



ALTERNATIVE SENTENCING FOR DRUG OFFENSES: AN EVALUATION OF THE FIRST OFFENDER CALL UNIFIED FOR SUCCESS (FOCUS) PROGRAM



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Executive Summary

Introduction

Thousands are convicted for drug possession offenses in Illinois each year and many are sent to prison. Research indicates incarceration cannot effectively reduce drug use or drug crime and is not cost effective (Caulkins, et al., 1997; Green & Winik, 2010; PEW, 2015; PEW, 2018; Schiraldi et al., 2000). Therefore, many states have invested in alternative sentencing or specialized programming for individuals convicted of drug crimes.

In this evaluation, we examined DuPage County's First Offender Call Unified for Success (FOCUS) program. The FOCUS program serves individuals charged with a felony drug possession for the first time. The program is an alternative to prison with the dismissal of charges upon completion. The program incorporates specialized drug probation caseloads with treatment and services, a program-specific court docket with one designated judge, and drug and alcohol educational sessions. This program is fairly unique as individuals convicted of felony drug offenses are often excluded from alternative programming (Belenko et al., 2013).

We conducted this evaluation to answer the following research questions:

- How did the FOCUS court develop, get implemented, and operate?
- Who were the FOCUS court participants?
- What was the feedback on the FOCUS court from participants and staff?
- To what extent were the educational sessions helpful and informative?

Methodology

We examined the program's development, operations, and participants and solicited feedback from the participants and probation and court staff involved in the program. Program administrative data were analyzed to describe participant demographics. We conducted phone interviews with participants ($n = 9$) and in-person interviews with probation and court staff ($n = 12$). Finally, we administered a survey to low-risk participants based on the Adult Risk Assessment who attended one of the two drug and alcohol educational sessions ($n = 42$). The study was conducted in 2019 and 2020 and was approved by the ICJIA Institutional Review Board.

Findings

The program began in September 2018 and as of April 2021, there were 231 participants. At the end of April 2021, 231 individuals were participating in the FOCUS program. A majority were White males with a Class 4 felony drug possession charge. A total of 22.9% of 231 participants accrued a technical violation and 15.1% had a new a new arrest *or* new arrest and technical violations. Thirty-nine participants successfully completed the program, while three did not complete the probation successfully and four died of a drug overdose. Of those, 92% of those who completed the program did so satisfactorily and the court dismissed their charges.

Although the program was geared toward individuals on probation for a drug offense, the participants may not meet criteria for a clinical diagnosis of a substance use disorder which may require treatment. We asked clients about their perspectives of their own need for treatment. Of the nine participants surveyed, eight reported that it was “not at all important” to receive drug treatment. The program was made available to drug arrestees regardless whether they had a clinical substance use disorder diagnosis. We administered a survey on stressful and traumatic life events. Several participants reported experiencing past traumatic events, such as car accidents, unwanted sexual experiences, and the sudden death of a loved one.

Overall, the FOCUS participants provided positive feedback about the FOCUS program. Participants agreed that FOCUS probation helped them appear in court and report to their regular probation officer, but said text reminders would be helpful. Participants also agreed that FOCUS probation was more beneficial to their lives compared to other court sanctions and had a positive impact their future. Eight of nine participants said FOCUS program staff worked together in the best interest of the participants. Additionally, all indicated FOCUS clearly communicated program conditions of the program and the consequences of program non-compliance. A few participants said the program did not offer any incentives or rewards and three were unsure if any were offered; staff indicated that FOCUS did not set standards for incentives and rewards and were weak in comparison to sanctions.

Overall, FOCUS staff shared positive aspects of the FOCUS program, especially noting the program structure with specialized court docket. Staff reported good working relationships among probation and court staff working with FOCUS participants. The judge and treatment staff were supportive; law enforcement played a limited role. Staff expressed some interest in improving relapse prevention and noted high caseloads (about 80 clients per staff). In addition, they also expressed concern over participant program fees, which were over \$2,500 without waivers.

Participants at low risk for recidivism were required to attend drug and alcohol educational sessions. In a survey following session completion, participants said they were somewhat beneficial. However, some staff recommended presenting topics that were more germane to FOCUS participants’ needs.

Program Recommendations

Based on study findings, we provided recommendations for program enhancement. Some recommendations may require additional resources or policy changes.

Modify Educational Session

The program should re-examine the educational session requirement for participants who were deemed at low risk of recidivism as multiple requirements goes against the evidence-based risk-needs-responsivity (RNR) model, designed to lower recidivism. The model recommends imposing fewer requirements on low-risk individuals and more requirements on those who are at high risk. RNR model effectiveness is supported by decades of research (Andrews & Bonta, 2010; Lowenkamp et al., 2006).

Offer Additional Rewards and Incentives

The program should provide tangible rewards or incentives for participants who succeed based on the evidenced-based principals of contingency management (Taxman & Rudes, 2013; Volkow, 2011). Rewards have been found to be a positive motivator for those who are justice-involved (Prendergast et al., 2006). The reward acts as a small acknowledgement of a participant's progress and can be simple, such as a candy bar, gift card, or travel pass.

Provide Additional Recovery Supports

The program should provide additional support for participants, such as family support and peer recovery coaches who walk side-by-side with participants through recovery. Research indicates ongoing emotional support and connections to community resources are key to participants' long-term recovery (Bassuk et al., 2016).

Engage Law Enforcement

Law enforcement involvement has been shown to be beneficial in similar programs including higher completion rates and cost benefits (Carey et al., 2008). Law enforcement should be engaged in FOCUS as part of the team. Officers also could help support and spread community awareness of the program. Also, officer involvement could improve the relationship between law enforcement and individuals convicted of drug offenses, offering support and encouragement to the program and its participants.

Conduct Additional Research

Research is needed to further examine aspects of the FOCUS program. Programmatic changes should be examined for impact, including adding recovery coaches and replacing the educational session to one on life skills. An outcome evaluation would further assess program efficacy.

Section 1: Introduction

The FBI reported over 1.2 million arrests for drug possession offenses in 2017 (Federal Bureau of Investigation, 2018). In 2016, nearly 280,000 persons were placed into a state or federal prison for a drug offense (Elderbroom & Durnan, 2018). According to Illinois Uniform Crime Report data, police made 81,167 drug arrests in 2016, an arrest rate of 625.8 per 100,000 residents (Illinois State Police, 2018). Most justice-involved individuals are intoxicated at the time of arrest or have a substance use disorder (Chandler et al., 2009; Office of National Drug Control Policy, 2013). There are high rates of relapse and recidivism among individuals who are justice-involved with substance use disorders, so offering effective treatment, services, and support is important for long term recovery and public safety (Belenko, 2013). However, individuals with a felony drug offense are excluded from alternative sentencing or specialized programming (Belenko et al., 2013).

Research has found incarcerating individuals for drug-related offenses has not been effective in reducing drug use or crime nor is cost effective (Caulkins, et al., 1997; Green & Winik, 2010; PEW, 2015; PEW, 2018; Schiraldi et al., 2000). As a part of efforts to reduce prison populations and the cost to taxpayers, states have begun to seek alternatives to incarceration for drug offenses (Mauer, 2018). States have turned to a variety of ways to decrease the number of individuals in prison and jails for drug offenses, including decreasing drug sentence lengths, sentencing individuals to probation instead of incarceration, or offering specialized programs such as drug courts (Mauer, 2018).

In this study, we examined the First Offender Call Unified for Success (FOCUS) program in DuPage County. FOCUS program allows individuals with a first-time felony drug offense to be on specialized probation caseloads as an alternative sentencing option to prison. The program offers treatment and services, specialized court dockets with one designated judge and periodic drug and alcohol educational sessions for low-risk offenders.

In this evaluation, we sought answers to the following research questions:

- How did the FOCUS court develop, get implemented, and operate?
- Who were the FOCUS court participants?
- What was the feedback on the FOCUS court from participants and staff?
- To what extent were the educational sessions helpful and informative?

This evaluation adds to the limited literature on alternative programming for individuals with felony drug charges.

Section 2: Literature Review

The FOCUS program uses specialized court dockets, probation offers, and caseloads and other practices to eligible probationers. This literature review offers the extant research on the practices employed by the program.

Specialized Court Dockets

A specialized court docket features court sessions for specific types of cases and individuals, such as veterans and individuals with substance use or mental health disorders. Other stakeholders typically include judges, law enforcement, defense attorneys, prosecutors, treatment professionals, and probation officers. Stakeholders typically have specialized training to better understand and assist those in the probation and court services program (Hughes & Reichert, 2017). Stakeholders work collaboratively to monitor, support, and refer individuals to appropriate treatment and services to individuals. Program participants regularly appear before a specialized docket judge for updates and check-in during the program.

The most common and examined use of specialized court dockets are in drug courts. Drug courts are “problem solving courts” which serve as a diversion program to divert individuals with substance misuse and use disorders away from the criminal justice system and into treatment (Chun et al., 2007; Evans et al., 2014). Drug courts work to reduce drug use, relapse, and criminal recidivism through varying services (United States Department of Justice, 2018). While drug courts vary, most contain several of the same mechanisms. According to the National Association of Drug Court Professionals (1997) there are 10 key components to a drug court:

1. Integrating alcohol and other drug treatment services with justice system case processing.
2. Using a non-adversarial approach.
3. Early identification of eligible participants and prompt placement into the program.
4. Providing access to a continuum of alcohol, drug, and other related treatment and rehabilitation services.
5. Monitoring of substance use through alcohol/drug testing.
6. Coordinated responses to compliance.
7. Ongoing judicial interaction with participants.
8. Monitoring and evaluation to measure the achievement of program goals and to gauge effectiveness.
9. Continuous, interdisciplinary education to promote effective planning, implementation, and operations.
10. Partnerships between drug courts, public agencies, and community organizations.

Drug courts have been heavily researched, with findings that participants report less criminal activity, have fewer rearrests, report less drug use, and are less likely to test positive for drugs than comparison groups (Mitchell, et al., 2012; National Institute of Justice, 2018).

FOCUS differs from drug courts in that it is based on a felony drug offense *charge* rather than a *clinical diagnosis* of a substance use disorder.

Specialized Probation Officers and Caseloads

Specialized probation units were originally created in response to the growing number of individuals in the criminal justice system with mental health disorders—a rate almost three times higher than the general population (Steadman et al., 2009). The development of specialized probation began in the late 1980s as a jail diversion strategy to address the needs of individuals with serious mental illnesses. Those with serious mental illness were found to have higher rates of probation revocations and re-arrests than those without mental illness (Lurigio et al., 2012; Ostermann & Matejkowski, 2014).

