track this information. Other responses provided some information on level of education and employment status, but it is difficult to fully understand socioeconomic status from these two categories. We were only able to understand participant socioeconomic status from dockets who provided information on either participant income level or participant insurance status (i.e. Medicaid), only 10 responses provided us with this information. The vast majority of the participants in these 10 responses were of low income, **but it is difficult to fully grasp participant socioeconomic status with such a small response sample.**

⁴ As of July 2019, dockets are now required to report participant gender identity as man, woman, or non-binary (see Appendix B).



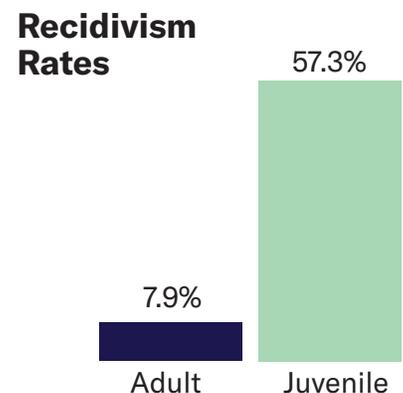
Graduation

For our analysis of 2017-2018 drug court docket graduation rates, we can offer a 54.08 percent snapshot of the total graduation rates as we were only able to analyze data received from 53 dockets (45 adult and eight juvenile).⁵ There were a total of 3,682 drug court participants for these 53 dockets during the 2017 and 2018 calendar years (3,331 adult, 351 juvenile), with 1,306 of those participants graduating in 2017 or 2018 (1,201 adult participant graduates and 105 juvenile participant graduates). **The total graduation rate for drug court participants during 2017-2018 is 35.47 percent, with 36.06 percent of adult participants graduating and 29.91 percent of juvenile participants graduating.**



Recidivism

We requested information from courts on the rate of recidivism for participants while participating in a specialized drug court docket. We defined recidivism in our request as someone who reoffended while an active participant of the drug court. Many courts did not track this information or they only tracked recidivism for graduates after leaving the docket.⁶ For this reason, we were only able to analyze data on participant recidivism for 32 dockets (25 adult and seven juvenile), providing a 32.65 percent snapshot of total drug court participant recidivism while in a drug court docket, in Ohio during 2017 and 2018. **There were a total of 2,150 drug court participants on these 32 dockets during 2017-2018, and 335 reoffended while participating (15.58 percent).** There was a stark difference in recidivism between adult and juvenile drug court participants, with 7.92 percent of adult participants reoffending and 57.53 percent of juvenile participants reoffending while participating in a drug court docket.



5 Several graduation responses could not be used for data analysis: (1) six responses provided graduation counts but did not provide counts for their total docket participants for the 2017-2018 calendar years, and/or they had information missing in their response to this line item request; (2) four responses included total participant graduation rates for multiple years outside of the years requested, so we were unable to determine their graduation rates for just the 2017-2018 calendar years; (3) three dockets did not provide any response at all for this particular line item of our request; and (4) eight dockets did not provide records for this response because they did not keep track of graduation rates for their participants/there are no records on graduation available to provide.

6 Several recidivism responses could not be used for data analysis: (1) four responses provided recidivism counts but did not provide counts for their total docket participants for the 2017-2018 calendar years; (2) three responses included total participant recidivism rates for multiple years outside of the years requested so we were unable to determine recidivism rates for just the 2017-2018 calendar years; (3) six responses did not clearly define if the recidivism tracked was for participants while they were in the program and/or the documents they provided was missing information; (4) four dockets did not provide any response at all for this particular line item of our request; (5) 18 dockets did not provide records for this response because they did not keep track of recidivism for their participants/there are no records on recidivism available to provide; and (6) six dockets tracked recidivism, but only for participants after they left the drug court program. For the purpose of our project and request, we asked for recidivism while participating in the program.

Budgets

Key Take Away:

We discovered several limitations that made it unattainable for us to determine an average drug court cost per participant.

We received some variation of a court budget from 69 courts with drug court dockets that existed in 2017-2018. Four courts did not send any budget documents. Of the 69 courts that sent budgets, we attempted to analyze the budgets for 32 courts that included information specific to the drug court. The remaining 37 courts did not provide budget records that included line items for their drug court docket.