In the early 2000s, the Council of State Governments (2002) called for a specialized approach to supervising individuals with mental illness, recommending improvements to community supervision and an increased attention to mental health needs. In response to these recommendations, Skeem and Louden (2006) developed an evidence-informed specialized mental health probation model comprised of five parts:

1. **Specific caseloads** exclusively designated for individuals with mental illness.
2. **Small caseloads** of less than 50 individuals to allow for probation officers to spend more time on problems or needs of those under supervision.
3. **Sustained mental health training** for probation officers to allow officers to continue to develop their skills when addressing mental health concerns.
4. **Problem-solving supervision orientation** to build rapport, tailor supervision, and empathize with individuals on probation.
5. **Internal and external resource collaboration** to provide support to individuals on probation through treatment and social services.

Scholars have found the mental health probation model to be an effective practice by training probation officers in de-escalation and crisis intervention (Manchak et al., 2014; Van Deirse et al., 2020; Wolff et al., 2014). However, additional research is needed to understand how each of the model's components are being implemented and what resources are necessary for success.

The specialized probation approach has also been applied to individuals with substance use disorders. Several specialized probation interventions have shown promising results when treating substance use and co-occurring mental health disorders. These interventions follow key principles, including using a highly structured, therapeutic treatment and supervision approach, long program durations, and motivational techniques. Additionally, this approach integrates probation case management with various mental health therapies such as cognitive behavioral therapy, group treatment, therapeutic communities, assertive community treatment, and the use of medications (Peters et al., 2015).

Overall, studies suggest that intensive supervision combined with treatment can improve probation outcomes for certain individuals. Research shows individuals with mental health issues on specialized probation spent less time between relapsing and reengaging in treatment, had higher rates of abstinence and recovery, and had lower rates of recidivism in comparison to individuals monitored by traditional probation (Dennis & Scott, 2010; Scott et al., 2017). Additionally, probation staff, including management and line officers, generally support the use

of rehabilitative approaches and evidence-based practices when monitoring and treating individuals with substance use disorders (Belenko, 2018). One study found that individuals at low risk of recidivism and under specialized probation supervision remained free of arrests twice as long as individuals under traditional supervision (Klein & Crowe, 2008). Another study found specialized probation helped probation officers focus more directly on the needs of the individuals they supervised to further mitigate their risk of using drugs (Spencer et al., Myers, 2020).

Other Specialized Probation and Court Practices

The FOCUS program featured other practices indicative of specialized probation including risk assessments, drug testing, and cognitive behavioral therapy described below. The program also featured drug and alcohol educational sessions for their participants at low risk for recidivism.

Risk Assessment

The Risk, Need, & Responsivity (or RNR) model is supported by decades of research and has been proven effective to reduce recidivism (Andrews & Bonta, 2010). Research has found programs that do not adhere to the model are likely to increase recidivism risk rather than decrease it (Andrews & Bonta, 2010; Lowenkamp et al., 2006). High-risk individuals need more intensive services, such as cognitive behavioral interventions, than low-risk individuals. Focusing on low-risk individuals is not an effective use of resources and could even cause harm by exposing them to high-risk individuals, unnecessary services, and extra burdens.

Risk assessments are used frequently within drug courts as a way to predict the outcomes of those on probation (Serin & Lowenkamp, 2015). Risk scores rely on factors that are both static (unchangeable) and dynamic (potentially changeable) to predict the likelihood of recidivism (Serin & Lowenkamp, 2015). These risk scores influence programming. Those that are labeled as high risk by an assessment typically require more intensive services and interventions, while those labeled as low and medium do not require as intensive of programming (Marlowe, 2012). A meta-analysis on the effectiveness of drug courts found that drug courts that most participants with a prior record (higher risk) were twice as effective as drug courts who did contain a majority of high-risk offenders (Lowenkamp et al., 2005). In a traditional drug court setting, low-risk offenders may experience worsened outcomes (Lowenkamp & Latessa, 2004; Marlowe, 2012).

Drug Testing

Drug testing policies and procedures vary throughout the criminal justice system, but the process is typically used as a means of monitoring an individual's progress in treatment and can be used to determine programming, sanctions, and rewards (Robinson & Jones, 2000). Drug testing is most often utilized in drug courts but is also common in traditional probation or other specialized court programs and for individuals not convicted of drug-related offenses. Drug tests are usually done using a urine specimen, which is less expensive than hair or saliva tests, and can be administered by probation officers or clinical treatment staff (Reichert, 2019). The collection of the urine sample is directly monitored to ensure the sample is not compromised and the tests are

scheduled at random, as research indicates this method best detects drug use (Jarvis, et al., 2017). Drug tests typically screen for amphetamines, barbiturates, benzodiazepines, cocaine, marijuana, PCP, and opioids (Reichert, 2019).

Although drug tests are common, research on drug testing is limited and shows no conclusive evidence that testing alone reduces recidivism or improves the behavioral health of individuals on probation (Holloway et al., 2006; Reichert, 2019). Recent research indicates that only the use of “hard drugs,” such as methamphetamine, are found to predict reoffending, negating the need to test for other less serious drugs, including marijuana (Hicks et al., 2020). Additionally, guidance for drug testing in community corrections is limited, as the American Probation and Parole Association has not provided guidelines since 1992. However, the National Association of Drug Court Professionals (2015) recommends testing at least two times a week, which is found to have an 80% likelihood of drug detection. Also, as additional drug tests are costly, the frequency of testing can be reduced for individuals who successfully progress through their treatment program.

Individuals who test positive while under probationary supervision, are often subjected to punitive responses, including program sanctions, technical violations, or probation revocation (Robina Institute of Criminal Law and Criminal Justice [Robina], 2020). These punitive responses contradict the guidelines outlined by American Society of Addiction Medicine, which state that drug tests should support a person’s recovery and not be used as a means for punishment. Research indicates that random drug tests that provide immediate results with potential sanctions reduce reoffending and relapse short-term (Robina, 2020). Researchers also suggest that practitioners should consider why drug tests are being performed and how these tests affect long-term treatment goals (Jarvis et al., 2017). Finally, scholars recommend that sanctions should only be used when a person willfully does not adhere to the treatment plan and should not be used when a person is showing signs and symptoms of a substance use disorder (Prendergast et al., 2006).

Cognitive Behavioral Therapy

As a way of providing a continuum of services to those within drug courts, many programs utilize cognitive behavioral therapy (CBT) to treat those justice-involved. CBT helps individuals understand how thoughts and feelings influence choices in behavior, in addition to providing behavioral alternatives. To help change antisocial behavior, such as substance use, CBT helps individuals identify and replace thoughts, attitudes, and beliefs that lead to substance use (Landenberger & Lipsey, 2005; National Institute on Drug Abuse, 2018; Van Voorhis et al., 2009). Further, CBT helps individuals by teaching social and emotional skills, while also using positive and negative consequences to shape behavior. This helps provide tools for individuals to use when encountering situations that may lead to substance use or other antisocial behaviors. A 2012 meta-analysis reviewed the effectiveness of CBT on multiple different issues, including substance use. The researchers found that, based on the substance used, the effect size of CBT ranged from small to medium (Hofmann et al., 2012).

Thinking for a Change (or T4C) is a widely used cognitive behavioral curriculum of 22 lessons for justice-involved individuals (Bush, Glick, & Taymans, 1997). Thinking for a Change

addresses cognitive skills and restructuring to improve prosocial skills and attitudes, such as communication skills to criminogenic thinking (Lowenkamp et al., 2009). The curriculum has been shown to lower recidivism rates in probation populations (Golden et al., 2006; Lowenkamp, et al., 2009; Reeves, 2006).

Drug and Alcohol Education

Drug and alcohol education can vary in its setting and in the targeted population. The research on drug education as a part of programming for individuals with felony drug offenses is limited; however, variations of this type of programming have been implemented with different target populations, such as students and those convicted of drug misdemeanors.

One of the most well-known drug and alcohol education class is the Drug Abuse Resistance Education (D.A.R.E) program, implemented in many schools throughout the United States. This program is specifically targeted to school age children, usually beginning in the fifth grade (Ennett et al., 1994). Despite its extensive application throughout schools, the D.A.R.E program has not been found to be effective in preventing alcohol, tobacco, or illicit drug use (Clayton, et al., 1996; Ennett et al., 1994; Midford, 2000; West & O'Neal, 2004).

Some states have implemented educational classes as a diversion program for first-time drug offenders. For example, North Carolina has developed the Drug Education School, which allows for the conditional discharge of convictions for individuals with first-time misdemeanor drug violations (North Carolina Drug Education School Program, 2019). According to their latest annual report, a majority of Drug Education School participants (84%) reported that the program was beneficial to decreasing the use of illegal drugs and slightly more than half (59%) reported that the program was beneficial to decreasing the use of alcohol. However, this study did not use rigorous research design to compare the participants to a control group.

Evaluations of Programs for Felony Drug Offenses

The Drug Treatment Alternative-to-Prison (DTAP) program in New York targeted high-risk felony drug dealers who also misused drugs (Hynes, 1993). The program offers residential, therapeutic community treatment for three years as an alternative to prison. A study of the program found benefits in terms of retention, recidivism, and economic benefits of its participants compared to a match sample (Belenko et al., 2008). DTAP was also established in Pima County, Arizona and a cost-benefit analyses found savings to the state of \$8,807 per participant (Hermann & Poindexter, 2012) and total savings from 2011 to 2013 was just over \$1 million (LaWall & Rueschhoff, 2013). Another program in Philadelphia, Penn., The Choice is Yours, offered drug dealers alternative programming (McClanahan et al., 2013). A preliminary evaluation of the program found positive aspects regarding program services, employment, education, and program graduation, as well as low recidivism (McClanahan et al., 2013).

Section 3: Description of the FOCUS program

The DuPage County FOCUS program allowed individuals with first time felony drug charges a sentencing option that is alternative to prison. DuPage County is located near the Chicago metropolitan area, with a population of over 920,000 (U.S. Census Bureau, n.d.). A majority of residents are White non-Latinx (66%) with a median household income of \$88,700 (United States Census Bureau, n.d.). Figure 1 offers a logic model of the program indicating the stakeholders, resources, activities, output measures, and short- and long-term outcomes. The goals of FOCUS were to reduce recidivism, improve behavioral health, and improve prosocial skills. FOCUS featured a specialized court docket, probation officers, and caseloads and provides treatment, counseling, education, and support to improve the court clients' behavioral health and prosocial skills. The court referred individuals from cases in all county felony courtrooms that involve eligible participants to the FOCUS courtroom, headed by one trained and dedicated judge and probation staff trained in substance use disorders (SUDs) and recovery.