While attempting to analyze the budget documents for the 32 courts, we discovered several limitations that made it unattainable for us to determine an average drug court cost per participant. Almost every drug court sent numerous documents pertaining to their budget, but **very few sent documents detailing which expenses were drug court-only—meaning some budget numbers could be inclusive of non-drug court costs.** In some cases, courts with multiple specialized dockets listed all their specialized dockets under one budget so it was difficult to know what amount of that money went exclusively towards the drug court docket(s). **Each court varied in how they formatted their budget documents and in how detailed the line items were for their drug court dockets.** For example, some courts included employee salary and benefits in their drug court budgets and others did not.

Since there was no uniform drug court budget documentation across courts, it became difficult to decipher the actual costs per drug court participant. We also found this challenging because, in many courts, costs might be shared within several budget areas outside of the drug court docket (examples: probation department, general court fund, etc.), and we were unable to calculate what amount of these funds went towards the functioning of the drug court without more information. Additionally, services and resources received for treatment are not costs factored into the court budget. For these reasons, we felt any attempt to provide the average cost per drug court participant would be highly skewed without obtaining further budget information.



Medication Assisted Treatment (MAT)

Medication-assisted treatment (MAT) is a method of treating substance use disorder(s) by using a combination of behavioral therapy and medications. The medications used for MAT work by blocking the euphoric effects of an addictive substance, help to normalize body functions, and relieve physiological cravings.^{xiv} There are three main medications used to treat opioid use disorder including methadone (also known under the brand-names Methadose and Dolophine), naltrexone (ReVia and Vivitrol), and buprenorphine (Cizdol, Suboxone, and Subutex). There are pros and cons to using MAT. Research has shown that utilizing MAT reduces the need for inpatient detoxification services, improves patient survival, increases retention in treatment, decreases illicit

substance use, and reduces the potential for relapse and other health risks.^{xiv} However, naltrexone and buprenorphine may become addictive,^{xv} and recent research has shown individuals on Vivitrol may have a greater chance of experiencing a fatal overdose if they stop taking the medication and relapse.^{xvi}

We requested information on the amount of participants that use MAT and the type of MAT drugs used. Only 40 responses provided a response to this part of our request (23 of those provided both participant counts and a list of MAT drugs used). A majority responded MAT is not something their court tracks. Many responses said they allow their drug court participants to use MAT, but it is a decision solely between the participant and their healthcare provider. 27 courts provided MAT participant counts for the 2017 and 2018 calendar years (25 adult and two juvenile), reporting a total of 32.14 percent of participants on these dockets using MAT. 34 courts provided a list of MAT drugs used, with many indicating it was possible other MAT drugs were used by participants outside of what the court reported.

Vivitrol and Suboxone were the most popular responses. Several responses indicated methadone is allowed to be used by their participants; however, it is difficult to find a healthcare provider within a reasonable distance who can prescribe the drug.

34 Ohio drug courts active during 2017-2018 reported MAT medications they offered their participants. 33 of 34 drug courts reported their court offered Vivitrol, 27 of 34 drug courts reported their court offered a form of buprenorphine, and 9 of 34 drug courts reported their court offered a form

of methadone. There is also language in the eligibility criteria of two courts stating participants “must comply with program directives concerning use of prescribed psychoactive or narcotic medications.” **A variety of MAT medication options should be offered to drug court participants, and the standard practice for drug courts should be to give participants full autonomy of which MAT medication to take, if they choose to take any.**

MAT Drug	Responses Reporting Participant Use of MAT
Vivitrol	97.06%
Suboxone	67.65%
Subutex	11.76%
Methadone	23.53%
Naltrexone	17.65%
Antabuse	2.94%
Buprenorphine	2.94%
Naloxone	2.94%
Gabapentin	2.94%



Findings and Conclusion

As this report repeatedly demonstrates, there are, and remain, countless barriers to accessing Ohio drug court data and outcomes. Among some of these barriers:

- **Drug court records are not located or easily accessible online;**
- **The contact information for a drug court is often incorrect or not listed online; and**
- **We encountered several occurrences where municipal court or common pleas court staff were unaware a drug court even existed in their court system.**

A lack of standardized eligibility criteria can create unequal access to drug courts based on race.

Further, for the majority of cases, we had to send multiple records requests in order to reach someone with access to the drug court data. Even then, as mentioned previously, nine courts never responded. The records we did access that documented the 73 responsive Ohio drug courts were very difficult to analyze or compare in a meaningful manner. **While each drug court is required to name their**

eligibility criteria, the criteria are not standardized so each court has discretion over what criteria they use. Criteria range from only accepting individuals with misdemeanor charges to accepting individuals with a range of felony offenses. The lack of standardization allows for individual court bias to influence its eligibility criteria. **As shown before, a lack of standardized eligibility criteria can create unequal access to drug courts based on race.**

There was also a lack of uniformity across drug court tracking methods, and many of the tracking methods the drug courts used were insufficient. **Only 43.8 percent of the drug courts who sent us relevant records were able to provide records that reflected how much they spent on their drug court program.** Still within those records, there were many inconsistencies among budget documents, so it was unclear what the actual expenses for each drug court were.

With regards to the recidivism and graduation rates for each court, there was no uniformity in how this data was tracked. As it was not necessary for drug courts to track these outcomes until recently, many courts reported they did not track recidivism rates for the years 2017-2018 and several courts could not report their graduation rate for 2017-2018. As previously discussed, the definition of “recidivism” was also not uniform across Ohio drug courts. Some courts tracked recidivism as the number of participants who reoffended while still in the drug court program, while others tracked it as the number of participants reoffending

after they graduated from the drug court.⁷ As a result, we could not get a clear snapshot of the recidivism rates for Ohio drug courts. **Without being able to definitively track recidivism or graduation rates for drug courts, it is difficult to assess each individual court's strengths and/or barriers to successful rehabilitation and treatment of substance use disorder(s).**

In conclusion, we believe our report, ***Are Drug Courts the Answer? In Ohio, it's Hard to Tell: A Snapshot of the System***, reveals numerous concerns needing addressed before a proper analysis of the true, collective impact of Ohio's drug courts can be conducted by any party or entity. The good news is these necessary changes can realistically be accomplished with proper attention and buy-in from stakeholders. **Transparency is absolutely necessary to ensure drug courts have effective outcomes, but also equitable accessibility.** The ultimate goal must be baseline standards for data collection and reporting so all Ohioans are better informed about the effectiveness and shortfalls of Ohio's drug courts. Beginning in July 2019, the Supreme Court of Ohio implemented mandatory monthly data collection procedures for all specialized dockets. This involves a uniform reporting method, so the data from Ohio's drug courts should become more complete for future analysis. All drug courts in Ohio should now take steps to make data and public records more accessible. This information should be easy to collect and easy to understand by the general public.

It would also be very helpful for courts to have uniformity in such matters as eligibility for drug courts. This will require judges to give up some autonomy in deciding these matters for their own court. Without such agreement, any studies comparing Ohio's drug courts to each other will be lacking and incomplete.

That Ohio spends so much time, money, and energy on drug courts as the answer, with so little inquiry into their actual effectiveness, is troubling. We believe it is fair to say drug courts collectively help some, while leaving others behind. Why is that? How can they be improved? Where should their scope be greater, or less? What do some drug courts do better than others? The ACLU of Ohio's concern is that no one can answer these questions with necessary specificity. **We recommend that the Supreme Court of Ohio double down on current efforts to standardize data collection and reporting across Ohio.** Without uniform data collection and reporting, it is difficult to comprehend the strengths and/or weaknesses that may exist within a drug court as the solution to treating substance use disorders in Ohio. Before continuing down the path of further drug court expansions, Ohioans deserve to have a better understanding of the outcomes of these courts. We sincerely hope this report, ***Are Drug Courts the Answer? In Ohio, it's Hard to Tell: A Snapshot of the System***, brings attention to current systemic flaws, and they are ultimately addressed so much-needed research regarding Ohio's drug courts can proceed.

That Ohio spends so much time, money, and energy on drug courts as the answer, with so little inquiry into their actual effectiveness, is troubling.

⁷ As of July 2019, dockets are now required to report recidivism as at least one additional criminal charge that occurs while participating in the drug court docket (see Appendix B).