FOCUS court operated similarly to drug courts, as participants receive probation with drug treatment in lieu of incarceration or probation without treatment. FOCUS court applies risk assessments, drug testing, and cognitive behavioral therapy. The DuPage County Probation Department and its FOCUS Court uses assessments to appropriately measure the risk of probationers. These assessments can properly identify the individuals who need the most intensive supervision and are able to properly separate the groups for appropriate programming. The FOCUS court's programming for higher-risk offenders includes cognitive-behavioral therapy (CBT) and Thinking for a Change (T4C), which are evidenced-based.

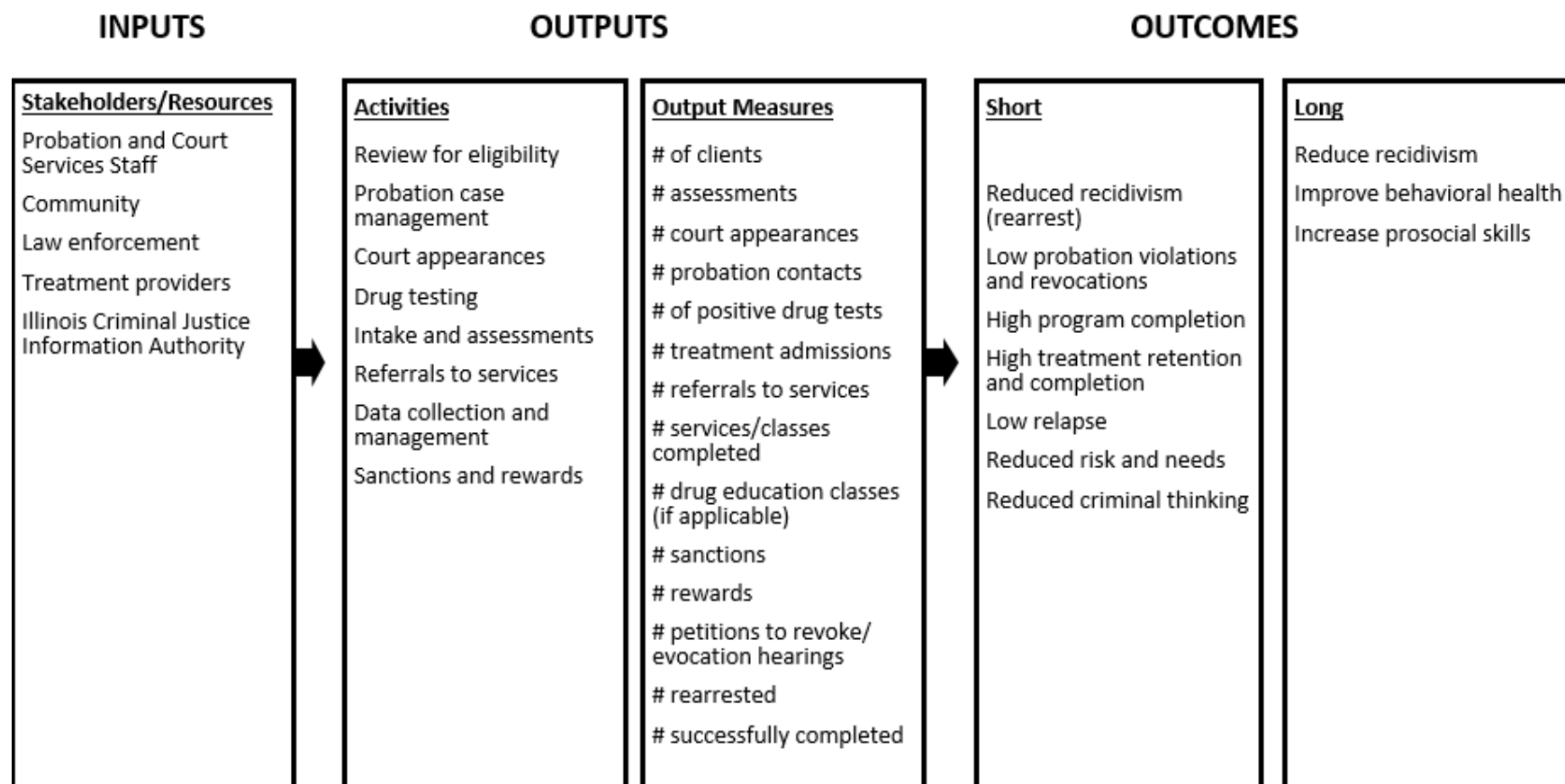
Program Development

DuPage County created the Heroin/Opioid Prevention and Education (or HOPE) task force to address the community's opioid problem. The task force gathered the county's judges, state's attorneys, public defenders, the probation department, the health department, and local physicians for input. The task force then created the FOCUS program to address substance use for those with first-time felony drug charges. The program received a \$50,000 grant from the DuPage County Board and the Heroin Opioid Prevention and Education Task Force. In August 2018, an administrative order creating FOCUS was signed (Appendix A).

The National Association of Counties (NACo) granted DuPage County a 2019 Achievement Award for the FOCUS program. The award honors top county government programs that are innovative and enhance services for their residents.

Figure 1

Logic Model of FOCUS Program



Participant Eligibility

Those eligible for the FOCUS program were charged with first-time drug felony possession under the following state statutes:

- 720 ILCS 570/410 controlled substances offenses
- 720 ILCS 646/70 methamphetamine offenses
- 720 ILCS 550/110 cannabis offenses

Exceptions to eligibility was determined either by the felony class or the offense. Ineligible were individuals with a controlled substance conviction in the last 10 years, were previously assigned to the FOCUS courtroom, or a case pending for a violent crime. At the start of the program, all probationers who met the program criteria were transferred to FOCUS.

Defendants entered the FOCUS program in two ways. The first was during a defendant's bond hearing if the state's attorney indicated to the judge that the defendant was a first-time drug offender. The case was then automatically transferred to the FOCUS courtroom for the defendant's arraignment. The second was if a defendant had a pending case and was subsequently charged with an eligible first time possession of controlled substance offense, this would then lead to a transfer of courtrooms. After a defendant was transferred to the FOCUS courtroom, the judge and the defendant's attorney explained the general parameters of the program and that the potential participant must plead guilty to the charges to be admitted to the program. FOCUS program materials were available and a FOCUS probation officer was present in court on sentencing days to answer defendants' questions.

During pretrial, defendants could be deemed ineligible with a positive drug screen or another pretrial bond violation. Also, if a defendant continued to have positive drug screens during pretrial, the state's attorney could request that the participant is taken into custody. In addition, during pretrial, defendants were removed from consideration for the program if they were later charged with a Class X, Class 1 or Class 2 felony because the program was more geared towards lower-class, less serious felonies. (only Class 3 or Class 4 felony defendants are eligible.)

Court Hearings

The FOCUS court call or docket was held every day of the week except on Thursdays, which were reserved for drug court. The FOCUS court call was divided up throughout the week by the case disposition status. Pre-disposition arraignments were at the beginning of the week on Mondays and Tuesdays. Arraignments occurred in two ways. In the first, the state's attorneys present the case to a grand jury who would decide whether to indict the defendant. In the second, a judge determines how to proceed with the charges. Typically, the defendant does not enter a plea of guilt when arraigned, continuing the case for a few weeks to give them time to decide if they wanted to plead guilty and participate in the 24-month FOCUS program.

The remainder of the week was reserved for post-disposition cases. Wednesdays were for petition to revoke hearings where defendants might have their probation sentences revoked because of multiple violations or a new arrest. Fridays were also reserved for petition to revoke - hearings, but the court call also included routine participant compliance status hearings. How often participants appeared in court for a status hearing depended on their risk level for relapse.

High-risk participants appear monthly, medium-risk participants appear every other month, and low-risk participants appear at least every six months. At the status hearings the probation officers provide an update to the judge about the participants' progress, including if the drug evaluation was completed and results of the evaluation; if the participant had started counseling, treatment, and community service; and if the participant violated their probation, tested positive for drug use or was arrested since the last court date.

Program Staff

The FOCUS program probation officers, state's attorneys, and the judges work closely with each other. Before court hearings the state's attorney meets with probation officers to check-in on participants and meet with defense attorneys to clarify any case questions, offer plea agreements, and tender discovery.

The probation officers interact the most with the participants and act as a liaison between the judge and the participant's treatment provider. The probation officer refers participants to treatment providers for risk and substance use assessments. After the assessment, the treatment provider informs the probation officer of the participant's risk level and the officer proceeds with the treatment plan. Treatment providers do not appear in court. Instead, the probation officer informs the judge of the treatment plan, so the judge could approve it. The probation officers also routinely updates the state's attorney and judge of a participant's progress in the program.

Case Plan and Goals

The FOCUS probation officers worked with participants to address their needs by developing a case plan and setting goals. First, the probation officer administered a court-ordered risk evaluation to address a participant's top four risk factors and prioritize their issues. Next, the probation officer required drug screens to determine the extent of a participant's substance use problems. The program offered a spectrum of options to address substance use disorders, including residential treatment, detoxification, halfway houses, intensive outpatient programs, DUI classes, and drug and alcohol educational classes. Additionally, some participants were prescribed medication for the treatment of opioid use disorders from local providers in the county. Participants determined to have a substance use disorder were required to complete 75 hours (2-3 months) of counseling and monthly aftercare sessions for one year. FOCUS participants with less severe substance use histories were required to complete 20 hours of counseling and monthly aftercare sessions for six months. In addition, if a participant tested positive on a drug screen, the counseling hours and random drug screens could be increased.

Probation officers used an assessment of participant behavior focused on the "big four" criminogenic risk factors of antisocial attitudes, peers, personality, and a history of antisocial behavior. Illinois probation departments use the Adult Risk Assessment based on the Ohio Risk Assessment System, a validated tool which generates a score from seven subscales representing risk of recidivism (Latessa et al., 2010). These scores helped identify and prioritize the individual needs for case planning and service provision. FOCUS probation officers worked on the most pressing risk factor by developing long-term and short-term goals to fit a participant's needs. Probation officers also performed participant home visits that were required within the first 60

days of officer assignment and home visits continued throughout program participant with check-ins at least every six months.

To address a participant's mental health needs, the probation office's forensic behavioral health department conducted the assessments. Participants were referred to individual counseling services; participants without health insurance could attend counseling from the health department. Participants could also enroll in other programs through the probation department, such as moral reconnection therapy, and address other participant needs, such as employment, stable housing, setting up community service, obtaining a driver's license, and establishing a recovery support system.