Appendix A: Methodology

The ACLU of Ohio sent 105 public records requests to Ohio courts with adult and juvenile drug court dockets. This list of 105 courts was based on a list of Ohio specialized dockets that was obtained from the Supreme Court of Ohio's website in October 2019. Of those courts, seven didn't exist in 2017-2018, so they were not included in the report findings. Additionally, nine drug courts did not respond at all. They were: Cuyahoga County Court of Common Pleas-Probate and Juvenile Division, East Liverpool Municipal Court, Jefferson County Court of Common Pleas, Lawrence County Court of Common Pleas, Girard Municipal Court, Marion County Common Pleas Court, Muskingum County Common Pleas Court, Perry County Court, and Portsmouth Municipal Court. Of the 89 remaining courts, we received records from 73. Thus, our report analyzed data from 73 of the active Ohio drug courts during 2017-2018.

We sent a public records request to each specialty drug court pertaining to the eligibility requirements of who is allowed to participate in a drug court program, the demographics of drug court participants, and the cost allocated to each drug court. Details concerning drug court contracts with Medically Assisted Treatment (MAT) programs, graduation rates, and recidivism rates were also requested. Records requests were sent to courts with adult specialized drug court dockets and juvenile specialized drug court dockets.

The data collected from across the state was analyzed using descriptive statistics.

Limitations: There were study limitations that affected our access to data and may have had an impact on the data results. First, some of the drug court data was tracked by the drug courts on a fiscal year basis, while we reported the data on a calendar year basis. Also, due to many drug court participants not graduating drug court within one calendar year, some participant data may have been counted twice if the participant remained in the drug court program during 2017 and 2018.

Regarding our collection of data, we set a hard deadline after several weeks for when drug courts could send us their records. This lowered our response rate. We also did not specify we wanted drug court data from both adult and juvenile drug courts in our original records request. This limited our response rate from juvenile drug courts. We were unable to include data from two drug courts due to difficulties including documents being lost in the mail. Finally, there was a lack of drug court data that existed due to there being no requirement, until recently, for drug courts to track this information. *See Appendix B for Supreme Court of Ohio information regarding what tracking requirements now exist for Ohio drug courts.*



Appendix B: The Supreme Court of Ohio: Who are We Serving “Early Results from Ohio Specialized dockets Data Collection,” February 2020



The Supreme Court of Ohio
Who Are We Serving?

Early Results from Ohio Specialized Dockets Data Collection

Standard 12

Sup.R. 36.20(A)
Standard 12. Effectiveness Evaluation

A specialized docket judge shall evaluate the effectiveness of the specialized docket by doing each of the following:

- (A) Reporting data as required by the Supreme Court, including information to assess compliance with these standards;
- (B) Engaging in on-going data collection in order to evaluate whether the specialized docket is meeting its goals and objectives.

Data Driven Decision Making

- Why are we doing what we are doing?
- Are we doing what we said we would do?
- Are we doing it in a quality way?
- Is it making a difference?

Multi-Purpose Data

- **Inform policy** – Learn what works and what doesn't
- **Support operations** – Monitor, evaluate, report, plan, budget
- **Educate stakeholders** – Tell our story

Standard 12 Reporting Process

- Data collection started July 1, 2019
- Data collected:
 - Referrals, referral process, and outcomes
 - Participants, participation process, outcomes
- Reports required at least once a month, but no later than the 15th of the month following the month with activity
- Validation checks and error messages

Overview of Data Elements

- Personal identifiers
- Referral
- Demographics
- Minor children
- Clinical assessment
- Risk assessment
- Substance of use
- Acceptance status
- OARRS flag
- Social functioning
- Treatment
- In-program recidivism
- Funding sources
- Participation outcome

The Ohio Landscape

Overview as of January 31, 2020

- **5,366** participants
- **225** dockets
- **63** counties (72%)
- **13** types of dockets