For employment assistance, the FOCUS program offered the services of an employment coordinator. The coordinator would go over a participant's job history, past and future job interests, and sometimes will have the participant take a skills aptitude test. Participants attended job skills classes to develop a resume, network, and interview for a job. To address educational needs, participants were offered classes to build cognitive skills and obtain a GED. Additionally, public transit passes were available to meet participants' transportation needs. Finally, probation officers addressed the needs of women participants who are victims of domestic violence with the DuPage Public Actions to Deliver Shelter and the DuPage Housing Authority providing safe housing. The probation officers also referred individuals to local domestic violence services and trauma-informed support groups.

Drug Testing

The FOCUS program screened participants for drugs and alcohol through urinary analysis. At a participant's first court date, the results of the test determined how often a participant has to continue testing. The tests uncovered use of substances including alcohol, marijuana, opiates, amphetamines, and benzodiazepines. The probation officer notified the court of a participant's test results and participants are notified if they tested positive by their probation officer.

Drug testing continued post-disposition, with participants required by statute to be tested at least three times per year during their 24-month probationary period. Participants at a higher risk for recidivism were tested more often, usually at least once a month. Participants were notified to report for a drug screen using a color-coded system. Each day, participants called the probation department and if their color is called, they must test within 24 hours. If a participant did not show for a drug test it was considered a positive result. Additionally, if probation violations or positive drug screens were reported at the participants' court hearing, it was up to judge's discretion to have the participant report immediately after court for a drug screen.

Educational Sessions

Educational sessions on substance use disorders were required for low-risk FOCUS participants. The participants were required to attend one session every six months. The sessions directly followed the FOCUS court call to ensure participant attendance. The sessions explained the dangers of drug use, what was at stake using drugs, and how drug use harmed themselves and their family. The sessions featured presenters including family members of individuals who died

of a drug overdose, a substance use treatment provider, and the county coroner. Sessions were held in the courthouse in a large training room or virtually via Zoom.

Probation Sanctions and Violations

State's attorneys could petition to revoke program participation with program noncompliance. Noncompliance included failing to report to a probation appointment, positive drug screens, failing to enroll in treatment, or being discharged unsuccessfully from treatment. The outcome for each participant was on a case-by-case basis and up to the judge's discretion. The judge could grant the petition to revoke, give the participant a warning, or increase the number of program requirements, such as attending more treatment, completing additional community service hours, or submitting to drug screens more often. Additionally, if an individual was arrested on a new charge during program participation, the new case was typically only monitored while the participant completed the program. The judge considered the new charge before making a determination of satisfactory or unsatisfactory program termination.

New high-class felony charges required that participants transfer out of the program and to a felony courtroom. While enrolled in the program, participants could be removed for continued probation violations, general program noncompliance, or acquisition of serious new charges. The process of removing a participant from the program began with a petition to revoke hearing before the FOCUS court judge where the state's attorney asked the participant to have the original sentence to the FOCUS program revoked and to have the participant resentenced. Program removal did not always result in incarceration. The judge could also sentence participants to traditional probation. Additionally, participants not doing well in the program had the option of applying to drug court as a more intensive alternative. Also, some participants were transferred to the Mental Illness Court Alternative Program, a sentencing alternative that diverts those with mental health disorders from traditional prosecution.

Program Completion

At the end of the FOCUS program, participants were determined to be either satisfactorily or unsatisfactorily terminated. An unsatisfactory termination was for participants who failed to complete the program requirements. These participants were resentenced and were either allowed to restart the program or received a sentence of incarceration. For a satisfactory termination, participants had to meet the following requirements:

- Complete 24 months of probation.
- Appear in court regularly.
- Be attentive throughout the program.
- Demonstrate control over their substance use problems, if applicable.
- Complete community service hours.
- Make a payment in full on any restitution owed.
- Pay for program fees.
- Complete substance use risk assessment.
- Complete any required substance use disorder treatment program.
- Have mostly clean drugs screens. and
- Have no new serious arrests.

Participants who met program requirements were discharged and their convictions were vacated. Additionally, participants who completed all the program requirements, could set up a payment plan with the circuit clerk's office for FOCUS court fee, drug testing and probation supervision fees . If a participant was still unable to make payments, the debt was turned over to a collection agency. While these participants achieved satisfactory termination, their cases were held with unsatisfactory judgement until their debts were paid in full.

Section 4: Methodology

We used a number of data sources to evaluate the program—administrative data, staff interviews, participant surveys, and educational session surveys. Data were collected from April 2019 to December 2020. We analyzed the administrative and survey data using IBM SPSS Statistics, Version 23.0, and performed descriptive statistics. This research was approved by the ICJIA Institutional Review Board in March 2019.

Study Sample

Staff Sample

A total of 12 FOCUS staff were interviewed. The total sample included five individuals who worked in court services and seven who worked in the probation department. The 12 individuals interviewed ranged in age from 24 to 55 years old, with an average age of 43 years old. None of the staff identified as Latinx. For race, nine staff identified as White and three non-White. For educational attainment, five staff held a law degree, five held a bachelor's degree, two individuals had a master's degree, and one was a licensed clinical social worker. Finally, all but one staff had worked for the FOCUS program since it began in 2018.

Participant Samples

Survey Sample. Nine participants completed the survey. At the time of the survey, the program participants ranged in age from 22 to 53 years old, with an average age of 33 years old. Three participants identified as Spanish/Hispanic/Latino. Seven participants identified as White. All participants were born in the United States and seven participants indicated they were born in Illinois. Seven participants had never been married, one was single, and one was divorced. Also, eight participants had earned a high school diploma/GED and seven participants had attended at least some college. Six participants indicated they were currently employed; of them, five had full-time work. Seven reported it was their first time on probation, while the remaining two participants had been on probation once before. Four participants had previously participated in drug court. Finally, out of the eight participants that responded to how long they had been in the program, the participants had been in the FOCUS program between 6 to 22 months, with an average of 14 months.

Educational Session Survey Sample. The sample was 42 survey participants, including 12 on the first date and 30 on the second educational session.

Materials

Staff Survey

Researchers asked 37 interview questions on demographics (5 questions), probation and FOCUS court work (5 questions), policies and procedures of FOCUS court (13 questions), compliance monitoring for FOCUS court (5 questions), and views on FOCUS court (9 questions).

Participant Survey

The survey was created using Qualtrics survey software and included 80 questions. The questions were categorized as follows: demographics (9 questions), probation including conditions and violations (38 questions), court hearings and judge (14 questions), FOCUS court referral, intake, assessment (7 questions), treatment (6 questions), drug use (5 questions), and stressful life events (1 multi-part question).

To answer questions about stressful and traumatic life events, the survey included the Life Events Checklist for DSM-5 (LEC-5). The LEC-5 was developed as a stand-alone, self-report assessment to identify exposure to potentially traumatic events over a person's lifetime. The assessment includes 16 items for different types of events known to potentially result in distress or PTSD, and an additional item for any other stressful event not captured by the other items. The scoring is comprised of a six-point nominal scale that allows for multiple selections for the same item, including the choices we used—*happened to me, witnessed it, learned about it, not sure, and does not apply* (Weathers, et al., 2013).

Educational Session Survey

We provided a post-educational session survey to gather feedback on the FOCUS program educational sessions. The survey included eight questions on current drug issues, convenience of the session location and time, applicability and benefits of the presentation, and reactions to the presentation.

Study Procedure

Administrative data

ICJIA entered into a data-sharing agreement with DuPage County Probation and Court Services to obtain data on FOCUS participants for the evaluation. The data analyzed included demographic and descriptive variables on clients and their program statuses. Taken in April 2021, the sample included 231 active participants. Of those, 39 had completed the two-year program.

Staff Interviews

FOCUS staff were asked to sign a consent form to grant permission for the interviews and to audio-record the interviews. The interviews were conducted in person at the DuPage County government offices. Interviews were conducted from July 2019 to September 2020. We transcribed interview recordings. The transcripts were analyzed using qualitative analysis software QSR NVivo 9. Two research staff individually coded an initial sample of transcribed interviews and then met and discussed the coding scheme until consensus was reached on the final list of codes to use. Researchers used the codes to analyze the entire sample of interviews and added new codes as necessary.

Participant Survey

We initially planned to conduct interviews with participants, but due to the COVID-19 pandemic and the Illinois stay-at-home order, we used an online survey.¹ FOCUS court staff recruited survey participants by sharing a link to the consent form and questions. Staff were provided a brief script to share with their FOCUS clients and the survey link. The participants were provided a consent form and had to provide consent electronically to start the survey. Participants were asked to provide contact information in order to receive a \$20 gift card to Amazon or Target. The survey was open from August 2020 to November 2020.

Educational Session Surveys

FOCUS staff were provided a script to share with the presentation participants and PDF survey forms to administer. Staff scanned the forms and emailed them to researchers. The surveys were administered on April 5, 2019 and October 4, 2019. We entered the paper forms in Microsoft Excel and then analyzed the data in IBM SPSS Statistics, Version 23.0, and performed descriptive statistics.

Study Limitations

One study limitation was the sample size of FOCUS participants who took the survey ($n = 9$). Therefore, the survey responses cannot be generalizable to all participants. Second, the data on the program was collected at one point in time. The program and staff may evolve and change over time and some findings and conclusions may no longer be applicable. Finally, the administrative data provided by the program was limited to a smaller number of variables than requested due to the probation administrative database system.

¹ The Illinois governor issued the statewide stay at home order taking effect on Saturday, March 21, 2020 to maximize COVID-19 containment and ensure health care systems remained operational. See Office of the Governor. (2020, March 2020). *Gov. Pritzker announces statewide stay at home order to maximize COVID-19.*

Section 5: Study Findings

Section 5.1: Description of Active Program Participants

We obtained DuPage County Probation and Court Services administrative data to describe clients and the status in the program. As of April 2021, there were 231 participants in the program (Table 1). A majority were White males with a Class 4 felony charge. A small portion had a Class 3 felony, specifically for a methamphetamine possession charge. FOCUS probation officers measured recidivism risk and needs using the Adult Risk Assessment tool. Just over half of participants were deemed moderate risk.

Table 1
Demographics of Active FOCUS Program Participants

Characteristic	<i>N</i>	%
Gender		
Men	160	69.3
Women	71	30.7
Race		
White	137	59.3
Latinx	49	21.2
Black	25	10.8
Asian	10	4.3
Other race	5	2.2
Unknown	5	2.2
Offense charge class		
Class 4 felony	225	97.4
Class 3 felony	6	2.6
Risk-level (<i>n</i> = 220)		
Low	61	27.7
Low/moderate	9	4.1
Moderate	117	53.2
High	33	15.0

Note. Sample size was 231 unless otherwise noted. Includes all active participants as of April 2021.