Docket Types and Sizes

Docket Type	Participants	% of Total	Participants	Dockets	% of Total
Drug	3,062	57.2%	25 or less	155	68.9%
Mental Health	691	12.9%	26 to 50	48	21.3%
Family Dependency	446	8.3%	51 to 75	15	6.7%
Veterans	370	6.9%	76 to 100	3	1.3%
Reentry	240	4.5%	101 to 125	3	1.3%
Human Trafficking	141	2.6%	126 to 150	0	0.0%
Domestic Violence	121	2.3%	151 to 175	1	0.4%
OVI	121	2.3%	Total	225	
SAMI	59	1.1%			
Child Support	41	0.8%			
Traffancy	32	0.6%			
Juvenile Treatment	30	0.6%			
Sex Offender	9	0.1%			
Total	5,366				

Participant Snapshots

- Substances of use
- Race and ethnicity
- Gender
- Age
- Funding sources

Primary Substance of Use

Substance	Number	Percentage	Substance	Number	Percentage
Heroin	1,557	31.3%	Oxycodone	27	0.5%
Amphetamines	855	17.3%	Buprenorphine	18	0.4%
Alcohol	770	15.4%	Methadone	12	0.2%
Cannabis	750	15.2%	Methamphetamine	9	0.2%
Cocaine	497	10.0%	Phencyclidine	9	0.2%
Prescription Opiates	358	7.2%	Unknown	4	0.1%
Fentanyl	130	2.6%	Carfentanyl	2	0.0%
Benzodiazepines	33	0.7%	Total	4,950	100.0%
			No Substance Use	335	6.2%
			Substance	Percentage	
			Any Opioid	42.5%	
			Amphetamines or Cocaine	27.3%	
			Total	69.8%	

Participant Race and Ethnicity

Race	Total	Hispanic	Non-Hispanic
Asian or Pacific Islander alone	0.4%	0.0%	0.4%
Black alone	16.0%	0.1%	16.0%
Native American alone	0.2%	0.0%	0.1%
White alone	80.6%	1.4%	79.2%
Multi	2.1%	0.1%	2.0%
Unknown	0.7%	0.5%	0.3%
Total	100.0%	2.1%	97.9%

Participant Gender

Gender	Number	Percentage
Female	2,387	44.5%
Male	2,969	55.3%
Non-Binary	2	0.0%
No Data	8	0.1%
Total	5,366	100.0%

Participant Age

Age Group	Number	Percentage
Under 18	256	4.8%
18 to 29	1,792	33.5%
30 to 39	1,941	36.3%
40 to 49	835	15.6%
50 to 59	386	7.2%
60 to 69	122	2.3%
70 to 79	12	0.2%
Total	5,344	100.0%

Mean Age 33

Treatment Funding

Funding Source	Participants	% of Total
Medicaid Funding	3,607	70.0%
Other Funding	1,546	30.0%
Total Participants	5,153	

Primary Substance of Use - Race

Substance	Race					Total	N
	White alone	Black alone	Multi-race	Asian alone	Native alone		
Alcohol	12.2%	21.8%	9.2%	11.1%	14.2%	14.2%	862
Amphetamines	18.0%	1.6%	30.9%	3.1%	13.2%	38.0%	814
Benzodiazepines	0.7%	0.5%	0.2%	0.2%	0.2%	0.6%	13
Bupropion	0.4%	0.1%	0.0%	0.0%	0.0%	0.5%	18
Carbamazepine	0.0%	20.3%	20.8%	14.8%	22.2%	14.0%	744
Carbamazepine	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	2
Cocaine	7.5%	20.3%	9.2%	3.3%	0.2%	9.2%	402
Fentanyl	2.7%	1.3%	2.6%	0.0%	0.0%	2.6%	120
Heroin	13.9%	0.2%	17.2%	20.3%	17.7%	28.0%	1,547
Methadone	0.2%	0.0%	0.0%	0.0%	0.2%	0.2%	12
Methamphetamine	0.2%	0.2%	0.2%	0.2%	0.2%	0.2%	9
Oxycodone	0.0%	0.2%	0.0%	0.0%	0.0%	0.2%	27
Phenytoin	0.2%	0.8%	0.2%	0.2%	0.2%	0.2%	9
Prescription Opioids	7.2%	1.6%	14.8%	3.3%	11.1%	17.2%	266
Unknown	0.2%	0.1%	0.2%	0.0%	0.2%	0.1%	4
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	5,327

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Primary Substance of Use - Gender