Drug Testing

All participants were drug tested while in the program (Table 2). A total of 1,894 tests, or an average of 631 tests per year, were administered for an average of 8.2 drug tests per program participant. The results indicated 56% of drug tests were negative and 44% were positive. .

Table 2*Number of Drug Tests of FOCUS Participants per Year*

Year	Positive tests		Negative tests		Total tests
	<i>n</i>	%	<i>n</i>	%	<i>n</i>
Year 1	534	47	603	53	1,137
Year 2	251	37	420	63	6,71
Year 3	41	48	45	52	86
Total	826	44	1,068	56	1,894

Note. Sample size was 231 participants. Year 1: 9/24/2018 to 9/24/2019; Year 2: 9/25/19 to 9/25/2020; Year 3: 9/26/2020 to 4/21/2021. Data source was the DuPage County Probation Database.

Participants were screened for many substances with urine drug tests (Table 3).² Over the time period examined, over one-third of tests were positive for marijuana. Since the beginning of the program in September 2018, staff recorded 144 tests that were positive for creatinine. Creatinine, a waste product of creatine, is an amino-acid found in urine indicating a diluted drug test sample.

Table 3*Positive Drug Tests by Year for FOCUS Participants*

Drug	Year 1		Year 2		Year 3		Total	
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
Marijuana	282	41	107	33	15	25	404	38
Any opioid	95	14	55	17	13	22	163	15
Opiates	78	11	47	15	9	15	134	13
Fentanyl	2	0	3	1	1	2	6	1
Methadone	15	2	5	2	3	5	23	2
Cocaine	100	15	33	10	5	8	138	13
Amphetamine	78	11	51	16	6	10	135	13
Benzodiazepine	20	3	11	3	2	3	33	3
Alcohol	13	2	10	3	3	5	26	2
Methamphetamine	0	0	1	0	2	3	3	0
Total tests	588	100	268	100	46	100	902	100

Note. Sample size was 231 participants who had 1,065 positive drug tests. Year 1: 9/24/2018 to 9/24/2019; Year 2: 9/25/19 to 9/25/2020; Year 3: 9/26/2020 to 4/21/2021. Data source was DuPage County Probation Urinalysis Database.

² The total number of drug tests provided in Table 2 and Table 3 do not match because they are from different data sources.

Probation Violations

Probation violations can occur due to repeated technical violations (not following rules or conditions of probation) or by a new arrest. Multiple technical violations or a new arrest may or may not lead to the revocation of probation. A prosecutor must decide to file a petition to revoke probation in court and a judge would need make the determination to revoke probation and issue a new sentence. Alternatively, a judge could decide to add jail or probation time to the existing sentence or modify conditions of probation.

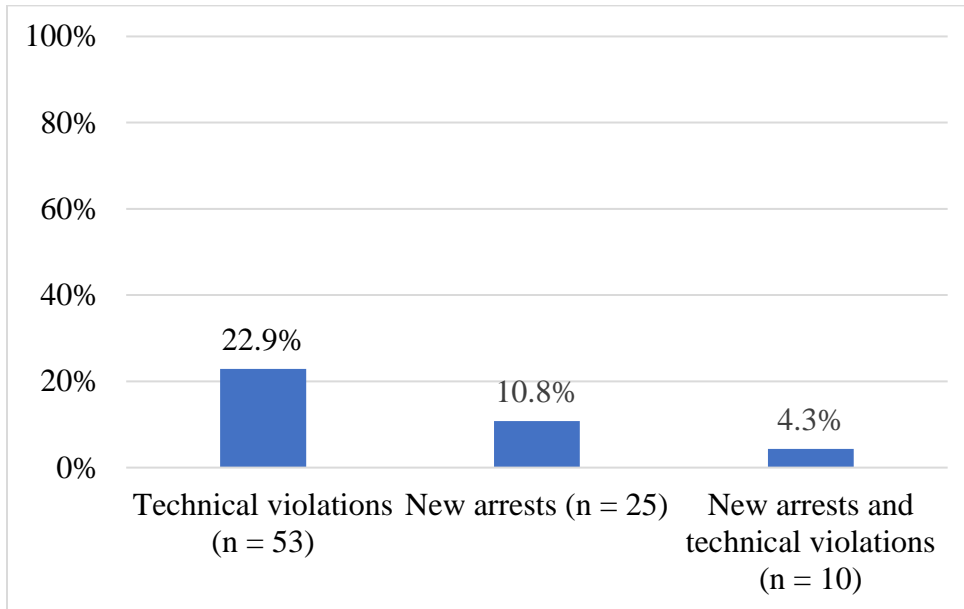
Technical violations. Prior research indicates a large number of probationers commit technical violations, which may never lead to a revocation of probation (Zettler & Martin, 2020). In addition to the basic requirements for FOCUS court completion, individual case plans for participants may include, but not be limited to, the following:

- Report to and appear in person before a probation officer.
- Pay a fine and costs.
- Work or pursue a course of study or vocational training.
- Undergo medical, psychological, or psychiatric treatment.
- Undergo treatment for substance use disorder,.
- Attend or reside in a specified residential facility.
- Support his/her dependents.
- Refrain from possessing a firearm or other dangerous weapon.
- Make restitution.
- Perform community service (30 to 120 hours).
- Refrain from entering into a designated geographic area.
- Remain in the state of Illinois.
- Refrain from having any contact with certain specified persons.
- Take drug tests and refrain from having any presence of any illicit drug in his or her body.
- Attend Victim Impact Panel presentations (Adams et al., 2011).

Therefore, technical violations could result from minor infractions, such as failing to take a drug test or complete full amount of community service hours on time. From September 2018 to April 2021, 22.9% of 231 participants accrued a technical violation.

New arrests. A total of 15.1% of participants had a new a new arrest *or* new arrest *and* technical violations (Figure 2). New arrests were for low level misdemeanor offenses that were Class B or higher or local ordinance violations.

Figure 2
FOCUS Participants' Probation Violations by Type



Note. Sample was 231 participants from September 2018 to April 2021. A total of 88 participants had a technical violation or new arrest or both.

Section 5.2: Description of Participants who Completed the Program

Due to the length of FOCUS, only 43 participants had the two-year length on probation elapse from their start date on the program. From September 2018 to April 2021, 36 of 39 participants (92%) had successfully completed the two-year program. Of the successful participants, 16 were deemed low-risk, 17 moderate-risk, and 3 high-risk. Three participants were unsuccessfully terminated from the program. Sanctions for unsuccessful termination included jail time ($n = 1$), drug court ($n = 1$), and resentencing to regular probation ($n = 1$). Finally, four participants did not complete the program due to death from a drug overdose, including three participants at moderate-risk and one at high-risk (Table 4).

Table 4
Program Status of Participants

Risk level	Completed	Did not complete	Overdose death
	<i>n</i>	<i>n</i>	<i>n</i>
Low-risk	16		0
Moderate-risk	17	3	3
High-risk	3		1
Total	36	3	4

Note: Sample size of 43 as of April 2021.

Section 5.3: Survey Participants' Trauma and Substance Use History

We asked survey participants detailed questions on past traumatic events and their substance use and treatment history. This section describes their responses.

Measure of Traumatic Events

Participants commonly reported experiencing traumatic events in their lifetime (Table 5). Participants reported by category whether they had witnessed, personally experienced, or learned about certain traumatic events. Events that *happened to them* were most reported by respondents.

All eight participants had experienced at least two types of traumatic events, with an individual average of six events. All participants experienced a transportation accident, followed by an unwanted or uncomfortable sexual experience, and a sudden, unexpected death of someone close to them. The most common witnessed events was an assault with a weapon; a life-threatening illness or injury; a sudden, violent death; a serious injury, harm, or death the participant caused to someone else; or another type of stressful event or experience. Finally, the participants indicated that they had learned about two or three traumatic events each on average.

Table 5
FOCUS Participants' Prior Traumatic Events

Event	Happened to me	Witnessed it	Learned about it	Not sure	Doesn't apply
Natural disaster	2	2	3	0	2
Fire or explosion	1	2	2	0	3
Transportation accident	8	1	0	0	0
Serious accident at work, home or during a recreational activity	4	2	0	0	2
Exposure to toxic substance	1	0	2	4	1
Physical assault	5	1	1	0	1
Assault with a weapon	2	3	1	0	2
Sexual assault	5	0	1	0	2
Other unwanted or uncomfortable sexual experience	6	0	0	0	2
Combat or exposure to a war zone	0	0	2	0	6
Captivity	1	0	2	0	5
Life-threatening illness or injury	2	3	1	0	2
Severe human suffering	1	0	1	1	5
Sudden, violent death	0	3	3	0	2
Sudden, unexpected death of someone close to you	6	2	0	0	0
Serious injury, harm, or death you caused to someone else	1	3	1	0	3
Any other very stressful event or experience	6	3	1	1	2

Note. Sample size was eight survey participants. ICJIA analysis of the FOCUS Program participant responses, Life Events Checklist for DSM-5 (LEC-5).

Substance Use

Five of nine participants responded they had never been to a drug treatment program, two participants had been to a program four or more times, and two participants had undergone one program. At the time of the survey, almost all the participants responded it was “not at all important” to receive drug treatment; one participant who thought it was moderately important. Finally, three participants indicated they had been previously arrested for a drug-related charge.

Out of the nine participants who responded to the item, seven said they did not believe their drug problems were serious. When asked if they had used any drug in the past 12 months, 5 participants did not report any drug. One participant indicated their drug problems were “slightly” serious, using alcohol 1 to 5 times a week and amphetamines almost every day. Another participant indicated his drug problems were “considerably” serious using benzodiazepines a few times a week.

Section 5.4: Participant Feedback on the Program

Overall, the FOCUS participants provided positive feedback on the program. All nine participants that responded to the survey reported that they believed the program was a better alternative to prison and offered a better lifestyle than prison. Also, eight participants indicated the program was easier to complete than prison time. Five participants said the FOCUS program was either very easy or somewhat easy to complete. Five participants also found the program rules were either very easy or somewhat easy to follow. Also, six participants indicated they were very engaged in the program. In comparison to standard probation, two participants thought that the FOCUS program was more helpful and three participants thought that the program was more restrictive.

Additionally, out of the eight participants that responded to the survey question, all either agreed or strongly agreed that FOCUS probation helped them appear in court on a regular basis and report regularly to their probation officers. All respondents also agreed or strongly agreed that FOCUS probation was more beneficial to their lives than other court sanctions, and had a positive impact their future. Also, out of the seven participants that responded to the question, six said the FOCUS probation helped them regularly attend treatment. Finally, out of the nine participants that responded, eight said the FOCUS program staff worked together for the best interest of the participants.

Program Conditions and Compliance

All nine participants responded to survey questions about the program conditions and compliance. All the participants indicated they were given an orientation of the program by their probation officer, while five participants indicated that they were given an orientation by the judge, as well. Additionally, seven participants responded that their needs were met when they started the FOCUS program, including obtaining a job, healthcare, or childcare. Seven participants also indicated they were asked about their personal strengths when entering the program, such as being in school or employed, having supportive friends or family, and their religious or spiritual beliefs. Also, eight participants indicated their probation officers asked them about their drug history by when they began the FOCUS program.

Additionally, all participants indicated that the FOCUS program was very clear about the conditions of the program and the consequences of not abiding by the rules. All participants indicated that they completely understood the conditions of their probation. Also, all participants indicated they had not violated any supervision conditions while in the program, although one participant reported receiving a formal sanction. Additionally, seven participants said they were very likely to get caught for violating a program condition. Finally, of the four participants that responded, three participants believed that the program immediately responded to program noncompliance.

Court Appearances

Eight program participants responded to questions about their experiences of appearing in court. All indicated that the judge and prosecutor were present in court. Five participants indicated that

the defense attorney attended, six participants said that the probation officer attended, and one participant said that the case manager attended. Seven respondents said that as program participants, they were directly involved in the court proceedings. Additionally, participants indicated that they had to wait between 10 minutes to two hours for their cases to be called in court, with the average wait time of 35 minutes. Only one participant indicated that it was difficult to make court appearances due to work obligations.

Additionally, six participants indicated that the text reminders for court appearances would be extremely or very helpful, and three participants reported texts would be slightly helpful. Finally, eight participants indicated that they did not interact with the other FOCUS probationers while in court.

Program Requirements

While in the program, almost all the FOCUS participants indicated that the program had many requirements and offered many services. Of the nine participants that responded, seven participants indicated they had to comply with mandatory drug tests and four participants indicated that they were referred to substance use treatment. Additionally, the participants left varying responses about the program's incentives and rewards for probation compliance. Three participants reported the program offered incentives and rewards, such as less drug testing and reporting, and fewer treatment requirements. Another three participants said the program did not offer any incentives or rewards and three participants were unsure if any were offered.

Of the eight participants who responded to survey questions about services and programming, all the participants indicated that drug testing occurred. Two participants indicated that either outpatient treatment, counseling, or mental health services were offered, and one participant said job training assistance was available. Additionally, out of the nine participants that responded, all the participants indicated that they had to pay for or participate in some additional aspects of the FOCUS program. All the participants indicated that they had to pay court costs and fines and pay for drug testing. Eight participants said they were sentenced to community service. Four participants indicated that they had to pay fees and had to participate in recovery support groups. Three participants said they had to attend substance use treatment. Finally, one participant indicated either having a license suspension, attending mental health treatment, or accessing another type of community organization.

Feedback on Probation Officers

In general, the FOCUS participants provided positive feedback on their relationships with their FOCUS probation officers. Eight survey respondents reported meeting with their probation officer twice a month for 25 minutes for each meeting. Also, the participants estimated they received one or two phone calls per month from their probation officer, lasting for an average of 15 minutes. For probation appointments, the participants indicated that they waited an average of 10 minutes to meet for their scheduled appointment time and all the participants agreed that it was not difficult to make these appointments.

Of the nine survey respondents, eight indicated they developed a case plan with clear goals with their probation officer. Some of the participants also said their probation officer answered all their questions and was encouraging and understanding. Additionally, all the participants either agreed or strongly agreed that their specific probation officer treated them with respect and was fair. Eight participants agreed or strongly agreed that their probation officer was concerned about them. Eight participants also agreed or strongly agreed that it was easy to reach their specific probation officer. Seven participants agreed or strongly agreed that their specific probation officer's visits helped them maintain compliance with probation requirements. Finally, one participant felt that his probation officer expected too much of him while in the program.

Feedback on the Judge

Overall, most of the survey respondents gave positive feedback about the FOCUS judge. Of the nine participants who responded, all agreed or strongly agreed that the judge treated them with respect and was fair. Seven agreed or strongly agreed that the judge was concerned about them, was easy to reach, and meeting with the judge helped them stay compliant with probation requirements. Additionally, all respondents said the judge was aware of their compliance or noncompliance in the program. Three program participants indicated that the judge worked directly with them to address their problems. Finally, one person said the judge expected too much of him while in the program.

Feedback on Treatment Staff

In general, almost all the participants gave positive feedback about treatment staff. Of the four participants who responded, three participants agreed or strongly agreed that the treatment staff showed them respect, were concerned about them, and helped keep them on track with treatment. Additionally, all four participants either agreed or strongly agreed that the treatment staff were fair. Finally, one participant thought the treatment staff expected too much of him while in the program.

Section 5.5: Staff Feedback on the Program

Overall, FOCUS staff had many positive opinions about the FOCUS program. One staff member reported that a strong part of the program was that everything was concentrated in one courtroom. This allowed for additional program structure and individualized attention to their cases. One probation officer said the program was successful because it relied on evidence-based practices from drug courts and treated participants by their risk levels and not uniformly. Another staff member said that the program was very sensitive to understanding substance use as a health crisis, particularly the opioid epidemic, and the need for specific case management which aided in the success of clients.

One staff member indicated that the FOCUS court judge was supportive of the probation officers and that the judge had the perfect temperament for the program because he knew when to give participants more freedom and independence and when to be stern with participants or when a participant needed to be taken into custody. Also, many of the staff said the probation officers had the most impact on the program because they worked directly with the participants. Additionally, some of the staff indicated that the treatment providers also contributed greatly and made the program successful.

Staff Working Relationships

Staff reported enjoying open and effective working relationships. Many staff members indicated that a strength of the program was that all the staff were regularly in contact with each other, which allowed for clear communication. One staff member said that although the FOCUS program had consequences for noncompliance, staff focused on rehabilitation and reintegration rather than punishment. Additionally, one probation officer stated that the judge was courteous to the officers when asking questions and that the judge was receptive to the officers' feedback. The attorneys and probation officers also emphasized the importance of having cases ready for the court call each day because to manage a large caseload, the court must move at a fast pace.

Some of the probation officers indicated that they had very strong working relationships with the treatment providers who offered many services, including mental health counseling, substance use treatment, sex offender intervention, and other intervention programs. The treatment providers regularly updated probation officers on how participants were doing in treatment; the providers and officers assessed the need for treatment plan changes:

So if you have a client who maybe isn't doing too great, testing positive in treatment, we work with the treatment provider or the counselor [to decide whether] we should increase the level [or type] of care... And then we kind of just bring it to the judge.

Law Enforcement Role

Some FOCUS staff indicated that law enforcement played a traditional policing role and were indirectly involved with the FOCUS program. Police officers made the initial arrests of participants and executed warrants for participants who failed to show up to court. One staff member said that law enforcement was "on board with the premise of the program" and that staff

had good working relationships with law enforcement. Additionally, approximately 39 police departments in DuPage County were aware of the program. The FOCUS program's task force was developing a video to play at each police department's roll call to inform police officers about the program, so they could better assist individuals in need of substance use services:

We want to go a step further and create a video that will be played at roll call, and give them the opportunity to say, hey, this person is a heroin user, they have absolutely no criminal history. Then they'll talk with the states attorney's office to see if that person can get into the program. It's just another resource for getting someone that is a low-risk, low need first-timer into a program without necessarily getting that person a felony record.

Additionally, some staff said law enforcement could play a larger role in the program, beginning with inclusion on the FOCUS program task force. Another probation officer indicated an area of improvement could be further investment in the relationship between law enforcement and individuals who commit drug offenses, including providing pre- and post-arrest referrals to the program.

Initial and Ongoing Program Challenges

When the FOCUS program first began, some staff indicated there was a "learning curve" when initially transferring court cases to the designated FOCUS courtroom. However, as the program continued, the process became more streamlined and efficient.

Most DuPage County probation programs, including drug court and the mental health diversion program have an application phase. However, FOCUS automatically selected participants on traditional probation based on their charge and 700 defendants were on a waiting list for the program. Some probation officers raised concerns over defendants being left on the waiting list while in urgent need of the program. The volume of participants was overtaxing for staff members. In the FOCUS courtroom there was only one public defender, unlike the two represented in other felony courtrooms. Also, there were only two state's attorneys in the FOCUS courtroom, instead of three state's attorneys in other felony courtrooms. Some probation officers felt that they did not have enough staff to handle all the FOCUS participants, as they struggled to manage their workloads serving over 80 participants each. Many of the probation officers also said this affected their ability to maintain regular contact with their participants and that they would fall behind on updating case files because of the high workload demand.

Staff Training

The FOCUS staff received tutorials from other staff members and their supervisors when first working in the FOCUS courtroom. Some staff also attended specialized trainings, such as the Conference of National Association of Drug Court Professionals. Additionally, judicial drug court trainings prepared judges to preside over the FOCUS courtroom. Judges could also attend week-long judicial conferences and intermittent seminars that covered drug court issues including addiction, physiological problems, mental health, medication, treatment, and

sanctioning. Also, the probation officers would attend probation and parole educational trainings that discussed drugs, incentives, sanctions, and harm reduction practices.

Most staff felt that they received adequate training through conferences and other educational courses, but there were a variety of suggestions for further trainings. One staff member suggested that it would be helpful to have a training on how to handle FOCUS cases during the COVID-19 pandemic. One probation officer indicated the need for training on how officers should handle participant marijuana use since its legalization. The officer wanted clarification on if participants should be tested for marijuana and if the program should take the approach of prohibiting its use as what was practiced in treatment. Another probation officer mentioned having recurring substance use trainings, so officers could stay current on the research and evidence-based practices, particularly regarding the opioid crisis. One probation officer also suggested to have skill building trainings with other FOCUS staff to help the probation officers manage their participants better and to improve the working relationships among the staff. Additionally, many probation officers indicated that mental health training would be important to have, so the officers could better address the mental health needs of participants.

Stakeholder Description of Participants

The FOCUS probation officers indicated that the motivation to change their behaviors and life varied greatly for those in the program. Some participants were very ready to engage in the program and make changes to their lives. Some participants were more ambivalent about making changes and some participants did not believe they had a substance use problem. However, the program eligibility is based on a drug possession charge, which does not mean participants necessarily meet the criteria for a substance use disorder.