Substance	Female	Male	N
	Alcohol	27.7%	
Amphetamines	31.0%	38.1%	863
Benzodiazepines	45.9%	54.5%	33
Bupropion	38.9%	51.1%	18
Carbamazepine	28.4%	37.8%	750
Carbamazepine	0.0%	17.0%	2
Cocaine	69.0%	33.0%	406
Fentanyl	53.1%	46.9%	130
Heroin	54.6%	65.2%	1,557
Methadone	33.3%	65.2%	12
Methamphetamine	55.6%	48.4%	9
Oxycodone	38.9%	49.7%	27
Phenytoin	22.2%	77.8%	9
Prescription Opioids	58.0%	45.5%	266
Unknown	25.0%	75.0%	4
Total	44.6%	55.4%	5,358

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Primary Substance of Use - Age

Substance	Under 18	18 to 29	30 to 39	40 to 49	50 to 59	60 to 69	70 to 79	N
	Alcohol	2.6%	9.1%	13.2%	20.0%	40.7%	38.8%	
Amphetamines	3.3%	137.6%	18.6%	20.0%	12.0%	3.5%	0.0%	811
Benzodiazepines	0.5%	0.8%	0.5%	0.9%	0.0%	1.8%	0.0%	33
Bupropion	0.0%	0.5%	0.5%	0.0%	0.0%	0.0%	0.0%	18
Carbamazepine	0.7%	36.7%	7.7%	6.4%	4.7%	5.1%	10.0%	745
Carbamazepine	0.0%	0.1%	0.0%	0.0%	0.0%	0.0%	0.0%	2
Cocaine	0.5%	7.4%	7.8%	13.9%	20.8%	18.0%	0.0%	402
Fentanyl	0.0%	2.7%	3.1%	2.6%	0.8%	0.0%	0.0%	120
Heroin	1.4%	133.2%	38.0%	22.0%	11.8%	8.4%	0.0%	1,553
Methadone	0.0%	0.3%	0.2%	0.3%	0.3%	0.0%	0.0%	12
Methamphetamine	0.0%	0.4%	0.1%	0.3%	0.0%	0.0%	0.0%	9
Oxycodone	0.0%	0.9%	0.3%	0.4%	0.6%	1.8%	0.0%	27
Phenytoin	0.0%	0.1%	0.2%	0.2%	0.0%	0.0%	0.0%	9
Prescription Opioids	0.5%	7.2%	8.4%	7.2%	5.8%	0.9%	10.0%	266
Unknown	0.0%	0.2%	0.0%	0.0%	0.0%	0.0%	0.0%	4
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	5,011

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Key Performance Indicators

Timeliness Measures

- Referral date to acceptance decision
- Assessment referral to assessment completion
- Referral date to treatment start date

Days from Referral to Acceptance Decision

Days	Decision / Percent of Participants		
	Accept	Opt Out	Did Not Meet Criteria
15 or less	41.0%	42.0%	53.0%
16 to 30	21.5%	19.3%	23.4%
31 to 60	21.5%	21.9%	16.1%
61 to 90	8.1%	8.6%	3.8%
91 to 120	1.1%	3.7%	1.6%
121 to 150	1.8%	2.6%	1.1%
151 to 180	0.9%	1.9%	0.4%
181 to 270	1.2%	0.0%	0.1%
271 to 365	0.7%	0.0%	0.0%
Mean Days	34	33	22
N	6,758	269	740

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Days from Assessment Referral to Assessment Completion

Days	% of Participants
0 or 1	32.4%
2 to 15	40.0%
16 to 30	15.0%
31 to 60	7.7%
61 to 90	2.3%
91 to 120	1.0%
121 to 150	0.5%
151 to 180	0.2%
181 to 270	0.4%
271 to 365	0.4%

Mean Days
16

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Days from Referral to Treatment Start

Days	% of Participants
15 or less	25.1%
16 to 30	21.2%
31 to 60	26.2%
61 to 90	13.1%
91 to 120	5.4%
121 to 150	3.0%
151 to 180	1.5%
181 to 270	3.0%
271 to 365	1.5%

Mean Days
51

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Social Functioning

- Employment
- School/vocational training

What's Next?

- Evolution of the data collection process
- Key performance indicators
- Portal-based downloadable reports

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