Participant Confusion

A few probation officers spoke about the confusion participants had about the FOCUS program. Participants did not necessarily know they were in the program because they were automatically transferred to the FOCUS courtroom without applying or at the recommendation of their attorney. For example, one probation officer stated that because participants were overwhelmed with the court process in general, this led to a lack of understanding about the program:

I think a lot of times when we have people that are just so like frazzled, cause you get the emotions of the court room and the judge you know like up high on the bench talking to you and - you get so much information thrown at you just when they're reciting you know like what you were sentenced for, the facts of the case.

Participant Program Fees

The FOCUS participants were required by statute to pay \$2,662 in program costs. However, participants who could not pay for the program could fill out a waiver to reduce the amount of the costs. As for other program costs, payment for the substance use evaluation was relied upon by the participant's insurance, otherwise it cost between \$150-\$250. If participants tested positive during drug treatment, they had to get another evaluation and regardless of insurance,

they would have to pay for it themselves. Additional costs included drug testing payments of \$15 monthly and probation supervision fees of \$25 monthly. As one probation officer expressed, the program ended up costing a lot more than participants thought it would:

So, at the end of the day when they're on probation for 2 years, they're going to be billed for \$600. Yeah. It's interesting when you pull up the court order and you, you're, you, I mean the poor guy the first time and, and his question is how's my bills \$1,900?

Program Resources

Staff members expressed additional needs of FOCUS participants. In general, the staff indicated that the FOCUS program would benefit from more funding. Staff members felt that funding could help participants with childcare and transportation, particularly because the program's location was challenging to get to for participants using public transportation. Additionally, another important participant need mentioned by staff was additional substance use support. The additional funding could increase program resources and provide funding for participants who could not afford their substance use evaluation. Also, one probation officer indicated that the funding would allow for technical assistance to further develop the risk assessment tool to address additional issues participants were struggling with. For example, one probation officer indicated that some participants could not sacrifice job opportunities to attend their treatment program:

Cause I'll have a defendant, you know I had a defendant who was ordered to do a PHP program, so Monday through Friday, 8-4, like a full day thing. His insurance only covered 5 days a week half a day. So, how's he supposed to work and he didn't have the money to do it? So it's like well obviously then, it's better than nothing.

One staff member hoped that the FOCUS program would expand outside of DuPage County to offer program services and treatment throughout the state because defendants in rural communities had far fewer alternatives to the traditional court process for drug offenses. Additionally, some staff indicated that the current program would benefit from more staff or to have an additional FOCUS courtroom because of the great number of participants. One staff also indicated that the FOCUS courtroom would run more efficiently if it had another public defender and prosecutor present, like in the other felony courtrooms.

Additionally, some staff members indicated that the program needed more resources to provide the necessary services to participants and needed more training for the program staff. The program was initially funded by a grant, but for the program to continue one probation officer indicated that it would become much more challenging to run the program if the funding began to decrease

Participant Services

Additionally, one staff member indicated that there should be more education directed at relapse prevention that could be used after a participant completed the program. While participants were in the program, they were highly monitored through probationary supervision, random drug tests,

substance use treatment, and required classes that all help prevent relapse. However, after participants complete the program, they were left on their own to maintain sobriety. One staff member suggested providing participants with certain mechanisms to prevent relapse after the program, such as staying in touch with their sponsor and offering additional substance use resources that participants could use. Additionally, one staff members felt it was important to connect a participant's family members to services as well to further strengthen a participant's support in recovery. Also, one probation officer suggested offering more support groups outside of Alcoholics Anonymous and Narcotics Anonymous and to connect participants with recovery coaches:

Cause it's one thing to hear it from your P.O., it's very different to hear it from someone whose been there and whose been in your shoes and "wow they're doing okay" versus like "Oh P.O., you don't understand" and recover coach it's like "wow you're addicted and now you like have a job and have a house and..." so...it's kind of the big number 1.

Finally, another probation officer suggested expanding the number of treatment providers that participants could receive services from for more efficient treatment. Additionally, another probation officer felt that the program should include more cognitive outreach groups for participants to attend.

Sanctions and Rewards

Overall, the staff indicated that the FOCUS program did not have set standards regarding what incentives and rewards could be provided to participants. A few probation officers felt that the incentives and rewards provided to participants were weak in comparison to the sanctions. One staff member indicated that the FOCUS participants received fewer tangible rewards than the drug court participants. One probation officer indicated that the FOCUS program did not use monetary rewards like other programs, but instead staff would mostly give verbal praise. However, the FOCUS program provided some incentives by decreasing a participant's supervision or issuing travel passes to increase a participant's freedom. Some staff indicated that participants were incentivized to receive a positive program status report with not having to appear in court as often. Also, one public defender indicated that participants were presented with a certificate after reaching significant milestones in their sobriety. Additionally, one probation officer suggested that additional incentives could be as simple as a candy bar or gift card, fewer probation office visits or shortening probation sentences.

Two probation officers said significant time spent in court, rather than time meeting and assisting probation clients, should be reduced:

... we definitely do want to be available for the judge... so that's something that we don't want to risk but it's just a matter of you know those days where people are being sentenced and you're there for 3 hours and only 1 person gets sentenced. It's kind of like okay well how can we make this a little bit more efficient? I could be up there all, for 3 hours and not have anybody sentenced to 410 probation [FOCUS court], so I will be sitting there for 3 hours twiddling my thumbs.

In terms of sanctions, staff indicated trying to take a therapeutic approach when addressing participants' substance use disorders and that the court took a more punitive stance to repeated positive drug screen results.

Section 5.6: Educational Sessions for Participants

Feedback from Participants

In-person educational sessions were held for FOCUS participants deemed low-risk for recidivism based a risk assessment. Two sessions were held on April 5, 2019 and October 4, 2019 and both featured presentations.

Presentation 1: Family members of a person who died of an opioid overdose. This session featured presentations by family members of individuals who had died of drug overdose. The family members spoke about how drug addiction had affected their lives, including their experiences of losing a family member. Twelve respondents completed surveys post-presentation. Of them, six indicated they did not have a drug problem and five indicated that they somewhat had a drug problem. Of the 11 respondents who provided feedback about the location of the session, five said it was somewhat convenient, three said it was somewhat inconvenient, and two said it was very inconvenient. Of the 10 individuals who responded to our survey, six said the date and time of the session was very convenient and two respondents found the date and time to be very inconvenient.

Of the 12 individuals who responded about how much the presentation's message applied to their lives, four indicated the message applied to a great extent, four indicated it did to some extent, and three respondents indicated it applied to a modest extent. Six respondents indicated the presentation was extremely beneficial, four indicated it was moderately beneficial, and two indicated it was somewhat beneficial. Of the 12 individuals who responded with their reactions to the presentation, half indicated that they knew about opioid overdoses, but now had more feelings about the issue after hearing the presentation. Four respondents indicated that the presentation made a strong impression on them and that they were reconsidering drug use and four respondents indicated they would tell others what they learned. Finally, of the 12 individuals who shared how the presentation made them feel, eight indicated it made them upset, five indicated it made them feel ashamed, three indicated it made them feel guilty, and three indicated it made them feel worried.

Presentation 2: Addictions counselor. The second session featured a presentation from a licensed clinical professional counselor at a local residential treatment facility for individuals with substance use treatment disorders. Thirty participants responded to all survey questions. Of the 30 respondents, 12 (40%) indicated their drug problems were not serious at all, followed by 10 (33%) who indicated that they did not have a drug problem, and 5 (17%) who indicated that their drug problems were extremely serious. Of the individuals who responded to the survey, 12 (40%) indicated the location of the session was very convenient, eight (27%) indicated it was somewhat convenient. A total of 13 (43%) respondents said the date and time of the session were somewhat convenient and 10 (33%) said the date and time were very convenient.

Of 23 individuals who responded about how much the presentation's message applied to their lives, 14 indicated the message applied to some extent and 9 indicated it did not at all apply. A total of 13 respondents indicated the presentation was somewhat beneficial and nine indicated it was moderately beneficial. Of the individuals who responded with their reactions to the

presentation, 13 indicated that they knew about addiction, but now had more feelings about addiction after the presentation. A total of 11 individuals indicated they heard things they had never thought of before. Finally, of the 27 individuals who responded to how the presentation made them feel, 17 indicated it made them feel neutral/fine and 10 indicated it made them feel worried.

Feedback from Staff

During staff interviews, some probation officers indicated that the required educational classes could be improved. One probation officers suggested that the classes should offer specialized session to address certain issues in which participants were struggling and have educational courses offered year-round. Another probation officer suggested that the classes should go beyond drug education by including life skills topics, such as budgeting and decision-making. One probation officer said the drug education sessions could also be improved by better educating participants about substance use. Also, another probation officer said “scare tactics” used in the program, such as during the overdose presentation, were not effective at reducing participant drug use and that drug use should be addressed in other ways.

Section 6: Recommendations for Policy and Practice

Based on the findings, we offer recommendations for potential programmatic improvement. We understand some recommendations may require funding, resources, and policy changes.

Modify the Educational Sessions

Reduce Additional Requirements of Low-Risk Individuals

During the interviews, several probation staff expressed concerns about requiring educational sessions for low-risk offenders. The Risk, Need, and Responsivity (or RNR) principles clearly support fewer probation requirements and services for individuals at low risk of recidivism and more intensive supervision for high-risk individuals. The model is supported by decades of research and has been proven effective to reduce recidivism (Andrews et al., 1990). Research has found programs that do not adhere to the Risk, Need, and Responsivity model are likely to increase recidivism risk rather than decrease it (Andrews & Bonta, 2017; Lowenkamp et al., 2006). Therefore, low risk participants should have less requirements and not an additional requirement of attending educational sessions. However, the program does allow lower risk individuals report to court and drug test less frequently than high risk individuals.

Consider Content of the Educational Sessions

In terms of content, the first educational session featured speakers who were family members whose loved ones died of an opioid overdose. One FOCUS staff member said “scare tactics” used in the educational sessions were not effective.

The session was similar to victim impact panels which try to teach individuals about consequences of crime and evoke intense guilt, shame, and empathy to deter them from offending. Little is known on whether victim impact panels reduce recidivism (C'de Baca et al., 2001; Rojek et al., 2003; Wheeler et al., 2002; Woodall et al., 2000). Of the 12 post-session survey respondents, eight indicated the presentation made them “upset,” five said they felt “ashamed,” three said they felt “guilty,” and three said they felt “worried.” Research shows victim impact panels can increase feelings of shame in individuals, which can lead to future negative behavior (Jackson, 2009). Woodall and colleagues (2001) found victim impact panel participants felt terrible about themselves, embarrassed, ashamed, humiliated, and guilty.

For those with substance use disorders, research supports safe, empathetic, and supportive relationships with probation officers using motivational interviewing (Walters et al., 2007; White & Miller, 2007) rather than stigmatizing individuals or reinforcing guilt and shame (Substance Abuse and Mental Health Services Administration, 2005)

The second session featured a presentation from an Addictions counselor, which did not resonate with many participants. In that session, nine of 30 participants indicated on a survey that the content “did not apply to me at all.” In addition, in the interviews, staff members had concerns about the sessions’ the topics. One staff person suggested that the topics relate more to probation struggles or offer life skills training. Based on this study’s findings, the educational sessions

should be reduced or eliminated for low-risk offenders. If the presentations are to continue, the content should be applicable to, and helpful to, probation participants and not unduly evoke guilt and shame.

Offer Participants Additional Positive Reinforcement

FOCUS staff noted more sanctions were given for non-compliance and fewer rewards offered for positive behavior. In addition, of the nine participants surveyed, three reported the program did not offer any rewards and three were unsure if any were offered. The use of rewards, based on the principles of contingency management, can be a positive motivator and effective for those in recovery for substance use disorders (Prendergast et al., 2006). Contingency management is an evidenced-based intervention that uses sanctions for negative behaviors (drug use) and rewards for positive behaviors (abstinence from drug use) (Taxman & Rudes, 2013; Volkow, 2011). Often the justice system does not employ rewards and focuses more on sanctions (Rossman et al., 2011). The use of contingency management has been shown to reduce drug use and increase retention in substance use disorder treatment (Stitzer et al., 2010). The FOCUS program should consistently offer rewards to enforce positive behaviors and compliance based on clear expectations and guidelines. Rewards may include verbal praise, a symbolic certificate, reduced reporting and drug testing, vouchers for items, and gift cards (Sloas et al., 2019; Trotman & Taxman, 2011).

Support Long-Term Recovery

Some staff suggested the program should explore how to support clients' recovery after they have completed structured and monitored probation. This could include offering peer recovery coaches and connecting family members to services. Peer recovery coaches have lived experiences of recovery from a substance use disorder and can provide non-clinical support to assist individuals in recovery and engage families (Substance Abuse and Mental Health Services Administration, n.d.). A systematic research review found that peer recovery coaches have a positive impact and can influence reduced recidivism, increased treatment retention, and reduced substance use (Bassuk et al., 2016). Probation can further support long-term recovery by providing treatment "responsive to an individual's temperament, learning style, motivation, culture, and gender" (Belenko et al., 2013).

Connect Law Enforcement to the Program

FOCUS staff noted law enforcement played a limited role in the program and many officers were unaware of the program. According to the Office of National Drug Control Policy (2011), a critical component of successful drug courts is a strong partnership with local law enforcement. Police can offer support for the public safety aspect, share their unique community perspectives, and extend the connection of the drug court team in the community, even conducting home visits. Carey et al. (2008) completed a comprehensive study of 18 drug courts and found that while including law enforcement is not common, it is clearly associated with more positive outcomes, including cost-benefit. Therefore, FOCUS should try to engage law enforcement.

Conduct Additional Research

There is a concern that alternative sentencing programs such as FOCUS, “truly serve as an ‘alternative’ to incarceration or function as an enhanced form of probation instead” (Mauer, 2018). Some scholars argue that alternative sentencing programs have unintended consequences, serving as “net-wideners” creating more opportunities for clients to fail (Phelps, 2017). Scholars found a probation-prison link for individuals enrolled in alternative sentencing programs while on probation. As these individuals are required to abide by more sentence conditions, the requirements increase the chances of violating probation terms, which can result in probation revocation and ultimately incarceration (Doherty, 2016; Phelps, 2013). Further research is needed to examine these concerns.

An outcome evaluation should be performed to identify any unintended negative consequences of the program, such as net-widening and sanctions that lead to prison. An evaluation can also measure the extent to which the program meets its goals of reducing recidivism, improving behavioral health, and increasing pro-social skills. The evaluation should include rigorous methodology (experimental or quasi-experimental design) to assess short- and long-term benefits to participation.

Section 7: Conclusion

Alternative sentencing approaches such as the FOCUS court program have expanded significantly in recent years to help individuals avoid the negative consequences of incarceration (Mauer, 2018). The DuPage County FOCUS program allows individuals with first-time felony drug possession charges to avoid prison, participate in an enhanced probation program, and get their charges dismissed upon completion. We examined how the program developed and operated; described the clients it served; and obtained feedback from participants and staff.

At the end of April 2021, 231 individuals were participating in the FOCUS program. A majority were White males with a Class 4 felony drug possession charge. From September 2018 to April 2021, 22.9% of 231 participants accrued a technical violation. A total of 15.1% of participants had a new a new arrest or new arrest and technical violations. Thirty-nine participants successfully completed the program, while three did not complete the probation successfully and four died of a drug overdose.

During interviews, many participants reported experiencing past traumatic events, such as car accidents, unwanted sexual experiences, and the sudden death of a loved one. A majority of participants said the program helped them appear in court, report to their probation officers, attend treatment, and had a positive impact on their future. Program staff were generally supportive of the program but offered suggestions for improvement.

We offered several recommendations for programmatic enhancement of FOCUS. One recommendation was to reduce or eliminate additional educational sessions for low-risk participants based on the risk-needs-responsivity model which has been proven effective (Andrews & Bonta, 2010; Lowenkamp et al., 2006). Second, the program should offer participants positive reinforcement based on the principals of evidenced-based contingency management. A third recommendation was to further support long-term recovery from substance use disorders, so that participants can continue in their recovery beyond the supportive and structured probation period. Fourth, the program should try to engage law enforcement as part of the team. Finally, more research should be conducted to examine outcomes compared to a control group of similar individuals who did not participate in FOCUS.

Finally, at some point, the program may consider expansion beyond drug possession to include drug dealing, which other courts have implemented. Philadelphia's The Choice is Yours program is an alternative to prison for first-time, felony drug dealers with similar structure and services as FOCUS (McClanahan et al., 2013). In addition, the Cook County Supporting Education and Employment Development (SEED) program was started in 2021 for anyone charged with Class 2 or 3 felony possession or delivery charge (Circuit Court of Cook County, 2021).

Appendix B shares changes made to the program by the DuPage County Probation and Court Services. Some recommendations from the evaluation to improve programming have since been addressed.

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Appendix A: DuPage County FOCUS Administrative Order 18-20

STATE OF ILLINOIS)
)
COUNTY OF DUPAGE)

SS

IN THE CIRCUIT OF THE 18TH JUDICIAL CIRCUIT
DUPAGE COUNTY, ILLINOIS

In the Matter of First Offender)
Call Unified For Success (F.O.C.U.S.),)
Courtroom 4002)

Administrative Order No. 18-20



WHEREAS, the 18th Judicial Circuit, the DuPage County Board and various stakeholders, including but not limited to the DuPage Heroin Opioid Prevention and Education Task Force, have recognized the increasing toll levied upon DuPage County residents from opioid, heroin and other substance abuse; and

WHEREAS, certain felony cases that include drug charges eligible for first offender drug probation (720 ILCS 570/410-controlled substances; 720 ILCS 646/70-methamphetamine; 720 ILCS 550/10-cannabis) are dispersed among six different felony courtrooms with varied levels of judicial oversight and training on the part of judges and staff concerning first-offender defendants with substance abuse issues; and

WHEREAS, it has been determined that positive outcomes for first-offender felony drug offenders will be maximized where trained judges and staff uniformly employ evidence-based practices unique to addressing the various issues often present in first-offender drug cases;

IT IS THEREFORE ORDERED that all felony drug cases with counts that are eligible for first offender drug probation, pre-judgment and post-judgment, as well as certain unrelated felony counts/cases involving the same offenders, shall be reassigned to the First Offender Call Unified for Success (F.O.C.U.S.) in Courtroom 4002, effective September 24, 2018, consistent with the following guidelines:

1. All currently pending and future pre-judgment felony cases with a count eligible for first-offender drug probation, along with any other felony cases with the same defendant, will be transferred to 4002 unless any such cases include an excluded offense, in which case none of the cases will transfer.

2. Post-judgment felony cases with a first-offender drug probation sentence, along with any other felony cases with the same defendant, will be transferred to 4002 unless any such cases include an excluded offense, in which case none of the cases will transfer.
3. If an excluded felony charge is filed in a case where the same defendant has a case pending in 4002, all pending 4002 cases, whether pre or post-disposition, shall then be transferred to the felony courtroom where the most-recently filed excluded case has been assigned.
4. The following Felony offenses are excluded offenses for purposes of 4002: Murder; Class X, Class 1 and Class 2 felonies; felony Unlawful Use of Weapons offenses; and any felony offense where, if convicted, the defendant would have to register as a sex offender. If a defendant has any pre-judgement or post-judgement case with an excluded offense, none of that defendant's cases may be transferred into or remain in 4002.
5. If a Substitution of Judge motion is granted in any case assigned to 4002, all of that defendant's 4002 cases will be transferred together to the Presiding Judge of the Felony Division for reassignment.
6. The felony co-defendant courtroom assignment rule (all co-defendant cases assigned to lowest-numbered co-defendant's courtroom) will remain in effect notwithstanding that a co-defendant's case might otherwise be transferrable to 4002. Where a co-defendant has unrelated cases already assigned and/or eligible for assignment to 4002, those unrelated cases shall still be assigned to 4002.

ENTER: 8/16/18


Daniel P. Guerin

Dated: August 16, 2018
Wheaton, Illinois

Appendix B: Updates Since the Onset of the Evaluation

Because the evaluation spanned across multiple years, the DuPage County Probation and Court Services informed us of the implementation of several recommendations have already begun based on their own self-assessments. The program requested us to share their efforts in addressing these strategies. Future evaluations may be interested in examining the effects of these new efforts.

Educational Session Modification

The program has cancelled the educational session requirement for participants who were deemed at low risk of recidivism. This requirement goes against the evidence-based risk-needs-responsivity model, which states that low-risk individuals should have less requirements and high-risk individuals should have more. The program is currently looking to modify the sessions to focus on life skills.

Providing Additional Recovery Supports

The DuPage County Probation and Court Services received a grant through the HOPE Task Force to use recovery coaches for all individuals using opioids, including FOCUS participants. The recovery coaches provide additional support, which is shown to be effective for participants' long-term recovery.



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